

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. 589

An Ordinance adopting an Ambulance Service Plan and amending MCC 6.31.039.

Multnomah County ordains as follows:

Section 1. Findings.

1. ORS 823.180 and rules of the State Health Division require the County to adopt a plan relating to the need for and coordination of ambulance services. MCC 6.31.038 authorizes the Board of Commissioners to adopt the plan after requesting a recommendation from the Emergency Medical Services Policy Board.

2. On April 4 and May 20, 1988 the Emergency Medical Service Policy Board conducted a hearing on a plan and recommended that the Board of County Commissioners adopt it.

3. The Board has considered the draft plan at a public hearing and has determined that the plan should be adopted.

4. The plan provides, among other things, for the division of the county into two emergency ambulance service areas and the award of separate franchises to different providers to serve those areas. It is the Board's intent, however, to establish a single area system, served by a single provider, if that option is determined to be legally allowable.

5. The Multnomah County Circuit Court has enjoined implementation of a single area plan. However, appeals of that decision are now pending. The plan adopted by this ordinance establishes two emergency ambulance service areas as an interim measure, pending resolution of those appeals. Section 3 of this ordinance is intended to express that policy.

Section 2. Plan Adoption.

The Multnomah County Ambulance Service Area Plan, DRAFT III, July 29, 1988, attached hereto as Exhibit A and incorporated herein by this reference, is adopted. The Director of The Emergency Medical Services Program shall transmit the plan to the State Health Division, but shall retain the original in the offices of the Program.

Section 3. Amendment.

MCC 6.31.039 is amended to read as follows:

6.31.039 Ratification of Rules  
Previously Adopted by Policy Board.

A. The rules adopted by the EMS Policy Board prior to March 31, 1988 are hereby ratified. EMS Rule 631-[080] 320 (single ambulance area) is subject to Circuit Court judgements declaring the rule invalid. The judgements are on appeal. The rule is hereby ratified, but it shall take effect only if the judgements are reversed and any applicable period for further appeal of those judgments has expired.

B. During the pendency of the appeal referred to in subsection A., there shall be established two ambulance service areas as described in the plan adopted by Ordinance No. 589. Contracts for serving those areas shall be awarded as provided in the plan. However, upon expiration of those contracts, the two ambulance service areas shall be replaced by a contract for a single area/single provider if the judgements referred to in subsection A. have been reversed, or legislative changes are made that clarify the law so as to remove doubt about the legality of creating a single ambulance service area (ASA).

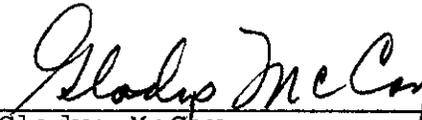
Section 4. Adoption.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, shall take effect on the thirtieth (30th) day after its adoption, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this 4th day of August, 1988, being the date of its second reading before the Board of County Commissioners of Multnomah County.

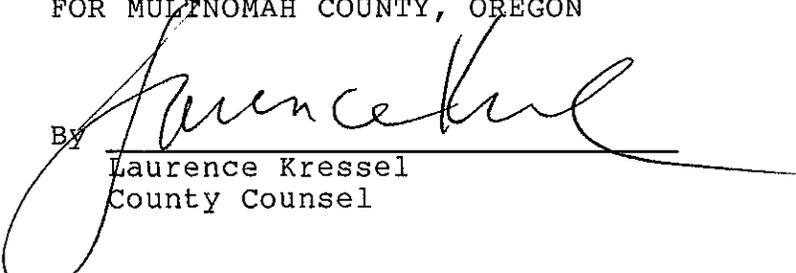
BOARD OF COUNTY COMMISSIONERS  
MULTNOMAH COUNTY, OREGON

(SEAL)

By   
Gladys McCoy  
Multnomah County Chair

APPROVED AS TO FORM:

LAURENCE KRESSEL, COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

By   
Laurence Kressel  
County Counsel

1431R/dm  
071288:6:1

8/04/88

ADOPTED  
AMBULANCE SERVICE  
AREA PLAN

Multnomah County  
Oregon

DRAFT III, JULY 29, 1988  
AS AMENDED AUGUST 4, 1988  
ADOPTED AS EXHIBIT A WITH ORDINANCE 589 AUGUST 4, 1988

INDEX

- p. 5 1. Definitions list related to county ASA plan.
- 2. Communications:
  - p. 9 a) Access to Emergency Medical (EMS) System.
  - p. 10 b) Procedures for dispatch of ambulances.
  - p. 11 c) Ambulance notification procedures.
  - p. 12 d) Emergency radio communications systems.
  - p. 13 e) Notification and response time monitoring process.
  - p. 14 f) Standards for response times.
  - p. 15 g) Training of EMS dispatchers.
- 3. Provider Profile:
  - p. 16 a) ASA financial viability.
  - p. 17 b) Service effectiveness.
  - p. 18 c) Service efficiency.
  - p. 19 d) Level of response.
  - p. 20 e) Level of care.
  - p. 21 f) Staffing.
  - p. 22 g) Patient care equipment.
  - p. 23 h) Emergency patient transport vehicles (ambulances).
  - p. 24 i) Initial and continued training for ambulance personnel.
- 4. Disaster Response Plan:
  - p. 25 a) Responsibilities.
  - p. 26 b) Identification of additional personnel and equipment resources:
    - 1. hazardous material
    - 2. search and rescue
    - 3. specialized rescue
    - 4. extrication

ATTACHMENTS:

Number

- 1 Bureau of Emergency Communications Performance Agreement
- 2 Triage Guide
- 3 MCC 6.31
- 4 Emergency Medical Services Rules
- 5 Basic Life Support Protocols
- 6 Advanced Life Support Protocols
- 7 Radio System Configuration
- 8 Over Eight-Minute Response Time Printout
- 9 Emergency Medical Services Dispatch Training Document
- 10 Credentialing Document
- 11 Request For Proposal Document
- 12 Quality Assurance Plan
- 13 Mass Casualty Incident Plan
- 14 Hazardous Materials Procedures
- 15 Portland Fire Bureau Locations
- 16 Gresham Fire Department Locations
- 17 Bureau of Emergency Communications Standard Operating Procedures
- 18 Emergency Management Letter
- 19 Mutual Aid Agreements
- 20 Rate Control Committee
- 21 Fire District Map
- 22 Two ASA Map

- (N) "Director" means the Director of the Office of Emergency Medical Services of the Department of Human Services of Multnomah County, or the director's authorized representative.
- (O) "Do business in Multnomah County" means to provide emergency ambulance service or any other emergency medical services in Multnomah County, provided, however, that transporting patients from outside the county to within the county only shall not be considered doing business within the county.
- (P) "Emergency" means any non-hospital occurrence or situation involving illness, injury, or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
- (Q) "Emergency Medical Services" or "EMS" means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation, and public education. "Emergency Medical Services" does not include services of fire department which do not provide advanced life support services.
- (R) "Emergency Medical Technician" or "EMT" means a person so certified by the State Health Division or the State Board of Medical Examiners.
- (S) Emergency Medical Technician I (EMT I) - means a person certified by the Division to attend any ill, injured, or disabled person in connection with her/his transportation by ambulance and in accordance with ORS 820.310, 820.330, 820,350, and 823.010 to 823.990.
- (T) Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(3).
- (U) Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610(4).
- (V) Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 67.610(5).
- (W) "Emergency Medical Services (EMS) Central Dispatch Office" means the communications center established under the auspices of the EMS Director.
- (X) "Employee" means an employee, agency, or driver of an ambulance employed by a licensee.
- (Y) First Responder - a responder who usually only provides BLS and can arrive on the medical scene in four minutes or less 90% of the time to prevent brain death in a cardiac arrest or complete bleed-out in a severe bleeding situation.
- (Z) Health Officer - means the Multnomah County Health Officer.

- (MM) "Policy Board" means the Emergency Medical Services Policy Board established under MCC 6.31.000.
- (NN) Private Call - a request for transport which originates at the private ambulance and must be a non-emergency requiring only Code 1 running.
- (OO) "Provider Board" means the EMS Provider Board established under this chapter.
- (PP) Response Time - means the length of time between notification of the ambulance crew and arrival of the ambulance at the incident scene.
- (QQ) "State Health Division" means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
- (RR) Supervising Physician - means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.
- (SS) "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck. [Ord. 229 s. 1 (1980)]

## 2b. EMS Dispatch Procedures

The Bureau of Emergency Communications (BOEC) dispatches all transporting emergency ambulances within Multnomah County. A caller's request for emergency ambulance service will be processed by a BOEC call-taker. The BOEC call-taker will use the call triage guide to determine the level of response of ambulance needed by the patient (Attachment 2).

The call-taker will then transfer the information via computer screen to an EMS dispatcher. The EMS dispatcher is aware of all ambulance locations, availability, and current staffing level within Multnomah County. The information is continually provided by all licensees under Multnomah County rule (see Attachment 4). Portland Fire Bureau, Fire Alarm Dispatch (FAD) is notified of all medical emergencies which require a first responder (triage guide). FAD then dispatches the first responder for all in Multnomah County fire agencies except Skyline Fire Department.

In the event the ambulance is needed in a fringe area of Multnomah County, where an out-of-county ALS provider can respond, and the in-county ambulance is more than ten minutes away, the out-of-county ambulance will be dispatched. Dispatching of the out-of-county ambulance occurs by either direct communication with the ambulance or by placing a call to the appropriate Public Safety Answering Point (PSAP).

The Multnomah County Code sites which govern this area of medical call dispatching and call triage are: 631-306, -307, -308, -310, -312, -314, -318, -320, -330, -335, -338, -390, Subsections A, B, C, and D. These rules are attached (see Attachment 4).

## 2d. Emergency Radio Communication System

The radio communication system used in Multnomah County is Ultra High Frequency design. Specific Med Nets are assigned and used in Multnomah County according to the State of Oregon Emergency Medical Services Communication Plan. Equipment required on ambulances is addressed by the EMS Administrative Rules 631-302, 631-310, 631-318 (see Attachment 4).

Hospital communications are provided in Multnomah County by Ultra High Frequency and Very High Frequency design. The Ultra High Frequency uses Med-Net 4 and the Very High Frequency uses the HEAR frequency 155.340mhz. Hospital communications requirements are addressed by EMS Administrative Rule 631-410. The basic life support and advanced life support protocols adopted under EMS Administrative Rules also require certain levels of communications from Emergency Medical Technicians. This information is attached (see Attachments 5 and 6). Fire first responders use VHF fire frequencies. The ALS rescues (8) and two ALS apparatus (Squad 1, Quad 1) also have the UHF med nets.

The configuration of the UHF system is described in Attachment 7.

## 2f. Ambulance Notification and Response Times

These two sources of over eight minutes responses are used to determine if an ambulance service area is being underserved and is not meeting the requirements of the EMS Administrative Rules. If the EMS Administrative Rule is not being met, fines may be levied on the ambulance service area operator, or the ambulance service area operator's license and ambulance service area may be withdrawn by the Emergency Medical Services office. Specific requirements for this process are contained in the Multnomah County Code and EMS Rules, and are contained in Attachment 4. All ALS transporting ambulances must respond in eight minutes or less, 90 percent of the time.

All portions of review of the beyond-eight-minute response times are currently performed by EMS administrative staff with periodic reports made to the Emergency Medical Services Quality Assurance Subcommittee, which functions under the Emergency Medical Services Medical Advisory Board. This process is described in Attachment 12.

In addition, first-responders function under an agreement to provide first-responder basic life support services or advanced life support to the scene of a medical emergency with a response time of four minutes or less, ninety percent of the time. This information is monitored by the Portland Fire Bureau, Gresham Fire Department, and other first-response agencies within Multnomah County. It is expected that each of the fire departments will maintain its own quality assurance mechanism to assure these response times are being met.

### 3a. Provider Profile

Each of the two ambulance service areas within Multnomah County must financially support itself. Financial support is provided through user fees. The determination of cost with reference to user fees charged is a part of the Request For Proposal document. The costing document will allow for cross subsidization of emergency ambulance cost through the use of non-emergency transports or cross utilization of personnel. See Attachment 11.

The RFP assures that any non-ASA revenues are reported and considered as a part of the selection of the ambulance service area contractor to serve the ambulance service area. The organizations, as they provide proposals, must provide projections of revenues and costs for the time period in the beginning when revenues do not meet cost, then through the time period in which revenues exceed cost, to equal the deficit incurred in the initial operating time period. This assures the financial soundness of the contractor and that the proposal selected is financially sound.

ASA I also will be supported by County alcohol and drug monies because the contractor will have subcontracting responsibilities to perform inebriate outreach services.

### 3c. Service Efficiency

Service Efficiency will be demonstrated by the request for proposal, see Attachment 11.

The request for proposal will consider cost as a mechanism of service efficiency. In addition, the unit hour utilization figures with maximum and minimums acceptable are a part of this document. Also, the overall requirement for response times assists in determining that service efficiency is maintained.

The cost to the consumer will not be known until the request for proposal is released and acted upon by potential contractors.

The rate control committee will also assist in determining reasonable cost of ambulance service to consumers over the period of the contract as changes in the delivery of emergency medical services occur - see Attachment 20.

### 3e. Level of Care

The ambulance service areas within Multnomah County only provide for the call answering for 911 calls. All transporting ambulances dedicated to this effort must respond as Advanced Life Support ambulances meeting the state minimum requirements plus additional Multnomah County requirements. Those Multnomah County requirements are that certain pieces of equipment in addition to the state requirements are provided, a UHF radio is in place and operational, and that two EMT-4s are in attendance with the ambulance.

Non-emergency providers will continue to answer private calls within Multnomah County. These organizations will be licensed by Multnomah County and will be required to process any calls which they receive which require an under 30 minute response by the call triaging guide attached as Attachment 2. This assures that non-ASA contractors do not provide emergency ambulance service within Multnomah County. Non-emergency, in this context, means that the patient must be rendered care within a half an hour or more, and that the patient is not exhibiting any signs or symptoms which would require an emergency response as dictated by the EMS call triaging guide.

### 3g. Ambulance Equipment

Ambulances operated by the contractor for each ambulance service area are required to meet standards above those of ORS.

Those standards which are required are detailed in the MCC and EMS Rules, see Attachments 3 and 4.

In addition, the Request For Proposal determines other standards for equipment, see the equipment portion of the Request For Proposal, Attachment 11.

### 3i. Initial and Continued Training For Personnel

The ambulance service area operator will be examined to determine its initial personnel training and maintenance of personnel training prospectively and retrospectively.

The prospective examination process is provided through the Request For Proposal which requires personnel to be currently certified at the EMT-4 level. It is the responsibility of the ASA contractor to maintain certification levels for his/her personnel. In addition, the single physician supervisor will require inservice education, and Multnomah County requires attendance at mandatory inservice education for the personnel.

Retrospective analysis of the training level and continuing education is provided through examination of ambulance contractor records to assure that all personnel are maintaining EMT certification and re-certification standards with regard to continuing education. This will be provided through random checks of the continuing education and certification files which the contractor must maintain.

In addition, the county, through contract with Oregon Health Sciences University, offers two inservice training courses per month which are also coordinated with local hospitals. These provide for the provision of a didactic lecture and at least two case reviews involving on-line medical direction physicians. This process assures that the Emergency Medical Technicians within the community are provided many chances to interrelate with on-line medical direction and also a mechanism to assure of meeting continuing education requirements for the state of Oregon EMTs.

#### 4b. Extra Personnel, Facilities, or Equipment Needs

Hazardous materials situations within Multnomah County are dealt with by the Portland Fire Bureau and the Gresham Fire Department. Standard operating procedures of these two organizations as well as their protocols are attached as Attachment 14.

Notification of these organizations of hazardous materials incidents is made by the Bureau of Emergency Communications and Fire Alarm Dispatch. In addition, the Port of Portland functions with these two fire organizations, which offer hazardous materials services for the Port.

Search and Rescue functions are assigned to the Multnomah County Sheriff's Office by state statute.

Notification of the Multnomah County Sheriff's Office Department for Search and Rescue needs is made by the Bureau of Emergency Communications. In addition, the 304th Search and Rescue is coordinated for search and rescue activities through the Multnomah County Sheriff's Office.

Specialized rescue such as vertical terrain, water rescue, and other types of specialized rescue are provided by Portland Fire Bureau, Gresham Fire Department, Fire District 14, Sauvie Island Fire, and Skyline Fire. Portland Fire Bureau maintains a dive rescue unit as well as vertical terrain personnel. Gresham Fire also maintains vertical terrain rescue personnel.

#### 4c. Coordination of Special Resources

Coordination of special resources needed in emergency medical situations is provided through the Bureau of Emergency Communications Standard Operating Procedure which is attached as Attachment 17.

Multnomah County Advanced Life Support and Basic Life Support Protocols assign the person in charge (PIC) responsibilities to the first arriving Emergency Medical Technician, and these responsibilities are maintained by the Emergency Medical Technician, until transport is imminent (see Attachments 5 and 6). This applies except in situations which meet Mass Casualty Incident (MCI) definitions. In MCI's the Medical Sector Coordinator remains the P.I.C.

Responsibility for unsecured or dangerous situations is assigned to the fire agency by county and city statute.

Incident responsibilities which involve a Mass Casualty Incident (MCI) are assigned by the Mass Casualty Incident Plan, which is attached as Attachment 13.

4e. Mass Casualty Incident Plan Recognition

The Mass Casualty Incident Plan has been recognized and adopted by Multnomah County. This plan is incorporated as a part of the Emergency Medical Services rules of Multnomah County, and as an annex to the Multnomah County Emergency Management's Plan. A letter from the Multnomah County Emergency Manager stating that the plan is a part of the Multnomah County Disaster Plan is attached as Attachment 18.

6a. Boundaries

AMBULANCE SERVICE AREA FOR TWO AMBULANCE SERVICE AREAS

MULTNOMAH COUNTY

ASA 1 All of Multnomah County west of the Willamette river, and including Sauvie Island. The Washington County, Columbia County, and Clackamas County lines will form the outside boundaries of this section of ASA 1. The Burnside Bridge will be the north/south divider for the Willamette River. The boundary line for the area east of the Willamette River will be Burnside Street, with Burnside being the Northern most boundary of the Ambulance Service Area, following Burnside until it reaches I205 and then I205 southerly until it joins the Clackamas County line.

ASA 2 Boundaries:

The area of Multnomah County contained between the Willamette and Columbia rivers (but not to include Sauvie Island) proceeding south-eastward following the Willamette river shore until it reaches Burnside Bridge and then following Burnside street easterly until I205, then southerly to the Clackamas county line and easterly following the Clackamas county line, to the Hood River county line, then northerly following the Clackamas county line, then to the Columbia River shores westerly until this line joins the western boundary of this ASA.

All "dividing lines" will have the closest emergency ambulance responded.

Basically the two ASAs are: ASA 1 - all of the area in Multnomah County west of the river including Sauvie Island and the area east of the river, south of Burnside and west of I205. ASA 2 includes all other areas of Multnomah County.

#### 6c. Coordination

The transporting ambulances of each ASA will be dispatched by the same dispatch point (BOEC). There will be uniformity in application of all rules, protocols, and SCP's between the two ASA's. In addition, the RFP (see Attachment 11) requires mutual aid agreements.

First responders are dispatched by FAD. A subcommittee of the EMS Policy Board and the EMS Policy Board have recommended consolidation of EMS and Fire Dispatch functions at BOEC. The goal is that first responders and emergency ambulances will be dispatched by the same dispatch point at the Bureau of Emergency Communications.

6e. ASA County Inclusion

The ASA map (see Attachment 22) illustrates that all of Multnomah County is Covered by an ASA.

7b. Legal Sanctions for Violation of Ambulance Service Area Plan

Legal sanctions are provided under Multnomah County Code 631-110, -130, -140, -160, -165, -180, -182, -184, -190, and EMS Administrative Rules 631-030 and the Administrative Fines Attachment. These are attached as Attachments 3 and 4.

#### 8a. Provider Selection

If an ambulance service requests a license within Multnomah County to provide ambulance service, Multnomah County Code provides a mechanism to license the ambulance service. If the ambulance service meets the minimum criteria as listed in the licensing requirements, it will be issued a license. This is detailed in Attachment 3.

Any ambulance service requesting assignment of an ambulance service area will be provided a chance to bid in an open competitive procurement process for delivery of ambulance service to one of the two ASAs on a four year basis. Ambulance service will be provided to the ambulance service areas by contract.

8b. ASA Provider Selection Process, cont'd

E. The RFP construction committee is to be selected by the EMS Policy Advisory Board and the Board of County Commissioners. The makeup of the committee is:

- EMS Director, Ex-Officio Chairman
- Medical Advisory Board Representative
- Representative of Small Business
- Attorney (County Counsel)
- Multnomah County Medical Society Representative
- Emergency Medical Technician-Paramedic
- Citizen

No member of the committee may have a vested interest in the current EMS delivery system or have a vested interest in any potential contractor.

II. Proposal Evaluation

A. An Evaluation Committee is to consider and recommend a provider for the ASA based upon compliance with minimum elements and points accumulated in the six component areas of the RFP. The evaluation committee is to be selected by the EMS Policy Advisory Board and ratified by the BCC, and made up of the following positions (no person is to serve in a voting capacity on both committees):

- EMS Director, Ex-Officio Chairman
- Medical Advisory Board Representative
- Citizen (2) (at least one with a financial background, etc., CPA)
- Multnomah Medical Society Representative
- County Purchasing Representative (non-voting)
- Emergency Medical Technician Paramedic Representative

B. The final decision shall be made by the Board of County Commissioners in accord with the procedures of the RFP. The BCC reserves the right to reject all proposals.

### 8c. ASA Provider Reselection Process

Provider reselection criteria.

A provider for the ASA of Multnomah County will be reselected after a period of four years plus an optional renewal for a one year period.

The process to be followed for provider reselection is the same as that of initial provider selection. An RFP will be provided with the provider being selected on the basis of the proposals which are submitted. The proposal which provides the most effective, efficient delivery of emergency ambulance service will be selected.

If the provider should fail in less than the four year contract period, or the county determined that contract standards were not being met, and revoked the contract, the following procedure would be used:

1. The provider will be notified and all appropriate legal measures with regard to contract negotiations and appeals as required by ORS and MCC will be followed.
2. In the event that the provider can be left in place during the time period required to receive requests for proposals and award a new contract, such will occur.
3. In the event that the contractor will not or cannot provide service during the interim period between contract default and new provider implementation, the safety net portions of the proposal will take effect. The county will operate the emergency ambulance service during this period of time, using the equipment, personnel and funds provided under the proposal. The county may elect during this time to provide this equipment to the other ambulance service area contractor as a means of continuing service.

It is intended that this provider reselection procedure will at no time leave Multnomah County without effective, efficient emergency ambulance service.