

IN THE BOARD OF COMMISSIONERS OF THE STATE OF OREGON
FOR THE COUNTY OF YAMHILL
SITTING FOR THE TRANSACTION OF COUNTY BUSINESS

In the Matter of Repealing Ordinance No. 723, as Amended, and Adopting Yamhill County Code Chapter 5.05 as the Yamhill County Ambulance Service Code; and Declaring an Emergency

ORDINANCE 946

THE BOARD OF COMMISSIONERS OF YAMHILL COUNTY, OREGON (the Board) sat for the transaction of county business on February 12, 2026, Commissioners Kit Johnston, Mary Starrett, and David “Bubba” King being present.

THE BOARD ADOPTS THE FOLLOWING FINDINGS:

WHEREAS, ORS 682.062 (1) provides that each county shall develop a plan for the county or two or more contiguous counties may develop a plan relating to the need for and coordination of ambulance services and establish one or more ambulance service areas consistent with the plan for the efficient and effective provision of ambulance services.

WHEREAS, On March 6, 2003, the Board adopted Ordinance 723, the Yamhill County Ambulance Service Ordinance (“ASO”), requiring the establishment of an Ambulance Service Area Advisory Committee (“the ASA Committee”) to develop an Ambulance Service Area Plan

WHEREAS, on December 21, 2024, the Board adopted Ordinance 751, which amended Ordinance 723 and which adopted the official Yamhill County Ambulance Service Area Plan, now codified in the Yamhill County Code under Title 5, YCC 5.05, “Yamhill County Ambulance Service Code” (“ASA Code”).

WHEREAS, in accordance with ORS 682 and OAR 333-260-0000 through 333-2600070, in December of 2023 Yamhill County submitted its proposed amended Yamhill County Ambulance Service Area Plan to the Oregon Health Authority (“OHA”) for review and approval and, following revisions and modifications as requested by OHA, submitted its most recent amended Yamhill County Ambulance Service Area Plan to OHA on August 22, 2025.

WHEREAS, on September 15, 2025, Yamhill County received written approval from OHA of its amended Ambulance Service Area Plan.

WHEREAS, on October 5, 2025, the ASA Committee recommended approval of the amended Ambulance Service Area Plan and amendment of the ASA Code to the Board; and now, therefore

THE BOARD ORDAINS AS FOLLOWS:

Section 1. Repeal of Existing Ambulance Service Area Code. The Ambulance Service Area Code, codified as Yamhill County Code Chapter 5.05 under Ordinance No. 723, is hereby repealed in its entirety.

Section 2. Adoption of Codified Ambulance Service Area Code. The codified Ambulance Service Area Code attached hereto as Exhibit A is hereby adopted and shall be codified as Yamhill County Code Chapter 5.05.

Section 3. Severability. Invalidity of any section or part of a section of this ordinance or the ASA Code shall not affect the validity of the remaining sections or parts of sections thereto.

Section 4. Declaring an Emergency. This Ordinance being necessary for the health, safety, and welfare of the citizens of Yamhill County, and an emergency having been declared to exist, is effective immediately.

DATED this 12th day of February, 2026 at McMinnville, Oregon.

YAMHILL COUNTY BOARD OF COMMISSIONERS



ATTEST

KERI HINTON

County Clerk

By: Carolina Rook

Deputy CAROLINA ROOK

FORM APPROVED BY:

Kaleb Raever

KALEB RAEVER
Yamhill Assistant County Counsel

Kit Johnston

Chair KIT JOHNSTON

Mary Starrett

Commissioner MARY STARRETT

Bubba King

Commissioner DAVID "BUBBA" KING

AYE NAY

X _____

X _____

X _____

Approved by the Yamhill County Board of

Commissioners on 02/12/2026

via Board Order 26-031

Exhibit A

(see attached)

YAMHILL COUNTY CODE

TITLE 5: HEALTH AND SAFETY

Chapter 5.05: Yamhill County Ambulance Service Code

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5.05.01 Title.

- a) Title. This Ordinance shall be known as the Yamhill County Ambulance Service Ordinance and may be so cited and pled.

[ADOPTED VIA ORDINANCE NO. XXX eff XX/XX/XX]

5.05.02 Authority

- a) This Chapter is adopted pursuant to ORS 682.031, ORS 682.036, and ORS 682.062, and is implemented in accordance with OAR 333-260-0020 through 333-260-0060. These statutes and administrative rules require each county to develop, adopt, and maintain an Ambulance Service Area (ASA) Plan, to establish one or more ambulance service areas for the efficient and effective provision of ambulance services, and to regulate and coordinate ambulance operations within the County subject to approval by the Oregon Health Authority.

5.05.03 Policy and Purpose; Adoption of Plan

- a) Policy and Purpose. The Yamhill County Board of Commissioners finds:
 - (i.) That ORS 682.031 requires Yamhill County to develop and adopt a plan for the county, or jointly with one or more contiguous counties, relating to the need for and coordination of ambulance services, and to establish one or more Ambulance Service Areas (ASAs) consistent with that plan to ensure the efficient and effective provision of emergency medical services and ambulance transportation within the County.
 - (ii.) That this Chapter, together with the Yamhill County Ambulance Service Area Plan (ASA Plan), constitutes the comprehensive plan for ambulance and emergency medical services within Yamhill County. The ASA Plan establishes the County’s Ambulance Service Areas (ASAs), defines the standards and procedures for the selection and regulation of ASA Providers, and formalizes the structure and responsibilities of the Ambulance Service Area Advisory Committee to ensure efficient, effective, and coordinated delivery of emergency medical services throughout the County.
 - (iii.) That state law, specifically ORS 682.031 and OAR 333-260-0020, requires Yamhill County to develop and adopt an Ambulance Service Area Plan that coordinates ambulance services within the County while recognizing the authority of incorporated cities and rural fire protection districts to operate and regulate emergency medical services within their respective jurisdictions, subject to the County’s ASA Plan.
 - (iv.) That the provision of coordinated, efficient, and effective ambulance services under the Yamhill County ASA Plan shall be accomplished primarily through intergovernmental cooperation and system coordination. Yamhill County shall promote voluntary compliance

with the ASA Plan and may employ enforcement actions or other remedies only when cooperative measures are insufficient to ensure compliance or protect the public interest.

- b) Adoption of ASA Plan. The Yamhill County Ambulance Service Area Plan, attached and incorporated as Appendix , is hereby adopted as the official ambulance service area plan for Yamhill County. The Plan shall be forwarded to the Oregon Department of Human Services, Health Division, for approval. Future amendments to the Plan may be made by Board Order with notice to the Oregon Department of Human Services, Health Division.

5.05.04 Overview of County (Demographic and Geographic Description)

- a) **County Background.** Yamhill County is one of 36 counties in the State of Oregon. Yamhill County's name derives from the Yamhelas Indians, members of the Native American Kalapuya Tribe. It is located in the Willamette Valley and is part of the Portland, Oregon, Metropolitan Statistical Area (MSA).
- b) **History.** The Yamhill District (later becoming county) was established in 1843, five years before the Oregon Territory was created. It originally spread over 12,000 square miles, which were eventually partitioned into twelve present counties. Today, Yamhill County consists of 718 square miles. The County seat of government is located in McMinnville.
- c) **Geography.** The county is composed of a total area of 718 square miles, of which 716 square miles is land with the remaining 2.5 square miles being water. It is the fifth-smallest county in Oregon by area. The tallest mountain in the county is Trask Mountain in the northwest corner of the county. The transportation network for Yamhill County is dominated by a road system of northeast-to-southwest and north-to-south paved highways that are part of the state highway transportation system. Local travel is by secondary and county roads that are significantly influenced by drainage patterns of rivers and mountains in the county.
- d) **Adjacent Counties.** Adjacent counties include Washington County (north), Clackamas County (east), Marion County (southeast), Polk County (south), and Tillamook (west).
- e) **Demographics.** Historical population data for Yamhill County is as follows: Census year 1860 population 3,245 with no percent change; 1870 population 5,012 with a 54.5 percent change; 1880 population 7,945 with a 58.5 percent change; 1890 population 10,692 with a 34.6 percent change; 1900 population 13,420 with a 25.5 percent change; 1910 population 18,285 with a 36.3 percent change; 1920 population 20,529 with a 2.3 percent change; 1930 population 22,036 with a 7.3 percent change; 1940 population 26,336 with a 19.5 percent change; 1950 population 33,484 with a 27.1 percent change; 1960 population 32,478 with a -3.0 percent change; 1970 population 40,213 with a 23.8 percent change; 1980 population 55,332 with a 37.6 percent change; 1990 population 65,551 with an 18.5 percent change; 2000 population 84,992 with a 29.7 percent change; 2010 population 99,193 with a 16.7 percent change; 2020 population 107,722 with an 8.6 percent change; and 2021 estimated population 108,239 with less than one percent change.
- f) **Economy.** Yamhill County ranks seventh out of Oregon's thirty-six counties in annual market value of its agricultural production. This agricultural production includes wheat, barley, horticulture, and dairy farming, with 13,201 acres in 1997 planted in orchards. One-third of the county is covered with commercial timber, and the economic mainstay of the western part of the county is logging and timber products. Yamhill County is a significant focus of Oregon's wine industry, having the largest area of any Oregon county planted in vineyards. Six of the state's American Viticultural Areas are wholly or partly in the county: Chehalem Mountains AVA, Dundee Hills AVA, Eola-Amity Hills AVA, McMinnville AVA, Ribbon Ridge AVA, and Yamhill-Carlton District AVA. Over 80 wineries and 200 vineyards represent the largest concentration of wine growers and producers in any county in the state.

- g) Education. Yamhill County Institutions of Higher Education (IHEs) include Linfield University, George Fox University, the Chemeketa Community College Yamhill Valley Campus, and the Portland Community College Newberg Center.

5.05.05 Definitions. The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 682 and OAR Chapter 333, Divisions 250, 255, 260, and 265, unless specifically defined herein to have a different meaning. Other specific definitions for words and phrases in this Ordinance include:

- a) **"9-1-1"** means a universal telephone number used to request emergency medical assistance.
- b) **"Administrative Rules"** means the rules relating to emergency medical services adopted by the Oregon Health Authority.
- c) **"Administrator"** means the Health and Human Services Director for Yamhill County Health and Human Services department or their designee.
- d) **"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 Supervising Physician. The maximum functions that may be assigned to an AEMT, EMT-I and Paramedic are listed in OAR 847-035-0030.
- e) **"Advanced Life Support (ALS) Ambulance"** means an ambulance that meets all County and State requirements of an ALS capable EMS unit defined above. "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)).
- f) **"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. Ambulance Services do not include specialty transport teams, ambulances owned or operated under the control of United States government, vehicles operated solely on facility grounds, transportation of clients from outside of the county to a health care facility within the county, or ambulance or vehicles which are passing through without destination in the county.
- g) **"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)
- h) **"ASA Plan"** is a plan that addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules (OAR 333-260). "ASA Advisory Committee" means the governing body that makes recommendations to the Board on the County's ambulance service system and other aspects of the County's ASA Plan. The ASA Committee interfaces with the Board through the Administrator.
- i) **"ASA Provider"** means a licensed ambulance provider designated by the Board as the sole provider of emergency ambulance service in a Yamhill County ASA. "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.
- j) **"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 Yamhill County EMS Supervising Physician. The maximum functions that may be assigned to an EMR or EMT are listed in OAR 847-035-0030.
- k) **"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 Yamhill County Board of County Commissioners.
- l) **"County"** means Yamhill County, Oregon. "Division" means the Oregon Health Authority (OAR 333.260).
- m) **"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.

- n) **"Emergency Medical Dispatch (EMD)"** means that system adopted by the County used to interrogate a caller requesting medical transportation in an effort to determine the severity of the medical condition.
- o) **"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. Inter-facility medical transportation is not considered EMS and thus does not constitute an EMS response. 9
- p) **"Emergency Medical Technician (EMT)"** means a person who is licensed by the Authority as an Emergency Medical Technician.
- q) **"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. "Franchise" means an exclusive franchise to provide emergency and nonemergency ambulance service issued by the Board pursuant to this Ordinance.
- r) **"Hospital"** has the meaning set forth in ORS 442.015(15).
- s) **"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.
- t) **"Incident Command System (ICS)"** means a management tool employed during disasters and emergency responses to organize and coordinate response operations.
- u) **"License"** means a non-transferable, non-assignable authorization granted to the person, agency or entity to whom it is issued, authorizing the person, agency or entity whose name appears thereon to do business in the county.
- v) **"Mass Casualty Incident (MCI)"** means any incident involving, or potentially involving, multiple patients as defined by rule. "Medical Resource Hospital (MRH)" means the medical communications facility which provides on-line-medical-control for Multnomah and Clackamas counties.
- w) **"Mutual Aid"** means an agreement between emergency responders to lend assistance across jurisdictional boundaries. "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).
- x) **"Non-Emergency Ambulance Services"** means pre-arranged or non-emergency ambulance transfers and inter-facility ambulance transfers provided by a licensed ambulance service when the person being transported needs the availability of medical assistance. It does not include stretcher cars, secure transport, or medical taxes that do not provide medical services.
- y) **"Notification Time"** means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center (9- 1-1), and the notification of all responding EMS personnel. 10 "Offline Medical Control (OLMC)" means performing EMS actions or medication administration under standing orders or protocols.
- z) **"Online Medical Control (OLMC)"** means a medical facility designated by the county as authorized to provide on-line-medical-control advice and support to Paramedics, EMTs, and first responders.
- aa) **"Patient"** means a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an EMS provider. "Per Mile Charge" means a charge per mile in addition to the base charge.
- bb) **"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.
- cc) **"Quick Response Team"**, or "QRT" means an EMS unit supplied by a designated provider that may be capable of BLS or ALS care but is not able to transport a patient. "Residential Care Facility" means a program within a physical structure, which provides or coordinates a range of services, available on a 24-hour basis, for support of residential independence in a residential setting (OAR 411-054-0005). "
- dd) **"Response Time"** or "Response Times" mean the length of time between the notification of each provider's ambulance and the arrival of each provider's EMS unit(s) at the incident scene.
- ee) **"Supervising Physician"** 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 ASA Providers. Additionally, Supervising Physician means a physician contracted with or

employed by the County to act as the Supervising Physician and who shall perform those functions as outlined in this chapter and rule.

- ff) **“Transport Unit”** means an ambulance that is licensed and appropriately equipped and staffed to transport a patient.
- gg) **“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.

5.05.06 Boundaries; Emergency Medical Service Activity

- a) Oregon state regulations require each county to establish an Ambulance Service Area (ASA) Plan under ORS 682.062.
- b) The ASA Plan must be approved by both the Board and then by the Oregon Health Authority. Therefore, it is the responsibility of Yamhill 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.
- c) It is the intent of the Board to regulate, but not restrict, non-emergency ambulance, inter-facility ambulance and wheelchair car services within the County. It is the intent of the Board to regulate the primary emergency transportation agency within the County.
- d) To ensure the effective and efficient provision of EMS within Yamhill County, the Board reserves the right, giving consideration to subjects and items required by law, to make modifications and enhancements to the ASA Plan.
- e) Yamhill County hereby establishes the Ambulance Service Areas (ASAs) shown on the maps and described in the legal boundary descriptions attached to this Ordinance as Appendix B, which is incorporated herein by reference and made part of this Ordinance.
- f) Analysis of EMS volume within the County has identified the location density and distribution of activity, as revealed in Appendices C, D, and E which are attached to this Ordinance and incorporated herein by reference. The temporal dispersal of EMS activity has been charted to provide ambulance service providers valuable information to assist in staffing and deployment of EMS resources.

5.05.07 Response Time Zones; Reporting Standards

- a) The primary objective of Response Time zones is to provide the most timely and efficient response to the residents and visitors of the County in a cost-effective manner (“Response Time Zone” or “Response Time Zones”). These Response Time Zones are stratified based on factors such as population density, major routes of travel, topography, and access. Since EMS volume is strongly correlated to population density, that is the major determinant of Response Time Zone designation. Historical Response Times from ambulance and EMS resource stations have been analyzed as well and compared against both population density and EMS call volume activity distribution.
- b) In addition, Yamhill County has determined that further categorization of Response Times is appropriate based on the severity of the patient’s condition. Life threatening and significantly serious illness or injury require a faster response than other, less urgent EMS requests. Scientific data and industry studies have shown that Response Time is far less important to patient outcome for less emergent cases than for critical, life endangering conditions. The County has established two levels of EMS response that overlay the four Response Time Zones. These are defined as ALS (Advanced Life Support) and BLS (Basic Life Support).
- c) ALS cases should receive responses that include the use of emergency warning devices (EWDs), such as lights and sirens, and be held to shorter time frames. BLS cases should receive responses that do not include the use of EWDs and are held to less stringent Response Time standards.
- d) Yamhill County is divided into four time zones for response. These zones are classified as: URBAN, with Response Time standards of 10 and 15 minutes for ALS and BLS, respectively; SUBURBAN, with Response Time standards of 12 and 17 minutes; RURAL, with Response Time standards of 35 and 40 minutes; and FRONTIER with a “Best Effort” standard for both ALS and BLS. as depicted on the Response Time Zone Map adopted as Appendix F and incorporated herein by this reference.

- e) The Urban Response Time Area is defined as the area of Yamhill County with a population density of 1,001 persons, or more, per square mile. The Suburban Response Time Area is defined as that area of the County with a population density of between 501 persons per square mile and 1,000 per square mile. The Rural Response Time Area is composed of those portions of Yamhill County that are populated to a density of 501 or less persons per square mile. Lastly, the Frontier Response time Area is classified as those areas with a population density of less than 501 persons per square mile and that lack roadway access, or that require a drive time — this is a component of Response Time — that exceeds 30 minutes. The Frontier Response Time Area was established by mutual consensus of the Yamhill County ASA Committee and includes those incorporated Cities outside the Urban zone.
- f) There is one exception to these zone designations. That is the town of Yamhill. While Yamhill is very densely populated, sufficiently so to meet the herein definition of Urban, the actual aggregate number of people residing there is insufficient to generate any significant EMS volume. Therefore, this ASA Code identifies Yamhill as a Rural Response Time Area.
- g) The minimum performance level for each Response Time standard is 90 percent of all dispatched EMS requests, except for those occurring during extreme weather conditions that interfere with vehicular travel, hospital-to-hospital transfers, or other similar circumstances that would prohibit a normal response. Complying with the Response Time Zone standards are the primary responsibility of each ASA Provider, as set forth in the Response Time Zone standards and performance criteria adopted as Appendix G and incorporated herein by this reference.

5.05.08 Response Time Reporting and Accountability The County has established the following process and procedure for the reporting, assessment, and accountability of Response Times by designated ASA providers:

- a) Performance reports. ASA Providers will submit performance reports to the Administrator on a quarterly basis, and Administrator will distribute these reports to the ASA Committee. The performance reports will be submitted in a form approved by the Administrator; at a minimum, the reports must track monthly compliance with each Response Time standard and must include mutual aid performance data.
- b) Review. The ASA Committee will review each ASA provider's performance report at quarterly meetings.
- c) Audits. All data submitted for review of performance standard compliance by ASA Providers may be audited by the Administrator at any time.
- d) Compliance Reports. Each ASA Provider will be held accountable to delineated required performance standards through public compliance reporting.
- e) Each ASA Provider's performance will be reported to the community-at-large through a readily available public reporting process (dashboard) that identifies each performance standard and the ASA Provider's compliance success.
- f) This public reporting process (compliance reports and dashboard) will be posted prominently on the County's EMS website.
- g) Annual report. The Administrator will conduct an annual evaluation of the performance of the ASA Providers and will report its findings to the Board. This requirement in no way limits the ability of the Administrator to conduct further evaluations as deemed necessary.
- h) Explanatory Reports. The ASA Committee may require an explanatory report from any ASA Provider who fails to meet any established performance standard in any reporting period. Such a report will be submitted to the Administrator, and the Administrator will distribute this report to the ASA Committee.
- i) Action Plan. Failure of an ASA Provider to meet the established performance standards in three consecutive quarters, or four quarters in any six-quarter period, will require the ASA Provider to develop an action plan. Such a plan will detail concrete steps, at least some of which being immediate, the ASA Provider will take to achieve full compliance, and a timeline for achieving full compliance. This report will be submitted to the Administrator, and the Administrator will distribute this report to the ASA Committee.

5.05.09 ASA Boundaries Narrative Description

- a) ASA # 1 East shall be assigned to Tualatin Valley Fire & Rescue. Situated in Yamhill County, Oregon, beginning at the point where Yamhill and Clackamas counties meet at the Northeast corner of Section 13, T3S, R2W, W.M; Thence northwest following the Yamhill County line approximately 17.7 miles to a point on the north line of Section 18, T2S, R3W, approximately 750 feet west of NE Spring Hill Road; Thence southerly to the south line of said Section 18, to a point approximately 2,200 feet west of NE Spring Hill Road; Thence S10°E generally parallel with NE Spring Hill Road, to the east end of the curve and the south side of NE Laughlin Road approximately 2,000 feet west of NE Spring Hill Road; Thence southwesterly along the easterly side of NE Laughlin Road approximately 1,900 feet to the west line of the Phillip Thompson Donation Land Claim No. 58; Thence S 5°E, approximately 3,300 feet to the northeast corner of U.S. Government Lot 10, near the center of Section 30, T2S, R3W; Thence west on the north line of said Lot 10, a distance of 942.31 feet to a 10" diameter stone shown on Survey No. 6805 of Yamhill County Survey Records; Thence S 0°08'51"E a distance of 2,690.83 feet to a 6" diameter stone on the south line of said Section 30 and shown per said Survey No. 6805; Thence S19°E approximately 1.08 miles to a point the north line of Section 6, T3S, R3W, lying approximately 1,900 feet west of NE North Valley Road; Thence west approximately 1,130 feet to the North ¼ corner of said Section 6; Thence south on the center line of said Section 6 a distance of approximately 1.0 mile to the North ¼ corner of Section 7, T3S, R3W, Thence west approximately 2,640 feet to the northwest corner of said Section 7; Thence south on the west lines of Section 7 and 18 approximately 1.40 miles to the northerly line of a tract described in Instrument No. 200529012 (Park Trust to Mahon); Thence easterly approximately 1.78 miles to the northeasterly corner of the Calvin W. Ish Donation Land Claim No. 49; Thence southerly on the easterly line of said Ish Claim No. 49 to the property line between Revana Family Partners, Deed No. 20060169, and Andrew H. Wilder, Deed No. 20017231; Thence southeasterly along the Revana/Wilder line to the west line of Section 21, T3S, R3W; Thence South approximately 1.60 miles to the southwest corner of Section 28, T3S,R3W; Thence east along the south line of Section 28 approximately 3,700 feet to the west property line of Caroline Crabtree-Osborne; Thence south and east on the Crabtree-Osborne lines to the east line of Section 33, T3S, R3W; Thence south on the east line of Section 33 approximately 4,630 feet to the southerly side of Archery Summit Road; Thence southeasterly on the southerly side of Archery Summit Road to Oregon Highway 18 and continuing on an easterly projection to the Portland & Western Railroad; Thence northeasterly along the railroad to the south side of Fulquartz Landing Road (CR 79); Thence along Fulquartz Landing Road to the west side of NE Crawford Road (CR 181); Thence south along the west side of NE Crawford Road to the southerly side of Riverwood Road (CR80); Thence southeasterly along the southside of Riverwood Road to northwest corner of County Survey 3598 by J.G Hefty, dated September 1912; Thence along the said survey lines S78°13'E, approximately 1,989 feet; thence S77°16'E, approximately 489.60 feet; Thence N80°34'E, approximately 905.80 feet to the Willamette River; Thence Northerly and following the Willamette River downstream to the north line of Section 6, T4S, R1W and the county line; Thence west and north along the exterior of T3S, R1W, and the county line to the place of beginning.
- b) ASA #2 North shall be assigned to the McMinnville Fire District. Beginning on the northerly Yamhill County line at a point on the north line of Section 18, T2S, R3W, approximately 750 feet west of NE Spring Hill Road; Thence southerly to the south line of said Section 18, to a point approximately 2,200 feet west of NE Spring Hill Road; Thence S10°E generally parallel with NE Spring Hill Road, to the east end of the curve and the south side of NE Laughlin Road approximately 2,000 feet west of NE Spring Hill Road; Thence southwesterly along the easterly side of NE Laughlin Road approximately 1,900 feet to the west line of the Phillip Thompson Donation Land Claim No. 58; Thence S 5°E, approximately 3,300 feet to the northeast corner of U.S. Government Lot 10, near the center of Section 30, T2S, R3W; Thence west on the north line of said Lot 10, a distance of 942.31 feet to a 10" diameter stone shown on Survey No. 6805 of Yamhill County Survey Records; Thence S 0°08'51"E a distance of 2,690.83 feet to a 6" diameter stone on the south line of said Section 30 and shown per said Survey No. 6805; Thence S19°E approximately 1.08 miles to a point the north line of Section 6, T3S, R3W, lying approximately 1,900 feet west of NE North Valley Road; Thence west approximately 1,130 feet to the North ¼ corner of said Section 6; Thence south on the center line of said Section 6 a distance of approximately 1.0 mile to the North ¼ corner of Section 7, T3S, R3W, Thence west approximately 2,640 feet to the northwest corner

of said Section 7; Thence south on the west lines of Section 7 and 18 approximately 1.40 miles to the northerly line of a tract described in Instrument No. 200529012 (Park Trust to Mahon); Thence easterly approximately 1.78 miles to the northeasterly corner of the Calvin W. Ish Donation Land Claim No. 49; Thence southerly on the easterly line of said Ish Claim No. 49 to the property line between Revana Family Partners, Deed No. 20060169, and Andrew H. Wilder, Deed No. 20017231; Thence southeasterly along the Revana/Wilder line to the west line of Section 21, T3S, R3W; Thence South approximately 1.60 miles to the southwest corner of Section 28, T3S,R3W; Thence east along the south line of Section 28 approximately 3,700 feet to the west property line of Caroline Crabtree-Osborne; Thence south and east on the Crabtree-Osborne lines to the east line of Section 33, T3S, R3W; Thence south on the east line of Section 33 approximately 4,630 feet to the southerly side of Archery Summit Road; Thence southeasterly on the southerly side of Archery Summit Road to Oregon Highway 18 and continuing on an easterly projection to the Portland & Western Railroad; Thence northeasterly along the railroad to the south side of Fulquartz Landing Road (CR 79); Thence along Fulquartz Landing Road to the west side of NE Crawford Road (CR 181); Thence south along the west side of NE Crawford Road to the southerly side of Riverwood Road (CR80); Thence southeasterly along the southside of Riverwood Road to northwest corner of County Survey 3598 by J.G Hefty, dated September 1912; Thence along the said survey lines S78°13'E, approximately 1,989 feet; thence S77°16'E, approximately 489.60 feet; Thence N80°34'E, approximately 905.80 feet to the Willamette River; Thence southerly and upstream along the Willamette River and easterly county line to the point where Yamhill and Polk Counties meet; Thence west along the Yamhill and Polk County line to the west side of SW Broadmead Road; Thence northeasterly along the west side of SW Broadmead Road to the south line of Section 25, T5S, R5W; Thence west on the section lines of Section 25 and 26 to the South Yamhill River; Thence northeasterly and following the Yamhill River downstream to the Bellevue-Hopewell Highway Bridge; Thence westerly along the southerly side of Bellevue-Hopewell Highway (OR 153) to the west side of Delashmutt Road (CR 28); Thence northerly along the west side of Delashmutt Road approximately 1,800 feet to the south line of Section 22, T5S, R5W; Thence north approximately 1.0 miles along the east section lines of 22 and 15 to the north side of SW Sauter Road; Thence westerly along the north side of SW Sauter Road through the "S" curve, approximately 4,500 feet to a point near the Boundy/Christensen property line. Thence north passing through milepost 39 of OR HWY 18 approximately 3,150 feet to the southeast corner of Erratic Rock State Nature Site; Thence west along the south line of Erratic Rock State Nature Site approximately 1,000 feet to the southwest corner thereof adjacent with SW Dusty Drive; Thence north along a series of common property lines, approximately 5,600 feet to the northeast corner of the Momtazi Family LLC property described in Instrument No. 1997-16865 of the Yamhill County Clerk's Records; Thence west Momtazi property approximately 1,320 feet to the east line of Section 9, T5S, R5W; Thence south along the section line approximately 1,320 feet to the east ¼ corner of Section 9; Thence west along the centerline of Section 9 approximately 1,850 feet; Thence south approximately 2,640 feet to the southeast corner of Dave Waddell property; Thence west approximately 2,640 feet to the southwest corner of Dave Waddell property; Thence north approximately 2,500 feet to the southerly corner of the James Colman Donation Land Claim No. 40; Thence N 54°W along the Colman Donation Claim approximately 990 feet to the east side of SW Muddy Valley Road (CR 19); Thence northerly up the east side of SW Muddy Valley Road to the bridge across Muddy Creek in the northwest ¼ of Section 4, T5S, R5W; Thence northwesterly upstream along Muddy Creek approximately 3.25 miles to the south line of Section 19, T4S, R5W; Thence west approximately 0.9 Miles to the southeast corner of Section 24, T4S, R6W; Thence north 2 miles on the section lines to the northeast corner of Section 13, T4S, R6W; Thence west 4 miles on the section lines to the southwest corner of Section 9 T4S, R6W; Thence north 2 miles to the southeast corner of Section 32, T3S, R6W; Thence west 1 mile to the west county line; Thence north 12 miles and east approximately 19.3 miles along the county line to the place of beginning.

- c) ASA #3 South Central shall be assigned to the Sheridan Fire District. Beginning at the intersection of the Yamhill and Polk County line and the west side of SW Broadmead Road located in Section 2, T6S, R5W; Thence northeasterly along the west side of SW Broadmead Road to the south line of Section 25, T5S, R5W; Thence west on the section lines of Section 25 and 26 to the South Yamhill River; Thence northeasterly and following the Yamhill River downstream to the Bellevue-Hopewell Highway Bridge;

Thence westerly along the southerly side of the Bellevue-Hopewell Highway (OR 153) to the west side of Delashmutt Road (CR 28); Thence northerly along the west side of Delashmutt Road approximately 1,800 feet to the south line of Section 22, T5S, R5W; Thence north approximately 1.0 miles along the east section lines of 22 and 15 to the north side of SW Sauter Road; Thence westerly along the north side of SW Sauter Road through the “S” curve, approximately 4,500 feet to a point near the Boundy/Christensen property line. Thence north passing through milepost 39 of OR HWY 18 approximately 3,150 feet to the southeast corner of Erratic Rock State Nature Site; Thence west along the south line of Erratic Rock State Nature Site approximately 1,000 feet to the southwest corner thereof adjacent with SW Dusty Drive; Thence north along a series of common property lines, approximately 5,600 feet to the northeast corner of the Momtazi Family LLC property described in Instrument No. 1997-16865 of the Yamhill County Clerk’s Records; Thence west Momtazi property approximately 1,320 feet to the east line of Section 9, T5S, R5W; Thence south along the section line approximately 1,320 feet to the east ¼ corner of Section 9; Thence west along the centerline of Section 9 approximately 1,850 feet; Thence south approximately 2,640 feet to the southeast corner of Dave Waddell property; Thence west approximately 2,640 feet to the southwest corner of Dave Waddell property; Thence north approximately 2,500 feet to the southerly corner of the James Colman Donation Land Claim No. 40; Thence N 54°W along the Colman Donation Claim approximately 990 feet to the east side of SW Muddy Valley Road (CR 19); Thence northerly up SW Muddy Valley Road to the bridge across Muddy Creek in the northwest ¼ of Section 4, T5S, R5W; Thence northwesterly upstream along Muddy Creek approximately 3.25 miles to the south line of Section 19, T4S, R5W; Thence west approximately 0.9 Miles to the southeast corner of Section 24, T4S, R6W; Thence north 2 miles on the section lines to the northeast corner of Section 13, T4S, R6W; Thence west 4 miles on the section lines to the southwest corner of Section 9 T4S, R6W; Thence south 4 miles on the section lines to the southwest corner of Section 33, T4S, R6W; Thence east on the south line of Section 33 approximately 0.18 miles to the westerly side of Rock Creek Road (CR 415); Thence southwesterly along the westerly side of Rock Creek Road approximately 4.8 miles to the west line of Section 21, T5S, R6W; Thence south on the section lines 2.25 miles to the southerly side of Oregon Highway 18 Business (W. Main Street); Thence southwesterly along the southerly side of Oregon Hwy 18 approximately 0.9 miles to the east line of Section 6, T6S, R6W; Thence south on the east line of Section 6 approximately 0.75 miles to the Yamhill and Polk County Line. Thence east on the County line approximately 9.3 miles to the east side of SW Broadmead Road and the point of beginning.

- d) ASA # 4 West shall be assigned to the Grand Ronde Fire Department. Beginning on the Yamhill and Tillamook County line at the northwest corner of Section 5, T4S, R6W; Thence east 1 mile to the northeast corner of Section 5, T4S, R6W; Thence south 6 miles on the section lines to the southwest corner of Section 33, T4S, R6W; Thence east on the south line of Section 33 approximately 0.18 miles to the westerly side of Rock Creek Road (CR 415); Thence southwesterly along the westerly side of Rock Creek Road approximately 4.8 miles to the west line of Section 21, T5S, R6W; Thence south on the section lines 2.25 miles to the southerly side of Oregon Highway 18 Business (W. Main Street); Thence southwesterly along the southerly side of Oregon Hwy 18 approximately 0.9 miles to the east line of Section 6, T6S, R6W; Thence south on the east line of Section 6 approximately 0.75 miles to the Yamhill and Polk County Line. Thence west, north, east, and north approximately 44.75 miles on the county line to the point of beginning.

5.05.10 Maps Depicting “9-1-1,” Fire Districts and Incorporated Cities

- a) Maps depicting Incorporated Cities are adopted as Appendix H and incorporated herein by this reference.
- b) Maps depicting Fire districts are adopted as Appendix I and incorporated herein by this reference.
- c) Maps depicting Fire Stations and Fire Stations with EMS assets are adopted as Appendix J and incorporated herein by this reference.

5.05.11 Alternatives to Reduce Response Times

- a) The County has policies and procedures in effect that monitor emergency ambulance Response Time performance by all ASA Providers. The County expects the ASA Providers to employ industry best practices, data driven strategies, and sound professional judgment in meeting established Response Time requirements.

The goal is to responsibly, reliably, and safely deliver Response Times, while also considering certain clinical outcomes in addition to Response Times.

- b) Employing the use of closer, first response units in responding to critical EMS cases, or even Quick Response Teams (QRT), are mechanisms organizations are encouraged to use to reduce Response Times to emergencies. These types of EMS units, while not transport capable, can deliver trained personnel faster to the scene than more regionally located ambulances.
- c) Other methodologies the County expects each ASA Provider to implement to reduce Response Times and improve patient outcomes include:
 - (i) Develop and use standard operating procedures,
 - (ii) Support a trained and qualified workforce,
 - (iii) Maintain adequate communications equipment,
 - (iv) Utilize coordinated communication,
 - (v) Promote information exchanges among public safety response agencies,
 - (vi) Coordinate with hospitals to reduce wait times; and
 - (vii) Educate the public on the 9-1-1 system and services.
- d) Research from Europe, and a few pilot programs in the United States, have shown that drones (UAV) may provide an option for many EMS systems to improve response to critical emergencies and improve patient outcomes. They appear to be most advantageous for rural and frontier regions where EMS response can easily exceed 20 minutes. When UAVs are equipped with AEDs (Automatic External Defibrillators) and EpiPens, as an example, and configured to provide two-way audio communication, they can deliver life-saving modalities to the patient's side and permit instruction to direct by-standers on usage.
- e) Some UAV systems have been developed that use remote outside storage structures that maintain battery charge for the unit and protect it from inclement weather conditions. These "drone stations" could be located strategically throughout a remote or rural region to enhance the response capability of the local EMS services. When equipped with video capabilities, UAVs may also be used to provide situational awareness for EMS units and communications centers by deployment over particular incidents, especially when multiple patients are involved or safety conditions at a scene are in question. While limited by battery life, UAVs still have important applications for EMS systems and individual units, such as First Responder apparatus.
- f) Some medical device manufacturing companies have introduced the concept of community wide distribution of AEDs, including in personal residences. These devices are connected to a network that incorporates with the local 911 communications center which allows the devices to be alerted when a potential cardiac arrest is occurring within a set distance. Individuals of the lay public can remove the AED from its wall-mounted station and respond to the scene to render aid. The idea that the public can respond to many out-of-hospital cardiac arrests (OHCA) with an AED faster than EMS providers is factual in many cases. This concept could be expanded in the future to include EpiPens and tourniquets. In addition, some communities have launched registries for AEDs that are located in public buildings and private companies, maintaining that information with their emergency communications centers. In these cases, when an OHCA call is received by the 911 center, they are able to locate the closest AED and advise the caller.
- g) The County recognizes that it is not just Response Times that lead to a reduction in mortality. In fact, there is a significant amount of research that indicates, outside of cardiac arrests, Response Times have a minimal impact on patient outcomes and length of stay time in the hospital. It is often the case that time to first clinical intervention plays a more significant role in out of hospital survival rates. Research shows there is no evidence of increased mortality for priority patients where ALS Response Time exceeded 10:59 minutes . Other studies concluded that, "a paramedic response time 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 results". Additionally, focusing solely on Response Times 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 arrive in the designated time interval. Second, many more paramedics are needed in the system staffing those ambulances. Third, crews are held to a Response Time standard that can only be achieved by the constant use of red lights and sirens. This exposes them to a higher incidence of ambulance-involved motor vehicle collisions and potentially crewmember injuries along with an increased fatigue factor that has the potential for clinical errors. To this end, the County

will closely monitor Response Times to ensure they do not exceed the established benchmarks but will also continually review the efficacy of Response Times in general. The County will further begin development of clinical performance standards that have been shown to be related directly to patient outcomes. The County will strive to establish consensus-accepted clinical performance standards as an important measure of the quality of the system's overall performance and as required benchmarks for achievement for ASA Providers.

- h) Over the next five years, the ASA Committee will be considering what clinical data is identified as important by current in-field medical research for patient care, as well as improved patient outcomes, and determine how that information may be collected. The ASA Committee has been charged with reviewing and determining what clinical performance standards should be used in the Yamhill EMS system in the future.

5.05.12 9-1-1 Dispatched Calls

- a) Yamhill County utilizes the Yamhill Communications Agency (YCOM) and the Newberg-Dundee Communications Center (NDCC) to provide emergency medical services (EMS) call answering, processing, and dispatching. NDCC transfers incoming EMS requests to the Washington County Consolidated Communications Agency (WCCCA) for final disposition of the case.
- b) Upon a request for medical assistance, YCOM or WCCCA shall simultaneously dispatch the closest available fire department first-response unit, if applicable, and the appropriate emergency ambulance service. Dispatch performance shall be monitored internally by the dispatch centers and externally by the Yamhill County Department of Health.
- c) YCOM uses the International Academies of Emergency Dispatch Medical Priority Dispatch System for triaging and prioritizing EMS calls. WCCCA uses the APCO EMS triage system. Both centers shall maintain operational readiness to incorporate emerging communication technologies, including voice, text, image, and video transmissions, consistent with modern 911 standards. The network and PSAP shall be capable of receiving enhanced location data and multimedia content to support accurate and efficient emergency response.
- d) PSAP operations, facilities, and employee training shall conform to minimum standards recognized by public safety industry organizations. These organizations include the International City/County Management Association (ICMA), National Emergency Number Association (NENA), Association of Public-Safety Communications Officials (APCO), International Association of Fire Chiefs (IAFC), Commission on Accreditation for Law Enforcement Agencies (CALEA), and the National Fire Protection Association (NFPA).

5.05.13 Pre-Arranged Non-Emergency Transfers and Inter-Facility Transfers

- a) All pre-arranged, non-emergency ambulance services and inter-facility ambulance transfers originating within Yamhill County shall be included within the franchise rights and ambulance service area boundaries granted to ASA Providers.
- b) This section does not apply to ambulances or vehicles exempt from the ASA Plan, including but not limited to specialty transport teams, ambulances owned or operated under the control of the United States Government, vehicles operated solely on facility grounds, transportation of patients from outside the County to a health care facility within the County, or ambulances or vehicles passing through without a destination in the County. Non-emergency ambulance services also do not include stretcher cars, secure transport, or medical taxis that do not provide medical services.
- c) The assigned ASA Provider shall have the right of first refusal for non-emergency ambulance services and inter-facility ambulance transfers originating within its assigned ASA. This right shall not apply to any person who is not an assigned ASA Provider and who had an existing written contract prior to July 1, 2009, with a health care provider located in Yamhill County for non-emergency ambulance services or inter-facility ambulance transfers. If the assigned ASA Provider refuses a non-emergency ambulance service or inter-facility ambulance transfer, a person who is not an assigned ASA Provider may provide the non-emergency ambulance service or inter-facility transfer.

- d) Non-emergency ambulance services and inter-facility ambulance transfers are excluded from Response Time reporting requirements but may be subject to additional reporting requirements established by the ASA Committee or the Board. All other operational rules, service standards, and customer service requirements applicable to emergency ambulance services shall also apply to non-emergency and inter-facility ambulance transfers.

5.05.14 Notification and Response Times

- a) The County relies upon both WCCCA and YCOM to provide the services of notification and tracking call disposition for all EMS cases in the County. Through their Computer Aided Dispatch (CAD) systems and radio communications networks, both centers maintain the records needed, as well as historical performance of all ASA Providers within the County. Response Times for each ASA Provider are captured within the centers' data bases and available to the County and associated organizations.
- b) The County and the Ambulance Service Area (ASA) Committee shall regularly review Response Time data to evaluate performance and identify areas of concern. Once identified, efforts shall be made to improve out-of-compliance performance. The County shall provide assistance as needed to support plans established to assure maintenance of adequate response time performance by all ASA Providers.

5.05.15 Level of Care

- a) Currently, the ASA Providers designated by the County to provide EMS within their individual ASAs provide predominantly Advanced Life Support. However, on occasion, sufficient ALS practitioners may not be available or scheduled, in which case the ASA Provider staffs Basic Life Support ambulances to provide care. Some ASA Providers expect to place standard BLS ambulance units into service on a regular basis. All ASA Providers have ALS and if the ASA Provider drops exclusively to a lower level of care (i.e. BLS only) notification will be provided to the County and other ASA Providers with whom they have mutual aid agreements.
- b) The recommended minimum number of EMS ambulance units, based on 2020 data, needed in each ASA within the County to meet the 90 percent response time standard is set forth in Appendix K, which is adopted and incorporated herein by this reference. ASA Providers are required to meet the 90 percent response time standard and are allowed to staff their agency as they see fit in order to meet the 90 percent standard.
- c) Changes to the recommended minimum number of EMS ambulance units needed (as described in the table above) should be data driven and recommended by the ASA Committee to the Board in order to update the ASA Plan. This should be done every 5 years. ASA Providers are still allowed to staff their system as they see fit to meet the 90% response time standard as stated above.

5.05.16 Personnel

- a) When operating an ambulance in Yamhill County, all ASA Provider personnel must meet the requirements of ORS Chapter 682 and OAR 333-255-0070 (1), (4) or (6).
- b) Anyone staffing an ambulance must not have consumed alcohol beverages in the eight hours before working or in any way be impaired by the ingestion of alcohol. Anyone staffing an ambulance must not be taking any medications that would impair their ability to care adequately and safely for a patient.
- c) Each person staffing an ambulance or providing pre-hospital emergency medical care in the County is required to display their level of certification/licensure and, at a minimum, their first name on the outermost garment of their work uniform and must make reasonable efforts to display this information under other circumstances. At a minimum, this uniform shall bear the name of the agency or ASA Provider providing the service. Reasonable exceptions are made for clothing used to protect the responders from injury or illness including turnout gear, hazardous materials suits, or other personal protective equipment.

- d) Each person staffing an ambulance or providing pre-hospital emergency medical care is required to wear a standardized uniform as determined by the employing agency. Uniforms shall be clean and free of excessive wear and tear and free of blood and/or bodily materials. Reasonable exceptions shall be granted to uniforms soiled during the course of providing service as long as they are cleaned and changed at the first appropriate opportunity.
- e) Each ASA Provider shall have in place a pre-employment and for-cause drug and alcohol screening program. This program shall be on file with the Administrator. Each ASA Provider shall have in place a criminal background check program. This program shall be on file with the Administrator. Upon a reasonable request by the Administrator, a criminal background check may be required of any person providing direct patient services.

5.05.17 Medical Supervision

- a) Each ASA Provider utilizing EMTs shall be supervised by a physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners as a Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.). The Board of Medical Examiners must also approve the physician as a Supervising Physician. Each ASA Provider or ambulance service will identify a Supervising Physician. The Supervising Physician shall comply with the medical requirements listed in OAR 847-35-0025.
- b) Willamette Valley Medical Center and Providence Newberg shall be the Yamhill County EMS System Medical Resource Hospitals. Other hospitals outside of those listed may be used as required for proper patient care and transport.

5.05.18 Ambulance Service License and Patient Care Equipment

- a) All ambulances and ambulance services in Yamhill County must be licensed with the Oregon Health Authority, EMS Section, and be equipped with equipment and supplies that comply with the OARs for ALS, ILS and BLS ground ambulances. Patient care equipment must meet all requirements as specified in ORS 682.015 to 682.991 and OAR 333-255-007 (2), (3), (4) (5), or (7).
- b) If a QRT is used as a first responder, it should be fully equipped to provide the service level set by the ASA Provider, and meet those personnel, training, and medical supervision requirements which apply from the Oregon Health Authority.
- c) All ASA Providers shall maintain a list of equipment for their units, which will be furnished to the ASA Committee or Board upon their request.
- d) The County shall work with its ASA Committee to standardize the medical equipment and supplies used on each ASA Provider's apparatuses.

5.05.19 Vehicles

- a) All ambulance must be Type I, II, or III and licensed by the Oregon Health Authority prior to any emergency medical service. All ambulances must meet or exceed the requirements as set forth in ORS 682.015 to 682.991 and OAR 333-255-0060. A current list of each ASA Provider's ambulances shall be maintained and furnished to the Administrator, the ASA Committee, or the Board upon request.
- b) ASA Providers shall use ambulances which are in good condition and shall meet or exceed either the current National Fire Protection Association (NFPA) 1917 or Commission on Accreditation of Ambulance Services (CAAS) 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, the State standards shall prevail.
- c) Each ASA 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 for that vehicle acceptable to the County.

5.05.20 Training

- a) Yamhill County accepts both Oregon's level specific, state certification education/training requirements and standards requirements, and standards and continuing education for EMS providers.
- b) Each ASA Provider shall meet State-required certification levels, to be certified and/or licensed by the appropriate State agency, to participate in a medical audit process, and to provide special training and support to personnel in need of specific training.
- c) Additional educational/training requirements may be required by the ASA Providers' Supervising Physicians, to accommodate such things as protocol changes, in-service, quality improvement, system enhancements, and individual remediation.

5.05.21 Quality Improvement; Structure; Process;

- a) Each ASA Provider shall have a quality assurance and improvement program aimed at monitoring the provision of care provided by its EMS practitioners. These programs shall include mechanisms to identify errors or omissions of appropriate care, mandated medical protocols, or necessary documentation of care provided, by specific practitioners. These programs shall include processes to retrain or educate identified individuals needing remediation.
- b) To ensure the delivery of efficient and effective pre-hospital emergency medical care within available resources, the Board hereby establishes the Yamhill County Ambulance Service Area (ASA) Committee. The ASA Committee, originally created by Ordinance No. 723 on February 6, 2003, shall serve as the advisory body to the Board and the Administrator on all matters concerning emergency medical services system performance, coordination, and quality improvement.
- c) The ASA Committee shall be composed of the following members, appointed by Board Order:
 - (i) The Administrator or their designee (1);
 - (ii) One (1) EMS representative from each ASA within Yamhill County (4 total);
 - (iii) One (1) 9-1-1 Coordinator from each Yamhill County dispatch center (2 total);
 - (iv) One (1) Administrator or designee from each hospital located within Yamhill County (2 total);
 - (v) One (1) public member;
 - (vi) One (1) physician advisor or emergency physician;
 - (vii) One (1) representative of a fire department or fire district not assigned an ASA within Yamhill County or any other county; and
 - (viii) One (1) representative of Yamhill County Emergency Management.
- d) The Board shall appoint members of the ASA Committee for staggered terms, which may be renewed. Any member of the ASA Committee who may have a conflict of interest in any matter must declare such conflict and refrain from participating in any recommendations made.
- e) The ASA Committee functions to review standards, make recommendations for improvement or new standards to the Board for all matters regarding EMS, and reviews and makes recommendations regarding the soundness of the ASA Plan. The ASA Committee, through its existence, will offer a local focus for EMS system issues and encourage local resolution of EMS system problems. The ASA Committee will maintain a compilation of all Quality Assurance/Improvement policies enacted, as well as all investigations and their outcomes.
- f) The ASA Committee is established to:
 - (i) Act in an advisory capacity for quality management issues to an ASA Provider at their request.
 - (ii) Develop and monitor performance standards.
 - (iii) Evaluate written proposals for amendments to the ASA Plan and forward its recommendations to the Board.
 - (iv) Monitor ASA Provider quality assurance programs to include:
 - 1. Compliance with statutes, ordinances, and rules.

2. Compliance with standards for pre-hospital notification, response, and patient care.
3. Problem resolution and sanctions for non-compliance.

5.05.22 Annual Review of Plan and Providers; Other Business

- a) The ASA Committee will annually review and make recommendations regarding the effectiveness and efficiency of the ASA Plan and pre-hospital emergency medical care, including but not limited to:
 - (i) Coordination between EMS resources.
 - (ii) Dispatch procedures and compliance (ambulance and other emergency resources).
 - (iii) Internal audit and quality assurance processes for ASA Providers. Recommendations from provider quality assurance within system. Quality assurance findings from other agencies.
 - (iv) Input from public, ASA Providers, and medical community on performance.
 - (v) Effective and efficient ASA boundaries.
 - (vi) Performance criteria and data sources.
 - (vii) Quarterly updates from ASA Providers.
 - (viii) Review and revise ASA Plan as necessary.
 - (ix) Interagency cooperation in disaster and mutual aid planning.
- b) The ASA Committee shall also review each ASA Provider annually for compliance with the requirements of this ASA Plan. Service record standards and documentation shall conform to the licensing and operational requirements for ambulance services established by the Oregon Health Authority in OAR Chapter 333.
- c) The ASA Committee will be activated at any time a concern is submitted or when deemed appropriate by the Committee Chair, the Administrator, or three or more ASA Committee members. The ASA Committee may form subcommittees to deal with specific issues, such as quality assurance, protocol development, and disaster planning.

5.05.23 Confidentiality

- a) The ASA Committee and any subcommittees, as with any governmental body, will be subject to the Oregon Public Meetings Law (ORS Chapter 192). However, State and federal law require that patient records be kept confidential. The ASA Committee will comply with Oregon Public Meetings Law, ORS 192.610 through 192.690, but shall prevent the public disclosure of health privacy information or any other protected information, as required by state or federal law.

5.05.24 Quality Improvement; Problem Resolution

- a) The ASA Committee will review concerns about the ASA Plan, service delivery, and system response issues. Concerns must be directed to the Administrator in writing before they are raised in the ASA Committee. The Administrator will maintain a record of all correspondence and subsequent findings or actions.
- b) Problems involving protocol deviation by EMTs or dispatchers will first be referred to the respective ASA Provider representative, Supervising Physician or dispatch supervisor.
- c) Problems involving a non-compliant ASA Provider may, at the Administrator's discretion, be referred with background information and recommendations to the Board. The Board may seek further background data and recommendations from the ASA Committee in such instances.

5.05.25 Sanctions; Suspension, Modification, or Revocation of a County ASA

- a) In addition to any other remedies provided under this ASA Plan or under State or federal law, the Administrator is authorized upon reasonable cause to investigate whether there is sufficient reason to suspend, modify, or revoke the franchise of an ASA Provider.

- (i) If, in the judgment of the Administrator, there is sufficient evidence of a violation of the ASA Plan or applicable local, state, or federal law, or sufficient evidence that an ASA Provider has materially misrepresented facts or information given in its application for an ASA franchise, and such conduct warrants suspension, modification, or revocation of an ASA franchise, then the Administrator shall notify the Board in writing. The Administrator shall send a copy to the ASA Provider and the ASA Committee.
- (ii) No less than ten (10) business days following the issuance of the notice of violation under this section, the Board may enter its order of revocation, modification, suspension, or non-renewal, and may thereby revoke, modify, or suspend the ASA franchise, unless prior thereto the ASA Provider submits a written request for a public hearing or the Board on its own schedules a public hearing on the matter. Notice of any such hearing will be given to the ASA Provider by mail. The purpose of the hearing will be for the Board to determine whether good cause exists to revoke, modify, suspend, or not renew the ASA franchise.
- (iii) In lieu of the suspension, modification, or revocation of an ASA franchise, the Board may order that the violation or misrepresentation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the Board action shall be provided by mail to the ASA Provider. The notice shall specify the violation, the action necessary to correct the violation, and the date by which the action must be taken. The ASA Provider shall notify the Board of the corrective action taken.
- (iv) Any decision by the Board to suspend, modify, or revoke an ASA franchise must be by written order. A copy must be delivered to the ASA Provider by certified and regular mail or by personal service.

5.05.26 Ordinance Violation; Nuisance

- a) Any violation of a provision of this Code shall be punishable as a violation of a County ordinance under ORS Chapter 153. Such violation shall be punishable, upon conviction, by a fine not to exceed \$500. Each day of a continuing violation constitutes a separate offense.
- b) In addition to the penalties provided in this Ordinance, violations of any provision of this Ordinance or the Yamhill County Ambulance Service Area Plan are declared to be a nuisance and may be regarded as such in all actions, suits, or proceedings. The Board may initiate injunctive abatement or other appropriate legal proceedings to temporarily enjoin or abate such ambulance services.

5.05.27 Entity That Shall Administer and Revise the ASA Plan

- a) The Administrator, under the supervision of the Board and with the assistance of the ASA Committee, is responsible for the administration of the ASA Plan. The Administrator has access to records pertaining to ambulance service operations of any service regulated by this ASA Plan; these records will be made available within five working days to the Administrator by the agency owning or in possession of said records.

5.05.28 Complaint Review Process

- a) Concerns regarding violations of this Ordinance or the Yamhill County Ambulance Service Area (ASA) Plan, or questions involving pre-hospital care, must be submitted in writing to the Administrator. The Administrator shall forward the concern to the ASA Committee for review and recommendation. The ASA Committee may also address and resolve system operation issues. The Administrator shall maintain a written record of all correspondence, findings, and actions taken.

- b) Members of the public, ASA Providers, the medical community, or any other interested entity may submit ongoing input or concerns to any member of the ASA Committee or the Board. Such input must be submitted in writing and presented to the ASA Committee for consideration at a public meeting.
- c) The ASA Committee shall hear complaints and make recommendations to the Administrator by majority vote of members present. Recommendations of the ASA Committee must be approved by the Administrator prior to action or implementation. Any recommendation of the ASA Committee or decision of the Administrator may be appealed to the Board.
- d) Citizen and Provider Complaints; Filing of Formal Complaint with the ASA Provider.
 - (i) A person wishing to file a complaint regarding ambulance services provided under this Ordinance must first contact the responsible ASA Provider. Upon request, the ASA Provider shall provide a written complaint form describing the complaint process. The complaint is not considered filed until a written complaint is received by the ASA Provider.
 - (ii) The ASA Provider must acknowledge the complaint within five (5) business days of receipt. The acknowledgment will include the date the complaint was received and information about the complaint process.
 - (iii) The ASA Provider will complete an information discovery process with the complainant. The ASA Provider will notify the complainant if additional information is needed from the complainant; if so, it must be furnished within ten (10) calendar days or another mutually agreed upon time frame, or the complaint may be resolved without this information.
 - (iv) No later than twenty-one (21) calendar days from the date the complaint was received, the ASA Provider will produce a response to the complainant along with instructions for filing appeals to the ASA Committee. If the ASA Provider cannot resolve the issue in no later than twenty-one (21) calendar days, then the ASA Provider shall notify the complainant in writing as soon as it is known that a delay will occur, state when a decision will be made, and specify the reason for delay.
 - (v) The ASA Provider will send a copy of the complaint and its response to the Administrator.
 - (vi) If the complainant is satisfied, then Step 1 of the complaint process ends. If the complainant is dissatisfied, then they may proceed to Step 2.
- a) Appeal of Decision to the ASA Committee; Complainants dissatisfied with any determination of an ASA Provider may appeal to the ASA Committee. The appeal process is set forth below.
 - (i) A complainant under step 1 or its representative must file a written appeal of the ASA Provider's determination with the Administrator within thirty (30) calendar days of the determination. The appeal must state the date, the complaint, the desired resolution, and the reason the complainant has objected to the ASA Provider's determination.
 - (ii) The Administrator will acknowledge the appeal within five (5) business days of receipt. The acknowledgment will include the date the appeal was received and information about the complaint process.
 - (iii) The Administrator will complete an information discovery and technical assistance period that includes the Complainant and the ASA Provider and will submit the appeal and all relevant information to the ASA Committee no later than twenty-one (21) calendar days from the date of the appeal. The ASA Committee will then issue a written decision no later than forty-five (45) calendar days from the date of the appeal. If the ASA Committee overturns the ASA Provider's decision, then the ASA Committee may require the ASA Provider to submit a corrective action plan within fourteen (14) calendar days to the Administrator.
 - (iv) The Administrator will notify the Complainant of the ASA Committee's determination and what future steps will be taken, if any, to address the complaint.

5.05.29 Mutual Aid Agreements Under authority of ORS Chapter 190, each ASA Provider shall execute a written mutual aid agreement with each other ASA Provider in the County and with each provider assigned to an adjoining ASA in an adjacent county, to respond with personnel and equipment in cases of need. At minimum, each mutual aid agreement must include the following elements:

- a) **Equipment and Personnel.** All equipment and personnel used by responding ambulance service providers must be duly licensed and comply with applicable rules of the Oregon Health Authority.
- b) **Limited Use.** All mutual aid agreements must state that the providers agree to limited use of mutual aid, and that no provider will rely on mutual aid to respond to more than 5 percent of its monthly, quarterly, or annual volume.
- c) **Extreme danger.** Responding ambulance service providers must retain the right to refuse to commit equipment and personnel to a physical location in which extreme danger to life or equipment exists. The senior officer of the responding agency shall be the sole judge of the extent and imminence of such danger.
- d) **Sole discretion.** Upon receipt of a request for aid, the responding ambulance service provider must retain the right to respond in a manner that it deems appropriate. Responses under mutual aid agreements must be voluntary and discretionary, and any failure to respond must not give rise to any legal claim by the requesting party, any other party to the agreements, or anyone not a party to the mutual aid agreement.
- e) **Chain of Command.** When equipment and personnel are furnished pursuant to the mutual aid agreement, all patient care activities of the responding ambulance service provider must be coordinated through the incident commander or their designee.
- f) **Non-waiver of Ambulance Charge.** Mutual aid agreements shall not waive, nor be construed to waive, the right of any ASA Provider to charge the individual receiving services for medical care provided in the jurisdiction of the other party.
- g) **Waiver of Claim.** Each party to the mutual aid agreement must waive all claims against the other for compensation for any loss, damage, personal injury, or death occurring as the consequence of the performance of the mutual aid agreement. Nothing within the mutual aid agreement shall waive the right of any agency or member of any agency to compensation now permitted or required by law or to such compensation that may be agreed to by the parties.
- h) **Withdrawal.** Each mutual aid agreement must provide that any party may withdraw from the agreement by providing at least six months' written notice to all other parties of its intent to withdraw. Providers may agree to a longer notice requirement.

5.05.30 Contractor Agreements An ASA Provider who utilizes a contractor, other than a Quick Response Team within its ASA to provide any part of its response commitments, must maintain a written agreement to outline performance criteria standards for the contractor. The ASA Provider must notify the Administrator in writing of any contracting arrangement and the Administrator must approve any contracting arrangement before it is implemented. The Administrator is authorized to approve a written contract between an ASA Provider and a public or private provider for emergency ambulance services within a County ASA only if the Administrator determines all of the following criteria have been satisfied:

- a) The ASA Committee has issued a written determination that the public or private provider has satisfied all elements contained in Section 9(3) of the ASA Ordinance.
- b) The contract term may not exceed four years, and may not be renewed without a determination from the ASA Committee that the public or private provider has met the service requirements of this Ordinance and the ASA Plan through the date of review.
- c) The contract must provide that it may be terminated at will by action of the Board, either by its own motion or upon a recommendation of the ASA Committee or the Administrator.

- d) Once the Administrator approves the contract, the public or private provider may provide emergency ambulance services in a County ASA only in accordance with the terms of the contract and the requirements of the ASA Plan.

5.05.31 Disaster Response All ASA Providers shall be actively involved in planning for and responding to any declared disaster within the County. Planning and response shall be in accordance with both a Mass Casualty Incident Plan and the County Emergency Operations Plan.

- a) **County Resources Other Than Ambulances** When in-county resources are required for the provision of EMS during a disaster, a request for additional resources may be made through the 9-1-1 center as follows:
 - (i) Fire resources may be requested through mutual aid, usually by authority of the senior fire officer or incident commander on site.
 - (ii) Law enforcement resources may be requested through mutual aid, usually by authority of the senior law enforcement officer on site.
 - (iii) Coordination for county resources other than emergency response agencies will be done through the PSAPs by activating Yamhill County Emergency Management (503) 434-4584 business number or (503) 434-6500.
- a) **Out of County Resources** When out-of-county resources are required for the provision of EMS during a disaster, a request for additional resources may be made through the appropriate PSAP as follows:
 - (i) through the Oregon State Conflagration Act, usually by authority of the Yamhill County Fire Defense Board Chief or incident commander on site.
 - (ii) Law enforcement resources may be requested through mutual aid, usually by the authority of the senior law enforcement officer on site.
 - (iii) Coordination for out-of-county resources other than emergency response agencies will be done through the PSAPs by activating Yamhill County Emergency Management.
 - (iv) Out-of-county resources will be coordinated through Yamhill County Emergency Management by coordinating with emergency management centers in adjoining counties:
 1. Polk County Emergency Management
 2. Clackamas County Emergency Management
 3. Tillamook County Emergency Management
 4. Lincoln County Emergency Management
 5. Washington County Emergency Management
 6. Marion County Emergency Management
 - (v) Resources needed beyond this will be coordinated through the State Emergency Management division by activating the OERS SYSTEM: 1-800-452-0311.

5.05.32 Mass Casualty Incident Plan The MCIP will provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents within the County, consistent with the Yamhill County Emergency Operations Plan. See Appendix A for Mass Casualty Incident Plan.

5.05.33 Creation, Maintenance, and Adoption of the MCIP Plan The County plan is created, in consultation with its Department of Emergency Management, the Fire Defense Board, law enforcement agencies, public health and neighboring jurisdictions, a mass casualty plan to be used in any mass casualty incident. The plan will be adopted after review by the Ambulance Service Area Committee and reviewed at minimum every 5 years. Provisions for mass casualty response will be included in all mutual aid agreements.

5.05.34 MCIP Coordination

- a) The highest-ranking officer on scene of the fire agency having jurisdiction of the incident may be the incident commander in all fire-related, mass casualty, and HAZMAT incidents. For other kinds of incidents,

refer to the Yamhill County Emergency Operations Plan. The incident commander may delegate authority for on-scene command and operation but will retain overall responsibility.

- b) The incident command system (ICS) will be utilized for overall scene management.
- c) The ranking EMT at the scene or the individual appointed by the incident commander will have overall responsibility for medical care and will work under the direction of the incident commander. Failure to establish the primary ICS positions of command, medical, triage, treatment, and transport early in the incident will lead to long-term problems and delays.
- d) The incident commander may determine the on-scene command frequency and staging area.

5.05.35 Response Guidelines

- a) The Response Unit First on the Scene
 - (i) Establishes command.
 - (ii) Assesses nature and severity of incident.
 - (iii) Advises appropriate 9-1-1 PSAP/s of situation.
 - (iv) Advises County Emergency Management of incident.
 - (v) Requests appropriate fire police, and EMS resources services.
 - (vi) Establish appropriate objectives.
 - (vii) Establishes medical branch: triage, treatment and transportation groups as soon as practical.
 - (viii) Establishes fire or rescue division as needed.
- b) Command Functions
 - (i) Establish appropriate and effective incident command organization.
 - (ii) Establish objectives and priorities.
 - (iii) Develop / carry -out plan of action.
 - (iv) Mitigate hazard / stabilize scene.
 - (v) Prioritize rescue and extrication functions.
 - (vi) Establish prompt triage and treatment of priorities within resources.
 - (vii) Arrange rapid transport and documentation of patients.
 - (viii) Coordinate order of mutual aid response.

5.05.36 Response to Terrorism Refer to Yamhill County Emergency Operations Plan for a complete outline of terrorism response. When resources are required, a request for additional resources may be made through the appropriate PSAP.

5.05.37 Personnel and Equipment Resources

- a) Non-Transporting EMS Provider
 - (i) When operating a non-transport EMS response unit in Yamhill County, all personnel must meet the requirements ORS Chapter 682 and OAR 333-255-0070 (1), (4) or (6).
 - (ii) Anyone staffing a non-transport EMS response unit must not have consumed alcohol beverages in the eight hours before working or in any way be impaired by the ingestion of alcohol. Anyone staffing a non-transport EMS response unit must not be taking any medications or substances that would impair their ability to care adequately and safely for a patient.
 - (iii) Each person staffing a non-transport EMS response unit and providing pre-hospital emergency medical care in the County is required to display their level of certification/licensure and, at a minimum, their name on the outermost garment of their work uniform and must make reasonable efforts to display this information under other circumstances. At a minimum, this uniform shall bear the name of the agency or ASA Provider providing the service. Reasonable exceptions are made for clothing used to protect the responders from injury or illness (i.e. turnouts, hazardous materials suits, personal protective garments, etc.)

- (iv) Each person staffing a non-transport EMS response unit and providing pre-hospital emergency medical care is required to wear a standardized uniform as determined by the employing agency. Uniforms shall be clean and free of excessive wear and tear and free of blood and/or bodily materials. Reasonable exceptions shall be granted to uniforms soiled during the course of providing service as long as they are cleaned and changed at the first appropriate opportunity.
 - (v) Each ASA Provider shall have in place a pre-employment and for-cause drug and alcohol screening program. This program shall be on file with the Administrator. Each ASA Provider shall have in place a criminal background check program. This program shall be on file with the Administrator. Upon a reasonable request by the Administrator, a criminal background check may be required of any person providing direct patient services.
- b) Hazardous Materials
- (i) Refer to Yamhill County Emergency Operations Plan for a complete outline of hazardous materials response. When resources are required, a request for additional resources may be made through the appropriate PSAP.
- c) Search and Rescue
- (i) Refer to Yamhill County Emergency Operations Plan for a complete listing of search and rescue response and resources. When resources are required, a request for additional resources may be made through the appropriate PSAP.
 - (ii) The majority of search and rescue within Yamhill County is provided by the Yamhill County Sheriff's Office through the Emergency Services Division. They are on-call and available on a 24-hour, 365-days-a-year basis. In many instances, Search and Rescue will act as first responders in remote areas that are inaccessible to conventional ambulances. Search and Rescue shall either transport to the nearest ambulance or, at their discretion, use the services of an air ambulance, whichever is medically appropriate. Search and Rescue teams have direct radio contact with all local ambulances, hospitals, and the 9-1-1 Centers. In winter months, Search and Rescue will respond to remote areas covered with snow and not accessible by the usual ambulance service. When ALS is needed, Search and Rescue will transport the ambulance crews to the patient.
- d) Specialized Rescue
- (i) Refer to Yamhill County Emergency Operations Plan for a complete listing of rescue response and resources. Some of the common required resources are listed below. When resources are required, a request for additional resources may be made through the appropriate PSAP.
- e) Extrication Resources
- (i) Each ASA Provider is responsible for assuring that extrication equipment is available within its ASA. Each ASA Provider is required to keep a current up to date list and provide it annually and upon request to the County.
 - (ii) Extrication equipment is available by the following jurisdictions within each Ambulance Service Area (ASA). Within ASA 1, extrication equipment is available through Dundee Fire at (503) 554-8442 and Tualatin Valley Fire & Rescue at 503-649-8577. Within ASA 2, extrication equipment is available through Amity at 503-835-2311, Carlton at 503-852-6233, Dayton at 503-864-3558, Lafayette at 503-864-2451, McMinnville at 503-435-5800, Willamina at 503-879-1709, and Yamhill at 503-662-4653. Within ASA 3, extrication equipment is available through Sheridan at 503-843-2467. Within ASA 4, extrication equipment is available through Grand Ronde at 503-879-3473.

5.05.38 Emergency Communications and System Access

- a) Telephone; Public Safety Answering Points

- (i) 9-1-1 is the primary method for accessing EMS in each County ASA. The Yamhill Communications Agency and Newberg 9-1-1 center are the two primary PSAPs in the County that provide emergency and non-emergency medical dispatch services.
- (ii) In defining the ASAs, every effort was made to recognize the PSAP service boundaries. In areas outside a PSAP's designated control region, protocols must be in place to relay the information to the appropriate dispatching PSAP.
- (iii) In many areas, fire district boundaries were also considered in the development of this ASA Plan. Fire district boundaries usually provide a logical division of response areas by travel time and are consistent with population centers. These districts help to provide continuity of service delivery in fire, rescue, and EMS.

b) Yamhill Communications Agency

- (i) YCOM provides dispatch services for ASAs # 2-4 which include the majority of Yamhill County and northern portions of Polk County. Phone number: 503-434-6500
- (ii) Newberg Emergency Communications (NEWCOM) 911Newberg 9-1-1 provides dispatch services for ASA # 1, including the Cities of Newberg and Dundee, as well as the surrounding rural area.
- (iii) All Yamhill County 9-1-1 calls are routed to either YCOM or Newberg PSAPS and dispatched or relayed from their facilities.
- (iv) Each ASA Provider in Yamhill County must be capable of contacting and effectively communicating with both PSAPs via radio, telephone, and other specified communications technologies, such as mobile data terminals. The primary method of contacting the PSAPs is by radio.
- (v) Both YCOM and Newberg 9-1-1 are supported, in part, by user fees paid by ASA Providers in the County. ASA Providers will continue to be charged user fees in accordance with current PSAP user fee formulas. Phone number: 503-554-7720

c) Washington County Consolidated Communications Agency

- (i) WCCCA provides dispatch services for the TVF&R EMS units responding within any County ASA. Phone Number: 503-629-0111

d) PSAP Accreditation

- (i) Newberg 9-1-1 is currently accredited through the Oregon Accreditation Alliance. They must meet related standards and indicate the ability to maintain standards related to EMS for their duration of the contract.
- (ii) YCOM is currently seeking accreditation through the International Academy of Emergency Dispatch (IAED), using the Medical Priority Dispatch Systems (MPDS) and the Oregon Accreditation Alliance. YCOM must continually demonstrate its ability to meet performance and quality assurance process and standards required by IAED in order to maintain accreditation.
- (iii) YCOM implemented ProQA® in December of 2018 and expanded its quality assurance program to further meet certain IAED requirements. IAED certification site visits were paused due to COVID and account management transition.
- (iv) YCOM's quality assurance program is supported by their Supervising Physician and Program Manager, who participate in the Oregon/Washington Priority Dispatch Focus Group and attend national IAED Navigator® Conferences annually. Staff use the Priority Dispatch ProQA® Emergency Medical Priority Dispatching System (MPDS) for the processing of all medical calls. Quality assurance is measured by corresponding Priority Dispatch Advanced Quality Assurance (AQUA®) standards. Supervisory Staff are Certified EMD-Q's. For 2021, YCOM's Agency Performance Threshold (APT) was 8.82 for all calls.
- (v) In addition, EMD performance is measured for every sudden cardiac arrest case based upon the American Heart Association (AHA) standards. For 2021, agency wide, YCOM staff averaged 77

total seconds for the following steps to occur: problem description to cardiac arrest recognition, which averaged 24 seconds; cardiac arrest recognition to positioning the patient, which averaged 34 seconds; and positioning the patient to the delivery of the first compression, which averaged 19 seconds.

e) Dispatch Procedures

- (i) Yamhill County is a mixture of suburban, rural and frontier service areas. EMS services are provided by a mixture of career and volunteer practitioners who are available 24 hours a day.
- (ii) The dispatch system consists of the communication centers at YCOM and Newberg 9-1-1, with telephone answering and radio dispatch capabilities. The radio system consists of both two-way radio communications and radio-pager technologies, which provide one-way alerting and voice transmittal from dispatch and alpha-numerical paging that utilizes commercial telephone paging technology for one-way alerting and text messages
- (iii) The dispatch center obtains from the caller, and relays to the responders, at least the following information: the location of the incident, the nature of the incident, and any specific instructions or information that may be pertinent. In addition, the dispatch center will perform caller interrogation to determine the seriousness of the call and provide EMS unit pre-arrival instructions for rendering aid to the patient.
- (iv) Dispatch will transmit alert tones followed with location and nature of incident information concerning the call. If no response from duty personnel is received within five (5) minutes, then the dispatch center will re-alert the appropriate agency. If there is no response within three (3) minutes after the second alert, the next closest responder agency will be dispatched. The third alert will include the alert tones for the original agency as well as the next closest responder agency.
- (v) The first emergency medical responder to arrive and evaluate the scene and patient will notify other responding units of the situation. Based on the condition of the patient and the resources required to render appropriate aid, additional responding units may choose to continue to the scene or cancel their response.
- (vi) EMS personnel shall inform the dispatch center when any of the following occur: when an EMS unit becomes in-service; when an EMS unit begins responding from a location other than its station, in which case the unit will state the location from which it is responding; when an EMS unit is en route to the scene or to the destination, including the type of response; when an EMS unit arrives on the scene or at the destination; when the appropriate EMS unit reports on-scene and patient conditions; when any EMS unit at the scene reports what resources are required for the incident; when an EMS begins transporting the patient(s) to a hospital or other medical facility, including the number of patients and the name of the facility; when an EMS unit leaves the scene, if this is different from transport notification; when an EMS unit arrives at the destination or when it has arrived back at its station or quarters; and when an EMS unit is out of service with estimated unavailable time.

f) Dispatch Notification Times

- (i) Centers are required to answer requests for emergency assistance within 10 seconds, 90% of the time. Centers are required to dispatch all life-threatening medical calls within 3 minutes and all other medical calls within 4 minutes 90% of the time. Exclusions as defined by National Fire Protection Association (NFPA) 1221 or other industry's best practices may be considered. Data on notification times shall be provided and reviewed by the ASA Committee every 6 months.

g) Radio System Communications

- (i) Radios are the primary link between the dispatch centers and ambulances, as well as other emergency responders. All ASA Providers will utilize the dispatch services of the ASA PSAPs and possess radios capable of accessing all common fire channels within Yamhill County and

have the ability to communicate seamlessly with the ASA PSAPs and other ASA Providers and responders. The systems used by each ASA Provider must be capable of effectively receiving and transmitting voice and/or data messages on specific radio frequencies, designated by the County, as assigned by the coordinating PSAPs.

- (ii) All ambulances will maintain and use multi-channel mobile radios and multi-channel handheld radios. Radios and other communications equipment used by each ASA Provider must be compatible with PSAP procedures and meet the technical standards of systems used by YCOM and Newberg 9-1-1. It is each ASA Provider's responsibility to procure, install and maintain all technologies, or other equipment, used in the delivery of communications services. Essential communications equipment, as mutually defined by ASA Providers and PSAPs, will be installed in all ambulances and supervisory vehicles.
- (iii) All radio and telephone communications, including pre-arrival instructions and call time tracking, must be recorded on a mutually accessible media.
- (iv) Each ambulance must be provided with cellular telephones for supplemental communications capabilities as a backup system to radios.
- (v) PSAP radio systems must meet the following requirements: (1) be physically restricted to authorized personnel only; (2) meet National Fire Protection Association (NFPA) standards and all State or County standards; (3) maintain and use consoles with the ability to communicate with EMS providers and hospitals; (4) maintain and use emergency phone lines and primary radio frequencies that are recorded with a 24-hour, time-taped device capable of play-back to the desired second, which is equipped with a voice recorder for immediate play-back of distress calls; (5) store time-tape recordings for no less than 7 months; (6) utilize clear text/plain English for radio traffic; and (7) equip its center with a back-up power source capable of indefinitely maintaining all functions of the center in the event the regular power supply is interrupted.
- (vi) In 2016, during the transfer of ASA #1 from Newberg Fire District to Tualatin Valley Fire and Rescue (TVF&R), the primary dispatch center for ASA #1 changed. 9-1-1 calls in ASA #1 are answered by Newberg-Dundee Communications Center and then transferred to the Washington County Consolidated Communications Agency (WCCCA) for dispatch services. Because of this change, the Newberg 9-1-1 Center has transitioned to police dispatch only, routinely transferring EMD and Fire calls to WCCCA, and law enforcement calls outside the city limits of Newberg and Dundee, to YCOM.
- (vii) YCOM's dispatch system combines two-way radio communication and radio-pager technology with digital alpha-numerical notification and delivery. Digital paging is done via CAD interface, utilizing YCOM's two paging servers which provide capability of messaging through SMTP (email) and SMS (text) protocols. YCOM is a Pulsepoint® Connected organization, and simultaneously sends secondary notifications to both Pulsepoint® and Active 9-1-1 subscribers. Station alerting capability exists through SMTP and tone alerting radio interface.

h) EMS Dispatcher Training

- (i) An integral part of the EMS component of the PSAPs in the County is the employment of appropriately trained individuals using approved, standardized support tools for handling EMS calls. Therefore, all EMS dispatchers are required to successfully complete an Emergency Medical Dispatch (EMD) training course approved by the State of Oregon Department of Public Safety Standards and Training (DPSST) and to possess current DPSST EMD certification. Dispatchers must also possess current and verifiable First Aid/CPR certification.
- (ii) In addition: (1) each PSAP is responsible for acquiring and maintaining a State of Oregon approved EMD system; (2) each PSAP is responsible for ensuring all dispatch employees are certified as EMD dispatchers through the State of Oregon; (3) each PSAP is responsible for ensuring all dispatch employees are First Aid/CPR certified; (4) strict adherence to medical

dispatch protocol is required, except in the event deviation from protocol is clearly justified due to special circumstances; (5) compliance with EMD questions and pre-arrival instructions shall be a routine part of an integrated quality improvement process and shall be reported monthly with response statistics; and (6) if an automated EMD system is used, a manual back-up system with current EMD cards must be available in the event of system failure, and all dispatch employees must be trained and certified in the use of the manual card system.

- (iii) The PSAP shall provide comprehensive internal orientation and ongoing training and testing that encompasses EMD certification, CAD system use, system status management, geography, medical priority dispatch protocols, first responder notification protocols and procedures, air medical notification procedures, disaster management policies and procedures, voice radio system operation (including medical and field communications equipment), paging system conventions and uses, data radio system operations, radio telephone usage, and emergency operations center procedures.
 - (iv) Communications personnel will be encouraged to attend any courses, conferences, or workshops that directly relate to their work and enhance their skills. The communications dispatcher's goal is to meet or exceed DOT Emergency Medical Dispatch Course Standards. Communications personnel must meet all current and future standards adopted by the State or County.
- i) Computer Aided Dispatch System
- (i) The PSAP utilizes a computer aided dispatch (CAD) system to record dispatch information for all service requests. The CAD system is capable of tracking, at a minimum, the date, hour, minutes, and seconds of several time stamps throughout the EMS assignment for each unit engaged in the call.
 - (ii) Dispatchers must be trained to complete mutually approved manual procedures for each dispatch of an ambulance when the computer system fails or becomes inoperable. Following the resumption of normal service of the CAD system, personnel must retroactively enter the data recorded on the manual dispatch cards during the outage into the CAD system.
- j) Data and Reporting Requirements
- (i) The long-term success of an EMS system is predicated upon its ability to both measure and manage its operations. Therefore, each ASA Provider must maintain and provide detailed operational, clinical, and administrative data in an electronic format and manner that facilitates retrospective analysis. Security features preventing or recording unauthorized access or changes in data must be in place, including full audit trail documentation.
- k) Quality Improvement and Medical Control
- (i) Each ASA Provider's electronic data system must be capable of capturing and reporting common data elements used within the EMS system. The PSAP's data system must be capable of demonstrating adherence to medical dispatch protocols, adherence to medical priority dispatch questioning, and provision of pre-arrival instructions.
 - (ii) At least one employee from each ASA Provider will be assigned to participate in the quality assurance/improvement process utilized by YCOM and Newberg 9-1-1.
- l) Management of Personnel
- (i) The PSAPs and ASA Providers are responsible for the management and supervision of their employees. ASA Providers, in conjunction with YCOM, Newberg 9-1-1, and WCCCA management, will cooperate in the resolution of problems and disputes.

5.05.39 Provider Selection

a) Initial Assignment of ASAs

- (i) Unless there has been more than one application made for an ASA franchise, any applicant who meets the application requirements and who was providing service on the effective date of the

ordinance adopting this ASA Plan shall be franchised to continue to provide Ambulance Service for the ASA in which the applicant was serving.

- (ii) If more than one application is made for an ASA franchise within 180 days of the effective date of the ordinance adopting this ASA Plan, then each application shall be considered by the ASA Committee for recommendation to the Board.

5.05.40 Reassignment

a) Franchise Term and Renewal

- (i) An initial Franchise issued under this ASA Plan shall be valid from the date of issuance for ten years and may be renewed.
- (ii) Not more than one hundred eighty (180) days and not less than ninety (90) days prior to the expiration of a Franchise granted under this ASA Plan, each ASA Provider who desires to renew a Franchise shall notify the Administrator. Any other Ambulance Service providers duly licensed in the State of Oregon to provide BLS or ALS ambulance service may also submit applications during this time frame.
- (iii) Review of all applications for renewal or assumption of a Franchise will be conducted in the same manner as the review of applications for the initial assignment of the ASAs.

b) Transfer of Franchises

- (i) An ASA Provider may transfer its Franchise to another entity only upon the Board's written approval of a written request to transfer the Franchise and the Board's approval of an application submitted by the replacement provider.
- (ii) The transfer of a Franchise must occur as follows: (1) the Board must approve the written request for a transfer at a public meeting; and (2) review of all applications for the transfer of the Franchise must then be conducted in the same manner as the review of applications for the initial assignment of the ASAs.

c) Early Discontinuance of Service by ASA Provider

- (i) An ASA Provider that intends to discontinue providing EMS and related service before the expiration of its Franchise must provide the Administrator with at least 180 days' written notice prior to discontinuing service. The Administrator shall notify the ASA Committee and then set a time by which applications must be submitted for the ASA franchise. The ASA Committee shall develop an interim plan for coverage of the ASA, using other existing ASA Providers and/or other available public or private resources until the ASA can be reassigned.

d) Temporary Reassignments

- (i) The Board may, on its own motion or upon a recommendation of the ASA Committee, issue a temporary certificate, valid for a stated period not to exceed twelve (12) months, entitling another current ASA Provider or another public or private Ambulance Service Provider to provide emergency ambulance service in all or part of the ASA. The Board may renew a temporary certificate for one additional six (6) month period.

5.05.41 Application for an ASA Any Ambulance Service provider duly licensed in the State of Oregon to provide BLS or ALS ambulance service may submit an application within 180 days of the effective date of the ordinance that adopts this ASA Plan to become a franchised provider of services in any County ASA or ASAs. The application shall be in writing and contain the following information:

- a) Legal name and address of applicant submitting application.
- b) "Doing Business As" (DBA) name of applicant submitting application.
- c) Owner(s)' of the applicant and their residential street address(es).
- d) Owner(s)' phone number and email address(es).
- e) Oregon ambulance service license number.

- f) Date of original licensure by the state of Oregon to provide ambulance services, with all renewal dates and a listing of any lapses in licensure.
- g) List of any actions taken against the applicant by the State of Oregon or any county within the state.
- h) Type/level of ambulance service proposed to be provided (Medical First Response, BLS or ALS)
- i) A list of vehicles to be used in providing emergency ambulance services in the ASA or ASAs, including the year, make and model, and verification that each vehicle is licensed by the state of Oregon.
- j) A list of personnel to be used in providing emergency ambulance service in the ASA or ASAs, the role of each person, and where applicable each person's current Emergency Medical Technician level and certificate number.
- k) The ASA or ASAs proposed to be serviced, both in narrative description form and by detailed map presentation.
- l) Reason designation is sought by applicant to provide ambulance services in each referenced ASA.
- m) Identification of the current ASA Provider serving each specified ASA.
- n) Whether the existing ASA Provider of each specified ASA agrees to relinquish said ASA to the applicant.
- o) If an existing ASA Provider has not agreed to relinquish the specified ASA to the applicant, then an explanation why the service the applicant proposes would improve ambulance services in the specified ASA.
- p) A statement as to whether or not the person would contract for any emergency ambulance services to be provided.
- q) An affirmative statement that the applicant is financially solvent and capable of providing the specified emergency ambulance services in the specified ASA.
- r) Report of any bankruptcy by applicant in the last five years.
- s) Submission with the application of audited financial statements for the applicant, if they exist. If not, the last three years' internal financial statements.
- t) The source of funding the applicant expects to receive in order to provide a sustained operation servicing the specified ASA.
 - (i) If funding includes billing for services, then the rates the applicant intends to charge for their ambulance services.
- u) Consistent with the Oregon Tort Claims Act, proof of general liability insurance coverage amounts not less than the following:
 - (i) \$150,000 to any claimant for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence.
 - (ii) \$750,000 for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence.
 - (iii) \$1 million to any claimant as general and special damages for all other claims arising out of a single accident or occurrence.
 - (iv) \$2 million for any number or type of claims, other than claims of damage to or destruction of property, arising out a single accident or occurrence.
- v) The fully completed and signed application must be submitted to the Administrator. Upon receipt of an application, the application shall be reviewed by the ASA Committee, which shall make a recommendation to the Board on whether to approve or deny the application. The assignment or reassignment of any ASA must be made by a written order of the Board.

5.05.42 Notification of Vacating an ASA Any ASA Provider who intends to cease operation or vacate the provision of services to an ASA, or any portion thereof, must prove at least six months' notice to the County, through the Administrator. The notice shall be in writing and state the reason for termination of ambulance services.

5.05.43 Maintenance Level of Service In the event an ASA Provider intends to cease operations and forfeit their designated ASA, said ASA Provider shall continue services for at least six months, or until the County is able to identify and assign a replacement Ambulance Service provider.

- a) In areas of the County where geographic or other limitations might hinder the adequate provision of ambulance services, the County may enter intergovernmental agreements with counties, cities or fire districts in order to provide efficient and effective ambulance service by means of public or private Ambulance Service Providers.
- b) In the event an ASA Provider is replaced or removed as the service provider of a County ASA for any reason, the ASA Provider will continue to provide services until such time as a new ambulance service provider can begin services. Each ASA Provider must cooperate fully with the County to ensure that any reassignment of an ASA does not disrupt ambulance service levels.

LEGISLATIVE HISTORY

Adopted via Ordinance No. 411 on 06/19/1985; eff. 06/19/1985
Repealed by Ordinance No. 646 on 06/11/1998; eff. 07/11/1998

Adopted via Ordinance No. 646 on 06/11/1998; eff. 07/11/1998
Amended by Ordinance No. 744 on 08/19/2004; eff. 08/19/2004
Repealed by Ordinance No. 761 on 02/28/2005; eff. 03/01/2005

Adopted via Ordinance No. 761 on 02/28/2005; eff. 03/01/2005
Repealed by Ordinance No. 924 on 02/16/2023; eff. 05/17/2023

Adopted via Ordinance No. 924 on 02/16/2023; eff. 05/17/2023
Amended by Ordinance No. 927 on 06/22/2023; eff. 06/22/2023
Repealed via Ordinance No. 946 on [MM/DD/YYYY]; eff. [MM/DD/YYYY]

Adopted via Ordinance No. 946 on [MM/DD/YYYY]; eff. [MM/DD/YYYY]



Yamhill County, Oregon
"In the heart of the Willamette Valley"

Ambulance Service Area Plan

December 2023

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CERTIFICATION BY GOVERNING BODY OF COUNTY AMBULANCE SERVICE PLAN [OAR 333-260-0020(3) 1]

CERTIFICATION BY GOVERNING BODY OF COUNTY AMBULANCE SERVICE PLAN

The undersigned members of the Yamhill County Board of Commissioners (the "Board") together with the Chair and Administrator of the Ambulance Service Area Advisory Committee (the "ASA Committee") hereby certify, pursuant to Oregon Administrative Rule 333-260-0030 (2)(a)-(c), that:

- A. Each subject or item contained in the Yamhill County Ambulance Service Plan has been addressed and considered in the adoption of the plan by the Board upon the recommendation of the ASA Committee.
- B. In the Board's judgment, the ambulance service areas established by Ordinance No. 946 as amended and ratified by the ASA Committee provide for the efficient and effective provision of ambulance services in Yamhill County.
- C. To the extent applicable the Board and ASA Committee have complied with ORS Chapter 682 and existing local ordinances and rules in developing and approving this Plan.

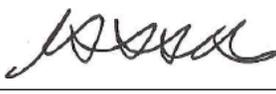
DONE AT MCMINNVILLE, OREGON THIS 16th DAY OF FEBRUARY 2026.

YAMHILL COUNTY, OREGON
BOARD OF COMMISSIONERS

YAMHILL COUNTY, OREGON
ASA ADVISORY COMMITTEE



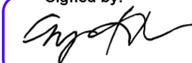
Chair



Commissioner



Commissioner

Signed by:


Chair

Signed by:


Administrator

APPROVED AS TO FORM:

By: 

Kaleb Raever

Yamhill County Counsel

OVERVIEW OF COUNTY (DEMOGRAPHIC AND GEOGRAPHIC DESCRIPTION) [OAR 333-260-0020(3) 2]

COUNTY BACKGROUND

Yamhill County is one of 36 counties in the State of Oregon. Yamhill County's name derives from the Yamhelas Indians, members of the Native American Kalapuya Tribe. It is located in the Willamette Valley and is part of the Portland, Oregon, Metropolitan Statistical Area (MSA).

HISTORY

The Yamhill District (later becoming county) was established in 1843, five years before the Oregon Territory was created. It originally spread over 12,000 square miles, which were eventually partitioned into twelve present counties. Today, Yamhill County consists of 718 square miles. The County seat of government is located in McMinnville.

GEOGRAPHY

The county is composed of a total area of 718 square miles, of which 716 square miles is land with the remaining 2.5 square miles being water. It is the fifth-smallest county in Oregon by area. The tallest mountain in the county is Trask Mountain in the northwest corner of the county.

The transportation network for Yamhill County is dominated by a road system of northeast-to-southwest and north-to-south paved highways that are part of the state highway transportation system. Local travel is by secondary and county roads that are significantly influenced by drainage patterns of rivers and mountains in the county.

ADJACENT COUNTIES

Washington County (north)
Clackamas County (east)
Marion County (southeast)
Polk County (south)
Tillamook (west)

INCORPORATED CITIES

Amity	McMinnville (county seat)
Carlton	Newberg
Dayton	Sheridan
Dundee	Willamina
Lafayette	Yamhill

DEMOGRAPHICS

Historical population

Census	Population	Percent Change
1860	3,245	—
1870	5,012	54.5%
1880	7,945	58.5%
1890	10,692	34.6%
1900	13,420	25.5%
1910	18,285	36.3%
1920	20,529	2.3%
1930	22,036	7.3%
1940	26,336	19.5%
1950	33,484	27.1%
1960	32,478	-3.0%
1970	40,213	23.8%
1980	55,332	37.6%
1990	65,551	18.5%
2000	84,992	29.7%
2010	99,193	16.7%
2020	107,722	8.6%
2021 est.	108,239	< 1%

ECONOMY

Yamhill County ranks seventh out of Oregon's thirty-six counties in annual market value of its agricultural production. This agricultural production includes wheat, barley, horticulture, and dairy farming, with 13,201 acres in 1997 planted in orchards. One-third of the county is covered with commercial timber, and the economic mainstay of the western part of the county is logging and timber products.

Yamhill County is a significant focus of Oregon's wine industry, having the largest area of any Oregon county planted in vineyards. Six of the state's American Viticultural Areas are wholly or partly in the county: Chehalem Mountains AVA, Dundee Hills AVA, Eola-Amity Hills AVA, McMinnville AVA, Ribbon Ridge AVA, and Yamhill-Carlton District AVA. Over 80 wineries and 200 vineyards represent the largest concentration of wine growers and producers in any county in the state.

EDUCATION

Yamhill County Institutions of Higher Education (IHEs) include Linfield University, George Fox University, the Chemeketa Community College Yamhill Valley Campus, and the Portland Community College Newberg Center.

DEFINITIONS [OAR 333-260-0020(3) 3]

Oregon Administrative Rules (OARs) set forth by the Oregon Health Authority provide several standard definitions; Yamhill County has incorporated these below for use in this ASA plan. Yamhill County has established additional definitions. If any of the following terms appear in this ASA Plan, they shall be defined as indicated below.

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

"Administrative Rules" means the rules relating to emergency medical services adopted by the Oregon Health Authority.

"Administrator" means the Health and Human Services Director for Yamhill County Health and Human Services department or their designee.

"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 Supervising Physician. 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 that meets all County and State requirements of an ALS capable EMS unit defined above.

"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. Ambulance Services do not include specialty transport teams, ambulances owned or operated under the control of United States government, vehicles operated solely on facility grounds, transportation of clients from outside of the county to a health care facility within the county, or ambulance or vehicles which are passing through without destination in the county.

"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)

"ASA Plan" is a plan that addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules (OAR 333-260).

"ASA Advisory Committee" means the governing body that makes recommendations to the Board on the County's ambulance service system and other aspects of the County's ASA Plan. The ASA Committee interfaces with the Board through the Administrator.

"ASA Provider" means a licensed ambulance provider designated by the Board as the sole provider of emergency ambulance service in a Yamhill County ASA.

"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 Yamhill County EMS Supervising Physician. 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 Yamhill County Board of County Commissioners.

"County" means Yamhill County, Oregon.

"Division" means the Oregon Health Authority (OAR 333.260).

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

"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. Inter-facility medical transportation is not considered EMS and thus does not constitute an EMS response.

“Emergency Medical Technician (EMT)” means a person who is licensed by the Authority as an Emergency Medical Technician.

“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.

“Franchise” means an exclusive franchise to provide emergency and non-emergency ambulance service issued by the Board pursuant to this Ordinance.

"Hospital" has 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)” means a management tool employed during disasters and emergency responses to organize and coordinate response operations.

“License” means a non-transferable, non-assignable authorization granted to the person, agency or entity to whom it is issued, 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 as defined by rule.

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

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

"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 Ambulance Services" means pre-arranged or non-emergency ambulance transfers and inter-facility ambulance transfers provided by a licensed ambulance service when the person being transported needs the availability of medical assistance. It does not include stretcher cars, secure transport, or medical taxis that do not provide medical services.

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

“Offline Medical Control ” means performing EMS actions or medication administration under standing orders or protocols.

“Online Medical Control ” means a medical facility designated by the county as authorized to provide on-line-medical-control advice and support to Paramedics, EMTs, and first responders.

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

"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.

“Quick Response Team”, or “QRT” means an EMS unit supplied by a designated provider that may be capable of BLS or ALS care but is not able to transport a patient.

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

"Response Time" or “Response Times” mean the length of time between the notification of providers who transport and the arrival of each provider's EMS unit(s) at the incident scene.

“Supervising Physician" 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 ASA Providers. Additionally, Supervising Physician means a physician contracted with or employed by the County to act as the Supervising Physician and who shall perform those functions as outlined in this chapter and rule.

“Transport Unit” means an ambulance that is licensed and appropriately equipped and staffed to transport a patient.

“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.

BOUNDARIES [OAR 333-260-0020(3) 4]

Oregon state regulations require each county to establish an Ambulance Service Area (ASA) Plan¹:

Each county shall develop a plan for the county, or two or more contiguous counties may develop a plan, relating to the need for and coordination of ambulance services and establish one or more ambulance service areas consistent with the plan for the efficient and effective provision of ambulance services.

The ASA Plan must be approved by both the Board and then by the Oregon Health Authority.

Therefore, it is the responsibility of Yamhill 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 Board to regulate, but not restrict, non-emergency ambulance, inter-facility ambulance and wheelchair car services within the County.

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

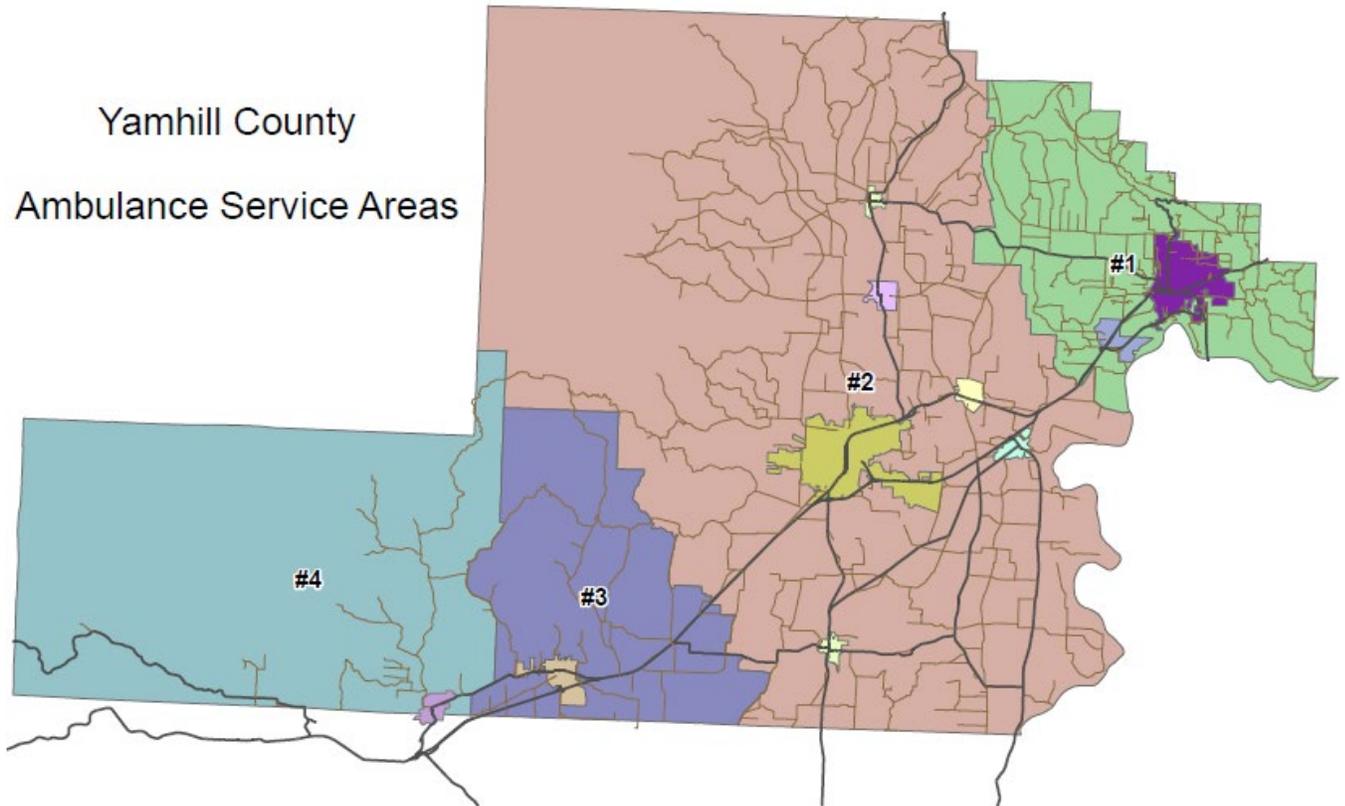
To ensure the effective and efficient provision of EMS within Yamhill County, the Board reserves the right, giving consideration to subjects and items required by law, to make modifications and enhancements to the ASA Plan.

The Yamhill County ASA Plan designates several ambulance service areas (ASA) within the County. Each ASA is awarded to a single emergency ambulance service provider (ASA Provider) in the form of a franchise. To assure that the public's safety and interests continue to be served by this arrangement, the County actively promotes and monitors Quality Improvement, program development and system performance.

¹ ORS 682.062

ASA BOUNDARIES

There are four ASAs in Yamhill County, as shown in the following graphic.

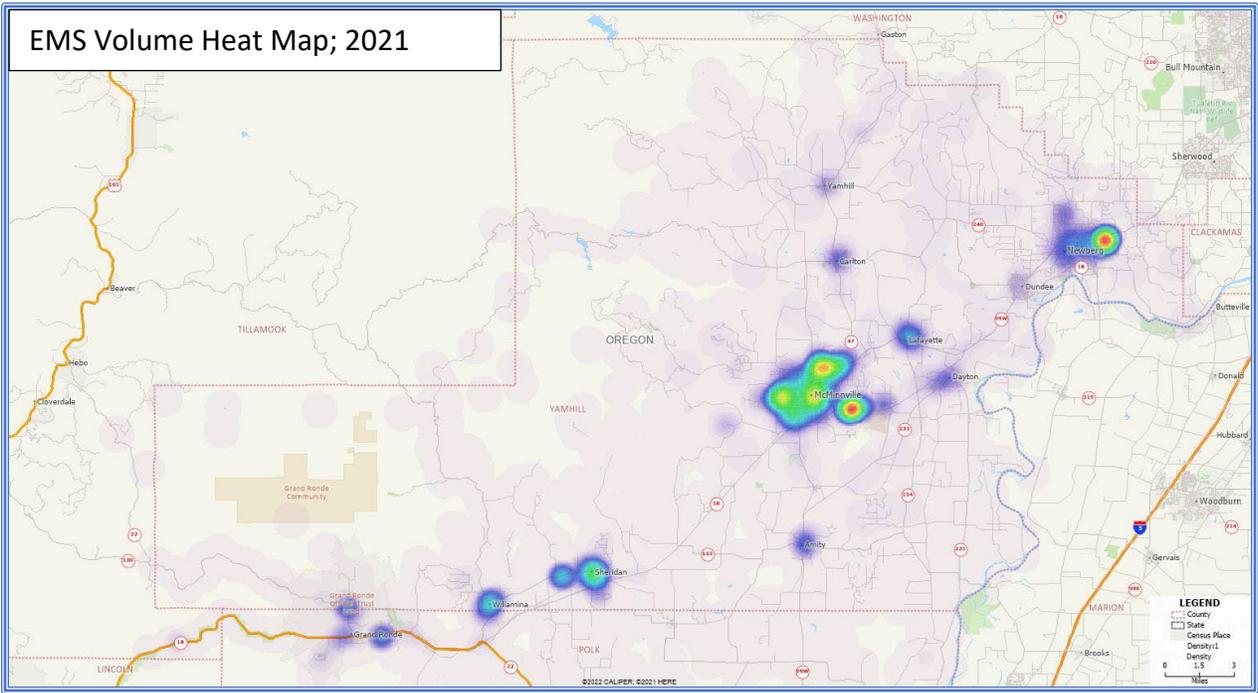
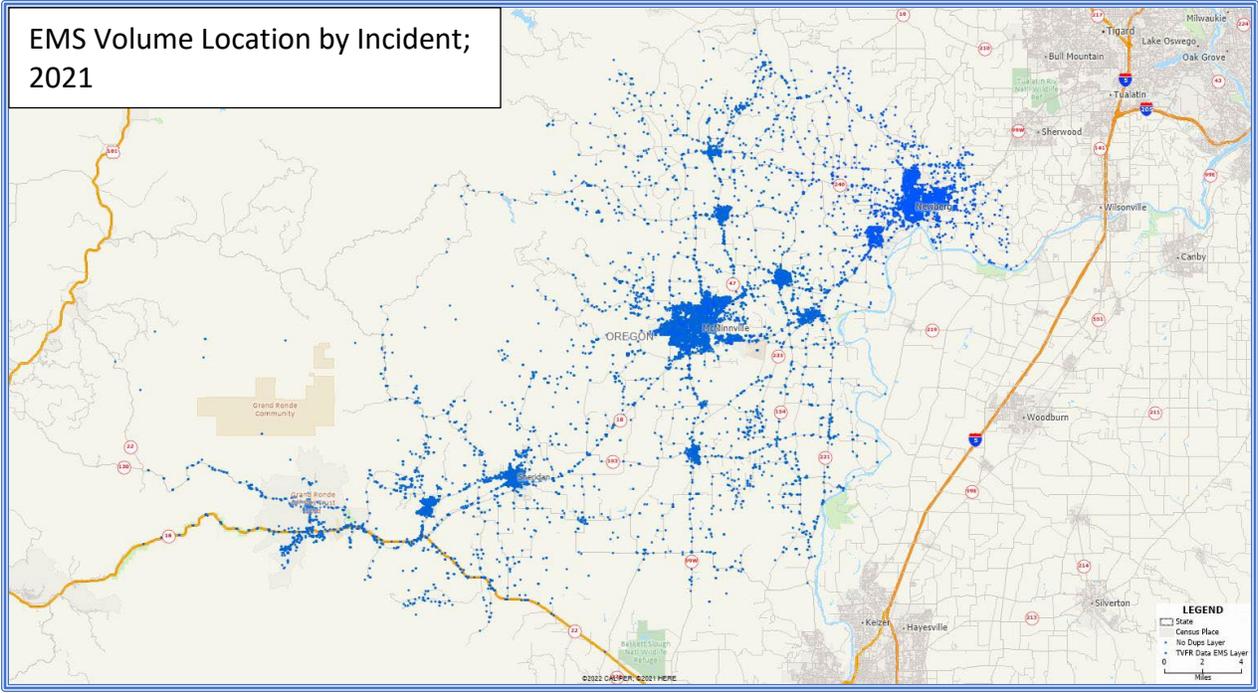


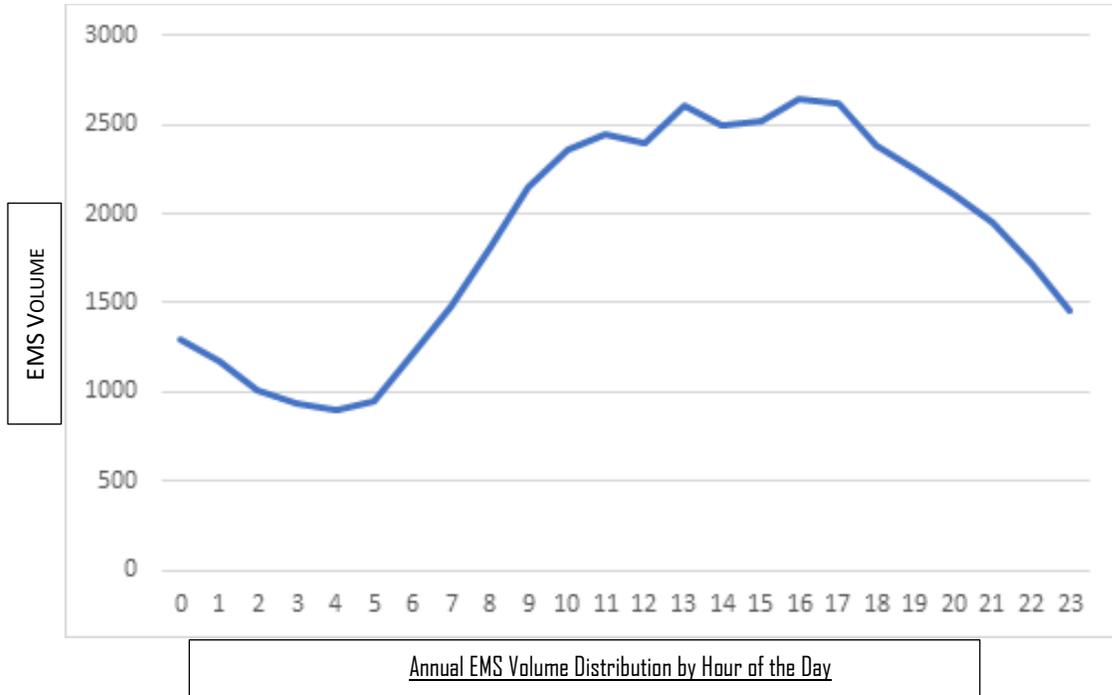
Minor changes to ASA boundaries may be made by an order of the Board, following a recommendation by the ASA Committee to the Administrator.

EMERGENCY MEDICAL SERVICE (EMS) ACTIVITY WITHIN THE COUNTY

Analysis of EMS volume within the County has identified the location density and distribution of activity, as revealed in the following maps.

The temporal dispersal of EMS activity has been charted to provide ambulance service providers valuable information to assist in staffing and deployment of EMS resources.



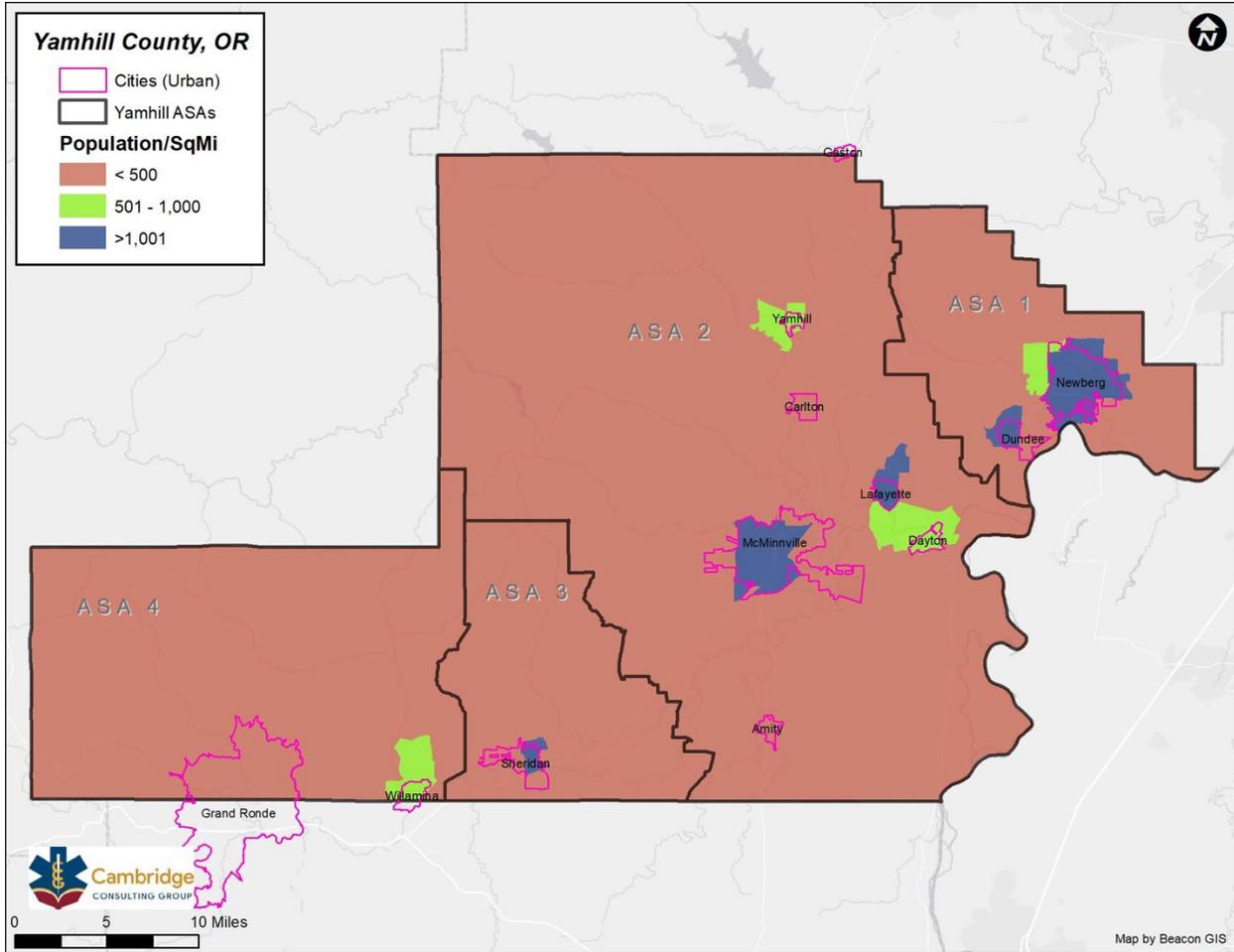


ASA Map(s) with Response Time Zones [OAR 333-260-0020(3) 4.(a)]

The primary objective of Response Time zones is to provide the most timely and efficient response to the residents and visitors of the County in a cost-effective manner (“Response Time Zone” or “Response Time Zones”). These Response Time Zones are stratified based on factors such as population density, major routes of travel, topography, and access. Since EMS volume is strongly correlated to population density, that is the major determinant of Response Time Zone designation. Historical Response Times from ambulance and EMS resource stations have been analyzed as well and compared against both population density and EMS call volume activity distribution.

In addition, Yamhill County has determined that further categorization of Response Times is appropriate based on the severity of the patient’s condition. Life threatening and significantly serious illness or injury require a faster response than other, less urgent EMS requests. Scientific data and industry studies have shown that Response Time is far less important to patient outcome for less emergent cases than for critical, life endangering conditions. The County has established two levels of EMS response that overlay the four Response Time Zones. These are defined as ALS (Advanced Life Support) and BLS (Basic Life Support).

ALS cases should receive responses that include the use of emergency warning devices (EWDs), such as lights and sirens, and be held to shorter time frames. BLS cases should receive responses that do not include the use of EWDs and are held to less stringent Response Time standards.



Yamhill County is divided into four time zones for response. These zones are classified as: URBAN, with Response Time standards of 10 and 15 minutes for ALS and BLS, respectively; SUBURBAN, with Response Time standards of 12 and 17 minutes; RURAL, with Response Time standards of 35 and 40 minutes; and FRONTIER with a “Best Effort” standard for both ALS and BLS.

The Urban Response Time Area is defined as the area of Yamhill County with a population density of 1,001 persons, or more, per square mile. The Suburban Response Time Area is defined as that area of the County with a population density of between 501 persons per square mile and 1,000 per square mile. The Rural Response Time Area is composed of those portions of Yamhill County that are populated to a density of 501 or less persons per square mile. Lastly, the Frontier Response time Area is classified as those areas with a population density of less than 501 persons per square mile and that lack roadway access, or that require a drive time — this is a component of Response Time — that exceeds 30 minutes. The Frontier Response Time Area was established by mutual consensus of the Yamhill County ASA Committee and includes those incorporated Cities outside the Urban zone.

There is one exception to these zone designations. That is the town of Yamhill. While Yamhill is very densely populated, sufficiently so to meet the herein definition of Urban, the actual aggregate number of people residing there is insufficient to generate any significant EMS volume. Therefore, this ASA Plan identifies Yamhill as a Rural Response Time Area.

The minimum performance level for each Response Time standard is 90 percent of all dispatched EMS requests, except for those occurring during extreme weather conditions that interfere with vehicular travel, hospital-to-hospital transfers, or other similar circumstances that would prohibit a normal response.

EMS Response Level	Response Time Standard	Minimum Compliance
URBAN		
BLS	15 Minutes or less	90% ²
ALS	10 Minutes or less	90%
SUBURBAN		
BLS	17 Minutes or less	90%
ALS	12 Minutes or less	90%
RURAL		
BLS	40 Minutes or less	90%
ALS	35 Minutes or less	90%
FRONTIER		
BLS & ALS	Best Effort	

Complying with the Response Time Zone standards are the primary responsibility of each ASA Provider.

Response Time Reporting & Accountability

The County has established the following process and procedure for the reporting, assessment, and accountability of Response Times by designated ASA providers:

² 90% is used because it represents 1 standard deviation.

- 1) Performance reports. ASA Providers will submit performance reports to the Administrator on a quarterly basis, and Administrator will distribute these reports to the ASA Committee. The performance reports will be submitted in a form approved by the Administrator; at a minimum, the reports must track monthly compliance with each Response Time standard and must include mutual aid performance data.
- 2) Review. The ASA Committee will review each ASA provider's performance report at quarterly meetings.^[1]
- 3) Audits. All data submitted for review of performance standard compliance by ASA Providers may be audited by the Administrator at any time.
- 4) Compliance Reports. Each ASA Provider will be held accountable to delineated required performance standards through public compliance reporting.
 - a. Each ASA Provider's performance will be reported to the community-at-large through a readily available public reporting process (dashboard) that identifies each performance standard and the ASA Provider's compliance success.
 - b. This public reporting process (compliance reports and dashboard) will be posted prominently on the County's EMS website.
- 5) Annual report. The Administrator will conduct an annual evaluation of the performance of the ASA Providers and will report its findings to the Board. This requirement in no way limits the ability of the Administrator to conduct further evaluations as deemed necessary.
- 6) Explanatory Reports. The ASA Committee may require an explanatory report from any ASA Provider who fails to meet any established performance standard in any reporting period. Such a report will be submitted to the Administrator, and the Administrator will distribute this report to the ASA Committee.
- 7) Action Plan. Failure of an ASA Provider to meet the established performance standards in three consecutive quarters, or four quarters in any six-quarter period, will require the ASA Provider to develop an action plan. Such a plan will detail concrete steps, at least some of which being immediate, the ASA Provider will take to achieve full compliance,

^[1] If an ASA provider has contracted part, or all, of its territory for EMS provision to another entity, the ASA provider nevertheless will be held responsible for their contracted provider's performance.

and a timeline for achieving full compliance. This report will be submitted to the Administrator, and the Administrator will distribute this report to the ASA Committee.

ASA Boundaries Narrative Description [OAR 333-260-0020(3) 4.(b)]

The following four sections describe the boundaries of Ambulance Service Areas adopted by the Board through Ordinance No. **946** [February 12, 2026]:

A. ASA # 1 East

Assigned to Tualatin Valley Fire & Rescue.

Situated in Yamhill County, Oregon, beginning at the point where Yamhill and Clackamas counties meet at the Northeast corner of Section 13, T3S, R2W, W.M; Thence northwest following the Yamhill County line approximately 17.7 miles to a point on the north line of Section 18, T2S, R3W, approximately 750 feet west of NE Spring Hill Road; Thence southerly to the south line of said Section 18, to a point approximately 2,200 feet west of NE Spring Hill Road; Thence S10°E generally parallel with NE Spring Hill Road, to the east end of the curve and the south side of NE Laughlin Road approximately 2,000 feet west of NE Spring Hill Road; Thence southwesterly along the easterly side of NE Laughlin Road approximately 1,900 feet to the west line of the Phillip Thompson Donation Land Claim No. 58; Thence S 5°E, approximately 3,300 feet to the northeast corner of U.S. Government Lot 10, near the center of Section 30, T2S, R3W; Thence west on the north line of said Lot 10, a distance of 942.31 feet to a 10" diameter stone shown on Survey No. 6805 of Yamhill County Survey Records; Thence S 0°08'51"E a distance of 2,690.83 feet to a 6" diameter stone on the south line of said Section 30 and shown per said Survey No. 6805; Thence S19°E approximately 1.08 miles to a point the north line of Section 6, T3S, R3W, lying approximately 1,900 feet west of NE North Valley Road; Thence west approximately 1,130 feet to the North ¼ corner of said Section 6; Thence south on the center line of said Section 6 a distance of approximately 1.0 mile to the North ¼ corner of Section 7, T3S, R3W, Thence west approximately 2,640 feet to the northwest corner of said Section 7; Thence south on the west lines of Section 7 and 18 approximately 1.40 miles to the northerly line of a tract described in Instrument No. 200529012 (Park Trust to Mahon); Thence easterly approximately 1.78 miles to the northeasterly corner of the Calvin W. Ish Donation Land Claim No. 49; Thence southerly on the easterly line of said Ish Claim No. 49 to the property line between Revana Family Partners, Deed No. 20060169, and Andrew H. Wilder, Deed No. 20017231; Thence southeasterly along the Revana/Wilder line to the west line of Section 21, T3S, R3W; Thence South approximately 1.60 miles to the southwest corner of Section 28, T3S,R3W; Thence east along the south line of Section 28 approximately 3,700 feet to the west property line of Caroline Crabtree-Osborne; Thence south and east on the Crabtree-Osborne lines to the east line of Section 33, T3S, R3W; Thence south on the east line of Section 33 approximately 4,630 feet to the southerly side of Archery Summit Road; Thence southeasterly on the southerly side of Archery Summit Road to Oregon Highway 18 and continuing on an easterly projection to the Portland & Western Railroad; Thence northeasterly along the railroad to the south side of Fulquartz Landing Road (CR 79); Thence along Fulquartz Landing Road to the west side of NE Crawford Road (CR 181); Thence south along the west side of NE Crawford Road to the southerly side of Riverwood Road (CR80); Thence southeasterly

along the southside of Riverwood Road to northwest corner of County Survey 3598 by J.G Hefty, dated September 1912; Thence along the said survey lines $S78^{\circ}13'E$, approximately 1,989 feet; thence $S77^{\circ}16'E$, approximately 489.60 feet; Thence $N80^{\circ}34'E$, approximately 905.80 feet to the Willamette River; Thence Northerly and following the Willamette River downstream to the north line of Section 6, T4S, R1W and the county line; Thence west and north along the exterior of T3S, R1W, and the county line to the place of beginning.

B. ASA #2 North

Assigned to the McMinnville Fire District.

Beginning on the northerly Yamhill County line at a point on the north line of Section 18, T2S, R3W, approximately 750 feet west of NE Spring Hill Road; Thence southerly to the south line of said Section 18, to a point approximately 2,200 feet west of NE Spring Hill Road; Thence $S10^{\circ}E$ generally parallel with NE Spring Hill Road, to the east end of the curve and the south side of NE Laughlin Road approximately 2,000 feet west of NE Spring Hill Road; Thence southwesterly along the easterly side of NE Laughlin Road approximately 1,900 feet to the west line of the Phillip Thompson Donation Land Claim No. 58; Thence $S5^{\circ}E$, approximately 3,300 feet to the northeast corner of U.S. Government Lot 10, near the center of Section 30, T2S, R3W; Thence west on the north line of said Lot 10, a distance of 942.31 feet to a 10" diameter stone shown on Survey No. 6805 of Yamhill County Survey Records; Thence $S0^{\circ}08'51"E$ a distance of 2,690.83 feet to a 6" diameter stone on the south line of said Section 30 and shown per said Survey No. 6805; Thence $S19^{\circ}E$ approximately 1.08 miles to a point the north line of Section 6, T3S, R3W, lying approximately 1,900 feet west of NE North Valley Road; Thence west approximately 1,130 feet to the North $\frac{1}{4}$ corner of said Section 6; Thence south on the center line of said Section 6 a distance of approximately 1.0 mile to the North $\frac{1}{4}$ corner of Section 7, T3S, R3W, Thence west approximately 2,640 feet to the northwest corner of said Section 7; Thence south on the west lines of Section 7 and 18 approximately 1.40 miles to the northerly line of a tract described in Instrument No. 200529012 (Park Trust to Mahon); Thence easterly approximately 1.78 miles to the northeasterly corner of the Calvin W. Ish Donation Land Claim No. 49; Thence southerly on the easterly line of said Ish Claim No. 49 to the property line between Revana Family Partners, Deed No. 20060169, and Andrew H. Wilder, Deed No. 20017231; Thence southeasterly along the Revana/Wilder line to the west line of Section 21, T3S, R3W; Thence South approximately 1.60 miles to the southwest corner of Section 28, T3S, R3W; Thence east along the south line of Section 28 approximately 3,700 feet to the west property line of Caroline Crabtree-Osborne; Thence south and east on the Crabtree-Osborne lines to the east line of Section 33, T3S, R3W; Thence south on the east line of Section 33 approximately 4,630 feet to the southerly side of Archery Summit Road; Thence southeasterly on the southerly side of Archery Summit Road to Oregon Highway 18 and continuing on an easterly projection to the Portland & Western Railroad; Thence northeasterly along the railroad to the south side of Fulquartz Landing Road (CR 79); Thence along Fulquartz Landing Road to the west side of NE Crawford Road (CR 181); Thence south along the west side of NE Crawford Road to the southerly side of Riverwood Road (CR80); Thence southeasterly along the southside of Riverwood Road to northwest corner of County Survey 3598 by J.G Hefty, dated September 1912; Thence along the said survey lines $S78^{\circ}13'E$, approximately 1,989 feet; thence $S77^{\circ}16'E$,

approximately 489.60 feet; Thence N80°34'E, approximately 905.80 feet to the Willamette River; Thence southerly and upstream along the Willamette River and easterly county line to the point where Yamhill and Polk Counties meet; Thence west along the Yamhill and Polk County line to the west side of SW Broadmead Road; Thence northeasterly along the west side of SW Broadmead Road to the south line of Section 25, T5S, R5W; Thence west on the section lines of Section 25 and 26 to the South Yamhill River; Thence northeasterly and following the Yamhill River downstream to the Bellevue-Hopewell Highway Bridge; Thence westerly along the southerly side of Bellevue-Hopewell Highway (OR 153) to the west side of Delashmutt Road (CR 28); Thence northerly along the west side of Delashmutt Road approximately 1,800 feet to the south line of Section 22, T5S, R5W; Thence north approximately 1.0 miles along the east section lines of 22 and 15 to the north side of SW Sauter Road; Thence westerly along the north side of SW Sauter Road through the "S" curve, approximately 4,500 feet to a point near the Boundy/Christensen property line. Thence north passing through milepost 39 of OR HWY 18 approximately 3,150 feet to the southeast corner of Erratic Rock State Nature Site; Thence west along the south line of Erratic Rock State Nature Site approximately 1,000 feet to the southwest corner thereof adjacent with SW Dusty Drive; Thence north along a series of common property lines, approximately 5,600 feet to the northeast corner of the Momtazi Family LLC property described in Instrument No. 1997-16865 of the Yamhill County Clerk's Records; Thence west Momtazi property approximately 1,320 feet to the east line of Section 9, T5S, R5W; Thence south along the section line approximately 1,320 feet to the east ¼ corner of Section 9; Thence west along the centerline of Section 9 approximately 1,850 feet; Thence south approximately 2,640 feet to the southeast corner of Dave Waddell property; Thence west approximately 2,640 feet to the southwest corner of Dave Waddell property; Thence north approximately 2,500 feet to the southerly corner of the James Colman Donation Land Claim No. 40; Thence N 54°W along the Colman Donation Claim approximately 990 feet to the east side of SW Muddy Valley Road (CR 19); Thence northerly up the east side of SW Muddy Valley Road to the bridge across Muddy Creek in the northwest ¼ of Section 4, T5S, R5W; Thence northwesterly upstream along Muddy Creek approximately 3.25 miles to the south line of Section 19, T4S, R5W; Thence west approximately 0.9 Miles to the southeast corner of Section 24, T4S, R6W; Thence north 2 miles on the section lines to the northeast corner of Section 13, T4S, R6W; Thence west 4 miles on the section lines to the southwest corner of Section 9 T4S, R6W; Thence north 2 miles to the southeast corner of Section 32, T3S, R6W; Thence west 1 mile to the west county line; Thence north 12 miles and east approximately 19.3 miles along the county line to the place of beginning.

C. ASA #3 South Central

Assigned to the Sheridan Fire District.

Beginning at the intersection of the Yamhill and Polk County line and the west side of SW Broadmead Road located in Section 2, T6S, R5W; Thence northeasterly along the west side of SW Broadmead Road to the south line of Section 25, T5S, R5W; Thence west on the section lines of Section 25 and 26 to the South Yamhill River; Thence northeasterly and following the Yamhill River downstream to the Bellevue-Hopewell Highway Bridge; Thence westerly along the southerly side of the Bellevue-Hopewell Highway (OR 153) to the west side of Delashmutt Road

(CR 28); Thence northerly along the west side of Delashmutt Road approximately 1,800 feet to the south line of Section 22, T5S, R5W; Thence north approximately 1.0 miles along the east section lines of 22 and 15 to the north side of SW Sauter Road; Thence westerly along the north side of SW Sauter Road through the "S" curve, approximately 4,500 feet to a point near the Boundy/Christensen property line. Thence north passing through milepost 39 of OR HWY 18 approximately 3,150 feet to the southeast corner of Erratic Rock State Nature Site; Thence west along the south line of Erratic Rock State Nature Site approximately 1,000 feet to the southwest corner thereof adjacent with SW Dusty Drive; Thence north along a series of common property lines, approximately 5,600 feet to the northeast corner of the Momtazi Family LLC property described in Instrument No. 1997-16865 of the Yamhill County Clerk's Records; Thence west Momtazi property approximately 1,320 feet to the east line of Section 9, T5S, R5W; Thence south along the section line approximately 1,320 feet to the east ¼ corner of Section 9; Thence west along the centerline of Section 9 approximately 1,850 feet; Thence south approximately 2,640 feet to the southeast corner of Dave Waddell property; Thence west approximately 2,640 feet to the southwest corner of Dave Waddell property; Thence north approximately 2,500 feet to the southerly corner of the James Colman Donation Land Claim No. 40; Thence N 54°W along the Colman Donation Claim approximately 990 feet to the east side of SW Muddy Valley Road (CR 19); Thence northerly up SW Muddy Valley Road to the bridge across Muddy Creek in the northwest ¼ of Section 4, T5S, R5W; Thence northwesterly upstream along Muddy Creek approximately 3.25 miles to the south line of Section 19, T4S, R5W; Thence west approximately 0.9 Miles to the southeast corner of Section 24, T4S, R6W; Thence north 2 miles on the section lines to the northeast corner of Section 13, T4S, R6W; Thence west 4 miles on the section lines to the southwest corner of Section 9 T4S, R6W; Thence south 4 miles on the section lines to the southwest corner of Section 33, T4S, R6W; Thence east on the south line of Section 33 approximately 0.18 miles to the westerly side of Rock Creek Road (CR 415); Thence southwesterly along the westerly side of Rock Creek Road approximately 4.8 miles to the west line of Section 21, T5S, R6W; Thence south on the section lines 2.25 miles to the southerly side of Oregon Highway 18 Business (W. Main Street); Thence southwesterly along the southerly side of Oregon Hwy 18 approximately 0.9 miles to the east line of Section 6, T6S, R6W; Thence south on the east line of Section 6 approximately 0.75 miles to the Yamhill and Polk County Line. Thence east on the County line approximately 9.3 miles to the east side of SW Broadmead Road and the point of beginning.

D. ASA # 4 West

Assigned to the Grand Ronde Fire Department.

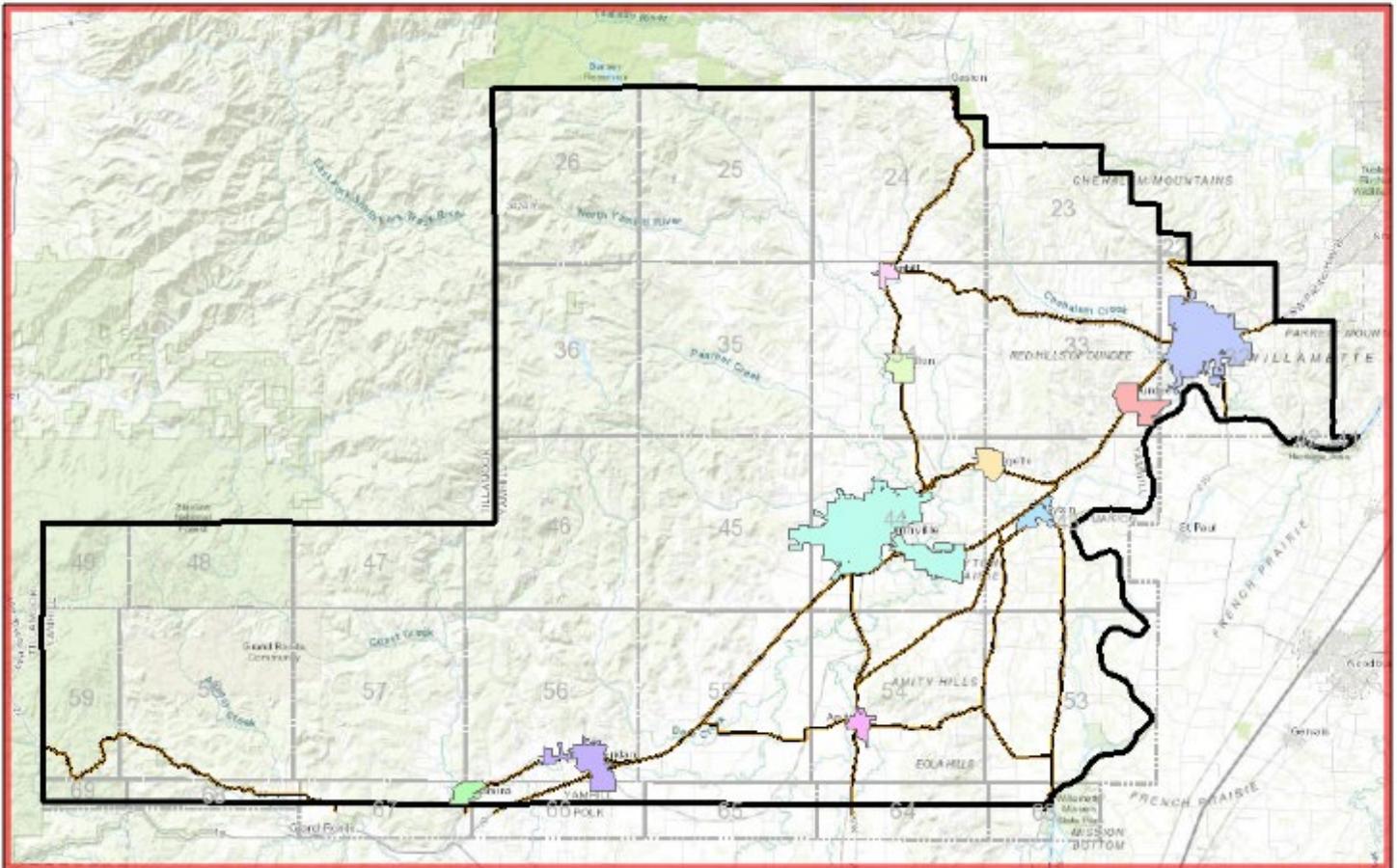
Beginning on the Yamhill and Tillamook County line at the northwest corner of Section 5, T4S, R6W; Thence east 1 mile to the northeast corner of Section 5, T4S, R6W; Thence south 6 miles on the section lines to the southwest corner of Section 33, T4S, R6W; Thence east on the south line of Section 33 approximately 0.18 miles to the westerly side of Rock Creek Road (CR 415); Thence southwesterly along the westerly side of Rock Creek Road approximately 4.8 miles to the west line of Section 21, T5S, R6W; Thence south on the section lines 2.25 miles to the southerly side of Oregon Highway 18 Business (W. Main Street); Thence southwesterly along

the southerly side of Oregon Hwy 18 approximately 0.9 miles to the east line of Section 6, T6S, R6W; Thence south on the east line of Section 6 approximately 0.75 miles to the Yamhill and Polk County Line. Thence west, north, east, and north approximately 44.75 miles on the county line to the point of beginning.

Map(s) Depicting "9-1-1," Fire Districts and Incorporated Cities [OAR 333-260-0020(3) 4.(c)]

INCORPORATED CITIES:

Yamhill County Map



December 19, 2022

- | | | | | |
|-------------|--------|-------------|-----------|--------------|
| City Limits | Dayton | Lafayette | Sheridan | County |
| Amity | Dundee | McMinnville | Willamina | County Roads |
| Carlton | Gaston | Newberg | Yamhill | Townships |

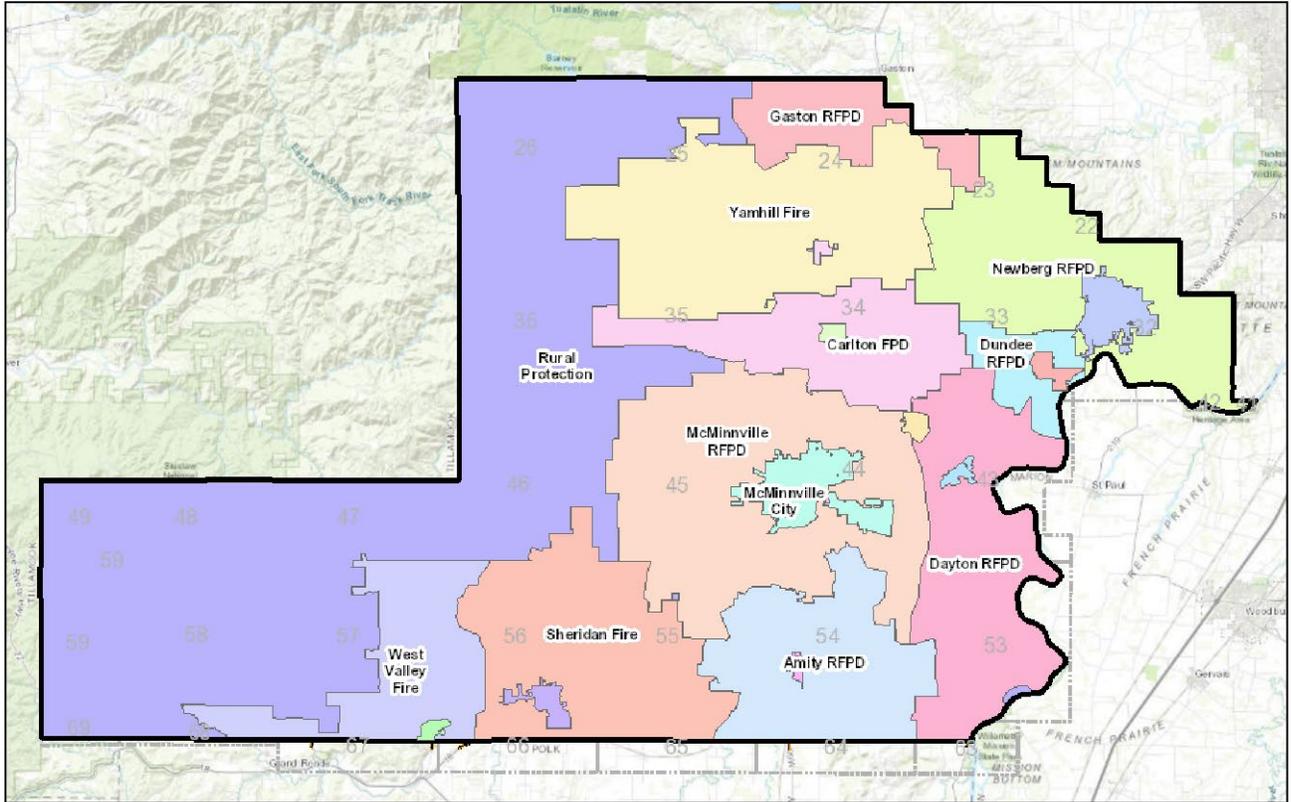
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0 2.5 5 10 mi
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Oregon Metro, Bureau of Land Management, State of Oregon, State of Oregon DOT, State of Oregon GEO, Esri Canada, Esri, HERE, Garmin,
Yamhill County GIS
Yamhill County 2018

FIRE DISTRICTS

Yamhill County Map



December 19, 2022

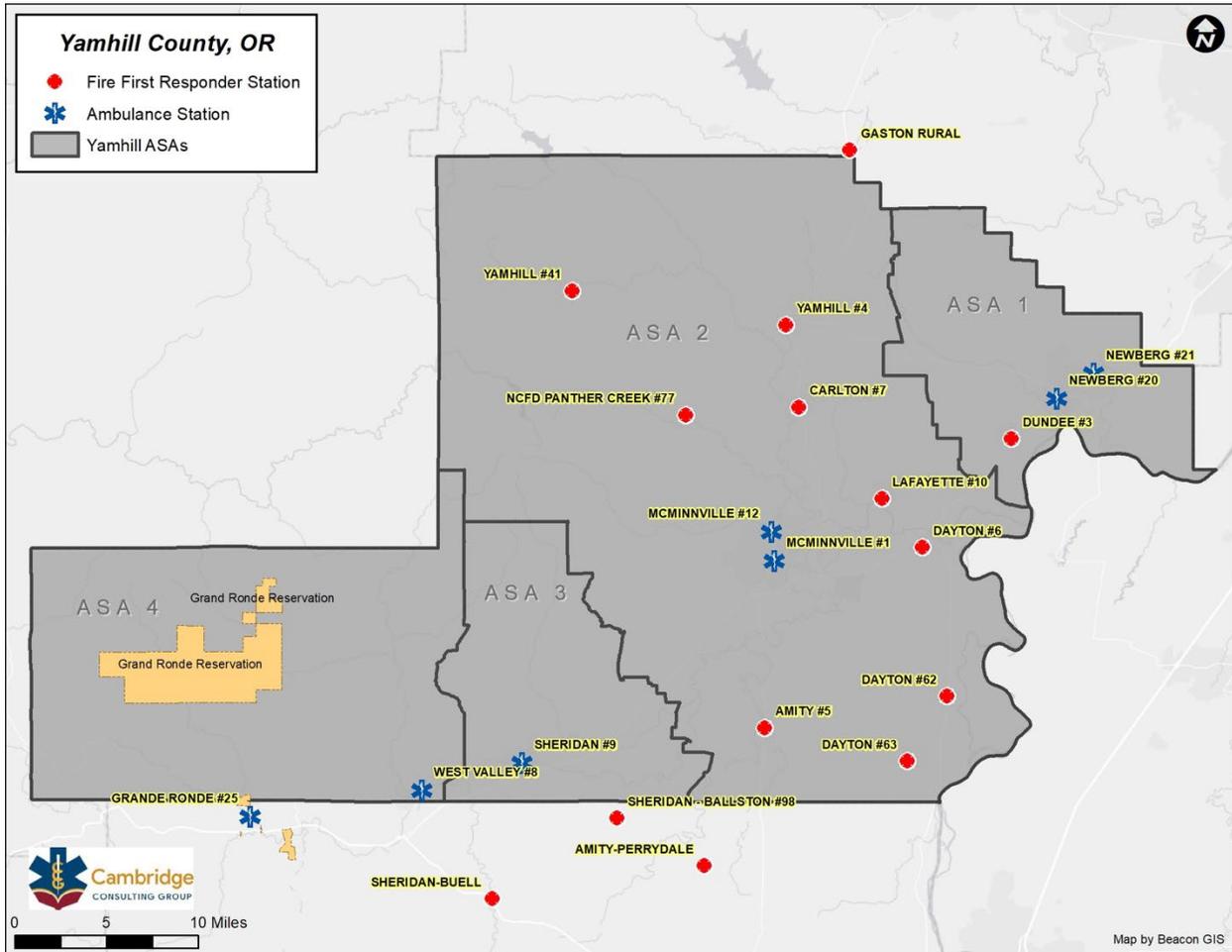
City Limits	Dayton	Lafayette	Sheridan	County	Carlton FPD	Dundee RFPD
	Amity	Dundee	McMinnville	Willamina	Dayton RFPD	Gaston RFPD
	Carlton	Gaston	Newberg	Yamhill	Amity RFPD	Dundee City
					Lafayette City	

1:432,000

0 2.5 5 10 mi
0 4 8 16 km

Oregon Metro, Bureau of Land Management, State of Oregon, State of Oregon DOT, State of Oregon GEO, Esri Canada, Esri, HERE, Garmin, Yamhill County GIS
Yamhill County 2018

FIRE STATIONS & FIRE STATIONS WITH EMS ASSETS:



Alternatives Considered to Reduce Response Times [OAR 333-260-0020(3) 4.(d)]

The County has policies and procedures in effect that monitor emergency ambulance Response Time performance by all ASA Providers. The County expects the ASA Providers to employ industry best practices, data driven strategies, and sound professional judgment in meeting established Response Time requirements. The goal is to responsibly, reliably, and safely deliver Response Times, while also considering certain clinical outcomes in addition to Response Times.

Employing the use of closer, first response units in responding to critical EMS cases, or even Quick Response Teams (QRT), are mechanisms organizations are encouraged to use to reduce Response Times to emergencies. These types of EMS units, while not transport capable, can deliver trained personnel faster to the scene than more regionally located ambulances.

Other methodologies the County expects each ASA Provider to implement to reduce Response Times and improve patient outcomes include:

1. Develop and use standard operating procedures,
2. Support a trained and qualified work force,
3. Maintain adequate communications equipment,
4. Utilize coordinated communication,
5. Promote information exchanges among public safety response agencies,
6. Coordinate with hospitals to reduce wait times; and
7. Educate the public on the 9-1-1 system and services.

Other ways being considered to reduce the time for lifesaving care to arrive at the patient's side include the following:

USE OF DRONES IN EMS:

Research from Europe, and a few pilot programs in the United States, have shown that drones (UAV) may provide an option for many EMS systems to improve response to critical emergencies and improve patient outcomes. They appear to be most advantageous for rural and frontier regions where EMS response can easily exceed 20 minutes. When UAVs are equipped with AEDs (Automatic External Defibrillators) and EpiPens, as an example, and configured to provide two-way audio communication, they can deliver life-saving modalities to the patient's side and permit instruction to direct by-standers on usage.

Some UAV systems have been developed that use remote outside storage structures that maintain battery charge for the unit and protect it from inclement weather conditions. These "drone stations" could be located strategically throughout a remote or rural region to enhance the response capability of the local EMS services.

When equipped with video capabilities, UAVs may also be used to provide situational awareness for EMS units and communications centers by deployment over particular incidents,

especially when multiple patients are involved or safety conditions at a scene are in question. While limited by battery life, UAVs still have important applications for EMS systems and individual units, such as First Responder apparatus.

COMMUNITY AEDs

Some medical device manufacturing companies have introduced the concept of community wide distribution of AEDs, including in personal residences. These devices are connected to a network that incorporates with the local 911 communications center which allows the devices to be alerted when a potential cardiac arrest is occurring within a set distance. Individuals of the lay public can remove the AED from its wall-mounted station and respond to the scene to render aid. The idea that the public can respond to many out-of-hospital cardiac arrests (OHCA) with an AED faster than EMS providers is factual in many cases.

This concept could be expanded in the future to include EpiPens and tourniquets. In addition, some communities have launched registries for AEDs that are located in public buildings and private companies, maintaining that information with their emergency communications centers. In these cases, when an OHCA call is received by the 911 center, they are able to locate the closest AED and advise the caller.

ALTERNATIVE TO RESPONSE TIME STANDARDS

The County recognizes that it is not just Response Times that lead to a reduction in mortality. In fact, there is a significant amount of research that indicates, outside of cardiac arrests, Response Times have a minimal impact on patient outcomes and length of stay time in the hospital. It is often the case that time to first clinical intervention plays a more significant role in out of hospital survival rates. Research shows there is no evidence of increased mortality for priority patients where ALS Response Time exceeded 10:59 minutes³. Other studies concluded that, *“a paramedic response time 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 results”*⁴.

Additionally, focusing solely on Response Times 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 arrive in the designated time interval. Second, many more paramedics are needed in the system staffing those ambulances. Third, crews are held to a Response Time standard that can only be achieved by the constant use of red lights and sirens. This exposes them to a higher incidence of ambulance-involved motor vehicle collisions and potentially crewmember injuries along with an increased fatigue factor that has the potential for clinical errors.⁵

³ Pons PT, Haukoos JS, Bludworth W, et al. Paramedic response time: Does it affect patient survival? Acad Emerg Med. 2005;12(7):594—600

⁴ 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

⁵ Grissinger M. An exhausted workforce increases the risk of errors. P T. 2009 Mar;34(3):120-3

To this end, the County will closely monitor Response Times to ensure they do not exceed the established benchmarks but will also continually review the efficacy of Response Times in general. The County will further begin development of clinical performance standards that have been shown to be related directly to patient outcomes. The County will strive to establish consensus-accepted clinical performance standards as an important measure of the quality of the system's overall performance and as required benchmarks for achievement for ASA Providers.

CLINICAL PERFORMANCE STANDARDS

Over the next five years, the ASA Committee will be considering what clinical data is identified as important by current in-field medical research for patient care, as well as improved patient outcomes, and determine how that information may be collected. The ASA Committee has been charged with reviewing and determining what clinical performance standards should be used in the Yamhill EMS system in the future.

SYSTEM ELEMENTS [OAR 333-260-0020(3) 5]

9-1-1 DISPATCHED CALLS [OAR 333-260-0020(3) 5.(a)]

PUBLIC SAFETY ANSWERING POINT (PSAP) / DISPATCH CENTERS

Yamhill County utilizes The Yamhill Communications Agency (YCOM) and the Newberg-Dundee Communications Center (NDCC) to provide EMS call answering, processing and dispatching services. NDCC transfers incoming EMS requests to the Washington County Consolidated Communications Agency (WCCCA) for the disposition of the case.

Upon request for medical assistance, YCOM or WCCCA will simultaneously dispatch the closest fire department first responder unit, if applicable, and the appropriate emergency ambulance service. Actual dispatch processing and performance is closely monitored and tracked internally by the dispatch centers and externally by the Yamhill County Department of Health.

YCOM uses the International Academies of Emergency Dispatch's Medical Priority Dispatch System for triaging and prioritization of EMS calls. WCCCA uses the APCO EMS triaging system.

Both WCCCA and YCOM are aware that the public is quickly adopting new technologies with their computers and wireless devices and expect to be able to communicate with today's 911 systems. A new generation of access devices presents a technology challenge to systems originally designed to interface with only fixed landline 911 calls. With the seemingly constant advancement of new technologies prevalent in today's 911 environment, incorporating a high degree of readiness into the 911 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 ongoing evolution of 911 requires establishing minimum standards for PSAP employee training, operations, technology, and facilities. These organizations include:

1. International City/County Management Association (ICMA)
2. National Emergency Number Association (NENA)
3. Association of Public-Safety Communications Officials – International (APCO)
4. International Association of Fire Chiefs (IAFC)
5. Commission on Accreditation for Law Enforcement Agencies (CALEA)
6. National Fire Protection Association (NFPA)

PRE-ARRANGED NON-EMERGENCY TRANSFERS AND INTER-FACILITY TRANSFERS [OAR 333-260-0020(3) 5.(b)]

All pre-arranged, non-emergency ambulance services and inter-facility ambulance transfers originating within Yamhill County shall be included within the franchise rights and ambulance service area boundaries granted to ASA Providers as identified in this ASA Plan. This does not apply to ambulances and vehicles that are exempt from the ASA Plan, including but not limited to: specialty transport teams, ambulances owned or operated under the control of the United States government, vehicles operated solely on facility grounds, transportation of clients from outside of the County to a health care facility within the County, or ambulance or vehicles which are passing through without destination in the County. In addition, non-emergency ambulance services do not include stretcher cars, secure transport or medical taxis that do not provide medical services.

The assigned ASA Provider has the right to first refuse requests for non-emergency ambulance services or inter-facility ambulance transfers originating within their assigned ASAs; provided, however, that an ASA Provider's right to first refuse such requests does not apply to any person who is not an assigned ASA Provider and who had an existing written contract prior to July 1, 2009, with a health care provider located in Yamhill County for non-emergency ambulance services or inter-facility ambulance transfers. In any case, if the assigned ASA Provider refuses a non-emergency ambulance service or inter-facility ambulance transfer, a person who is not an assigned ASA Provider may provide the non-emergency ambulance service or inter-facility transfer.

Non-emergency ambulance services and inter-facility ambulance transfers are excluded from Response Time reporting requirements but may be subject to future reporting requirements established by the ASA Committee or the Board. All other rules, requirements and customer service expectations relating to the provision of emergency ambulance services shall apply to the provision of non-emergency and inter-facility ambulance transfers.

NOTIFICATION AND RESPONSE TIMES [OAR 333-260-0020(3) 5.(c)]

The County relies upon both WCCCA and YCOM to provide the services of notification and tracking call disposition for all EMS cases in the County. Through their Computer Aided Dispatch

still allowed to staff their system as they see fit to meet the 90% response time standard as stated above.

PERSONNEL [OAR 333-260-0020(3) 5.(e)]

When operating an ambulance in Yamhill County, all ASA Provider personnel must meet the requirements of ORS Chapter 682 and OAR 333-255-0070 (1), (4) or (6).

Anyone staffing an ambulance must not have consumed alcohol beverages in the eight hours before working or in any way be impaired by the ingestion of alcohol. Anyone staffing an ambulance must not be taking any medications that would impair their ability to care adequately and safely for a patient.

Each person staffing an ambulance or providing pre-hospital emergency medical care in the County is required to display their level of certification/licensure and, at a minimum, their first name on the outermost garment of their work uniform and must make reasonable efforts to display this information under other circumstances. At a minimum, this uniform shall bear the name of the agency or ASA Provider providing the service. Reasonable exceptions are made for clothing used to protect the responders from injury or illness (i.e. turnouts, hazardous materials suits, personal protective garments, etc.)

Each person staffing an ambulance or providing pre-hospital emergency medical care is required to wear a standardized uniform as determined by the employing agency. Uniforms shall be clean and free of excessive wear and tear and free of blood and/or bodily materials. Reasonable exceptions shall be granted to uniforms soiled during the course of providing service as long as they are cleaned and changed at the first appropriate opportunity.

Each ASA Provider shall have in place a pre-employment and for-cause drug and alcohol screening program. This program shall be on file with the Administrator. Each ASA Provider shall have in place a criminal background check program. This program shall be on file with the Administrator. Upon a reasonable request by the Administrator, a criminal background check may be required of any person providing direct patient services.

MEDICAL SUPERVISION [OAR 333-260-0020(3) 5.(f)]

Each ASA Provider utilizing EMTs shall be supervised by a physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners as a Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.). The Board of Medical Examiners must also approve the physician as a Supervising Physician. Each ASA Provider or ambulance service will identify a Supervising Physician. The Supervising Physician shall comply with the medical requirements listed in OAR 847-35-0025.

Willamette Valley Medical Center and Providence Newberg shall be the Yamhill County EMS System Medical Resource Hospitals. Other hospitals outside of those listed may be used as required for proper patient care and transport.

AMBULANCE SERVICE LICENSE AND PATIENT CARE EQUIPMENT [OAR 333-260-0020(3) 5.(g)]

All ambulances and ambulance services in Yamhill County must be licensed with the Oregon Health Authority, EMS Section, and be equipped with equipment and supplies that comply with the OARs for ALS, ILS and BLS ground ambulances. Patient care equipment must meet all requirements as specified in ORS 682.015 to 682.991 and OAR 333-255-007 (2), (3), (4) (5), or (7).

If a QRT is used as a first responder, it should be fully equipped to provide the service level set by the ASA Provider, and meet those personnel, training, and medical supervision requirements which apply from the Oregon Health Authority.

All ASA Providers shall maintain a list of equipment for their units, which will be furnished to the ASA Committee or Board upon their request.

The County is working with its ASA Committee to standardize the medical equipment and supplies used on each ASA Provider's apparatuses.

VEHICLES [OAR 333-260-0020(3) 5.(h)]

All ambulance must be Type I, II, or III and licensed by the Oregon Health Authority prior to any emergency medical service. All ambulances must meet or exceed the requirements as set forth in ORS 682.015 to 682.991 and OAR 333-255-0060. A current list of each ASA Provider's ambulances shall be maintained and furnished to the Administrator, the ASA Committee, or the Board upon request.

ASA Providers shall use ambulances which are in good condition and shall meet or exceed either the current National Fire Protection Association (NFPA) 1917 or Commission on Accreditation of Ambulance Services (CAAS) 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, the State standards shall prevail. Each ASA 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 for that vehicle acceptable to the County.

TRAINING [OAR 333-260-0020(3) 5.(i)]

Yamhill County accepts both Oregon's level specific, state certification education/training requirements and standards requirements, and standards and continuing education for EMS providers.

Each ASA Provider shall meet State-required certification levels, to be certified and/or licensed by the appropriate State agency, to participate in a medical audit process, and to provide special training and support to personnel in need of specific training.

Additional educational/training requirements may be required by the ASA Providers' Supervising Physicians, to accommodate such things as protocol changes, in-service, quality improvement, system enhancements, and individual remediation.

QUALITY IMPROVEMENT [OAR 333-260-0020(3) 5.(j)]

Each ASA Provider shall have a quality assurance and improvement program aimed at monitoring the provision of care provided by its EMS practitioners. These programs shall include mechanisms to identify errors or omissions of appropriate care, mandated medical protocols, or necessary documentation of care provided, by specific practitioners. These programs shall include processes to retrain or educate identified individuals needing remediation.

QUALITY IMPROVEMENT; STRUCTURE [OAR 333-260-0020(3) 5.(j)(A)]

The Board, in order to ensure the delivery of the most efficient and effective pre-hospital care possible with the available resources, has directed establishment of an ASA Committee. The ASA Committee was created by Ordinance No. 723, February 6, 2003, and is composed of the following positions. Members are appointed to the positions by Board Order:

- Administrator or their designee (1)
- EMS personnel selected from each ASA of Yamhill County (4)
- 9-1-1 Coordinator from each Yamhill County dispatch center (2)
- Administrator or designee from each hospital located within Yamhill County (2)
- Public member (1)
- Physician Advisor/emergency physician (1)
- Fire Department or Fire District representative from an organization that is not assigned an ASA in Yamhill County or any other county (1)
- Yamhill County emergency management representative (1)

Commissioners and other Yamhill County staff may attend as ex-officio members of the ASA Committee.

The Board appoints members of the ASA Committee for staggered terms, which may be renewed.

Any member of the ASA Committee who may have a conflict of interest in any matter must declare such conflict and refrain from participating in any recommendations made.

QUALITY IMPROVEMENT; PROCESS [OAR 333-260-0020(3) 5.(j)(b)]

The ASA Committee functions to review standards, make recommendations for improvement or new standards to the Board for all matters regarding EMS, and reviews and makes recommendations regarding the soundness of the ASA Plan. The ASA Committee, through its existence, will offer a local focus for EMS system issues and encourage local resolution of EMS system problems. The ASA Committee will maintain a compilation of all Quality Assurance/Improvement policies enacted, as well as all investigations and their outcomes.

The ASA Committee is established to:

1. Act in an advisory capacity for quality management issues to an ASA Provider at their request.
2. Develop and monitor performance standards.
3. Evaluate written proposals for amendments to the ASA Plan and forward its recommendations to the Board.
4. Monitor ASA Provider quality assurance programs to include:
 - a. Compliance with statutes, ordinances, and rules.
 - b. Compliance with standards for pre-hospital notification, response, and patient care.
 - c. Problem resolution and sanctions for non-compliance.

ANNUAL REVIEW OF PLAN AND PROVIDERS

The ASA Committee will annually review and make recommendations regarding the effectiveness and efficiency of the ASA Plan and pre-hospital emergency medical care, including but not limited to:

1. Coordination between EMS resources.
2. Dispatch procedures and compliance (ambulance and other emergency resources).
3. Internal audit and quality assurance processes for ASA Providers. Recommendations from provider quality assurance within system. Quality assurance findings from other agencies.
4. Input from public, ASA Providers, and medical community on performance.
5. Effective and efficient ASA boundaries.
6. Performance criteria and data sources.
7. Quarterly updates from ASA Providers.
8. Review and revise ASA Plan as necessary.
9. Interagency cooperation in disaster and mutual aid planning.

The ASA Committee will also review each ASA Provider annually for compliance with this ASA Plan requirements. Service record guidelines are outlined in license requirements for Ambulance Services established through the State Health Authority (OAR Chapter 333).

OTHER BUSINESS

The ASA Committee will be activated at any time a concern is submitted or when deemed appropriate by the Committee Chair, the Administrator, or three or more ASA Committee members. The ASA Committee may form subcommittees to deal with specific issues, such as quality assurance, protocol development, and disaster planning.

CONFIDENTIALITY

The ASA Committee and any subcommittees, as with any governmental body, will be subject to the Oregon Public Meetings Law (ORS Chapter 192). However, State and federal law require that patient records be kept confidential. The ASA Committee will comply with Oregon Public Meetings Law, ORS 192.610 through 192.690, but shall prevent the public disclosure of health privacy information or any other protected information, as required by state or federal law.

QUALITY IMPROVEMENT; PROBLEM RESOLUTION

The ASA Committee will review concerns about the ASA Plan, service delivery, and system response issues. Concerns must be directed to the Administrator in writing before they are raised in the ASA Committee. The Administrator will maintain a record of all correspondence and subsequent findings or actions.

Problems involving protocol deviation by EMTs or dispatchers will first be referred to the respective ASA Provider representative, Supervising Physician or dispatch supervisor.

Problems involving a non-compliant ASA Provider may, at the Administrator's discretion, be referred with background information and recommendations to the Board. The Board may seek further background data and recommendations from the ASA Committee in such instances.

Quality Improvement; Sanctions for Non-Compliant Providers [OAR 333-260-0020(3) 5.(j)(C)]

Sanctions for non-compliant ASA Providers may include the following.

SUSPENSION, MODIFICATION, OR REVOCATION OF A COUNTY ASA

In addition to any other remedies provided under this ASA Plan or under State or federal law, the Administrator is authorized upon reasonable cause to investigate whether there is sufficient reason to suspend, modify, or revoke the franchise of an ASA Provider.

1. If, in the judgment of the Administrator, there is sufficient evidence of a violation of the ASA Plan or applicable local, state, or federal law, or sufficient evidence that an ASA Provider has materially misrepresented facts or information given in its application for an ASA franchise, and such conduct warrants suspension, modification, or revocation of an ASA franchise, then the Administrator shall notify the Board in writing. The Administrator shall send a copy to the ASA Provider and the ASA Committee.
2. No less than ten (10) business days following the issuance of the notice of violation under this section, the Board may enter its order of revocation, modification, suspension, or non-renewal, and may thereby revoke, modify, or suspend the ASA franchise, unless prior thereto the ASA Provider submits a written request for a public hearing or the Board on its own schedules a public hearing on the matter. Notice of any

such hearing will be given to the ASA Provider by mail. The purpose of the hearing will be for the Board to determine whether good cause exists to revoke, modify, suspend, or not renew the ASA franchise.

3. In lieu of the suspension, modification, or revocation of an ASA franchise, the Board may order that the violation or misrepresentation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the Board action shall be provided by mail to the ASA Provider. The notice shall specify the violation, the action necessary to correct the violation, and the date by which the action must be taken. The ASA Provider shall notify the Board of the corrective action taken.
4. Any decision by the Board to suspend, modify, or revoke an ASA franchise must be by written order. A copy must be delivered to the ASA Provider by certified and regular mail or by personal service.

ORDINANCE VIOLATION

Any violation of a provision of this ASA Plan shall be punishable as a violation of a County ordinance under ORS Chapter 153. Such violation shall be punishable, upon conviction, by a fine not to exceed \$500. Each day of a continuing violation constitutes a separate offense.

NUISANCE

In addition to the penalties provided in the ordinance, violations of any of the provisions of this ASA Plan and associated ordinance(s) is declared to be a nuisance and may be regarded as such in all actions, suits, or proceedings. The Board may initiate injunctive abatement or other appropriate legal proceedings to temporarily enjoin or abate such ambulance services.

COORDINATION [OAR 333-260-0020(3) 6]

ENTITY THAT SHALL ADMINISTER AND REVISE THE ASA PLAN [OAR 333-260-0020(3) 6.(a)]

The Administrator, under the supervision of the Board and with the assistance of the ASA Committee, is responsible for the administration of this ASA Plan. The Administrator has access to records pertaining to ambulance service operations of any service regulated by this ASA Plan; these records will be made available within five working days to the Administrator by the agency owning or in possession of said records.

COMPLAINT REVIEW PROCESS [OAR 333-260-0020(3) 6.(b)]

Concerns regarding violations of this ASA Plan, or questions involving pre-hospital care provided, must be submitted in writing to the Administrator. The Administrator will then forward the concern to the ASA Committee for its review and findings or recommendations. The ASA Committee may also resolve any problems involving system operations. The Administrator will maintain a written record of correspondence and subsequent findings or actions.

The public, ASA Providers, the medical community, or any other entity may provide ongoing input to any individual on the ASA Committee or members of the Board. This individual, in turn, may present the complaint, concern, idea or suggestion (in writing) to the full ASA Committee for consideration.

The ASA Committee will hear complaints, and it shall make recommendations to the Administrator, by majority vote of those attending the meeting at which the discussion and recommendation is made. Any recommendations made by the ASA Committee must be approved by the Administrator prior to action or implementation. Any recommendations by the ASA Committee or decision by the Administrator may be appealed to the Board.

CITIZEN COMPLAINTS / PROVIDER COMPLAINTS

Step 1. Filing of Formal Complaint with the ASA Provider.

- a) A person desiring to make a complaint about ambulance services provided under this ASA Plan must first contact the ASA Provider. Upon request, the ASA Provider will provide a complaint form that includes information about the complaint process. The complaint is not official until the complainant files the written complaint with the ASA Provider.
- b) The ASA Provider must acknowledge the complaint within 5 business days of receipt. The acknowledgment will include the date the complaint was received and information about the complaint process.
- c) The ASA Provider will complete an information discovery process with the complainant. The ASA Provider will notify the complainant if additional information is needed from the complainant; if so, it must be furnished within 10 calendar days or another mutually agreed upon time frame, or the complaint may be resolved without this information.
- d) No later than 21 calendar days from the date the complaint was received, the ASA Provider will produce a response to the complainant along with instructions for filing appeals to the ASA Committee. If the ASA Provider cannot resolve the issue in no later than 21 calendar days, then the ASA Provider shall notify the complainant in writing as soon as it is known that a delay will occur, state when a decision will be made, and specify the reason for delay.
- e) The ASA Provider will send a copy of the complaint and its response to the Administrator.
- f) If the complainant is satisfied, then Step 1 of the complaint process ends. If the complainant is dissatisfied, then they may proceed to Step 2.

Step 2. Appeal of Decision to the ASA Committee.

Complainants dissatisfied with any determination of an ASA Provider may appeal to the ASA Committee. The appeal process is set forth below.

- a) A complainant under step 1 or its representative must file a written appeal of the ASA Provider's determination with the Administrator within 30 calendar days of the

- determination. The appeal must state the date, the complaint, the desired resolution, and the reason/s the complainant has objected to the ASA Provider's determination.
- b) The Administrator will acknowledge the appeal within 5 business days of receipt. The acknowledgment will include the date the appeal was received and information about the complaint process.
 - c) The Administrator will complete an information discovery and technical assistance period that includes the Complainant and the ASA Provider, and will submit the appeal and all relevant information to the ASA Committee no later than 21 calendar days from the date of the appeal. The ASA Committee will then issue a written decision no later than 45 calendar days from the date of the appeal. If the ASA Committee overturns the ASA Provider's decision, then the ASA Committee may require the ASA Provider to submit a corrective action plan within 14 calendar days to the Administrator.
 - d) The Administrator will notify the Complainant of the ASA Committee's determination and what future steps will be taken, if any, to address the complaint.

MUTUAL AID AGREEMENTS [OAR 333-260-0020(3) 6.(c)]

Under authority of ORS Chapter 190, each ASA Provider shall execute a written mutual aid agreement with each other ASA Provider in the County and with each provider assigned to an adjoining ASA in an adjacent county, to respond with personnel and equipment in cases of need.⁶ At minimum, each mutual aid agreement must include the following elements:

1. Equipment and Personnel. All equipment and personnel used by responding ambulance service providers must be duly licensed and comply with applicable rules of the Oregon Health Authority.
2. Limited Use. All mutual aid agreements must state that the providers agree to limited use of mutual aid, and that no provider will rely on mutual aid to respond to more than 5 percent of its monthly, quarterly, or annual volume.
3. Extreme danger. Responding ambulance service providers must retain the right to refuse to commit equipment and personnel to a physical location in which extreme danger to life or equipment exists. The senior officer of the responding agency shall be the sole judge of the extent and imminence of such danger.
4. Sole discretion. Upon receipt of a request for aid, the responding ambulance service provider must retain the right to respond in a manner that it deems appropriate. Responses under mutual aid agreements must be voluntary and discretionary, and any failure to respond must not give rise to any legal claim by the requesting party, any other party to the agreements, or anyone not a party to the mutual aid agreement.
5. Chain of Command. When equipment and personnel are furnished pursuant to the mutual aid agreement, all patient care activities of the responding ambulance service provider must be coordinated through the incident commander or their designee.
6. Non-waiver of Ambulance Charge. Mutual aid agreements shall not waive, nor be construed to waive, the right of any ASA Provider to charge the individual receiving services for medical care provided in the jurisdiction of the other party.

⁶ ASA Providers may utilize the reference document "Mutual Aid Agreements" under Addendum A of this ASA Plan, for guidance in the development and execution of mutual assistance agreements.

7. Waiver of Claim. Each party to the mutual aid agreement must waive all claims against the other for compensation for any loss, damage, personal injury, or death occurring as the consequence of the performance of the mutual aid agreement. Nothing within the mutual aid agreement shall waive the right of any agency or member of any agency to compensation now permitted or required by law or to such compensation that may be agreed to by the parties.
8. Withdrawal. Each mutual aid agreement must provide that any party may withdraw from the agreement by providing at least six months’ written notice to all other parties of its intent to withdraw. Providers may agree to a longer notice requirement.

Mutual aid agreements are kept on file with the Yamhill County Fire Defense Board and can be accessed by any officer on duty at the following numbers:

Fire District	Station Contact Number
Amity	503-835-2311
Carlton	503-852-6233
Dayton	503-864-3558
Dundee	503-554-8442
Grand Ronde	503-879-3473
Lafayette	503-864-2451
McMinnville	503-435-5800
Newberg	503-529-1720 Station 20
Sheridan	503-843-2467
Willamina	503-879-1709
Yamhill	503-662-4653

CONTRACTOR AGREEMENTS

An ASA Provider who utilizes a contractor, other than a Quick Response Team within its ASA to provide any part of its response commitments, must maintain a written agreement to outline performance criteria standards for the contractor. The ASA Provider must notify the Administrator in writing of any contracting arrangement and the Administrator must approve any contracting arrangement before it is implemented.

The Administrator is authorized to approve a written contract between an ASA Provider and a public or private provider for emergency ambulance services within a County ASA only if the Administrator determines all of the following criteria have been satisfied:

- a. The ASA Committee has issued a written determination that the public or private provider has satisfied all elements contained in Section 9(3) of the ASA Ordinance.
- b. The contract term may not exceed four years, and may not be renewed without a determination from the ASA Committee that the public or private provider has met

the service requirements of this Ordinance and the ASA Plan through the date of review.

- c. The contract must provide that it may be terminated at will by action of the Board, either by its own motion or upon a recommendation of the ASA Committee or the Administrator.

Once the Administrator approves the contract, the public or private provider may provide emergency ambulance services in a County ASA only in accordance with the terms of the contract and the requirements of the ASA Plan.

DISASTER RESPONSE [OAR 333-260-0020(3) 6.(d)]

All ASA Providers shall be actively involved in planning for and responding to any declared disaster within the County. Planning and response shall be in accordance with both a Mass Casualty Incident Plan and the County Emergency Operations Plan.

COUNTY RESOURCES OTHER THAN AMBULANCES [OAR 333-260-0020(3) 6.(d)(A)]

1. When in-county resources are required for the provision of EMS during a disaster, a request for additional resources may be made through the 9-1-1 center as follows:
 - a. Fire resources may be requested through mutual aid, usually by authority of the senior fire officer or incident commander on site.
 - b. Law enforcement resources may be requested through mutual aid, usually by authority of the senior law enforcement officer on site.
 - c. Coordination for county resources other than emergency response agencies will be done through the PSAPs by activating Yamhill County Emergency Management (503) 434-4584 business number or (503) 434-6500.

OUT-OF-COUNTY RESOURCES [OAR 333-260-0020(3) 6.(d)(B)]

1. When out-of-county resources are required for the provision of EMS during a disaster, a request for additional resources may be made through the appropriate PSAP as follows:
 - a. Additional fire resources may be requested through inter-county mutual aid or through the Oregon State Conflagration Act, usually by authority of the Yamhill County Fire Defense Board Chief or incident commander on site.
 - b. Law enforcement resources may be requested through mutual aid, usually by the authority of the senior law enforcement officer on site.
 - c. Coordination for out-of-county resources other than emergency response agencies will be done through the PSAPs by activating Yamhill County Emergency Management.
 - d. Out-of-county resources will be coordinated through Yamhill County Emergency Management by coordinating with emergency management centers in adjoining counties:
 - i. Polk County Emergency Management
 - ii. Clackamas County Emergency Management

- iii. Tillamook County Emergency Management
- iv. Lincoln County Emergency Management
- v. Washington County Emergency Management
- vi. Marion County Emergency Management
- e. Resources needed beyond this will be coordinated through the State Emergency Management division by activating the OERS SYSTEM: 1-800-452-0311.

MASS CASUALTY INCIDENT PLAN (" MCIP") [OAR 333-260-0020(3) 6.(d)(c)]

The MCIP will provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents within the County, consistent with the Yamhill County Emergency Operations Plan. See Appendix A for Mass Casualty Incident Plan

CREATION, MAINTENANCE AND ADOPTION OF THE MCIP PLAN

The County plan is created, in consultation with its Department of Emergency Management, the Fire Defense Board, law enforcement agencies, public health and neighboring jurisdictions, a mass casualty plan to be used in any mass casualty incident. The plan will be adopted after review by the Ambulance Service Area Committee and reviewed at minimum every 5 years. Provisions for mass casualty response will be included in all mutual aid agreements.

MCIP COORDINATION

1. The highest-ranking officer on scene of the fire agency having jurisdiction of the incident may be the incident commander in all fire-related, mass casualty, and HAZMAT incidents. For other kinds of incidents, refer to the Yamhill County Emergency Operations Plan. The incident commander may delegate authority for on-scene command and operation but will retain overall responsibility.
2. The incident command system (ICS) will be utilized for overall scene management.
3. The ranking EMT at the scene or the individual appointed by the incident commander will have overall responsibility for medical care and will work under the direction of the incident commander. Failure to establish the primary ICS positions of command, medical, triage, treatment, and transport early in the incident will lead to long-term problems and delays.
4. The incident commander may determine the on-scene command frequency and staging area.

RESPONSE GUIDELINES

1. Response unit first on the scene:
 - a) Establishes command
 - b) Assesses nature and severity of incident
 - c) Advises appropriate 9-1-1 PSAP/s of situation
 - d) Advises County Emergency Management of incident
 - e) Requests appropriate fire police, and EMS resources services
 - f) Establish appropriate objectives

- g) Establishes medical branch: triage, treatment and transportation groups as soon as practical.
- h) Establishes fire or rescue division as needed.

2. Command functions:

- a) Establish appropriate and effective incident command organization.
- b) Establish objectives and priorities
- c) Develop / carry -out plan of action
- d) Mitigate hazard / stabilize scene
- e) Prioritize rescue and extrication functions
- f) Establish prompt triage and treatment of priorities within resources
- g) Arrange rapid transport and documentation of patients
- h) Coordinate order of mutual aid response

RESPONSE TO TERRORISM [OAR 333-260-0020(3) 6.(d)(D)]

Refer to Yamhill County Emergency Operations Plan for a complete outline of terrorism response. When resources are required, a request for additional resources may be made through the appropriate PSAP.

PERSONNEL AND EQUIPMENT RESOURCES [OAR 333-260-0020(3) 6.(e)]

NON-TRANSPORTING EMS PROVIDER [OAR 333-260-0020(3) 6.(e)(A)]

When operating a non-transport EMS response unit in Yamhill County, all personnel must meet the requirements ORS Chapter 682 and OAR 333-255-0070 (1), (4) or (6).

Anyone staffing a non-transport EMS response unit must not have consumed alcohol beverages in the eight hours before working or in any way be impaired by the ingestion of alcohol. Anyone staffing a non-transport EMS response unit must not be taking any medications or substances that would impair their ability to care adequately and safely for a patient.

Each person staffing a non-transport EMS response unit and providing pre-hospital emergency medical care in the County is required to display their level of certification/licensure and, at a minimum, their name on the outermost garment of their work uniform and must make reasonable efforts to display this information under other circumstances. At a minimum, this uniform shall bear the name of the agency or ASA Provider providing the service. Reasonable exceptions are made for clothing used to protect the responders from injury or illness (i.e. turnouts, hazardous materials suits, personal protective garments, etc.)

Each person staffing a non-transport EMS response unit and providing pre-hospital emergency medical care is required to wear a standardized uniform as determined by the employing agency. Uniforms shall be clean and free of excessive wear and tear and free of blood and/or bodily materials. Reasonable exceptions shall be granted to uniforms soiled during the course

of providing service as long as they are cleaned and changed at the first appropriate opportunity.

Each ASA Provider shall have in place a pre-employment and for-cause drug and alcohol screening program. This program shall be on file with the Administrator. Each ASA Provider shall have in place a criminal background check program. This program shall be on file with the Administrator. Upon a reasonable request by the Administrator, a criminal background check may be required of any person providing direct patient services.

HAZARDOUS MATERIALS [OAR 333-260-0020(3) 6.(e)(b)]

Refer to Yamhill County Emergency Operations Plan for a complete outline of hazardous materials response. When resources are required, a request for additional resources may be made through the appropriate PSAP.

SEARCH AND RESCUE [OAR 333-260-0020(3) 6.(e)(c)]

Refer to Yamhill County Emergency Operations Plan for a complete listing of search and rescue response and resources. When resources are required, a request for additional resources may be made through the appropriate PSAP.

The majority of search and rescue within Yamhill County is provided by the Yamhill County Sheriff's Office through the Emergency Services Division. They are on-call and available on a 24-hour, 365-days-a-year basis. In many instances, Search and Rescue will act as first responders in remote areas that are inaccessible to conventional ambulances. Search and Rescue shall either transport to the nearest ambulance or, at their discretion, use the services of an air ambulance, whichever is medically appropriate. Search and Rescue teams have direct radio contact with all local ambulances, hospitals, and the 9-1-1 Centers. In winter months, Search and Rescue will respond to remote areas covered with snow and not accessible by the usual ambulance service. When ALS is needed, Search and Rescue will transport the ambulance crews to the patient. See Appendix B for Emergency Operating Procedures.

SPECIALIZED RESCUE [OAR 333-260-0020(3) 6.(e)(d)]

Refer to Yamhill County Emergency Operations Plan for a complete listing of rescue response and resources. Some of the common required resources are listed below. When resources are required, a request for additional resources may be made through the appropriate PSAP. See Appendix B for Emergency Operating Procedures.

EXTRICATION RESOURCES [OAR 333-260-0020(3) 6.(e)(e)]

Each ASA Provider is responsible for assuring that extrication equipment is available within its ASA. Each ASA Provider is required to keep a current up to date list and provide it annually and upon request to the County.

Extrication equipment is available by the following jurisdictions within each ASA:

ASA 1:

Fire District	Station Contact Number
Dundee Fire	(503) 554-8442
Tualatin Valley Fire & Rescue	503-649-8577

ASA 2:

Fire District	Station Contact Number
Amity	503-835-2311
Carlton	503-852-6233
Dayton	503-864-3558
Lafayette	503-864-2451
McMinnville	503-435-5800
Willamina	503-879-1709
Yamhill	503-662-4653

ASA 3:

Fire District	Station Contact Number
Sheridan	503-843-2467

ASA 4:

Fire District	Station Contact Number
Grand Ronde	503-879-3473

Emergency Communications and System Access [OAR 333-260-0020(3) 6.(f)]

Telephone; Public Safety Answering Points [OAR 333-260-0020(3) 6.(f)(A)]

9-1-1 is the primary method for accessing EMS in each County ASA. The Yamhill Communications Agency and Newberg 9-1-1 center are the two primary PSAPs in the County that provide emergency and non-emergency medical dispatch services.

In defining the ASAs, every effort was made to recognize the PSAP service boundaries. In areas outside a PSAP's designated control region, protocols must be in place to relay the information to the appropriate dispatching PSAP.

In many areas, fire district boundaries were also considered in the development of this ASA Plan. Fire district boundaries usually provide a logical division of response areas by travel time and are consistent with population centers. These districts help to provide continuity of service delivery in fire, rescue, and EMS.

YAMHILL COMMUNICATIONS AGENCY (YCOM)

YCOM provides dispatch services for ASAs # 2-4 which include the majority of Yamhill County and northern portions of Polk County. Phone number: 503-434-6500

Newberg Emergency Communications (NEWCOM) 911Newberg 9-1-1 provides dispatch services for ASA # 1, including the Cities of Newberg and Dundee, as well as the surrounding rural area.

All Yamhill County 9-1-1 calls are routed to either YCOM or Newberg PSAPS and dispatched or relayed from their facilities.

Each ASA Provider in Yamhill County must be capable of contacting and effectively communicating with both PSAPs via radio, telephone, and other specified communications technologies, such as mobile data terminals. The primary method of contacting the PSAPs is by radio.

Both YCOM and Newberg 9-1-1 are supported, in part, by user fees paid by ASA Providers in the County. ASA Providers will continue to be charged user fees in accordance with current PSAP user fee formulas.

Phone number: 503-554-7720

Washington County Consolidated Communications Agency (WCCCA)

WCCCA provides dispatch services for the TVF&R EMS units responding within any County ASA. Phone Number: 503-629-0111

PSAP ACCREDITATION

Newberg 9-1-1 is currently accredited through the Oregon Accreditation Alliance. They must meet related standards and indicate the ability to maintain standards related to EMS for their duration of the contract.

YCOM is currently seeking accreditation through the International Academy of Emergency Dispatch (IAED), using the Medical Priority Dispatch Systems (MPDS) and the Oregon Accreditation Alliance.

YCOM must continually demonstrate its ability to meet performance and quality assurance process and standards required by IAED in order to maintain accreditation.

YCOM implemented ProQA® in December of 2018 and expanded its quality assurance program to further meet certain IAED requirements. IAED certification site visits were paused due to COVID and account management transition.

YCOM's quality assurance program is supported by their Supervising Physician and Program Manager, who participate in the Oregon/Washington Priority Dispatch Focus Group and attend national IAED Navigator® Conferences annually. Staff use the Priority Dispatch ProQA® Emergency Medical Priority Dispatching System (MPDS) for the processing of all medical calls. Quality assurance is measured by corresponding Priority Dispatch Advanced Quality Assurance (AQUA®) standards. Supervisory Staff are Certified EMD-Q's. For 2021, YCOM's Agency Performance Threshold (APT) was 8.82 for all calls.

In addition, EMD performance is measured for every sudden cardiac arrest case, based upon the American Heart Association (AHA) standards. For 2021, agency wide, YCOM staff averaged 77 total seconds for the following steps to occur:

- 1) Problem description to cardiac arrest recognition (24 seconds on average)
- 2) Cardiac arrest recognition to position patient (34 seconds on average)
- 3) Position patient to first compression delivered (19 seconds on average).

DISPATCH PROCEDURES [OAR 333-260-0020(3) 6.(f)(B)]

Yamhill County is a mixture of suburban, rural and frontier service areas. EMS services are provided by a mixture of career and volunteer practitioners who are available 24 hours a day.

The dispatch system consists of the communication centers at YCOM and Newberg 9-1-1, with telephone answering and radio dispatch capabilities. The radio system consists of both two-way radio communications and radio-pager technologies, which provide one-way alerting and voice transmittal from dispatch and alpha-numerical paging that utilizes commercial telephone paging technology for one-way alerting and text messages.

The dispatch center obtains from the caller, and relays to the responders, at least the following information:

- 1) Location of incident.
- 2) Nature of incident.
- 3) Any specific instructions or information that may be pertinent.

In addition, the dispatch center will perform caller interrogation to determine the seriousness of the call and provide EMS unit pre-arrival instructions for rendering aid to the patient.

Dispatch will transmit alert tones followed with location and nature of incident information concerning the call. If no response from duty personnel is received within five (5) minutes, then the dispatch center will re-alert the appropriate agency. If there is no response within three (3) minutes after the second alert, the next closest responder agency will be dispatched. The third alert will include the alert tones for the original agency as well as the next closest responder agency.

The first emergency medical responder to arrive and evaluate the scene and patient will notify other responding units of the situation. Based on the condition of the patient and the resources required to

render appropriate aid, additional responding units may choose to continue to the scene or cancel their response.

EMS personnel shall inform the dispatch center when any of the following occur:

- 1) When an EMS unit becomes in-service.
- 2) When an EMS unit begins responding from a location other than its station. In these situations, the unit will state the location from which it is responding.
- 3) When an EMS unit is en route to the scene or to the destination, including the type of response.
- 4) When an EMS unit arrives on the scene or at the destination.
- 5) The appropriate EMS unit should report on-scene and patient conditions.
- 6) Any EMS unit at the scene should report what resources are required for the incident.
- 7) When an EMS begins transporting the patient(s) to a hospital or other medical facility, the number of patients and the name of the facility.
- 8) When an EMS unit leaves the scene, if this is different from #7.
- 9) When an EMS unit arrives at the destination or when it has arrived back at its station/quarters.
- 10) When an EMS unit is out of service with estimated unavailable time.

Dispatch Notification Times:

Centers are required to answer requests for emergency assistance within 10 seconds, 90% of the time. Centers are required to dispatch all life threatening medical calls within 3 minutes and all other medical calls within 4 minutes 90% of the time. Exclusions as defined by National Fire Protection Association (NFPA) 1221 or other industry best practices may be considered. Data on notification times shall be provided and reviewed by the ASA Committee every 6 months.

RADIO SYSTEM; COMMUNICATIONS [OAR 333-260-0020(3) 6.(f)(c)]

Radios are the primary link between the dispatch centers and ambulances, as well as other emergency responders. All ASA Providers will utilize the dispatch services of the ASA PSAPs and possess radios capable of accessing all common fire channels within Yamhill County and have the ability to communicate seamlessly with the ASA PSAPs and other ASA Providers and responders. The systems used by each ASA Provider must be capable of effectively receiving and transmitting voice and/or data messages on specific radio frequencies, designated by the County, as assigned by the coordinating PSAPs.

All ambulances will maintain and use multi-channel mobile radios and multi-channel handheld radios. Radios and other communications equipment used by each ASA Provider must be compatible with PSAP procedures and meet the technical standards of systems used by YCOM and Newberg 9-1-1. It is each ASA Provider's responsibility to procure, install and maintain all technologies, or other equipment, used in the delivery of communications services. Essential communications equipment, as mutually defined by ASA Providers and PSAPs, will be installed in all ambulances and supervisory vehicles.

All radio and telephone communications, including pre-arrival instructions and call time tracking, must be recorded on a mutually accessible media.

Each ambulance must be provided with cellular telephones for supplemental communications capabilities as a backup system to radios.

PSAP radio systems must meet the following requirements:

- 1) Be physically restricted to authorized personnel only.
- 2) Meet National Fire Protection Association (NFPA) standards and all State or County standards.
- 3) Maintain and use consoles with the ability to communicate with EMS providers and hospitals.
- 4) Maintain and use emergency phone lines and primary radio frequencies that are recorded with a 24-hour, time-taped device capable of play-back to the desired second, which is equipped with a voice recorder for immediate play-back of distress calls.
- 5) Store time-tape recordings for no less than 7 months.
- 6) Utilize clear text/plain English for radio traffic.
- 7) Equip its center with a back-up power source capable of indefinitely maintaining all functions of the center in the event the regular power supply is interrupted.

In 2016, during the transfer of ASA #1 from Newberg Fire District to Tualatin Valley Fire and Rescue (TVF&R), the primary dispatch center for ASA #1 changed. 9-1-1 calls in ASA #1 are answered by Newberg-Dundee Communications Center and then transferred to the Washington County Consolidated Communications Agency (WCCCA) for dispatch services. Because of this change, the Newberg 9-1-1 Center has transitioned to police dispatch only, routinely transferring EMD and Fire calls to WCCCA, and law enforcement calls outside the city limits of Newberg and Dundee, to YCOM.

YCOM's dispatch system combines two-way radio communication and radio-pager technology with digital alpha-numerical notification and delivery. Digital paging is done via CAD interface, utilizing YCOM's two paging servers which provide capability of messaging through SMTP (email) and SMS (text) protocols. YCOM is a Pulsepoint® Connected organization, and simultaneously sends secondary notifications to both Pulsepoint® and Active 9-1-1 subscribers. Station alerting capability exists through SMTP and tone alerting radio interface.

EMS DISPATCHER TRAINING [OAR 333-260-0020(3) 6.(f)(d)]

An integral part of the EMS component of the PSAPs in the County is the employment of appropriately trained individuals using approved, standardized support tools for handling EMS calls. Therefore, all EMS dispatchers are required to successfully complete an Emergency Medical Dispatch (EMD) training course approved by the State of Oregon Department of Public Safety Standards and Training (DPSST) and to possess current DPSST EMD certification. Dispatchers must also possess current and verifiable First Aid/CPR certification.

In addition:

- 1) Each PSAP is responsible for acquiring and maintaining a State of Oregon approved EMD system.
- 2) Each PSAP is responsible for ensuring all dispatch employees are certified as EMD dispatchers through the State of Oregon.
- 3) Each PSAP is responsible for ensuring all dispatch employees are First Aid/CPR certified.
- 4) Strict adherence to medical dispatch protocol is required, except in the event deviation from protocol is clearly justified due to special circumstances.
- 5) Compliance with EMD questions and pre-arrival instructions shall be a routine part of an integrated quality improvement process and shall be reported monthly with response statistics.

- 6) If an automated EMD system is used, a manual back-up system with current EMD cards must be available in the event of system failure. All dispatch employees must be trained and certified in the use of the manual card system.

The PSAP shall provide comprehensive internal orientation and ongoing training and testing that encompasses EMD certification, CAD system use, system status management, geography, medical priority dispatch protocols, first responder notification protocols and procedures, air medical notification procedures, disaster management policies and procedures, voice radio system operation (including medical and field communications equipment), paging system conventions and uses, data radio system operations, radio telephone usage, and emergency operations center procedures.

Communications personnel will be encouraged to attend any courses, conferences, or workshops that directly relate to their work and enhance their skills. The communications dispatcher's goal is to meet or exceed DOT Emergency Medical Dispatch Course Standards. Communications personnel must meet all current and future standards adopted by the State or County.

COMPUTER AIDED DISPATCH SYSTEM

The PSAP utilizes a computer aided dispatch (CAD) system to record dispatch information for all service requests. The CAD system is capable of tracking, at a minimum, the date, hour, minutes, and seconds of several time stamps throughout the EMS assignment for each unit engaged in the call.

Dispatchers must be trained to complete mutually approved manual procedures for each dispatch of an ambulance when the computer system fails or becomes inoperable. Following the resumption of normal service of the CAD system, personnel must retroactively enter the data recorded on the manual dispatch cards during the outage into the CAD system.

DATA AND REPORTING REQUIREMENTS

The long-term success of an EMS system is predicated upon its ability to both measure and manage its operations. Therefore, each ASA Provider must maintain and provide detailed operational, clinical, and administrative data in an electronic format and manner that facilitates retrospective analysis. Security features preventing or recording unauthorized access or changes in data must be in place, including full audit trail documentation.

QUALITY IMPROVEMENT AND MEDICAL CONTROL

Each ASA Provider's electronic data system must be capable of capturing and reporting common data elements used within the EMS system. The PSAP's data system must be capable of demonstrating adherence to medical dispatch protocols, adherence to medical priority dispatch questioning, and provision of pre-arrival instructions.

At least one employee from each ASA Provider will be assigned to participate in the quality assurance/improvement process utilized by YCOM and Newberg 9-1-1.

MANAGEMENT OF PERSONNEL

The PSAPs and ASA Providers are responsible for the management and supervision of their employees. ASA Providers, in conjunction with YCOM, Newberg 9-1-1, and WCCCA management, will cooperate in the resolution of problems and disputes.

PROVIDER SELECTION [OAR 333-260-0020(3) 7]

INITIAL ASSIGNMENT OF ASAs [OAR 333-260-0020(3) 7.(a)]

The initial assignment of ASAs will occur as follows:

1. Unless there has been more than one application made for an ASA franchise, any applicant who meets the application requirements and who was providing service on the effective date of the ordinance adopting this ASA Plan shall be franchised to continue to provide Ambulance Service for the ASA in which the applicant was serving.
2. If more than one application is made for an ASA franchise within 180 days of the effective date of the ordinance adopting this ASA Plan, then each application shall be considered by the ASA Committee for recommendation to the Board.

REASSIGNMENT [OAR 333-260-0020(3) 7.(b)]

FRANCHISE TERM AND RENEWAL

An initial Franchise issued under this ASA Plan shall be valid from the date of issuance for ten years and may be renewed.

Not more than one hundred eighty (180) days and not less than ninety (90) days prior to the expiration of a Franchise granted under this ASA Plan, each ASA Provider who desires to renew a Franchise shall notify the Administrator. Any other Ambulance Service providers duly licensed in the State of Oregon to provide BLS or ALS ambulance service may also submit applications during this time frame.

Review of all applications for renewal or assumption of a Franchise will be conducted in the same manner as the review of applications for the initial assignment of the ASAs.

TRANSFER OF FRANCHISES

An ASA Provider may transfer its Franchise to another entity only upon the Board's written approval of a written request to transfer the Franchise and the Board's approval of an application submitted by the replacement provider. The transfer of a Franchise must occur as follows:

1. The Board must approve the written request for a transfer at a public meeting.
2. Review of all applications for the transfer of the Franchise must then be conducted in the same manner as the review of applications for the initial assignment of the ASAs.

EARLY DISCONTINUANCE OF SERVICE BY ASA PROVIDER

An ASA Provider that intends to discontinue providing EMS and related service before the expiration of its Franchise must provide the Administrator with at least 180 days' written notice prior to discontinuing service. The Administrator shall notify the ASA Committee and then set a time by which applications must be submitted for the ASA franchise. The ASA Committee shall develop an interim plan for coverage of the ASA, using other existing ASA Providers and/or other available public or private resources until the ASA can be reassigned.

TEMPORARY REASSIGNMENTS

The Board may, on its own motion or upon a recommendation of the ASA Committee, issue a temporary certificate, valid for a stated period not to exceed twelve (12) months, entitling another current ASA Provider or another public or private Ambulance Service Provider to provide emergency ambulance service in all or part of the ASA. The Board may renew a temporary certificate for one additional six (6) month period.

APPLICATION FOR AN ASA [OAR 333-260-0020(3) 7.(c)]

Any Ambulance Service provider duly licensed in the State of Oregon to provide BLS or ALS ambulance service may submit an application within 180 days of the effective date of the ordinance that adopts this ASA Plan to become a franchised provider of services in any County ASA or ASAs. The application shall be in writing and contain the following information:

- 1) Legal name and address of applicant submitting application.
- 2) "Doing Business As" (DBA) name of applicant submitting application.
- 3) Owner(s)' of the applicant and their residential street address(s).
- 4) Owner(s)' phone number and email address(es).
- 5) Oregon ambulance service license number.
- 6) Date of original licensure by the state of Oregon to provide ambulance services, with all renewal dates and a listing of any lapses in licensure.
- 7) List of any actions taken against the applicant by the State of Oregon or any county within the state.
- 8) Type/level of ambulance service proposed to be provided (Medical First Response, BLS or ALS)
- 9) A list of vehicles to be used in providing emergency ambulance services in the ASA or ASAs, including the year, make and model, and verification that each vehicle is licensed by the state of Oregon.
- 10) A list of personnel to be used in providing emergency ambulance service in the ASA or ASAs, the role of each person, and where applicable each person's current Emergency Medical Technician level and certificate number.
- 11) The ASA or ASAs proposed to be serviced, both in narrative description form and by detailed map presentation.
- 12) Reason designation is sought by applicant to provide ambulance services in each referenced ASA.
- 13) Identification of the current ASA Provider serving each specified ASA.
- 14) Whether the existing ASA Provider of each specified ASA agrees to relinquish said ASA to the applicant.
- 15) If an existing ASA Provider has not agreed to relinquish the specified ASA to the applicant, then an explanation why the service the applicant proposes would improve ambulance services in the specified ASA.
- 16) A statement as to whether or not the person would contract for any emergency ambulance services to be provided.
- 17) An affirmative statement that the applicant is financially solvent and capable to provide the specified emergency ambulance services in the specified ASA.
- 18) Report of any bankruptcy by applicant in the last five years.
- 19) Submission with the application of audited financial statements for the applicant, if they exist. If not, the last three years' internal financial statements.

- 20) The source of funding the applicant expects to receive in order to provide a sustained operation servicing the specified ASA.
- i. If funding includes billing for services, then the rates the applicant intends to charge for their ambulance services.
- 21) Consistent with the Oregon Tort Claims Act, proof of general liability insurance coverage amounts not less than the following:
- i. \$150,000 to any claimant for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence.
 - ii. \$750,000 for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence.
 - iii. \$1 million to any claimant as general and special damages for all other claims arising out of a single accident or occurrence.
 - iv. \$2 million for any number or type of claims, other than claims of damage to or destruction of property, arising out a single accident or occurrence.

The fully completed and signed application must be submitted to the Administrator. Upon receipt of an application, the application shall be reviewed by the ASA Committee, which shall make a recommendation to the Board on whether to approve or deny the application. The assignment or reassignment of any ASA must be made by a written order of the Board.

NOTIFICATION OF VACATING AN ASA [OAR 333-260-0020(3) 7.(d)]

Any ASA Provider who intends to cease operation or vacate the provision of services to an ASA, or any portion thereof, must prove at least six months' notice to the County, through the Administrator. The notice shall be in writing and state the reason for termination of ambulance services.

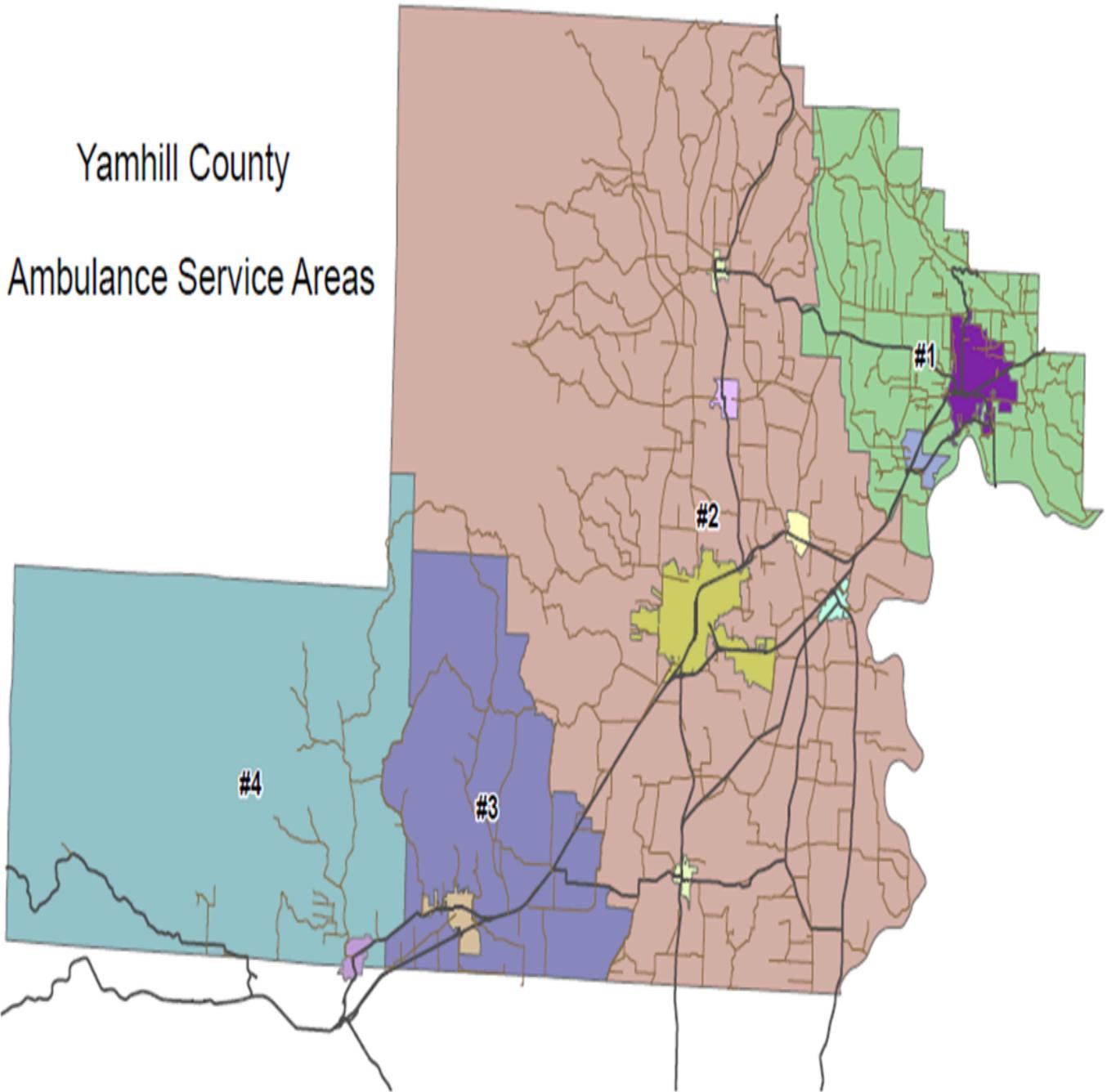
MAINTENANCE OF LEVEL OF SERVICE [OAR 333-260-0020(3) 7.(e)]

In the event an ASA Provider intends to cease operations and forfeit their designated ASA, said ASA Provider shall continue services for at least six months, or until the County is able to identify and assign a replacement Ambulance Service provider.

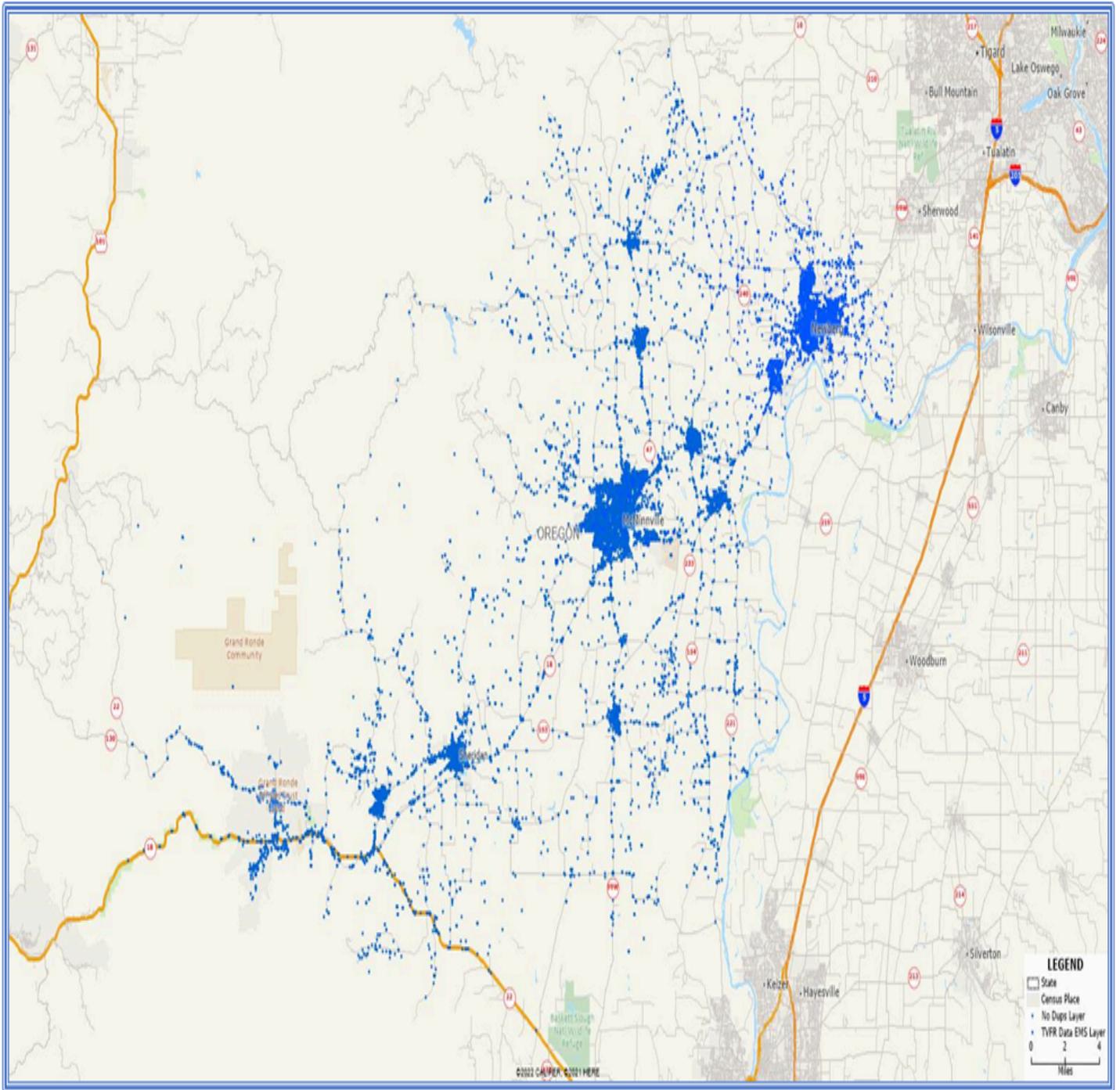
1. In areas of the County where geographic or other limitations might hinder the adequate provision of ambulance services, the County may enter intergovernmental agreements with counties, cities or fire districts in order to provide efficient and effective ambulance service by means of public or private Ambulance Service Providers.

In the event an ASA Provider is replaced or removed as the service provider of a County ASA for any reason, the ASA Provider will continue to provide services until such time as a new ambulance service provider can begin services. Each ASA Provider must cooperate fully with the County to ensure that any reassignment of an ASA does not disrupt ambulance service levels.

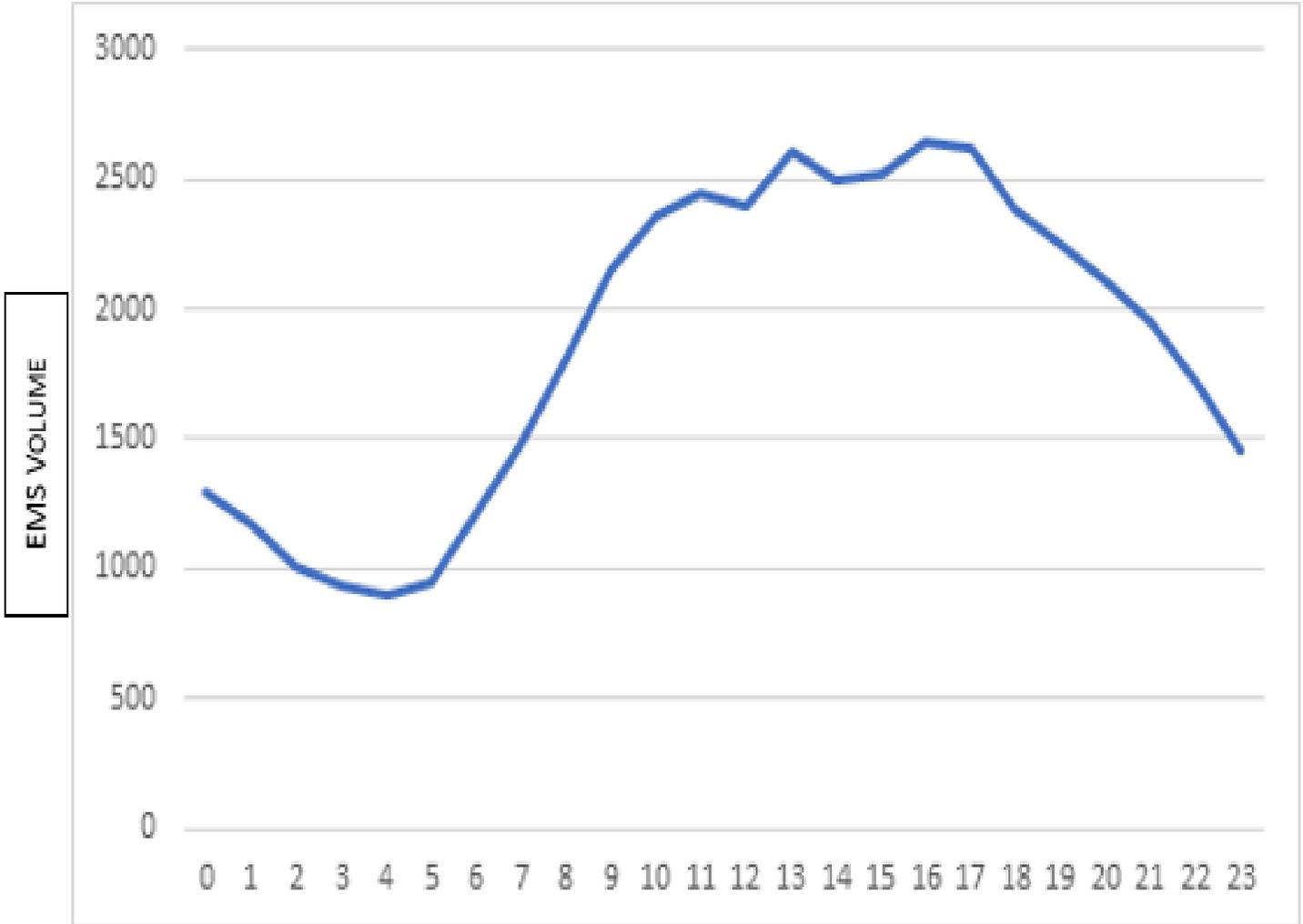
APPENDIX B



APPENDIX C

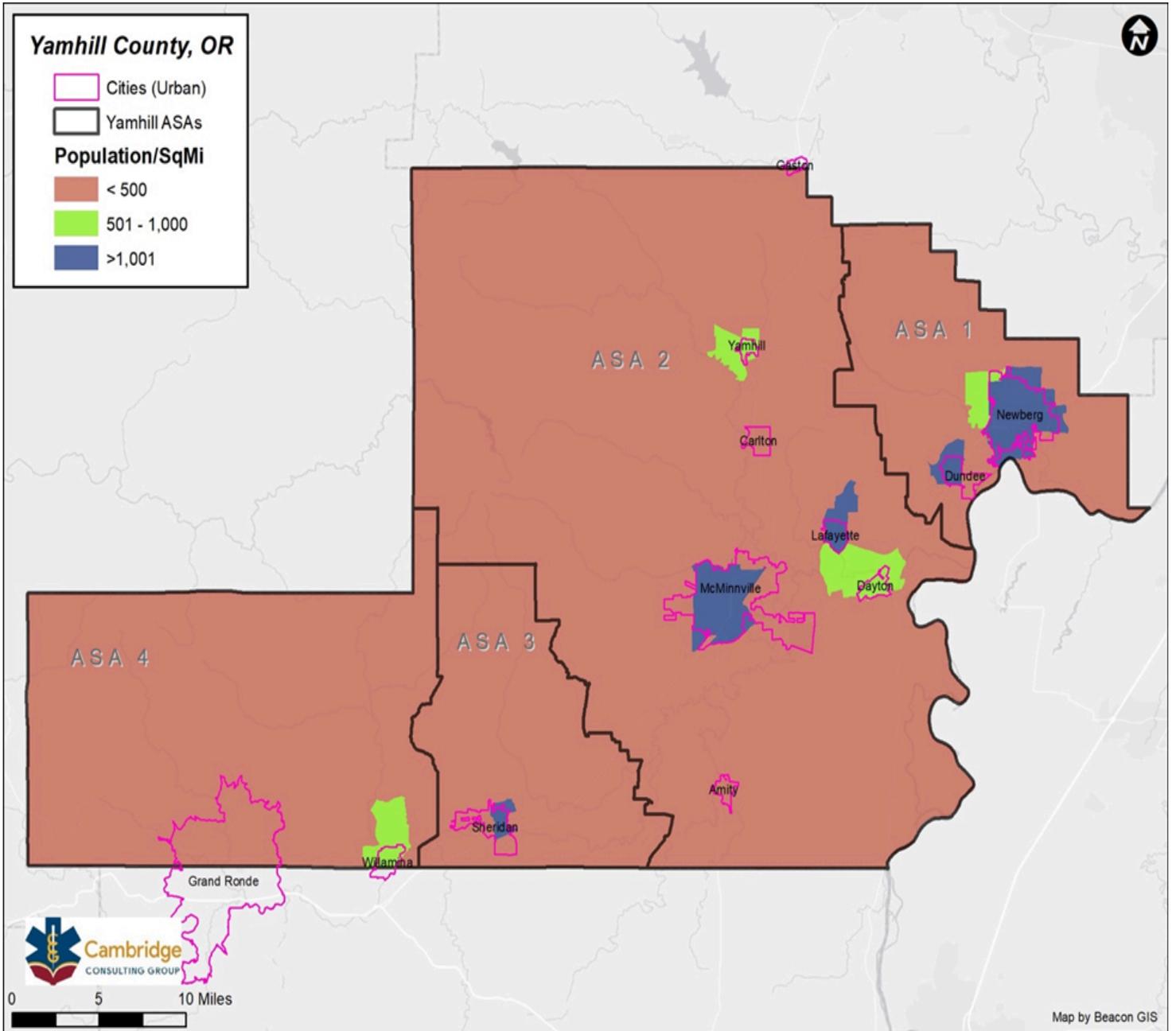


APPENDIX E



Annual EMS Volume Distribution by Hour of the Day

APPENDIX F



APPENDIX G

EMS Response Level	Response Time Standard	Minimum Compliance
URBAN		
BLS	15 Minutes or less	90% ²
ALS	10 Minutes or less	90%

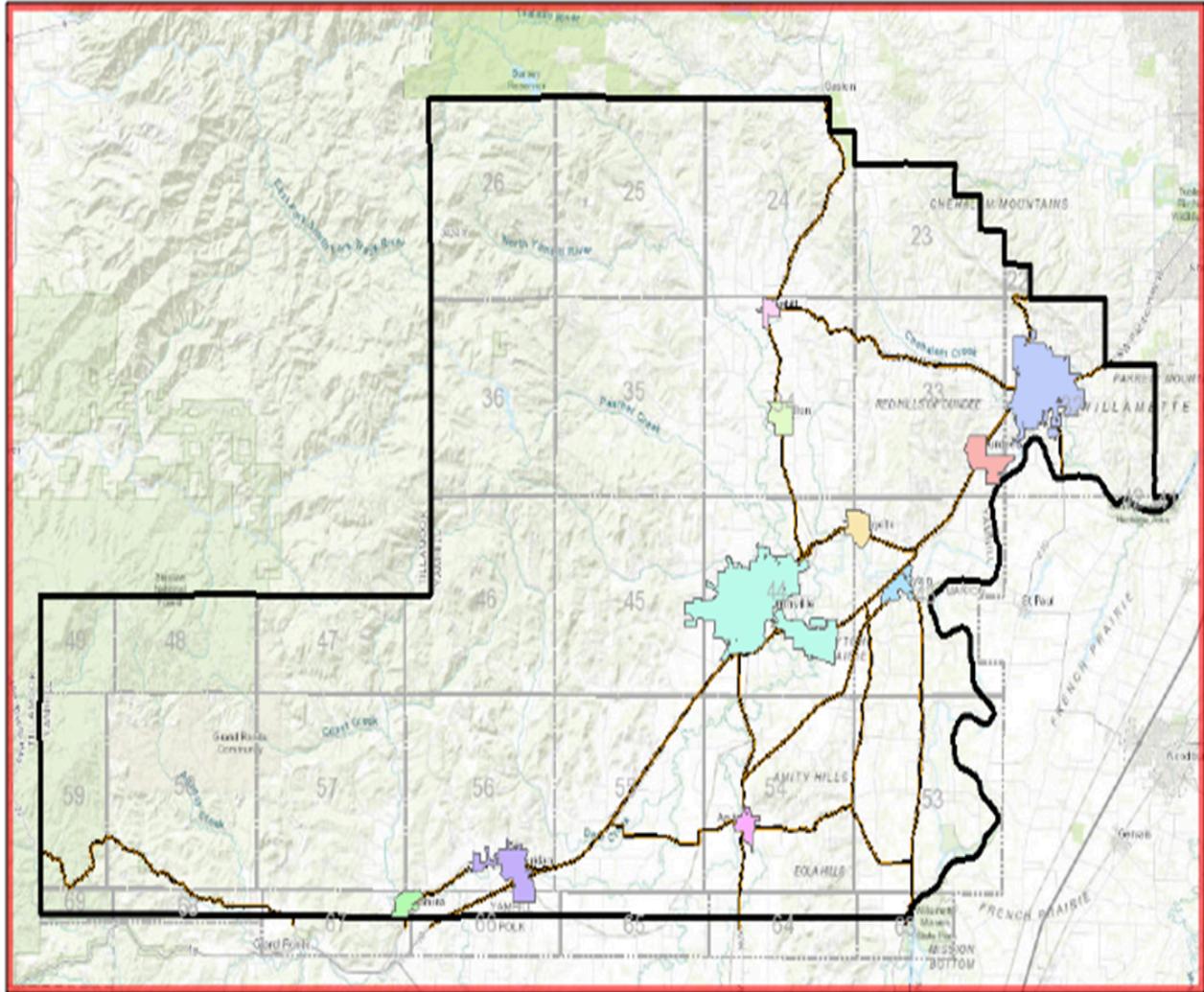
SUBURBAN		
BLS	17 Minutes or less	90%
ALS	12 Minutes or less	90%

RURAL		
BLS	40 Minutes or less	90%
ALS	35 Minutes or less	90%

FRONTIER		
BLS & ALS	Best Effort	

APPENDIX H

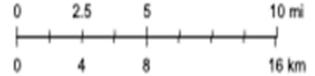
Yamhill County Map



December 19, 2022

- | | | | | |
|-------------|---------|-----------|--------------|-----------|
| City Limits | Dayton | Lafayette | Sheridan | County |
| | Amity | Dundee | McMinnville | Willamina |
| | Carlton | Gaston | Newberg | Yamhill |
| | | | County Roads | Townships |

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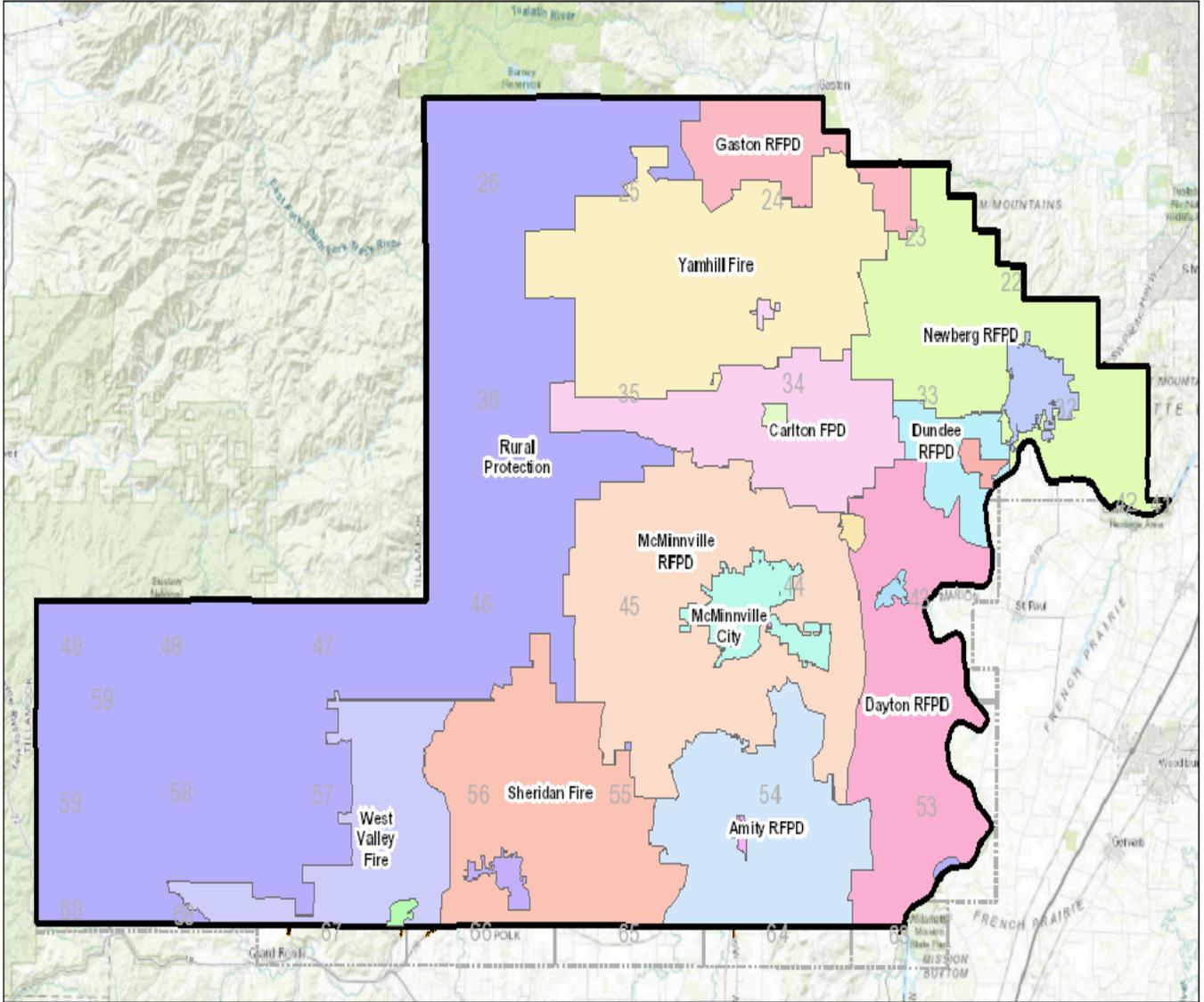


Oregon Metro, Bureau of Land Management, State of Oregon, State of Oregon DOT, State of Oregon GEO, Esri, Canada, Esri, HERE, Garmin,

Yamhill County GIS
Yamhill County 2018

APPENDIX I

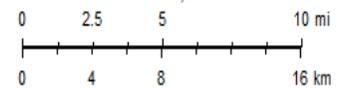
Yamhill County Map



December 19, 2022

City Limits	Dayton	Lafayette	Sheridan	County	Carlton FPD	Dundee RFPD
Amity	Dundee	McMinnville	Willamina	Fire Districts	Dayton RFPD	Gaston RFPD
Carlton	Gaston	Newberg	Yamhill	Amity RFPD	Dundee City	Lafayette City

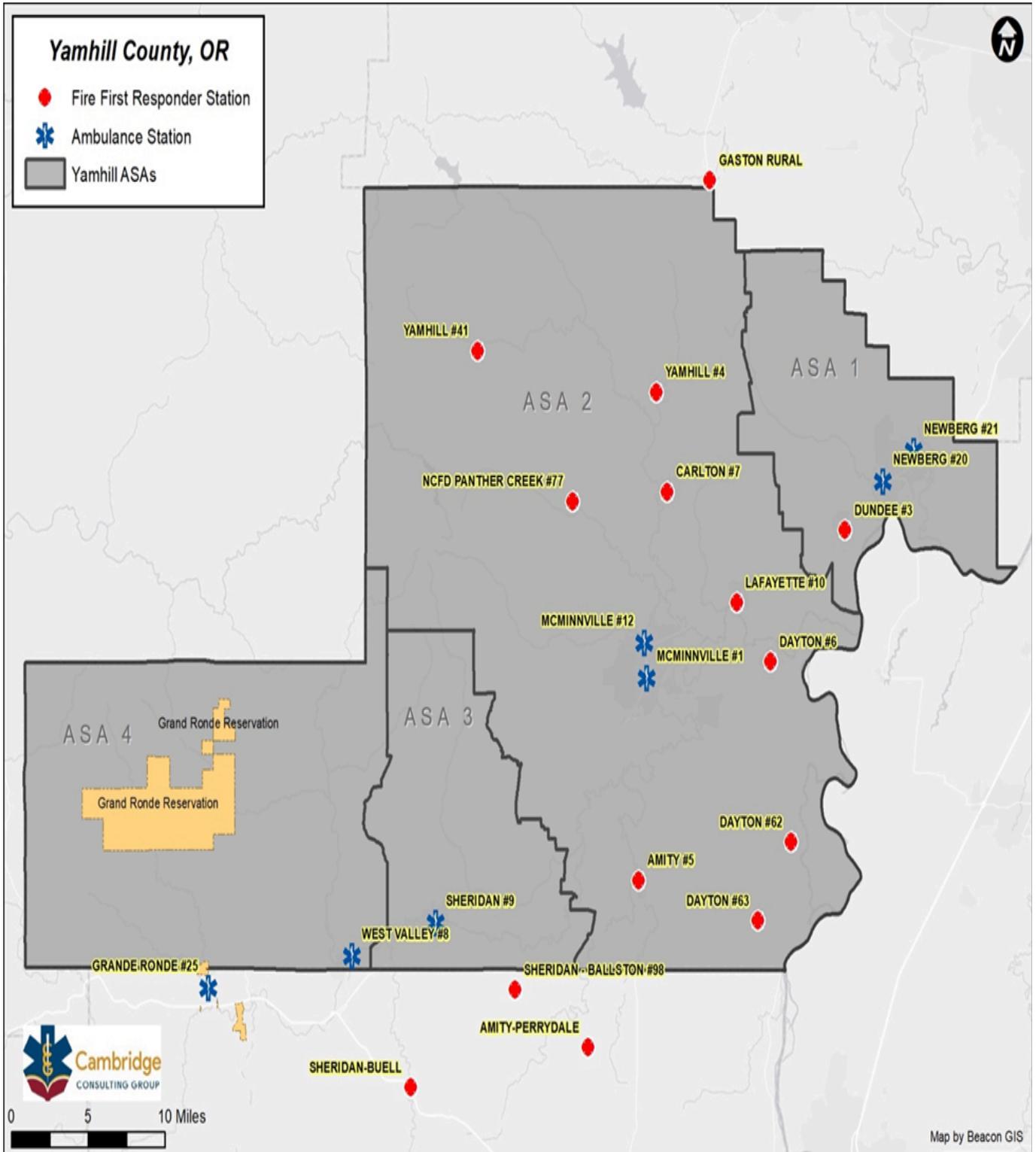
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Oregon Metro, Bureau of Land Management, State of Oregon, State of Oregon DOT, State of Oregon GED, Esri Canada, Esri, HERE, Garmin,

Yamhill County GIS
Yamhill County 2018

APPENDIX J



APPENDIX K

ASA	ASA 4							ASA 3							ASA 2							ASA 1							SYSTEM										
	HR\Day→	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT			
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13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	5	5	4	5	5	5	3	2	3	3	3	2	2	9	9	10	9	10	9	9				
14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5	4	4	4	5	4	4	3	2	2	3	3	2	2	10	8	8	9	10	8	8				
15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	4	5	5	5	5	4	3	2	3	3	3	3	9	8	10	10	10	10	9					
16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	5	5	5	5	5	4	2	3	2	3	3	3	8	10	9	10	10	10	9					
17	1	1	1	1	1	1	1	2	1	1	1	1	1	1	4	5	5	5	5	5	4	3	3	3	2	3	3	10	10	10	9	10	10	9					
18	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	4	4	4	4	5	4	3	2	3	3	3	2	2	9	8	9	9	9	9	8				
19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	4	4	4	3	4	5	2	2	2	3	3	2	3	8	8	8	9	8	8	10				
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22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	3	3	3	3	4	4	2	2	2	2	2	2	7	7	7	7	8	8	8					
23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	2	2	2	2	3	3	2	2	2	2	2	2	7	6	6	6	6	7	7					