

JEFFERSON COUNTY
AMBULANCE SERVICE
AREA PLAN
2018

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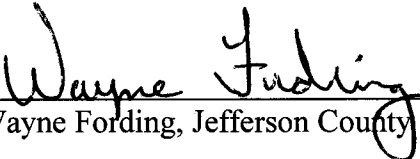
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1. CERTIFICATION BY GOVERNING BODY OF JEFFERSON COUNTY AMBULANCE SERVICE AREA PLAN

The undersigned certify pursuant to Oregon Administrative Rule (OAR) 333-260-0030 (2)(a)(b)(c) that:

- A. Each subject or item contained in the Jefferson County Ambulance Service Plan has been addressed and considered in the adoption of this plan revision by this body.
- B. In this governing body's judgment, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services.
- C. To the extent they are applicable, the county has complied with ORS 682.062 and 682.063 and existing local ordinances and rules.

Dated at Madras, Oregon, this 23rd day of May, 2018



Wayne Fording, Jefferson County Commission Chair



Mae Huston, Jefferson County Commissioner



Mike Ahern, Jefferson County Commissioner

Approved As To Form:



Alexa Gassner, Jefferson County Counsel

2. OVERVIEW OF JEFFERSON COUNTY

Jefferson County, which is located in the north-central part of the state, was established on December 12, 1914 and covers an area of 1,791 square miles. The population of the county, according to the 2010 census, is estimated to be 21,771 with Madras the largest city comprised of 6,046 residents. The majority of the population sits astride Highway 97 which runs north and south through the county.

The geography of Jefferson County is dominated by range forest, and agricultural lands. Primary industries are agriculture, forest products and recreation. Annual precipitation is just over 10 inches. The elevation at the county seat, Madras is 2,242 feet to a high of over 10,400 feet in the Mt Jefferson Wilderness area. Winters are generally mild, with average annual January temperature of 37.4 degrees and the July temperature of 70.1. With 300 days of sunshine and a low yearly rainfall, fishing, hunting, camping, boating, water-skiing and rock hunting are popular recreations.

The transportation network for Jefferson County is dominated by two U.S. Highways, Highway 97 (north and south) and Highway 26 (east and west). Local travel is via secondary and county roads dominated by drainage patterns of rivers and mountains in the county as well as many unimproved roads.

Following is the Ambulance Service Area Plan for Jefferson County. By developing this document, it will help to ensure that the citizens and visitors of Jefferson County have access to efficient and effective ambulance service regardless of location within the county.

3. DEFINITIONS

“Administrator” means the Jefferson County Health Officer.

“Ambulance” has the meaning given that term by ORS 682.025(1).

“Ambulance Service” has the meaning given that term by ORS 682.025(2) and 682.027.

“Ambulance Service Area (ASA)”, as defined in OAR 333-260-0010(3), 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.

“Ambulance Service Plan”, as defined in OAR 333-260-0010(4), means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for, and coordination of, ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system.

“ASA Advisory Committee (Committee)” means a committee appointed by the Board to review standards and make recommendations to the Board on all matters relating to EMS and the ASA’s.

“Board” means the Jefferson County Board of Commissioners.

“Communication System” means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.

“Division” means the Public Health Division’s Emergency Medical Services and Trauma Systems Program within the Oregon Health Authority.

“Effective Provision of Ambulance Services” means ambulance services provided in compliance with the county ambulance service plan and Ordinance provisions for boundaries, coordination, standards and system elements.

“Efficient Provision of Ambulance Services” means effective ambulance services provided in a manner that is of high quality and cost-effective.

“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.

“Emergency Medical Service (EMS)”, as defined in OAR 333-260-0010(8), means those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and evaluation.

“Emergency Medical Services Provider (EMS Provider)” means a person who has received formal training in pre-hospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS Chapter 682.

“Emergency Medical Responder (EMR, AKA ‘First Responder’)” means a person who is licensed by the Division as an Emergency Medical Responder as defined in OAR 333-265-0023(1) & (2).

“Emergency Medical Technician (EMT)” has the same meaning as Emergency Medical Technician-Basic (EMT-Basic) and means a person licensed by the Division as defined in OAR 333-265-0025(1), (3-10) and 333-265-0040 & -0050.

“Emergency Medical Technician-Intermediate (EMT-Intermediate)” means a person licensed by the Division as defined in OAR 333-265-0025(1), (3-10) 333-265-0040 & -0050.

“Emergency Medical Technician-Paramedic (EMT-Paramedic)” has the same meaning and is now known as “Paramedic” means a person licensed by the Division as defined in OAR 333-265-0025(1), (3-10) and 333-265-0040 & -0050.

“First Responder” has the same meaning and is now known as “Emergency Medical Responder”.

“Franchise/Franchisee” means an award by the Board of the right to provide ambulance services within a specific ASA; the holder of such a right.

“Health Officer” means the Jefferson County Health Officer appointed by the Board.

“Jefferson County Board of Commissioners (Board)” mean the elected officials that have authority over the Jefferson County ASA Plan and Ordinance.

“License” means those documents issued by the Division to the owner of an ambulance service and ambulance, when the service and ambulance are found to be in compliance with ORS 682.041 to 682.991 and OAR 333-250-0000 through 333-250-0070 and 333-255-0000 through 333-255-0092. Or, those documents issued by the Division to individuals who have met all the appropriate level EMS Provider requirements in compliance with ORS 682.204 to 245 and OAR 333-265-0000 to 0170.

“Notification Time” means the length of time between the initial receipt of the request for emergency medical service by either a provider or a PSAP, and the notification of all responding emergency medical service personnel.

“Ordinance” means Jefferson County Ordinance O-186-95, codified as JCC (Jefferson County Code) § 5.12, and any amendments thereto.

“Owner” means the person having all the incidents of ownership in an ambulance service or an ambulance vehicle or where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

“Patient” means an ill, injured, or disabled person who may be transported in an ambulance.

“Provider” means any public, private or volunteer entity providing Emergency Medical Service.

“Provider Selection Process” [aka, franchise award process] means the process established by the county for selecting an ambulance service provider or providers.

“Public Service Answering Point” (PSAP) means a 24-hour communications facility established as an answering location for 9-1-1 calls originating within a given service area.

“Qualified Driver” means the driver is required to have a valid driver’s license for at least three years, have a current CPR card and is required to have completed an Emergency Operators Course. (See Emergency Medical Responder for replacement)

“Response Time” means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.

“Stable Patient” is a person with the following criteria:

- a. Has vital signs in a normal range that are not changing significantly or expected to do so, eg. Pulse 50-120, Systolic Blood Pressure 90-190, Respirations between 10 to 29 breaths per minute.
- b. Does not, and is not expected to, require cardiac monitoring or ACLS procedures.
- c. Has a patent natural airway and is not in respiratory distress.
- d. Has non-stabilized injuries that will be aggravated by motion in transport.
- e. Is not experiencing acute changes in level of consciousness.

“System Response Time” means the elapsed time from when the PSAP receives the call until the arrival of the appropriate provider unit(s) on the scene.

“Secondary Provider” means a provider of EMS which operates in support of assigned ambulance service providers. Secondary providers shall meet or exceed the quality and performance standards required of the ambulance service franchise holder, be approved by the Board, and have an agreement to provide services with a Franchisee.

“Tiered Response System” means a system where the Emergency Medical Responder (First Responder) assesses the situation and then calls for additional resources as needed.

4. **BOUNDARIES**

Jefferson County shall consist of five ambulance service areas. Of those five, two are addressed in this plan as served by Jefferson County providers under assignment by the Board of Commissioners. These 5 areas are: (1) Madras (1a) LCF&R, (2) Crooked River Ranch. (3) Warm Springs ASA is under the authority of the Confederated Tribes of Warm Springs, a sovereign self-governing nation. The remaining two (4) Lower Bridge, (5) Camp Sherman have been assigned under agreement with the Deschutes County Board of Commissioners as part of contiguous service areas in that county. Geographical and service descriptions are contained in the Deschutes County ASA Plan. The narrative description of these areas is generalized; more detailed information can be found on the Response Time Zone Map. By mutual aid agreement, an ambulance service provider may respond into another provider's ASA. This plan does not pertain to an ambulance that is passing through an ASA.

(a) ASA Map and System Response Time Zones (See Appendices)

These maps represent "System Response Time" which includes notification time, rollout time and provider response time. Actual response time is subject to the variables of access, weather, road and traffic conditions as well as other circumstances that can impact response time.

(b) ASA Narrative Description

The boundaries for each of the following five (5) ambulance service areas are as indicated on the ASA map attached as Appendix #1 and incorporated into this plan by this reference:

- (1) Madras ASA
- (1a) LCF&R (Secondary Provider)
- (2) Crooked River Ranch ASA
- (3) Warm Springs ASA
- (4) Lower Bridge ASA
- (5) Camp Sherman ASA

(c) Map(s) Depicting “9-1-1”, Fire Districts and Incorporated Cities

“9-1-1” Map (See Appendix #1)
 Incorporated Cities (See Appendix #1)
 Fire District Boundaries (See Appendix #2)

(d) Alternatives Considered to Reduce Response Times

Heavily forested, mountainous terrain and severe winter weather conditions present difficult access and long response time to ground ambulances. In those situations, when an urgent response is indicated, the PSAP may elect to call the nearest appropriate rotary-wing air ambulance or the Jefferson County Search and Rescue. A tiered response system is used to provide the best available patient care while maximizing the available resources.

5. SYSTEM ELEMENTS**(a) 9-1-1 Dispatched Calls**

See section 6(f)(A) Telephone Access.

(b) Pre-arranged Non-emergency Transfers and Inter-Facility Transfers

Each franchise retains the first right of refusal for non-emergency ambulance transports of a stable patient. A franchisee may give written permission and /or create a contract for pre-arranged non-emergency transports of a stable patient to another licensed ambulance service. The written permission and/or contract should state the parameters and duration of the contract in that the franchises’ ASA for the non-emergency transports. Definition of a stable patient is contained in the definitions section of this ASA Plan.

Special Events: The Franchisee may give permission to another licensed ambulance service agency for the purpose of serving special events or occasions. The Franchisee retains the right for emergency and non-emergency transports that may originate before, during or after the special event or occasion. The Franchisee may grant permission to any licensed ambulance service to conduct a transport from the special event. Permission shall be granted in writing and state the duration of the event or occasion.

(c) Notification and Response Times (See Appendix #1)

The Jefferson County ASA system response times shall be as depicted on the Jefferson County time zone map 90% of the time, barring inclement weather or other extraordinary conditions.

Notification Times for ambulances shall be within two (2) minutes for 90% of the calls received.

EMS Provider Response Time shall be as listed as follows for 90% of the calls:
 Urban - 6 min.; Suburban - 13 min.; Rural - 43 min.; and Frontier - 4 hours and 28 min.

System Response Time shall be as listed as follows for 90% of the calls:
 Urban - 8 min.; Suburban - 15 min.; Rural - 45 min.; and Frontier - 4 hours and 30 min.

Monitoring of notification and response times shall be accomplished by the following:

- A. Information received from the public, dispatch center, pre-hospital care providers, hospitals, or county EMS administration.
- B. Types of information received may be written or verbal complaints, patient care report forms, radio transmission tapes, notification and response time incident cards, trauma registry forms, etc.

(d) Level of Care

An ambulance operating in Jefferson County and providing basic life support level care must consist of at least a qualified driver and one licensed EMT or above. The EMS Provider must always be with the patient in the patient compartment of the ambulance.

An ambulance operating in Jefferson County and providing intermediate life support level care must consist of at a minimal level one licensed EMT and one licensed EMT-Intermediate or licensed AEMT (Advanced Emergency Medical Technician). The EMT-Intermediate must always be with the patient in the patient compartment of the ambulance when intermediate level care is required or being rendered.

An ambulance operating in Jefferson County and providing advanced life support level care must consist of at a minimal level an EMT and an EMT-Paramedic. The EMT-Paramedic must always be with the patient in the patient compartment of the ambulance when ALS care is required or being rendered.

Emergency Medical Responders (EMR aka 'First Responders') are dispatched by the Frontier 9-1-1 Center by radio pagers. Unless specifically determined by the nature of the call (i.e., non-emergency patient transfer, etc.), the highest level of ambulance staffing available at that time shall be dispatched. Other resources (police, fire) will be dispatched as deemed appropriate.

(e) Personnel

When operating an ambulance in Jefferson County, all personnel must meet the applicable requirements of ORS Chapter 682 and OAR 333-255-0070, -0071, -0072, -0073. The practice of staffing an ambulance on a part-time basis with an EMR licensed to a higher level of care than is possible at other times does not construe a requirement that the ambulance provide the same level of care on a regular basis.

(f) Medical Supervision

Each EMS agency utilizing EMRs 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 (MD) or Doctor of Osteopathic Medicine (DO).

Each EMS agency or ambulance service may have its own medical director. The supervising physician shall:

- A. Comply with the requirements listed in OAR 847-035-0020, -0025, -0030;
- B. Hold at least one meeting a year with the EMR Provider's affiliated with the respective ambulance services;
- C. Designate an EMR coordinator who shall conduct case reviews in the physician's absence and send summaries of the reviews, problems identified, and proposed problem resolution to the physician;
- D. Provide or authorize at least one case review meeting for all EMR's quarterly; and
- E. Use St. Charles-Madras, Madras, Oregon, St. Charles Medical Center in Redmond, Oregon, St. Charles Medical Center in Bend, Oregon and St. Charles-Prineville in Prineville, Oregon as the medical resource hospitals.

(g) Patient Care Equipment

Patient care equipment must meet or exceed the Oregon Health Authority's requirements as specified in ORS Chapter 682 and OAR 333-255-0070, -0071, -0072, -0073, or -0079. The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to the Board or their advisory committee upon request.

(h) Vehicles

All ambulances must be a Type I, II, or III and be licensed by the Oregon Health Division. All ambulances must meet or exceed the requirements as set forth in ORS Chapter 682 and OAR 333-255-0060. An up-to-date list of each provider's ambulances shall be furnished to the Board or their advisory committee upon request.

(i) Training

Each EMS provider in Jefferson County must maintain continuing medical education which meets renewal licensing standards as specified by the Division in OARS 333-265-0018 to 333-265-0170. EMT renewal licensing and continuing medical education may be obtained through in-house training programs and seminars that are sponsored by local EMS agencies or teaching institutions. When classes are not available within the county, it may require an individual to augment their continuing education by attending classes, workshops and conferences outside of the ASA and/or county.

(j) Quality Improvement

A. Structure

1. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Improvement Program (QIP) shall be established and maintained by each provider. The goals of the Quality Improvement Program are the assurance of prompt, appropriate level of care to persons in need of emergency assistance and transport to the receiving facility offering the appropriate level of trauma care. The ASA Advisory Committee will be the responsible to monitor that each provider has an appropriate QIP and that the QIP is followed.
2. The minimum membership of the Jefferson County Ambulance Service Area Advisory Committee (Committee) is established in the County Ordinance JCC §5.12.200. Members of the Committee are appointed by the Board for three year staggered terms. The principal function of the Committee is to monitor the EMS system within Jefferson County.

B. Process

In order to ensure the delivery of the most efficient and effective pre-hospital emergency care possible with available resources, the ASA Advisory Committee shall establish a Quality Improvement Process [QIP].

Quality Improvement in Jefferson County shall be accomplished through quarterly- review of response times and standards, vehicle maintenance and inventory, soundness of supporting systems (e.g., data collection, communications, fiscal, staff levels and training, etc.). Peer review and periodic review by the medical directors and/or ambulance governing bodies (see respective Provider Profiles for definitions of governing bodies) may also be initiated at request of the Board or Committee.

Complaints regarding violation of this ASA Plan, or questions involving pre-hospital care provided, or administrative problems adversely impacting the provider's ability to meet the provisions of the provider assignment, shall be submitted in writing to the Board who shall forward it to the Committee. The Committee shall then review the matter and make recommendations to the Board of County Commissioners for changes based on such complaints or questions to the Board. The Board shall have final resolution responsibility for any problems involving system operations (to address problems). On-going input may be provided by consumers, providers, or the medical community to any individual on the Board or members of the Committee. This individual, in turn, will present the complaint, concern, idea or suggestion (in writing) to the full Committee for consideration and possible referral to the Board.

Problems involving protocol deviation by EMRs or dispatchers shall be referred to the respective agency administrator, medical director or dispatch supervisor. Problems involving a noncompliant provider shall be referred to the Board after investigation by the Committee. However, any member of the Committee who may have a conflict of interest in the matter shall declare such conflict and refrain from participating in any recommendations made.

C. Sanctions

1. Non-Compliant Personnel or Providers

After review of the Committee's recommendations for non-compliant personnel or providers, the Board has authority to establish appropriate sanctions for violation of the plan or Ordinance, including specific requirements, suspension, or revocation of the franchise. Upon a recommendation by the Committee, or upon its own motion, the Board may suspend or revoke the franchise of a provider upon a finding that the provider has:

- a. Willfully violated provisions of the Ordinance, the Jefferson County ASA Plan, or provisions of State or Federal laws and regulations; or
- b. Materially misrepresented facts or information given in the application for franchise of an ASA or as part of the review of the performance of the service furnished by the provider.

In lieu of the suspension or revocation of an ASA franchise, the Board may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order, within the period of time stated. Notice of the Board's action shall be provided to the holder of the franchise and shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the holder of the franchise fails to take corrective action within the time required, the Board shall notify the holder that the franchise is suspended or revoked upon receipt of the notice.

A person receiving a notice of the denial, suspension, revocation or contingent suspension or revocation of an ASA franchise may request a hearing before the Board by filing with the Board a written request for a hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action, pending the hearing and final determination of the Board, unless a change is required due to an immediate hazard to the public safety. The Board shall set a time and place for the

hearing. Within fourteen (14) days after the conclusion of the hearing, the Board shall affirm, reverse or modify its original decision.

2. Nuisance

In addition to the penalties provided in this plan, violation of any of the provisions of this plan and ordinance is declared to be a nuisance and may be regarded as such in all actions, suits, or proceedings.

6. COORDINATION

(a) The Entity That Shall Administer and Revise the ASA Plan

The ASA Committee shall serve as the principal entity to administer the Plan and review written proposals for amendments to the ASA Plan. The purpose of the Committee is to:

- A. Prevent needless attention of state regulatory agencies to problems that can be resolved locally;
- B. Increase local awareness of potential problems that may exist; and
- C. Increase the awareness of ambulance medical directors regarding area concerns and activities.

The Committee will be activated at any time a concern is referred the Board, or when deemed appropriate by a majority of the Committee. The Committee shall meet as needed. The Committee shall be subject to the Oregon Public Meeting Laws (ORS 192.610 to 192.710). The Administrator shall brief the Board on the Committee's activities or recommendations as necessary.

(b) Complaint Review Process

Complaints regarding violations of this ASA Plan, or questions involving pre-hospital care provided shall be submitted in writing to the Administrator, and forwarded to the Committee. When addressing issues not related to the administration of the ASA Ordinance or Plan, the Committee shall, if it deems necessary, recommend that the State Health Division Emergency Medical Services and Systems be further requested to review the matter or that the matter be directed to the State Health Division Emergency Medical Services and Systems for further investigations.

Ongoing input may be provided by consumers, providers or the medical community to any individual on the Committee or members of the Board. This individual, in turn, will present the complaint, concern, idea or suggestion (in writing) to the Committee for consideration and recommendation to the Board.

(c) Mutual Aid Agreements (See Appendices #3 & #5)

Each ambulance service provider shall be encouraged to sign a mutual aid agreement with the other providers in the County and with other providers in adjoining counties to respond with needed personnel and equipment in accordance with the agreement.

All requests for mutual aid shall be made through the appropriate dispatch center.

All mutual aid agreements will be reviewed as needed and modified as needed by mutual consent of all parties to the plan or to the agreements.

(d) Disaster Response

Disaster response shall be coordinated by the Jefferson County Emergency Services Coordinator. The ASA Committee shall do a post-incident review following a disaster, and provide any recommendations in writing to the Board related to the following:

- A. County Resources Other Than Ambulances
- B. Out of County Resources
- C. Mass-Casualty Incident Plan
- D. Response to Terrorism

(e) Personnel and Equipment Resources

Personnel and equipment resources shall primarily be coordinated by the Provider. Provider will be responsible for knowledge of the following:

- A. Non-transporting EMS Provider
- B. Hazardous Materials
- C. Search and Rescue
- D. Specialized Rescue
- E. Extrication

(f) Emergency Communications and Systems Access

- A. Telephone Access

The Jefferson County Communications (9-1-1) Center covering Madras (1) LCF&R (1a) is located in the Frontier Call Center, Condon, Wheeler County, Oregon, and is the Public Safety Answering Point (PSAP). Requests for an ambulance on the Warm Springs Indian Reservation (3) are answered in the Warm Springs Police Department. Requests for an ambulance in Crooked River Ranch (2), Lower Bridge (4), and Camp Sherman (5) are through Deschutes County 9-1-1 Center in Bend. Persons having access to telephone service will have access to the appropriate Communications Center by dialing 9-1-1.

B. Dispatch Procedures

1. The appropriate personnel shall be notified by the dispatcher via radio pagers within two (2) minutes of receipt of a life threatening call.
2. The dispatcher will obtain from the caller, and relay to the first responders the following:
 - a) Location of the incident;
 - b) Nature of the incident; and
 - c) Any specific instructions or information that may be pertinent to the incident.
3. EMS personnel shall inform the dispatch center by radio when any of the following occurs:
 - a) In-service;
 - b) In-route to scene or destination and type or response;
 - c) Arrival on scene or destination;
 - d) Leaving scene;
 - e) Transporting patient(s) to hospital or medical facility, name of facility; and
 - f) Arrival at receiving facility.
4. Ambulance personnel shall inform the receiving hospital by radio at the earliest possible time of the following:
 - a) Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility;
 - b) Unit identification number;
 - c) Age and sex of each patient;
 - d) Condition and chief complaint of the each patient;
 - e) Vital signs of each patient;
 - f) Treatment rendered; and
 - g) Estimated time of arrival.

C. Radio System

1. The Dispatch Center (PSAP) shall:
 - a) Restrict radio access to authorized personnel only;
 - b) Meet Oregon Emergency Management standards;
 - c) Maintain communication directly with all first response agencies dispatched by them;
 - d) Maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes;
 - e) Be equipped with a back-up power source capable of maintaining all functions of the center; and
 - f) Each ambulance provider will equip and maintain in each ambulance a transceiver that allows communications with the appropriate dispatch center and with all area hospitals (HEAR System). Each ambulance crew will also have at least one hand held radio with the same capabilities.

D. Emergency Medical Services Dispatcher Training

All EMS Dispatchers must successfully complete an Emergency Medical Dispatch (EMD) training course as approved by the Oregon Emergency Management Division and Board on Public Safety Standards and Training.

7. PROVIDER SELECTION

(a) Initial Assignment

Upon implementation of this Plan, the current provider will be listed as the provider for a specific ASA, pending approval of the new franchise by the Board, and specifically subject to any subsequent amendments to either the Plan or the Ordinance. The current provider assigned to the area shall be required to meet the standards contained in this Plan, specifically those standards outlining efficiency and effectiveness, within six (6) months of the date of implementation of this Plan.

In the event that the ASA provider is unable to comply with the standards promulgated for the ASA by this Plan, within six (6) months, the provider will notify the Board in writing of its inability to comply and identify which standards are involved. The Board will consult with the Committee to determine if other qualified providers are available for the ASA who can comply with the standards. If the Board determines no other qualified providers are available it will petition the Division for a variance from the standards so that continuous ambulance service may be maintained by the existing provider in the ASA.

(b) Reassignment

In the event that a reassignment of an ASA is deemed necessary, the Committee shall make a written recommendation to the Board. The Committee shall develop appropriate criteria, utilizing the selection process described in this plan, to be presented to the Board for consideration and/or action.

(c) Application for an ASA

The required franchise application process and criteria are contained in the Ordinance [JCC §5.12.090].

(d) Notification of Vacating an ASA

In the event that an ASA provider wishes to discontinue their ASA franchise, the provider shall comply with the requirements of JCC §5.12.140 (D) (including 90 days written notice to the Board), and with the provisions of the franchise agreement.

(e) Maintenance of Level of Service

In the event that an ASA provider is unable to comply with the standards promulgated for the ASA by this Plan, the provider will notify the Board in writing of its inability to comply and identify which standards are involved. The Board will consult with the Committee to determine if other qualified providers are available for the ASA who can comply with the standards, and meet the requirements of ORS 682.089 and related OARs. If the Board determines no other qualified providers are available, it will apply to the Division for a variance under ORS 682.285 for a variance from the standards so that continuous ambulance service may be maintained by the existing provider.

8. JEFFERSON COUNTY ORDINANCES AND RULES

The Jefferson Ambulance Service Franchises Ordinance [JCC §5.12] shall comply with this Plan as required in ORS 682.031(3). The Ambulance Service Franchises Ordinance and this Plan shall be interpreted together consistently, and amended as necessary to comply with ORS Chapter 682, ORS 820.300 to 820.380, and other applicable statutes, and related OARs.

APPENDICES

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