

CHAPTER 1075 Ambulance Service Areas

- 1075.01 Adoption of Amended Plan.
 1075.02 Violations.
 1075.03 Effective Date.
 1075.04 Severability.
 Exhibit A-Jackson County Ambulance Service Plan

CROSS REFERENCES

County ambulance and emergency vehicle service - see ORS 451.010, 451.420
 Emergency medical services - see ORS 451.010, 682.062
 Minimum requirements for ambulances and emergency vehicles see ORS 682.225
 Regulation by political subdivisions - see ORS 682.275
 Organization for Emergency Management - see ADM. Ch. 244
 Ambulance Service Advisory Committee - see ADM. Ch. 253

1075.01 ADOPTION OF AMENDED PLAN.

The 2005 Amended Jackson County Ambulance Service Plan is adopted as County law pursuant to ORS 682.062 and follows this chapter as Exhibit A. Exhibit A is incorporated by reference in its entirety. The Jackson County Ambulance Service Plan as adopted by ordinance 97-12 is hereby repealed and the 2005 Amended Jackson County Ambulance Plan is hereby adopted in its place.

(Ord. 91-16. Passed 10-30-91; Ord. 97-12. Passed 5-7-97; Ord. 2005-6. Passed 4-24-05; Ord. 2009-3. Passed 8-12-09.)

1075.02 VIOLATIONS.

(a) It shall be a violation of County law for any person or other legal entity to violate this chapter or the Jackson County Ambulance Service Plan. Violation of any provision of this chapter or the Plan shall be subject to enforcement under Jackson County Ordinance 86-5, codified as Section 202.99 of these Codified Ordinances.

(b) Transport Violation. Notwithstanding Section 1075.02(a), no person or other entity shall transport for hire nor permit transport for hire for medical transport of a person or patient who is visibly or is otherwise reasonably suspected of suffering from an acute medical condition wherein such transport is made in a vehicle that is not an ambulance.

(Ord. 91-16. Passed 10-30-91; Ord. No. 2001-16. Passed 8-22-01.)

1075.03 EFFECTIVE DATE.

Section 1075.01 and 1075.03 of the Codified Ordinances of Jackson County, adopted in 1991 by Ordinance 91-16 and amended in 1997 and 2001 by Ordinance Nos. 97-12 and 2001-16, are repealed effective 60 after passage of this Ordinance. If the validity of any amendment to Chapter 1075, including any amendment of any section of Exhibit A, is challenged by initiative or litigation, or is not approved by the Oregon Health Authority, then the corresponding section of the most recently adopted, unchallenged, and approved Ambulance Service Plan shall remain in effect until the challenge is resolved or the approval is obtained.

(Ord. 92-3. Passed 3-25-92; Ord. 97-12. Passed 5-7-97; Ord. 2005-6. Passed 4-24-05. Ord. 2010-12. Passed 11-03-10.)

1075.04 SEVERABILITY.

Invalidity of a section or part of this chapter shall not affect the validity of the remaining sections or parts of sections.

(Ord. 91-16. Passed 10-30-91.)

**EXHIBIT A
2005 AMENDED
JACKSON COUNTY AMBULANCE SERVICE PLAN**

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SECTION 1. CERTIFICATE OF COMPLIANCE.

Pursuant to Administrative Rule 333-260-0030(2) (a), (b) and (c), the undersigned certify that:

- A. Each subject or item contained in the Jackson 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 682.062 and 682.063 and existing local ordinances and rules.

DATED at Jackson County, this ---- day of -----2005.

 /s/ Jack Walker
Chair, Jackson County Board of Commissioners

 /s/ Susan E. Slack
County Administrator

 /s/ Hank Collins
Director, Health and Human Services

Approved as to Form:

 /s/ Michael Jewett
County Counsel

SECTION 2. OVERVIEW OF COUNTY.

Jackson County is a political subdivision of the state of Oregon and governed by an elected three-member board of commissioners. Jackson County covers an area of approximately 2,801 square miles and has a population of approximately 205,305. Within that area there are a variety of geographical and topographical influences. The county has two major mountain chains, the Siskiyou Mountains to the south and west, and the Cascade Mountains to the north and east. In addition, there are two major rivers. The Rogue River runs from the upper northeast corner of Jackson County down through the middle of the county, and the Applegate River runs from Applegate Lake in the southwest portion of the county northwest toward Grants Pass. There are also hundreds of streams and lakes throughout Jackson County. The elevation of Jackson County at the Courthouse is 1,382 feet, with the lowest being about 1,000 feet and the highest being close to 9,800 feet at Mt. McLaughlin. Snow can be found in some areas 11 months out of the year.

The population center of Jackson County is along the Interstate 5 corridor, extending from Rogue River to Ashland. About three-fourths of the county's population lives within five miles of either side of Interstate 5. There are two urban areas including Medford with a population of approximately 68,080 and Ashland with a population of 21,485. The economy of Jackson County is a balance between the timber industry, agriculture, recreation, tourism, manufacturing, and health services. Historic Jacksonville and Ashland's Shakespearean Festival bring a large number of tourists into the county throughout the year. The county has a large number of topographic and geographic features that influence ambulance service in Jackson County. Mountains, rivers, lakes, streams, and other natural influences all play an important role in shaping this ambulance plan.

Jackson County is divided into three separate ambulance service areas which are operated by three ambulance service providers. The ambulance service providers offer advanced life support emergency medical care and transportation. These providers, the ASA boundaries and other general information, are described in this ASA plan.

SECTION 3. DEFINITIONS--333-260-0010.

3.1 Acute Medical Condition means any condition or symptom of a person that relates to or represents an imminent risk of death or serious physical injury. Acute Medical Condition includes, but is not limited to:

1. Chest pain or cardiovascular symptoms;
2. Respiratory distress;
3. Head injury, loss of consciousness, seizure or altered mental status;
4. Paralysis or spinal cord injury;
5. Significant abdominal pain;

6. Fracture or dislocation;
 7. Amputation - except for the very tip of a finger or toe;
 8. Significant, abnormal, acute pain;
 9. Significant headache;
 10. Significant bleeding - not easily controlled with a bandage or gauze;
 11. Significant burns - larger than hand-sized or with blistering or charring;
 12. Injuries suffered from a motor vehicle crash;
 13. Active childbirth with the delivery of a baby, severe labor contractions or the need to push;
 14. Any significant medical condition wherein 911 was activated.
- 3.2 "Ambulance" has the meaning given that term by ORS 682.025.
- 3.3 "Ambulance Service" has the meaning given that term by ORS 682.025.
- 3.4 "Ambulance Service Area (ASA)" means a geographic area that 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.
- 3.5 "Ambulance Service Plan" means a written document that outlines a process for establishing a county emergency medical services system. 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 these rules. Approval of a plan will 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.
- 3.6 "Communication System" is a two-way radio communications between ambulances, dispatchers, hospitals, and other agencies as needed. A two-channel multi-frequency capacity is minimally required.
- 3.7 "Director" means the Director of Health and Human Services for Jackson County.
- 3.8 "Division" means the Oregon Health Division, Department of Human Services.
- 3.9 "Efficient and Effective Ambulance Service" means ambulance services provided in compliance with provisions of this plan regarding boundaries, coordination, system elements, and provider selection, at a cost that is reasonable in relation to the level of service provided.
- 3.10 "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.

3.11 "Emergency Care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of the ill, injured or disabled; in the administration of care or medications as prescribed by a licensed physician insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science as required by a completed course initializing an approved curriculum in pre-hospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

3.12 "Emergency Medical Technician (EMT)" means a person who has received formal training in pre-hospital emergency care and is state-certified to attend any ill, injured or disabled person. Police officers, firefighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical technician" are "emergency medical technicians" within the meaning of ORS Chapter 682.

3.13 "Emergency Medical Technician Basic" means a person certified by the Division as defined in OAR 333-265-0000.

3.14 "Emergency Medical Technician Intermediate" means a person certified by the Division as defined in OAR 333-265-0000.

3.15 "Emergency Medical Technician Paramedic" means a person certified by the Division as defined in OAR 333-265-0000.

3.16 "First Responder" means a person certified by the Division as defined in ORS 682.025(7) (a) and (b).

3.17 "License" means those documents issued by the Division to the owner of an ambulance service and ambulance, when the service and ambulance are found to be in compliance with ORS 682.017 to 682.991 and OAR 333-250-0000 through 333-250-0100 and 333-255-0000 through 333-255-0093.

3.18 "Notification Time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center ("911"), and the notification of the ASA provider.

3.19 "Owner" means the person having all the incidents of ownership in an ambulance service or an 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 an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

3.20 "Patient," in addition to the meaning given that term by ORS 682.025, means a person requiring emergent medical evaluation, treatment or transport for an acute medical condition.

3.21 "Provider" means any public, private, or volunteer entity providing emergency medical care or ambulance service.

3.22 "Provider Selection Process" means the process established by the county for selecting an ambulance service provider or providers.

3.23 "Public Safety Answering Point (PSAP)" means a 24-hour communications facility established as an answering location for 911 calls originating within a given service area. A primary public safety answering point receives all calls directly from the public. A secondary public safety answering point only receives calls from a primary public safety answering point on a transfer or relay basis.

3.24 "Response Time" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene or at the end of an ambulance access point.

3.25 "Supervising Physician" has the meaning provided in ORS 682.025(18).

3.26 "System Response Time" means the elapse time from when the Public Safety Answering Point (PSAP) receives the call until the arrival of the appropriate provider unit(s) on the scene.

(Ord. No. 2001-16. Passed 8-22-01.)

SECTION 4. AMBULANCE SERVICE AREAS.

Jackson County is divided into three separate Ambulance Services Areas. Maps depicting boundaries of the ASAs, Appendix #1; ASA Response Times, Appendix #2; and the 911 law jurisdiction boundaries, Appendix #3, are a part of this plan. Larger and more detailed maps are on file in the Jackson County Information Technology Department G.I.S. Section and the Health and Human Services Department.

4.1 Boundary Descriptions

Ambulance Service Area No. 1

Includes the City of Rogue River and the area of Wimer. Response times are suburban for Rogue River, and along Interstate 5. The rest of the ambulance service area has rural response times, frontier or Search & Rescue response times.

Ambulance Service Area No. 2

Includes Medford, Central Point, Jacksonville, Phoenix, Gold Hill, Ruch, Applegate, White City, Eagle Point, Shady Cove, Butte Falls, Prospect and Union Creek. Urban response times apply to Medford and Central Point. Suburban response times apply to Phoenix, Jacksonville, White City and Eagle Point. Semi-rural response times apply to Gold Hill and Shady Cove. The remainder of the area has rural, frontier and Search & Rescue response times.

Ambulance Service Area No. 3

Includes Ashland, Talent, Colestine, Pinehurst and Mt. Ashland. This area has an urban response time for Ashland and a suburban response time for Talent. The remainder of this area has rural, frontier and Search & Rescue response times.

4.2 Boundary and Response Time Maps (See Appendix #1 and #2)

These maps represent the boundaries of the three ASAs and "Provider Response Time" which includes notification time, roll out time and provider response time. Response times may be subject to the variables of access, weather, road and traffic conditions as well as other circumstances.

4.3 911 Districts (See Appendix #3), Fire Districts (See Appendix #4) and Incorporated Cities (See Appendix #2)

A. Attached is a map showing 911 prefix boundaries. There are a total of 13 fire districts dispatched from two different locations. RVCCOM dispatches for Medford and Ashland.

Southern Oregon Regional Communications (SORC) dispatches for the rest of the county. Providers may dispatch their own ambulances.

B. There are 11 incorporated cities within Jackson County, including Ashland, Medford, Phoenix, Talent, Jacksonville, Central Point, Gold Hill, Rogue River, Shady Cove, Eagle Point, and Butte Falls. These can be seen on all the maps attached to this plan.

C. In addition to the fire departments of the cities of Medford, Ashland, Jacksonville, Phoenix and Butte Falls, there are 9 rural fire departments in Jackson County: Applegate, Colestine, Evans Valley, Fire District #3, Fire District #4, Fire District #5, Lake Creek, Medford Rural #2, Prospect, Rogue River, and parts of the Williams Fire District. The remaining portion of the county is served by ranger districts, including the Applegate Ranger District, the Ashland Ranger District, Prospect Ranger District, and Tiller Ranger District.

4.4 *Alternatives Considered to Reduce Response Times*

Heavily forested, mountainous terrain and severe winter weather conditions present difficult access and long response time to ground ambulances. In those situations, when an urgent response is indicated, in addition to notifying the ASA provider the ASA provider may elect to call the nearest appropriate rotary-wing air ambulance or other special response teams.

In some instances, for various reasons, an ambulance service provider from an adjoining county's ASA could respond quicker to an incident. This would be covered under a signed Mutual Aid Agreement and would be at the discretion of the ASA provider.

All pre-arranged non-emergency transfers and inter-facility transfers will be provided by the ASA provider in the area the transfer originates.

SECTION 5. SYSTEM ELEMENTS--333-260-050.

5.1 *Notification Time and Response Time (OAR 333-260-050 (2)(a)(b)and (c))*

A. *Notification time* is defined above in Section 3.18. The maximum notification time shall be 2 minutes at least 90% of the time.

B. *Response time* is defined above in Section 3.24. The following standards are adopted for response times:

1.

Zone	Response Time	Criteria
Search & Rescue	4 hours	Primarily forest, recreation or wilderness lands not accessible by paved roads and with less than 6 persons per square mile. Response Time applies for ASA provider vehicle access only.
Frontier	2 hours	6 or fewer persons per square mile and accessible by maintained roads.
Rural	45 minutes	More than 10 miles from Medford and Ashland City Hall, and a population of greater than 6 persons per square mile
Semi-Rural	20 minutes	The urban growth boundaries of Gold Hill and Shady Cove. Also includes those portions of Galls Creek, Sardine Creek, and Hodson Roads within Fire District #1 and on paved roads.
Suburban	15 minutes	Within 10 miles of Medford City Hall and Ashland City Hall (and on paved roads) and the city of Rogue River. Also I-5 from the Josephine County line to exit 12 south of Ashland (except those areas within urban response zones). Includes Jacksonville, Eagle Point Phoenix, Talent and White City. Includes the Jackson County Expo. Includes all areas within Fire District #1 along paved roads.
Urban	10 minutes	Within the urban growth boundaries of Ashland, Medford and Central Point.
Other Key Areas		<ul style="list-style-type: none"> § Includes a buffer on paved roads of 500 feet. § Ashland - urban zone is an exception to the trauma rules (is not a population center of 50,000 persons or more). Under State trauma rules it would be rural. § I-5, Siskiyou, Hwy 140, Hwy 66, Hwy 62 and other roads outside the valley may experience weather / road conditions that may interfere with normal driving conditions and extend response times.

2. Arrival at the Scene: ASA Ambulance:

Urban - 10 minutes, 0 seconds or less 90% of the time

Suburban - 15 minutes or less 90% of the time

Semi-rural - 20 minutes or less 90% of the time

Rural - 45 minutes or less 90% of the time

Frontier - 2 hours or less 90% of the time

Search & Rescue - 4 hours or less 90% of the time

C. *System response time* is defined in Section 3.26. System response times are the sums of Ambulance response times plus a maximum of two minutes for notification time.

For the purpose of this plan, urban areas are the cities of Ashland, Central Point, and Medford. Suburban areas include Eagle Point, Jacksonville, Phoenix, Rogue River, Talent, White City, and contiguous areas as shown on the map referenced in Section 4.2. Semi-rural communities are Gold Hill and Shady Cove. Rural areas include Colestine, Brownsboro, Lake Creek, Pinehurst, Ruch, Trail and portions of the Applegate, and contiguous areas as shown on the map referenced in Section 4.2. Frontier areas are those which are not urban, suburban, semi-rural, or rural, and include the communities of Butte Falls, Prospect, and Union Creek. Search & Rescue areas are federal and wilderness lands and other lands as shown on the map referenced in Section 4.2.

5.2 *Level of Care.* Providers of ambulance service shall provide, at the minimum, paramedic level of care meeting the requirements of OAR 333-255-072.

Emergency Medical first responders are those arriving at the scene to render emergency medical aid usually before the transporting agency is on the scene.

A. EMTs with agencies not normally providing transport but dispatched to provide emergency medical care to calls in their area. The quality assurance will be monitored by the supervising physician. Problems may be reported to the QA Committee for review.

5.3 *Personnel.* When operating an ambulance in Jackson County, all providers shall meet the requirements of ORS 682.025 to 682.991 and OAR 333-255-070(1) and/or OAR 333-255-071(1) through OAR 333-255-072(1).

5.4 *Medical Supervision.* All EMTs utilized by EMS agencies shall be supervised by a Supervising Physician as defined in Section 3.25. The supervising physician:

- A. Shall issue, review, update, and explain standing orders to First Responders and EMTs.
- B. Ascertain that First Responders and EMTs are certified and in good standing with the Oregon State Health Division.
- C. Coordinate continuing education activities.
- D. Review on a regular basis EMT and First Responder practices by:
 - 1. Direct observation of field performance;
 - 2. Review of pre-hospital care reports;
 - 3. Overseeing the Jackson County Continuous Quality Improvement Plan; and
 - 4. Reviewing cases with individual EMTs and First Responders.
- E. Shall choose the manner in which these duties and responsibilities are best carried out.

5.5 *Patient Care Equipment.* Patient care equipment must meet or exceed the Oregon Health Division's requirements as specified in ORS 682.017 to 682.991 and OAR 333-255-0070(2), (3), (5) or (7) through OAR 333-255-0073 and the standing orders, policies and protocols for emergency pre-hospital care for the licensing of that vehicle. The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to Jackson County or QA Committee upon request.

5.6 *Vehicles.* All ground ambulances in Jackson County shall meet or exceed the requirements set forth in ORS 682.015 to 682.991 and OAR 333-255-000 through 333-255-079, and shall be currently licensed. In addition to the requirements of ORS and OAR, all providers must maintain a detailed history of maintenance for transporting vehicles. These vehicles shall undergo, at a minimum, an annual inspection by a competent mechanic who shall prepare a report on forms to be provided or approved by the Director. The maintenance records shall be open to inspection by Jackson County.

5.7 *Training.* Rogue Community College, with facilities in both Medford and Grants Pass, is the primary educational facility for EMT Basic, Intermediate and Paramedic training. Recertification and continuing medical education is provided through in-house training programs and seminars that are sponsored by local medical operations. All providers in the county shall comply with continuing medical education and recertification standards set by the Oregon State Health Division. The local hospitals and ASA providers are encouraged to participate in the training.

5.8 *Quality Assurance and System Development.*

A. *Pre-hospital Quality Assurance.* Pre-hospital quality assurance is a system designed to ensure that the medical care and transportation rendered to patients is both safe and appropriate and that such care meets professional and local standards. The guidelines of care shall comply with state statutes and administrative rules, and current standing orders and scope of practice as set by the agency's supervising physician, in accordance with the Oregon State Health Division and the Oregon State Board of Medical Examiners. Guidelines included in the Area Trauma Plan shall also be considered. In-house quality assurance programs shall cooperate with hospital or Area Trauma Advisory Board (ATAB-5) quality assurance committees.

All quality assurance procedures shall protect the confidentiality of patient records. Quality assurance process and records are to comply with ORS 192.525 through ORS 192.530, ORS 192.610 through ORS 192.685, and ORS 41.685 federal HIPPA regulations and shall be protected from public disclosure to the extent allowed by law. All charts will be kept confidential and treated as privileged information.

B. *Quality Assurance (QA) Committee.* A Quality Assurance Committee shall be formed, the purpose of which is to review pre-hospital care to assure that appropriate, safe and quality care and transport is delivered to Jackson County residents. The QA Committee shall review complaints of violations of the ASA plan referred by the Director Health and Human Services and review dispatch processes and times and may make recommendations for revisions to this plan, as needed. It will meet at least quarterly to review pre-hospital EMS activities and submit necessary requested reports to the Director and the Jackson County EMS Committee.

C. *Quality Assurance Committee Membership.* Members of the QA Committee shall be appointed by the Jackson County Board of Commissioners. Committee membership shall be made up of the EMS physician supervisor(s); four EMTs, two from transporting agencies and two from non-transporting agencies; one emergency department RN; one 911 representative; and one Health and Human Services staff member.

D. *Quality Assurance Standards.* All Jackson County ambulance service providers shall comply with the Jackson County ASA Plan, including but not limited to conducting ongoing peer review and quality assurance activities. The goals for the delivery of pre-hospital care to Jackson County residents are:

1. All emergency pre-hospital care is accessed by utilizing the emergency 911 number;
2. The 911 dispatcher correctly identifies the medical problem and utilizes the dispatch system to initiate the appropriate level of response;

3. The pre-hospital care providers perform correct assessments and initiate appropriate treatment and transport; and
4. The pre-hospital care providers notify the receiving hospital of the impending arrival of the patient. This notification is completed in a timely fashion.

E. *Quality Assurance Screens.* To assure consistency of review of potential problem areas in emergency pre-hospital care, generic indicator screens will be used to determine quality assurance. These indicator screens are listed below:

1. Inappropriate response and/or scene times: Please refer to Section 5.1;
2. Patient transport refusals resulting in adverse consequences;
3. Inappropriate application of protocols or noncompliance with on-line medical control;
4. Patient deaths (pre-hospital and emergency department deaths when treated or transported by a pre-hospital care provider);
5. Equipment failures;
6. Selected emergency medical instructions; i.e, CPR by dispatch center;
7. Selected cases referred by supervising physicians, agencies, or public complaints where potential problems may exist in any aspect of prehospital care; and
8. Complaints registered by patients, members of the public, or providers.

F. *Data Sources for Quality Assurance.* The following data sources will be used in determining quality assurance:

1. Quality assurance reports from physician supervisors and agencies;
2. 911 center records and tapes;
3. Pre-hospital care reports;
4. Complaints;
5. Incident reports;
6. Hospital medical records;
7. Autopsy reports;
8. Generic indicator screens;
9. Vehicle and equipment manufacturer guidelines;
10. Law enforcement reports;
11. Fire department reports;
12. Agencies' response time records;
13. Agencies / 911 center dispatch / response time records.

G. *Emergency Medical Services (EMS) Committee.* An Emergency Medical Services Committee shall be formed, the purpose of which is to review all aspects of emergency medical services in Jackson County with the exception of issues involving quality of individual patient care. This task includes review of the activities of EMS agencies throughout Jackson County relative to their adherence to the ASA plan. The EMS Committee may recommend changes to the plan, review boundary changes, make recommendations on response time changes, review local ordinances as to their adherence to the Jackson County ASA plan, review rates, and make findings and recommendations to the Director & Human Services.

H. *EMS Committee Membership.* Committee membership shall be made up of the EMS physician supervisor(s); one representative from each of the following agencies: (a) agencies that respond to emergency medical calls in Jackson County, (b) hospitals in Jackson County, and (c) PSAPs in Jackson County; and one member of the staff of the Department of Health and Human Services .

I. *Authority of Board of Commissioners.* The Board of Commissioners has the final authority to act upon all recommendations forwarded to the county by the EMS or QA Committee. A chart depicting the ASA plan advisory structure is attached hereto as Appendix #5.

J. *Quality Assurance Review and Suspension or Revocation of Assignment.*

1. *Complaint Investigation.* The Director & Human Services (Director) shall investigate all complaints and violations of the county ASA plan. If upon the conclusion of the investigation the Director determines that an ambulance service provider has not met the minimum standards set forth in this plan, the noncomplying provider shall be notified. The Director shall develop a corrective action plan and time schedule for corrections. The provider shall have up to 30 days to make the necessary changes ordered by the Director. If the provider fails to make the necessary changes as directed, the Director shall either order the issuance of a citation for violation of a county ordinance or refer the matter to the Board of Commissioners with a recommendation for corrective action which may include suspension or revocation of the ASA assignment.

If there is a threat to public health or safety, the Director may take immediate action against a noncomplying provider.

2. *Suspension or Revocation of Assignment.* Upon a recommendation of the Director, or upon its own motion the Board of Commissioners may suspend or revoke the assignment of an ASA upon a finding that the provider has:

- a. Violated provisions of the contract between the ASA Provider and the county, a county ordinance, the Jackson County ASA Plan or provisions of State or Federal laws and regulations;
- b. Materially misrepresented facts or information given in the application for assignment of an ASA or as part of the review of performance on the part of the provider; or
- c. Endangered or is endangering the health and/or safety of the public or people requiring emergency medical services.

In lieu of suspension or revocation of the assignment of an ASA, the Board of Commissioners 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. Written 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 receiving a notice of the suspension, revocation or contingent suspension or revocation of an ASA may request a hearing 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 public safety or welfare. The hearing shall be held pursuant to the procedures set out in Section 7.5(D) of the plan. Within 14 days of the conclusion of the hearing, the Board, or if the Board appoints a Hearings Officer, the Hearings Officer, shall affirm, reverse or modify its original decision.

If the ASA assignment is suspended, the Board of Commissioners will appoint an interim provider or providers until the suspension is lifted. If the ASA assignment is revoked, the Board of Commissioners will appoint an interim provider or providers to serve until a permanent provider is assigned to the area. Applications for the ambulance service area will be taken in the same manner as set forth in Section 7 of this plan.

SECTION 6. COORDINATION.

6.1 *Entity That Will Administer and Revise ASA Plan.* The Director will administer the ASA plan. The EMS and /or QA Committee will make recommendations for changes in the ASA plan to the Director, on or before October 15 of each year. The Director will consider the recommendations of the committee(s) and will make recommendations for changes in the ASA plan to the Board of Commissioners. Once each year, if necessary, amendments to the plan will be adopted in the manner of a non-emergency ordinance, after consultation with interested persons, cities and districts, as provided in ORS 682.062.

6.2 *Ambulance Service Delivery Complaints.* Any agency which receives a complaint from the public, or identifies a potential problem with any aspect of the pre-hospital care system, shall notify the Director. The Director shall investigate the complaint as set out in Section 5.8(J) and may refer the matter for further study to either or both the QA or the EMS Committees.

6.3 *Mutual Aid Agreements.*

A. All ASA providers will be required to sign a Mutual Aid Agreement with all Jackson County ASA providers and respond in accordance with the Mutual Aid Agreement. All requests for mutual aid will be made through the appropriate PSAP center.

B. In the interest of achieving the lowest response time and taking into consideration location, access and weather, adjoining ASA providers may enter into mutual aid agreements that in effect slightly modify ASA boundaries. These signed agreements shall be submitted to all affected Dispatch Centers, SORC and the Director.

6.4 *Disaster Response.*

A. *County Resources.*

Coordination: All responding resources shall respond and operate under the National Interagency Incident Management System (NIIMS) incident command system. An incident command system will be established by the first arriving units and will be expanded as the need dictates. All additional incoming units shall respond, stage, and carry out assigned tasks at the direction of the Incident Commander.

Terrorism Response: As there are a variety of terrorism agents that can be used to cause disease, disability, or death, patient care and personal protection of responders may vary greatly. Many of these agents require extensive personal protective equipment and procedures to prevent harm to EMS staff and contamination of response/transport vehicles and equipment. For these reasons, incidents involving suspected or confirmed terrorism agents will result in staging of medical units, with care and transport under direction of the Incident Commander on scene. EMS staff will provide care and transportation only after patients have been decontaminated and declared by HazMat or the on scene Incident Command to be safe for transport. Details regarding Jackson County's response to terrorism are located in the Jackson County Emergency Operations Plan under Annex W Emergency Response to Terrorism and Annex Y Bioterrorism.

Communication: All disaster medical dispatch communications shall be coordinated through the lead dispatch center.

Triage: All responding units assigned triage responsibilities shall utilize S.T.A.R.T. procedures as outlined in the Jackson County Emergency Medical Services Standing Orders. Generally, a Triage Group Supervisor will be assigned the function and report directly to the Medical Branch Director.

Transportation: The coordination of the transportation of injured patients shall be coordinated under the incident command system. Generally, a Transportation Group Supervisor will be assigned the function and report directly to the Medical Branch Director.

B. *Special Resources.* All emergency medical services dispatchers shall have a current list or a centralized contact point to request available police, fire, first responders, air and ground ambulances, and special responders for extrication, water rescue, and hazardous materials incidents, as well as protocols for their use.

C. *Mass-Casualty Incident Plan(s).* The procedures for management of mass casualty incidents conform to the NIMS system to provide standardization of organization structure, definitions of terminology, areas of responsibility, and operational procedures.

6.5 *Personnel and Equipment Resources.*

A. All emergency medical services dispatchers will have a list of routinely available police, fire responders, air and ground ambulances, quick response teams and special responders for extrication, search and rescue, water rescue, hazardous materials incidents, out of county resources and protocols for their use. A list of equipment resources will be updated as needed and sent to all emergency medical dispatchers.

B. In an incident requiring additional or specialized personnel and equipment, the Incident Commander(s) on the scene shall make the request to the appropriate dispatch agency through the designated communications command frequency. The request shall include, but is not limited to:

1. Type of resource(s) needed;
2. Location of staging;
3. Approximate number of personnel required;
4. Extent of incident; and
5. Medical care responsibility assignment.

C. Each resource provider shall assume the medical care responsibility as directed by the Incident Commander. Coordination of these resources with the ASA provider will be accomplished through the Incident Commander and the primary dispatch center for the incident.

6.6 *Emergency Communications and Systems Access.*

A. *Telephone Access.* All residents and visitors within Jackson County can access emergency medical services by calling 911. There are two 911 PSAPs (Public Safety Answering Points) in Jackson County. The PSAPs provide centralized reception and direct dispatch or call relay for emergency medical response.

B. *Dispatch Procedures.*

1. The dispatching of emergency medical resources will be based on the emergency medical dispatch card system which includes pre-arrival patient care instructions.
2. All emergency medical dispatchers in Jackson County will be trained in the Emergency Medical Dispatch protocol, or its equivalent. Any newly hired emergency medical dispatcher will be trained within one year of employment, based on class availability. Annual refresher courses are obtained through certified in-house employees, the local community college, and regional training provided by the Board of Public Safety Standards and Training.
3. All 911 Centers and EMS agencies shall utilize a standardized priority dispatch system. The standardized system shall be defined by the EMS Committee.
4. In cases of special injury or illness, the information is given to the appropriate transporting agency for their determination of the need of special resources or personnel. The PSAP will also advise the transporting agency of any EMED instructions utilized on the call for service.

5. All of the transport providers utilize radio pagers and monitors to alert the ambulance crews. If the primary ambulance service does not respond within 10 minutes of notification, the EMT on the scene may request the closest alternate provider to respond. If there is no EMT on the scene, the primary dispatch center may dispatch the closest alternate provider. In any event, the lack of response within 15 minutes will dictate the dispatch of the closest alternate provider. These cases will be documented and the Director of Health and Human Services will be notified. This standard does not preempt the prerogative of the EMT on the scene to initiate immediate transport or to request additional ambulance transport based on patient assessment.
6. The content of the dispatch order to the responding crews shall consist of:
 - a. Location of medical emergency
 - b. Nature of the medical emergency
 - c. Specific or special instruction or information (EMEDS in progress, trapped subject, hazardous materials, etc.)
7. Each EMS dispatch agency shall maintain unit status which shall include:
 - a. Time alarm received
 - b. Time in route to call
 - c. Time of arrival at the scene
 - d. Time of patient transport to hospital
 - 1) Name of hospital
 - 2) Code response
 - e. Time of arrival at hospital
 - f. Other unit status information
 - 1) Out of service
 - 2) Return to service

C. *Radio Communications System.*

1. Radio pagers, portable radios, and mobile based communications are used for communication between ambulance crews and their departments or dispatch centers.
2. All ambulances will be equipped with a minimum of a 60-watt multi-channel radio. All ambulances will have Med Net primary (155.340) and Med-Net secondary (155.400) frequencies. Each ambulance crew will have a minimum of one five-watt, hand-held radio with a minimum of two-channel capability. The portable hand-held radios will have at a minimum Med Net primary (155.340) frequency.

3. All of the Jackson County ambulance providers shall use the Med Net primary frequency (155.340) to contact the receiving hospital. The Med Net primary can also be used for on-line medical control, if needed, and to contact Southern Oregon Regional Communications (SORC) or RVCCOM for the trauma status of Providence Hospital and Rogue Valley Medical Center.
4. The transporting unit within Jackson County shall contact the receiving hospital prior to arrival to provide patient information. The content of the report shall include the following when at all possible:
 - a. Ambulance Transport Identification
 - b. Name of EMT and EMT level
 - c. Age and gender of patient
 - d. Chief complaint
 - e. Vital signs and time taken
 - f. Treatment already delivered
 - g. Estimated time of arrival
5. Dispatch centers shall have radio consoles/base stations capable of transmitting and receiving on Frequency 155.340 and 155.400. Access to emergency medical dispatch centers shall be limited, if possible, to authorized personnel only.

SECTION 7. PROVIDER SELECTION AND BOUNDARY CHANGES.

7.1 Assignment of Ambulance Service Areas.

- A. No person shall provide ambulance service in Jackson County unless an ambulance service area has been assigned to that person pursuant to this plan. This does not preclude a first responder's need to transport a patient immediately due to an existing critical time frame in obtaining advanced patient care.
- B. This plan does not apply to providers of air ambulance services, or to vehicles or providers listed in ORS 682.035 on the date this plan was adopted.

7.2 Maintenance of and Reassignment of Ambulance Service Areas.

- A. Each ambulance service provider will submit updated information to the Health Director no later than March 1 of each year. The updated information shall be provided on a form to be supplied by the Health Department, which shall require copies of current vehicle licenses, rates, a financial statement, certification of insurance, a mechanic's inspection report personnel certifications, and other documents deemed necessary by the Director. The Director will make a report to the Board of Commissioners at a later time if requested.

B. Any changes in a provider's resources or equipment shall be immediately reported to the Director, who shall transmit the information to the Quality Assurance Committee and the Jackson County Emergency Management Division for inclusion in the Jackson County Emergency Operations Plan Resource List. The Jackson County Emergency Management Division will disseminate resource information to the committee upon the Quality Assurance Committee's request.

7.3 *Application for Ambulance Service Area.*

A. Not less than 180 days prior to the expiration of the assignment of an ambulance service area, the Director of Health and Human Services shall notify such holders of ambulance service areas of expiration. The Director will also notify all interested parties and shall post a notice in at least 3 locations throughout the ASA and in the newspaper of the highest circulation in the ASA that the ASA assignment is to expire. Letters of intent to serve the ASA must be submitted to the Director by 120 days prior to the expiration of the ASA assignment. If the current ASA provider is the only entity intending to serve the ASA, a formal application process will not be required. The ASA provider must provide information that demonstrates the provider has and will continue to meet and/or exceed the ASA plan requirements. If at least one letter of intent is submitted by an entity other than the current ASA provider, each entity shall submit an application that shall include, at a minimum, the information required by Section C of this section. The application(s) shall be submitted no later than 5:00 p.m., 60 days prior to the expiration date. The review of the application and assignment of the ambulance service area shall be in accordance with this Section and Section 7.5 of this plan. Competing applicants will be required to post a bond on or before the date of application submission to qualify for consideration.

B. Each request for a three year extension of assignment shall include a demonstration that the provider meets or exceeds ASA, State law and administrative requirements.

C. Each application for assignment of an ambulance service area or amended ambulance service area shall be reviewed for the applicant's conformity with the requirements of Oregon law and the Jackson County Ambulance Service Area Plan, the need for significantly improving the efficiency and effectiveness of ambulance service within Jackson County, and specific review criteria to evaluate the application. Review criteria to evaluate an application shall include but not be limited to:

1. Clinical Sophistication
 - a. Level of care ALS, BLS
 - b. Equipment vehicles and equipment stock lists
 - c. Protocols knowledge and availability of pre-hospital EMS protocols
 - d. Historical performance and compliance with standards

2. Response Time Standards
 - a. Ambulance location(s)
 - b. Staffing per shift, in-house and on call
 - c. Historical performance and compliance with standards

3. Business Practices
 - a. Management structure job descriptions and qualifications of personnel responsible for the ASA, including: business/operations manager, training officer, and supervisors.
 - b. Vehicles and equipment hardware description of quantity, age and condition of items to be used, maintenance, and replacement schedules.
 - c. Insurance coverage at or above state requirements.
 - d. Billing practices a system that is well documented; and easy to audit, including third party private parties, overdue, and write-offs.
 - e. Wage and benefit program for employees.
 - f. Full cost accounting of a proposed first-year budget, which includes all resources and expenditures.
 - g. Full disclosure of all outside costs associated with transport costs, including billing and compensation arrangements with first responder services and dispatchers.
 - h. The amount and extent of any subsidy.

4. Coordination with Emergency Medical Dispatch
 - a. Notification with dispatch of ambulance status.
 - b. Communications equipment and personnel.
 - c. Method of monitoring and reporting of dispatch and response times and exceptions.

5. Continuing Education
 - a. Continuing education program that meets or exceeds State certification.
 - b. Process for the recognition of quality of care problems and the educational procedure to correct those problems.
 - c. Cooperation with training facilities to provide internship "ride-along" program for EMT students.

6. Quality Assurance
 - a. Procedure to provide the Quality Assurance Committee the necessary data for case reviews, screens, and investigations.
 - b. Cooperation between quality assurance and management.
 - c. Historical performance and compliance with standards

7. Mutual Aid Procedures for coordination to include:
 - a. Neighboring ASA's
 - b. Standbys
 - c. First responders

8. Disaster Coordination Procedures to meet disaster responsibilities as described in the ASA Plan.

9. Safety Net - Process to assure against interruption of service should any of the following occur:
 - a. Decreased personnel levels
 - b. Financial failure
 - c. Revocation of ASA due to noncompliance

10. The completeness of the application packet, including submission of all required supporting documentation to verify the information contained in the submitted application will also be evaluated. The Board of Commissioners, County Health and Human Services Director, or the designated hearings officer may require all applicants to submit additional information necessary to make a recommendation or determination on boundaries or providers. Refusal to submit required information may result in disqualification of an application for consideration of an ambulance service area.

D. The assignment of ambulance service areas or an amended ASA shall be valid for five years from the date of issuance. This assignment may be extended up to a single three-year period at the discretion of the Board of Commissioners if the provider exceeds standards outlined in this plan. If a three year extension is sought, the provider must make a written request for said extension no later than the 1st day of July prior to the termination of the original assignment. A full application shall not be required if the provider exceeds the standards outlined in this plan. Information documenting such excess of standards shall be submitted on forms provided by the Health and Human Services Director. If the assignment is not extended for the additional three-year period or at the conclusion of that additional period, the assignment of ambulance service areas may be renewed for additional five-year terms commencing on the 1st day of January pursuant to the ASA plan. If the county receives an application from another provider requesting to serve the ambulance service area no less than 60 days prior to expiration of the ASA, then the study and recommendation process will be followed as set forth in Section 7.5(D). If the application for assignment is uncontested, the procedure set out in Section 7.5(C) shall be followed.

E. No less than 30 days prior to any date when the applications for the assignment of an ambulance service area are due, notice of such application due date shall be posted in three public places, one of which will be within the ASA, and published at least once in a newspaper of general circulation in Jackson County.

7.4 Responsibilities of Ambulance Service Area Providers: Subcontracts, Assignments, and Vacations. Upon assignment of an ambulance service area to a provider in accordance with Section 7, the provider:

A. Shall conduct its operations in strict compliance with all applicable County, State, and Federal laws and regulations and the terms of the ordinance and the Jackson County Ambulance Service Area Plan.

B. Shall not refuse to respond to an emergency call for service if an ambulance is available for service.

C. Shall not respond to a medical emergency located outside its assigned ambulance service area except:

1. When the ambulance service provider assigned to the ambulance service area is unavailable to respond and the provider is requested by the other provider or recognized dispatch center to respond.

2. When the response is for supplemental assistance or mutual aid, or as part of a MCI/MPS or disaster.

D. Shall not transfer the assignment of an ambulance service area or part of an ambulance service area without a 90 day written notice to and approval of the Board of Commissioners. The written notice shall include an application for assignment of the ambulance service area submitted by the transferee. The application shall be reviewed in accordance with Section 7.3(C).

1. A transfer of assignment shall include a sale of the business or transfer of 51 percent of stock in a private or not-for-profit company. A sale of the business to another ambulance provider desiring to continue service in the assigned area is not a withdrawal from service. If a provider ceases to provide service, the Board of Commissioners shall appoint an interim provider until a permanent provider is selected.

2. A provider desiring to withdraw from part or all of an assignment must be able to prove that because of extenuating circumstances, it is no longer able to provide a service. Review of reasons for withdrawal will be conducted by the Director in consultation with the QA Committee if desirable.

E. A provider who withdraws or attempts to withdraw from serving part of an assigned area without the consent of the Board of Commissioners shall be subject to revocation of its remaining service area. Revocation procedures will be conducted according to Section 5.8(J) above. Attempted withdrawal from part of the assigned service area is presumed to be a willful violation of this plan and ordinance. This presumption may be rebutted.

F. An ambulance service provider who has been awarded an exclusive ambulance service area shall not contract with another provider for service of part of its exclusive area or for the provision of ALS first response under Section 5.1(B) of this plan without the written approval of the Board of Commissioners. The written request for permission to subcontract shall be reviewed in accordance with Section 7.3(B). Subcontracting providers must meet all of the standards set in this plan, and adhere to all of the requirements set in this plan. The ASA provider will be responsible for the performance of the subcontractor.

G. An ambulance service provider who has been awarded an exclusive ambulance service area, may not raise the rates charged for services provided from the rates described in the application for its service area without the written consent of the Board of Commissioners. Providers requesting the increase must submit documentation supporting the increase.

H. The Board of Commissioners may impose a fee upon ambulance service providers to recover the costs of administration of this plan pursuant to Ordinance 89-11. The amount of fee, if any, will be determined through the county fee setting process.

7.5 *Study and Recommendation Process.*

A. In the event that a provider assigned an ambulance service area discontinues service on or before the expiration of the assignment for any reason, the Director shall set a time by which an application must be submitted for reassignment of the ambulance service area. The review of the application and assignment of the ambulance service area shall be in accordance with this Section, and the assignment shall be for the remainder of the term unless otherwise specified by the Board of Commissioners.

B. Applications for initial assignment to a service area and subsequent requests for continuation for another five-year term will be reviewed according to this section.

C. If applications for an assignment are uncontested, the following procedures shall be followed:

1. A draft staff report will be provided to interested parties, who will have ten days from the date of mailing in which to provide input to staff. Staff will then review timely comments before forwarding the final staff report to the Board of Commissioners. Staff may employ specialists as needed to investigate and prepare the report and recommendations.
2. Staff shall forward the final staff report to the Board of Commissioners who shall then set a public hearing on the application. Public comments will be solicited and reviewed by the Board of Commissioners at the public hearing.
3. Notice of the public hearing will be published once in a newspaper of general circulation within the county at least 10 days prior to the hearing and interested parties designated in ORS 682.062(2) and (3) will be notified of the hearing time, place and date.
4. The public hearing will be held.
5. Deliberations will be conducted following the hearing. The Board of Commissioners will decide whether to accept the application or request for continuation and assign the ambulance service area to the applicant. The Board may modify the proposal further based on written comments received, testimony presented at the hearing and input from staff.

D. The following procedures shall be followed if there is more than one application for assignment to a service area, if an issue has arisen which could result in suspension or revocation of an assignment, or if a contested change to boundaries of an ambulance service area is proposed:

1. The Board of Commissioners may appoint an independent hearings officer to hear testimony and present recommendations to the Board.
2. Notice of the public hearing will be published once in a newspaper of general circulation within the county at least 10 days prior to the hearing, and interested parties designated in ORS 682.062 (2) and (3) will be notified of the hearing time, place and date. When more than one application is submitted for an ASA or when there is an application to change an ASA, competing applicants, interested parties, and the public may review copies of the application on file in the Board of Commissioners office.

Competing applicants, interested parties, and the public may provide written comments on the applications. Written comments should be submitted no later than 4:30 p.m. the day before the date set for the hearing. Written comments must be provided to the hearings officer, the Board, and the applicant. The applicant then may submit a written reply to the hearings officer, the Board, and the party making the comments no later than seven days before the hearing.

3. At the beginning of the hearing, the hearings officer or presiding officer of the Board of Commissioners will read the following statement of procedure to be followed at the hearing.
4. The order of hearing will be:

Presentation by staff

Presentation by Applicant #1 (determined by a coin toss)(or the provider proposed for revocation)

Presentation by Applicant #2, if applicable,

Presentation by Applicant #3, etc.

Public testimony by interested parties

Rebuttal by applicant #1

Rebuttal by applicant #2

Rebuttal by applicant #3

Concluding comments by staff, if any

5. Participants may represent themselves or be represented by an attorney or agent. The hearings officer or chairman of the Board of Commissioners may uniformly limit the length of testimony.
6. Upon timely request before the hearing, the Board of Commissioners will issue subpoenas if good cause and general relevance is shown. Payment of witness and mileage fees is the responsibility of the requestor.

7. The hearings officer or chair of the Board of Commissioners will rule on all matters that arise at the hearing. The hearings officer will not have authority to make a final independent determination. The hearings officer will present recommendations to the Board of Commissioners.
8. The burden of presenting evidence to support a fact or position rests upon the party who proposes that fact or position.
9. All witnesses will testify under oath or affirmation to tell the truth. All witnesses may be questioned by the hearings officer or members of the Board of Commissioners that hear the matter.
10. Admissible evidence is that which is commonly relied upon by reasonably prudent persons in the conduct of their serious affairs. Three kinds of evidence may be admitted:
 - a. Testimony of witnesses.
 - b. Writings, including letters, maps, diagrams and other written material offered as evidence.
 - c. Photographs, experiments, demonstrations and similar means used to prove a fact.
11. Objections to evidence may be made by applicants or County staff on any of the following grounds:
 - a. Irrelevant. The evidence has no tendency to prove or disprove any issue involved in the hearing.
 - b. Immaterial. The evidence is offered to prove a proposition which is not a matter in issue at the hearing.
 - c. Unduly repetitious. The evidence is merely repetitive of what has already been offered and admitted.
12. Normally, continuances are not granted. However, the record may be left open for up to seven days to submit additional documents to the presiding officer.
13. Both the Hearings Officer and the Board of Commissioners will render a decision within 20 days of the closure of the hearing and the record. The hearings officer will prepare a written recommendation which will include findings of fact, conclusions of law, and recommendations. If the Board of Commissions has not appointed a Hearings Officer, it shall prepare an order which must include findings of fact, conclusions of law and the decision. Each finding of fact shall be supported by substantial evidence in the whole record. All recommendations and orders will include:

For ambulance service areas:

- a. The nature and purpose of each proposed change in ambulance service areas.
- b. An assessment of the impact of each proposed boundary change on the quality of patient care within the area.
- c. An assessment of each proposed boundary change on the cost of providing care within the area.
- d. An assessment of each proposed boundary change on the efficient and effective delivery of ambulance service in all ambulance service areas.
- e. A comparison of the risks and benefits of each proposal.
- f. A recommendation to grant or deny a proposal for a boundary change to the Board of Commissioners.

For applications:

- a. A list of competing applicants for the service area.
- b. An assessment of each applicant's qualifications to provide ambulance service.
- c. An assessment of each applicant's business plan.
- d. An assessment of the quality of care each applicant is proposing.
- e. An assessment of the cost of providing the level of care each applicant is proposing.
- f. An evaluation of the described level of service being proposed by each applicant on the efficient and effective delivery of service in all ambulance service areas.
- g. A comparison of the risks and benefits of each proposal.
- h. A recommendation to grant or deny an application to serve an area, or a recommendation to grant or deny a proposal for change in ambulance service area providers, to the Board of Commissioners.

The recommendation or order will be mailed to applicants and to those who submitted a written request for a copy to the Director at the time of the hearing. The Hearings Officer's recommendation will state when written objections must be filed with the Director.

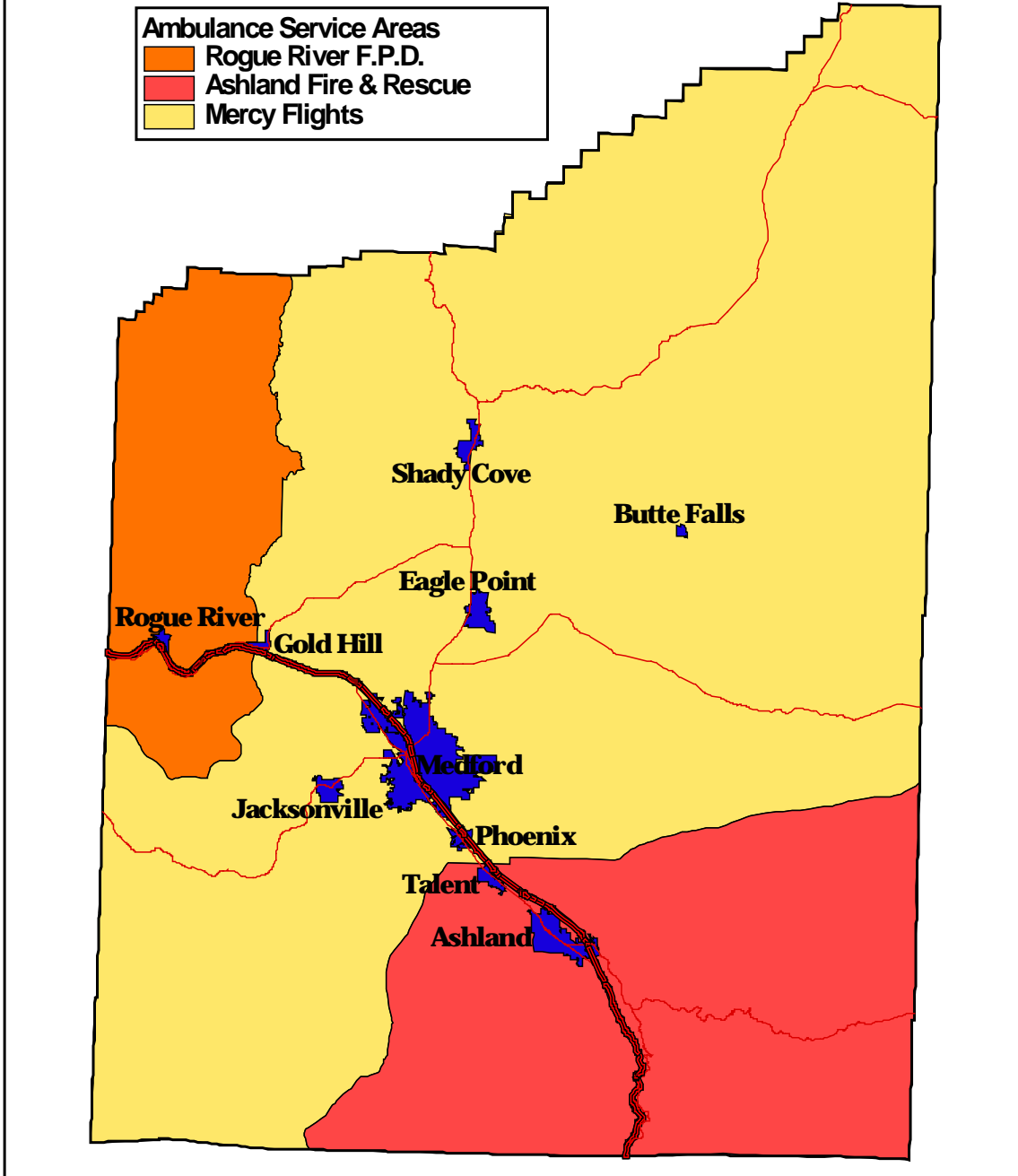
14. Final Hearing on Hearings Officers' Recommendation. The final determination on boundaries, providers and revocation or suspension of an ASA will be made by the Board of Commissioners at a public hearing. The public hearing will be scheduled to commence within 30 days of the date of the Hearings Officers recommendation. Notice will be given as set out in Section 7.5(D)(2). Written objections to the hearings officer's recommendation will be directed to the Director. Applicants and interested parties who appeared before the Hearings Officer may make additional arguments before the Board of Commissioners, but no additional evidence will be taken. The Board of Commissioners will render a decision within 20 days of the closure of the hearing and the record.
 15. All hearings before either the Hearings Officer or the Board of Commissioners will be recorded by tape recording or videotaping. Tapes will be available upon payment of the required fee. Tapes will not ordinarily be transcribed by County staff.
 16. Appeal of the decision of the Board of Commissioners is to the circuit court by a writ of review.
- E. The fee for the hearings officer will be shared by competing applicants and shall be paid in full within 30 days of the Hearings Officer's findings.

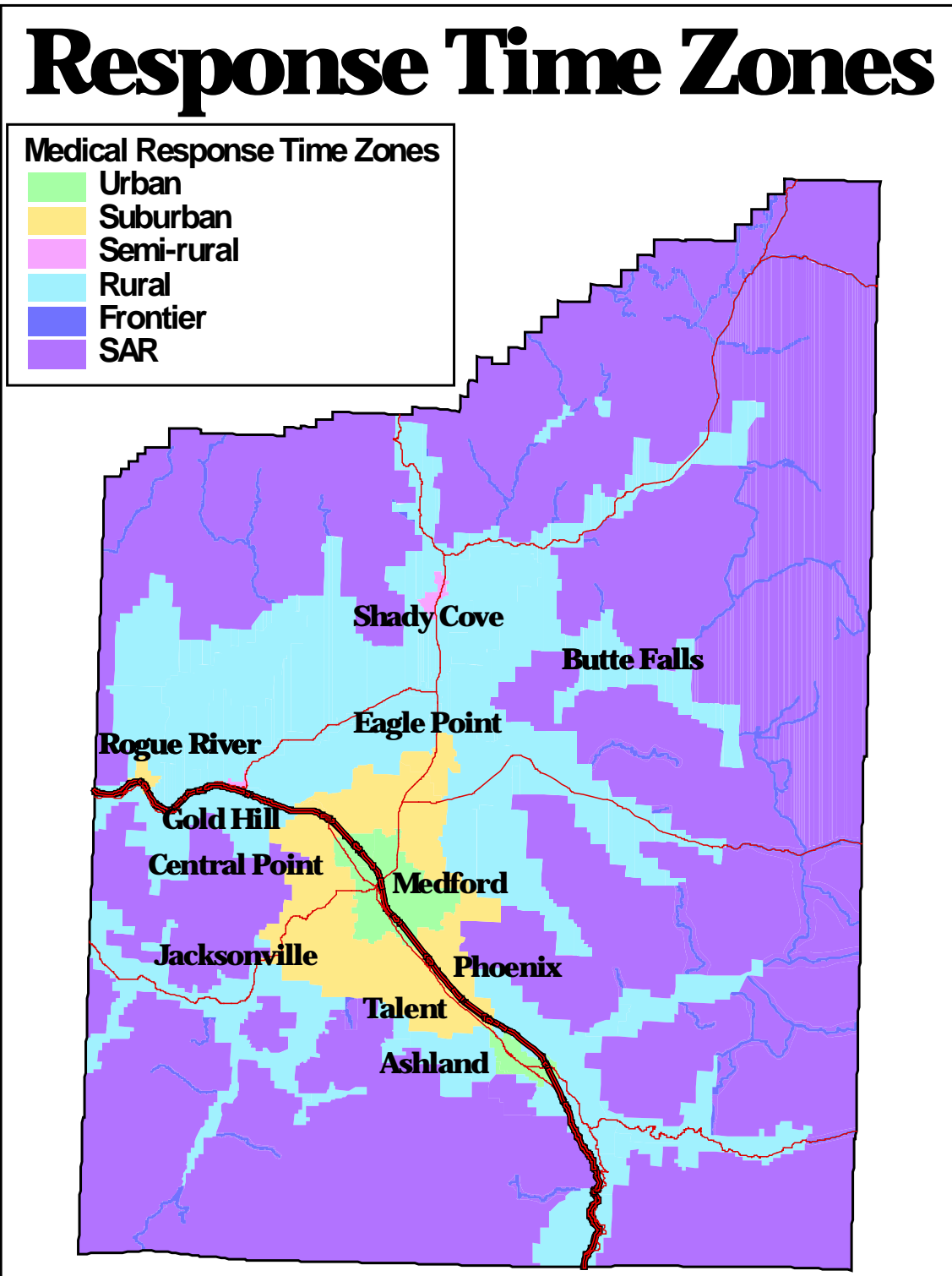
7.6 Preference to Qualified Displaced Employees. In the event that the Board of Commissioners withdraws or suspends the assignment of an ambulance service area and appoints another ambulance service provider to serve the area, the Board of Commissioners shall require the newly appointed provider to give preference to qualified displaced employees for a period of six months as provided in ORS 682.089.

7.7 Periodic Amendments to Plan.

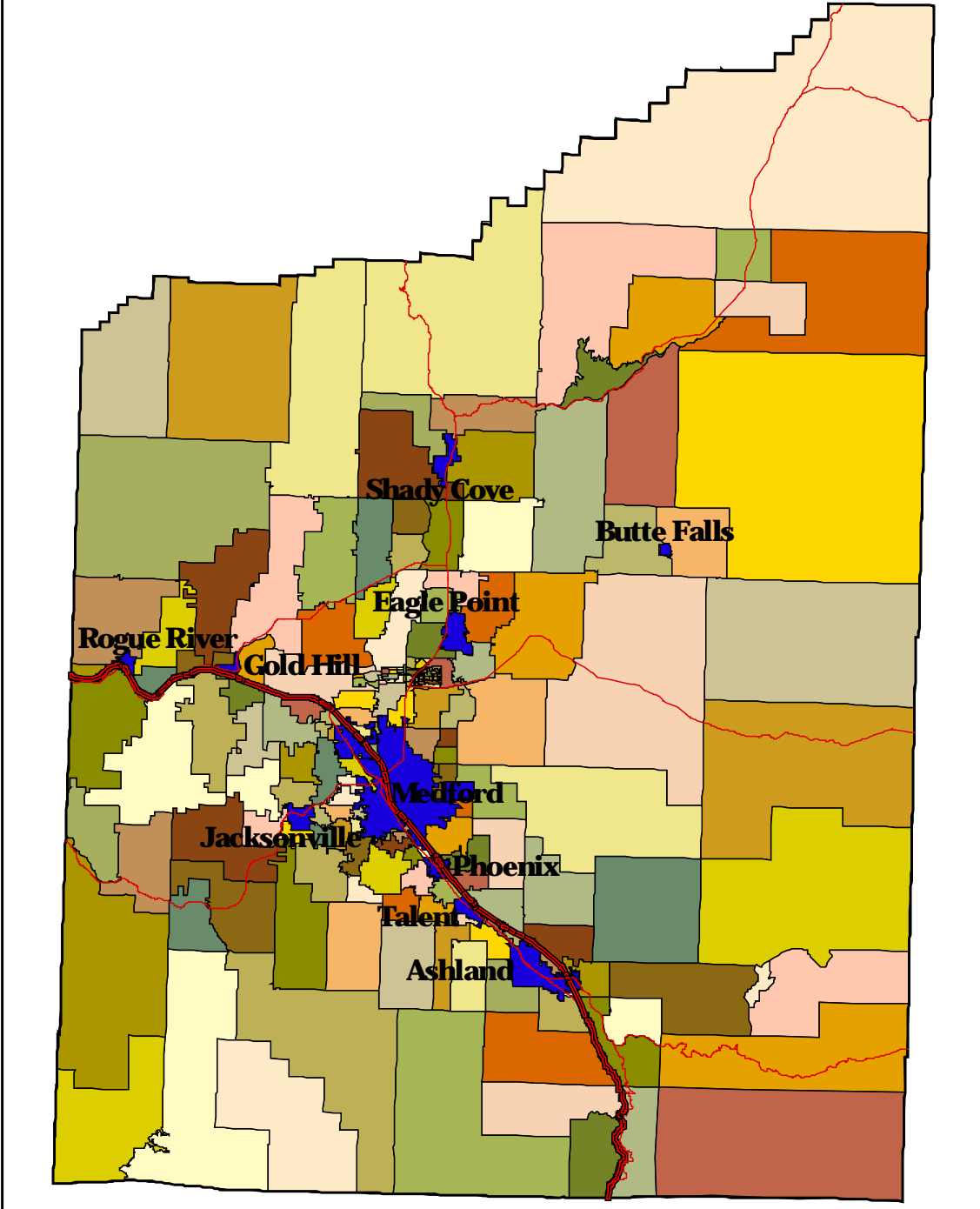
- A. Amendments to this plan may be made by the Board of Commissioners when necessary.
- B. Providers who desire to make minor changes to their ambulance service area boundaries, may propose such changes in writing to the Director on or before October 15 each year. The procedure set out in Section 7.5(D) will be employed to evaluate proposed minor boundary changes. The process will be consolidated, if possible, with any other proposed changes to the plan.

Ambulance Service Areas



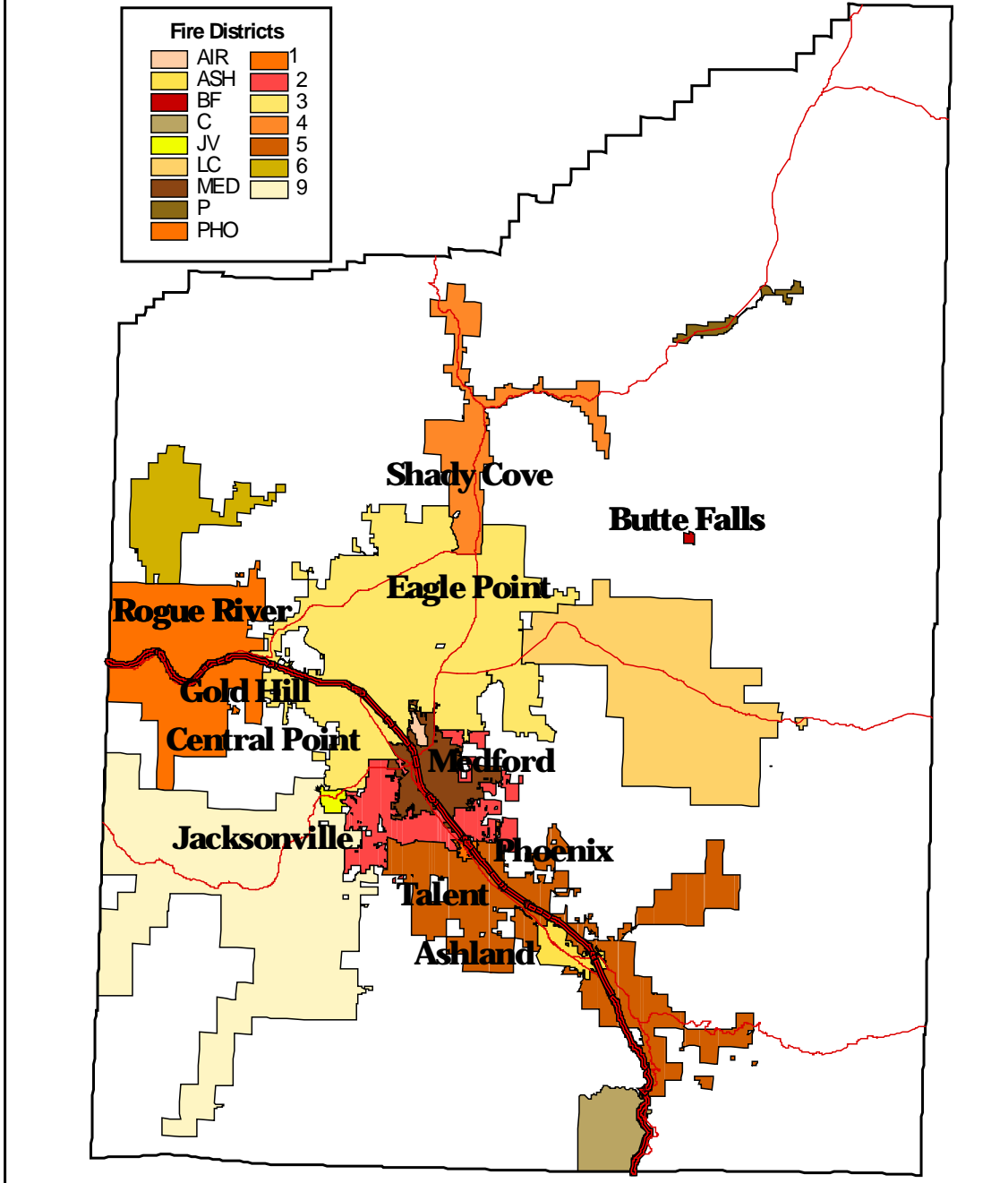


Law Enforcement Zones

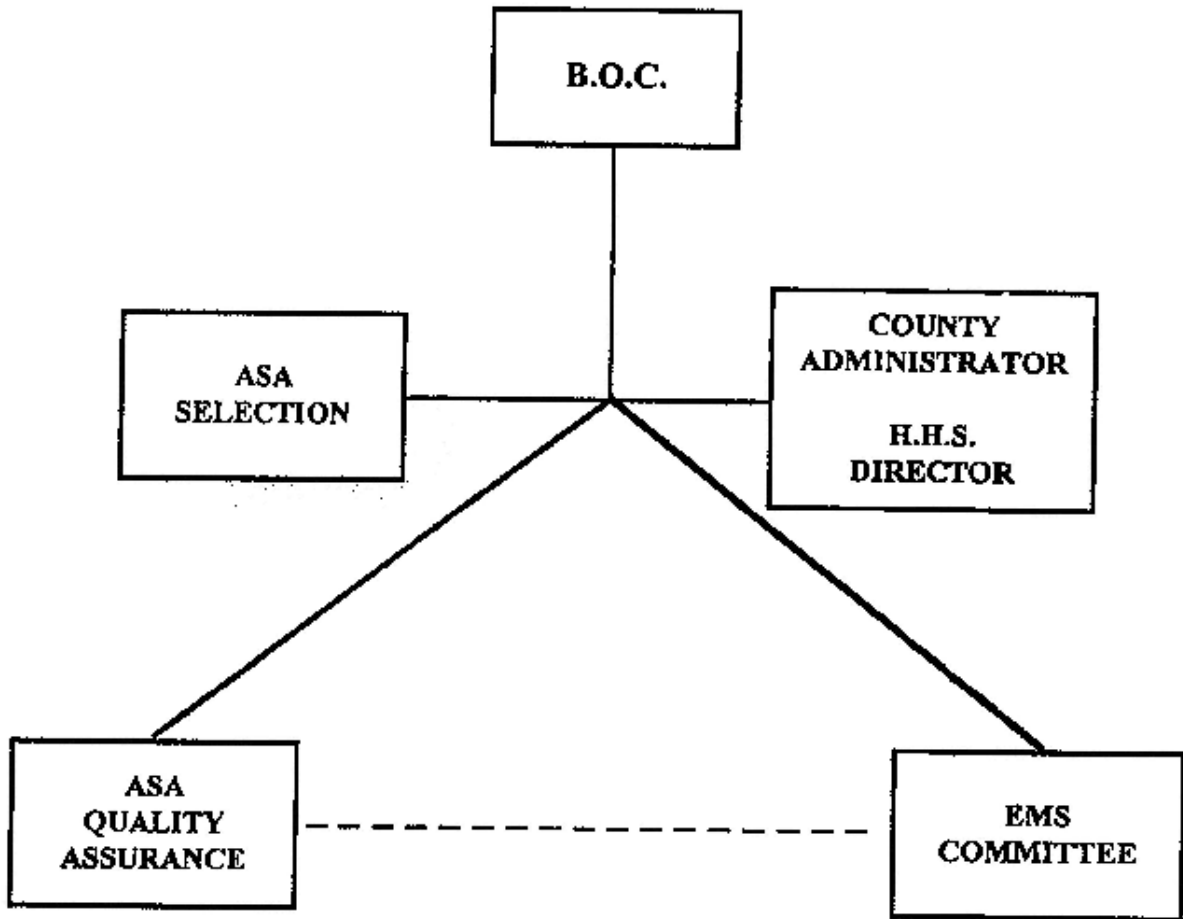


Fire Districts

Fire Districts	
AIR	1
ASH	2
BF	3
C	4
JV	5
LC	6
MED	9
P	
PHO	



**JACKSON COUNTY
ASA PLAN
ADVISORY STRUCTURE**



1988 Replacement

MUTUAL ASSISTANCE AGREEMENT

WHEREAS, the parties hereto recognize the real likelihood that emergencies occurring in their respective ambulance service areas could reach such proportions as to render each of the parties hereto incapable of effectively dealing with such emergencies with each party's resources.

IN CONSIDERATION of the covenants herein contained, each of the undersigned agrees to furnish Ambulance, Emergency medical Equipment, and Manpower to any of the other undersigned when such assistance is necessary and such manpower and equipment is available, and to receive and transmit such calls as may be received from any and all of the undersigned when authorized by and transmitted in accordance with the regulations of the Federal Communications Commission, provided, however, that no party hereto shall be held liable for any failure, commission, or omission in connection with the receiving or transmission of such calls. It is agreed that none of the parties hereto shall be liable for damage to property, loss of equipment, of injury to personnel or for the payment of any compensation whatsoever, arising in the course of, or as a result of, any assistance or lack of assistance rendered under the terms of this agreement. The administrative heads of each of the parties to this agreement are authorized and directed to meet and draft such rules of procedure as shall best accomplish the purposes of this agreement. Such rules of procedure, being duly agreed upon and ratified by each of the parties hereto, shall constitute addendum to this agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this agreement to be signed by its duly authorized officers the day and year hereinafter indicated in connection with each such party.