

**Lincoln County, Oregon**

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**AMBULANCE SERVICE AREA PLAN**



***Lincoln County***

**Lincoln County  
225 West Olive Street  
Newport, Oregon 97365**

Publication Date: FINAL 04.23.23

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# Plan Administration

The Lincoln County Ambulance Service Review Committee (ASRC) will be responsible for review the ASA Plan every 5 years and make recommendations for improvements to the County Board of Commissioners.

County Board of Commissioners will review recommended ASRC revisions when submitted and approve as appropriate.

Non-substantive changes to appendices may be made by the ASRC with notification to Legal Counsel and Board of Commissioners.

## Record of Plan Reviews and Revisions

All updates and revisions to the plan will be tracked and recorded in the following table. This process will ensure that the most recent version of the plan is disseminated and implemented by emergency response personnel.

Date	Change No.	Representative	Summary of Change
06.12.12	Initial Approval	BOC	Implementation of new plan.
02.10.16	001	BOC	Revisions of ASA Zones
04.01.21 02.09.22 08.17.22 11.09.22 04.05.23	002	ASRC	Submission of Revised Plan
03.13.23	Approval	Oregon Health Authority	Approval of updated plan
04.23.23	Approval	BOC	Approval of updated Plan
TBD	Approval	BOC	Approval of updated Ordinance

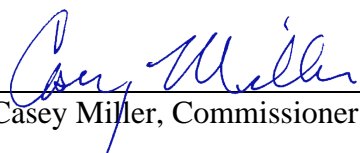
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## Certification

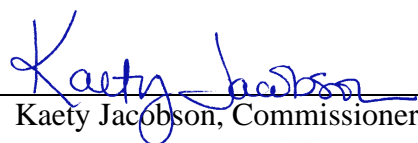
### 1.1 Certification by Board of County Commissioners

The Lincoln County Board of County Commissioners hereby certifies that:

- The County has included in this ASA Plan each of the subjects or items set forth by state rule. Substantive consideration was given to each of these subjects or items in the process of addressing them.
- In the Board's judgment, the ambulance service areas established in this plan provide the most efficient and effective emergency ambulance services.
- To the extent they are applicable: Lincoln County has complied with ORS 682.205(2)(3) and 682.223 and with existing local ordinances and rules.

  
Casey Miller, Commissioner

  
Claire Hall, Commissioner

  
Kaety Jacobson, Commissioner

04/23/23 - Order #04-23-132  
DATE

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## 1.2 Approval by Oregon Health Authority



PUBLIC HEALTH DIVISION  
EMS and Trauma Systems

Tina Kotek, Governor

Oregon  
**Health**  
Authority

800 NE Oregon Street, Suite 465

Portland, OR, 97232-2162

Office: 971-673-0520

Fax: 971-673-0555

[www.healthoregon.org/ems](http://www.healthoregon.org/ems)

March 13, 2023

The Oregon Health Authority, Emergency Medical Services and Trauma Systems Program (Authority) is responsible for ambulance service plan review in the State of Oregon (ORS 682.204 to 682.991; OAR 333, Divisions 260, 255 and 265). The following information outlines the findings generated after an ambulance service plan review.

The Authority finds **Lincoln County** Ambulance Service Plan complies with OAR 333-260-0000 through 333-260-0070. The Authority approves **Lincoln County's** Ambulance Service Plan submitted on November 30, 2022.

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# 2

## Introduction

### 2.1 Overview of County

Lincoln County was created by the Legislative Assembly on February 20, 1893, from the western portion of Benton County and Polk County. There have been boundary adjustments and annexations in 1923, 1925, 1927, 1931, and 1949. The county is bordered by Tillamook County on the north, Polk, and Benton Counties on the east, Lane County on the south, and the Pacific Ocean on the west. It covers an area of 992 square miles. The county was named in honor of President Abraham Lincoln.

With miles of beach and coastline and many beautiful and interesting places to visit, Lincoln County is one of the most popular visitor destinations on the Oregon Coast. Lincoln County has a very temperate climate and a short but productive growing season.

Lincoln County has seven unique incorporated communities: Depoe Bay, Lincoln City, Newport, Siletz, Toledo, Waldport, and Yachats. Depoe Bay is known as "The Whale Watching Capital of the World". Lincoln City offers more than 2,000 hotel/motel/bed and breakfast rooms, and resorts as well as the Siletz Tribe's Chinook Winds Casino. Newport, known as Oregon's oceanography research center, features numerous interpretive centers and the Oregon Coast Aquarium, along with a large fishing fleet and working bay front. Siletz is the home of the Administration Center and reservation of the Confederated Tribes of Siletz Indians of Oregon. Toledo is known as Lincoln County's industrial center. Waldport features the Alsea Bay Interpretive Center. Yachats is known as the "Gem of the Oregon Coast."

The 1900 census measured Lincoln County's population at 3,575. By 1997, it had grown to 42,500 representing an increase of 9.3% over 1990. By 2001, Lincoln County had a population of 44,479. As of the 2010 Census, its population was 46,034.

The northern part of Lincoln County includes the Siletz Indian Reservation which was created by treaty in 1855. The reservation was opened to white settlement in 1895 and closed to white settlement by the federal government in 1925. The Siletz's tribal status was terminated by the federal government in 1954.

## 2. Introduction

In 1977, the Siletz became the first Oregon tribe to have their tribal status reinstated. The current reservation totals 3,666 acres.

The Coast Highway, completed in 1925, and the Salmon River Highway completed in 1930, improved inland transportation within the county. In 1936 as part of federally funded construction projects, bridges were constructed across the bays at Waldport, Newport, and Siletz thus eliminating the ferries that had formerly traversed these bays. A 1910 election created the Ports of Toledo, Newport, and Alsea.

Principal industries of the county are timber, fishing, and tourism. Newport is Oregon's oceanography research center with Oregon State University's Marine Science Center, the Oregon Coast Aquarium, and its fleet of ocean-going vessels.

**County Seat:** Courthouse, 225 W Olive St., Newport 97365

**Web Site:** [www.co.lincoln.or.us](http://www.co.lincoln.or.us)

**Established:** Feb. 20, 1893

**Elev. at Newport:** 134'

**Area:** 992 sq. mi.

**Average Temp.:** January 44.4°, July 57.5°

**Assessed Value:** \$4,346,230,483

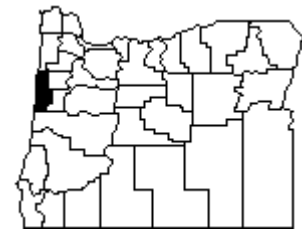
**Real Market Value:** \$12,933,618,088

**Annual Precipitation:** 71.93"

**Economy:** Tourism, government, services/retail, forest products and fishing.

Additional information related to Lincoln County can be found at the United States Census Bureau at

<https://www.census.gov/quickfacts/fact/table/OR/PST045219>.



# 3

## Acronyms and Definitions

### 3.1 List of Acronyms

AEMT	Advanced Emergency Medical Technician
ALS	Advanced Life Support Units (Ambulances)
ASA	Ambulance Service Area (Zones 1-5)
ASRC	Ambulance Service Review Committee
ATAB	Area Trauma Advisory Board
BOC	Board of Commissioner(s)
BLS	Basic Life Support Units (Ambulances)
BME	Oregon State Board of Medical Examiners
CTSI	Confederated Tribes of Siletz Indians
DO	Doctor of Osteopathic Medicine
DPSST	Department of Public Safety Standards and Training
EMS	Emergency Medical Services
EMR	Emergency Medical Responder
EMT	Emergency Medical Technician
EMT-I	Emergency Medical Technician Intermediate
ETA	Estimated Time of Arrival
HEAR	Hospital Emergency Ambulance Radio
IC	Incident Commander
ICS	Incident Command System
MD	Medical Doctor

MCI	Multi Casualty Incident
NIMS	National Incident Management System
OEM	Office of Oregon Emergency Management
OERS	Oregon Emergency Response System
OHA	Oregon Health Authority
PSAP	Public Service Answering Point (9-1-1)
QA	Quality Assurance
USCG	US Coast Guard
WVCC	Willamette Valley Communications Center

### 3.2 Definitions

**Administrative Rules** means the rules adopted by the Oregon State Health Division relating to emergency medical services.

**Ambulance** means any privately or publicly owned motor vehicle, aircraft or marine craft that is regularly provided or offered to be provided for the regular emergency and non-emergency transportation of persons suffering from illness, injury, or disability. This plan applies only to ground ambulances.

**Ambulance Services** includes the transportation of an ill, injured, or disabled individual in an ambulance, and in conjunction with the administration of prehospital medical or emergency care, if necessary.

**Ambulance Service Area (ASA)** means a geographic area, which is served by one ambulance service provider and may include all or a portion of a county, or all portions of two or more contiguous counties.

**Ambulance Service Area Plan** means a written document, which outlines a process for establishing a county emergency medical services system. A plan describes the need for and coordination of ambulance services by establishing ambulance service areas and by meeting the requirements of law and administrative rules.

**Ambulance Service Area Provider** means any public, private, or volunteer entity designated as an ambulance emergency medical service provider.

**Dispatch** means agency whose responsibility is to alert and dispatch ASA providers and first responder units to emergency calls.

**Emergency Medical Services (EMS)** means those prehospital functions and services which are required to prepare for and respond to medical emergencies, including ambulance services, patient care and treatment, communications, and evaluation.

**Emergency Medical Technician (EMT)** means a person who has received formal training in prehospital emergency care and is state certified to attend 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 technician are emergency medical technicians within the meaning of ORS 682.025.

**EMT** means a person who completes an EMT course as prescribed by these rules and is licensed by the Authority.

**EMT-Advance** means a person who completes an EMT-Advance course as described by Division rules and is licensed by the Authority.

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## 2. Introduction

**EMT-Intermediate** means a person who completes an EMT-Intermediate course as described by Division rules and is licensed by the Authority.

**Emergency Medical Services Provider (EMS-Provider)** means a person who has received formal training in prehospital and emergency care and is state licensed to attend 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 service providers within the meaning of ORS Chapter 682.

**Frontier** means that area outside the Rural regions with a population less than 500 per square mile.

**Initial/First Responders** means any EMS or Fire agencies that respond to a medical emergency that is not a provider of ambulance service in Lincoln County, such as fire departments.

**Non-emergency Care**

the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical, and social science and are performed in accordance with scope of practice rules adopted by Oregon Medical Board in the course of providing prehospital care as defined in this rule.

**Non-emergency transportation service** reflects an entity who holds a contract with the areas Medicaid/OHP brokerage to provide non-emergency transportation service.

**Notification Time** means the length of time between the initial receipt of the request for emergency medical services by the 9-1-1 centers, and the notification of all responding emergency service personnel.

**Online Medical Control** means the direction provided by a physician to EMS providers through radio or telephone communications.

**Paramedic** means a person who is licensed by the Authority as a paramedic. Has the same meaning as EMT-Paramedic.

**Patient** means a person who is ill or injured who has a disability and how receives emergency or non-emergency care from an EMS provider.

**Person** means any individual, corporation, association, firm, partnership, joint stock company, group or individuals acting together for a common purpose or

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## 2. Introduction

organization of any kind and includes any receiver, trustee, assignee, or other similar representative thereof.

**Provider Selection Process** means the process established by the Board for selecting an ambulance service provider or providers.

**Public Safety 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.

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

**Rural** means a population of less than 2,000, which is not urban or suburban, and the area is defined as outside the suburban region.

**Scope of Practice** means the maximum level of emergency care that an EMS provider may provide as set forth in OAR 847-35-0030.

**Standing Orders** means the written detailed procedures for medical or trauma emergencies to be performed by an EMT issued by the supervising physician commensurate with the scope of practice and level of certification of the EMT.

**Suburban** means an area or community, which is not urban. It has a population of greater than 2000 but less than 10,000.

**Urban** means an incorporated community of 10,000 or more in population.

**Supervising Physician** means a medical or osteopathic physician licensed under ORS Chapter 677 and OAR 847-035-0001(12) and actively registered and in good standing with the BME, and approved by the Division, who provides direction of emergency care provided by EMTs.

**System Response Time** means the elapsed time from when the 9-1-1 center received the call until the arrival of the appropriate provider(s) unit(s) on the scene.

**Vehicle** means an ambulance, vehicle, or fire department unit, which is used in the provision of emergency medical services.

**Wilderness** means outside the frontier zones with limited access and unimproved roadways that hinder response times.

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## Service Area Profile

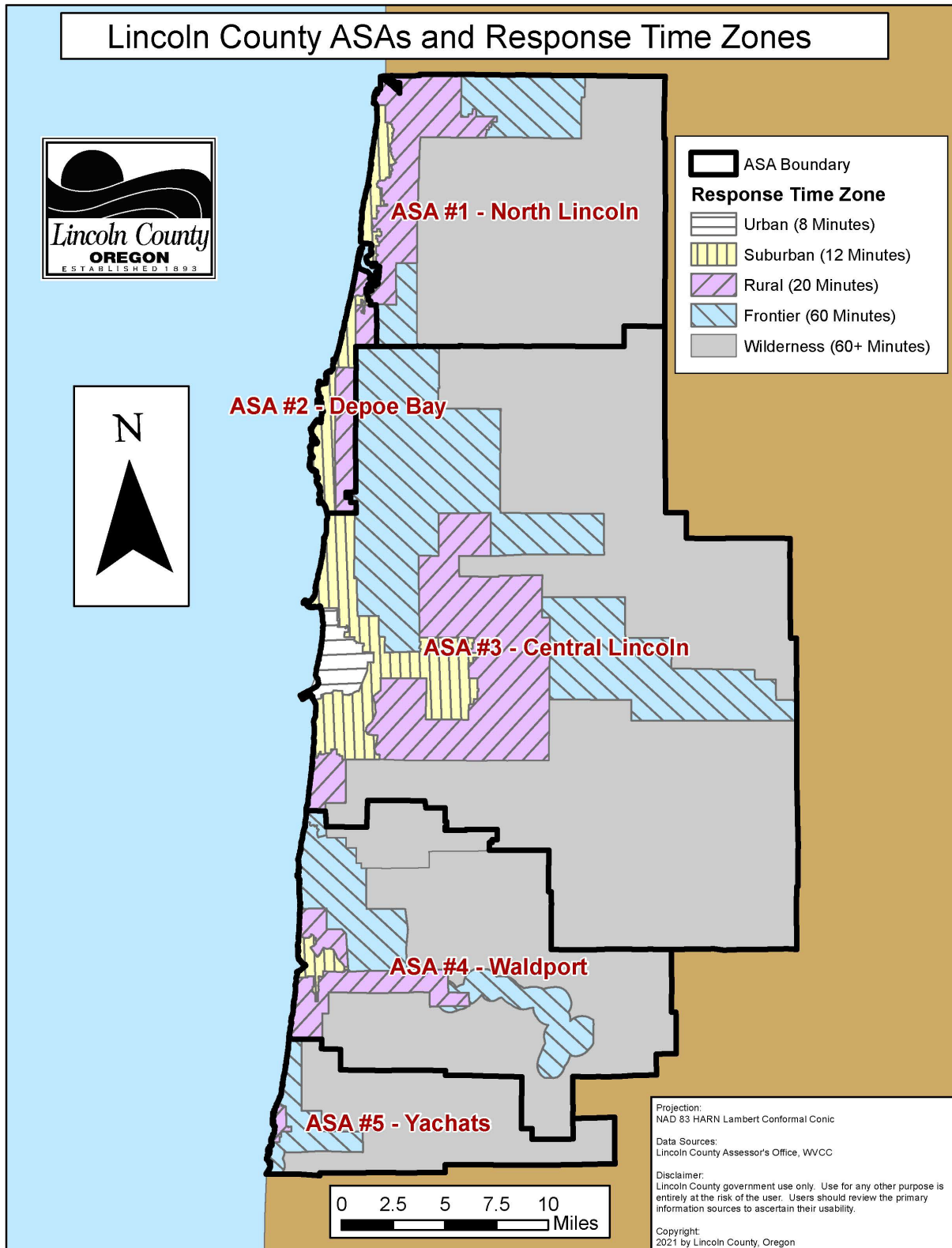
### 4.1 Ambulance Service Areas and Boundary Maps

The entire Lincoln County shall be included in an ambulance service plan known as the Lincoln County Ambulance Service Area Plan. There are five ASA within Lincoln County:

- ASA 1 – North Lincoln County
- ASA 2 – Depoe Bay Area
- ASA 3 – Central Lincoln County
- ASA 4 – Waldport Area
- ASA 5 – Yachats Area

ASA Maps – Appendix B:

- Individual ASA
- Full county ASA boundary/response time map is located on the next page.
- Full narrative descriptions of the five ASA boundaries provided in 4.1.1 – 4.1.5



## 2. Introduction

### 4.1.1 Description: Ambulance Service Area 1 (North Lincoln County)

**Boundaries:** Beginning at the Northwest corner of Lincoln County as described in ORS 201.210; thence East along the North boundary of Lincoln County to the Northeast corner of Lincoln County; thence South along the boundary line between Lincoln County and Polk County to the Northeast corner of Section 24, Township 8 South, Range 9 West, Willamette Meridian; thence West along section lines to the Northwest corner of Section 23 Township 8 South, Range 9 West, Willamette Meridian; thence South to the Southwest corner of said Section 23; thence West along section lines to the Southwest corner of Section 23, Township 8 South, Range 11 West, Willamette Meridian; thence North to the Northwest corner of Section 14, Township 8 South, Range 11 West, Willamette Meridian; thence West along the section line between Sections 10 and 15, Township 8 South, Range 11 West, Willamette Meridian to the Eastern boundary of the Salishan Hills subdivision; thence Northerly along the boundary of Salishan Hills Subdivision to the Southwest right-of-way line of the Oregon Coast Highway (State Highway 101); thence Northwesterly across said right-of-way to the Siletz Bay; thence Northerly and Westerly along the center of the Siletz Bay to the Pacific Ocean; thence Northerly along the Pacific Ocean to the point of beginning.

### 4.1.2 Description: Ambulance Service Area 2 (Depoe Bay Area)

**Boundaries:** Beginning at the Southwest corner of Section 22, Township 8 South, Range 11 West, Willamette Meridian; thence Southerly along section lines to the Northeast corner of Section 4, Township 10 South, Range 11 West, Willamette Meridian; thence West along section lines to the Pacific Ocean; thence North along the Pacific Ocean to the boundary of ASA 1 described in paragraph (A) of this subsection; thence Westerly and Southerly along the boundary of said ASA 1 to the Southwest corner of Section 23, Township 8 South, Range 11 West, Willamette Meridian; thence West along section lines to the point of beginning.

### 4.1.3 Description: Ambulance Service Area 3 (Central Lincoln County)

**Boundaries:** The remainder of Lincoln County that does not lie within any other ASA.

## 2. Introduction

### 4.1.4 Ambulance Service Area 4 (Waldport Area)

**Boundaries:** Due East to the section line between Section 1, Township 14 South, Range 12 West, Willamette Meridian, and Section 6, Township 14 South, Range 11 West, Willamette Meridian; thence South along said section line to the Northwest corner of Section 7, Township 14 South, Range 11 West, Willamette Meridian; thence East along the North line of said Section 7 to the Northeast corner of said Section 7; thence South along the East line of said Section 7 to the Southeast corner of said Section 7; thence East along section lines to the Northeast corner of Section 13, Township 14 South, Range 11 West, Willamette Meridian; thence South along the East line of said Section 13 to the Northwest corner of Section 19, Township 14 South, Range 10 West, Willamette Meridian; thence East along section lines to the center of the South section line of Section 14, Township 14 South, Range 10 West, Willamette Meridian; thence due South along center section lines to the center of Section 35, Township 14 South, Range 10 West, Willamette Meridian; thence due East along the center section line of Section 35 to the center of the West section line of Section 36, Township 14 South, Range 10 West, Willamette Meridian; thence South along the West section line of Section 36 to the Southwest corner of Section 36; thence East along section lines to the Southeast corner of Section 31; thence North along section lines to the Southeast corner of Section 18, Township 14 South, Range 9 West, Willamette Meridian, which point lies on the boundary between Lincoln County and Benton County; thence Easterly and Northerly along the boundary line of Lincoln County and Benton County to the Northeast corner of Section 24, Township 13 South, Range 9 West, Willamette Meridian; thence West along section lines to the Southwest corner of Section 18, Township 13 South, Range 9 West, Willamette Meridian; thence North along section lines to the Northeast corner of Section 1, Township 13 South, Range 10 West, Willamette Meridian; thence West along the North line of said Section 1 to the Southeast corner of Section 36, Township 12 South, Range 10 West, Willamette Meridian; thence North along section lines to the Northeast corner of Section 25, Township 12 South, Range 10 West, Willamette Meridian; thence West along section lines to the Northwest corner of Section 30, Township 12 South, Range 10 West, Willamette Meridian; thence South along the West line of said Section 30 to the Southeast corner of Section 25, Township 12 South, Range 11 West, Willamette Meridian; thence West along section lines to the center of the section line between Sections 28 and 33, Township 12 South, Range 11 West, Willamette Meridian; thence North along the center section line of said Section 28 to the center of the section line between said Section 28 and Section 21, Township 12 South, Range 11 West, Willamette Meridian; thence West along the South line of said Section 21 to the Southwest corner of said Section 21; thence North along the West line of said Section 21 to the center of the section line between said Section 21 and Section 20, Township 12 South, Range 11 West, Willamette Meridian; thence West along the center section line of said Section 20 to the center of the section line between said Section 20 and Section 19, Township 12 South, Range 11 West, Willamette Meridian; thence North along said section line to its intersection with Beaver Creek; thence Westerly and

2. Introduction

Northerly along Beaver Creek to the Pacific Ocean; thence South along the Pacific Ocean to Big Creek; thence East along Big Creek to the point of beginning.

**4.1.5 Description: Ambulance Service Area 5 (Yachats Area)**

**Boundaries:** All of Lincoln County lying to the South of ASA 4 as described in 4.1.4 of this section.

## 4.2 Supporting Response Agencies and Communities

### 4.2.1 Ambulance Providers

A list of current ASA providers is included in Appendix C of this Plan.

### 4.2.2 9-1-1/Dispatch

Lincoln County has three Public Safety Answering Points (PSAP's); PSAP district map can be found at the end of this section and in Appendix B.

- Willamette Valley Communications Center (WVCC) (Salem)
  - Services all other areas of Lincoln County except City of Lincoln City and City of Toledo areas
- City of Lincoln City Dispatch Center (Lincoln City)
- City of Toledo Dispatch Center (Toledo)

### 4.2.3 Fire Districts/Departments

Lincoln County has eight fire districts and two city departments; district boundary maps can be found in Appendix B.

- Central Oregon Coast Fire and Rescue District
- Depoe Bay Rural Fire Protection District
- Seal Rock Rural Fire Protection District
- Siletz Valley Rural Fire Protection District
- North Lincoln Fire and Rescue District #1
- Newport Fire Department & Newport Rural Fire District
- Yachats Rural Fire Protection District
- Toledo Fire Department & East Lincoln County Fire District

### 4.2.4 Law Enforcement

Law Enforcement agencies in the County include:

- City of Lincoln City Police Department
- City of Toledo Police Department
- Lincoln County Sheriff's Office
- Oregon State Police
- U.S. Border and Immigration Protection
- U.S. Coast Guard
- U.S. Forest Service

#### 4.2.5 Emergency Management

Agencies with Emergency Management Divisions in the County include:

- Confederated Tribes of Siletz Indians
- City of Lincoln City Emergency Management
- City of Newport Emergency Management
- Lincoln County Emergency Management

#### 4.2.6 Incorporated/Unincorporated Communities

Incorporated cities in the County include (Appendix B for maps of boundaries):

- City of Depoe Bay
- City of Lincoln City
- City of Newport
- City of Siletz
- City of Toledo
- City of Waldport
- City of Yachats

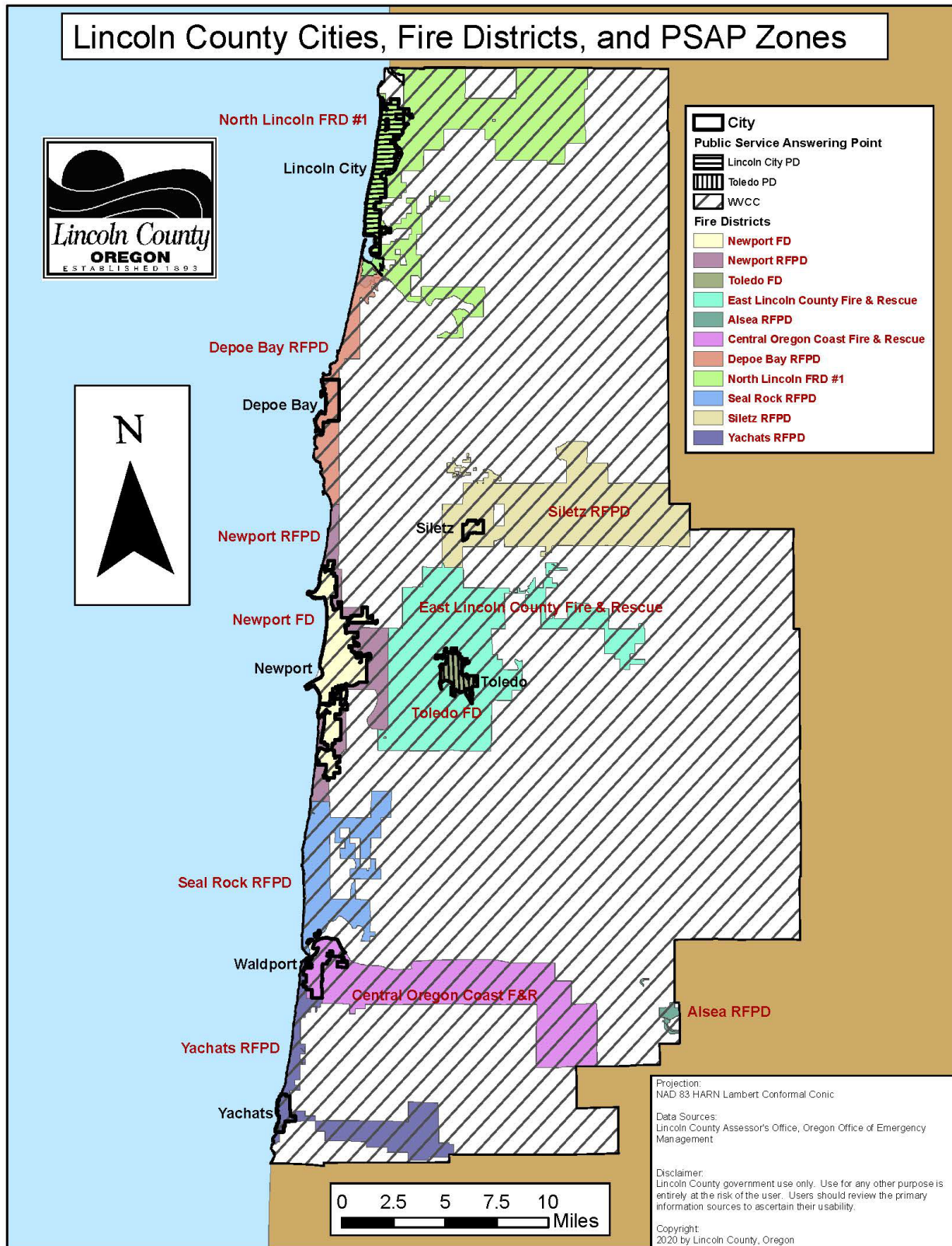
There are 12 recognized unincorporated communities:

- Otis/Rose Lodge
- Kernville
- Gleneden Beach
- Lincoln Beach
- Otter Rock
- Beverly Beach
- Seal Rock
- Elk City
- Logsdan
- Chitwood
- Eddyville
- Burnt Woods

#### 4.2.7 Tribal Communities

Tribal communities in the County include:

- Confederated Tribes of Siletz Indians



### 4.3 Alternatives Considered to Reduce Response Times

The alternatives to reduce response times to the primitive wilderness areas, remote beach areas, extreme cliff/ridge areas, remote river and estuaries may be through the use of mutual aid, four-wheel drive vehicles, all-terrain vehicles, marine vessels, and helicopters from air-ambulance services available to Lincoln County, depending on time factor, weather, and access to the incident area.

In addition to mutual aid, the Fire Districts/Departments in the County are dispatched to the scene at the same time as the ASA Provider to provide care while the ambulance is in route to the scene.

The resources outlined in this section can all be accessed through the ASA Provider Dispatch Center and Willamette Valley Communications Center (WVCC). WVCC maintains rosters of available response agencies and their contact information to request assistance both within the county and external to the county. Appendix D provides detailed listing of resource agencies available for assistance.

Air Ambulance services are provided by:

- Life Flight
- US Coast Guard
- Oregon Air National Guard

All-terrain vehicle support is provided by:

- Fire Districts/Departments
- Sheriff's Office
- Oregon State Police
- Oregon State Parks

Marine rescue/transport are provided by:

- Fire Districts/Departments
- Sheriff's Office
- Oregon State Police
- US Coast Guard

Rope rescue provided by:

- Fire Districts/Departments

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# 5

## System Elements

### 5.1 9-1-1 Dispatched Calls

Lincoln County has three Public Safety Answering Points (PSAP), see Appendix B for a map of 9-1-1 dispatch service areas.

- Willamette Valley Communications Center (WVCC) (Salem)
  - Services all areas of Lincoln County except City of Lincoln City and City of Toledo
- City of Lincoln City Dispatch Center (Lincoln City)
- City of Toledo Dispatch Center (Toledo)

9-1-1 medical calls come into the nearest PSAP center and if received at Toledo or Lincoln City are then transferred to WVCC for dispatch of ambulance service provider.

However, the fire department/district of the originating medical call is also dispatched through their respective dispatch center.

Each of the three PSAP's also have a non-emergency number as do each fire district/department and ASA Provider; if a non-emergency medical call is received the same steps are followed and the call is transferred to WVCC for activation of the ambulance service.

### 5.2 Pre-Arranged Non-Emergency and Inter-Facility Transfers

The Oregon Administrative Rules (OAR 333-260-0070 (3)) allow for the Board to designate one or more non-emergency ambulance provider in each ASA.

In compliance with the rule, the Board has and will designate only one emergency ambulance provider for each ASA. Each of these designated emergency ambulance providers are also authorized to provide non-emergency ambulance service and inter facility business within their assigned ASA provided it does not negatively impact their ability to meet the requirements of this Agreement. It is the responsibility of the hospital or facility requesting non-emergency and inter-facility transfers to locate an alternate ambulance service.

2. Introduction

The County reserves the right to grant exclusive market rights for non-emergency and inter-facility ambulance service in the future, at any time the Board determines that it is in the County’s best interest.

**5.3 Notification and Response Times**

**5.3.1 Notification Times**

When a request for service is received by the ASA Providers Dispatch Center, the ambulance service provider for that ASA area will be dispatched to respond to the call. The Dispatch Center shall notify the responding ASA Provider within a maximum notification time of 2 minutes or less 90 percent of the time of a request for service.

**5.3.2 Response Times**

All Ambulance service area providers in Lincoln County shall confirm to the following notification/response standards:

Description	Response Time	% of the calls per quarter
Urban	8 Minutes or less	90%
Suburban	12 Minutes or less	90%
Rural	20 Minutes or less	90%
Frontier	60 Minutes or less	90%
Wilderness	60+ No set response time is required, due to the geographical nature and limited access into these areas.	

The Board may make changes in the response time standards and criteria detailed above to make the County criteria consistent with State mandated Trauma System standards and/or criteria used for similar purposes and reporting.

Ambulance response time variance:

Any ASA holder may have their response time extended in any response zone by 10 minutes by the assistance of a Fire Agency if the following conditions are met:

- The ASA holder and the Fire Agency shall have a written mutual aid agreement that specifically addresses this variance.

2. Introduction

- The Fire Agency is as equally equipped and staffed as the ASA holder to the Advanced Life Support level.
- The Fire Agency must meet the original response zone time requirement for the ASA holder’s response.

**5.4 Level of Care**

The designated Ambulance franchise holder operating in Lincoln County shall be staffed as follows:

Level	Driver	Care Provider
Basic Life Support	EMR, or higher	EMT or Paramedic
Intermediate Life Support	EMT, or higher	EMT-I, AEMT, Paramedic
Advance Life Support	EMT, or higher	Paramedic / RN

**5.5 Personnel**

When operating an ambulance in Lincoln County all personnel must meet the requirements of ORS 682.205 (2)(3) and ORS 682.335. The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not constitute a requirement that the ambulance provide the same level of care on a regular basis.

**5.6 Medical Supervision**

Each Ambulance Service Provider utilizing medically trained emergency response personnel shall be supervised by a Physician Advisor/Supervisor licensed by the State of Oregon, registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). The physician must also be approved by the Oregon Medical Board as a Medical Doctor.

Each EMS agency or ambulance service may have its own Medical Director. The medical director shall comply with current OAR requirements.

**5.7 Patient Care Equipment**

Patient care equipment used by ambulance services must meet or exceed current OHA requirements for the level of service provided. The Ambulance Service Provider shall maintain a list of equipment for their ambulance which shall be submitted to the ASRC upon request and as outlined in the following OAR’s:

- OAR 333-255-0072 (Ground Ambulance Vehicle Equipment Requirements)

**2. Introduction**

- OAR 333-255-0073(3) (Specialty Care Ground Ambulance Vehicle Requirements)
- and OAR 333-255-0081(4) (Air Ambulance Operating Requirements for Interfacility Transfers).

## 5.8 Vehicles

All ASA Providers must:

- Maintain vehicles as to age, type, and capacity as required by the Oregon Health Authority, Public Health Division licensing program for both BLS and ALS vehicles.
- Report ambulance vehicles with the County Resource Typing Roster via the County Emergency Manager on an annual basis, Appendix D.
- All Ambulances must:
  - Either be a Type I, II or III and be licensed by the Oregon Health Authority.
  - Meet or exceed the requirements as set forth in OAR 333-255-0060 Ground Ambulance Vehicle Construction Criteria for Initial Licensure.
  - Provide for mobile data terminals (for safety, mapping, and arrival times with Dispatch)

## 5.9 Training

All ASA Providers for Lincoln County shall have an initial and continued training program for their ambulance personnel which meets at the minimum, but not limited to, Oregon Health Authority requirements. ASA Providers will collaborate training efforts of other local area healthcare and public safety agencies who provide medical response personnel.

All medically trained emergency response personnel training must meet or exceed the requirements as set forth in:

- OAR 333-265-0014 EMS Provider Course Requirements
- OAR 333-265-0110 Continuing Education Requirements for License Renewal.

All EMTs employed by the Ambulance Service Franchise owner shall be trained in Incident Command System (ICS) to levels commensurate with response levels.

## 5.10 Quality Improvement (QI) Program

### 5.10.1 Roles and Responsibilities

Appendix E and F, Roles and Responsibilities and Quality Improvement Program provide for specific tasks within this ASA Plan:

- Roles and Responsibilities for:
  - Board of Commissioners
  - County Legal Counsel
  - ASA Providers
  - ASRC Committee
  - ASRC Committee Chairperson
  - ASRC Committee Recorder
  - County Emergency Manager
  - Members of the Public
  - Lincoln County Fire Defense Board
  - Other Healthcare Providers, EMS Agencies
  - Oregon Health Authority
  
- ASRC Coordination:
  - ASRC Committee Recorder Checklist
  - ASRC Agenda Template
  - ASRC Minutes Template
  - ASRC Committee Attendance Tracking
  
- Quality Improvement Processes:
  - ASA Plan Required Tasks Timeline
  - ASA Provider Annual Checklist:
    - Service Licensure Renewal
    - Vehicle Licensure Renewal
  - Complaints and Input Tracking and Resolution:
    - ASRC Provider Concern Processing Checklist
    - ASA Provider Concern Reporting Form
    - ASA Provider Concern Follow-up Tracking Form
    - ASA Provider Concern Quarterly Summary Report

2. Introduction

- Compliance Monitoring – Notification and Response Times Review:
  - Review of Monthly Compliance Data Report generated by Dispatch by ASRC QI Sub-Committee Members, see appendix F.:
    - WVCC Dispatch generates monthly reports and creates a query that filters by those calls per ASA Provider that do not meet compliance based on the Notification Times table outlined in 5.3.2 of this plan.

Ambulance Service Area Compliance Report - [month - year]				
ASA	Zone	Compliant Responses	Total Responses	Percent Compliant
ASA Zone #	Suburban			
	Rural			
	Frontier			
	Total			

Description	Response Time	% of the calls per quarter
Urban	8 Minutes or less	90%
Suburban	12 Minutes or less	90%
Rural	20 Minutes or less	90%
Frontier	60 Minutes or less	90%
Wilderness	60+ No set response time is required, due to the geographical nature and limited access into these areas.	

### 5.10.2 Lincoln County Ambulance Service Review Committee

The Lincoln County Board of Commissioners has delegated the ASA Provider compliance monitoring to the Ambulance Service Review Committee (ASRC). Specific tasks associated with this process can be found in Appendix A, E and F.

The ASRC will consist of members of the emergency medical response community and the population-at-large. Members of the Committee are selected or appointed as follows:

- Two members-at-large – public application process to the ASRC with recommendation to the BOC for final appointment for a four-year term.
- One representative from each ASA Provider of their choosing, no term requirement.
- Three fire district representatives, no two of which shall primarily serve the same ambulance service area, and none of which shall be from any ambulance service provider. Members will be selected on a volunteer basis by the Fire Defense Board, no term requirement.
- One representative from local area hospitals (Samaritan Health Services), representing both Samaritan Pacific Communities Hospital and Samaritan North Lincoln Hospital of their choosing; no term requirement.
- One representative of each 9-1-1 PSAP serving in Lincoln County of their own choosing, no term requirement.

The committee elects its own chairperson, vice chairperson and meets quarterly or upon the call of the Board of Commissioners or of the Chairperson.

One ASRC member will be the liaison to the Oregon ATAB 2 regional group. The recommendations by ATAB 2 may have a direct effect on the provision of services in Lincoln County related to ASA.

Lincoln County Sheriff's Office – Emergency Management Division provides staff support to the committee.

The ASRC meetings will be considered public meetings and adhere to public meeting requirements.

### 5.10.2 Provider Responsibilities

The primary responsibility for maintaining a high standard of quality emergency medical service is assigned to the ASA Provider, which shall establish and conform to standard operating procedures and medical protocols in accordance with all applicable OARs.

The ASA Provider shall establish a written procedure for addressing questions or complaints about delivery of service. The procedure shall require that issues presented to the provider be addressed at the appropriate level: Medical Director and/or Ambulance Service Manager or the providers' governing body. Any issue not resolved to the satisfaction of the presenter by the Ambulance Service provider or governing body may then be submitted to the ASRC, which after preliminary review, may conduct an investigation.

Compliance Monitoring by ASA Provider:

- Maintain compliance with pertinent statutes, ordinances, and rules as demonstrated by the completion of the annual ASA Provider Checklist, Appendix F.1, for vehicle and service licensure, by June 30<sup>th</sup> of each year.
- Maintain compliance with standards for prehospital provider notification times, response times, and patient care by:
  - Reviewing the monthly compliance report from Dispatch, Appendix F.2, and follow up with them on any discrepancies on calls and or addressing internal operations affecting response time compliance.
  - Providing report at the quarterly ASRC meeting on any identified non-compliance events.
- Maintain effective problem resolution by:
  - Coordinating timely investigation of reported concerns to ASA provider directly from the receiver of services or County reporting processes.
  - Providing quarterly summary of reported concerns and resolution to ASRC, Appendix F.4.

### 5.10.3 Problem Resolution and Sanctions for Non-Compliant Personnel

ASRC will investigate complaints and referrals and provide written statements of findings to providers and the Lincoln County Board of Commissioners recognizing excellence or outlining problems and identifying solutions.

In the event that the ASRC identifies any situation that constitutes a violation of this plan, or that fails to conform to established norms or protocols, the Quality Improvement Sub-Committee shall:

Request any additional information necessary to establish that a violation or failure occurred; contact the provider in writing and identify the specific facts surrounding the failure to comply with the ASA plan, county ordinance, or ASA agreement or failure to follow agency policies and procedures or clinical care protocols.; and request that, within 30 days, the provider submit a written response to the alleged specific facts and a plan to correct all deficiencies.

- Upon receipt of the written response, the ASRC shall:
  - Review the response to ensure that it addresses all aspects of the specific facts.
  - Review that written plan for resolution for the deficiencies; establish a sub-committee to monitor the plan for resolution of the deficiencies, which will report back to the full ASRC upon completion of the plan or failure to complete the plan;
  - and call upon the health division for recommendations for resolution if the problem cannot be solved in the ASRC.
- Upon the report of the sub-committee the full ASRC shall:
  - Resolve that the deficiencies have been resolved in an acceptable manner; or
  - Refer any failure to complete the written plan for correction of deficiencies to the Board of Commissioners for further action.
- Representatives of a provider that is the subject of a complaint shall not participate in the review proceedings of that complaint. Subject of the complaint will have the opportunity to address their actions concerning the complaint after the initial review by the Lincoln County Board of Commissioners.

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# 6

## Coordination

### 6.1 Authority

The Lincoln County Board of Commissioners has delegated the development and administration of the ASA Plan to the Lincoln County Ambulance Service Review Committee.

### 6.2 Complaint/Input Review Process

The ASA Plan provides for a process for the county to receive input from prehospital care consumers (patients/families), providers (other EMS responders) and the medical community.

- A complaint or input may be registered with the ASA Provider and/or their respective agency's quality assurance program via email, phone or written communication to agency personnel. The ASA Provider will report quarterly to the ASRC, Appendix F.3, any complaints/concerns received, and the actions taken to resolve the complaint.
- A complaint or input may be registered with the ASRC via the web-based reporting form (on the county website at [www.co.lincoln.or.us](http://www.co.lincoln.or.us)) or by telephone, email, written contact to the County Emergency Manager and or the Lincoln County Board of Commissioners (BOC) as noted on the county website.
  - The County Emergency Manager/BOC will report the complaint to the appropriate ASA Provider for follow-up; a copy of the complaint will be copied to the ASRC Chairperson. The information will be included in the quarterly report to the ASRC.

The ASRC is responsible for reviewing the submitted, quarterly, reports from the ASA Providers and the County Emergency Manager. If any of the issues have not been resolved at the ASA Provider level, then the ASRC shall discuss at the next quarterly meeting and make a recommendation to the ASA Provider for resolution on behalf of the reporting party. If the complaint remains unresolved then a recommendation will be made by the ASRC to the Board of Commissioners for resolution.

Resolution to the complainant should be provided by the ASA Provider and if needed by the ASRC Committee and/or the Board of Commissioners. This will be tracked in the quarterly reporting via the County Emergency Manager.

**6. Coordination**

If the complaint contains reportable actions against the ASA Provider then the ASA Provider, County Emergency Manager and/or the Board of Commissioners will report this immediately to appropriate governing body with a copy to the ASRC Chairperson and involved ASA Provider.

HIPAA related information will not be reported in the public ASRC committee packet; if needed, this information can be reviewed individually by ASRC Chairperson.

**6.3 Mutual Aid Agreements**

Each ASA Provider shall have in place mutual aid agreements for ambulance responses from outside the service area and responses to other service areas to meet the need for service in unusual circumstances.

The mutual aid agreements are intended to render assistance wherever possible, upon request, to augment the emergency medical response service within Lincoln County and thus give the best emergency response medical service possible to the communities of Lincoln County.

At the beginning or renewal cycle of an ASA contract the ASA Provider and ASRC will update the list of mutual aid agreements, Appendix H, for that contract to include:

- Agency Name
- Agreement expiration date if any
- Point of contact for requesting assistance from that agency.

At any time, the ASRC and/or Board of Commissioners can request the ASA Provider to enter into an additional mutual aid agreement if new service providers are established that meet the criteria above.

All ASA Provider mutual aid agreements will be provided to the ASRC via the County Emergency Manager and filed with the County ASA Plan on the Lincoln County website.

**6.4 Disaster Response**

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, will participate in the development and update of the county multi casualty and medical surge incident plan via the County Emergency Management Division.

**6. Coordination**

ASA Providers shall respond in a coordinated effort through their ASA Provider Dispatch Center to both internal and external disaster events upon request from event Incident Commander and/or Medical Branch Director of the disaster event. The resources provided would be based on the activation of preexisting mutual aid agreements and/or from a request from Office of Oregon Emergency Management/Oregon Health Authority for areas external to any current mutual aid agreements.

**6.4.1 County Resources Other Than Ambulances**

Additional resources for response will be initially requested through the PSAP/Dispatch Center coordinating event response until a request is made to transfer to City/County Emergency Management or another Command Branch Unit.

A list of personnel and equipment resources can be found in Appendix D.

**6.4.2 Out of County Resources**

When the disaster exceeds the capabilities of the Lincoln County Mutual Aid Agreements, a request will be made through the Dispatch Center to activate emergency response agencies adjacent to the affected area and/or request through the State of Oregon Emergency Response System (OERS) and/or through City/County Emergency Operations Center.

**6.4.3 Multi Casualty Incident (MCI) and Medical Surge Plan**

Lincoln County has in place a countywide Multi Casualty Incident and Medical Surge Plan, Appendix I (approved and adopted by Fire Defense Board, ASA Providers, and area Hospitals).

The county MCI plan outlines discipline specific roles and responsibilities that align with the Oregon ATAB 2 regional plan and the National Incident Management System using the Incident Command System for response structure. Specific disciplines identified are:

- Dispatch
- ASA Providers
- Fire
- Law Enforcement
- Hospital
- Medical Volunteer Groups
- City/County/Tribal Emergency Operation Centers
  - Mass Care and Sheltering Plan
  - Mass Fatality Plan
  - Public Information
  - Resource Coordination

## 6. Coordination

The ATAB 2 MCI Plan will be reviewed for compliance by the Lincoln County Ambulance Service Review Committee (ASRC).

### 6.4.4 Response to Terrorism

Response to a terrorism related event is initially coordinated by the respective law enforcement, fire, and ambulance service districts utilizing the National Incident Management System – Incident Command System. City, county, and tribal emergency operations plans can be activated to assist with response to events but the primary lead agency for non-medical response would be the respective law enforcement agency of the event.

## 6.5 Personnel and Equipment Resources

The Lincoln County Multi Casualty Incident Plan has established processes for identifying and requesting resource needs related to the medical response to include personnel, equipment, supplies and transportation services. Specific resource needs may include:

- Hazardous materials (patient, personnel, and equipment decon)
- Search and rescue
- Specialized rescue (rope rescue, marine/water rescue, air evacuation)
- Extrication (vehicles, collapsed buildings, etc.)

The plan also identifies the Lincoln County strategically placed EMS Disaster Supply Caches that can be made available to the responding ASA Provider during disaster or MCI events. These resources are outlined in the Lincoln County Multi Casualty Incident and Medical Surge Plan – see Appendix I and the Personnel and Equipment Resource Roster Appendix D.

### 6.5.1 Hazardous Materials

The response for the on-scene Incident Command is outlined in the Local Emergency Planning Committee Hazardous Materials Response Plan and responding agency response plans and procedures. Response to Hazardous Materials is augmented by the Oregon State Fire Marshal through the Oregon Emergency Response System (OERS) and the on-scene Incident Commander. Specialized Resources for HAZMAT Response can be found in Appendix D.

### 6.5.2 Search and Rescue

Search and Rescue operations in Lincoln County are performed in accordance with the Lincoln County Sheriff's Office Search and Rescue Plan and the Lincoln County Emergency Operations Plan, ESF 9 – Search and Rescue.

The most appropriate lead agency for Search and Rescue and Specialized Rescue may vary with location and will be that agency identified through the Incident Command System. Specialized Services resources can be found in Appendix D.

**6. Coordination****6.6 Emergency Communications and Systems Access**

Lincoln County has three Public Safety Answering Points (PSAP). The primary is Willamette Valley Communications Center (Salem), City of Lincoln City Dispatch Center (Lincoln City), City of Toledo Dispatch Center (Toledo). Lincoln County and the Providers are activated by the 9-1-1 prefix system into the respective PSAP center.

**6.6.1 Telephone**

All of Lincoln County has 9-1-1 enhanced emergency telephone access; Lincoln City Dispatch and WVCC both have text 911 capability. All 9-1-1 calls are answered at a designated PSAP. Medical calls are transferred to the providers dispatch center where pre-arrival instructions are given, and the ambulance is dispatched.

**6.6.2 Dispatch Procedures**

To establish a minimum standard of medical dispatching within Lincoln County, all First Response Agencies, ASA Providers, PSAPs and Dispatch points shall:

- a. Adhere to the established standards of emergency medical dispatching as outlined by the State of Oregon Department of Public Safety Standards and Training (DPSST) for certified EMD Dispatchers and OHA trauma requirements -ATAB 2 plan OAR 333-200-0070 requirements .
- b. Conform to a call received to notification of Initial Responders and ASA providers of < 2 minutes 90% of the time (see Section 5.3 of this plan)
- c. Notify Initial Responders and ASA Providers using radio communications including pagers and tone activated devices.
- d. Include in every dispatch the following:
  - Pre-announcement identifying agency(ies) to respond, nature of the problem and a general location;
  - Announcement identifying agency(ies) to respond, nature of the problem identified through the use of dispatch priority protocols and the exact location of the patient; and
  - Any specific instructions or information pertinent to the emergency.
- e. Repeat the announcement to each agency first response unit(s) when they respond to include any additional information obtained about the patient's situation, history, or problem.
- f. Dispatch Advanced Life Support (ALS) Assist according to the provider's protocols which are identified as ALS in nature.
- g. While primary communication is through central dispatch, once the ambulance has been dispatched, ambulance personnel may be in contact with the area hospitals on the Med-Net / HEAR radio link system, or by direct phone call with the Emergency Room staff.

**6. Coordination**

The Lincoln County PSAPs are priority one for reestablishing phone lines. It has its own emergency power unit and is equipped with primary and backup consoles and carries frequencies in fire, police, sheriff, and county roads.

**6.6.3 Radio System**

Lincoln County has a redundant simulcast radio system that ASA Providers can utilize to communicate with Dispatch, Fire and Law Enforcement and their own vehicles/personnel. They also can utilize their own radio system external to the simulcast system. The County utilizes:

- Primary channels Law 1 and Fire 1
- Alternate Law 2 and Fire 2
- North County Alternate Fire 3

In addition to the County simulcast system the ASA Providers can utilize the Hospital Emergency Ambulance Radio (HEAR) system to communicate directly with the local and regional area hospitals.

All Dispatch Centers have access to and utilize all simulcast channels and if needed move medical calls to an alternate channel during downtime events.

Radio system frequencies are provided to ASA Providers via County Emergency Management.

**6.6.4 Emergency Medical Services Dispatcher Training**

All dispatchers in the Lincoln County Communications Center shall successfully complete the Oregon DPSST approved EMD course and continuing education and training as required by DPSST to maintain EMD certification as stated in OAR 259-008-0060. These trainings meet the OHA required US Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services Dispatcher requirements.

**6.7.1 Mass Gatherings**

ORS 433.735 - "Outdoor mass gather," unless otherwise defined by county ordinance, means an actual or reasonably anticipated assembly of more than 3,000.

OAR 333-039-0040 Emergency Medical Facilities (7): Ambulances shall be provided at the outdoor mass gathering for emergency evacuation of sick and injured persons at a ratio of one ambulance for each 3,000 persons anticipated or fraction thereof.

If it is deemed that an outdoor mass gathering would exceed an Ambulance Service Area's maximum capacity, it is reasonable for an ASA provider to decline ambulance service to the event coordinator. If declined by the ASA provider, the event coordinator, through the County approval process, through the health section of the event (ORS 433.760), would be required by the Lincoln County

**6. Coordination**

Public Health to contract with another provider for the mass gathering event and coordinate with the ASA provider.

The ASA Provider or Incident Commander shall use either its own Tactical channel or the Tactical Channel of the Fire District the event is located at for communication.

# 7

## Provider Selection

### 7.1 Initial Assignment

The County is solely responsible for designating and administering the process of selecting an ambulance service provider. The initial assignment of ambulance service areas in Lincoln County was made in 1991 by the Board in accordance with the laws, ordinances, and plan provisions then existing.

No person or agency shall provide ambulance services in Lincoln County, Oregon unless such person is assigned an ASA in accordance with the applicable provisions of this plan.

### 7.2 Reassignment

Reassignment of ambulance service areas is made every five years by the Board in accordance with the provisions of LCC 7.831, which are included in section 8 of this plan. Reassignment may also occur under LCC 7.831 in the event of abandonment by an ASA provider during the term of assignment.

### 7.3 Application for an ASA

Applications for assignment and reassignment of an ambulance service area are made pursuant to LCC 7.827 and 7.828, which are included in section 8 of this plan.

Appendix G – ASA Provider Selection Forms provide for the following tools to assist with the Provider selection process.

- Application to Provide Ambulance Service
- Proposal Document
- Financial Responsibility Forms
- Bid Worksheet

### 7.4 Notification of Vacating an ASA

- No person assigned an ambulance service area shall voluntarily discontinue service to the assigned ambulance service area without giving one hundred eighty (180) days written notice to the Board.
- No person assigned an ambulance service area shall sell an ambulance service area or any part thereof.
- No person assigned an ambulance service area shall reassign, transfer, or exchange the assignment of an ambulance service area or any part thereof without written authorization from the Board.
- All written requests shall be made on a form as prescribed by the ASRC and shall contain the specifics of the request and any additional

## 7. Provider Selection

information requested by the Board or the ASRC, see Appendix G.5 for Vacating ASA Notification Form..

- If the request includes the reassignment, exchange, or transfer of an ambulance service area or any part thereof, the request shall include an application for assignment by the transferee.
- Upon the receipt of a written notice of voluntary discontinuance of service by an ambulance service area provider, the Board shall cause the reassignment process to begin under LCC 7.831.
- Upon selection of the replacement provider for the ambulance service area, the Board may award assignment immediately or upon the date specified in the written notice.
- Upon request from the Board, the ASRC shall review a request made in compliance with this section and make recommendations to the Board.

### 7.5 Maintaining Level of Services

In the reassignment of an ambulance service area, the level of care and service shall be maintained at a level equal to or greater than the level of care and service previously provided.

If an ambulance service area is without an assigned provider, the Board shall immediately appoint an interim provider until such time as the reassignment process may be completed. The reassignment process shall be in accordance with LCC 7.827 and 7.831.

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# 8

## County Ordinances and Rules

The Lincoln County Board of Commissioners shall adopt an Ambulance Service Area Ordinance, Appendix A, that includes criteria for administering the Lincoln County Ambulance Service Area Plan; limiting ambulance services that may operate in the county, establish an application process, Ambulance Service Provider Terms, enforcement, prevention of service interruption, appeals abatement and penalties, ASA Provider duties, and establishing membership and duties of the Ambulance Service Area Committee.

In the event that a Lincoln County Ambulance Service Area Ordinance, Appendix A, is lacking for any reason, the elements of this Lincoln County Ambulance Service Area Plan, when signed by the Lincoln County Board of Commissioners and approved by the Oregon Health Authority will govern the operation of all Lincoln County Ambulance Service Area Providers and emergency medical vehicles, both transporting and non-transporting, in Lincoln County with the exception of the following:

- Ambulances owned or operated under the control of the United States Government or the State of Oregon;
- Vehicles used to render temporary assistance in the case of major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident;
- Vehicles operated solely on private property or within the confines of institutional grounds, whether or not incidental crossing of any public street, road, or highway through the property is involved;
- Ambulances or vehicles used for transporting patients from outside Lincoln County to health care facilities within Lincoln County or which are passing through without a destination in Lincoln County; and
- Air or waterborne ambulance services.

The Lincoln County Board of Commissioners, by order, may adjust the ASA Boundaries or the Elements of this ASA Plan from time to time as necessary, to provide the most efficient and effective ambulance service to the citizens of Lincoln County. Assigned Providers will be notified of intended changes for consideration.

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# 9

## Appendices

### A. County Ordinance

### B. Maps: ASA Boundaries, Response Times, PSAP's

1. ASA Zone 1
2. ASA Zone 2
3. ASA Zone 3
4. ASA Zone 4
5. ASA Zone 5
6. ASA All Zones
7. Lincoln County PSAP Areas

### C. ASA Provider Roster

### D. Personnel and Equipment Resources

### E. Roles and Responsibilities

1. ASA Roles and Responsibilities
2. ASRC Committee Recorder Checklist
3. ASRC Template Agenda
4. ASRC Template Minutes
5. ASRC Template Committee Attendance Tracking

### F. ASRC Quality Improvement Program Forms

1. Annual Plan ASA Provider Checklist
2. Monthly Compliance Data Report (Dispatch)
3. ASA Provider Concern Reporting Form (digital web form)
4. ASRC Quarterly Concern Summary Report
5. ASRC Provider Concern Follow-up Tracking Form
6. ASRC Concern Processing Checklist
7. ASA Plan Required Tasks Timeline
8. OHA County Ambulance Service Area Plan Review Form

**G. ASA Provider Forms**

1. Application To Provide Ambulance Service
2. Proposal Document
3. Financial Responsibility Forms
4. Bid Work Sheet
5. Vacating ASA Notification Form

**H. Mutual Aid Agreements**

**I. Multi Casualty Incident and Medical Surge Plan**