



## EMERGENCY MEDICAL SERVICES

### NOTICE OF DECISION BY EMS PROGRAM SUPERVISOR & FINAL ORDER

#### Washington County Emergency Medical Services (EMS) Washington County Temporary Administrative Rule 400-250.A and 500-500.E.1

Program Supervisor: Adrienne Donner, Washington County EMS (WCEMS) program

Procedure Type: Two temporary Emergency Rules in the Washington County EMS Administrative Rules:

- 400-250 Emergency Ambulance. This emergency rule change is to update the crew compliment allowance for an emergency ambulance to additionally include crew compliment for the Basic Life Support tier in the 9-1-1 response system.
- 500-500 Response Times and Area. This emergency rule change is for the removal of the criteria for 9-1-1 dispatched code 1, non-lights and siren, response being excluded from response interval compliance calculations as noted in subsection E, subpoint 1.

#### **Authority:**

Washington County Code 8.32 is known as the "Washington County Emergency Medical and Transportation Services Ordinance". Section 8.32.180 states:

"The EMS program supervisor shall have the authority to issue, suspend or revoke licenses issued by the WCEMS, propose administrative rules or amendments thereto, **adopt emergency rules**, administer and enforce any franchise agreement, seek judicial enforcement of this code and take such other action to carry out this chapter and the rules adopted pursuant thereto."

Section 8.32.340 - Emergency rules—Procedures generally state:

"Notwithstanding any other provision, if the WCEMS finds that failure to act promptly will result in serious prejudice to the public interest or the interest of the parties concerned and sets forth in writing the specific reason for taking action, the WCEMS may proceed to adopt, amend or suspend a rule without notice or hearing or upon any abbreviated notice and hearing deemed practicable." In addition, "Such an emergency rule is temporary and shall be effective upon filing with the clerk of the board for a period no longer than one hundred eighty (180) days."

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**WASHINGTON COUNTY  
BOARD OF COMMISSIONERS OFFICE**

Section 8.32.280(A) - Rule adoption—Scope.

The WCEMS may adopt, amend, or repeal the administrative rules deemed necessary to achieve the purpose of this chapter. Such rules shall be adopted and may establish among other things:

- A. Response time standards and exception or exemption criteria.
- B. Emergency ambulance crew configuration

**Need for action:**

As noted in the Washington County Ambulance Service Area Plan, a two-tiered deployment model will be utilized. This model encompasses both Advanced Life Support and Basic Life Support levels of care. As such, current EMS Administrative Rules do not define, nor allow for, a Basic Life Support emergency ambulance.

Additionally, The Washington County Ambulance Service Area Plan, as well as the Franchise Agreement for 9-1-1 emergency ambulance transport, identify a response interval for calls that are triaged and dispatched as a code 1, non-lights and siren, response. This response interval standard conflicts with current Washington County Emergency Medical Services Administrative Rules.

The removal of the criteria to exclude code 1, dispatched 9-1-1 calls and establishing a response interval standard, as well as defining and allowing for a Basic Life Support emergency ambulance, allows for greater response reliability.

The Washington County EMS Office finds that failure to act promptly will result in serious strain on the stability of the EMS system.

**Fulfillment of need:**

To meet the need to support the stability of the EMS system through the defining of a Basic Life Support emergency ambulance, a temporary Emergency Medical Services Administrative Rule amending the current rule 400-250, Emergency Ambulance, has been created.

To meet the need to support the stability of the EMS system through the development of response interval standards for code 1, non-lights and siren, responses, a temporary Emergency Medical Services Administrative Rule amending the current rule 500-500, Response Times and Area, has been created.

Sections 400 and 500 are below in their entirety with changes marked.

~~Strikethrough~~ language is to be deleted.

Underline language is to be added.

## **Washington County Provider Requirements**

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### **SECTION 400 CONTENTS:**

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### **400-100 General Washington County Provider Requirements**

The following requirements are established as minimum standards for all licensed medical transportation providers in Washington County. These requirements should not be construed as all inclusive. Other internal and external requirements and standards exist and are to be abided by as appropriate. Examples of such are: Washington County Code, other sections of these Administrative Rules, Oregon Revised Statutes, Oregon Administrative Rules, Washington County Ambulance Service Area Plan, and the Washington County Franchise Agreement for Emergency Ambulance Service. Licensed agencies shall obtain and maintain all licenses required for operation.

### **400-200 Staffing**

A) Licensed medical transportation providers shall staff vehicles commensurate to the level of their licensure in the County: Advanced Life Support, Basic Life Support or Wheelchair Car Transportation.

- B) Personnel shall hold a valid driver's license issued by the State of Oregon or State of Washington, unless exempted according to rule.
- C) Drivers must be able to read, write, and speak the English language fluently.

**400-210      Advanced Life Support (ALS) Ambulance**

- A) Advanced Life Support (ALS) Ambulance means an ambulance which meets all requirements of the County and the Authority and is staffed and equipped to provide service at the ALS level.
- B) At least one (1) person staffing the ambulance must be licensed to practice at the Paramedic level. The other person staffing the ambulance must, at a minimum, be licensed at the EMT level.
- C) Licensed EMS provider accompanying patients in the patient compartment of an ambulance must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport.

**400-220      Basic Life Support (BLS) Ambulance**

- A) Basic Life Support (BLS) Ambulance means an ambulance which meets all requirements of the County and the Authority and is staffed and equipped to provide service at the BLS level.
- B) Both persons staffing the ambulance must, at a minimum, be licensed to practice at the EMT level.

**400-230      Wheelchair Car**

- A) Wheelchair Car means a motor vehicle for hire which meets all County and State requirements, and is staffed, equipped, and constructed to provide for the transportation of persons in wheelchairs.
- B) At minimum, complete Red Cross-approved First Aid, Cardiopulmonary Resuscitation courses or equivalent, and maintain the certification as a condition of licensure

**400-240      Air Ambulance**

- A) In order to provide air ambulance service, the licensed ambulance service must ensure that the licensed ambulance service, employee, volunteer or ambulance-based clinician comply with all regulations as set forth in OAR Chapter 333 Division 250.
- B) The crewmember providing patient care must possess a current ACLS and PALS course completion document and a TEAM, TNCC, PHTLS or BTLS course completion document. The TEAM or TNCC must include a supplemental pre-hospital rapid extrication training session.

- C) The crewmember providing patient care must have the ability to properly assist in extricating, lifting and moving a patient and have knowledge to properly operate all patient care equipment that may be used.

#### **400-250 Emergency Ambulance**

- A) The County requires emergency ambulance service to be provided by properly licensed emergency ambulances. Advanced Life Support (ALS) emergency ambulances shall be staffed with at least two (2) licensed ~~clinicians~~ providers. One (1) clinician provider shall be licensed at the Paramedic level. The other clinician(s) providers-(s) staffing an ALS emergency ambulance shall be, at a minimum, licensed at the EMT level. A Basic Life Support (BLS) emergency ambulance shall be staffed with at least two (2) licensed clinicians. Both clinicians staffing the BLS emergency ambulance shall, at a minimum, be licensed to practice at the EMT level.
- B) Licensed EMS clinicians accompanying patients in the patient compartment of an ambulance must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport.

#### **400-260 Uniform Requirements: All Providers**

- A) Uniform Requirements:
  - 1) Each person staffing a licensed medical transportation vehicle or providing pre-hospital emergency medical care shall wear a standardized uniform as determined by the employing agency. On the outermost garment of their work uniform it is required to display, at a minimum:
    - a) The name of the employing agency
    - b) The level of licensure of the employee
    - c) The first or last name of the employee
- B) Reasonable exceptions shall be made for clothing used to protect the employee from injury or illness (e.g. personal protective equipment, turnouts, hazardous materials suits).
- C) Uniforms shall be clean and free of excessive wear and free of blood and/or bodily materials. Uniforms soiled during the course of providing service shall be changed at the first opportunity.
- D) Off-duty or volunteer personnel responding directly to the scene shall make reasonable efforts to comply with identification and uniform requirements. Baseball type hats, T-shirts and/or vests authorized by their respective agency for this purpose will be deemed a reasonable effort.

#### **400-270 Standards of Conduct for Emergency Medical Care Clinicians**

- A) All individuals staffing a licensed vehicle that falls under the authority of the WCEMS Medical Director will, at a minimum, comply with all rules and standards of conduct as described in OAR 333-265-0083. Any violation of this chapter may be grounds for limitation or suspension of standing orders. The medical director may report in writing to the Authority's Chief Investigator any action or behavior on the part of the emergency medical services clinician that could be cause for disciplinary action under ORS 682.220 or 682.224.
- B) Anyone staffing a medical transportation vehicle must not have used alcohol: in the eight hours of going on duty, while in an on-call status, or while on duty or in any way be impaired by the use of alcohol. Personnel must not be taking any medications that impair the giving of proper patient care or impair the safe operation of a medical transportation vehicle.

#### **400-280 Employee Screening Standards**

- A) Any applicants for licensure and all licensed ambulance or wheelchair car providers shall have in-place policies and procedures for a pre-employment and for-cause drug and alcohol-screening program. This policy shall be submitted with licensing applications and be on-file with the WCEMS.
- B) Any applicants for licensure and all licensed ambulance or wheelchair car providers shall have in-place policies and procedures for a criminal background check program. This policy shall be submitted with licensing applications and be on file with the WCEMS. Upon a reasonable request by the WCEMS, a criminal background check may be required of any person(s) providing direct patient services. All agencies shall comply within 2 weeks of WCEMS making the request. Failure to comply may result in denial, suspension, or revocation of agency and/or vehicle licenses to operate.

#### **400-300 Equipment Specific to Ambulances**

- A) All licensed ambulances shall carry the equipment specified in OAR Chapter 333 Division 255, respective to the level of licensure and service being provided.
- B) In addition, licensed ambulances shall carry the equipment, medications, and supplies in quantities as determined by the County EMS Medical Director and/or agency medical director, and appropriate to the level of care and available licensed EMS personnel and as established in the agency's approved protocols.
- C) Changes to standing orders or scopes of practice will occur annually with the recommendations of the Tri-County Protocol Committee, and, on occasion, at the recommendation of the County EMS Medical Director and/or approved agency medical director. Changes deemed to be in the best interest of patient care may be done outside of the normal process and timelines. If such changes are made, the WCEMS will work with the provider agencies to facilitate the timely implementation of these changes.

- D) All licensed ambulances will be equipped with communication equipment and all necessary components to maintain two-way communication between the ambulance crew and the local public safety answering point (PSAP), Trauma Communications, Medical Resource Hospital (MRH), any receiving hospital emergency department in the region, any responding EMS agency in Washington County, and the ambulance agency's dispatch center.
- E) Be in full compliance with all county and state statutes and rules regarding vehicles, equipment and licensing.
- F) Be regularly maintained and in good serviceable condition.
- G) Be clean and sanitary.
- H) Provide air conditioning and heating capable of keeping the rear compartment at a reasonable temperature.

**400-310      Equipment Specific to Wheelchair Cars**

- A) General Requirements:
  - 1) All licensed wheelchair car providers shall comply with the standards specified in OAR 410-136-3040
  - 2) First aid equipment is required to be carried in all wheelchair cars. A detailed list of required first aid equipment is listed on the application for licensing form. The form is subject to amendment and is available on file with the WCEMS.
- B) Vehicles:
  - 1) Vehicles and equipment used to provide wheelchair car service must be regularly maintained, in good, serviceable condition, clean, and sanitary and in full compliance with all State statutes and rules regarding motor vehicles.
  - 2) All wheelchair vehicles must be equipped with a lap belt and a minimum of a three (3) point tie-down device with ratchet tightening (or equivalent) device for each wheelchair to maintain that the rider is transported in a safe manner.
  - 3) Vehicles must provide a mechanism of entry that allows for safe and secure entry of the rider into the vehicle, which shall be by ramp or lift that is equipped with an emergency manual override. If a lift is used, it shall be one that is installed and retracts inside the vehicle.
  - 4) Vehicles must provide at least two (2) points of wheelchair access to the riding compartment; at least one (1) shall be by lift or ramp and one for emergency access only.
  - 5) Vehicles must be able to provide air conditioning and heating capable of keeping the rear compartment at a reasonable temperature.

- 6) Vehicles must carry a two-way radio or cellular telephone capable of maintaining spontaneous two-way communication.
- 7) One (1) fire extinguisher (2A-10BC), five-pound type must be readily accessible to the driver.
- 8) If passengers supply a wheelchair for use, it shall be safe and in good working condition.

**400-320      Equipment Specific to Air Ambulance**

A listing of equipment beyond that required by OAR 333-255 shall be on file with the WCEMS.

**400- 330      Equipment Specific to Emergency Ambulance Franchisee**

Specific equipment required of emergency franchise ambulances in addition to that required by OAR 333-255, shall be defined by rule or in the franchise agreement.

**400-340      Equipment Resupply Program**

- A) The emergency ambulance franchise holder shall maintain a resupply program for Washington County first responder fire departments, for those supplies used directly for patient care at little or no cost. The details and logistics of the resupply program shall be established in the emergency ambulance franchise agreement.
- B) The scope of the resupply program shall be limited to the restocking, or reimbursing the costs of, non-durable medical/support supplies and pharmaceuticals utilized in providing first response to 9-1-1 medical calls that result in an ambulance dispatch.
- C) The franchise holder is obligated to provide reimbursement up to the franchise holder's costs for relevant items or mutually agreed upon rate. This rate will be reviewed and periodically amended.
- D) The franchise holder must collaborate with the first responder agencies in meeting this requirement.
- E) The franchise holder is not responsible to replace lost or damaged supplies or medications.
- F) DEA Schedules I, II, III and IV controlled medications are not part of the resupply program.

**400-350      Equipment and Vehicle Sanitation**

- A) Ambulances and wheelchair cars shall be maintained in a clean condition with the interior being thoroughly cleaned after each use as appropriate.
- B) Equipment shall be stored in a manner protected from contamination and be readily accessible.



- C) Linens shall be clean and changed or discarded after each use.
- D) Reusable equipment shall be cleaned after each use. This cleaning shall be in the form of sanitizing or sterilization as necessary and shall be completed before use on a subsequent request for service.
- E) All equipment, except disposable items, shall be designed, constructed, and made of materials that under normal conditions and operations shall be durable and capable of withstanding repeated cleaning.
- F) Equipment intended for single use only, shall not be reused.
- G) Vehicles and equipment used to provide medical transportation services must be regularly maintained, in good, serviceable condition, clean, and sanitary and in full compliance with all State statutes and rules regarding motor vehicles.
- H) Vehicles must be properly equipped and maintained in good working order at all times, including:
  - 1) Properly functioning components of a horn, turn signals, windshield wipers, windshield washers, interior/dome lights, heating/air condition systems, odometer, speedometer, mufflers, tail pipes or other exhaust components that prevent unnecessary noise and emissions, seatbelts with 3-point harness for driver and all passengers.
- I) Vehicle body shall be free of major damage and broken or cracked equipment including but not limited to
  - 1) Windows, lights, light covers, top light and reflectors, horn, lights, turn signals
- J) Vehicles shall be free of grease, grime, glue or tape. This applies to the vehicles' paint, upholstery, windows, floorboards and integrated parts of the vehicle's body.
- K) Vehicle shall include no missing or makeshift parts for vehicle including but not limited to fenders, hood, trunk lid, doors, door handles, windows, chrome or rubber strips, upholstery or carpeting.
- L) All licensed agencies will keep records concerning a vehicle's mechanical operation and must contain dates and mileage of preventative maintenance and repairs made
  - 1) All service records must be signed by person making repairs or preventative maintenance
  - 2) Maintenance records must be kept on file for each vehicle and available for inspection at the provider's business office for a period of time as defined in OAR 333-250-0250.

**400-400 Medical Direction**

- A) Unless granted a written variance by the WCEMS, all licensees who use Oregon EMS

licensed clinicians shall have as their Agency Medical Director the County EMS Medical Director. Upon providing a written request and evidence that a provider has in place an Agency Medical Director meeting the requirements of Medical Director as provided in rule, the WCEMS may exempt the provider from using the County EMS Medical Director as their Agency Medical Director.

- B) A copy of standing orders dated within one year and signed by the respective Agency Medical Director must be available in all licensed ambulances.

#### **400-410 Requirements Specific to Wheelchair Cars**

- A) Wheelchair car providers who use State licensed EMS clinicians shall have on file with WCEMS their agency's medical director.
- B) A copy of standing orders dated within one year and signed by the County EMS Medical Director must be available in all wheelchair cars operated by a State licensed EMS provider.

#### **400-500 Patient and Incident Documentation**

- A) All licensed ambulance agencies and clinicians shall be required to complete an electronic patient care report (ePCR) for each instance as required by statute, rule and/or protocol or its subsequent revision. An ePCR shall contain all data points required as defined in the National Highway Transportation Safety Administration National EMS Information System (NEMSIS) data dictionary using a version determined by the Authority and meet all other requirements of OAR 333-250-0310
- B) Ambulance personnel are responsible for submitting a completed ePCR within 12 hours of the request for service or before going off-duty, whichever occurs first.
- C) Ambulance personnel shall prepare, at a minimum, a prehospital care worksheet to be left with the appropriate hospital staff before departure from the emergency department.

#### **400-510 Documentation Requirements Specific to Wheelchair Cars**

- A) Wheelchair car providers shall complete transport documentation that records the driver's name, the name and address of the customer, point of pickup and destination, date and time of pickup, and the reason for the transportation.
- B) A provider of wheelchair car service shall be required to complete an incident report for each instance when a person's medical condition changes for the worse during the rendering of service. The incident report shall contain a complete report of the patient's condition at the start of transport and changes that occurred during transport.

#### **400-600 Reportable Incidents/Actions**

- A) A provider of ambulance or wheelchair car services shall adopt an incident reporting system in addition to patient care reporting. This reporting system shall be used to report any event that occurs that jeopardizes patient or crew safety or as defined in OAR 333-265-0080.
- B) The provider and agency shall notify the WCEMS anytime a reportable action occurs that is defined by OAR 333-265-0080. This notification shall occur concurrent to State notification.
- C) Incident reports shall be considered as part of the quality assurance/quality improvement program and shall be protected from disclosure to the extent allowed by ORS 41.675 and 41.685
  - 1) At a minimum, an incident report shall be filed for the following situations:
    - a) A licensed medical transportation vehicle is involved in an accident, regardless of fault or extent of damage.
    - b) Any mechanical failure of a licensed medical transportation vehicle with a patient or client on-board.
    - c) Failure of any piece of equipment used to load/unload or secure the patient in the vehicle.
    - d) Deviation(s) from protocol.
    - e) Questionable patient care by another health care clinician.
    - f) Any other situation the licensee or employee wishes to bring to the attention of the system.
- D) A copy of incident reports shall be filed with the WCEMS within 10 days of the incident.

**400-610 Requirements Specific to Interfacility Ambulances**

An incident report shall be filed anytime a patient's medical condition changes for the worse. This report shall be filed in addition to an electronic patient care report.

**400-700 Record Requirements Specific to Wheelchair Cars**

Provider shall maintain adequate records of all transports showing the driver's name, the name and address of the customer, point of pickup and destination, date and time of pickup, and the reason for the pick-up. Retention period shall be as defined in OAR 333-250-0310

**400-800 Fees for Service**

- A) No provider of ambulance or wheelchair car services shall charge any fee that is not on file with the WCEMS. No fee increase shall take effect without first notifying the WCEMS.
  - 1) Base fee means the fee charged for the pick-up of a patient, exclusive of mileage. This fee shall be all-inclusive and shall not include "flag drop" or any other charges.

- 2) Per-mile-charge means a charge per mile in addition to the base charge. Unless otherwise specified in the licensing application and in all advertisements and/or solicitations for business, the per-mile-charge shall be only for miles traveled from the point of patient pick-up to destination.
- B) The County recognizes that certain "rate or charge" information may be proprietary in nature and its disclosure may adversely affect a provider's ability to do business. It is the provider's responsibility to request that such information be kept confidential and to provide sufficient information justifying such a request. The WCEMS may exempt the disclosure of such information to the extent allowed by law.

**400-900 Insurance Requirements for All Providers**

- A) Providers shall maintain vehicle liability insurance, comprehensive general liability insurance, and professional liability errors and omissions insurance in limits acceptable to current County standards and rules.
  - B) All insurance except professional liability insurance shall include the County, its officers, employees and agents as named additional insured. Providers shall purchase the liability insurance on an occurrence basis.
  - C) Providers shall add riders or obtain additional insurance if federal or state laws create a risk not currently covered and submit a copy of any such rider or policy providing additional coverage.
  - D) *Providers are solely liable for all workers' compensation coverage. Providers shall provide the County with evidence showing coverage for its workers under the Worker's Compensation Act and registration with the State Unemployment Compensation Commission.*
  - E) A Certificate of Insurance in accordance with the above insurance requirements shall be provided to the WCEMS before providing service. In case of cancellation of any required insurance or a change in insurers, the County shall receive 30 days advance notice of such action. The insurer shall have no recourse against the County for unpaid premiums and/or deductibles.
  - F) Waiver or exemptions may be granted as appropriate.
  - G) Additional requirements for the emergency ambulance provider are detailed in the Franchise Agreement for Emergency Ambulance Services.
  - H) Additional requirements or exceptions for wheelchair car providers are detailed in the application for licensure.
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## **Franchise Agreement for Emergency Ambulance Service**

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### **SECTION 500 CONTENTS:**

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### **500-100 Franchise Agreement for Emergency Ambulance Service:**

- A) The County may grant a franchise authorizing the exclusive privilege to provide emergency ambulance services within the county.
- B) The Board of County Commissioners finds that the franchising of emergency ambulance services is the most appropriate regulatory mechanism for coordinating and promoting the efficient and effective provision of emergency ambulance services.
- C) These Administrative Rules along with the County's ASA Plan and Franchise Agreement for Emergency Ambulance Services shall establish standards, requirements, enforcement provisions, and other terms regulating the provision of service including the written approval for a trial, pilot project, accommodation, exemption or waiver by WCEMS shall control notwithstanding any provision contrary in the franchise agreement, these rules or the ASA.

**500-200 Structure and Term of Franchise Agreement:**

To provide an infrastructure that is mutually beneficial, the County will enter a long-term contract. The contract for emergency ambulance service shall specify all performance and operational criteria not otherwise stated in WCC 8.32 or these rules.

- A) The standard which the franchise holder must meet will be set forth in the franchise agreement and shall take into consideration, but not be limited to, the services and package proposed by the franchise holder in their bid. The franchise agreement will allow for appropriate accommodations during the implementation and adjustment phases of significant changes in the EMS system. Additionally, a complete review of the ambulance contract provider's performance will be required throughout the term, and before contract renewal. The contract will include the specifics of the term and review process.
- B) Sanctions tied to the performance conditions in the contract and the termination of the contract for cause may be exercised at any time during the contract period. If the financial considerations agreed to by the parties fail to meet the explicit expectations in contract-related documents, the contract may be terminated.
- C) At the end of the term of the initial contract, or at the end of each contract extension or renewal, the Board may exercise its option of renewing the contract or seeking a replacement Provider.
- D) The contract will include the specifics of the review process. This review will include, but not be limited to:
  - 1) Adherence to response time requirements.
  - 2) Compliance with other performance requirements.
  - 3) Meeting workforce goals such as diversity and others outlined on page 18.
  - 4) Complaints concerning service.
  - 5) Meeting the financial goals of the agreement.
  - 6) "Street level" relationships of the contracted provider's staff with others in the system.
  - 7) Participation in quality improvement programs and an assessment of the quality of services provided.
  - 8) Complaints concerning workforce issues.

**500-300 Open Process for Selection of a New Franchise Provider:**

- A) In the event the decision is made not to continue the contract with the franchise holder, the County shall open a process for selection of a new franchise provider. WCEMS shall follow all guidelines and rules for procurement as established by the County. All applicants will submit for the Request for Proposal (RFP) utilizing the format and process outlined by county procurement rules.

- B) Prior to the termination of the current franchise agreement, an ambulance provider for the Washington County Ambulance Service Area will be assigned according to the following procedure:
- 1) The WCEMS will prepare for the Board's approval a Request for Proposal (RFP) and a process for evaluating the proposals submitted in response to the RFP.
  - 2) The RFP prepared by the WCEMS will be subject to procurement rules and Board approval and will describe or require, at minimum:
    - a) The minimum credential requirements in order to qualify to submit a proposal;
    - b) Sufficient information to allow bidders to prepare ambulance service proposals;
    - c) Maximum response times;
    - d) Performance security provisions and remedies for breach of performance standards;
    - e) The bid evaluation process;
    - f) Submission of information or minimum standards on the following subjects:
      - (i) Organizational structure of bidder
      - (ii) Financial structure of bidder
      - (iii) Insurance
      - (iv) Investigative authorizations
      - (v) Work-force qualifications and compensation
      - (vi) Prior experience
      - (vii) Equipment and vehicles
      - (viii) Quality Assurance (QA) / Quality Improvement (QI) plan
      - (ix) Initial coverage plan
      - (x) Price for service (rates)
      - (xi) Program for equipment retrieval, letters of exchange, and standardization of equipment with other EMS providers;
    - g) A mechanism for reimbursing the County for appropriate expenses and in-kind subsidies associated with the normal operation of ambulance services;
    - h) A description of how the respondent intends to integrate services with first responder agencies and other EMS components;
    - i) Other standards or requirements as determined by the Board.
- C) The Board will evaluate the proposals submitted utilizing such staff or independent assistance as the Board determines to be advisable. If the Board determines that it is in the public interest, it will issue a franchise to the provider submitting the best overall proposal. The franchise will include the right to provide emergency ambulance service within the ASA and may or may not include exclusive rights to non-emergency services.
- D) The term, conditions, and requirements of the franchise agreement shall be as requested in the RFP and as offered in the provider's proposal. These shall be incorporated into a contract entered into by the County and the provider.

## **500-400 Standards of Default**

- A) Unless otherwise allowed for in a written approval by WCEMS of a trial, pilot project, accommodation, exemption or waiver, the designated emergency ambulance provider may be found in default of the franchise agreement for any one or more of the following:
- B) Failure to operate the ambulance service in substantial compliance with applicable federal, state and county regulations, to include but not limited to statutes, code, rules or policies – current and as amended.
- C) Supplying false or misleading information during the RFP process or information so incomplete as to mislead.
- D) Omitting data or willfully falsifying data supplied to the County during the term of the agreement.
- E) Failure to meet the minimum paramedic employee wage/salary and benefit package as proposed and accepted by the County
- F) Failure to meet the proposed and accepted plan for ambulance coverage of the franchise agreement.
- G) Failure to maintain equipment in accordance with the maintenance practices proposed and accepted, or to replace equipment in accordance with the proposed and accepted equipment.
- H) Failure to furnish key personnel of the quality and experience proposed.
- I) Suspension or revocation of ambulance licenses issued by the State of Oregon or Washington County.
- J) Filing of Chapter 7 or Chapter 11 bankruptcy (Title 11, U.S.C.), voluntary or involuntary bankruptcy, general assignment for the benefit of creditors, and appointment of a trustee.
- K) Failure to meet response time requirements as determined by Administrative Rule. If the County changes response areas or response time requirements (not to include expanding response areas to meet the Urban Growth Boundary as established by Metro,) a sixty day period of time shall be given, at the discretion of the County, for the franchise provider to modify their system status management and/or deployment plan. During this period, major default and liquidated damage assessments will be suspended.
- L) "Failure to Respond" is defined as: the inability of the franchisee to respond with a State licensed paramedic ambulance within ten (10) minutes on a code 3 call or twenty (20) minutes on a code 1 call.



- 1) A second occurrence of failure to respond to a 9-1-1 call to which an ambulance is dispatched in any one day, to be measured from 0000 hrs to 2359 hrs shall activate the Safety Net Takeover Provisions of the Franchise Agreement.
  - 2) A failure to dispatch may be discounted if it is determined to be beyond the control of the franchise provider and the following conditions are met:
    - a) the number of ambulances has not been reduced below the number called for in the franchise provider's SSM plan,
    - b) all appropriate mutual aid agreements are active and in place,
    - c) all reasonable steps have been taken to increase available resources such as staffing and equipping reserve units and calling staff in to work.
  - 3) In the event of a second occurrence, with reason, the County may choose not to exercise the Safety Net Takeover Provision of the franchise agreement.
- M) Failure to take corrective action in response to repeated assessment of penalties set forth in the Administrative Rules, ASA plan or franchise agreement
- N) At the option of the County, termination of insurance coverage, without alternate or comparable County approved coverage.
- O) Failure to maintain the performance security or the availability of equipment to the County as provided in the franchise agreement.
- P) Four occurrences of failure to meet staffing requirements in any one (1) month shall be a major default for which the Safety Net provisions of this Agreement, at the option of the County, shall apply.
- Q) A failure to comply with any term of the franchise agreement which is expressly identified in the agreement documents is grounds for finding a major default or implementing the takeover provisions.

#### **500-410 Default and Revocation Process**

- A) Unless otherwise allowed for in a written approval by WCEMS of a trial, pilot project, accommodation, exemption or waiver the County shall have the right to revoke a permit, ASA assignment or franchise if it finds that there has been a violation of the terms of the permit, assignment, or a major breach of the terms of the franchise agreement. The County shall have the right to exercise immediate takeover of the franchise operations if it finds that there has been a major breach of the terms of the franchise agreement, and, in the County's opinion, public health or safety are endangered thereby. Such action may be effective immediately at the direction of the County.
- B) The Board shall notify the ambulance provider in writing of the alleged failure.

- C) No franchise, permit, or ASA assignment shall be revoked without providing a right to a hearing in the matter. The ambulance provider shall have the right to appear and defend against the charges, and if desired, to be represented by counsel. In the event of an emergency or immediate situation, the hearing may be conducted after the takeover of the system.

#### **500-500 Response Times and Areas**

- A) All of the county comprises a single ambulance service area served by a provider selected by the Board and operating under contract or intergovernmental agreement with the county which specifies the conditions of service.
- B) In order to ensure the most effective medical response with the resources available WCEMS will:
- 1) Enter into an exclusive emergency ambulance service contract with a qualified ambulance service provider
  - 2) Designate response time zones within the ambulance service area, for which, each zone will have response time requirements
  - 3) Incorporate the zones designated in (B)(2) into the contract for emergency ambulance service.
- C) The Washington County EMS Response Time Zones map shows the geographic location of response time zones and equity areas within Washington County and that part of Clackamas County regulated by Washington County. The map is subject to periodic review and amendment.
- D) From the time of assignment of the call, the designated emergency ambulance provider shall assure the closest appropriate available ambulance responds. Call assignment performance requirements are defined by the franchise agreement.
- E) Unit assignment and response time calculations start when the provider is notified of the call by the Washington County 9-1-1 center through the electronic interface, or if the interface is not functioning, by the time the call is dispatched on the fire dispatch frequency. Calls made directly to the provider and triaged as requiring emergency response using Washington County's EMD cards shall be included. The time taken by the provider to triage the call and determine a 9-1-1 response is required and transfers the call information to the 9-1-1 center is not included in the response time.
- 1) In calculating compliance with response time requirements, ~~calls dispatched code 1,~~ second ambulances in, and calls where the wrong address is given shall be excluded.
  - 2) For response time performance purposes, if a unit is ordered to stage, it will be considered as "arrived at scene" when it reaches the staging location.
  - 3) Vehicle failure is not a valid basis for excluding a call from response time requirements.

- 4) Calls where the ambulance is reduced from a code-3 (emergency) to a code-1 (non-emergency) response or canceled prior to arrival shall be calculated from the time of dispatch until cancellation or reduction. This time period shall be used to determine response time compliance.
- F) The provider is responsible for maintaining official response times for the County in a secure manner that prevents the changing of any information without such a change being permanently recorded. The WCEMS shall issue monthly reports to the provider by the 15th of the month detailing performance against response time standards for the preceding month. Unless challenged, response time data is final 15 days after it is released to the provider. The ruling of the County on challenged response time data is final.
- G) The WCEMS may grant exceptions to response time requirements or penalties stated herein for unusual circumstances beyond the provider's reasonable control. These circumstances include manmade or natural disasters, (i.e., ice, snow, wind, flooding, earthquake or mass casualty incidents/multiple patient scenes) or other conditions as determined by the WCEMS. Such calls shall be individually examined and, if the circumstances warrant, the WCEMS will exclude them from penalties and/or monthly compliance statistics. Equipment failure, dispatcher error, or lack of a nearby ambulance does not constitute grounds for an exception to response time standards. The process used to assess emergency ambulance response time performance is set forth in the WCEMS Response Time Compliance Process. This process will be periodically reviewed and amended; the current process shall be made available upon request.
- H) The provider may respond to non-emergency and interfacility ambulance requests. The provider shall furnish sufficient production capacity, sufficient on-call crew capacity and shall manage its available resources so as to provide non-emergency and interfacility ambulance services without interfering with provisions of emergency paramedic ambulance service in compliance with the Agreement.

### **500-600 Intergovernmental Agreements**

In areas of the County where geographic or other limitations might hinder the adequate provision of ambulance services, the County may enter into intergovernmental agreements with other counties, cities, or ambulance providers to provide efficient and effective ambulance service by means of public or private ambulance providers.

### **500-700 Notification of Vacating an Ambulance Service Area**

The designated emergency ambulance provider must comply with the requirements of the franchise agreement when serving notice of its intent to vacate the County ambulance service area. The agreement contains security measures that are adequate to assure uninterrupted service. The franchise agreement requires adequate notice and full cooperation with the County in the takeover of emergency ambulance responsibilities.

### **500-800 Maintenance of Level of Service**

In the event that the designated emergency ambulance provider vacates the ASA, the County will turn to other EMS providers to continue service to the County while the County undertakes the process to designate another emergency ambulance service provider.

**500-900 Changes by the Board**

The Board reserves the right, after further addressing and considering the subjects or items required by law, to change ambulance provider selection procedures or standards, or service provisions, in order to provide for the effective and efficient provision of emergency medical services.

**Final Order:**

Washington County Emergency Medical Administrative Rule sections 400 and 500 is added to support the provisions requested and is in place between October 27, 2023 and April 24, 2024 (180 day period) or until changes can be made to regular Administrative Rules whichever is sooner.

**Attachment: Washington County Administrative Rules**

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Adrienne Donner, Program Supervisor  
Washington County EMS