

AMBULANCE SERVICE AREA PLAN

(This is a DRAFT for your reference only, not intended for publication.)

County:	Governing body Responsible: i.e. County Commissioners or County Court
Designee or Coordinator Could be a committee, Public Health Office Emergency Manager, etc.	Mailing Address Street City State Zip
Email	Phone Cell
Date of the county's last review of the plan?	
Was the plan submitted to the State? <input type="checkbox"/> Yes Date: ____/____/____ <input type="checkbox"/> No If no, write a brief explanation	
Has the County made any amendments since state approval? <input type="checkbox"/> Yes Date of amendments ____/____/____ <input type="checkbox"/> No Was the amended plan submitted to the State? <input type="checkbox"/> Yes Date: ____/____/____ <input type="checkbox"/> No If no, write a brief explanation	

Section below for State use only	
Date	
Date approved by the state:	Approved by:
<i>NOTE: The Division must approve or disapprove the plan within 60-days of the receipt of the final plans submitted with a Commissioner's signature.</i>	

Draft Template

Title page

Ambulance Service Area Plan

County Name - fillable

Date - fillable

This page could be formatted to paste both the State and the County's logo

Coordinators may add additional items specific to their plan.

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1.0 Certification

Subjects to be considered in an Ambulance Service Plan (OAR 333-260-0030)

(1) A county is required to include in a plan, each of the subjects or items set forth in these rules and to address and consider each of those subjects or items in the adoption process.

(2) The plan submitted to the Division for approval must contain a certification signed by the governing body of the county that:

(a) Each subject or item contained in the plan was addressed and considered in the adoption of the plan;

(b) In the governing body's judgment, the ASAs established in the plan provides for the efficient and effective provision of ambulance services; and

(c) To the extent they are applicable, the county has complied with ORS 682.205(2)(3) and 682.335 and existing local ordinances and rules.

1.1 a through c

The below statement is an example of a signature line for certification and should be formally re-written to legal standards for the final template document.

The County Commissioners for ____county name fillable line_____, herby certify that this plan addresses Oregon Revised Statues 682.062, 682.063 and with County Ordinances and rules for Ambulance Service Area Plans

On this date ____fillable_____,

Fillable: List names and titles of the persons responsible for the county ASA plan

_____/_____
first and last name title

_____/_____
first and last name title

_____/_____
first and last name title

_____/_____
first and last name title

1. Introduction / Overview of County

2.0

2.0 Definitions

2.1

This could be a drop down list with check boxes and the ability to add additional terms. The list can be compiled as the "gap analysis" is completed.

3.0 Description and Boundaries

Boundaries: OAR 333-260-0040

(1) The entire county must be included in a plan. One or more ASAs may be established in a plan. The county or contiguous counties are solely responsible for establishing all ASA boundaries within the county's jurisdiction.

4.1

(2) A map showing ASA boundaries and response time zones must be included in the plan, along with a narrative description of each ASA.

Maps to be attached in section 8 Appendices

(3) A map depicting all "9-1-1", fire district and incorporated city boundaries within the county must be included in the plan.

Maps to be attached in section 8 Appendices

(4) The plan must describe the major alternatives considered, if any, for reducing the effects of artificial and geographical barriers on response times.

4.4

5.0 Systems Elements

OAR 333-260-0050 System Elements

(1) The following system elements must be addressed and considered in the county's plan for each ASA:

(a) 9-1-1 dispatched calls;

5.1.a

(b) "9-1-1", fire district and incorporated city boundaries

5.1.b

(c) Notification and response times;

5.1.c

(d) Level of care, ranging from basic life support to advanced life support;

5.1.d

(e) Personnel for first response vehicles and ambulances;

5.1.e

(f) Medical supervision of all medically trained emergency response personnel;

5.1.f

(g) Patient care equipment for first response vehicles and ambulances;

5.1.g

(h) Vehicle, vehicle equipment and safety requirements;

5.1.h

(i) Initial and continuing education training for emergency response personnel;

5.1.i

(j) Quality improvement.

5.1.j

(2) Notification and response times must be addressed and considered in the plan as follows:

(a) Notification times must be expressed in terms of percent of calls which do not exceed a specified number of minutes;

5.2.a

(b) Response times must be expressed in terms of percent of calls which do not exceed a specified number of minutes;

5.2.b

(c) Multiple response time standards may be established within the ASA to accommodate climate, weather, access, terrain, staffing and other factors as determined by the county.

5.2.c

(3) The plan must address and consider a quality improvement program which at a minimum:

(a) Monitors compliance with pertinent statutes, ordinances and rules;

5.3.a

(b) Monitors compliance with standards for prehospital provider notification times, response times and patient care;

5.3.b

(c) Provides for problem resolution and legal sanctions for non compliant personnel or providers of the plan provisions.

5.3.c

Stat. Auth.: ORS 682.205, ORS 682.215, ORS 682.275, ORS 682.315, ORS 682.325, ORS 682.335 & ORS 682.345

Stats. Implemented: ORS 682.205, ORS 682.215, ORS 682.275, ORS 682.315, ORS 682.325, ORS 682.335 & ORS 682.345

Hist.: HD 16-1986, f. & ef. 9-9-86; HD 11-1990, f. & cert. ef. 5-7-90; HD 18-1994, f. 6-30-94, cert. ef. 7-1-94; Renumbered from 333-028-0125; OHD 8-2001, f. & cert. ef. 4-24-01

6.0 Coordination

OAR 333-260-0060 Coordination

The county may delegate authority for development and administration of the plan to an intergovernmental body. The plan must address and consider:

(1) A process for the county to receive input from prehospital care consumers, providers and the medical community.

6.1

(2) Mutual aid agreements for ambulance responses from outside of the service area and responses to other service areas to meet the need for service in unusual circumstances.

6.2

(3) Ambulance service providers' responsibilities in the event of a disaster, including: coordination with county resources and determination of methods for obtaining out-of-county resources other than ambulances, a process for adoption of a mass-casualty incident plan that is recognized and approved by the county's emergency management administration.

6.3

(4) Personnel and equipment resources in addition to the ambulance provider for response to incidents involving but not limited to:

- (a) Hazardous Materials;
- (b) Search and Rescue;
- (c) Specialized Rescue; and
- (d) Extrication.

6.4 a through d

(5) Emergency radio and telephone communications systems for the county. Mechanisms for the following must be in operation or scheduled for implementation:

(a) Access to the Emergency Medical Services System centralized emergency telephone numbers;

6.5a

(b) Dispatch of ambulances staffed in accordance with the plan and other emergency resources based on emergency medical protocols; and

6.5b

(c) U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services Dispatcher: National Standard Curriculum or equivalent training for all emergency medical services dispatchers.

6.5c

Stat. Auth.: ORS 682.205, ORS 682.215, ORS 682.275, ORS 682.315, ORS 682.325, ORS 682.335 & ORS 682.345

Stats. Implemented: ORS 682.205, ORS 682.215, ORS 682.275, ORS 682.315, ORS 682.325, ORS 682.335 & ORS 682.345

Hist.: HD 16-1986, f. & ef. 9-9-86; HD 11-1990, f. & cert. ef. 5-7-90; HD 18-1994, f. 6-30-94, cert. ef. 7-1-94; Renumbered from 333-028-0125

7.0 Provider Selection

OAR 333-260-0070 Provider Selection

(1) The county is solely responsible for designating and administering the process of selecting an ambulance service provider.

7.1

(2) The plan must address and consider a process for:

(a) Assigning and reassigning of an ambulance service provider to an ASA;

7.2a

(b) Responding to an application by a provider for an ASA;

7.2b

(c) Responding to notification that an ASA is being vacated; and

7.2c

(d) Maintaining the existing level of service after notification that a provider is vacating an ASA.

7.2d

(3) The county shall designate one emergency ambulance provider for each ASA. The county may designate one or more non-emergency ambulance provider for each ASA.

7.3

Stat. Auth.: ORS 682.205, ORS 682.215, ORS 682.275, ORS 682.315, ORS 682.325, ORS 682.335 & ORS 682.345

Stats. Implemented: ORS 682.205, ORS 682.215, ORS 682.275, ORS 682.315, ORS 682.325, ORS 682.335 & ORS 682.345

Hist.: HD 16-1986, f. & ef. 9-9-86; HD 11-1990, f. & cert. ef. 5-7-90; HD 18-1994, f. 6-30-94, cert. ef. 7-1-94; Renumbered from 333-028-0130; OHD 8-2001, f. & cert. ef. 4-24-01

8.0 Appendices – uploaded as attachments to the plan, such as:

- Maps
- Agreements
- Ordinances
- Forms
- Documents pertinent to the Plan