

Oregon Ambulance Service Plan (ASP) Compliance Review Tool

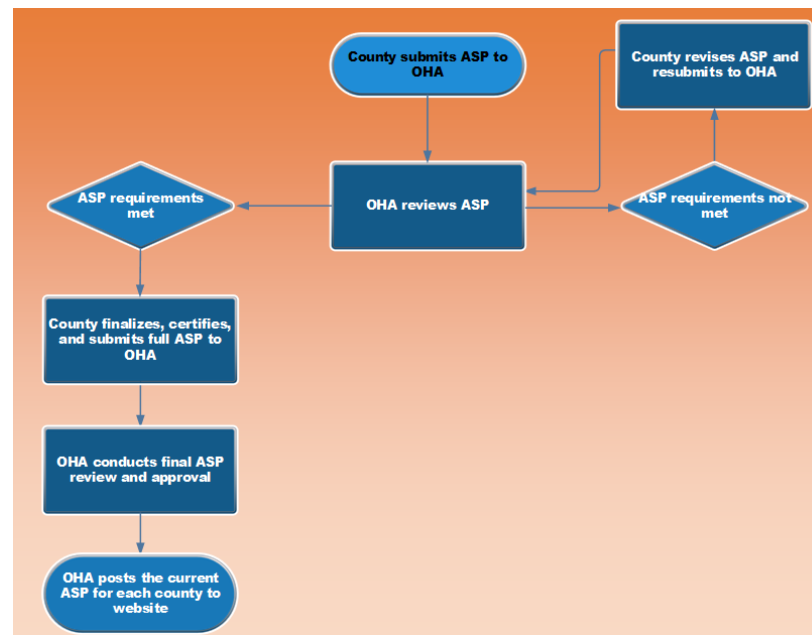
DISCLAIMER. OHA provides this tool to assist in drafting and amending Ambulance Service Area Plans (ASPs). This tool provides insight into some of the elements and provisions OHA reviews when determining if an ASP complies with applicable rules and requirements but is not an exhaustive or complete description of OHA's review. This tool is not intended to provide legal advice and counties should consult with their own legal counsel. Conformance with this tool does not guarantee approval of an ASP and plans will vary based on the specific circumstances and factors of the county.

Reference –Oregon Administrative Rules (OAR) and Oregon Revised Statutes (ORS)

ORS 682	Ambulance Service Areas and Plans, Regulation of Ambulance Services and Vehicles and Emergency Medical Services Providers
OAR 333-260	County Ambulance Service Area Plans
OAR 333-250	Ambulance Service Licensing
OAR 333-255	Ambulance Vehicle Licensing

Process: Oregon Health Authority – EMS Program reviews and approves ASPs in accordance with ORS 682.062 and OAR ch. 333 div. 260

ASP Review Process



General Guidance:

- Examples below by OHA EMS are provided to help counties develop their ASPs and should not be considered an exhaustive list or required language for each ASP. Content details will vary by county.
- Update any references from the old rule language “Certification” or “Recertification” to the current terminology License or License Renewal throughout the document when referring to EMS providers.
- Use the term “EMS Providers” when generally referencing EMS Provider licensees. EMTs are a specific level of EMS Providers.
- Update naming conventions for EMS providers and be specific. Use only the most current levels: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT), EMT-Intermediate (EMT-I) or Paramedic.
- Ensure that all EMS Levels are included in definitions section of the ASP (AEMT was a new level added in 2011).
- Be specific about the type when referring to licenses. For Example: Instead of “License” use “Ambulance Service License”, “Ambulance Vehicle” and “EMS Provider License.” Update corresponding OAR references 333-250 for Ambulance Agencies, 333-255 250 for Ambulance Vehicles and 333-265 for EMS Providers.
- Update references for EMS providers and use the term “Licensed” instead of the outdated term “Certified” and “License Renewal” instead of the outdated term “Recertification”.
- Include citations for references to a specific statute, rule, or ordinance in the definitions section of the ASP.
- Submit maps in a format that present clear boundary lines, street, city, EMS, and Fire Service names.
- Submit the ASP as a digital file (PDF preferred), not a scanned copy. This helps with review and processing.

OAR 333-260-0010	Minimum Required Elements
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Definitions	
	<ul style="list-style-type: none"> • Include a list of definitions used in the ASP. • Include updated citation when using a definition from a statute, rule, or ordinance.
OAR 333-260-0020 Procedures for Adoption and Approval of Ambulance Service Plans	Minimum Required Elements
1. CERTIFICATION BY GOVERNING BODY OF COUNTY AMBULANCE SERVICE PLAN	<ul style="list-style-type: none"> • Following OHA approval of the ASP and County Certification, the county must submit a copy of their final certified ASP to OHA EMS.
2. OVERVIEW OF COUNTY (DEMOGRAPHIC AND GEOGRAPHIC DESCRIPTION)	<ul style="list-style-type: none"> • Current Census information on population. • Describe county's unique geographic features. • Describe the major industries. • Describe any other unique demographics in the county.
OAR 333-260-0030 Subjects to be considered in an Ambulance Service Plan	Minimum Required Elements

(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.	No additional guidance for this rule
(2) The plan submitted to OHA 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;	No additional guidance for this rule
(b) In the governing body's judgment, the ASAs established in the plan provides for the efficient and effective provision of ambulance services; and	No additional guidance for this rule
(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.	<ul style="list-style-type: none"> NOTE: When reviewing an ASP, OHA EMS will ensure each ASP has complied with ORS 682.062 to ORS 682.991. If the ASP references ORS 682.205 or 682.335, those will need to be updated to the current ORS listed above.

OAR 333-260-0040 Boundaries	Minimum Required Elements
(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.	No additional guidance for this rule
(2) A map showing ASA boundaries and response time zones must be included in the plan, along with a narrative description of each ASA.	<ul style="list-style-type: none">• Include compliant maps that are clearly legible and updated. Maps must be updated to a current digital copy instead of photocopies of analog maps.• Include all ASA Boundaries in a clearly readable map of the county.• ASA Response Time Zones: Maps should be a clear visual guide to the response time zones of the county. Preferred maps include colors, times, or other identifiable illustrations of each time zone.• Include an ASA Narrative Description with detailed boundary descriptions such as street, avenue, highway names, city, county lines, etc.• Include in the boundary section of the ASP enough information that any person reading the ASP can determine the boundaries of any ASA without referring to other sources.

(3) A map depicting all "9-1-1", fire district and incorporated city boundaries within the county must be included in the plan.	<ul style="list-style-type: none"> • Illustrate clearly all fire and rescue districts, fire departments, and city boundaries within the county. • Include compliant maps that are clearly legible and updated. Maps must be updated to a current digital copy instead of photocopies of analog maps.
(4) The plan must describe the major alternatives considered, if any, for reducing the effects of artificial and geographical barriers on response times.	<ul style="list-style-type: none"> • Describe barriers that may prevent ASA providers from meeting response times and describe possible solutions to reduce those barriers. • Identify specific known or perceived barriers and the possible solution to reducing response times that accompany each barrier. Barrier Examples: Mountainous terrain, large bodies of water, weather patterns, traffic, etc. Solution Examples: Additional stations, specialty watercraft, air ambulance capability, etc.

OAR 333-260-0050 System Elements	Minimum Required 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;	<ul style="list-style-type: none"> • Specify that access to emergencies requiring an ambulance service provider will be available through a 9-1-1 Public Service Answering Point (PSAP). • Include name of PSAP as well as contact information other than 9-1-1. • Describe how an ASA provider is required to respond to 9-1-1 calls when dispatched in accordance with the standards outlined in the ASP. • Describe the responsibilities of the PSAP when receiving a request for EMS services.
(b) Pre-arranged non-emergency transfers and inter-facility transfers, by June 30, 2003;	<ul style="list-style-type: none"> • Specify who is responsible for pre-arranged non-emergency ambulance transfers and inter-facility ambulance transfers; do county ASA providers have right of first refusal? If not, who provides these services? • The ASP must address and consider the responsibilities of the primary ASA provider, or other ambulance service provider, in responding to requests to inter-facility transfers and non-emergency transfers in a manner that reduces risk of patient harm. • Address and consider situations where pre-arranged non-emergency ambulance transfers and inter-facility ambulance transfers can occur. Transfers do not always originate from a hospital. Other common types of transfers originate from dialysis facilities, adult foster care homes, skilled nursing facilities, and medical clinics. If not handled by the county's ASA provider(s), address and consider alternatives. • Consider including specialty care transfers and transfers that occur when the primary ASA provider cannot accept requests for transfers due to call volume.

(c) Notification and response times;	<ul style="list-style-type: none"> • Refer to Minimum Requirement Elements in the document, located in 333-260-0050(2)(a)(b) • Describe how the 9-1-1 PSAP will notify ASA providers. • Describe the expected response time from receipt of initial call to dispatch of ambulance provider, and from receipt of notification of 9-1-1 to arrival on scene. These expectations must be expressed in percent of calls which do not exceed the specified number of minutes. • Include Trauma System Patient Response times as outlined in OAR 333-200-0080(2)(b)(A)(B)(C)(D)(E). • Include whether the county has different response times for non-trauma patients.
(d) Level of care, ranging from basic life support to advanced life support;	<ul style="list-style-type: none"> • Specify level of service that is expected by all ASA providers (ALS at all times, BLS at all times, or a combination of both). • Consider the role of specialty care transport services and air ambulance services.
(e) Personnel for first response vehicles and ambulances;	<ul style="list-style-type: none"> • Citing OAR 333-255-0070, identify the minimum required staffing for an ambulance for each level of service the county allows. • Describe if a county chooses anything other than the standard specified in (OAR 333-255-0070). • Consider addressing county first response vehicles and their operators, other than ambulances for each ASA. Counties may want to include language that describes the operations of EMS first response by agencies other than licensed ambulance services. Example: Fire departments, quick response teams, police agencies. • Include statement in ASP that all EMS Personnel must be licensed by OHA in accordance with OAR 333-265.

(f) Medical supervision of all medically trained emergency response personnel;	<ul style="list-style-type: none"> • Include any county expectations related to the association between EMS Providers and a Supervising Physician as described in OAR 847-035. For example, the county may develop medical supervision standards that are above the minimum standards cited in OAR 847-035. If they do, it should be clearly described. • Example: Each EMS agency utilizing EMS Providers must be supervised by a Physician Advisor / Supervisor licensed by the State of Oregon, licensed and in good standing with the Oregon Medical Board as a Medical Doctor (MD) or Doctor of Osteopathic (DO) Medicine. The Physician must also be approved by the Oregon Health Authority, EMS and Trauma Systems Program as a Medical Director.
(g) Patient care equipment for first response vehicles and ambulances;	<ul style="list-style-type: none"> • Address the minimum required equipment for any BLS or ALS ambulance according to staffing levels and in alignment with OAR 333-255-0072. • Counties may develop equipment standards that are above the minimum standards cited in OAR 333-255-0072. If they do, it should be clearly described.
(h) Vehicle, vehicle equipment and safety requirements;	<ul style="list-style-type: none"> • Address the types of ambulance vehicles expected by the county, at a minimum, for each level of service. • Vehicles must at a minimum, comply with the standards set forth in OAR 333-255-0060, OAR 333-255-0072.
(i) Initial and continuing education training for emergency response personnel; and	<ul style="list-style-type: none"> • All EMS Providers must meet minimum standard initial education and licensing requirements as set forth in OAR 333 Chapter 265. • Describe the county's expectations of ASA providers and their personnel relating to continuing education plans, opportunities, and resources available to meet the minimum requirements set forth in OAR 333-265-0110 and OAR 333-265-0140.
(j) Quality improvement.	<ul style="list-style-type: none"> • Refer to comments about QI Program in OAR 333-260-0050(3)(a), (b) and (c) section. • Compliance for 1(j) is dependent on compliance with OAR 333-260-0050(3)(a), (b) and (c).

(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;	<ul style="list-style-type: none"> Describe the expected response time from receipt of initial call to dispatch of ambulance provider, and from receipt of notification of 9-1-1 to arrival on scene. These expectations must be expressed in percent of calls which do not exceed the specified number of minutes. Specify the time between when a call is received by 9-1-1 and the notification of the ASA Provider to respond. Example: The county expects 90% of calls received to be dispatched within 4 minutes. Develop county-specific response time expectations based on several factors unique to each county, such as telecommunication abilities, staffing, geographical barriers, etc.
(b) Response times must be expressed in terms of percent of calls which do not exceed a specified number of minutes; and	<ul style="list-style-type: none"> Specify the percent of calls an ASA provider is required to meet, from when a call is dispatched to the arrival at the scene. Example: The county expects 90% of rural responses to occur within 15 minutes from notification to scene time. Develop county-specific response time expectations based on several factors unique to each county, such as telecommunication abilities, staffing, geographical barriers, etc.
(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.	<ul style="list-style-type: none"> Develop county-specific response time expectations based on several factors unique to each county, such as telecommunication abilities, staffing, geographical barriers, etc.

(3) The plan must address and consider a quality improvement program which at a minimum:	
(a) Monitors compliance with pertinent statutes ordinances and rules;	<ul style="list-style-type: none"> • Direct, at a minimum, the QI Program to monitor compliance with Statute, Ordinance and Rule. • Establish and maintain county-specific monitoring and tracking systems as part of the EMS quality improvement program. The elements outlined in OAR 333-250-0320 may be used as a framework for a county's own QI Program. • Include the following elements in the QI program: program name, the members and roles of the QI review body, meeting frequency of the QI review body, and how the program sufficiently conducts EMS medical review. • Clearly identify how the program's quality and standards are being monitored by the county and how the county will respond when quality or standards fail to meet requirements. • Identify who will administer the program, any specific members that will make up the QI Committee (or otherwise delegate the authority to a specific person or group).
(b) Monitors compliance with standards for prehospital provider notification times, response times and patient care; and	<ul style="list-style-type: none"> • Establish and maintain monitoring and tracking systems for the quality improvement program. • Identify the process for monitoring compliance with prehospital provider notification times, response times, and patient care. • Specify how each of these elements will be evaluated, how frequently they will be evaluated, and how the county will respond when compliance issues are identified.

(c) Provides for problem resolution and legal sanctions for non-compliant personnel or providers of the plan provisions.	<ul style="list-style-type: none"> • Identify processes (or methods) for the county EMS QI Program, ASA providers, professional medical community, or the public to identify and address problems of ambulance services in the county. Describe the process for submitting complaints or concerns to the county. • Provide details how the county will evaluate problems that have been reported or identified. • Clearly identify how the county will respond when non-compliance with the county ASP/ordinances, OAR/ORS, by an ASA provider or their personnel has been identified. Describe the problem resolution options that are available and any county-level sanctions. • Include a process for reporting allegations of non-compliance with or other violations of ORS or OAR pertaining to ambulance services or EMS providers by ASA providers or their personnel to the respective regulatory agency. Examples may include licensing boards, DEA, DPSST, etc.
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OAR 333-260-0060 Coordination	Minimum Required Elements
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.	<ul style="list-style-type: none"> • If not already addressed in the QI Program, include: <ul style="list-style-type: none"> ○ How the county receives complaints, concerns, or other input from the community, prehospital care providers, consumers, or others. ○ Process for review of complaints, concerns, other input. ○ A process to evaluate and respond to complaints, concerns or other input is received by the county.

<p>(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.</p>	<ul style="list-style-type: none"> • Describe the requirements for mutual aid agreements (MAA) among ASA providers within the county and neighboring counties. • Include the MAA as an appendix or specify in the ASP where the county will maintain copies of mutual aid agreements, and how they can be accessed.
<p>(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.</p>	<ul style="list-style-type: none"> • Provide a description and details for ASA holder disaster response. This should be more than reference a PSAP or 9-1-1 as the sole resource. • Include information directing any ASA holder how to interact/access with county resources in the event of a major catastrophe or disaster. <ul style="list-style-type: none"> ○ This could include interactions with county emergency manager, county health officials, or other governing bodies and may include Oregon State Office of Emergency Management and the Oregon Health Authority Health Security Preparedness and Response (HSPR) • Consider describing available resources that may be helpful in a catastrophe or disaster other than the normal EMS and ambulance services. <ul style="list-style-type: none"> ○ Examples could include additional transportation of patients, staging areas, law enforcement resources, air ambulance availability, etc. • Describe the process for adoption of an MCI Plan. If MCI Plan is adopted, include as an appendix, or identify its location.

(4) Personnel and equipment resources in addition to the ambulance provider for response to incidents involving but not limited to:	
(a) Hazardous Materials;	<ul style="list-style-type: none"> Clearly identify who each ASA provider would contact and how to access the resource in the event of a hazardous material incident. Include contact information for each in addition to 9-1-1. Include contact phone numbers other than 9-1-1 in the event that 9-1-1 is inoperable. Include contact information for each fire department other than 9-1-1 or through dispatch. In the event the dispatch center (PSAP) is inoperable, the plan should provide direct contact information for each agency an ambulance service may need access to.
(b) Search and Rescue;	<ul style="list-style-type: none"> Clearly identify who each ASA provider would contact and how to access the resource in the event of a Search and Rescue incident. Include contact information for each in addition to 9-1-1. Include contact phone numbers other than 9-1-1 in the event that 9-1-1 is inoperable. Include contact information for each fire department other than 9-1-1 or through dispatch. In the event the dispatch center (PSAP) is inoperable, the plan should provide direct contact information for each agency an ambulance service may need access to.
(c) Specialized Rescue; and	<ul style="list-style-type: none"> Clearly identify who each ASA provider would contact and how to access the resource in the event of a Specialized Rescue. Example: Swift water rescue, high angle rescue, ocean rescue, etc. Include contact information for each in addition to 9-1-1. Include contact phone numbers other than 9-1-1 in the event that 9-1-1 is inoperable. Include contact information for each fire department other than 9-1-1 or through dispatch. In the event the dispatch center (PSAP) is inoperable, the plan should provide direct contact information for each agency an ambulance service may need access to.

(d) Extrication.	<ul style="list-style-type: none"> Clearly identify who each ASA provider would contact and how to access the resource in the event extrication. Include contact information for each in addition to 9-1-1. Include contact information for each fire department other than 9-1-1 or through dispatch. In the event the dispatch center (PSAP) is inoperable, the plan should provide direct contact information for each agency an ambulance service may need access to.
(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;	<ul style="list-style-type: none"> County must have a 9-1-1 PSAP. Consider identifying any other centralized access numbers available to the public, such as 988, 311, 211. Consider including a telephone number other than 9-1-1 for the county's PSAPs.
(b) Dispatch of ambulances staffed in accordance with the plan and other emergency resources based on emergency medical protocols; and	<ul style="list-style-type: none"> Direct PSAPs to dispatch ambulance services according to established protocols and medical standards for that county. Include time received to dispatch standards.

(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.	<ul style="list-style-type: none"> • Identify the minimum training standards and certifications required of any ambulance service dispatch center or PSAP. • Identify whether the standard meets or exceeds the USDOT Dispatcher National Standard Curriculum and/or minimum standards required for dispatchers by the Oregon Department of Public Safety Standards and Training (DPSST).
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OAR 333-260-0070 Provider Selection	Minimum Required Elements
(1) The county is solely responsible for designating and administering the process of selecting an ambulance service provider.	<ul style="list-style-type: none"> • Clearly identify the county as the final responsible authority for selection of ambulance service providers.

(2) The plan must address and consider a process for:	
(a) Assigning and reassigning of an ambulance service provider to an ASA;	<ul style="list-style-type: none"> • Initial Assignment: Include a process, not only for current ASAs, but also in the event the county creates a new ASA or changes boundaries in a current ASA. • Reassigning ASA: Include a process for renewing or reassigning an ASA to the current or prospective ambulance service provider. • Components of the process: <ul style="list-style-type: none"> ○ Some examples may include when the county will open the process for renewal or reassignment, how the public will be notified, how ambulance services may apply for renewal or reassignment, and who will administer the process. • Include contact information for ASP administrator.
(b) Responding to an application by a provider for an ASA;	<ul style="list-style-type: none"> • Include a process detailing how the county will respond to interested parties and applicants who would like to apply for an ASA assignment or current ASA providers who have applied for renewal.
(c) Responding to notification that an ASA is being vacated; and	<ul style="list-style-type: none"> • Include a process detailing how the county will respond to a notice to vacate and include timelines for response.
(d) Maintaining the existing level of service after notification that a provider is vacating an ASA.	<ul style="list-style-type: none"> • Indicate county expectations for the current ASA provider related to maintaining the level of service currently provided. • Consider and describe any sanctions that may be applied when an ASA provider gives notice and then fails to maintain the current level of service. • Identify steps that the county will take to maintain existing level of service once a notification to vacate has been issued. • Consider how the county will maintain existing levels of service in the event an ASA provider emergently ceases service.

(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.	No additional guidance for this rule
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