

SECTION 4.

DEFINITIONS

1. For the purpose of this ordinance, words used in the present tense include the future, the singular number includes the plural, the word "shall" is mandatory and not directory and the term "this ordinance" shall be deemed to include all amendments hereafter made to this ordinance.
2. The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 823 and OAR Chapter 333, Division 28, unless specifically defined herein to have a different meaning.
3. The provisions of ORS Chapter 192 regarding meetings, notice and records shall apply to this Ordinance.
4. Other specific definitions include:
 - a. Administrator. The person designated by resolution of the Board to administer this ordinance and the duly authorized deputy or assistant of such person.
 - b. Ambulance Service Area, Service Area or ASA. The geographical area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).
 - c. Board. The Board of County Commissioners for Columbia County, Oregon.
 - d. Committee. The Ambulance Service Advisory Committee created pursuant to this ordinance.
 - e. Franchise. A franchise to provide ambulance service issued by the Board pursuant to this ordinance.
 - f. Person. Means and includes individuals, corporations, associations, firms, partnerships, joint stock companies, and special districts formed and existing pursuant to the Oregon Revised Statutes.

SECTION 5.

EXEMPTIONS

This Ordinance shall not apply to:

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

2. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance services of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.
3. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.
4. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

SECTION 6. ADMINISTRATION

The administrator, under the supervision of the Board and with assistance of the Committee, shall be responsible for the enforcement of this ordinance. In order to carry out the duties imposed by this ordinance, the administrator, or persons authorized by the administrator, are hereby authorized to enter on the premises of any person regulated by this ordinance at reasonable times and in a reasonable manner to determine compliance with this ordinance and regulations promulgated pursuant hereto. The administrator shall also have access to records pertaining to ambulance service operations of any person regulated by this ordinance; these records shall be made available to the administrator at the person's place of business, or copies made and provided as requested by the administrator.

SECTION 7. AMBULANCE SERVICE AREAS

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

The ASA for the Columbia County portion of Sauvie Island, SA-1, will be included in the Multnomah County ASA Plan. Assignment and enforcement of ambulance service and standards in SA-1 will be done by Multnomah County.

SECTION 8.

AMBULANCE SERVICE PROVIDERS REGULATED

Effective January 1, 1989, no person shall provide ambulance services in Columbia County, Oregon unless such person is franchised in accordance with the applicable provisions of this ordinance.

SECTION 9.

APPLICATION FOR AMBULANCE SERVICE FRANCHISE

1. Applications for franchises shall be on forms provided by the administrator. In addition to information required on the forms, the Board may require any additional information it deems necessary to insure compliance with this ordinance.
2. The applicant shall provide the following information:
 - a. The name and address of the person or agency applying.
 - b. The Ambulance Service Area the person desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.
 - c. A statement as to whether or not the franchisee will sub-contract for any service to be provided. If some service will be provided by sub-contract, a copy of that sub-contract shall be provided.
 - d. A list of vehicles to be used in providing ambulance services including year, make and model, and verification that each vehicle is certified as a basic life support and/or advance life support vehicle by the State of Oregon.
 - e. A statement that all equipment and supplies in each ambulance conforms to State standards.
 - f. A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician certificate number, or other appropriate certification.
 - g. Proof of financial ability to operate, including an operating budget or financial statement, references and/or statement of past ambulance service. Private companies must provide a profit and loss statement, in addition to the above materials. Other appropriate financial information, such as income tax returns or reports by governmental authorities shall also be submitted upon request.

- h. Proof of public liability insurance in the amount of not less than \$100,000 per person and \$300,000 per accident for bodily injury or death, and not less than \$100,000 per accident for property damage, in the form of a certificate of insurance.
- i. A statement of past experience in properly providing ambulance service of a comparable quality and quantity to the service required by this ordinance, regulations promulgated hereunder, any franchise issued hereunder, and the Ambulance Service Area Plan.
- j. Proof of compliance with the terms and conditions of the ASA Plan and applicable County Ordinances, in the form of a narrative summary.
- k. In the case of an application to transfer or take over an already assigned franchise:
 - (1) A detailed summary of how the proposed change will improve ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
 - (2) Evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.
 - (3) Evidence that the proposed change does not jeopardize the financial ability of other franchisees to provide service to the remaining ASAs in Columbia County.
 - (4) Information, in the form of run logs, medical records, physician advisory correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.

SECTION 10.

EXISTING AMBULANCE SERVICE PROVIDERS

Persons who meet the application requirements of Section 9 and who were providing service on the effective date of this ordinance may continue to provide service to such ASA pending review and approval of an initial application for a franchise under this ordinance.

SECTION 11.

REVIEW OF APPLICATION FOR FRANCHISE

1. Applications shall be reviewed by the administrator, who shall make such investigation as may be appropriate and who may request assistance of other persons as necessary.
2. The administrator shall notify the holder of a franchise for providing ambulance service to an ASA of any applications by another person to take over that franchise.
3. Unless the time is extended by the Board for good cause, the administrator shall make a recommendation to the Committee within 30 days after the application and any required supplemental information has been filed.
4. The Committee:
 - a. Shall consider the application and the recommendation of the administrator at the next regular meeting of the Committee or at a special meeting called for that purpose.
 - b. May require additional information or investigation to be made to be filed either before or after the application hearing.
 - c. Shall, after written notice to interested persons, call a hearing to permit interested persons to testify orally or in writing.
 - d. Shall, after the hearing and on the basis of the application, any information received and the administrator's recommendation, make a recommendation and transmit it to the Board to grant, deny, modify or attach appropriate conditions to the application. The Committee shall transmit its recommendation within 60 days from the date of the hearing.

SECTION 12.

BOARD ACTION ON APPLICATION FOR FRANCHISE

Upon receipt of the Committee's recommendation and the administrator's recommendation, the Board:

1. Shall publish notice of its intent to review the application and recommendations in an open meeting at least ten (10) days following receipt of said application and recommendations, but under no circumstances shall said publication be later than thirty (30) days following receipt of said application and recommendations. Written remonstrances may be made at said open meeting and the public notice shall contain information of that fact. Oral testimony shall not be received.

2. May require additional investigation by the administrator or the Committee if it finds that there is insufficient information on which to base its action.
3. Shall upon the basis of the application, the administrator's recommendation, the Committee's recommendation and such other information as may be before the Board make an order granting, denying or modifying the application or attaching conditions thereto.
4. Shall not make an order adverse to the applicant or to the holder of, or applicant for, another franchise effective less than 30 days after the date of such order and shall notify such persons in writing of the order. The Board may suspend operation of this subsection and enter an emergency order if it finds that there is an immediate and serious danger to the public or that a health hazard or public nuisance would be created by a delay.
5. After the Board makes an order granting an ambulance service franchise, with or without conditions, and the franchisee is unable to provide a particular service, the administrator may permit the franchisee to sub-contract such service to another person upon a finding that the quality and extent of the service would not be jeopardized. The administrator may require the filing of such information as deemed necessary. The administrator may request the recommendation of the Committee on the sub-contract.

SECTION 13.

FRANCHISE TERMS AND RENEWALS

1. The initial ambulance service franchise in an Ambulance Service Area shall be valid from the date of issuance until June 30, 1993.
2. Thereafter, unless the Board finds that a longer or shorter term is required in the public interest, the term of ambulance service franchises shall be five (5) years, beginning on July 1 of a year and ending June 30 five years later.
3. Unless grounds exist for refusal to renew a franchise or have existed for suspension or revocation of a franchise as set forth in Section 16, or unless the franchise is to be given to a new person, franchises may be renewed. Application for renewal shall be made on forms provided by the administrator and shall include such additional information as may be required by the Board, administrator or Committee.
4. Not less than forty-five (45) days prior to the expiration of the franchise, the franchisee, if wanting to renew the franchise, shall submit an application for renewal to the administrator.

SECTION 14.

EARLY DISCONTINUANCE OF SERVICE BY FRANCHISEE

1. If a franchisee discontinues service before the expiration of the franchise, the Board shall set a time by which applications must be submitted for a new franchise in the ASA.
2. The administrator shall develop a plan for coverage of the ASA, using existing franchisees and/or other resources as available to provide ambulance service in the ASA.
3. The administrator shall issue a temporary certificate(s), valid for a stated period not to exceed six (6) months, entitling a person(s) to provide ambulance service in all or part of the ASA.

SECTION 15.

TRANSFER OF FRANCHISES

1. A franchisee may transfer a franchise to another person only upon written notice to, and approval by the Board, and after the Board has received a recommendation by the Committee approving said transfer. Applications for transfer of a franchise shall be on forms provided by the administrator.
2. Upon recommendation by the Committee, the Board shall approve the transfer if it finds that the transferee meets all applicable requirements. The Board shall approve or disapprove any application for transfer of a franchise within thirty (30) days of receipt of notice by the Board. The Board may extend this time if it finds that there is a substantial question of the public health or safety involved which requires additional time for investigation and decision.

SECTION 16.

ENFORCEMENT OF FRANCHISE PROVISIONS

1. In addition to the remedy provided in Section 17 and penalties provided elsewhere in this ordinance, the administrator shall, upon reasonable cause, make an investigation to determine if there is sufficient reason and cause to suspend, modify, revoke or refuse to renew a franchise as provided in this subsection.

If in the judgement of the administrator, there is convincing evidence of a violation of this ordinance, subsequent amendments to this ordinance, ORS Chapter 823 or the rules promulgated thereunder, the ASA Plan, or evidence that the franchisee has materially misrepresented facts or information given in the application for the franchise, the administrator shall notify the franchisee in writing, by mail, return receipt requested, or by personal service, of a summons of the notice of violation and what steps must be taken to cure the violation. The administrator shall send a copy of the notice to the Committee and to the Board.

Not less than ten (10) days following the receipt of notice of violation the Board may enter an order of revocation, modification, suspension, or non-renewal and shall thereby revoke, modify, suspend, or not renew the violator's franchise, unless prior thereto the franchisee shall file with the Board a request for a hearing on the administrator's notice of violation. If said request is timely filed, revocation, modification, suspension, or non-renewal will be stayed until the Board can, at its earliest convenience, hold a public hearing thereon. Notice of said hearing shall be given by publication of notice thereof at least ten (10) days prior to said hearing. The burden of proof at the hearing held hereunder shall be upon the franchisee-appellant.

2. Should the franchisee fail to comply with an order of the Board issued pursuant to subsection 1 of this Section, then the Board may take any steps authorized by law to enforce its order. All expenses incurred in enforcement of the Board's order, including reasonable attorney fees, may be recovered from the non-complying franchisee.

SECTION 17. PREVENTING INTERRUPTION OF SERVICE

Whenever the Board finds that the failure of service or threatened failure of service would adversely impact the health, safety or welfare of the residents of this county, the Board shall, after reasonable notice but not less than twenty-four (24) hours notice to the franchisee, hold a public hearing if the franchisee requests such hearing, and have the right to authorize another franchisee or other person to provide service.

SECTION 18. APPEALS, ABATEMENT AND PENALTIES

1. All decisions of the Board under this ordinance shall be reviewable by the Circuit Court of the State of Oregon for the County of Columbia, only by way of writ of review.
2. The provision of ambulance service by any person in violation of this ordinance, amendments to this ordinance, or regulations promulgated hereunder, is a nuisance and the Board may, in addition to other remedies provided by law or by this ordinance, institute injunctive, abatement or other appropriate legal proceedings to temporarily or permanently enjoin or abate such ambulance service.
3. Any person who violates any of the provisions of this ordinance is guilty of an offense. Failure from day to day to comply with the terms of these provisions shall be a separate offense for each day. Failure to comply with any provision shall be a separate offense for each such provision.

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

SECTION 19.

DUTIES OF AMBULANCE SERVICE FRANCHISEE

The franchisee:

1. Shall conduct its operation in strict compliance with all applicable State and Federal laws, rules and regulations, the terms of this ordinance, any subsequent amendments to this ordinance, and the Columbia County Ambulance Service Area Plan.
2. Shall not fail or refuse to respond to an emergency call for service if an ambulance is available for service.
3. Shall not respond to a medical emergency located outside its assigned Ambulance Service Area except:
 - a. When a request for a specific ambulance service is made by the person calling for the ambulance and the call does not dictate an emergency response;
 - b. When the franchisee is unavailable to respond and the person is requested by another franchisee or 9-1-1 dispatch to respond; or
 - c. When the response is for supplemental assistance or mutual aid.
4. Shall not voluntarily discontinue service to an assigned Ambulance Service Area until he or she has:
 - a. Given ninety (90) days written notice to the administrator; and
 - b. Obtained written approval of the Board.
5. Subsection 4 of this Section shall not apply to:
 - a. Change, restriction or termination of service when required by any public agency, public body or court having jurisdiction.
 - b. Transfer of franchises pursuant to Section 15 of this ordinance.

SECTION 20.

AMBULANCE SERVICE ADVISORY COMMITTEE

1. There is hereby created an Ambulance Service Advisory Committee.
 - a. The Committee shall consist of five members:
 - (1) The County Health Officer.
 - (2) One local physician.
 - (3) One (1) representative of Columbia County Community Health, Inc.
 - (4-5) Two (2) public members.
 - b. In addition, the following shall be appointed to serve as ex-officio members of the committee without vote to advise and assist the Committee:
 - (1) One (1) representative of each ambulance service provider.
 - (2) One (1) hospital administrator, or representative.
 - (3) One (1) representative of the 9-1-1 PSAP.
 - (4) One (1) representative of the Columbia County Office of Emergency Services.
 - (5) One (1) representative of the Columbia County Fire Defense Board.
2. Members, ex-officio members and advisors shall be appointed by the Board. The Board may appoint additional persons to the Committee to serve as ex-officio members or advisors. The Board may appoint or approve designation of alternates to serve in the absence of persons appointed to the Committee.
3. Except for the County Health Officer, term appointments shall be for staggered terms on the initial Committee for a term not to exceed three years. Subsequent appointments shall be for three year terms. Members shall serve until their successors are appointed and qualified. Vacancies shall be filled by the Board for the balance of the unexpired term. Persons may be appointed to successive terms.
4. The Committee shall appoint one of its members as Chairman and another as Vice-Chairman, both of whom shall meet at such times as deemed necessary or as called by the Board. The Chairman, Administrator or any two members of the Committee may call a special meeting with ten days notice to other members of the Committee; provided, however, that members may waive such notice.
5. Three members shall constitute a quorum for the transaction of business. A majority vote of those present and voting is required to pass motions.

6. In addition to other duties prescribed by this ordinance the Committee shall:
 - a. Review and make recommendations to the Board regarding all applications for assignment to provide ambulance service.
 - b. Provide for on-going input to the Board from pre-hospital care consumers, providers and the medical community.
 - c. Periodically review the performance of ambulance service providers within Columbia County.
 - d. Periodically review the Ambulance Service Area Plan and make recommendations to the Board including, but not limited to:
 - (1) Review the standards established in the Plan and make recommendations regarding improvement and/or new standards as required by OAR 333-28-120(1-3).
 - (2) Monitor the coordination between emergency medical service resources.
 - (3) Review dispatch procedures and compliance.
 - (4) Review the effectiveness and efficiency of the Ambulance Service Area boundaries.
 - e. Implement the Quality Assurance Program outlined in the ASA Plan, including but not limited to training, response times, and service provided, to insure compliance with the Ambulance Service Area Plan.
 - f. Perform such other duties as directed by the Board or as the Committee may find necessary to effectively carry out the purposes of this ordinance.
7. Committee members shall avoid acting in any matters where a conflict of interest may arise. Any Committee member having a direct or indirect financial or pecuniary interest in any matter before the Committee for consideration shall withdraw from participation in any action by the Committee in said matter. Nothing in this Section shall limit the ability of any person to provide testimony to the Committee.

SECTION 21.

CONFIDENTIALITY OF RECORDS

Any medical and/or patient records obtained under authority of this Ordinance for the purpose enforcement, investigation or the Quality Assurance Program are confidential and shall be handled in a manner to maintain their confidentiality.

SECTION 22.

REGULATIONS OF AMBULANCE SERVICE

Upon its own motion or upon a recommendation of the Committee, the Board may adopt ordinances, resolutions or orders regulating ambulance service or implementing or amending this ordinance. Such regulations shall not conflict with ORS Chapter 823 and rules promulgated pursuant thereto.

SECTION 23.

INITIAL RESPONDER

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

1. The initial responder shall be a municipal corporation or a special district within Columbia County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.
2. The initial responder shall respond with Emergency Medical Technicians and/or First Responders that are certified by the State of Oregon and who are employed by, or volunteers with, the initial responder.
3. Upon arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be in charge of, and responsible for, the continuation of emergency medical services. The initial responder shall continue to provide emergency medical services only at the direction of the ambulance service provider.

SECTION 24.

AMENDMENT, CONSTRUCTION, EFFECTIVE DATE AND EMERGENCY

CLAUSE

1. Any finding by any court of competent jurisdiction that any portion of this ordinance is unconstitutional or invalid shall not invalidate any other portion of this ordinance.
2. Upon recommendation of the Committee or upon its own motion, the Board may from time to time amend the provisions of this ordinance. Amendments shall be made only after a public hearing before the Board with such advance notice of the hearing as deemed appropriate by the Board or as generally provided by ordinance, regulation or order of the Board.

3. In order to provide efficient and effective ambulance service in Columbia County and thereby preserve the health, safety and welfare of the residents and inhabitants of the county, an emergency is declared to exist and the terms and provisions of this ordinance shall become effective upon enactment or this ordinance.

ADOPTED this 5th day of October, 1988.

BOARD OF COUNTY COMMISSIONERS FOR
COLUMBIA COUNTY, OREGON

By: Michael J. Sykes

By: Max W. Dillard

By: John R. Peterson

ATTEST:

By: Cherie Maylan
Recording Secretary

First Reading: 10-05-88

Second Reading: 10-05-88

Effective Date: 10-05-88

ORDINANCE
BOOK

**COLUMBIA COUNTY
AMBULANCE SERVICE PLAN**

September 16, 1988

COLUMBIA COUNTY AMBULANCE SERVICE

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Attachments:

Columbia County Ambulance Service Ordinance

COLUMBIA COUNTY AMBULANCE SERVICE

I. Definitions

Administrator - means the person designated by resolution of the Columbia County Board of Commissioners to administer the Ordinance.

Advanced Life Support (ALS) Units - means those ambulances staffed by an Oregon-certified Emergency Medical Technician (EMT) III or IV and an EMT I.

Ambulance - means any privately or publicly owned motor vehicle, aircraft, or marine craft that is regularly provided or offered to be for both emergent and non-emergent transportation of a person suffering from illness, injury, or disability. (This plan only pertains to ground ambulances.)

Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County; provided, however, that the provision of this definition shall not apply to any ambulance which shall pass through the County in the delivery of patients picked up at points outside the County.

Ambulance Service Area (ASA) - means a geographic area which is served by one ambulance provider, and may include a county, two or more contiguous counties, or a portion of such county(ies).

Ambulance Service Plan - means a plan which describes the need for and coordination of ambulance services and establishes ambulance service areas.

A.P.C.O. - means the Associated Public-Safety Communications Officers, Inc.

Basic Life Support (BLS) Units - means those ambulances staffed by an Oregon-certified Emergency Medical Technician I or II.

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

Dispatch Center - means any dispatch, communications, PSAP or Information receiving area, including but not limited to any fire, police, hospital, or private facility, that is responsible for any request for emergency medical care and the dispatching or tap-out of ambulances or emergency medical services.

COLUMBIA COUNTY AMBULANCE SERVICE

- Emergency - means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- Emergency Medical Service (EMS) - means those pre-hospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation and public education.
- Emergency Medical Technician I (EMT I) - means a person certified by the Oregon State Health Division to attend any ill, injured, or disabled person in connection with his/her transportation by an ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.
- Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610 (3).
- Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610 (4).
- Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610 (5).
- Emergency Operations Plan (EOP) - means the Columbia County Emergency Operations Plan adopted by the Columbia County Board of Commissioners.
- Frontier - means the areas of the state that are not urban, suburban or rural.
- Health Officer - means the County Health Officer.
- License - means the document issued by the Oregon State Health Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 823.010 to 823.990 and Oregon Administrative Rules 333-28-000 through 333-28-130.
- Major Emergency - means an incident that requires the coordinated response of all levels of government to save the lives and property of the population. This may cause a need for sheltering or relocation of a majority of the affected population. Under such conditions the County EOP will be implemented.
- Ordinance - means the Columbia County Ambulance Service Ordinance adopted by the Columbia County Board of Commissioners.

COLUMBIA COUNTY AMBULANCE SERVICE

Owner - means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.

Patient - means an ill, injured, or disabled person who may be transported in an ambulance.

PSAP - Public Safety Answering Point

Response Time - means the length of time between notification of the ambulance and arrival of the ambulance at the incident scene.

Rural - means an unincorporated area which is not urban or suburban, and the area is within a radius of 10 miles of an urban or suburban community's center.

Special Emergency - means an incident that has special or unusual characteristics requiring response by more than one emergency response agency and which may require partial implementation of the County EOP.

Suburban - means an area which is:

- a) within a five mile radius of an urban community's center, or
- b) has a population density of 1,000 or more per square mile, or
- c) incorporated communities of 9,999 or less population.

Supervising Physician - means a medical or osteopathic physician licensed under ORS Chapter 677, and actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.

Urban - means an incorporated community of 10,000 or more population.

COLUMBIA COUNTY AMBULANCE SERVICE

II. Boundaries

The ASAs have been adopted in accordance with Section 7 of the Columbia County Ambulance Service Ordinance by the Board of Commissioners. Boundaries of the ASAs can be modified as dispatch equipment, roads, populations and providers, etc., change

Boundaries for Ambulance Service Areas (ASA) in Columbia County, which have been defined by population density, transport time, telephone prefix, are discussed below.

- | | | |
|------|---------------------|---|
| SA-1 | Sauvie Island Area: | This includes all of that portion of Sauvie Island which is within Columbia County. It will be included in the Multnomah County ASA Plan. Assignment of ambulance service will be made by Multnomah County. |
| SA-2 | Scappoose Area: | This includes the City of Scappoose, the communities of Chapman and Spitzenberg, and the Columbia County portion of the Scappoose Rural Fire Protection District and all of the Chapman Rural Fire Protection District. |
| SA-3 | St. Helens Area: | This includes the Cities of St. Helens and Columbia City, the communities of Warren, Yankton, Deer Island, Canaan and Trenholm, and all of the St. Helens Rural Fire Protection District. |
| SA-4 | Rainier Area: | This includes the Cities of Rainier and Prescott, the communities of Goble, Lindberg, Shiloh Basin, Apiary and Fern Hill, and all of the Rainier Rural Fire Protection District. |

COLUMBIA COUNTY AMBULANCE SERVICE

II. Boundaries, continued

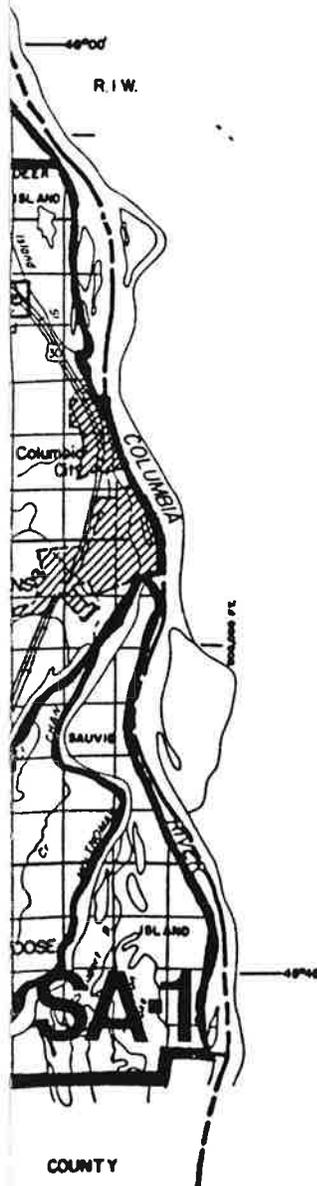
- SA-5 Clatskanie Area: This includes the City of Clatskanie, the communities of Alston, Delena, Mayger, Quincy, Marshland and Woodson, and all of the Clatskanie Rural Fire Protection District.
- SA-6 Mist-Birkenfeld Area: This includes the communities of Mist, Birkenfeld and Natal, and all of the Mist-Birkenfeld Rural Fire Protection District.
- SA-7 Vernonia Area: This includes the City of Vernonia, the communities of Pittsburg, Keasey, Treharne and Clear Creek, and all of the Vernonia Rural Fire Protection District.

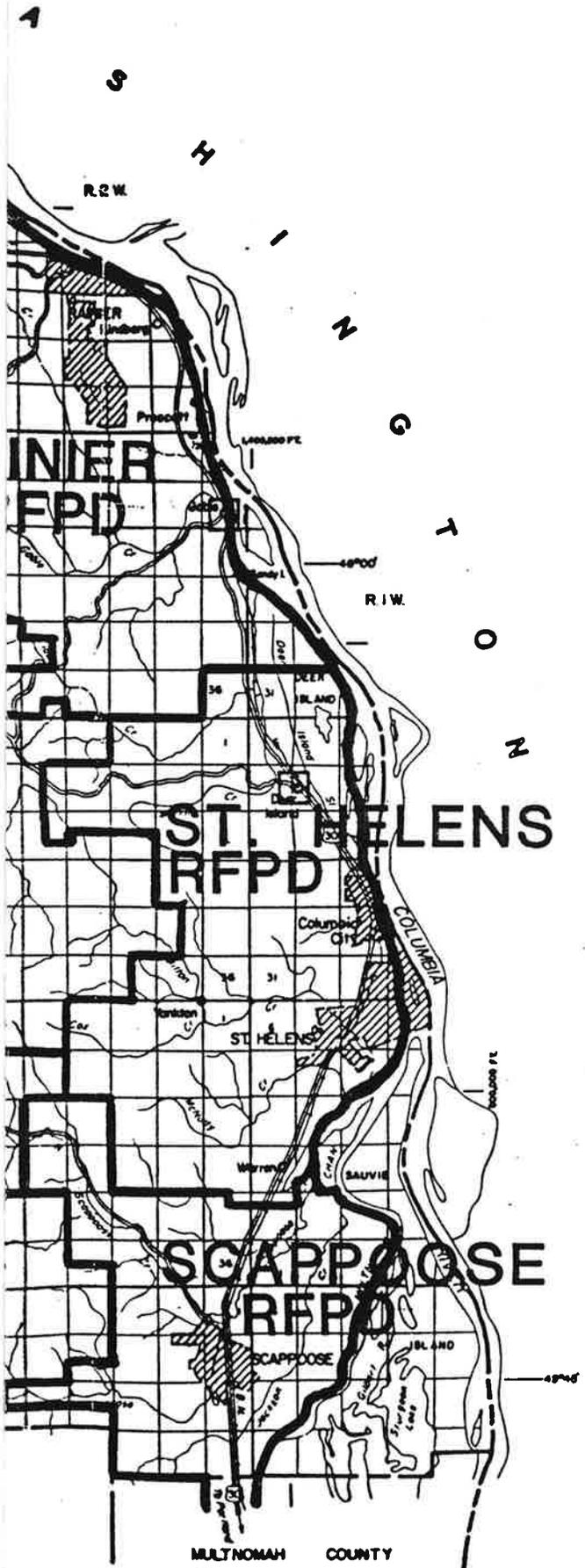
The map on page 8 shows the boundaries of the ASAs.

The map on page 9 shows the boundaries of the rural fire protection districts and cities.

AMBULANCE SERVICE AREAS

- SA-1 Sauvie Island
- SA-2 Scappoose Area
- SA-3 St. Helens
- SA-4 Rainier Area
- SA-5 Clatskanie
- SA-6 Mist-Birker
- SA-7 Vernonia Area





COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards

A. Communications

1. Current Situation

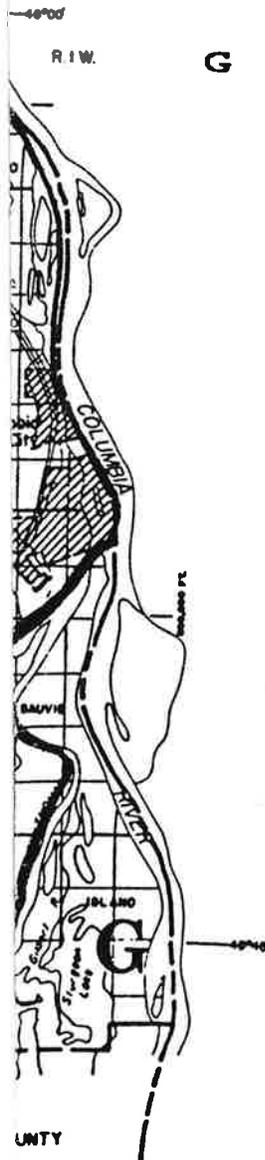
- a. Columbia County is served by two 9-1-1 PSAPs: one in the Columbia County Courthouse in St. Helens, serving telephone prefixes 543, 397, 556, 728, and 429; the other in the Astoria Police Department serving the telephone prefix of 755. All emergency services are obtained by dialing 9-1-1 and processed by these PSAPs. The Columbia County portion of Sauvie Island has no telephone service. See the map on page 11.
- b. All EMS calls come through one of the PSAPs first and then are dispatched for the ambulance service areas:
 - SA-2, SA-3, SA-4, SA-7: direct dispatched by the PSAP which answered the EMS call.
 - SA-5, SA-6: the EMS call is transferred by the PSAP to the Clatskanie Rural Fire District which then dispatches the call.
 - SA-1: an EMS call for service on the Columbia County portion of Sauvie Island would most likely be received by the Multnomah County PSAP. It would be dispatched by Multnomah County.
- c. No dispatch point or PSAP does triage. They obtain basic information from the caller, such as name, address, age, and nature of the complaint. All dispatch centers and PSAPs will provide triage once the EMS Dispatch Training Standard is implemented.

2. Ambulance Notification Procedures

- a. Ambulance responders are notified by dispatch centers or PSAPs (tap-out) by radio within two minutes of receipt of a life threatening call.
- b. The dispatcher will obtain from the caller and relay to responders the following information:
 - (1) Location of the emergency.
 - (2) Nature of the emergency.
 - (3) Any specific instructions or information that may be pertinent for the emergency (additional agencies needed, hazards, treatment in progress, etc.).

TELEPHONE EXCHANGES

- A** Scappoose Telephone Exchange
Rose Valley Telephone Company
- B** St. Helens Telephone Exchange
U.S. West Communications
- C** Rainier Telephone Exchange
U.S. West Communications
- D** Clatskanie Telephone Exchange
General Telephone Company
- E** Jewell Telephone Exchange
U.S. West Communications
- F** Vernonia Telephone Exchange
General Telephone Company
- G** No Telephone Service



COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

A. Communications, continued

3. Emergency Radio Communications System Standards

- a. Communication/Dispatch Centers and/or PSAPs shall be restricted to authorized persons only.
- b. Communication/Dispatch Centers and/or PSAPs shall meet State Fire Marshal standards and any future State or County standards.
- c. Radio consoles shall have the capability to communicate on frequency 155.340 MHz.
- d. Ambulances:
 - (1) All ambulances shall be equipped with an 80 watt, or greater, multi-channel mobile radio.
 - (2) Each ambulance crew shall have one 5-watt portable hand-held radio with a minimum of two radio frequency channels.
 - (3) Each radio, mobile or hand-held, shall have the frequency of 155.340 MHz installed.

4. Radio Communications Procedures

- a. Ambulance responders shall inform the dispatch center of any changes in status by radio. Plain English or 10-code will be used.
 - (1) In service.
 - (2) Enroute to scene or destination and type of response.
 - (3) Arrival at scene or destination.
 - (4) Transporting patient(s) to hospital or medical facility. The number of patients, types of response, and name of the facility will be given.
 - (5) Out of service.
- b. Ambulance responders shall, when conditions permit, inform receiving hospital of the following:
 - (1) Unit radio number.
 - (2) Age and sex of patient(s).
 - (3) Condition and chief complaint of patient(s).
 - (4) Vital signs of patient(s).
 - (5) Care rendered at scene and enroute.
 - (6) Estimated time of arrival.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

A. Communications, continued

5. EMS Dispatcher Training Standards

- a. All Communications/Dispatch and PSAP personnel will successfully complete the Emergency Medical Dispatch Course (16 hours) that meets the U.S. Department of Transportation standards by 1995, or sooner if mandated by appropriate law.
- b. All Communications/Dispatch and PSAP personnel will meet all standards which may be adopted by the State or County in the future.
- c. Communications/Dispatch and PSAP personnel will be encouraged to attend any course, conference, or workshop that directly relates to their work and will enhance their skills.
- d. One of the primary goals of training for Communications/Dispatch and PSAP personnel is to do triage.

B. Response Times

1. Standards for Ambulance Response Times

- a. Components monitored and standards for response: ambulance responders will notify Dispatch Centers by radio or telephone that they are responding within five minutes of dispatch tone out.
- b. Ambulance responders shall meet the following ambulance arrival response times for potentially life threatening emergencies:

(1) Urban	8 minutes at 80%
(2) Suburban	15 minutes at 80%
(3) Rural	45 minutes at 80%
(4) Frontier	60+ minutes

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

B. Response Times, continued

2. Explanation of Dispatch Response Time terminology:

PSAP Handling _____ minutes

Phone ringing in PSAP

|
Answer the phone

|
Call transfer (if appropriate)

Dispatch Process _____ minutes

Receipt of call transfer (if appropriate)

|
Call interrogation

|
Gathering information

|
Pre-alert tone out

Response _____ minutes

Receipt of pre-alert tone out

|
Response of staff to ambulance

|
Dispatch tone out of detailed information

|
Departure of ambulance

Total Time _____ minutes

"Placement of call" to "ambulance departure from ambulance headquarters."

3. Maximum Dispatch Response Times

SA-1 Sauvie Island Area

To be developed by Multnomah County ASA Plan.

SA-2 Scappoose Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	5.00 minutes
Total Time:	7.25 minutes

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

B. Response Times, continued

3. Maximum Dispatch Response Times, continued

SA-3 St. Helens Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	2.00 minutes
Total Time:	4.25 minutes

SA-4 Rainier Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	5.00 minutes
Total Time:	7.25 minutes

SA-5 Clatskanie Area

PSAP Handling:	0.75 minutes
Dispatch Process:	2.00 minutes
Response:	5.00 minutes
Total Time:	7.75 minutes

SA-6 Mist-Birkenfeld Area

PSAP Handling:	0.75 minutes
Dispatch Process:	2.00 minutes
Response:	10.00 minutes
Total Time:	12.75 minutes

SA-7 Vernonia Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	10.00 minutes
Total Time:	12.25 minutes

4. Response Time Monitoring Process

The monitoring process will be conducted by the Ambulance Service Advisory Committee. Information and any complaints will be obtained from the public, EMS providers, patient care information, radio logs/transmission tapes, trauma registry forms, etc.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards

1. All ambulance service providers in Columbia County shall have sufficient call volume within their assigned areas to remain solvent with the collection of user fees and other local revenue to operate in an effective and efficient manner.
 - a. Information which shall be provided upon request in determining efficiency and effectiveness of a service is as follows:
 - (1) networth
 - (2) projected versus actual cashflow
 - (3) detailed list of assets and liabilities
 - (4) billing and collection practices
 - (5) personnel management practices
 - (6) clinical performance
 - (7) number of transports
 - (8) medical accountability
 - (9) staff training
 - (10) average total bill
 - b. In addition to the above, an audited or reviewed operating statement for the last two years and the most recent balance sheet (within the last 12 months) will be submitted to the Administrator upon request.
 - c. Demonstrated billing experience to include billing practices with no less than 60% collection rate will be the standard with the ability to work with third party payers such as Medicare and Medicaid.
2. All ambulance service providers shall submit documentation annually to the Administrator showing that their staff and equipment meet State and Federal standards. The submission will be on forms provided by the Administrator.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards, continued

3. Minimum Standards for Ambulance Service Provider Response

a. SA-1 Sauvie Island Area: To be developed by Multnomah County ASA Plan.

b. SA-2 Scappoose Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

c. SA-3 St. Helens Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 2 EMT-1s

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

d. SA-4 Rainier Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards, continued

3. Minimum standards, continued

e. SA-5 Clatskanie Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

f. SA-6 Mist-Birkenfeld Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

g. SA-7 Vernonia Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards, continued

4. Training currently available for ambulance service providers is as follows:
 - a. Portland Community College offers initial and continuing training for First Responders and EMT 1 through EMT 4.
 - b. Inservice training for initial and continuing education for EMT 1 through EMT 4 is offered by St. Helens Hospital (St. Helens, Oregon), St. John's Hospital (Longview, Washington), Tuality Hospital (Hillsboro, Oregon), and St. Vincent Hospital (Beaverton, Oregon).
 - c. Paramedic Training Institute (Portland, Oregon) offers Oregon recognized EMT training in conjunction with PCC.
 - d. Each ambulance service provider conducts their own in-house training.

D. Disaster Response

1. During a Major Emergency the EMS/Ambulance Service response will be coordinated by the Fire Service. At the scene of the emergency the agency/person in charge will be the Incident Command Agency/Incident Commander (ICA/IC). If the ICA/IC is a Fire Service agency/person the EMS/Ambulance Service response will be coordinated directly with the ICA/IC; if the ICA/IC is an agency/person other than from the Fire Service the EMS/Ambulance Service response will be coordinated with the ICA/IC through the ranking Fire Service Officer on-scene.
2. The County's Emergency Operations Plan may be activated at a Special Emergency and will be at a Major Emergency. Refer to the County EOP for specific information about emergency operations.
3. The Fire/Ambulance Service Annex to the County EOP will be utilized to ensure effective and efficient EMS/ambulance service response when the County EOP is activated.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

D. Disaster Response, continued

4. General response guidelines for Special or Major Emergencies:

a. First EMS unit on-scene:

- (1) Assess nature and severity of incident.
- (2) Advise appropriate 9-1-1 PSAP of situation.
- (3) Request appropriate fire and/or police services.
- (4) Request initiation of EMS mutual aid, if needed.

b. Initial EMS responders upon call-out:

- (1) Check in with the Incident Commander.
- (2) Implement needed rescue, if trained and equipped to do so.
- (3) Establish triage area, teams and system.
- (4) Establish and organize transportation for all injured, ill or evacuated.
- (5) Alert area hospitals of situation.
- (6) Monitor and reassess situation periodically considering:
 - weather
 - topography
 - exposures
 - life hazards
 - fire hazards

5. Resources will be coordinated through the EMS responder's agency, the ranking Fire Service Officer on-scene, the Communications/Dispatch Center or PSAP, or the EOC if activated.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

D. Disaster Response, continued

6. Additional resources are as follows:

- a. Hazardous Materials:
 - (1) O.E.R.S. provides notification and activation of State agencies: 1-800-452-0311
 - (2) U.S. Coast Guard for response on navigable waters (Columbia River): 1-240-9300
- b. Search and Rescue:
 - (1) Columbia County Sheriff's Office: 9-1-1 or 397-2511
 - (2) U.S. Coast Guard: 1-240-9301
- c. Specialized Rescue:
 - (1) U.S. Coast Guard: 1-240-9300
 - (2) 304th M.A.S.T.: 1-288-5611, ext. 315
- d. Extrication:
 - (1) Fire Districts within Columbia County: 9-1-1

E. Mutual Aid

All ambulance service providers in Columbia County will be required to be a party to and sign the Columbia County Fire Defense Board's Fire and Ambulance/EMS Mutual Aid Agreement. A copy of that Mutual Aid Agreement is attached to and made a part of this Plan.

MUTUAL ASSISTANCE AGREEMENT
BETWEEN THE
PUBLIC FIRE AND AMBULANCE AGENCIES OF COLUMBIA COUNTY

1985 THIS AGREEMENT ENTERED INTO THIS 15 DAY OF MARCH,
~~1984~~ AMONG AND BETWEEN THE UNDERSIGNED PARTIES IS FOR THE
PURPOSE OF SECURING FOR EACH THE BENEFITS OF MUTUAL ASSISTANCE IN
ORDER TO ENHANCE THE PROTECTION OF LIFE AND PROPERTY IN COLUMBIA
COUNTY.

NOW, THEREFORE, THE PARTIES HERETO DO AGREE AS FOLLOWS:

ARTICLE I
DEFINITIONS

- 1.01 "ASSISTANCE" MEANS EQUIPMENT AND PERSONNEL.
- 1.02 "CHIEF OFFICER" MEANS THE OFFICIAL IN CHARGE OF EACH AGENCY OR HIS AUTHORIZED REPRESENTATIVE.
- 1.03 "EQUIPMENT" MEANS THE PHYSICAL EQUIPMENT OF EACH AGENCY.
- 1.04 "PERSONNEL" MEANS THE PERSONS DESIGNATED BY EACH AGENCY TO TAKE PART IN FIRE OR LIFE EMERGENCY INCIDENTS.

ARTICLE II
MUTUAL ASSISTANCE

- 2.01 COOPERATION: EACH OF THE PARTIES HERETO AGREE TO FURNISH TO EACH OTHER SUCH ASSISTANCE AS THE CHIEF OFFICER OF A REQUESTING AGENCY REQUIRES, PROVIDED, HOWEVER, NO AGENCY SHALL BE REQUESTED TO FURNISH ANY ASSISTANCE WHICH IT CANNOT REASONABLY BE EXPECTED TO FURNISH. THE AGENCY FURNISHING ASSISTANCE RESERVES THE RIGHT TO PROVIDE ONLY SUCH ASSISTANCE AS ITS CHIEF OFFICER DETERMINES TO BE REASONABLY AVAILABLE.
- 2.02 PROMPT DISPATCH: EACH OF THE PARTIES HERETO AGREE TO PROMPTLY DISPATCH ASSISTANCE REQUESTED IN ACCORDANCE WITH PARAGRAPH 2.01 HEREOF OR TO NOTIFY THE REQUESTING AGENCY OF ITS INABILITY SO TO DO.
- 2.03 EMERGENCY CONFLAGRATION ACT: EACH OF THE PARTIES HERETO AGREE THAT ASSISTANCE GIVEN UNDER THE PROVISIONS OF THE EMERGENCY CONFLAGRATION ACT SHALL BE GOVERNED BY THE PROVISIONS OF THIS AGREEMENT.

ARTICLE III
SUPERVISION

- 3.01 SUPERVISION: EACH AGENCY SHALL BE RESPONSIBLE FOR THE DIRECTION OF ACTIVITIES AT INCIDENTS WITHIN ITS JURISDICTION. INITIAL ACTIVITIES TAKEN BY AN ASSISTING AGENCY, PRIOR TO THE ARRIVAL OF THE REQUESTING AGENCY, SHALL BE UNDER THE SUPERVISION OF THE ASSISTING AGENCY ONLY UNTIL THE ARRIVAL OF THE REQUESTING AGENCY.
- 3.02 SITUATIONS OF EXTREME DANGER: NOTHING IN THIS AGREEMENT SHALL PREVENT THE CHIEF OFFICER OF AN ASSISTING AGENCY FROM REFUSING, IN THE EXERCISE OF THEIR BEST JUDGEMENT AND DISCRETION, TO COMMIT ASSISTANCE TO A POSITION OF EXTREME DANGER. THE CHIEF OFFICER OF AN ASSISTING AGENCY SHALL BE THE SOLE JUDGE OF THE EXTENT AND IMMINENCE OF SUCH DANGER.

ARTICLE IV
COSTS AND CLAIMS

- 4.01 COSTS: EACH OF THE PARTIES HERETO AGREE TO ASSUME ANY AND ALL COSTS THEY INCUR AS A RESULT OF THE IMPLEMENTATION OF THE TERMS OF THIS AGREEMENT.
- 4.02 CLAIMS: EACH OF THE PARTIES HERETO WAIVE ALL CLAIMS FOR ANY AND ALL LOSS, DAMAGE, PERSONAL INJURY OR DEATH THEY INCUR AS A RESULT OF THE IMPLEMENTATION OF THE TERMS OF THIS AGREEMENT.

ARTICLE V
GENERAL PROVISIONS

- 5.01 PREVIOUS AGREEMENTS: THIS AGREEMENT IS IN LIEU OF ALL PREVIOUS MUTUAL ASSISTANCE AGREEMENTS AMONG AND BETWEEN THE PARTIES HERETO.
- 5.02 LIMITATIONS: NO PARTY HERETO SHALL BE BOUND BY THIS AGREEMENT BEYOND ITS LAWFUL AUTHORITY AND APPROPRIATIONS AVAILABLE.
- 5.03 LAWS AND REGULATIONS: EACH PARTY HERETO AGREES TO COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS PERTAINING TO THIS AGREEMENT INCLUDING, BUT NOT LIMITED TO, INDUSTRIAL ACCIDENT AND WORKER'S COMPENSATION LAWS OF THE STATE OF OREGON.

ARTICLE VI
DURATION AND TERMINATION

- 6.01 DURATION: IT IS THE INTENT OF THE PARTIES HERETO THAT THIS AGREEMENT SHALL REMAIN IN CONTINUOUS EFFECT UNTIL

TERMINATED PURSUANT TO PARAGRAPH 6.02 HEREIN.

6.02 TERMINATION: ANY PARTY HEREOF MY WITHDRAW FROM THIS AGREEMENT AT ANY TIME BY MUTUAL CONSENT OF THE OTHER PARTIES OR BY GIVING THE OTHER PARTIES NOT LESS THAN THIRTY (30) DAYS PRIOR WRITTEN NOTICE OF THEIR INTENT SO TO DO. IN THE EVENT OF SUCH WITHDRAWAL OF ONE OR MORE PARTIES, THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT AS TO ALL REMAINING PARTIES.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT ON THE DATE FIRST HEREINABOVE STATED.

CHAPMAN RURAL FIRE PROTECTION DISTRICT:

Led M. Rice
CHAIRMAN

Joy Ann Terrenburg
SECRETARY

CLATSKANIE RURAL FIRE PROTECTION DISTRICT:

Lewis J. Nott
CHAIRMAN

Jan M. Kukland
SECRETARY

MIST-BIRKENFELD RURAL FIRE PROTECTION DISTRICT:

Arthur C. Luback
CHAIRMAN

Fred W. Bassett
SECRETARY + Treas.

OREGON DEPARTMENT OF FORESTRY:

D. Matlick
STATE FORESTER

Ed Johnson

RAINIER RURAL FIRE PROTECTION DISTRICT:

[Signature]
CHAIRMAN

[Signature]
SECRETARY

ST. HELENS RURAL FIRE PROTECTION DISTRICT:

[Signature]
CHAIRMAN

[Signature]
SECRETARY

SCAPPOOSE RURAL FIRE PROTECTION DISTRICT:

[Signature]
CHAIRMAN

[Signature]
SECRETARY

CITY OF VERNONIA:

Wallace J. [Signature]
MAYOR

VERNONIA AMBULANCE ASSOCIATION:

Gregory P. ...
CHAIRMAN

Agnes Lee West
SECRETARY

VERNONIA RURAL FIRE PROTECTION DISTRICT:

Duane B. Garwin
CHAIRMAN

Richard M. ...
SECRETARY

COLUMBIA COUNTY AMBULANCE SERVICE

IV. Quality Assurance Program

The Ambulance Service Advisory Committee shall be in charge of Quality Assurance Program. The Committee may request and shall receive Quality Assurance conclusions from all agencies dealing with pre-hospital care. All information received shall be kept confidential.

The Quality Assurance Program has three goals:

1. Assure prompt appropriate level of care to persons in need of emergency medical care.
2. Assure proper emergency medical care for the patient.
3. Assure transport of patient to the proper hospital.

The Committee will achieve these goals by conducting case reviews, call screens and reviewing complaints. The focus will be both educational and to identify system problems, ie, need for protocol change or education. Individual EMT problems will be referred to respective physician advisors.

V. Assignment of Ambulance Service Areas

The procedures for assignment of ASAs are set forth in Sections 9, 11, and 12 of the Columbia County Ambulance Service Ordinance. The Ambulance Service Advisory Committee's role in the assignment process is set forth in Section 11 of the Ambulance Service Ordinance. To assist the reader of this Plan in discovering what the procedures are, refer to Ordinance No. 88-9, Sections 9,11 and 12.

VI. Columbia County Ambulance Service Ordinance and Rules

The Columbia County Ambulance Service Ordinance is attached to this Plan.

Any additional ordinances, or resolutions or orders regulating ambulance service or implementing the Ordinance will also be attached to this Plan.

COLUMBIA COUNTY AMBULANCE SERVICE

VII. Plan changes

The initial adoption of this Plan will be by Order of the Board of County Commissioners. Changes to the Plan may be made by the Board on its own motion or upon the recommendation of the Ambulance Service Advisory Committee or upon the recommendation of the administrator or of any other person.

VIII. Authentication

This Plan, written and adopted pursuant to ORS 823.220, is in compliance with local statutes/ordinances and Oregon Administrative Rules 333-28-000 through 333-28-130.

Dated this 5th day of October, 1988.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: Michael J. Jupp
Chairman

By: Max W. Dillon
Commissioner

By: Jack R. Peterson
Commissioner