



Department of Health
and Human Services

Emergency Medical Services

Ambulance Service Area Plan

August 2023

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Washington County Ambulance Service Area Plan
ENDORSEMENT BY BOARD OF COUNTY COMMISSIONERS

The Washington County Board of County Commissioners hereby endorses that:

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



Kathryn Harrington, Chair
Washington County Board of Commissioners
July 25, 2023

EMS systems [of the future] should be designed to provide the best possible outcomes for patients and communities – every day and during major disasters. They should collaborate with community partners and be integral to regional systems of care that are data-driven, evidenced based and safe. EMS clinicians should have access to the resources they need, including up-to-date technology and training. Achieving this vision should incorporate these principles. To achieve this vision, EMS systems in 2050 should be designed around six guiding principles:

*Adaptability and innovation
Inherently Safe and Effective*

*Sustainable and efficient
Integrated and Seamless*

*Socially equitable
Reliable and Prepared*

Preamble of the EMS 2050
A People-Centered Vision
National Highway Traffic Administration

Ambulance Service Area Plan – 2023

Emergency Medical Services

Washington County, Oregon

1. Introduction to Washington County EMS

Washington County enjoys a very progressive and sophisticated emergency medical services (EMS) system similar to those described by the National Highway Traffic Safety Administration EMS 2050: A People Centered Vision. The EMS system provides a tiered emergency response of Advanced Life Support (ALS) and Basic Life Support (BLS) first responders from local fire agencies as well as ALS and BLS ambulance transportation from a single franchised private ambulance company. An emergency medical response in Washington County has the potential to involve CPR/AED/First Aid trained citizens, dispatchers, law enforcement, firefighters, first responders, emergency medical technicians, paramedics, emergency nurses, and physicians; working in conjunction with hospital emergency departments and tertiary specialty care receiving facilities.

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

The plan, the system, the document, as presented here reflects the current, and evolving, emergency medical services and ambulance transportation system in Washington County. It is expected that this system will continue to undergo changes to remain contemporary with changes in health care, emergency medicine, and the ambulance industry – on local, regional, state, and national levels. This plan provides a framework for delivery of out of hospital care within the complexity of a continually evolving health care system as well as the integration with hospital care.

2. Regulatory Intent for EMS in Washington County

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

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

services within the county.

It is the intent of the Washington County Board of County Commissioners to regulate the primary emergency transportation agency within the county.

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

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

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

3. Overarching Goals

This plan is designed to help Washington County Office of EMS to achieve its mission and vision by ensuring that residents and visitors receive the highest and most appropriate level of service from a coordinated system of communication, response and treatment, training, and planning.

The Overarching goals of the Ambulance Service Area Plan are as follows:

1. The County EMS system is a two-tiered (BLS & ALS) ambulance transport system.
2. All EMS dispatching is performed via integrated dispatch through WCCCA, including the private EMS ambulance transport provider.
3. All EMS agencies, including the private EMS ambulance provider, must supply deployment plans annually to the County EMS office, identifying how the plans will improve response intervals to time sensitive cases (STEMI, Stroke, Severe Trauma, Cardiac Arrest, etc.) and improve equitable EMS delivery.
4. Response to EMS cases is the closest appropriate first response EMS resource and emergency ambulance transport provider for call assignment.

5. All EMS transport providers should adhere to the same performance standards that may include operational performance measures and clinical performance measures.
6. All EMS agencies are required to submit specified data to central repository held by County EMS Office.
7. A recurring five-year ASP review process to include review of the ASA and its boundary, will be established.
8. EMS equipment and supplies will be standardized countywide, involving all EMS agencies (including the private EMS ambulance provider).
9. A training requirement for all EMS agencies to participate in joint clinical education and operational training, will be established.
10. A policy to minimize the use of emergency warning devices, especially by eliminating their use on non-critical cases, both in transport to hospitals (health care facility) and during response to the scene, will be established.
11. EMS call triaging to minimize first responses on non-urgent cases, will be developed and implemented.

4. Responsibilities of the Washington County Office of EMS

- 1) The County EMS Coordinator will be responsible for periodically recommending to the Board of County Commissioners, the number and geographic configuration of ASAs for the County.
 - a. This will be done with an assessment of EMS volume data, including dispersal and response intervals, and the capacity and performance record of current and potential providers, as well as anticipated changes in population density and distribution.
 - b. The EMS Coordinator shall review and consider advice and recommendations from the EMS Alliance and stakeholders.
 - c. Sufficient funds should be appropriated periodically to allow the County EMS Coordinator to retain external technical expertise to assist in this assessment.
- 2) The County EMS Coordinator will regularly review each designated provider's compliance with established performance standards monthly ^[1].
 - a. The actual assessment of each provider's compliance with meeting established performance standards should be executed by either
 - i. an independent group appointed by the County EMS Coordinator, which includes at least the following representatives who are conflict-of-interest free:

^[1] If the provider has delegated/contracted part, or all, of its territory for EMS provision to another entity, the designated ASA provider will be held responsible.

1. Public Health
 2. Hospitals
 3. Community member
 4. Business community
 5. EMS researcher
 - ii. or a retained consulting firm.
 - b. All data submitted for review of performance standard compliance by providers should be auditable by the County EMS Coordinator's office at any time.
 - c. The ambulance transport provider will be held accountable to delineated required performance standards. Other providers will be encouraged to maintain compliance with established performance standards.
 - d. The performance standards should focus primarily on clinical care and outcomes of patients, not necessarily response intervals alone.
 - e. Each provider's performance should be reported to the community-at-large through a readily available public reporting process (dashboard) that identifies each performance standard and the provider's compliance success and rating.
 - f. This public reporting process should be posted prominently on the County's EMS web site.
- 3) The County EMS Coordinator shall require an explanatory report (to be provided in a reasonable timeframe) from any provider who fails to meet any established performance standard in any reporting period.

5. Overview of Washington County

Washington County is one of the fastest developing areas in Oregon with a population of 600,372 in 2020. This represents a 13.5% increase in population since 2010.

Washington County is ethnically diverse, drawing immigrants from Europe, Central and South America, Asia, Southeast Asia, the Pacific nations, and Africa. The result of this diversity is residents and institutions alike reflect a global perspective.

The County's developed regions are home to traditional suburban and new mixed-use

neighborhoods, electronics leaders such as Intel, and world headquarters for both Nike and Columbia Sportswear. In addition to the electronics and sportswear industries, significant investment in health care has been seen in Washington County with several large health care companies, including Kaiser Permanente, Providence, and OHSU, having offices, clinics, and hospitals within the county. Outside the Urban Growth Boundary, the county transitions to nurseries, wineries, and other farm and forest enterprises.

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

Washington County Facts 2020	
Established	July 5, 1843
Elev. At Hillsboro (1980)	194'
Area (2010)	726 sq. mi
Average Temperature, by month (2020)	
January	42.4°F
April	50.0°F
July	68.0°F
October	53.6°F
Assessed Value (FY2019-2020)	\$68,032,356,000
Real Market Value (FY2019-2020)	\$108,887,450,000
Annual Precipitation (2020)	36.6"
Annual Snowfall	3"

Population Facts		
	Washington County	Oregon
Population	600,372	4,246,155
<18	27%	20.3%
>65	14.5%	18.6%
Hispanic or Latino, any race	16.7	13.0%

White alone, not Hispanic or Latino	65.7%	75.7%
Foreign born persons	17.7%	9.9%
Language other than English spoken at home	24.8%	15.4%
High school graduate	17.4%	22.7%
Bachelor's degree or higher	27.4%	20.8%
Median household income	\$82,215	\$62,818
Persons below poverty level	8.9%	13.2%

Source: U.S. Census Bureau

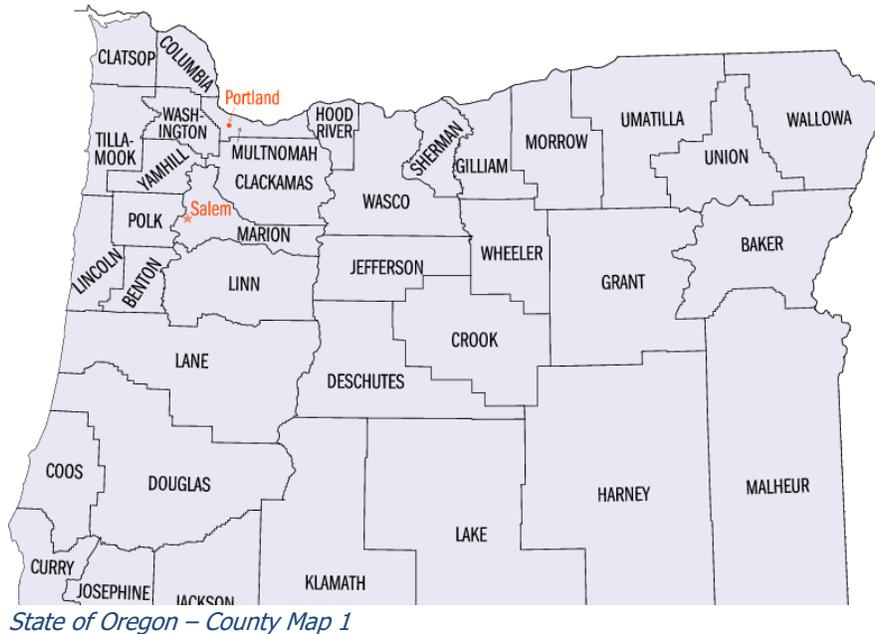
94.5% of the population of Washington County, has health coverage, with 59.5% on employee plans, 12.2% on Medicaid, 9.91% on Medicare, 12% on non-group plans, and 0.828% on military or VA plans.

Per capita personal health care spending in Oregon was \$8,044 in 2014. This is a 7.73% increase from the previous year (\$7,467).

Business Facts¹		
	Washington County	Oregon
All Employer establishments (2019)	15,945	119,074
Private nonfarm employment (2020)	287,500	1,829,000
Private nonfarm employment, % (2020-2010)	22.00%	13.90%
Non-employer establishment (2018)	40,983	302,653
Total number of firms (2017)	13,090	102,464
Minority owned employer firms*, percent (2017)	15%	11%
*Minority owned firms are classified as any race and ethnicity combination other than non-Hispanic and White		

Primary care physicians in Washington County, see 1,099 patients per year on average, which represents a 0.363% decrease from the previous year (1,103 patients). Compare this to dentists who see 1,063 patients per year, and mental health providers who see 240 patients per year.

¹ Provided by Washington County, Oregon, epidemiologists



Washington County Contacts

County Seat:	Public Services Building 155 N 1st Ave., Hillsboro 97124-3072
Phone:	503-846-8611 Operator 503-846-8738 EMS Office
Fax:	503-846-4545 County Administrator 503-846-4892 EMS Office
E-mail:	cao@washingtoncountyor.gov ems@washingtoncountyor.gov

Web: <https://www.washingtoncountyor.gov/ems>

Web Resources by link:

The following are references applicable to the Washington County EMS Ambulance Service Area Plan. These documents are available on the Washington County EMS website at: <https://www.washingtoncountyor.gov/ems/governance-documents-and-reports>

The direct URLs for these documents not on the EMS website are provided below:

County Code 8.23 – May 2022

https://library.municode.com/or/washington_county/codes/code_of_ordinances?nodeId=TIT8HESA_CH8.32EMMETRSE

Resources for responders such as Patient Treatment Protocols and Clinical Notifications can be found on the Responder Resources page of the EMS website:

<https://www.washingtoncountyor.gov/ems/responder-resources>

6. Definitions

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

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

"Advanced Life Support (ALS)" means out of hospital emergency care which encompasses procedures, treatments, and techniques within the Advanced EMT (AEMT), EMT Intermediate (EMT-I), Paramedic, or Registered Nurse scope of practice and are authorized by the EMS Medical Director. The maximum functions that may be assigned to an AEMT, EMT-I and Paramedic are listed in OAR 847-035-0030.

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

"Air Medical Services" means a medically staffed and equipped air ambulance providing medical care in flight, either fixed or rotor wing.

"Ambulance" means any privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities. (ORS 682.025(1)).

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

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

"Ambulance Service Plan (Plan)(ASP)" is a plan that addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan

shall not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system. (OAR 333-260)

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

"Automatic aid" is response assistance that is dispatched automatically by agreement between two entities.

"Balanced Scorecard Methodology" means the method by which the EMS system, and the providers comprising the EMS system, are measured on the basis of clinical proficiency, operational effectiveness, fiscal efficiency and patient and provider experience.

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

"Basic Life Support (BLS)" means out of hospital emergency care which encompasses procedures, treatments, and techniques within the Emergency Medical Responder (EMR) and/or Emergency Medical Technician (EMT) scope of practice and are authorized by the Washington County EMS Medical Director. The maximum functions that may be assigned to an EMR or EMT are listed in OAR 847-035-0030.

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

"Board" means the Washington County Board of County Commissioners.

"County" means Washington County, Oregon.

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

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

"Emergency" means those medical or trauma conditions that manifest themselves by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive

immediate medical attention would place the health of a person, or the fetus in the case of a pregnant woman, in serious jeopardy.

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

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

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

"Emergency Medical Services Program Supervisor" means the person designated by the Board to administer and enforce the provisions of this chapter.

"Emergency Medical Services Clinician" means a person who has received formal training in prehospital and emergency care, and is licensed by the Authority, to attend to any person who is ill or injured or who has a disability.

"Employee" means any full-time paid or part-time paid person acting within the scope of their duties and for or on behalf of an ambulance service.

"Fire Service Emergency Ambulance Provider" means any fire service agency within Washington County that provides emergency ambulance transport from a scene to a receiving facility.

"Franchise" means a contract wherein Washington County grants a privilege to do business under the terms and conditions set forth therein.

"Hospital" the meaning set forth in ORS 442.015(15).

"Inter-Facility Transfer" means any transfer, after initial assessment and stabilization, from and to a health care facility to include hospital to hospital; clinic to hospital; hospital to rehabilitation; and hospital to long-term care.

"Incident Command System (ICS)" is a management tool employed during disasters and emergency responses to organize and coordinate response operations.

"License" means a nontransferable, non-assign-able authorization granted to the person, agency or entity to whom it is issued by the Washington County EMS Office (WCEMS), authorizing the person, agency or entity whose name appears thereon to do

business in the county.

"Mass Casualty Incident (MCI)" means any incident involving, or potentially involving, multiple patients.

"Medical Director" means a physician licensed under ORS 677.100 to 677.228, actively registered and in good standing with the Oregon Medical Board, who provides direction of emergency or nonemergency care provided by emergency medical services clinicians. Additionally, Medical Director means a physician contracted with or employed by the County to act as the Medical Director and who shall perform those functions as outlined in chapter and rule.

"Medical Resource Hospital (MRH)" means the medical communications facility which provides online medical control for Clackamas, Multnomah, and Washington counties.

"Memorandum of Understanding (MOU)" means a voluntary agreement among EMS and other public safety agencies for the purpose of providing mutual aid at the time of a medical disaster.

"Mutual Aid" means an agreement between emergency responders to lend assistance across jurisdictional boundaries.

"National Incident Management System" means a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines.

"Non-Emergency" means those conditions that are not specifically dealt with in the emergency medical dispatch system adopted by the County. The County may further delineate categories that may be handled by a non-emergency ambulance provider (e.g., inter-facility transfer).

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

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

"Online Medical Control (OLMC)" means a medical facility designated by the county as authorized to provide online medical consultation, advice, and support to Paramedics, EMTs, and first responders.

"Operations Committee" means a group who shall provide advice to the WCEMS relating to non-medical issues.

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

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

"Patient" means a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an EMS clinician.

"Patient Navigation" means the use of EMS system and Medical Director approved processes to prevent an unnecessary patient transportation to an acute care setting.

"Per Mile Charge" means a charge per mile in addition to the base charge.

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

"Provider" means any public, private, or volunteer entity providing EMS.

"Quality Improvement Committee" means a group who shall provide advice to the WCEMS relating to a comprehensive quality improvement process.

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

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

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

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

“Washington County EMS Office (WCEMS)” means the office within Washington County government which provides oversight and direction to EMS activities within the County.

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

7. Service Area Boundaries

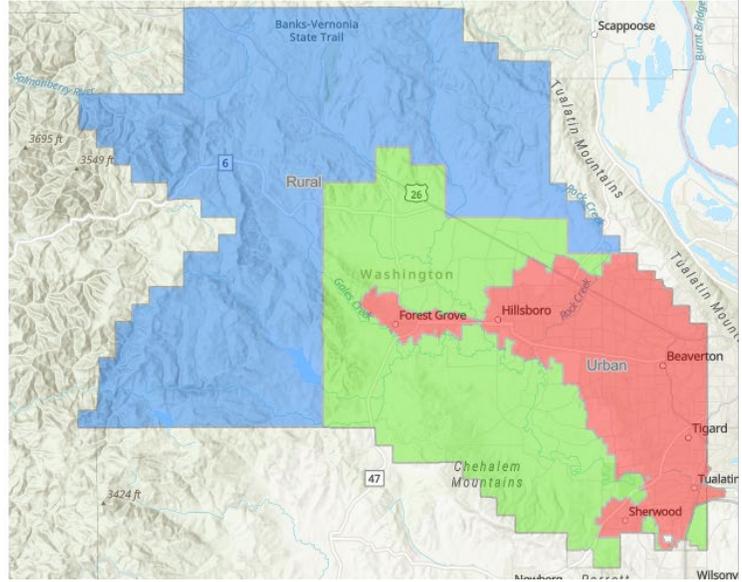
7.1 Ambulance Service Area and Response Interval Zones Map

Washington County ASA: Response Interval Zones

Washington County ASA Response Zones - Draft for Review

Response_Zone

- Urban
- Suburban
- Rural



7.2 Description of Ambulance Service Area

Washington County ASA

Washington County ASA Boundary - Draft for Review

Ambulance_Provider

- AMR Clackamas Co ASA
- AMR Washington Co ASA
- TVFR Yamhill Co ASA



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

- 1) That portion of the City of Tualatin within Clackamas County, which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #01-0241, June 26, 2001), is included so long as the intergovernmental agreement is in effect.
- 2) That portion of the City of Wilsonville within Washington County, which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #01-0241, June 26, 2001), is excluded so long as the intergovernmental agreement is in effect.
- 3) That portion of the City of Lake Oswego within Washington County which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #94-422, September 20, 1994) is excluded so long as the intergovernmental agreement is in effect.
- 4) That portion of the City of Rivergrove within Washington County which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #94-422, September 20, 1994) is excluded so long as the intergovernmental agreement is in effect.
- 5) That area of Washington County south of Bell Road and Highway 99W which is contained within the Tualatin Valley Fire & Rescue ASA with Yamhill County is excluded so long as that ASA is in effect.

7.3 Response Interval Zones

The primary objective of response interval zones is to provide the most timely and efficient response to the residents and visitors of the county. These zones are stratified based on factors such as population density, major routes of travel, topography, and weather. Washington County is divided into three time zones for response. These zones are: Urban , Suburban , and Rural. Each zone (urban, suburban, rural) has specific time standards based on level of service (ALS or BLS) and response mode (Code 1 or Code 3). Additionally, four sub-zones, or equity zones, specified as: West, North, Central, South will be monitored for equitable ambulance coverage and response interval reliability. The below table summarizes the response interval zone requirements:

EMS Response Element	Response Interval [minutes or less]	% Minimum Compliance
URBAN ZONE		
BLS; Code 1	15	90
BLS; Code 3	10	90
ALS; Code 1	15	90
ALS; Code 3	10	90
SUBURBAN ZONE		
BLS; Code 1	17	90
BLS; Code 3	12	90
ALS; Code 1	17	90
ALS; Code 3	12	90
RURAL ZONE		
BLS; Code 1	40	90
BLS; Code 3	30	90
ALS; Code 1	40	90
ALS; Code 3	30	90

These interval zones are the primary response responsibility of the contracted emergency ambulance provider. It should be noted that interval zones for Fire-based EMS responders, who provide first response and as needed, transport, are determined by each agency's authority having jurisdiction. The equity zones are designed to distribute resources fairly to ensure that ambulance resources are not primarily

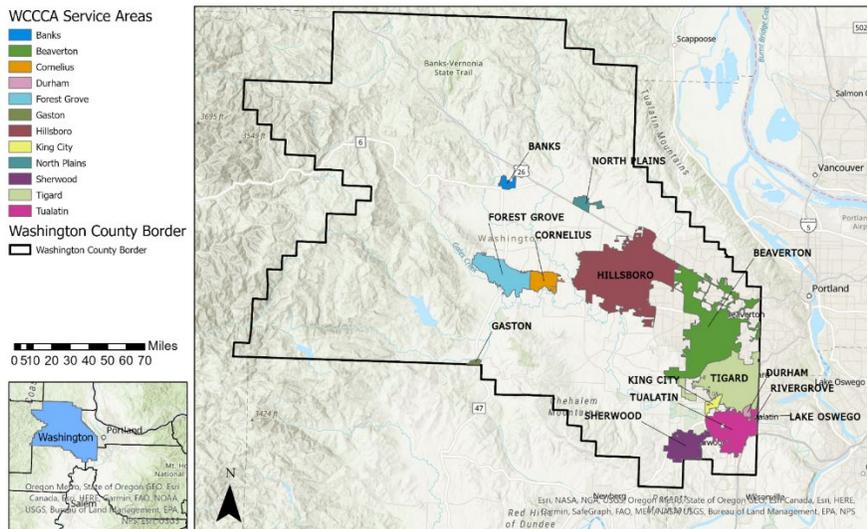
within eight minutes was not associated with improved survival to hospital discharge. Adherence to the eight-minute response time guideline in most patients who access out-of-hospital emergency services is not supported by these results³.”

Additionally, focusing solely on response intervals can have a negative impact overall on system performance. First, the community needs to invest significant dollars for the cost of readiness to assure the ambulance can get there in eight minutes. Second, many more paramedics are needed in the system staffing those ambulances. Third, crews are held to a response interval standard that can only be achieved by the constant use of red lights and siren. This exposes them to a higher incidence of ambulance involved motor vehicle collisions and potentially crewmember injuries along with an increased fatigue factor which has the potential for clinical errors⁴.

To this end, the County will closely monitor response intervals to ensure they do not exceed the established benchmarks.

7.4 Public Safety Answering Point / Dispatch Map

WCCCA 911 Service Areas Washington County, Oregon



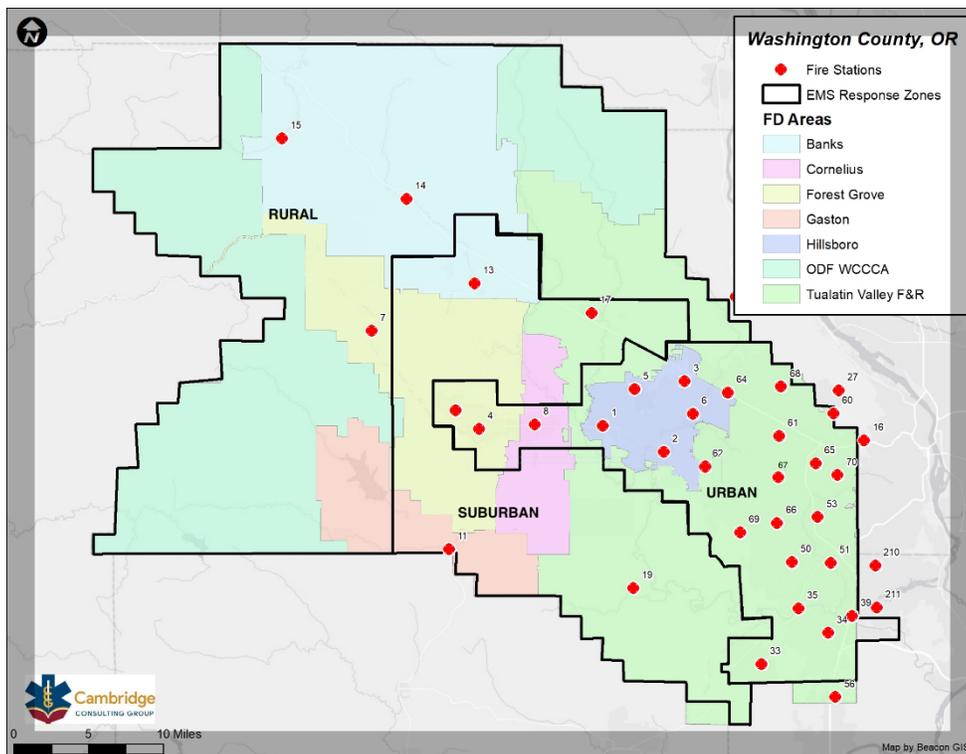
³ Blackwell TH, Kline JA, Willis JJ, et al. Lack of association between prehospital response times and patient outcomes. *Prehosp Emerg Care*. 2009; 13(4):444—450

⁴ Grissinger M. An exhausted workforce increases the risk of errors. *P T*. 2009 Mar;34(3):120-3

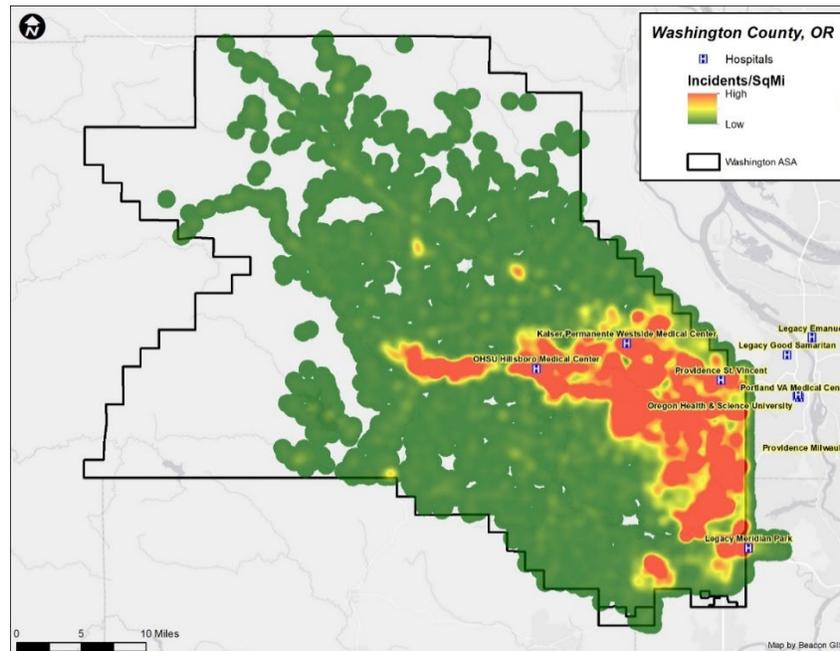
WCCCA handles all requests for Police/Fire/EMS in the following areas:

Aloha	Hillsboro
Banks	King City
Beaverton	North Plains
Cornelius	Sherwood
Durham	Tigard
Forest Grove	Tualatin
Gaston	Washington County Unincorporated areas
West Linn	Fire / EMS only
Wilsonville	Fire / EMS only
Newberg	Fire / EMS only

7.5 Fire Districts/Departments



7.7 Heat map of call volume and hospital location



8. Alternatives Considered to Reduce Response Intervals

The County has policies and procedures that monitor emergency ambulance response interval performance. The EMS System has established a Balanced Scorecard which actively and retrospectively assesses overall system performance (which includes response intervals as one of its measures), provides accountability, and seeks to improve the system – EMS Systems Level Quality Improvement. More specifically, response intervals are actively managed through the System Status Management (SSM) plan and retrospectively as part of compliance monitoring within the franchise agreement. The ASA plan and franchise agreement establish market rights of sufficient size and duration, which make it reasonable for a provider to serve the community 90% of the time within the prescribed response interval requirements.

The County expects the ASA franchise holder to employ industry best practices, data driven strategies, and sound professional judgment in meeting established response interval requirements. The goal is to deliver response intervals responsibly, reliably, and safely while balanced against certain clinical performance standards which are not defined by response intervals alone.

To these ends: Washington County's ASA plan directs the ASA franchise holder to utilize a system status management plan which strategically deploys resources with the goal of maximizing response interval reliability; equity zones have been established to appropriately distribute resources; variable response interval requirements were created

to accommodate geography and population distribution; and a tiered deployment configuration is utilized to incorporate existing EMS resources within the community into the system, including public Fire/EMS agencies and other private providers through mutual aid agreements. This configuration allows for the integration and use of fire-based emergency transport ambulances when sufficiently appropriate to enhance system and response readiness across the ASA.

Each of these mechanisms is employed as a means to promote systems performance, and therefore either directly or indirectly enhances response interval performance.

Recognizing that the Washington County EMS system operates in a dynamic and evolving environment, each of these tools is continually monitored, exercised, and modified as appropriate to maximize system and response interval performance.

The Washington County EMS System and ASA Plan have been designed to allow for, and to accommodate, both clinical and operational growth and technological enhancements as well as surge and redundancy planning.

Other methodologies the County expects the Franchisee to implement to reduce response intervals and improve patient outcomes include:

- Develop and use standard operating procedures,
- Support a trained and qualified work force,
- Maintain adequate communications and network equipment,
- Utilization of a coordinated communications / dispatch center
- Promote information exchanges among public safety response agencies,
- Coordination with hospitals to reduce wait times
- Public Education on the 9-1-1 system and services

9. System Elements

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

9.1 Public Safety Answering Point / Dispatch Centers

Washington County is a member of the Washington County Consolidated Communications Agency which serves as the County's public safety answering point (PSAP) and as the primary EMS dispatch center. The Washington County Consolidated Communications Agency (WCCCA) currently serves as the PSAP and dispatch center for the following jurisdictions: Aloha, Banks, Beaverton, Cornelius, Durham, Forest Grove,

Gaston, Hillsboro, King City, North Plains, Sherwood, Tigard, Tualatin and unincorporated Washington County. WCCCA also serves as the fire and EMS (not law enforcement) PSAP and dispatch center for West Linn and Wilsonville, both of which are in Clackamas County, and Newberg in Yamhill County.

Upon request for medical assistance, WCCCA will simultaneously dispatch the closest fire department first responder unit and franchised emergency ambulance. Connected by an electronic CAD interface, the franchise holder's dispatch may function as a secondary dispatch center. Additionally, the franchise holder will manage their system status management plan either through this dispatch center or as an embedded resource co-located at WCCCA. Actual dispatch processing and performance is closely monitored and tracked, internally by the dispatch centers and externally by the Washington County EMS Program Office (WCEMS). A transparent and secure method of data capture and transmission is the source for performance monitoring and provides the foundation for a verifiable and auditable quality measurement for the entire dispatching process.

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

The WCEMS is cognizant that people are quickly adopting new technologies with their computers and wireless devices with the expectation of being able to communicate with today's 9-1-1 systems. A new generation of access devices presents a technology challenge to systems originally designed to interface with only fixed landline 9-1-1 calls. With the seemingly constant advancement of new technologies prevalent in today's 9-1-1 environment, incorporating a high degree of readiness into the 9-1-1 emergency call delivery and receipt system is necessary. The network and PSAP originally intended to carry and receive voice and a minimal amount of location data needs to be ready to support substantial amounts of data including text messaging, pictures, and video available to the calling public.

Key public safety industry organizations recognize that the on-going evolution of 9-1-1 requires establishing minimum standards for PSAP employee training, operations, technology, and facilities. These organizations include:

- International City/County Management Association (ICMA)
- National Emergency Number Association (NENA)
- Association of Public-Safety Communications Officials – International (APCO)
- International Association of Fire Chiefs (IAFC)

- Commission on Accreditation for Law Enforcement Agencies (CALEA)
- National Fire Protection Association (NFPA)

As the regional Communications Center / PSAP, WCCCA 9-1-1 call takers and dispatchers are truly the “first responder on the scene” and can substantially affect the outcome of an incident.

With a regional communication center, standardized training of all PSAP employees is simpler and more consistent. It also provides a reduction or elimination of the transfer of 9-1-1 calls between PSAPs which improves response intervals and lowers the potential for human or technology errors.

A consolidated environment also allows for resource management during major incidents from a single point of control rather than fragmenting control among multiple PSAPs. Since a consolidated center uses a single set of systems, dispatchers for all local agencies will have access to real time information for the entire service area. This real time access means the dispatchers will have better situational awareness of incidents that have potential to affect multiple response areas and agencies for which they are dispatching such as vehicle pursuits, hazardous materials incidents, or large fires.

Washington County Administrative Rules speak specifically to dispatch coordination, ambulance diversion procedures, , and emergency medical dispatch (EMD) cards (section 600).

9.2 Non-Emergency and Inter-Facility Transfers

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

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

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

The denial or revocation of any ambulance provider license by the County may be appealed to the Board, whose decision will be final. The Board may designate a

hearings officer to perform that function if it so chooses.

9.3 Notification, Dispatch & Response Intervals of Emergency Ambulances

Washington County's EMS Administrative Rules includes a section that addresses notification, dispatch, and response intervals of emergency ambulances as well as establish the parameters of performance (section 500).

Medical call-taking and dispatch will continue to be provided by WCCCA as the primary PSAP. Performance criteria are implemented through protocols used for dispatch, triage requirements for calls, pre-arrival instructions to be given to callers, and the review and improvement processes to be used for the medical dispatch function. These protocols may be evaluated periodically to consider changes in system loads and expectations. If other agencies are engaged in triage (e.g., in a secondary PSAP role), Washington County EMS and these agencies will execute similar performance measures.

The WCCCA Administrator and Medical Director will set standards that are appropriate considering changes in triage, dispatch, response, and other EMS system characteristics.

Provider agencies that are dispatched by WCCCA are required to participate in emergency medical dispatch quality improvement activities.

Within this section is the creation of Response Interval Zones which provide the infrastructure for managing and monitoring response interval performance. To accommodate for things such as climate, weather, access, terrain, and other factors as determined by the county, multiple response interval standards have been established. As mentioned previously in this Ambulance Service Area Plan, the response interval zones are designated as the Urban, Suburban, and Rural zones. The franchise ambulances will be required to arrive on scene and report their arrival on 9-1-1 medical calls in ten, twelve, or thirty minutes, zero seconds or less, for emergent responses and fifteen, seventeen, and forty minutes, zero seconds or less for non-emergent responses respectively. This response interval presupposes current approaches to triage and dispatch, and first responder staffing. As systems of care change and improvements are made for caller interview, call triage, and application of validated determinant codes as a basis for call classification are implemented, so may response interval requirements.

Washington County understands that the density of the population is primarily located along the eastern side. To that end, to assure equitable service to all areas of the County, there are four equity zones. The franchise ambulances will be required to monitor and report their arrival on 9-1-1 medical calls in the appropriate timeframe. As

data is collected, adjustments to ambulance deployment shall be made to assure equitable service in those areas.

Equity in access to health services is an important value for Washington County. In addition, the County anticipates that changes in population, population density, and EMS call volumes will occur over time. To address these factors, the County will have a dynamic process to ensure equity in response to emergency medical services across the entire county. The EMS program will include dynamic evaluation methods in all performance-based contracts for service to ensure the ability to address changes that occur over time. The goal is to enhance the patient experience, improve population health, and decrease health care costs.

County EMS Administrative Rules describe the mechanism and checks and balances used in gathering official response interval data and provides the standards and process by which the County may grant exemptions to the response interval requirements.

9.4 Failure to Meet Response Interval / Performance Criteria

The contracted ambulance provider response interval performance is reviewed monthly based on the standards set forth in Washington County Administrative Rules and/or Franchise Agreement.

Enforcement of these standards is addressed in the Washington County Franchise Agreement and Administrative Rules. These documents give Washington County the authority to enforce the standards through liquidated damages, penalties, or waiver.

Sanctions imposed for inadequate performance on the part of provider agencies, or for violations of County laws or rules are identified in the contracts with providers, or Washington County Code (WCC) and Administrative Rules. Any clinical remedy directed to individual EMS Clinician will be the responsibility of the Medical Director.

The contract with the contracted emergency ambulance provider will specify fines or other sanctions that will be imposed if certain contract conditions are not met. In addition, the contract will identify conditions that will constitute a breach of contract, and the conditions and procedures for termination of the agreement.

WCC and EMS administrative rules currently allow for sanctions for non-compliance. Sanctions include fines, license suspension, and license revocation. These sanctions may continue as part of the licensing process for both contract and non-emergency ambulances.

9.5 Ambulance Levels of Care

Washington County EMS will use a collective approach when responding to medical calls. This approach will utilize non-transporting, first response agencies, a transporting, contracted ambulance agency, and fire-based transporting ambulances.

Section 300 of Washington County's EMS Administrative Rules establishes three levels of recognized care: Advanced Life Support, Basic Life Support, and Wheelchair Car Transportation. Sections 300 further defines these levels of care.

Washington County's EMS Administrative Rules requires that a medical transportation service must obtain a provider license and a license for each vehicle used to provide that service issued by the Washington County EMS Program. Additionally, these rules establish and define the following types of medical transportation provider and vehicle licenses.

9.6 Ambulance Personnel

As required by Section 400 of Washington County's EMS Administrative Rules and Chapter 8.32 of Washington County Code all licensed medical transportation providers are required to staff vehicles commensurate to that vehicles level of licensure.

ALS ambulances are required to be staffed with two people; at least one Paramedic licensed individual and the other at least EMT licensed. The person accompanying the patient must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport.

BLS ambulances are required to be staffed with two people; both must be at least EMT level licensed individuals.

Washington County EMS places value in diversity, equity, and inclusion in the workforce. The current makeup of the personnel in the EMS system falls short of this value with regards to ethnicity, gender, race, and other dimensions of diversity. Addressing this issue will take a long-term commitment from the providers of EMS care, the County EMS Program, EMS Clinician training programs, and others.

The EMS Program will work with local EMS providers, Public Health, and EMS training programs, to promote recruitment of training candidates from diverse backgrounds.

9.7 Medical Oversight

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

Patient care shall be provided consistent with standards approved by rule and the County's Medical Director. An electronic patient care record, using a platform that is NEMSIS compliant to the latest version and approved by the Medical Director, shall be completed and distributed as required by the County.

As established in Washington County's EMS Administrative Rules, Section 100 and Section 400, EMS clinicians may not provide patient care or treatment without authorization and standing orders from an Oregon Medical Board-certified physician serving as medical director.

These rules require that the County employ, or contract with, a County EMS Medical Director who provides medical supervision over the personnel of the emergency ambulance franchise holder and all other licensed providers. With a variance granted from the County EMS Office, the other licensed providers may engage their own Agency Medical Director with the understanding they coordinate and collaborate with the County EMS Medical Director. While agencies may petition the County to engage their own medical direction, it is understood that these separate medical directors will work collaboratively with the County Medical Director. Additionally, all medical directors are active participants in regional protocol development and implementation. The rules also require that standing orders be established and on file with the County EMS Office.

The franchise agreement between the emergency ambulance franchise holder and Washington County includes language acknowledging that the State and Washington County have authority over medical standards and practices to which the franchisee's employees are subject. Additionally, the agreement includes language acknowledging the medical oversight of its emergency medical personnel is provided by the County EMS Medical Director.

9.8 Advisory Committees

The County recognizes the integration of operational and clinical missions in the EMS environment. As per Washington County Code Chapter 8.32, two advisory groups are established relative to EMS services in the County: The EMS Quality Improvement Committee and the Washington County EMS Alliance.

All committees are advisory to WCEMS and are defined in the EMS Code. The Committees shall adopt rules and elect a Chair and Vice Chair as outlined and defined by WCEMS.

EMS Quality Improvement Committee

This committee advises WCEMS and serves as the foundation for the County's

comprehensive quality improvement process. The committee evaluates the EMS system in terms of structure, performance, and outcome. They will develop Key Performance Indicators that all EMS agencies shall report on.

Key Performance Indicator (KPI) Examples include:

- 90% of stroke patients receive a field stroke assessment score
- 90% of patients where a 'last known well' was documented on the EMS report to the hospital
- 90% of cases where the hospital was notified within 10 minutes of completing the stroke score
- 90% of STEMI correctly identified in the field
- 90% success rate in first pass intubation
- Aspirin administration within 5 mins of first medical contact
- STEMI scene interval goal is 15 minutes or less 90% of the time
- Stroke scene interval goal is 15 minutes or less 90% of the time
- Trauma scene interval goal is 15 minutes or less 90% of the time

The committee consists of the County Medical Director and agency medical directors, and a representative from each EMS provider agency, each 9-1-1 emergency communications center, and each hospital with an emergency department that receives emergency transports.

Washington County EMS Alliance

The EMS Alliance serves as the collection and collaboration platform to address EMS system issues in the County. Additionally, they review, advise, and suggest policy, operational, and technical recommendations to WCEMS for the Board of County Commissioners (Board) related to improving EMS delivery systemwide in Washington County. The EMS Alliance is responsible to develop, monitor, and update recommendations for enhancements to the County EMS plan for WCEMS consideration for Board review. The EMS Alliance consists of representatives from the County, cities, fire protection districts and departments, as well as other key stakeholder EMS entities in the County. The governing board (voting members) are decision makers for their respective jurisdiction or organizations. Associate members, including representatives from organizations like WCCCA and the Franchisee, are non-voting members. Work groups are convened as needed to bring technical experts and other stakeholders (e.g., consumers, hospital emergency departments, health care partners) together to address EMS system development.

9.9 Patient Care Equipment

All licensed ambulances are required to carry equipment specified in Oregon Administrative Rules (OAR 333-255-0072) respective to the level of licensure and service being provided. Additional County-specific requirements are outlined in administrative rules.

Additionally, licensed ambulances are to carry equipment, medications, and supplies in quantities determined by the County EMS Medical Director and/or the agency Medical Director and consistent with the approved protocols.

When feasible, equipment should be standardized within each EMS provider's organization and cross training should be available between agencies. A list of specialty equipment should be publicized by the host agency and maintained in the WCCCA CAD as an available resource. For example: a bariatric capable stretcher / ambulance or Mass Casualty Response Unit.

9.10 Vehicles

Ambulance providers shall use ambulances which shall be in good condition and shall meet or exceed either the current National Fire Protection Association 1917 or Commission on Accreditation of Ambulance Services General Vehicle Standards, their successors, or previously accepted standards at the time of the vehicles' original manufacture. When such standards conflict with State of Oregon standards (OAR 333-255-0060), the State standards shall prevail. A standardized vehicle floor plan shall be submitted to the County for approval. The provider shall replace any ambulance in its fleet having over 250,000 miles on its chassis unless an exception is granted by the County based upon a written request supported by an upgraded vehicle preventative maintenance program acceptable to the County.

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

Initial and annual inspections shall be conducted to assure compliance. Inspection procedures are included in the County EMS Administrative Rules Section 700.

Inspection of ambulances by the WCEMS is provided for in County EMS Administrative Rule Section 700.

9.11 Training

Washington County accepts both Oregon's, level specific, state license education/training requirements and standards requirements and standards and

continuing education for EMS clinicians per OAR 333 265.

Additional educational/training requirements may be required by the EMS Medical Directors or the WCEMS, to accommodate such things as protocol changes, in-service, quality improvement, system enhancements, and individual remediation.

9.12 Quality Improvement (QI)

WCEMS is committed to and actively promotes quality improvement. Washington County has a long-standing EMS QI committee which draws its authority and direction from the County Code, Section 8.32. WCEMS has a QI/Education Coordinator. Implementation of a comprehensive electronic documentation collection software solution is a current strategic goal of WCEMS.

All system related quality improvement issues shall be referenced to WCEMS for review and resolution. All Washington County EMS system providers shall participate in and support the system's quality improvement process.

9.13 Violation of Washington County Administrative Rule

The authority to establish Administrative Rules for EMS is granted in Chapter 8.32.280 of the Washington County Code. The Code empowers the rules with the "force of law". These rules provide the WCEMS the parameters and mechanism for enforcing its rules and imposing penalties upon when it is determined that a violation of a County Administrative Rule has occurred.

10. Coordination

Washington County Code (WCC) 8.32 documents the authority of the board of commissioners for Washington County to regulate medical transportation within the County. Transportation includes emergency, non-emergency, and inter-facility transfer ambulances as well as wheelchair car transfer services. Additionally, the board of commissioners believe that emergency medical services and medical transportation service providers should be regulated "...to promote efficient, effective, and safe transportation."

The County's regulatory authority is granted by Oregon Statute 682.062 which serves as the guidepost for the creation of WCC 8.32 and subsequent County Administrative Rules. It is through WCC 8.32 and Administrative Rule that the County expresses its desire to have a uniform, countywide system for the delivery of emergency medical services and shall work to achieve such a system by promoting mutual policies and

procedures that can be effectively utilized by all system participants. Similarly, through the collaboration of the EMS Alliance, Washington County has laid the groundwork and will continue to develop an EMS system that takes an active role in emergency medical prevention and the development of a comprehensive approach to emergency public health care and cost containment.

Washington County Code 8.32 establishes the Washington County EMS Program. The EMS Program is in the Department of Health and Human Services and part of the Public Health Division. The Emergency Medical Services Program Supervisor, under the direction of the Public Health Division Manager, is responsible for the administration of this ASA Plan. Additionally, WCC 8.32 establishes the position of EMS Medical Director while County Administrative Rule outlines the duties, authorities, and responsibilities of such position. The Board of County Commissioners of Washington County is responsible for the content and revisions to the plan.

Non-emergency medical transport will be regulated through the licensing requirements specified by Washington County Code and Administrative Rules. There is no restriction on the number of licensed non-emergent medical transportation provider agencies.

10.1 Procedure for Acting on System Complaints

The Washington County EMS Program (WCEMS) approaches complaints as an opportunity to evaluate and improve the system. Responding to complaints and issues is part of the regulatory function of WCEMS as well as its commitment to quality improvement. Standards for fair and equitable handling of complaints will be adopted by WCEMS. The authority, direction, and parameters in which the complaints are addressed is set forth in County Administrative Rules Section 700.

WCEMS will forward any complaint received regarding an EMS or non-emergent medical transportation provider agency to said agency in a timely manner.

EMS provider agencies are required to notify WCEMS of any complaint it receives regarding its actions or services, regardless of the source. WCEMS will track each complaint and may also conduct its own, independent review and take any additional steps to resolve the complaint if appropriate.

Prehospital care consumers, clinicians, and the medical community can submit complaints through myriad avenues. This includes telephonic at 503-846-8738, digitally at ems@washingtonty.or.gov or written correspondence to 155 North First Avenue, Mailstop 23A, Hillsboro, OR 97124-3072.

10.2 Mutual Aid Agreements

Washington County recognizes the importance of both receiving and providing

ambulance mutual aid. Washington County requires that the franchised emergency ambulance provider establish and participate in mutual aid agreements with neighboring emergency ambulance providers or jurisdictions.

The County's contracted emergency ambulance provider shall maintain mutual-aid agreements with surrounding ambulance providers. The agreements must specify the duties and responsibilities of the agreeing parties.

All requests for mutual aid to the contracted ambulance provider may be honored as long as minimum county ambulance coverage level is met. Requests and coordination for mutual aid assistance shall be the responsibility of the contracted ambulance provider communication center.

All agreements between the contracted ambulance provider and regional partners will be on file with Washington County EMS Program (WCEMS). The WCEMS Program Supervisor may be reached at: (503) 846-3769 or EMS@washingtoncountyor.gov. It is the responsibility of the contracted ambulance provider to maintain these agreements and fulfill all requirements of the agreements. All plans will be approved by WCEMS. All requests for mutual aid will be triaged against the triage cards on file with WCEMS unless a mass disaster plan is enacted.

MUTUAL AID REQUESTS MADE BY CONTRACTED AMBULANCE PROVIDER:

Requests for mutual aid will be made to local, in-county, licensed ambulance resources prior to requesting outside county resources. When all in-county licensed ambulance resources are exhausted, the contracted ambulance provider may request assistance from outside the county. All mutual aid requested assets from outside the county will be licensed by the OHA at the BLS level at a minimum.

10.3 Disaster Response

Washington County's disaster response will vary tremendously depending on the nature of the event. Direction for the County's overall EMS response will come from the Washington County EMS Operations Protocols which addresses: the coordination of ambulances during major emergencies, the transport of fire-based emergency ambulances, mutual aid and out-of-county resource requests and utilization.

When a major emergency is declared in Washington County, these protocols will help guide the coordination of ambulances. The contracted ambulance provider's communications center may be designated as the ambulance dispatch center for Washington County. This center will be responsible for the coordination of ambulance resources to medical requests. This shall include ambulance response into and out of the county as well as requests originating from within the county.

Dispatch of ambulance resources shall be done in line with the major emergency policy

of WCCCA.

The Washington County EMS Operations Protocols can be found in [Appendix 1](#). Additionally, the Communications Center Supervisor can be contacted at (503) 231-6300

In the event of an MCI, the Metro Regional Consortium EMS Field Protocols Section 65, shall serve as the guide for the response of first responders and ambulances and the care and transportation of persons involved. This plan shall be reviewed from time to time through a collaborative process with the EMS medical directors, fire departments/districts, and contracted emergency ambulance provider, and modified when necessary to ensure that current standards of care are being met. It is the intent that the MCI plan will be developed and maintained on a regional basis. This plan can be found in [Appendix 2](#).

The Franchisee shall participate in local and regional drills, Tabletop and Full-Scale Exercises to ensure integration with the existing Incident Command System. The Franchisee's organization shall be NIMS compliant.

The Franchisee shall have input into the development of equipment caches.

The Franchisee shall be integrated into the planning functions of the Washington County Office of Emergency Management specific to their identified roles and responsibilities on the Emergency Operations Plan and specific Annexes.

10.4 Ambulance Coordination During Major Emergencies

The County maintains a set of disaster management plans to cover various contingences. The EMS system for the County, and its constituent provider agencies utilize those plans as necessary. These plans provide for:

- The coordination of ambulances through WCCCA.
- Patient transport destination coordination.
- Suspension of interfacility non-EMS transports as necessary.
- Cessation of non-urgent assignments of ambulances, such as routine stand-by's.
- Creation and use of Ambulance Strike Teams or as a resource on a task force.

10.5 Personnel and Equipment Resources

The requirements and expectations of ambulance personnel are addressed throughout

the Washington County Code, County EMS Administrative Rules, and this ASA Plan. Washington County has no direct authority over non-transporting EMS agencies. This "authority" is indirect via state and local regulation of certified EMS providers through the licensing process.

Currently, city fire departments and fire protection districts provide first response services for the entire county. Each fire department or district determines deployment patterns necessary to provide emergency responses for fires, rescue situations, medical calls, and other specialty or technical rescue situations. These deployment plans are left to the agencies to determine based on community need and other criteria determined by the agencies. There are currently six fire departments or districts that provide first response. A link to each department or district operating in Washington County can be found in [Appendix 3](#). Fire departments and districts respond on all time critical 9-1-1 medical calls as well as all calls that require specialty rescue, extrication, or other medical or non-medical technical expertise, such as hazardous materials incidents. The scope of medical services provided by fire departments and districts may evolve over time. Notifying persons should immediately communicate with WCCCA on the appropriate Ops channel to initiate a response. If there is no access to the proper radio frequency, 9-1-1 should be utilized.

Specialty operations and related specialty equipment within the county shall fall to the appropriate lead agency having jurisdiction. EMS providers have an established role and responsibility and coordinate activities under the National ICS model. The EMS interface shall be determined by the scope of the incident.

In Washington County, the lead agencies with jurisdiction are generally:

Hazardous Materials: Access Method:	HAZ-MAT Team through TVFR WCCCA Dispatch / 9-1-1
Search and Rescue: Access Method:	Washington County Sherriff's Office WCCCA Dispatch / 9-1-1
Specialized Rescue: Access Method:	Incident specific WCCCA Dispatch / 9-1-1
Extrication: Access Method:	Fire Department / District WCCCA Dispatch / 9-1-1

Washington County EMS Administrative Rules on Level of Care and Medical Direction address EMS clinician functioning in Washington County. Section 100 addresses medical direction. Additionally, section 300 addresses Advanced, and Basic Life Support clinicians.

10.6 Emergency Communications and System Access

Washington County has 9-1-1-Enhanced level service throughout the county. This service is provided by the Washington County Consolidated Communications Agency (WCCCA). WCCCA serves as the County's 9-1-1 PSAP and is integrated into the public telephone exchange receiving both landline and cellular calls as well as text messaging. Requests for assistance are dispatched to the appropriate response agency via an 800-megahertz trunking radio system.

WCCCA operates off of standardized EMD card system and require recognized EMD certification of their dispatchers.

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

Agencies will ensure that interoperability (access to the same radio frequencies) with neighboring mutual aid responders is accessible at all times in addition to the normal, daily operations on the 800 MHz radio system.

All EMS clinicians will ensure they have access to the Medical Resource Hospital (MRH) radio frequency when working.

All Ambulances will have the ability to directly communicate with the hospital emergency department.

11. Emergency Provider Selection

The Board of County Commissioners delegates the authority to regulate and contract for emergency ambulance service to the EMS Program. This authority is established in Chapter 8.32 of the Washington County Code and further addressed in Administrative Rule.

The contracted emergency ambulance provider will be chosen through a competitive bid process (i.e., request for proposal or RFP). The EMS Program will consult with those stakeholders it deems necessary, to include the EMS Alliance, as well as solicit an independent consultant in the development of the RFP. All aspects of the RFP and evaluation process will be conducted in a manner consistent with current County purchasing rules.

11.1 Reassignment

If the decision is made not to continue the contract for emergency ambulance service, the County shall pen a process for selection of a new contracted provider. At this time, any provider may apply by submitting a proposal utilizing the appropriate format and process as directed by the RFP. The Board of County Commissioners will evaluate the proposals submitted; utilizing such staff or independent assistance as the Board determines to be advisable. The term, conditions and requirements of the contract shall be as requested in the RFP and as offered in the provider's proposal. These shall be incorporated into a contract entered by the County and the provider.

Prior to the termination of the contract, Washington County EMS will notify the EMS Alliance and seek recommendations and Washington County will exercise its safety net provisions as well as other contingency plans to assure maintenance of emergency ambulance provision while another provider is determined.

11.2 Application for ASA

With announcement of application, prospective emergency ambulance providers may submit their proposal following accepted procedures and of the RFP process.

11.3 Notification of Vacating the ASA

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

11.4 Maintenance of Level of Service

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

12. County Regulatory Documents

The Washington County Board of County Commissioners have established Chapter 8.32 of the County Code to specifically address the provision of emergency medical services

and in doing so authorized the creation of County EMS Administrative Rules.

12.1 Changes by the Board

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