

W.7.a.

---

**AGENDA COVER MEMO**

---

AGENDA DATE: June 22, 2011 (First Reading)  
July 6, 2011 (Second Reading/Public Hearing)

TO: Board of County Commissioners

FROM: Department of Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA ITEM TITLE: FIRST READING AND SETTING SECOND READING AND PUBLIC HEARING/ORDINANCE NO. 2-11 / IN THE MATTER OF AMENDING CHAPTER 18 OF LANE CODE TO UPDATE PROVISIONS RELATED TO SUBCONTRACTOR SELECTION OF NON-EMERGENCY TRANSFERS AND TO FURTHER UPDATE THE ASA PLAN

---

**I. MOTION**

First Reading and Setting Second Reading and Public Hearing/Ordinance No. 2.11 /In the Matter of Amending Chapter 18 of Lane Code to Update Provisions Related to Subcontractor Selection of Non-Emergency Transfers And To Further Update the ASA Plan.

**II. AGENDA ITEM SUMMARY**

The State of Oregon has requested additional updates to the ASA plan to bring it into compliance with OAR and ORS numbering changes and definition changes. Additional updates to the plan are also incorporated.

**III. BACKGROUND/IMPLICATIONS OF ACTION**

**A. Board Action and Other History:**

Lane County's ASA plan was first approved in 1987 through BO 87-03-25-14. Ordinance 1-01 updated the plan to add a Northwest/Central Ambulance District. Ordinance 13-01 added indemnity and annex provisions to the plan. The West/Central and Northwest/Central boundaries were adjusted through ordinance 15-04. Additional boundary changes involving the West/Central, East/Central and Southern ASAs were made per Ordinance 7-07. Ordinance 5-10 amended the plan to address non-emergency and interfacility transports and add sanctions for non-compliance.

**B. Policy Issues:**

The majority of the changes being made to the code are clerical, such as numbering changes and definition changes. However, the proposed change to the selection requirements for subcontracting non-emergency and inter-facility transports does require the Board to determine if they want to impose additional selection requirements, beyond

Oregon contract law requirements on other governmental entities

### **C. Board Goals**

This request relates to the Strategic Plan goal for service improvement. An updated ASA plan will allow for the most efficient provision of ambulance services.

### **D. Financial and/or Resource Considerations**

The proposed changes to the plan add no additional financial requirements of the County.

### **E. Analysis**

Lane County's ASA plan was updated in July of 2010 to address non-emergency and interfacility transfers and add sanctions for non-compliance. A copy of the plan, approved by the Board of Commissioners, was sent to the State for approval. The State returned the plan asking for additional updates due to OAR and ORS numbering and definition changes that were in process at the same time the Lane County plan approval process was in process.

During the time since the ASA plan had been approved by the Board of Commissioners, a couple of additional issues arose, which have also been dealt with as part of this update. The first issue was emergency response times. ASA providers met in 2004 to look at the emergency response times included in Lane Code. After a series of meetings, it was recommended by the ASA providers and the Health Advisory Committee, acting as the ASA Subcommittee, to move from six response time zones to four response time zones. These changes were discussed as part of the agenda packet for Ordinance 15-04. Unfortunately, these changes were not incorporated into the revised Lane Code approved by the Board of Commissioners. This oversight was not discovered until recently. The discussion in the agenda packet material for Ordinance 15-04 was as follows:

Ambulance service providers have also spent a number of months developing a revised reporting system. There were originally seven estimated system response time zones. As service providers began to try to report on the zones, it became apparent that the zone times were not always accurate and the number of zones was too high. LCOG plotted response times for the period April 1, 2003 – June 30, 2003. Based on this actual response time data, four response zones were developed:

Zone 1 - Less than 10 minutes

Zone 2 - Less than 20 minutes

Zone 3 - 45 minutes or less

Zone 4 - More than 45 minutes

This revision in time zones will improve agency reporting and is in compliance with the Oregon Administrative Rules governing Ambulance Service Areas.

Providers have been reporting on these revised time zones since 2004. Based the need for

response zones to be expressed in terms of percent of calls which do not exceed a specified number of minutes, Zone 4 is now proposed to be Less than 4 hours and 30 minutes, the same response time as the Frontier zone in the original code.

The other issue facing the Board is competitive selection requirements for non-emergency and inter-facility transports. The language adopted as part of Ordinance 5-10 requires ASA providers to conduct an RFP process any time they want to subcontract non-emergency or inter-facility services:

18.041(5)(a) currently states: ASA provider will use an open competitive selection process in accordance with ORS 279B.060, including qualifications, standards and requirements set forth in LC Chapter 18, as well as any additional criteria and requirements deemed necessary by the ASA provider.

ORS 279B.060 outlines the competitive sealed proposal (RFP) process. This language requires ASA providers to conduct an RFP process even if exemptions are allowed under ORS 279A, such as intergovernmental contracting. The proposed change to Lane Code allows the ASAs to forgo an RFP process if they were subcontracting with another public entity or if the ASA has determined, through a public process, that there is only one potential subcontractor. Both of these exemptions are afforded public agencies per ORS 279A and ORS 279B.

The Health Advisory Committee, sitting as the ASA Subcommittee, did not recommend this change to the code. They recommend leaving the language as is in the current code.

A. Alternative / Options

1. Approve the second reading and hearing.
2. Direct staff to make changes to the proposed Lane Code Chapter 18 and return for further consideration.
3. Do not make changes to Lane Code Chapter 18. This will result in Lane County being out of compliance with Oregon Administrative Rules.

B. Recommendation

To approve #1 above.

**IV. IMPLEMENTATION / TIMING**

Upon approval by the Board, H&HS will work with County Administration to ensure public announcement of the second reading and to schedule the public hearing.

**V. ATTACHMENTS**

Board Order  
Proposed Language for Lane Code Chapter 18  
Certificate of Compliance

## CERTIFICATE OF COMPLIANCE

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

- A. Each subject or item contained in the Lane County Ambulance Service Plan has been addressed and considered in the adoption of the plan by this body.
- B. In this governing body's judgment, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services.
- C. To the extent that they are applicable, the county has complied with ORS 682.062(2) and (3), ORS 682.063 and existing local ordinances and rules.

DATED this \_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Chair, Lane County Board of Commissioners

IN THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDINANCE NO. 2-11

IN THE MATTER OF AMENDING CHAPTER 18 OF  
LANE CODE TO UPDATE PROVISIONS RELATED  
TO SUBCONTRACTOR SELECTION OF NON-  
EMERGENCY TRANSFERS AND TO FURTHER  
UPDATE THE ASA PLAN (LC 18.005 through 18.020,  
18.040 through 18.075, 18.115 through 18.130)

**WHEREAS**, Lane County's ASA plan was first approved in 1987 through Board Order 87-03-25-14, and it was then adopted into Lane Code Chapter 18;

**WHEREAS**, Lane Code Chapter 18 was updated to add a Northwest/Central Ambulance District by Ordinance 1-01; Ordinance 13-01 added indemnity and annex provisions to the plan; the West/Central and Northwest/Central boundaries were adjusted through ordinance 15-04; additional boundary changes involving the West/Central, East/Central and Southern ASAs were made per Ordinance 7-07; and non-emergency services and sanctions for non-compliance were added in Ordinance 5-10;

**WHEREAS**, the County's ASA plan in Lane Code Chapter 18 is not in compliance with changes to ORS Chapter 682 and OAR 333-260(0010-0070) made in 2010, including changes to definitions and citation numbering in the OAR;

**WHEREAS**, Lane Code 18.041(5)(a) required ASA holders to conduct a Request for Proposal process even when entering not required by ORS 279B which was not the intent, and the intent was to follow ORS 279B, including allowable exemptions;

**WHEREAS**, revisions to Emergency Response Times in Lane Code 18.040(1)(c) were addressed as part of Ordinance 15-04, but not incorporated into Lane Code Chapter 18;

**WHEREAS**, the ASA plan should be brought into compliance with Oregon Revised Statutes and Oregon Administrative Rules, ASA holders should be required to follow selection requirements per ORS279B and the response zones should be updated to reflect changes approved in 2004;

**WHEREAS**, On July 6, 2011 the Board held a public hearing to consider whether to make these changes to Lane Code Chapter 18, and received and considered both oral and written evidence;



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

Chapter 18 of Lane Code is hereby amended by removing, substituting and adding new sections as follows:

**REMOVE THESE SECTIONS**

18.005 through 18.130  
located on pages 18-1 through 18-19  
(a total of 19 pages)

**INSERT THESE SECTIONS**

18.005 through 18.130  
located on pages 18-1 through 18-20  
(a total of 20 pages)

Said sections are attached hereto and incorporated herein by reference. The purpose of these substitutions and additions is to update definitions and OAR and ORS citations, update response zones and update selection requirements for non-emergency and inter-facility transports. (LC 18.005 through 18.130)

ENACTED this \_\_\_\_\_ day of \_\_\_\_\_ 2011.

\_\_\_\_\_  
Chair, Lane County Board of Commissioners

\_\_\_\_\_  
Recording Secretary for this Meeting of the Board

APPROVED AS TO FORM

Date 6/7/11 Lane County

J. Haidlaw  
OFFICE OF LEGAL COUNSEL

At left margin indicates changes  
**Bold** indicates material being added  
~~Strikethrough~~ indicates material being deleted  
18.005

## LEGISLATIVE FORMAT

Lane Code

18.015

### Chapter 18

#### LANE COUNTY AMBULANCE SERVICE AREA PLAN

##### **18.005 Purpose.**

This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.205 and 682.335. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of Emergency Medical Technician (EMT) supervised medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.062, 682.063, and the assignment of each ambulance service area (ASA) to a single provider, unless otherwise noted in Lane Code, Oregon Administrative Rules, and existing local ordinances and rules. This plan may be updated in order to maintain or promote efficiency and effectiveness. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10)*

##### **18.010 Overview of Lane County.**

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

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

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

##### **18.015 Definitions.**

For the purposes of this chapter, the following words and phrases shall mean:

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

Advanced Emergency Medical Technician (AEMT or Advanced EMT). A person who is certified by the Division as an Advanced Emergency Medical Technician.

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

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

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

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

Ambulance Service Plan. A written document, which outlines a process for establishing a County Ambulance Services System including both emergency and non-emergency ambulance transport. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of applicable law.

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

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

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

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

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

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

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

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

Emergency Medical Responder. **Has the same meaning as First Responder in ORS682.025**

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

Emergency Medical Technician. A person who has received formal training in pre-hospital and emergency care and is state certified to attend to any ill, injured or disabled person.



Emergency Medical Technician-Basic (EMT-Basic). A person **who is certified by the Division as an EMT-Basic.**~~certified by the Division as defined in OAR 333-265-0000(15).~~

Emergency Medical Technician-Intermediate (EMT- Intermediate). A person **who is certified by the Division as an EMT-Intermediate.**~~certified by the Division as defined in OAR 333-265-0000(16).~~

Emergency Medical Technician-Paramedic (EMT-Paramedic). A person **who is certified by the Division as an EMT-Paramedic.**~~certified by the Division as defined in OAR 333-265-0000(17).~~

First Responder. A person **who has successfully completed a First Responder training course approved by the Division and:**

(1) **Has been examined and certified as a First Responder by an authorized representative of the Division to perform basic emergency and non-emergency care procedures; or**

(2) **Has been otherwise designated as a First Responder by an authorized representative of the Division to perform basic emergency and non-emergency care procedures.**~~certified by the Division as defined in ORS 682.025(11).~~

Health Officer. The Lane County Health Officer.

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

License. The document issued by the Division to the owner of an ambulance service and ambulance, when the ambulance service and ambulance are found to be in compliance with ORS 682.017 through 682.991 and OAR 333-250-0000 through 333-250-0100-~~0070~~ and 333-255-0000 through 333-255-~~0093~~**0092**.

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

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

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

Owner. The person having all the incidents of ownership in an ambulance service or ambulance vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement of a lease for a term of 10 or more successive days.

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

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

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

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

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

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

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

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

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

Wheelchair Transport. Non-emergency transport by a ground vehicle which is designed and equipped with a wheelchair lift to transport individuals who do not require EMT medical assistance during transport. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10.08.27.10)*

#### **18.016 Exemptions.**

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

- (1) Vehicles and ambulances being used under the circumstances set forth in ORS 682.035, as well as the persons listed in that statutory exemption.
- (2) Vehicles and transports which are excluded from the definition of non-emergency ambulance service in LC Chapter 18.
- (3) Ambulances or vehicles used to transport a patient from outside the County to a location within the County, or through the County.
- (4) Vehicles used by a hospital owner to provide secure non-EMT attended transport directly through a vehicle equipped for behavioral health patients in mental health crisis, or by subcontract with any State of Oregon certified secure transportation provider. The hospital is not required, but may contract with the designated ASA provider for the area.
- (5) Any person who drives or who attends an ill, injured or disabled person transported in a vehicle mentioned in subsections 1-9 of this section, or is licensed to do so. *(Revised by Ordinance 5-10, Effective 08.27.10)*

#### **18.020 Ambulance Services Area Boundaries.**

Lane County shall consist of eight Ambulance Service Areas (ASAs). The "Lane County Ambulance Service Areas and Estimated Emergency System Response Time" map (see Appendix #1), adopted and incorporated here by this reference, represents the established ASAs, assigned ASA providers and estimated emergency system response times, which

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

(1) ASA #1. - Western. This area is bordered on the west by the Pacific Ocean; north by Milepost 174 on US 101; east on State Highway 36 to Greenleaf Road and east on State Highway 126 to Milepost 29; and south to the Douglas County line at Milepost 198.5 on US 101 and south on Siuslaw Road to and including the Clay Creek Recreational Area. Response into rural and frontier areas will be dictated by access capabilities.

(2) ASA #2. - North/West. This area is bordered on the west by the Pacific Ocean; north by the Lincoln County line to the Benton County Line; west at the wilderness area of Saddle Mountain; and south to Milepost 174 on US 101. Response into rural and frontier areas will be dictated by access capabilities.

(3) ASA #3. - Benton. This area covers only a small portion of northern Lane County starting at the Lane/Benton County line on the west to the union of Lobster Creek with the East Fork of Lobster Creek to the east; and south to Taylor Butte and east to the community of Paris. Response into rural and frontier areas will be dictated by access capabilities.

(4) ASA #4. - West/Central. This area is bordered on the west starting ½ mile south of Milepost 21½ State Highway 36 at Greenleaf Road; south to State Highway 126 at Milepost 29; south to the Clay Creek Recreational Area; following the Lane/Douglas County border to a point south of Alma; north to Alma; east following the northern border of Lorane Rural Fire Protection District to the western border of South Lane Fire & Rescue; east following the northern border of South Lane County Fire and Rescue to Camas Swale Creek; east to Interstate 5; north on Interstate to the Lane/Linn County border, west to the border of Junction City/Coburg Rural Fire Protection Districts at the Willamette River; follow the Junction City Rural Fire Protection District border then follow a line south passing through Lane Rural Fire/Rescue, Santa Clara Rural Fire Protection District and portions of City of Eugene City Limits; follow the Lane Rural Fire/Rescue border to the northwest corner of Lane County Fire District #1; west to the beginning ½ mile south of Milepost 21½ on State Highway 36. Response into rural and frontier areas will be dictated by access capabilities.

(5) ASA #5. - East/Central. This area is bordered on the west by Interstate 5; north by the Linn County Line; east via State Highway 126/242 to the Deschutes County line and State Highway 58 to Milepost 17; and south to the northern border of the South Lane County Fire and Rescue Fire District boundary with Goshen Fire District and Pleasant Hill Fire District. Response into rural and frontier areas will be dictated by access capabilities. This provider also serves an area of Linn County up to Harrisburg, which is not included in this plan.

(6) ASA #6. - Southern. This area is bordered on the west by Siuslaw River Road to Wolf Creek Road; north by the boundaries of the Lorane Fire District and the South Lane Fire and Rescue Fire District; east by a line from Camas Swale Creek, to Bear Mountain, to Mount June, to Patterson Mountain, to Grass Mountain; and south by



At left margin indicates changes  
**Bold** indicates material being added  
~~Strikethrough~~ indicates material being deleted

## LEGISLATIVE FORMAT

18.025

Lane Code

18.040

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

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

(8) ASA #8. - Northwest/Central. This area is bordered on the west beginning at the Lane/Benton County border at Lobster Creek to a point ½ mile south of Milepost 21½ on State Highway 36 at Greenleaf Road; East to northern border of Lane County Fire District #1; following the southern border of Lane Rural Fire/Rescue; then north following a line passing through Lane Rural Fire/Rescue, Santa Clara Fire Protection District and portions of City of Eugene City Limits north to the border of Junction City Rural Fire Protection District; north to the Lane/Benton County Border; then west to the point of beginning. Response into rural and frontier areas will be dictated by access capabilities. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 7-07, 7.20.07; 5-10, 08.27.10)*

### **18.025 9-1-1 Fire Protection Providers and Incorporated Cities Map.**

*(See Appendix #2) (Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 15-04, 8.13.04)*

### **18.030 Alternatives To Reduce Response Times.**

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

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

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

The plan will be reviewed every three years or by request of the Committee, Director or Lane County ambulance provider. ASA boundaries may be modified after the plan is adopted and implemented. When the existing assigned providers agree in writing and request Director action, modifications to the ASA boundaries may be made by the Director after review and recommendation of the Committee, based upon annexation, changes in response time, dispatch equipment, enhanced 9-1-1 or EMT placement and practices and population. When ASA boundaries are adjusted due to annexation, consideration will be given to creating service areas that are well defined, thereby facilitating effective dispatch of response resources and data management. The Director shall maintain a written record of modifications made to the ASA boundaries. Affected providers may appeal to the Board within 14 days after receipt of the Director's decision. All other modifications shall be made pursuant to one or more provisions, including LC 18.045, 18.070, 18.075, 18.080, or 18.100. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 13-01, 1.5.02; 15-04, 8.13.04)*

**18.040 System Elements.**

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

(1) Notification/Response Time Zones.

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

(b) Notification Times for ambulances shall be within two minutes for 90% of emergency calls.

(c) Emergency system response time shall be as follows for 90% of the calls: **Zone 1 – Less than 10 minutes; Zone 2 – Less than 20 minutes; Zone 3 – 45 minutes or less; Zone 4 – up to 4 hours and 30 minutes.** ~~Urban – 5 min.; Urbanizable – 10 min.; Suburban – 15 min.; Rural – 45 min.; and Frontier – up to 4 hours and 30 min.~~

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

(2) Level of Care.

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

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

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

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

(4) Personnel. When operating an ambulance in Lane County, all personnel must meet the requirements of ORS 682.017 through 682.991 and OAR 333-255-0070 **through 333-255-0072.** ~~(1)(4) or (6).~~ The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not create a requirement that the ambulance provide the same level of care on a regular basis.

(5) Medical Supervision. Each provider utilizing EMTs shall be supervised by a supervising physician.

(6) Patient Care Equipment. Patient care equipment must meet or exceed the **Oregon Health Authority's** ~~Oregon Health Division's~~ requirements as specified in ORS 682.017 through 682.991 and OAR 333-255-0070 **through 333-255-0072** ~~(2),(3),(5) or (7).~~ The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to the Director upon request.

(7) Vehicles. All ambulances must be either a Type I, II, or III and be licensed by the **Oregon Health Authority** ~~Oregon Health Division~~. All ambulances must meet or exceed the requirements as set forth in ORS 682.017 through 682.991 and OAR 333-255-



060. An up-to-date list of each provider's ambulances shall be furnished to the Director upon request.

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

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

(a) Process.

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

(ii) Quality Assurance in Lane County shall be accomplished through frequent case review, peer review, and periodic review by the supervising physicians and/or ambulance governing bodies. Complaints regarding violation of this ASA Plan, or questions involving ambulance services provided, shall be submitted in writing to the Director who shall forward it to the Committee. The Committee shall then review the matter and make recommendations on such complaints or questions to the Director. The Director shall also resolve any problems involving system operations (changing protocols to address recurring problems, etc.). Ongoing input may be provided to the Director by consumers, providers or the medical community, any individual on the Board or members of the Committee. **Input may be provided through the Ambulance Service Feedback link on the Department of Health & Human Service page on the Lane County website.** The Director, in turn, will present the complaint, concern, idea or suggestion (in writing) to the full Committee for consideration.

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

(i) Written notice when emergency system response time falls below 85% compliance of the limits defined by the Lane County Ambulance Service Areas & Estimated Emergency System Response Time Map (Appendix #1) in the response time contour. The report shall list the actual system response time and pick up location of each transport that exceeded the response time and list any factors (weather, road conditions etc.) that may have contributed to the delay.

(ii) All non-confidential complaints made by consumers, the **Oregon Health Authority, EMS and Trauma Section**~~State of Oregon EMS Division~~, providers or the medical community related to clinical quality or operational standards.

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

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

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

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

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

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

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

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

#### **18.041 Designations:**

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

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

(2) Subject to any applicable exemption under this Code or (3) of this section, each of the designated emergency ambulance providers is also designated to exclusively provide non-emergency and inter-facility ambulance services for transports originating in their ASA area, with a right to subcontract such services in accordance with this Plan and

ordinance, LC Chapter 18. No other designations are made, but the Board reserves its right to designate more than one provider for these services per ASA in the future.

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

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

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

(a) ASA providers will use an open competitive selection process , **including qualifications, standards and requirements set forth in Lane Code Chapter 18, as well as any additional criteria and requirements deemed necessary by the ASA provider, except when the ASA provider has evidence through a public process that there is only one potential subcontractor (sole source) or the subcontractor would be another public entity. In those exceptional circumstances, an open competitive process is not required.** ~~in accordance with ORS 279B.060, including qualifications, standards and requirements set forth in LC Chapter 18, as well as any additional criteria and requirements deemed necessary by the ASA provider.~~

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

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

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

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

(6) No other subcontracting is authorized unless pre-approved by the County. Any current subcontracts which have been executed with approval of the County prior to adoption of these subcontracting provisions shall be deemed approved for ~~its~~ **their** duration. *(Revised by Ordinance No.5-10, Effective 08.27.10)*

#### **18.045 Authority For Ambulance Service Area Assignments.**

(1) The Board has the authority to assign an ASA within Lane County in compliance with ORS 682.015 through 682.991. Applications by new providers, changes to an existing ASA or requests for a new ASA, and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, safety and welfare. Cities have the authority to develop and apply ambulance licensing ordinances within their jurisdictional boundaries, and nothing in this plan is intended to affect that authority. Initial assignment of ambulance service areas in Lane County was made in 1987 by the Board in accordance with the laws, ordinances and plan provisions then existing.



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

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

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

(a) The Director receives or initiates a request.

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

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

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

(5) In developing their recommendations, the Committee and the Director shall determine compliance with ORS 682.025 through 682.991 and meet the following criteria for service:

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

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

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

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

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

#### **18.050 Coordination.**

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

(2) Disaster Response.

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

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

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

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

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

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

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

The purpose of the MCI plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Lane County. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations or at the request of the Health Officer. It is expected the MCI Plan will address the responsibility of providers concerning:

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

The Committee will periodically review the MCI Plan and recommend revisions to meet the County's need. Following Committee review, the Director of Emergency Management will be asked to append the changes to the medical component of the Lane County Operations Plan and the modified MCI plan will be promulgated.

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



**18.060 Personnel and Equipment Resources.**

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

- (1) Non-Transporting EMS Providers:
  - (a) McKenzie Fire & Rescue
  - (b) Lane County Fire District #1
  - (c) Goshen Rural Fire District
  - (d) Mohawk Valley Rural Fire Department
  - (e) Lake Creek Rural Fire Protection District
  - (f) Lorane Rural Fire Protection District
  - (g) Junction City Rural Fire Protection District
  - (h) Santa Clara Fire District
  - (i) Dexter Rural Fire Protection District
  - (j) Lowell Rural Fire Protection District
  - (k) Coburg Fire District
  - (l) Blue River Fire District
  - (m) Pleasant Hill Fire District
  - (n) Upper McKenzie Rural Fire Protection District
  - (o) Emergency Action Services (EASE)
  - (p) Deadwood Creek
  - (q) Siuslaw Valley Fire and Rescue
  - (r) Mapleton Fire Department
  - (s) Monroe Rural Fire Protection District
- (2) Hazardous Materials:
  - (a) Emergency Responder Services (ERS): provides notification and activation of State Agencies
  - (b) Environmental Services: provides oil spill contaminate clean up 24 hours a day
  - (c) US Coast Guard: responsible for response in bays and most navigable waters
  - (d) HAZMAT
- (3) Search and Rescue:
  - (a) Lane County Sheriff Office
  - (b) Eugene Mountain Rescue
- (4) Specialized Rescue:
  - (a) Eugene Fire & EMS Dept Technical Rescue Team
  - (b) Springfield Fire & Life Safety Technical Rescue Team
  - (c) Hwy 58 Technical Rescue Team
  - (d) South Oregon Urban Search and Rescue Team
- (5) Extrication:
  - (a) McKenzie Fire & Rescue
  - (b) Lane County Fire District #1
  - (c) Goshen Rural Fire District
  - (d) Mohawk Valley Rural Fire Dept
  - (e) Lake Creek Rural Fire Protection District
  - (f) Lorane Rural Fire Protection District

At left margin indicates changes

**Bold** indicates material being added

~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE  
FORMAT**

18.050

Lane Code

18.050

- (g) Junction City Rural Fire Protection District
- (h) Santa Clara Fire District
- (i) Dexter Rural Fire Protection District
- (j) Lowell Rural Fire Protection District
- (k) Coburg Fire District
- (l) Blue River Fire District
- (m) Pleasant Hill Fire District
- (n) Upper McKenzie Rural Fire Protection District
- (o) Emergency Action Services (EASE)
- (p) South Lane Fire & Rescue
- (q) Eugene Fire & EMS Dep
- (r) Springfield Fire & Life Safety
- (s) Lane Rural Fire Rescue
- (t) Siuslaw Valley Fire and Rescue
- (u) Monroe Rural Fire Protection District

(6) Emergency Communication Access:

(a) Telephone:

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

(ii) No person shall advertise for or otherwise solicit request for emergency medical services utilizing any telephone number other than 9-1-1.

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

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

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

(ii) Conform to a call received to notification of Initial Responders and ASA providers of < 2 minutes 90% of the time (*see* Section 5(c) of this plan).

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

(iv) Include in every radio dispatch the following:

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

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

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

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

(c) Radio System

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

(aa) Restrict access to authorized personnel only;

(bb) Meet future state or county standards;

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

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

(ee) Utilize plain English.

(ii) All ASA Providers shall:

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

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

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

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

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

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

**18.070 Application for New Assignment or Reassignment.**

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

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

(3) The applicant shall provide the following information:

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

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

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

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

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

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

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

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

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

(k) A description of any prepaid ambulance service plan, including number of members, number of years of operation, funding and term.

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

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

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

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



At left margin indicates changes

**Bold** indicates material being added

~~Strikethrough~~ indicates material being deleted

## LEGISLATIVE FORMAT

18.075

Lane Code

18.090

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

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

(6) The applications shall be reviewed by the Director and the Committee for recommendation on the assignment of the ASA to the Board pursuant to LC 18.045 above. The assignment or reassignment of an ASA shall be made by an Order of the Board. *(Revised by Ordinance No. 10-87, Effective 9.3.87; 7-97, 6.6.97; 13-01, 1.5.02; 5-10, 08.27.10)*

### **18.075 Review of Application for New Assignment or Reassignment.**

(1) Applications for new or reassigned ambulance services shall be reviewed by the Director and the Committee pursuant to LC 18.045 above. They shall make such investigation as deemed appropriate and they may request assistance of other persons as necessary.

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

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

### **18.080 Board Action on Application for New Assignment or Reassignment.**

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

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

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

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

(4) Shall not make an order adverse to the applicant or to the holder of, or applicant for, another assignment 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. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

### **18.090 Notification of Vacating an ASA.**

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



**18.095 Maintenance of Level of Service.**

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

**18.100 Transfer of Assignments.**

Except as provided in LC 18.030, a provider may transfer an assignment to another provider only upon written notice to and approval by the Board. Review of an application for transfer of an assignment shall be conducted in the same manner as an application for assignment or reassignment. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

**18.110 Preventing Interruption of Service.**

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

**18.115 Appeals, Abatement and Penalties.**

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

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

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

(4) Failure to comply with this section shall be enforced pursuant to the applicable provisions of Lane Code Chapter 5, except as follows:

(i) Responsible Person shall be defined as any person providing Ambulance Services, who has not received the area assignment pursuant to this Chapter

(ii) Fines for failure to comply with 18.115(3) shall be assessed as set forth in LC18.130. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10)*

**18.120 Duties of Ambulance Service Providers.**

Any provider operating in Lane County:

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

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

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

At left margin indicates changes

**Bold** indicates material being added

~~Strikethrough~~ indicates material being deleted

## LEGISLATIVE FORMAT

18.120

Lane Code

18.120

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

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

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

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

(b) Obtained written approval of the Board.

(5) 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; or

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

### **18.130 Classification of Failure to Comply.**

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

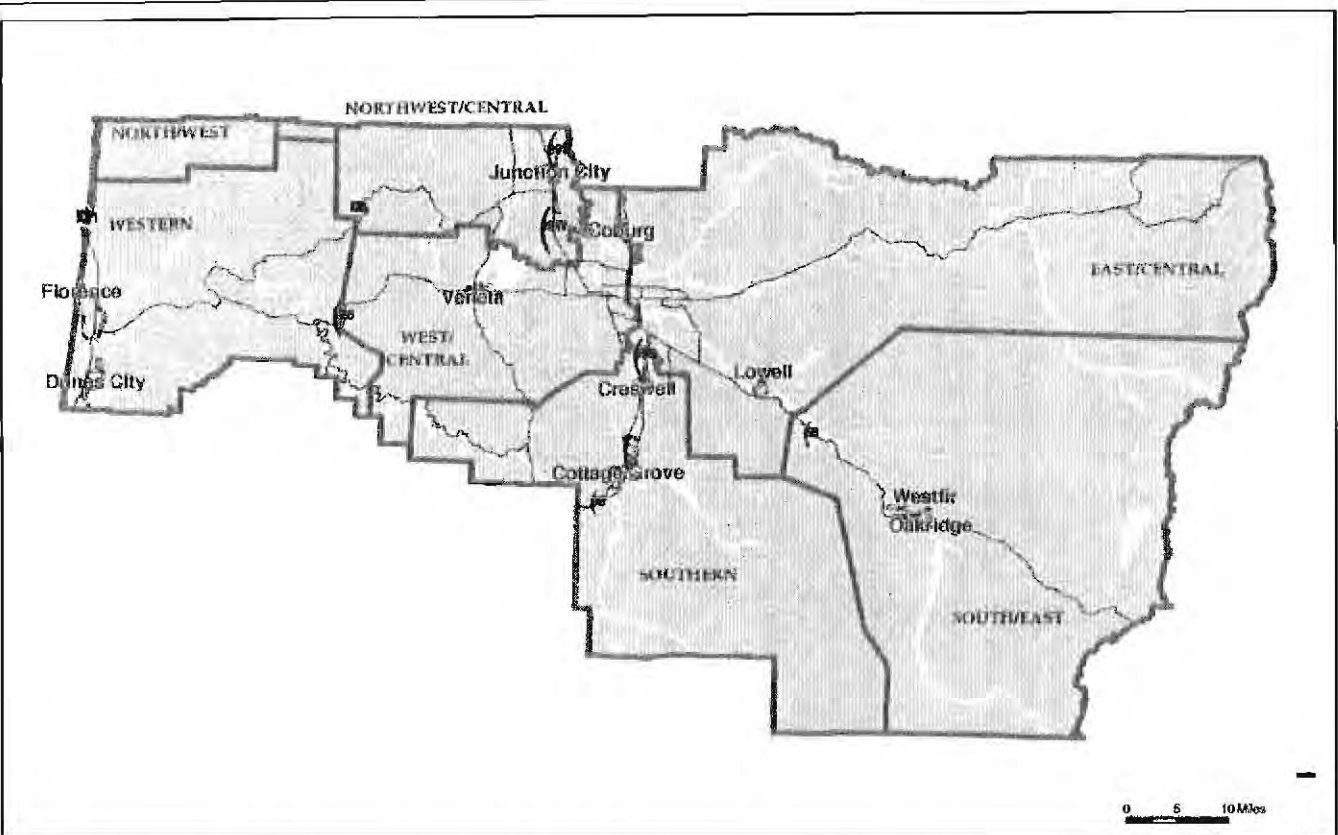
(1) Initial Failure to Comply – For Initial Failure to Comply, the monetary penalty shall be \$500.

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

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

At left margin indicates changes  
**Bold** indicates material being added  
~~Strikethrough~~ indicates material being deleted  
 18.120 Lane Code

18.120



Lane County Ambulance Service Areas and Incorporated Cities

**Ambulance Districts**

BENTON  
(CORVALLIS FIRE & AMBULANCE DEPT)  
 EAST/CENTRAL  
(SPRINGFIELD DEPT OF FIRE & LIFE SAFETY)  
 NORTHWEST  
(SOUTH LINCOLN AMBULANCE ASSOCIATION)  
 NORTHWEST/CENTRAL  
(LANE RURAL FIRE & RESCUE AMBU)

SOUTHEAST  
(OAKRIDGE FIRE & AMBULANCE DEPT)  
 SOUTHERN  
(COTTAGE GROVE FIRE & AMBULANCE DEPT)  
 WESTCENTRAL  
(EUGENE DEPT OF PUBLIC SAFETY)  
 WESTERN  
(WESTERN LANE AMBULANCE)

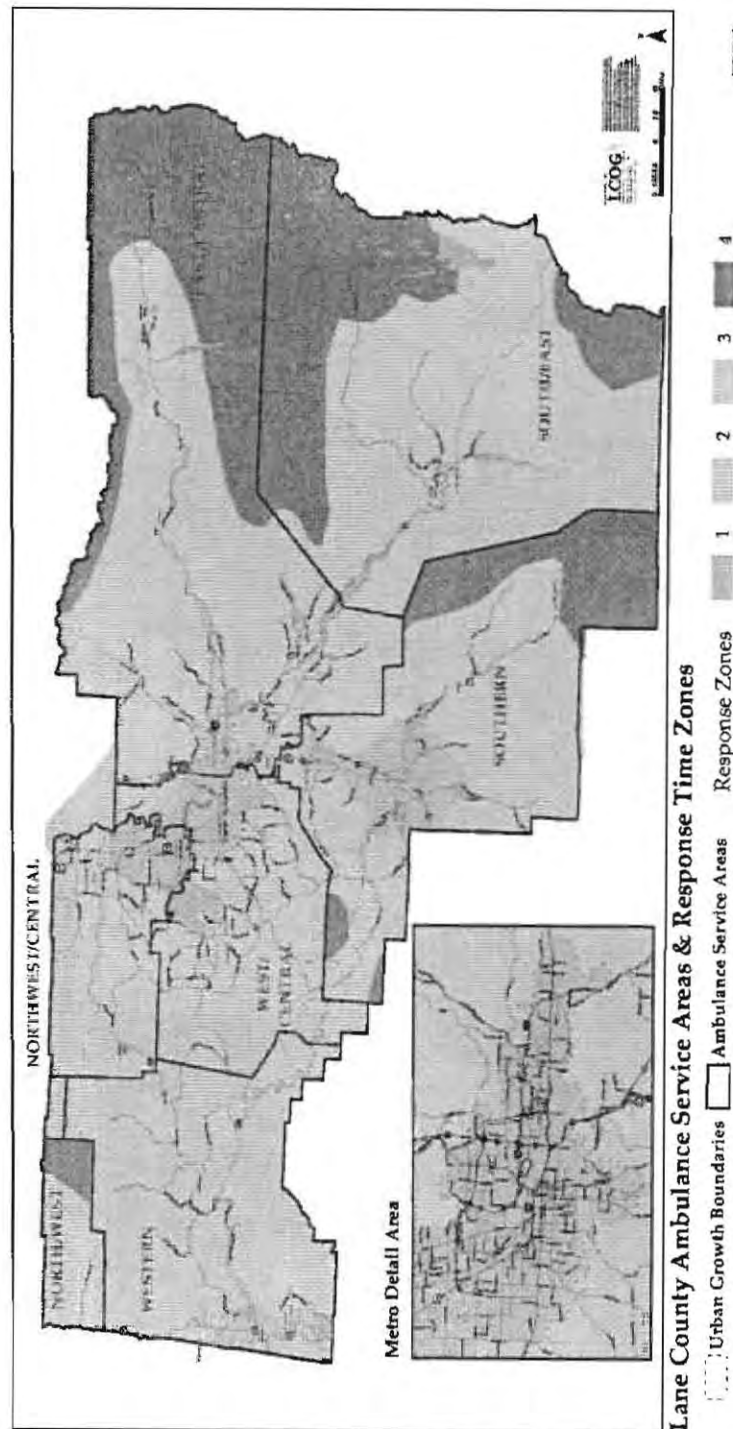


At left margin indicates changes  
**Bold** indicates material being added  
~~Strikethrough~~ indicates material being deleted  
 18.120

Lane Code

## LEGISLATIVE FORMAT

18.120



SEE ORIGINAL ORDINANCE NO. 15-04 FOR LARGE SCALE COLOR MAP.

APPENDIX 1 to  
 LC 18.020

(Revised by Ordinance No.7-97, Effective 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 15-04, 8.13.04; 7-07, 7.20.07)

18.120



18.120



## Chapter 18

### LANE COUNTY AMBULANCE SERVICE AREA PLAN

#### 18.005 Purpose.

This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.205 and 682.335. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of Emergency Medical Technician (EMT) supervised medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.062, 682.063, and the assignment of each ambulance service area (ASA) to a single provider, unless otherwise noted in Lane Code, Oregon Administrative Rules, and existing local ordinances and rules. This plan may be updated in order to maintain or promote efficiency and effectiveness. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10)*

#### 18.010 Overview of Lane County.

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

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

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

#### 18.015 Definitions.

For the purposes of this chapter, the following words and phrases shall mean:

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

Advanced Emergency Medical Technician (AEMT or Advanced EMT). A person who is certified by the Division as an Advanced Emergency Medical Technician.

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

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

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

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

Ambulance Service Plan. A written document, which outlines a process for establishing a County Ambulance Services System including both emergency and non-emergency ambulance transport. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of applicable law.

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

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

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

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

Division. The Oregon Health Authority, Department of Human Resources.

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

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

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

Emergency Medical Responder. Has the same meaning as First Responder in ORS682.025

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

Emergency Medical Technician. A person who has received formal training in pre-hospital and emergency care and is state certified to attend to any ill, injured or disabled person.

Emergency Medical Technician-Basic (EMT-Basic). A person who is certified by the Division as an EMT-Basic.

Emergency Medical Technician-Intermediate (EMT- Intermediate). A person who is certified by the Division as an EMT-Intermediate.

Emergency Medical Technician-Paramedic (EMT-Paramedic). A person who is certified by the Division as an EMT-Paramedic.

First Responder. A person who has successfully completed a First Responder training course approved by the Division and:

(1) Has been examined and certified as a First Responder by an authorized representative of the Division to perform basic emergency and non-emergency care procedures; or

(2) Has been otherwise designated as a First Responder by an authorized representative of the Division to perform basic emergency and non-emergency care procedures.

Health Officer. The Lane County Health Officer.

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

License. The document issued by the Division to the owner of an ambulance service and ambulance, when the ambulance service and ambulance are found to be in compliance with ORS 682.017 through 682.991 and OAR 333-250-0000 through 333-250-0070 and 333-255-0000 through 333-255-0092.

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

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

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

Owner. The person having all the incidents of ownership in an ambulance service or ambulance vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement of a lease for a term of 10 or more successive days.

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

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

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

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

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

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

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

Supervising physician. A medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with Oregon Medical Board of the



State of Oregon, who provides direction of emergency care provided by emergency medical technicians.

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

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

#### **18.016 Exemptions.**

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

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

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

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

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

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

#### **18.020 Ambulance Services Area Boundaries.**

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

(1) ASA #1. - Western. This area is bordered on the west by the Pacific Ocean; north by Milepost 174 on US 101; east on State Highway 36 to Greenleaf Road and east on State Highway 126 to Milepost 29; and south to the Douglas County line at Milepost 198.5 on US 101 and south on Siuslaw Road to and including the Clay Creek Recreational Area. Response into rural and frontier areas will be dictated by access capabilities.

(2) ASA #2. - North/West. This area is bordered on the west by the Pacific Ocean; north by the Lincoln County line to the Benton County Line; west at the wilderness area of Saddle Mountain; and south to Milepost 174 on US 101. Response into rural and frontier areas will be dictated by access capabilities.

(3) ASA #3. - Benton. This area covers only a small portion of northern Lane County starting at the Lane/Benton County line on the west to the union of Lobster Creek with the East Fork of Lobster Creek to the east; and south to Taylor Butte and east to the community of Paris. Response into rural and frontier areas will be dictated by access capabilities.

(4) ASA #4. - West/Central. This area is bordered on the west starting ½ mile south of Milepost 21½ State Highway 36 at Greenleaf Road; south to State Highway 126 at Milepost 29; south to the Clay Creek Recreational Area; following the Lane/Douglas County border to a point south of Alma; north to Alma; east following the northern border of Lorane Rural Fire Protection District to the western border of South Lane Fire & Rescue; east following the northern border of South Lane County Fire and Rescue to Camas Swale Creek; east to Interstate 5; north on Interstate to the Lane/Linn County border, west to the border of Junction City/Coburg Rural Fire Protection Districts at the Willamette River; follow the Junction City Rural Fire Protection District border then follow a line south passing through Lane Rural Fire/Rescue, Santa Clara Rural Fire Protection District and portions of City of Eugene City Limits; follow the Lane Rural Fire/Rescue border to the northwest corner of Lane County Fire District #1; west to the beginning ½ mile south of Milepost 21½ on State Highway 36. Response into rural and frontier areas will be dictated by access capabilities.

(5) ASA #5. - East/Central. This area is bordered on the west by Interstate 5; north by the Linn County Line; east via State Highway 126/242 to the Deschutes County line and State Highway 58 to Milepost 17; and south to the northern border of the South Lane County Fire and Rescue Fire District boundary with Goshen Fire District and Pleasant Hill Fire District. Response into rural and frontier areas will be dictated by access capabilities. This provider also serves an area of Linn County up to Harrisburg, which is not included in this plan.

(6) ASA #6. - Southern. This area is bordered on the west by Siuslaw River Road to Wolf Creek Road; north by the boundaries of the Lorane Fire District and the South Lane Fire and Rescue Fire District; east by a line from Camas Swale Creek, to Bear Mountain, to Mount June, to Patterson Mountain, to Grass Mountain; and south by the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

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

(8) ASA #8. - Northwest/Central. This area is bordered on the west beginning at the Lane/Benton County border at Lobster Creek to a point ½ mile south of Milepost 21½ on State Highway 36 at Greenleaf Road; East to northern border of Lane County Fire District #1; following the southern border of Lane Rural Fire/Rescue; then north following a line passing through Lane Rural Fire/Rescue, Santa Clara Fire Protection District and portions of City of Eugene City Limits north to the border of Junction City Rural Fire Protection District; north to the Lane/Benton County Border; then west to the point of beginning. Response into rural and frontier areas will be dictated by access capabilities. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 7-07, 7.20.07; 5-10, 08.27.10)*

#### **18.025 9-1-1 Fire Protection Providers and Incorporated Cities Map.**

*(See Appendix #2) (Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 15-04, 8.13.04)*

**18.030 Alternatives To Reduce Response Times.**

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

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

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

The plan will be reviewed every three years or by request of the Committee, Director or Lane County ambulance provider. ASA boundaries may be modified after the plan is adopted and implemented. When the existing assigned providers agree in writing and request Director action, modifications to the ASA boundaries may be made by the Director after review and recommendation of the Committee, based upon annexation, changes in response time, dispatch equipment, enhanced 9-1-1 or EMT placement and practices and population. When ASA boundaries are adjusted due to annexation, consideration will be given to creating service areas that are well defined, thereby facilitating effective dispatch of response resources and data management. The Director shall maintain a written record of modifications made to the ASA boundaries. Affected providers may appeal to the Board within 14 days after receipt of the Director's decision. All other modifications shall be made pursuant to one or more provisions, including LC 18.045, 18.070, 18.075, 18.080, or 18.100. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 13-01, 1.5.02; 15-04, 8.13.04)*

**18.040 System Elements.**

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

(1) Notification/Response Time Zones.

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

(b) Notification Times for ambulances shall be within two minutes for 90% of emergency calls.

(c) Emergency system response time shall be as follows for 90% of the calls: Zone 1 – Less than 10 minutes; Zone 2 – Less than 20 minutes; Zone 3 – 45 minutes or less; Zone 4 – up to 4 hours and 30 minutes. (d) Monitoring of notification and emergency response times shall be accomplished as provided in the quality assurance program.

(2) Level of Care.

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

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



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

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

(4) Personnel. When operating an ambulance in Lane County, all personnel must meet the requirements of ORS 682.017 through 682.991 and OAR 333-255-0070 through 333-255-0072. The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not create a requirement that the ambulance provide the same level of care on a regular basis.

(5) Medical Supervision. Each provider utilizing EMTs shall be supervised by a supervising physician.

(6) Patient Care Equipment. Patient care equipment must meet or exceed the Oregon Health Authority's requirements as specified in ORS 682.017 through 682.991 and OAR 333-255-0070 through 333-255-0072. The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to the Director upon request.

(7) Vehicles. All ambulances must be either a Type I, II, or III and be licensed by the Oregon Health Authority. All ambulances must meet or exceed the requirements as set forth in ORS 682.017 through 682.991 and OAR 333-255-060. An up-to-date list of each provider's ambulances shall be furnished to the Director upon request.

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

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

(a) Process.

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

(ii) Quality Assurance in Lane County shall be accomplished through frequent case review, peer review, and periodic review by the supervising physicians and/or ambulance governing bodies. Complaints regarding violation of this ASA Plan, or questions involving ambulance services provided, shall be submitted in writing to the Director who shall forward it to the Committee. The Committee shall then review the matter and make recommendations on such complaints or questions to the Director. The Director shall also resolve any problems involving system operations (changing protocols to address recurring problems, etc.). Ongoing input may be provided to the Director by consumers, providers or the medical community, any individual on the Board or members of the Committee. Input may be provided through the Ambulance



Service Feedback link on the Department of Health & Human Service page on the Lane County website. The Director, in turn, will present the complaint, concern, idea or suggestion (in writing) to the full Committee for consideration.

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

(i) Written notice when emergency system response time falls below 85% compliance of the limits defined by the Lane County Ambulance Service Areas & Estimated Emergency System Response Time Map (Appendix #1) in the response time contour. The report shall list the actual system response time and pick up location of each transport that exceeded the response time and list any factors (weather, road conditions etc.) that may have contributed to the delay.

(ii) All non-confidential complaints made by consumers, the Oregon Health Authority, EMS and Trauma Section, providers or the medical community related to clinical quality or operational standards.

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

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

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

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

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

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

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

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

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

#### **18.041 Designations:**

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

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

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

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

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

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

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

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

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

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

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

(6) No other subcontracting is authorized unless pre-approved by the County. Any current subcontracts which have been executed with approval of the County prior to adoption of these subcontracting provisions shall be deemed approved for their duration. *(Revised by Ordinance No.5-10, Effective 08.27.10)*

**18.045 Authority For Ambulance Service Area Assignments.**

(1) The Board has the authority to assign an ASA within Lane County in compliance with ORS 682.015 through 682.991. Applications by new providers, changes to an existing ASA or requests for a new ASA, and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, safety and welfare. Cities have the authority to develop and apply ambulance licensing ordinances within their jurisdictional boundaries, and nothing in this plan is intended to affect that authority. Initial assignment of ambulance service areas in Lane County was made in 1987 by the Board in accordance with the laws, ordinances and plan provisions then existing.

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

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

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

(a) The Director receives or initiates a request.

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

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

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

(5) In developing their recommendations, the Committee and the Director shall determine compliance with ORS 682.025 through 682.991 and meet the following criteria for service:

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

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

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

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

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



**18.050 Coordination.**

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

(2) Disaster Response.

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

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

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

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

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

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

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

The purpose of the MCI plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Lane County. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations or at the request of the Health Officer. It is expected the MCI Plan will address the responsibility of providers concerning:

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

The Committee will periodically review the MCI Plan and recommend revisions to meet the County's need. Following Committee review, the Director of Emergency Management will be asked to append the changes to the medical component of the Lane County Operations Plan and the modified MCI plan will be promulgated.



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

#### **18.060 Personnel and Equipment Resources.**

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

- (1) Non-Transporting EMS Providers:
  - (a) McKenzie Fire & Rescue
  - (b) Lane County Fire District #1
  - (c) Goshen Rural Fire District
  - (d) Mohawk Valley Rural Fire Department
  - (e) Lake Creek Rural Fire Protection District
  - (f) Lorane Rural Fire Protection District
  - (g) Junction City Rural Fire Protection District
  - (h) Santa Clara Fire District
  - (i) Dexter Rural Fire Protection District
  - (j) Lowell Rural Fire Protection District
  - (k) Coburg Fire District
  - (l) Blue River Fire District
  - (m) Pleasant Hill Fire District
  - (n) Upper McKenzie Rural Fire Protection District
  - (o) Emergency Action Services (EASE)
  - (p) Deadwood Creek
  - (q) Siuslaw Valley Fire and Rescue
  - (r) Mapleton Fire Department
  - (s) Monroe Rural Fire Protection District
- (2) Hazardous Materials:
  - (a) Emergency Responder Services (ERS): provides notification and activation of State Agencies
  - (b) Environmental Services: provides oil spill contaminate clean up 24 hours a day
  - (c) US Coast Guard: responsible for response in bays and most navigable waters
  - (d) HAZMAT
- (3) Search and Rescue:
  - (a) Lane County Sheriff Office
  - (b) Eugene Mountain Rescue
- (4) Specialized Rescue:
  - (a) Eugene Fire & EMS Dept Technical Rescue Team
  - (b) Springfield Fire & Life Safety Technical Rescue Team
  - (c) Hwy 58 Technical Rescue Team
  - (d) South Oregon Urban Search and Rescue Team
- (5) Extrication:
  - (a) McKenzie Fire & Rescue
  - (b) Lane County Fire District #1
  - (c) Goshen Rural Fire District
  - (d) Mohawk Valley Rural Fire Dept

- (e) Lake Creek Rural Fire Protection District
- (f) Lorane Rural Fire Protection District
- (g) Junction City Rural Fire Protection District
- (h) Santa Clara Fire District
- (i) Dexter Rural Fire Protection District
- (j) Lowell Rural Fire Protection District
- (k) Coburg Fire District
- (l) Blue River Fire District
- (m) Pleasant Hill Fire District
- (n) Upper McKenzie Rural Fire Protection District
- (o) Emergency Action Services (EASE)
- (p) South Lane Fire & Rescue
- (q) Eugene Fire & EMS Dep
- (r) Springfield Fire & Life Safety
- (s) Lane Rural Fire Rescue
- (t) Siuslaw Valley Fire and Rescue
- (u) Monroe Rural Fire Protection District
- (6) Emergency Communication Access:
  - (a) Telephone:
    - (i) To establish single access throughout Lane County, 9-1-1 shall be available to all telephone exchanges within Lane County.
    - (ii) No person shall advertise for or otherwise solicit request for emergency medical services utilizing any telephone number other than 9-1-1.
    - (iii) All requests for emergency medical services shall be received by one of the three Public Safety Answering Points (PSAP's). NOTE: This requirement will be reviewed, and modified as appropriate, after the recently legislatively mandated consolidation of PSAP's in each county.
  - (b) Dispatch Procedures. To establish a minimum standard of medical dispatching within Lane County, all First Response Agencies, ASA Providers, PSAP's and Dispatch points shall:
    - (i) Follow the established standards of emergency medical dispatching and follow those procedures and protocols as approved by the Committee, Oregon Trauma System Area Trauma Board (ATAB) Rules, and OAR 333-260-0050(1)(2),
    - (ii) Conform to a call received to notification of Initial Responders and ASA providers of < 2 minutes 90% of the time (*see* Section 5(c) of this plan).
    - (iii) Notify Initial Responders and ASA Providers by the use of radio communications including pagers and other tone activated devices.
    - (iv) Include in every radio dispatch the following:
      - (aa) Announcement identifying agency(ies) to respond, nature of problem identified through the use of dispatch priority protocols and the exact location of the patient; and
      - (bb) Any specific instructions or information pertinent to the emergency.
      - (cc) Repeat the announcement to each agencies first response unit(s) when they respond to include any additional information obtained about the patient's situation, history or problem.
      - (dd) Simultaneously dispatch Advanced Life Support (ALS) Assist according to protocols approved by the Committee and ATAB on all EMS calls identified as ALS in nature.
- (c) Radio System

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

(aa) Restrict access to authorized personnel only;  
(bb) Meet future state or county standards;  
(cc) Maintain radio consoles capable of communication directly with all Initial Response agency(ies) dispatched by them;

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

(ee) Utilize plain English.

(ii) All ASA Providers shall:

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

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

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

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

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

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

#### **18.070 Application for New Assignment or Reassignment.**

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

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

(3) The applicant shall provide the following information:

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

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

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

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

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

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

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

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

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

(k) A description of any prepaid ambulance service plan, including number of members, number of years of operation, funding and term.

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

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

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

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

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

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



(6) The applications shall be reviewed by the Director and the Committee for recommendation on the assignment of the ASA to the Board pursuant to LC 18.045 above. The assignment or reassignment of an ASA shall be made by an Order of the Board. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 13-01, 1.5.02; 5-10, 08.27.10)*

**18.075 Review of Application for New Assignment or Reassignment.**

(1) Applications for new or reassigned ambulance services shall be reviewed by the Director and the Committee pursuant to LC 18.045 above. They shall make such investigation as deemed appropriate and they may request assistance of other persons as necessary.

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

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

**18.080 Board Action on Application for New Assignment or Reassignment.**

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

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

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

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

(4) Shall not make an order adverse to the applicant or to the holder of, or applicant for, another assignment 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. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

**18.090 Notification of Vacating an ASA.**

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

**18.095 Maintenance of Level of Service.**

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

**18.100 Transfer of Assignments.**

Except as provided in LC 18.030, a provider may transfer an assignment to another provider only upon written notice to and approval by the Board. Review of an application

for transfer of an assignment shall be conducted in the same manner as an application for assignment or reassignment. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

#### **18.110 Preventing Interruption of Service.**

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

#### **18.115 Appeals, Abatement and Penalties.**

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

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

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

(4) Failure to comply with this section shall be enforced pursuant to the applicable provisions of Lane Code Chapter 5, except as follows:

(i) Responsible Person shall be defined as any person providing Ambulance Services, who has not received the area assignment pursuant to this Chapter

(ii) Fines for failure to comply with 18.115(3) shall be assessed as set forth in LC18.130. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10)*

#### **18.120 Duties of Ambulance Service Providers.**

Any provider operating in Lane County:

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

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

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

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

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

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

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

(b) Obtained written approval of the Board.

(5) 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; or

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

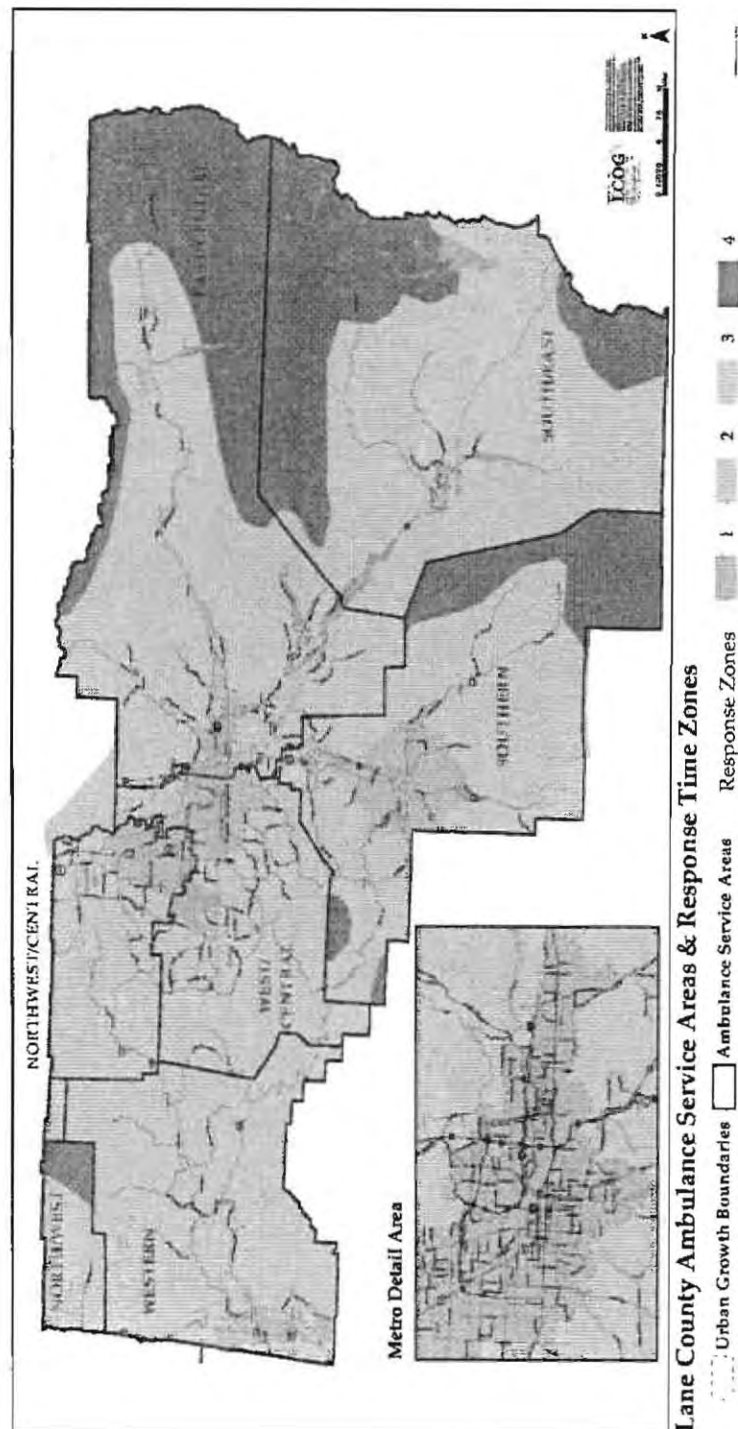
**18.130 Classification of Failure to Comply.**

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

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

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

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



SEE ORIGINAL ORDINANCE NO. 15-04 FOR LARGE SCALE COLOR MAP.

APPENDIX 1 to  
LC 18.020

(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 15-04, 8.13.04; 7-07, 7.20.07)





