

MORROW COUNTY BOARD OF COMMISSIONERS

WORK SESSION AGENDA

Wednesday, March 17, 2021 at 11:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Info Below

1. Call to Order: 11:00 a.m.
2. Review Ambulance Service Area Plan Proposal(s)
3. Adjournment

Agendas are available every Friday on our website (www.co.morrow.or.us/boc under “Upcoming Events”). Meeting Packets can also be found the following Monday.

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Roberta Lutcher at (541) 676-5613.

Pursuant to ORS 192.640, this agenda includes a list of the principal subjects anticipated to be considered at the meeting; however, the Board may consider additional subjects as well. This meeting is open to the public and interested citizens are invited to attend. Executive sessions are closed to the public; however, with few exceptions and under specific guidelines, are open to the media. The Board may recess for lunch depending on the anticipated length of the meeting and the topics on the agenda. If you have anything that needs to be on the agenda, please notify the Board office before noon of the preceding Friday. If something urgent comes up after this publication deadline, please notify the office as soon as possible. If you have any questions about items listed on the agenda, please contact Darrell J. Green, Administrator at (541) 676-2529.

Zoom Meeting Information

Join Zoom Meeting: <https://zoom.us/j/5416762546>
PASSWORD: 97836 Meeting ID: 541-676-2546

Zoom Call-In Numbers for Audio Only:

- 1-346-248-7799, Meeting ID: 541 676 2546#
- 1-669-900-6833, Meeting ID: 541 676 2546#
- 1-312-626-6799, Meeting ID: 541-676-2546#
- 1-929-436-2866, Meeting ID: 541-676-2546#
- 1-253-215-8782, Meeting ID: 541-676-2546#
- 1-301-715-8592, Meeting ID: 541-676-2546#

OREGON HEALTH AUTHORITY EMERGENCY MEDICAL SERVICES & SYSTEMS

COUNTY AMBULANCE SERVICE AREA PLAN REVIEW

County:

Draft Version:

Date Plan Received:

Review Conducted By:

Date Plan Review Was Completed:

<i>Plan Approved:</i> _____
<i>Approved By:</i> _____
<i>Date Approved:</i> _____

NOTE: The Division must approve or disapprove the plan within 60-days of the receipt of the final plans submitted with a Commissioner's signature.

Subjects to be considered in an Ambulance Service Plan ([333-260-0030](tel:333-260-0030))

- (1) A county is required to include in a plan, each of the subjects or items set forth in these rules and to address and consider each of those subjects or items in the adoption process.
- (2) The plan submitted to the Division for approval must contain a certification signed by the governing body of the county that:
 - (a) Each subject or item contained in the plan was addressed and considered in the adoption of the plan;
 - (b) In the governing body's judgment, the ASAs established in the plan provides for the efficient and effective provision of ambulance services; and
 - (c) To the extent they are applicable, the county has complied with ORS 682.205(2)(3) and 682.335 and existing local ordinances and rules.

Required components of the Ambulance Service Area Plan

Plan submitted in proper format

Yes []

No []

Certification signed by a member of the county's governing body that submitted the county ASA plan

Compliant []

Non-Compliant []

Comments:

Overview of county (demographic and geographic description)

Compliant []

Non-Compliant []

Comments:

Definitions list

Compliant [] Non-Compliant []

Comments:

Boundaries: 333-260-0040

(1) The entire county must be included in a plan. One or more ASAs may be established in a plan. The county or contiguous counties are solely responsible for establishing all ASA boundaries within the county's jurisdiction.

(2) A map showing ASA boundaries and response time zones must be included in the plan, along with a narrative description of each ASA.

(3) A map depicting all "9-1-1", fire district and incorporated city boundaries within the county must be included in the plan.

(4) The plan must describe the major alternatives considered, if any, for reducing the effects of artificial and geographical barriers on response times.

Map(s) depicting ASA boundaries with response time zones

Compliant [] Non-Compliant []

Comments:

Narrative description of each ASA

Compliant [] Non-Compliant []

Comments:

Map(s) depicting "9-1-1", fire districts and incorporated city boundaries

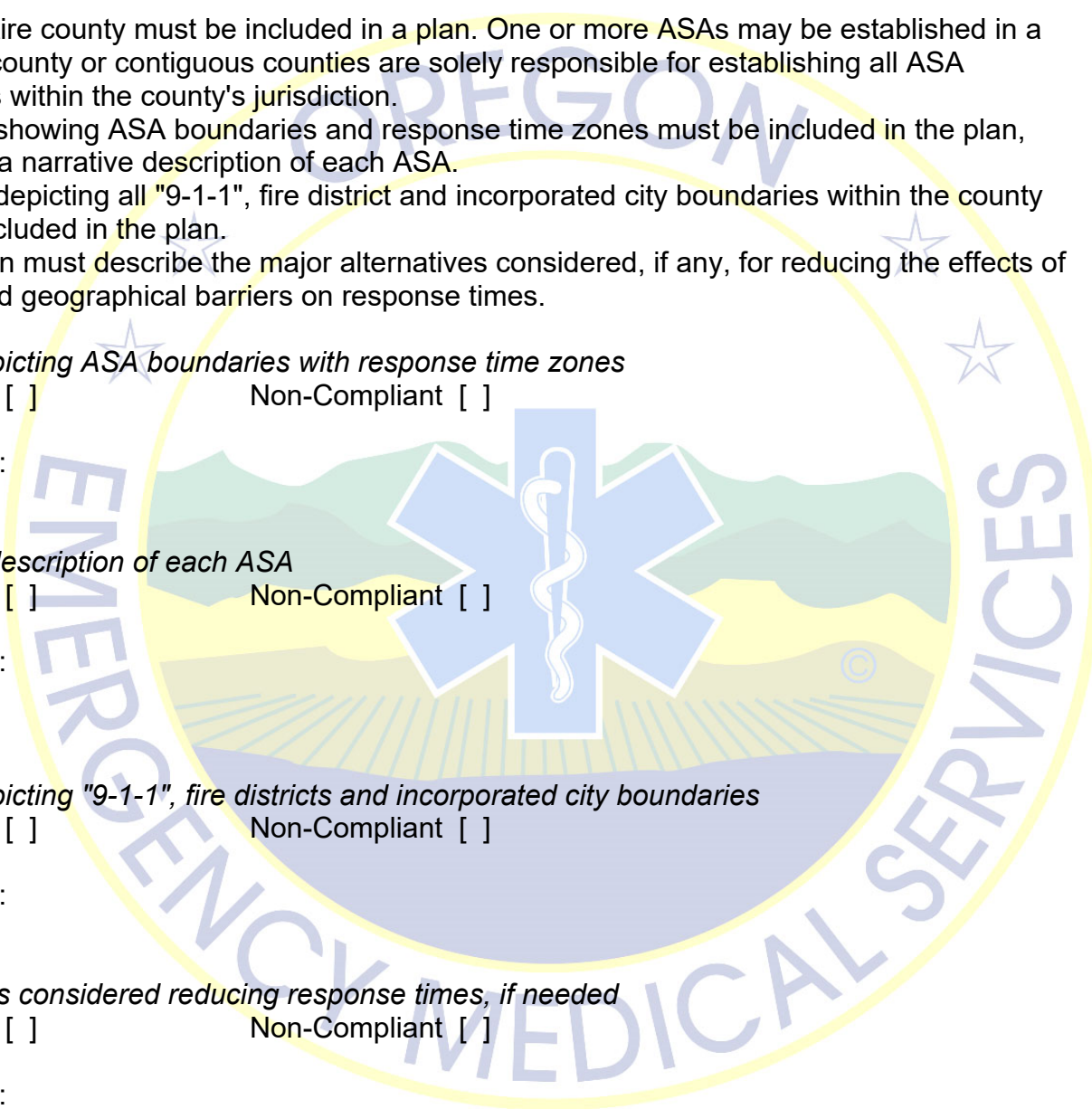
Compliant [] Non-Compliant []

Comments:

Alternatives considered reducing response times, if needed

Compliant [] Non-Compliant []

Comments:



System elements: 333-260-0050

(1) The following system elements must be addressed and considered in the county's plan for each ASA:

- (a) 9-1-1 dispatched calls;
- (b) Pre-arranged non-emergency transfers and inter-facility transfers, by June 30, 2003;
- (c) Notification and response times;
- (d) Level of care, ranging from basic life support to advanced life support;
- (e) Personnel for first response vehicles and ambulances;
- (f) Medical supervision of all medically trained emergency response personnel;
- (g) Patient care equipment for first response vehicles and ambulances;
- (h) Vehicle, vehicle equipment and safety requirements;
- (i) Initial and continuing education training for emergency response personnel; and
- (j) Quality improvement.

(2) Notification and response times must be addressed and considered in the plan as follows:

- (a) Notification times must be expressed in terms of percent of calls which do not exceed a specified number of minutes;
- (b) Response times must be expressed in terms of percent of calls which do not exceed a specified number of minutes; and
- (c) Multiple response time standards may be established within the ASA to accommodate climate, weather, access, terrain, staffing and other factors as determined by the county.

(3) The plan must address and consider a quality improvement program which at a minimum:

- (a) Monitors compliance with pertinent statutes ordinances and rules;
- (b) Monitors compliance with standards for prehospital provider notification times, response times and patient care; and
- (c) Provides for problem resolution and legal sanctions for non compliant personnel or providers of the plan provisions.

9-1-1 Dispatched Calls

Compliant [] Non-Compliant []

Comments:

Pre-Arranged non-emergency transfers and inter-facility transfers

Compliant [] Non-Compliant []

Comments:

Notification and response times for each assigned ASA

Compliant [] Non-Compliant []

Comments:

Level of care provided

Compliant [] Non-Compliant []

Comments:

Personnel

Compliant []

Non-Compliant []

Comments:

Medical supervision

Compliant []

Non-Compliant []

Comments:

Patient care equipment

Compliant []

Non-Compliant []

Comments:

Vehicles and vehicle equipment and safety requirements

Compliant []

Non-Compliant []

Comments:

Initial and continuing education for EMS personnel

Compliant []

Non-Compliant []

Comments:

Quality Assurance Program

Monitors compliance with pertinent statutes, ordinances and rules

Compliant []

Non-Compliant []

Comments:

Monitors compliance with standards for prehospital provider notification, response and patient care

Compliant []

Non-Compliant []

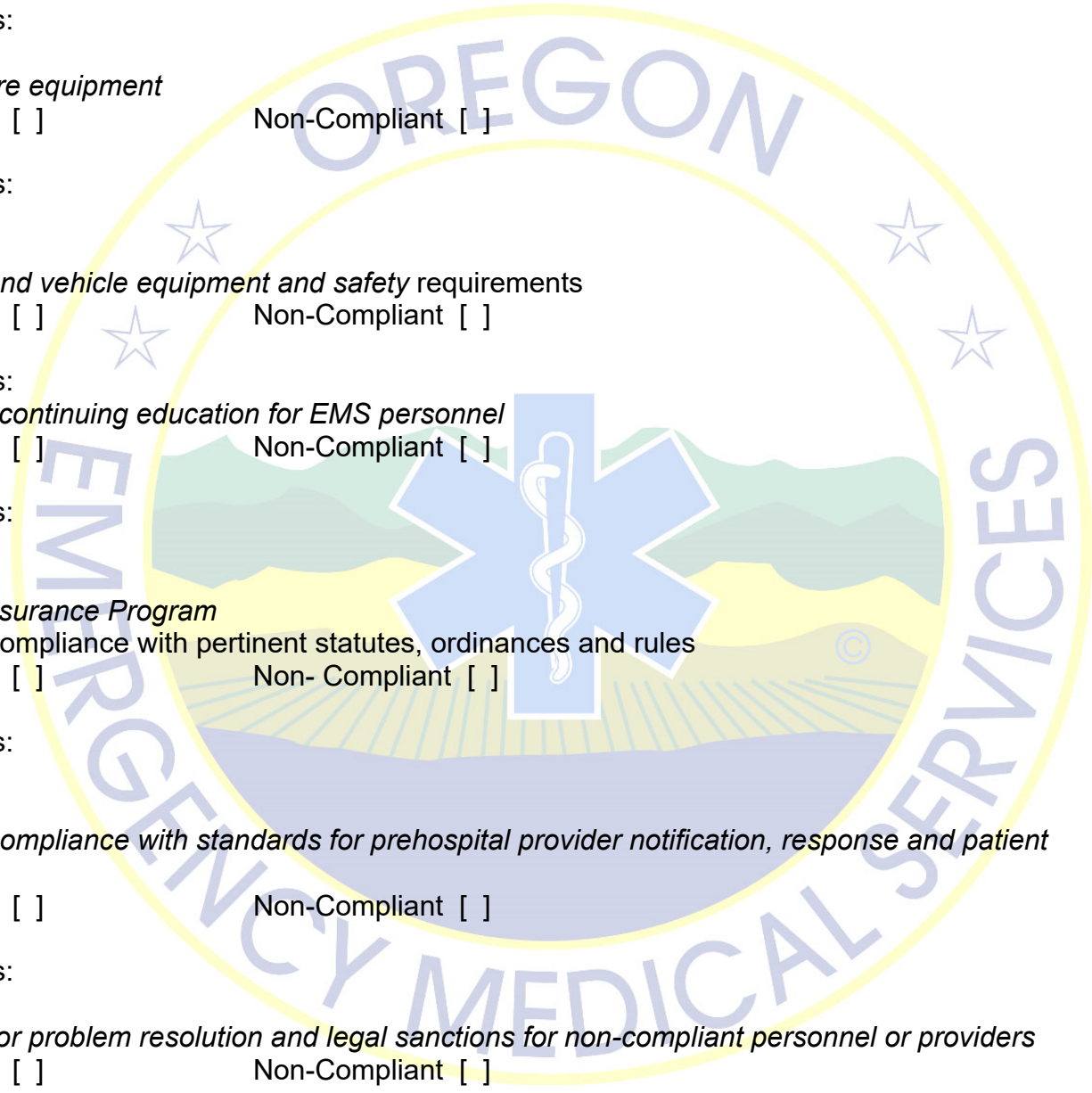
Comments:

Provides for problem resolution and legal sanctions for non-compliant personnel or providers

Compliant []

Non-Compliant []

Comments:



Coordination 333-260-0060

The county may delegate authority for development and administration of the plan to an intergovernmental body.

The plan must address and consider:

- (1) A process for the county to receive input from prehospital care consumers, providers and the medical community.
- (2) Mutual aid agreements for ambulance responses from outside of the service area and responses to other service areas to meet the need for service in unusual circumstances.
- (3) Ambulance service providers' responsibilities in the event of a disaster, including: coordination with county resources and determination of methods for obtaining out-of-county resources other than ambulances, a process for adoption of a mass-casualty incident plan that is recognized and approved by the county's emergency management administration.
- (4) Personnel and equipment resources in addition to the ambulance provider for response to incidents involving but not limited to:
 - (a) Hazardous Materials;
 - (b) Search and Rescue;
 - (c) Specialized Rescue; and
 - (d) Extrication.
- (5) Emergency radio and telephone communications systems for the county. Mechanisms for the following must be in operation or scheduled for implementation:
 - (a) Access to the Emergency Medical Services System centralized emergency telephone numbers;
 - (b) Dispatch of ambulances staffed in accordance with the plan and other emergency resources based on emergency medical protocols; and
 - (c) U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services Dispatcher: National Standard Curriculum or equivalent training for all emergency medical services dispatchers.

Delegated authority for the development and administration of plan to an intergovernmental body

Compliant [] Non-Compliant []

Comments:

Process to receive input from prehospital care consumers, providers and the medical community

Compliant [] Non-Compliant []

Comments:

Mutual aid agreements

Compliant [] Non-Compliant []

Comments:

Responsibilities of ambulance provider in the event of a disaster:

Coordination with county resources other than ambulances

Compliant [] Non-Compliant []

Comments:

Determination of methods for obtaining out-of-county resources

Compliant [] Non-Compliant []

Comments:

Process for adoption of a mass casualty incident plan that is recognized and approved by the county's emergency management administration

Compliant [] Non-Compliant []

Comments:

Personnel and equipment resources in addition to ambulance provider for response to:

Hazardous materials

Compliant [] Non-Compliant []

Comments:

Search and rescue

Compliant [] Non-Compliant []

Comments:

Specialized rescue

Compliant [] Non-Compliant []

Comments:

Extrication

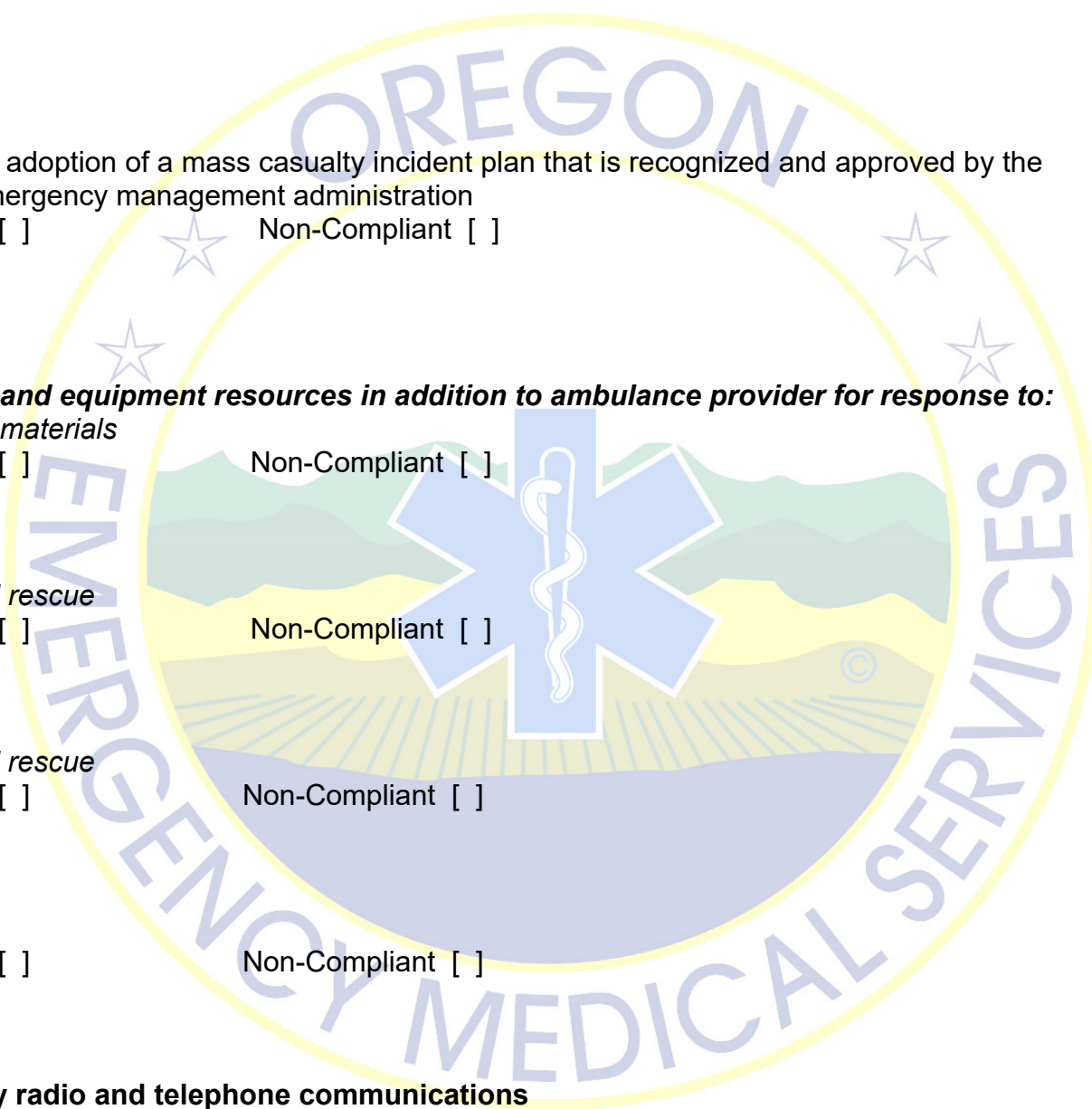
Compliant [] Non-Compliant []

Comments:

Emergency radio and telephone communications

Access to EMS by telephone

Compliant [] Non-Compliant []



Comments:

Radio system identified

Compliant [] Non-Compliant []

Comments:

Dispatch procedures and protocols

Compliant [] Non-Compliant []

Comments:

Training of emergency dispatchers

Compliant [] Non-Compliant []

Comments:

Provider selection (333-260-0070)

(1) The county is solely responsible for designating and administering the process of selecting an ambulance service provider.

(2) The plan must address and consider a process for:

- (a) Assigning and reassigning of an ambulance service provider to an ASA;
- (b) Responding to an application by a provider for an ASA;
- (c) Responding to notification that an ASA is being vacated; and
- (d) Maintaining the existing level of service after notification that a provider is vacating an ASA.

(3) The county shall designate one emergency ambulance provider for each ASA. The county may designate one or more non-emergency ambulance provider for each ASA.

Assigning an ASA

Compliant [] Non-Compliant []

Comments:

Reassigning an ASA

Compliant [] Non-Compliant []

Comments:

Application process

Compliant [] Non-Compliant []

Comments:

Notification that an ASA is being vacated

Compliant [] Non-Compliant []

Comments:

Maintaining existing level of service after notification that a provider is vacating an ASA

Compliant []

Non-Compliant []

Comments:

County Ordinance and Rules

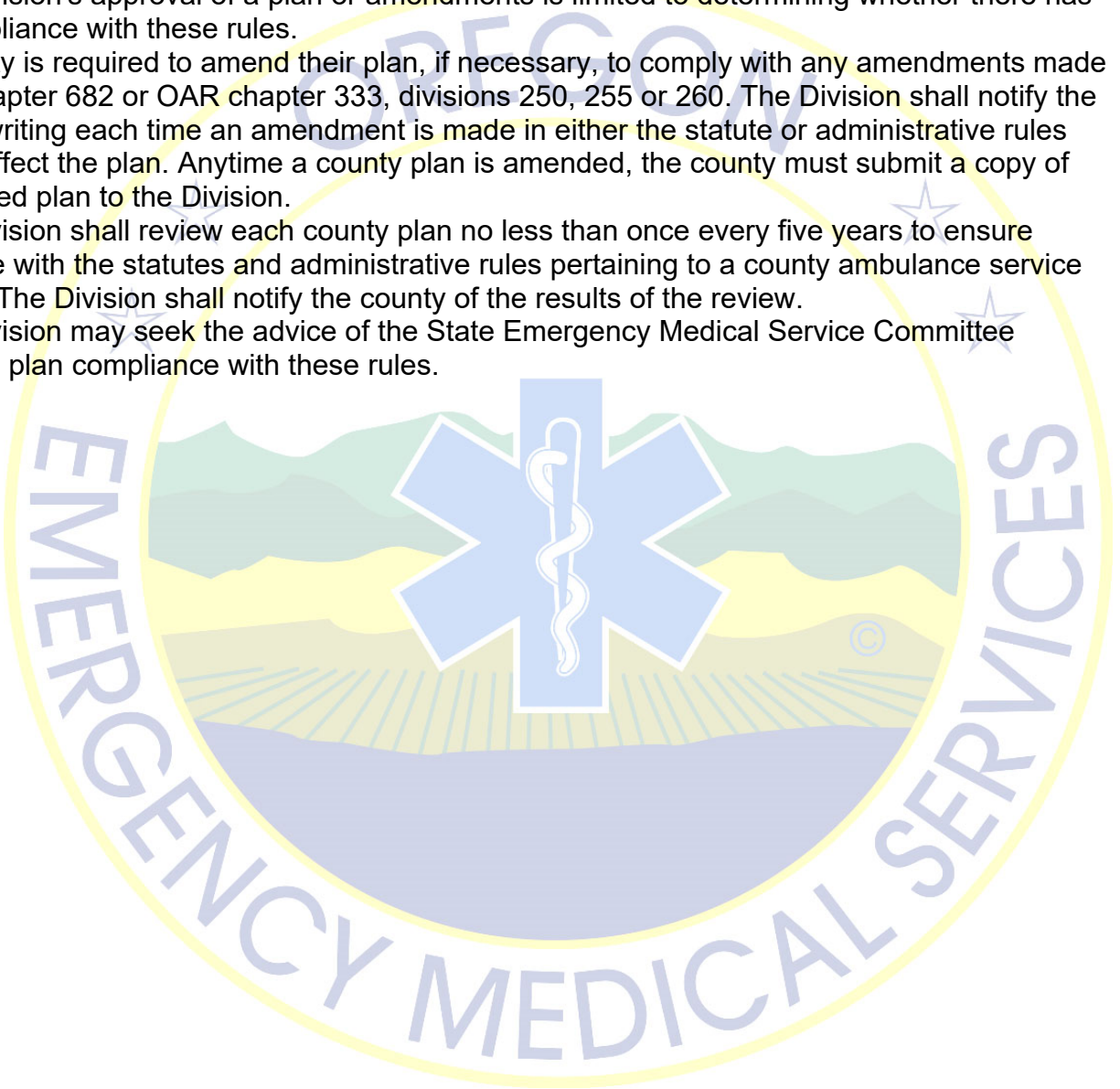
(4) Procedures for the Division's review of a plan submitted under section (3) of this rule are set forth in ORS 682.205(6). Except for the time frames, plans submitted prior to April 1, 2001, but not yet approved by the Division shall be processed in the same manner.

(5) The Division's approval of a plan or amendments is limited to determining whether there has been compliance with these rules.

(6) A county is required to amend their plan, if necessary, to comply with any amendments made in ORS chapter 682 or OAR chapter 333, divisions 250, 255 or 260. The Division shall notify the county in writing each time an amendment is made in either the statute or administrative rules that may affect the plan. Anytime a county plan is amended, the county must submit a copy of the amended plan to the Division.

(7) The Division shall review each county plan no less than once every five years to ensure compliance with the statutes and administrative rules pertaining to a county ambulance service area plan. The Division shall notify the county of the results of the review.

(8) The Division may seek the advice of the State Emergency Medical Service Committee concerning plan compliance with these rules.



Roberta Lutcher

From: Michael Hughes <MHughes@boardmanfd.com>
Sent: Monday, March 15, 2021 11:23 AM
To: Roberta Lutcher
Subject: RE: Work Session Agenda
Attachments: Morrow County Ambulance Service Area Plan 2021 Version.pdf

STOP and VERIFY - This message came from outside of Morrow County Government.

Hi Roberta,

Attached are the documents I would like to submit.

Thank you,

Mike Hughes
Fire Chief
Boardman Fire Rescue District
300 SW Wilson Lane
Boardman, OR 97818
Office: 541-481-3473
Cell: 541-561-2464

From: Roberta Lutcher <rlutcher@co.morrow.or.us>
Sent: Friday, March 12, 2021 4:42 PM
To: Michael Hughes <MHughes@boardmanfd.com>; Rusty Estes <estes@moco hd.org>
Subject: Work Session Agenda

Hello Rusty and Mike,
Here is the agenda for next Wednesday's Work Session (Zoom information included).

As a friendly reminder, the proposals should be received by Monday at noon so we can include them in our public meeting Agenda Packet sent to the Commissioners and posted to our website.

Thank you,

Roberta Lutcher
Executive Assistant
Morrow County Administration & Board of Commissioners
541-676-5613 (5303)
P.O. Box 788
110 N. Court St.
Heppner, OR 97836
Email: rlutcher@co.morrow.or.us

Submitted by Boardman Fire Rescue District

**MORROW COUNTY
AMBULANCE SERVICE AREA PLAN
2021 VERSION**

**CERTIFICATION
OF
MORROW COUNTY
AMBULANCE SERVICE AREA PLAN**

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

1. Each subject or item contained in the Morrow County Ambulance Service Area Plan has been addressed and considered in the adoption of the Plan by this body.
2. In this governing body's judgement, the Ambulance Service Areas established in the Plan provide for efficient and effective provision of ambulance service.
3. To the extent they are applicable, the County has complied with ORS 682.205(2)(3) and 682.335 and existing local ordinances and rules.

Dated at Heppner, Morrow County, Oregon this 24th day of March 2021.

**MORROW COUNTY BOARD OF COMMISSIONERS
MORROW COUNTY, OREGON**

Don Russell, Chair

Jim Doherty, Commissioner

Melissa Lindsay, Commissioner

Morrow County Ambulance Service Area Plan

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Morrow County EMS Ordinance

DEFINITIONS

1. "Address and consider" has the meaning given these terms by ORS 682.25 (2)(3).
2. "ALS" means Advanced Life Support.
3. "Ambulance" has the meaning given that term by ORS 682.025 (1).
4. "Ambulance services" has the meaning given that term by ORS 682.325.
5. "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 or portions of two or more contiguous counties.
6. "Ambulance service plan" means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system.
7. "BLS" mean Basic Life Support.
8. "Communication System" means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.
9. "Division" means the Oregon Health Division, Department of Human Resources.
10. "Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
11. "Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.
12. "Emergency" means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
13. "Emergency Medical Service (EMS)" means those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and evaluation.

14. "Enroute Time" means the time interval that begins when the emergency response unit's notification process begins by either an audible alarm or visual annunciation or both and ends at the beginning point of travel time.
15. "EMS Advisory Committee/QA Subcommittee" means a ten (10) person committee chosen by the Board to Ensure ASA Plan Compliance.
16. "Emergency Medical Technician Basic (EMT B)" means a person certified by the Division as defined in OAR 333-265-0000(8).
17. "Emergency Medical Technician Intermediate (EMT I)" means a person certified by the Division as defined in OAR 333-265-0000(9).
18. "Emergency Medical Technician Paramedic (EMT P)" means a person certified by the Division as defined in OAR 333-265-0000(10).
19. "First Responder" means a person who has successfully completed a first responder training course approved by the Division as defined in OAR 847-35-0001(7).
20. "Health Officer" means the Morrow County Health Officer.
21. "License" means the document issued by the Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 682.015 to 682.991 and Administrative Rules 333-250-0000 through 333-250-0100 and 333-255-000 through 333-255-0090.
22. "Morrow County Court (Court)" means the elected body consisting of a county judge and two commissioners. *Definition changed in 2016 to three commissioners.*
23. "Morrow County Health District (Board)" means a five (5) person board elected by voters of Morrow County. The Board is elected to assure that all areas of the county are represented. The primary responsibility of the Board is to administer the county medical fund and to administer and oversee all aspects of the medical needs of Morrow County.
24. "Notification time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center ("9-1-1"), and the notification of all responding emergency medical service personnel.
25. "Owner" means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.
26. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
27. "Provider" means any public, private or volunteer entity providing EMS.

28. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
29. "Public Service Answering Point (PSAP)" means an agency that answers calls from citizens for emergencies involving requests for emergency response fire, police, or medical assistance. An example of a PSAP is a 9-1-1 Center.
30. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
31. "Response time" means the length of time between the notification of each provider and arrival of each provider's emergency medical service unit(s) at the incident scene.
32. "Supervising physician" has the meaning provided in OAR 847-35-001.
33. "System response time" means the elapsed time from when the PSAP receives the call until the arrival of the appropriate provider unit(s) on the scene.
34. "Travel Time" means the time interval that begins when a unit is enroute to the emergency incident and ends when the unit arrives at the scene

OVERVIEW

Morrow County is located in north central Oregon, east of the Cascade Mountains. The northern border extends 35 miles along the Columbia River and the State of Washington. The northern terrain consists of primarily rolling plains and broad plateaus. The southern terrain consists of the Umatilla National Forest and Blue Mountains. The northern area supports two military installations: National Guard Training Center (formerly Umatilla Army Depot and the U.S. Navy Bombing Range, the State's second largest and busiest port, as well as, multiple large processing plants. The county has an area of approximately 2,000 square miles and population of roughly 14,000.

Southern Morrow County is a sparsely populated county that is remote from ambulance service and therefore, in some areas, must rely on quick response teams for initial emergency medical care. Quick response teams have been established in Lexington. These teams are provided with a comprehensive first aid kit which includes medical oxygen.

Northern Morrow County is more densely populated. North Morrow County has a large industrial area and is home to Oregon's second largest and busiest Port. The daytime population swells to 15,000 compared to the nighttime population of 5,800. Because of these numbers it has been determined that Northern Morrow County provide a typical EMS delivery system that closely mimics the response models of our neighboring Counties with full time staffing.

In 1998, the Morrow County voting taxpayers approved a permanent tax levy of \$.60½ per \$1000 of assessed value to provide Emergency Medical Services throughout the County with paid full-time staff, ambulances, and equipment. In 2005, and subsequently every 5 years thereafter, Morrow County voting taxpayers approved a temporary levy of \$0.39 per \$1000 to maintain Emergency Medical Service throughout the County with paid full-time staff, replacement of ambulances and equipment.

Southern Morrow County averages 450 requests for ambulance service each year. Northern Morrow County averages nearly 900 requests for ambulance service each year. These figures include: emergency and non-emergency scene response; stand-by; interfacility transports and non-patient contacts. Due to the calls for service in the Northern Morrow County, the Morrow County Ambulance Service Area is split between two service areas. Southern Morrow County ambulance service area consists of Heppner, Lexington and Lone. The Northern Morrow County ambulance service area consists of Boardman and Irrigon. Occasionally, an incident within the county may be handled more expediently by a service located in an adjoining county. Mutual aid agreements have been enacted with the ambulance service providers from the adjoining counties for that purpose.

The ambulance provider in Southern Morrow County is operated by the Morrow County Health District, Morrow County Health operates ambulances located in Heppner and Lone. The ambulance provider in Northern Morrow County is operated by Boardman Fire Rescue District.

The Morrow County Health District ambulance is staffed by both paid and volunteer personnel, operates two units from their location at Pioneer Memorial Hospital, 564 E. Pioneer Drive in Heppner. Morrow County Health District ambulance, Heppner, has 11 EMT-B's, 3 EMTS-I's, and 2 EMT-P's. Morrow County Health District ambulance, Lone, has 2 EMT-B's and is equipped with 1 BLS ambulance Morrow County. Boardman Fire Rescue District operates two units from their location at 300 SW Wilson Lane, Boardman. The first out ambulance is staffed 24 hours a day by paid full-time personnel. The second out ambulance is staffed by volunteer personnel. As soon as the first out ambulance is dispatched for service, the volunteers are recalled and staff the second ambulance. Boardman Fire Rescue has 12 (6) EMT-B's, 6 (3) EMT-I's and (1) EMT-P. Boardman Fire Rescue operates one unit in Irrigon. The ambulance is currently located at the Irrigon Fire Department, 705 N. Main Street, Irrigon. The ambulance has 4 EMT-B's, 2 EMT-I's and 1 EMT-P.

The following is the Ambulance Service Area Plan and ambulance ordinance for Morrow County. By developing this document, it will help to ensure that the citizens of Morrow County have access to an efficient and effective ambulance service in our remote and sparsely populated areas, as well as, our densely populated areas. It is recommended that this document is revisited and revised every five years at a minimum.

BOUNDARIES

ASA MAP(s) WITH RESPONSE TIME ZONES (See Appendix #1)

ASA NARATIVE DESCRIPTION

The Southern Morrow County ASA, encompasses all the territory to the North from milepost 25 (Morrow/Wheeler County Line) on Highway 207 (Heppner-Spray Highway) to milepost 14B on Highway 207 (Lexington-Echo Highway). East from milepost 8 (Morrow/Gilliam County Line) on Highway 74 to milepost 73 (Morrow/Umatilla County Line) on Highway 74, on Highway 206 from Condon starting at milepost 33 (Morrow/Gilliam County Line) to the Junction with Highway 207. The Southern Morrow County ASA will include Willow Creek Road East to Morrow/Umatilla County Line on Forest Service Road 53.

The Northern Morrow County ASA (Boardman) encompasses all the territory to the East along I-84 starting at milepost 150 (Morrow/Gilliam County Line) to milepost 177 (Morrow/Umatilla County Line) and to milepost 169 (Railroad overpass) Highway 730, to the South on the Bombing Range Road to Alpine Lane.

The Northern Morrow County ASA (Irrigon) will also encompass all the territory to the West from milepost 179 on Highway 730 (Morrow/Umatilla County Line) to milepost 169 (Railroad Overpass) and from the Columbia River South to I-84.

9-1-1 MAPS (See Appendix #2)

9-1-1 NARRATIVE DESCRIPTION

The enhanced 9-1-1 Boundaries can be described as encompassing all of Morrow County. The entire County has been served by 9-1-1 as of 1980. Morrow County is served by a County-wide EMS dispatch & PSAP. The dispatch center is located at the Morrow County Sheriff's Office in Heppner.

INCORPORATED CITIES (See Appendix #3)

FIRE DISTRICT BOUNDARIES (See Appendix #4)

NOTE: For Intergovernmental agreements: (See Appendix #5) for sample. Intergovernmental agreements will be reviewed and evaluated and changed if deemed necessary every two (2) years or as needed.

ASA ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES

Morrow County is covered by two separate ASA agreements. The intent of boundary definitions is to limit the effects of artificial & geographic barriers on response time, recognizing that response patterns may change due to local conditions such as road closure and weather. Morrow County has many natural response barriers, including rivers and large roadless areas which were considered when designating the ASA service areas.

The principle (potential) artificial barrier to response time throughout the Southern Morrow County ASA is the fact that most EMS personnel are volunteers, and as such are subject to other employment obligations and non-EMS activities. Consequently, response times can potentially be delayed through the process of locating available personnel.

The Northern Morrow County ASA is serviced by fulltime on duty paid staff and supplemented with volunteers. Much like the Southern Morrow County ASA, principle (potential) artificial barrier to response time, on the second out ambulance, is the fact that most EMS personnel are volunteers, and as such are subject to other employment obligations and non-EMS activities. Consequently, response times can potentially be delayed through the process of locating available personnel. In an effort to limit delayed response times, volunteers are requested to pre-sign up for in advance for recall.

A second potential artificial barrier is the limited number of ambulances in the county. If existing ambulances in the county are already responding to an incident, response times to subsequent incidents may be delayed while mutual aid is summoned and other units respond from a more distant location.

Morrow County recognizes that both of the potential barriers described above have to be accepted under present conditions. The personal activities of the volunteer EMS personnel have to be delicately balanced against their continued willingness to participate in EMS activities in order to prevent what is termed a "burnout".

SYSTEM ELEMENTS – TIMES

1. Notification times for all responding Fire/EMS personnel shall not exceed one (1) minute (County approved minimum three (3) minutes).
2. Response times for Southern ASA First Responders and ASA providers shall not exceed (County approved minimum)
 - a. Twenty (20) minutes on 90% of all EMS calls in rural areas.
 - b. Four and one-half (4 ½) hours on 90% of all EMS calls in frontier areas.
 - c. For response times to a specific address refer to the appropriate ASA time zone map, Appendix #1.
3. Northern ASA Response Times:
 - a. First Responders and ASA providers shall not exceed:
 - i. "Get Out" or "Enroute" time of 45 seconds during daytime hours and 85 seconds during nighttime hours on 90% of all EMS call (National standard).
 - ii. Response times shall not exceed 6 and one-half (6.5) minutes on 90% of all EMS calls in suburban areas. (National standard)
 - iii. Response times shall not exceed ten (10) minutes on 90% of all EMS calls in rural areas (County approved minimum is twenty (20) minutes).
 - iv. Four and one-half (4 ½) hours on 90% of all EMS calls in frontier areas (County approved minimum is twenty (20) minutes).

- v. For response times to a specific address refer to the appropriate ASA time zone map, Appendix #1

SYSTEM ELEMENTS – LEVEL OF CARE

To establish a minimum level of prehospital emergency medical care within Morrow County, the ambulance providers and QRTs shall conform to the following standards:

Southern ASA

- a. The QRTs shall provide a minimum level of basic life support care using Division-certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using Division-certified EMT Bs or EMT Is.
- c. ALS ambulances shall be dispatched, when available, on all requests for medical assistance which are triaged as requiring ALS services according to the standards adopted by ATAB rules and Morrow County EMS Advisory Committee.

Northern ASA

- a. The QRTs shall provide a minimum level of basic life support care using certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using certified EMT B's.
- c. First out ambulances shall be ALS on all requests for medical assistance. ALS ambulances will be identified as "Medic". For example: Medic 899.
- d. The ambulance service provider shall provide the minimum level of basic life support using certified EMT B's on all second request for medical assistance when the first out unit is already committed to an incident or out of position to respond within the appropriate time established. IE returning from the hospital. BLS ambulances will be identified as "Ambulance". For example: Ambulance 898.

SYSTEM ELEMENTS – PERSONNEL

To establish a minimum of personnel staffing within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. The QRTs shall respond with a minimum of one (1) person who is a certified First Responder.
- b. The QRTs may be staffed with in-house or on-call paid, per diem or volunteer personnel.
- c. The ambulance service provider shall respond with the minimum number and level of certified persons as required by the Division.
- d. The ambulance service provider may be staffed with in-house or on-call paid, per diem or volunteer personnel.

SYSTEM ELEMENTS – MEDICAL SUPERVISION

To establish a minimum level of medical supervision within Morrow County, the ambulance service provider, QRTs, and the supervising physician shall conform to the following standards:

- a. The agencies that provide ambulance service and QRTs shall retain a supervising physician.
- b. The supervising physician or designee shall comply with OAR 847-35-025 and:
 - 1) Conduct at least one (1) meeting each calendar quarter for training and case review with First Responder, EMT-B's and EMT-I's.
 - 2) Meet at least ten (10) times annually for training and case reviews with all EMT-P's.
 - 3) Maintain and review annually, standing orders (and on-line protocols, if used) for First Responders and EMT's.
- c. Maintain unit meeting records for attendance and minutes for such meetings.

SYSTEM ELEMENTS – PATIENT CARE EQUIPMENT

To establish a minimum standard for patient care equipment within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. QRTs shall provide and maintain in proper working condition patient care equipment and supplies in sufficient quantities to provide the minimum level of patient care which they have agreed to provide.
- b. Patient care equipment and supplies, at a minimum, shall include, but are not limited to:
 - 1) stethoscope;
 - 2) blood pressure cuff;
 - 3) portable oxygen, one (1) hour supply, with regulator;
 - 4) non-breathing masks for infants, children and adults;
 - 5) sterile bandaging material; and
 - 6) any other items specified by the supervising physicians.
- c. The ALS ambulance service provider shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all Division statutes and administrative rules pertaining to ambulances and equipment.
- d. ALS ambulances carrying controlled substances shall be equipped to provide a locked box that is attached to the inside of a locked cabinet for the storage of Class II through IV controlled substances. The same key cannot be used for both locks.

SYSTEM ELEMENTS – VEHICLES

To establish a minimum standard for ambulances within Morrow County, the ambulance service provider shall conform to the following:

- a. The ambulance service provider shall not operate an ambulance unless the ambulance:

- 1) Conforms to ORS 682.015 to 682.295 and all rules adopted by the Division;
 - 2) Has a minimum patient transport capacity of two (2) supine patients;
 - 3) Is in sound mechanical operation; and
 - 4) Has a current ambulance license that is issued by the Division.
- b. The ambulance service provider shall maintain each ambulance in conformity with vehicular manufacturer's recommendations and recommendations of the ambulance conversion manufacturer.
 - c. The ambulance service provider shall maintain vehicular equipment which conforms to ORS 682.015 to 682.295 and all rules adopted by the Division.
 - d. The ambulance service provider shall maintain all necessary records to demonstrate compliance with (a), (b) and (c) listed above. See vehicle check list and inspection form. (See Appendix #8).
 - e. The ambulance service provider shall operate each ambulance in accordance with applicable motor vehicle codes, rules and statues, and in a safe manner with due regard for lights, traffic, road and weather conditions.
 - f. No ambulance shall be operated by any person who does not meet the requirements established in OAR 333-255-0070(1), (4) or (6) plus not have been convicted of two or more moving violations in the previous twenty-four months.

SYSTEM ELEMENTS – TRAINING

In order to create a consistent level of education and training, the Morrow County EMS Advisory Committee shall cooperate with all agencies and educational facilities to create opportunities for continuing education and training for all EMS personnel. Blue Mountain Community College (BMCC) in Pendleton provides initial training for EMT-B's and EMT-I's, and continued education for EMT's to assure the availability of maintaining current EMT certificates for EMT's affiliated with the ambulance service provider.

SYSTEM ELEMENTS – QUALITY ASSURANCE

1. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Assurance (QA) Program is hereby established.
 - a. QA Program Structure. The QA program, shall be implemented through the establishment and operation of the EMS Advisory Committee. Each ASA will

be responsible for announce vacancies, receive applications, screen candidates, and make appointments to the EMS Advisory Committee/QA Subcommittee. The EMS Advisory Committee/QA Committee members shall serve at the pleasure of each ASA without compensations. The QA Subcommittee shall meet quarterly. Terms of appointment will be for two years. The members of the EMS Advisory Committee/QA Subcommittee will choose their chairpersons. The EMS Advisory Committee/QA Subcommittee shall consist of the following:

- 1) The supervising physician or designee;
- 2) An EMT from each ambulance service provider location (one from the Southern ASA and one from the Northern ASA)
- 3) Director of Nursing Service or designee
- 4) Fire Department rep
- 5) 9-1-1 systems representative
- 6) QRT representative (one from Lexington) – 1.

b. QA Program Process.

- 1) The EMS Advisory Committee/QA Subcommittee shall have the following powers, duties and responsibilities:
 - a) Advise the Board on all matters relating to pre-hospital
 - b) Annually review the ASA Plan and EMS Ordinance and make amendment
 - c) Plan, assist and coordinate programs for the improvement of the EMS system in Morrow County.
 - d) Advise the Board as to the standards for information required of applicants for an ambulance service provider.
 - e) Provide an open forum for members of the public to comment on or
 - f) Foster cooperation among the pre-hospital care providers and medical community.
 - g) Facilitate initial EMT and First Responder training and continuing education
- 2) The QA Subcommittee shall have the following duties, powers and responsibilities;
 - a) Investigate
 - b) Recommend to the
 - c) Maintain familiarization with
 - d) Periodically conduct a
 - e) Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.

- f) Attempt to negotiate
 - g) Follow the guidance set forth in the QA
 - h) Report directly to the Board on all matters coming before the QA
 - i) Adopt rules of procedure. A quorum must include a physician or designee.
- 3) EMS Advisory Committee shall conduct their meeting in accordance with the Oregon Public Meetings laws and comply with the Oregon public records law, ORS Chapter 192.
- a) Maintain a filing system for the records of the QA Subcommittee.
 - b) Provide for the administration of appeals and hearings to the appropriate government bodies.
 - c) Administer ASA Plan and EMS Ordinance.
 - d) Review all applications for ASA and make documented findings and recommendations to the Board on provider selection.
- c. QA Problem Resolution
- 1) In the event that the QA Subcommittee identifies a problem involving ...shall:
- a) Request any additional information necessary
 - b) Contact the non-compliant provider, individual or organization in writing and identify
 - c) Request that within thirty (30) days the on-compliant provider, individual or
- 2) Upon receipt of the written response, the QA
- a) Review the response to ensure
 - b) Review the written plan for
 - c) Upon findings of compliance, continue to monitor the plan for solution of the deficiencies.
 - d) Upon findings of continued non-compliance, serve written notice to comply with ASA Plan or protocol.
 - e) If compliance is not evident with ten (10) days of receipt of the notice, schedule a meeting within the next ten (10) days and attempt to gain compliance.
 - f) Attempt to obtain voluntary correction or compliance, if compliance is not obtained, request a hearing on the matter before the Board.
2. QA Program Sanctions for Non-Compliance.

- a. Sanctions for non-compliance of the ASA plan are addressed in the Morrow County EMS ordinance number MC-C-2-98, Section 13 penalties and Section 14 nuisance. (See Appendix #9)

COORDINATION – ADMINISTRATION OF THE PLAN

1. The Morrow County ASA Plan shall be administered by the EMS Advisor Committee. As representatives of each ASA Administrator.
2. In addition to other functions delegated under this plan the EMS Advisory Committee shall:
 - a. Annually review all aspects of the ASA Plan and EMS Ordinance; and
 - b. Recommend changes to the ASA Plan and EMS Ordinance designed to:
 - 1) remedy identified deficiencies;
 - 2) address potential problem areas; and
 - 3) address on-going growth and changes in the EMS system in Morrow County, the state, and the nation.

COORDINATION – COMPLAINT REVIEW PROCESS

1. In the event the QA Subcommittee is unable to obtain compliance or correction of a deficiency under the procedures contained in QA Problem Resolution section of this plan, a hearing shall be conducted by the ASA Administrator of said ASA.
2. If any provider, individual, or organization is dissatisfied with the results of a meeting with the QA Subcommittee, a request for hearing before the ASA Administrators Board of Directors, may be made by filing a request, setting forth the reasons for the hearing and the issues to be heard. The ASA Administrator may prescribe forms for the filing of a request for hearing.
3. A hearing under this section shall be conducted by the ASA Administrators Board chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures.

4. In the event that the ASA Administrators Board is unable to obtain compliance or correction as a result of a hearing, the ASA Administrators Board shall petition and request relief from the Division, or the Board of Medical Examiners or the Morrow County Circuit Court.
5. Any decision of the ASA Administrators Board may be appealed to the Division or the Morrow County Circuit Court as appropriate.

COORDINATION – MUTUAL AID AGREEMENT

1. The ambulance service provider shall sign a mutual aid agreement with the other providers within the County and respond with needed personnel and equipment in accordance with the agreement. (See Appendix #6 for example.)
2. All requests for mutual aid shall be made through the appropriate PSAP.
3. All mutual aid agreements will be reviewed annually and modified as needed by mutual consent of all parties.
4. Mutual Aid Advance Life Support (ALS) assists shall be automatically dispatched in accordance with the Emergency Medical Dispatch Protocols established by the EMS Advisory Committee.

COORDINATION – DISASTER RESPONSE

1. County resources other than ambulances.
 - a. When resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - b. The Director of the County Emergency Management Office shall be responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Management Plan is implemented.
 - c. The Director of the County Emergency Management Office shall work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.

2. Outside county resources.

- a. When resources from outside Morrow County are required for the provision of emergency medical services during a disaster, a request for those resources shall be made through the appropriate PSAP to the County Emergency Management Office.
- b. The Director of the County Emergency Management Office shall be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

c. Additional Ambulances

1) Rotary - Wing Ambulances

- a) Life Flight (Pendleton, OR)
1-800-452-7434
- b) AirLink of Oregon (Bend, OR)
1-800-621-5433
- c) Northwest Medstar (Spokane, WA)
1-800-422-2440

2) Fixed Wing Ambulances

- a) Life Flight (Pendleton, OR)
1-800-452-7434
- b) AirLink of Oregon (Bend, OR)
1-800-621-5433
- c) Northwest Medstar (Spokane, WA)
1-800-422-2440

3) Ground Ambulances

- a) Hermiston Ambulance 541-567-8822
- b) Umatilla Ambulance 541-922-3718
- c) Pendleton Ambulance 1-541-267-1442

- d) Spray Ambulance 1-541-676-5317 or 9-1-1
- e) Condon Ambulance 1-541-676-5317 or 9-1-1
- f) Arlington Ambulance 1-541-676-5317 or 9-1-1
- g) ~~PGE Coal Plant~~

3. Mass Casualty Incident (MCI) Management Plan

- a. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations.
- b. The plan identifies the responsibility of the provider concerning:
 - 1) coordination;
 - 2) communication;
 - 3) move up;
 - 4) triage; and
 - 5) transportation.
- c. The EMS Advisory Committee will periodically review the MCI plan and revise it to meet the counties need. Following the review and changes the Director of Emergency Management will be asked to amend the changes to the Medical component of the County Emergency Management Plan and the modified MCI plan will be promulgated. Fore MCI Plan and Approval letter. (See Appendix #7.)

COORDINATION – PERSONNEL AND EQUIPMENT RESOURCES

- 1. The following additional personnel and equipment resources are available to support the ambulance service provider. The current telephone numbers are:
 - a. Hazardous Materials. There is limited county-wide hazardous materials equipment resources located at:
 - 1) Boardman Fire Rescue District – 9-1-1

- 2) Irrigon Rural Fire Protection District – 9-1-1
- 3) Heppner Fire Department – 9-1-1
- 4) O.A.R.S. provides notification and activation of state agencies
1-800-452-0311 or 503-378-6377
- 5) CHEMTREC – 1-800-424-9300
- 6) Umatilla Co. Fire District #1, (Hazmat Decon for Eastern Oregon)
1-541-567-8822 Hermiston

b. Search and Rescue

- 1) Morrow County Sheriff's Office – 9-1-1 or 541-676-5317
- 2) Oregon Civil Air Patrol – 1-800-452-0311 or 503-378-6377
- 3) U.S. Coast Guard, since the Columbia River falls under the jurisdiction of the U.S. Coast Guard, they will provide specialized aircraft and watercraft for rescue operations. These units will respond from either Astoria, OR 1-503-861-2242 or 1-503-861-6248; or Walla Walla, WA.

c. Specialized Rescue

- 1) Morrow County Sheriff's Office – 9-1-1 or 541-676-5317
- 2) National Guard Training Facility Oregon Dept of Military Phone:
since Umatilla Army Depot decommissioned 541-564-8632
- 3) U.S. Navy Bombing Range – 541-481-2565

d. Extrication

- 1) Boardman Fire Rescue District, Hurst Tool – 9-1-1
- 2) Heppner RFPD, Hurst Tool – 9-1-1
- 3) Irrigon QRT, Hurst Tool – 9-1-1
- 4) Morrow County Road Dept – heavy equipment – 541-989-9500

EMERGENCY COMMUNICATIONS AND SYSTEMS ACCESS TELEPHONE

1. Telephone access. Morrow County is served by a county-wide EMS dispatch and PSAP. It is located at the Morrow County Sheriff's Office in Heppner. A small portion of the Butter Creek Area is served by the Hermiston 9-1-1 System.
2. Dispatch Procedures.
 - a. The appropriate personnel shall be notified by the dispatcher via radio, pager or text within one (1) minute of receipt of a life-threatening call. (Currently County approved; three (3) minutes)
 - 1) EMS responding personnel located in Heppner, lone, and Lexington will be paged out. If there is no response within five (5) minutes, they will be paged again.
 - 2) EMS responding personnel located in Boardman and Irrigon will be toned out. If there is no response with sixty (60) seconds, during daytime calls, the dispatcher will verbally call for the unit. If there is no response in eighty-five (85) seconds, during nighttime calls, the dispatcher will verbally call for the unit.
 - 3) The dispatcher will obtain from the caller, and relay to the first responders the following:
 - a) Location of emergency
 - b) Nature of the incident
 - c) Any specific instructions or information that may be pertinent to the incident.
 - 4) EMS personnel shall inform the dispatch center by radio when any of the following occurs:
 - a) In-service;
 - b) Enroute to scene or destination and type or response;
 - c) Arrival on scene or destination;

d) Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility; and

e) Arrival at receiving facility.

5) Ambulance personnel shall notify the dispatch center whenever they are transporting Code 3.

3. Radio System:

a. PSAP shall:

1) Restrict access to authorized personnel only;

2) Meet state fire marshal standards;

3) Maintain radio consoles capable of communication directly with all first response agencies. The dispatch center will tone them out via the following frequencies: primary 154.725; secondary 155.340 (HEAR system); communication between responding units and dispatch will be on the 700 mhz system;

4) Maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes;

5) Utilize plain English; and

6) Be equipped with a back-up power source capable of maintain all functions of the center.

b. The ambulance service provider shall equip and maintain radios in each ambulance and quick response vehicle that allows for the transmission and reception on 154.725 and 155.340 (HEAR) and the 700 mhz system.

4. Emergency Medical Services Dispatcher Training:

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

- b. Dispatchers are encouraged to attend any class, course, or program which will enhance their dispatching abilities and skills.

PROVIDER SELECTION

1. Morrow County Ambulance Service, owned and operated by the Morrow County Health District, and who have been providing ambulance service for the past forty-five (45) years shall be named to provide ambulance service in their area of assignment as specified in this plan, until such time as they no longer desire to do so or the appropriate steps have been taken to remove the provider from the assigned area.
2. Boardman Fire Rescue District, who has been providing emergency service for the past fifty (50) years shall be named to provide ambulance service in their area of assignment as specified in this plan, until such time as they no longer desire to do so or appropriate steps have been taken to remove the provider from the assigned area.
3. Reassignment. If at such time when a new provider is assigned to the Morrow County ASA, the assignment will be made not to exceed five (5) years. At the end of five (5) years, the ambulance service provider may reapply for another term as well as being evaluated on the service provided during the previous term.
4. Application for the Morrow County ASA:
 - a. The Morrow County ASA Plan will serve as standards established to evaluate the efficiency and effectiveness of existing service providers as well as establishing guidelines for potential applicants to a service area.
 - b. A representative will be appointed from the ASA Administrator to attend regular meetings of EMS Advisory Committee, to learn the State and Federal regulations, local policies and the general operation of an ambulance service. Information will be presented to the Board at appropriate meetings to determine the effectiveness and efficiency of existing ambulance services and potential applicant services.
 - c. Should a vacancy occur in the existing Morrow County ASA, the below listed representatives will advertise the vacancy by public notice. This notice will be published in all Morrow County communities, surrounding areas, the medical community, and Oregon Health Division.

- d. The Board will review any applications received from an ambulance service provider requesting to establish an ambulance service area in Morrow County. This group will seek necessary information and input from the EMS Advisory Committee when evaluating applications. Each ambulance service provider applicant will be required to:
 - 1) show that the service will provide equal or better pre-hospital emergency medical care as provided by existing services through a proposal and/or previous records;
 - 2) show that the call volume will be sufficient to provide financial soundness for operation of the ambulance service through community use of a paid service;
 - 3) show that financial soundness for operation of the ambulance service will be obtained if the service is operated by volunteer personnel;
 - 4) show its service will assure quality care to all persons residing in or passing through the service area;
 - 5) follow all regulations pertaining to ambulance service as set forth by the Oregon Health Division, Oregon Board of Medical Examiners and Oregon Department of Motor Vehicles;
 - 6) provide the following information in the proposal: number and type(s) of ambulances, including medical equipment; vehicle storage arrangements; communication capabilities; dispatching capabilities; and number of personnel, qualifications and their method of providing pre-hospital emergency medical continuing education training; and
 - 7) adhere to all policy, procedures, and guidelines set forth in the Morrow County ASA Plan.
5. In the opinion of the community/county officials and health care providers, it is not feasible at this time for a private ambulance service provider to make a proposal for any of the communities in Morrow County due to the small call volume and the vast area to cover. The County has provided pre-hospital emergency medical care for the past forty-five (45) years through the efforts of dedicated volunteers. The community leaders involved in EMS are willing to listen to, assess and evaluate any proposal presented.

6. Notification of vacating an ASA:

- a. The assigned ambulance service provider agrees to provide to Morrow County Emergency Medical Service Director a ninety (90) day notice of a decision of discontinuance of service.
- b. A notice to vacate must be prepared and signed by the ambulance service provider's Board of Directors, if the service elects to discontinue their service in Morrow County. The statement will be presented to the appropriate agencies for action.
- c. In the event the ambulance service providers elect to discontinue and disband their pre-hospital emergency medical service care, the following procedure will be implemented until such time that an ambulance service can be restored to the affected area.
- d. The Court and Board will request the remaining provider to adjust their service area boundaries to ensure adequate coverage of the area without ambulance service until such time as the problem can be resolved and ambulance service can be restored to the affected area(s).
- e. If possible, the officials in charge will resolve the problems within the ninety (90) day advance notice of discontinued service. The fire department(s) personnel within the disbanded area will be requested to assist with emergency medical calls. Assistance will also be requested if needed, from the closest ambulance service outside the County through a mutual aid agreement.
- f. In the event a satisfactory solution to all parties involved cannot be reached within a reasonable amount of time, the EMS Advisory Committee will appoint a task force comprised of representative from; each ambulance service, the Board, the medical community and a citizen of each community involved (not affiliated with the health care industry), to reach a reasonable and workable solution.
- g. The ambulance service provider vacating their area will be required to turnover their publicly owned assets, ambulance(s) and equipment to the Board for use by the recruited interim personnel until a replacement service can be established in the area. Any compensation due will be negotiated by the vacating ambulance service's Board of Directors and the Board. In the event that no solution can be reached through the Board efforts within a reasonable amount of time, assistance will be requested from the appropriate State agencies.

- h. In the event that any problems arise involving boundary assignments or reassignment, the ambulance service provider disagreeing with boundaries will present a written statement to the EMS Advisory Committee. The statement will include all pertinent facts relating to the problem(s).
- 7. Maintenance of level of service. The disbanding ambulance service provider will be required to turnover their publicly owned assets, ambulance(s) and equipment to the Board for use by the recruit interim personnel until a replacement service can be established in the area. Any compensation due will be negotiated by the disbanding ambulance service provider's Board of Directors and the Board. In the event that no solution can be reached through the Board efforts within a reasonable amount of time, assistance will be requested from the appropriate State agencies.

THE MASS CASUALTY INCIDENT PLAN

- 1. The purpose of the disaster response plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Morrow County. (See Appendix #7, MCI plan approval letter.)
- 2. IMPLEMENTATION: This plan shall be implemented whenever the ambulance service provider resources are unable to handle the incident or at the request of the Health Officer.
- 3. COORDINATION:
 - a. The highest-ranking officers of the fire or police agency in whose jurisdiction the incident occurs shall be the incident-commander.
 - b. The senior/highest certified EMT at the scene will have overall responsibility for patient care; he/she shall work closely with the incident-commander.
 - c. The on-scene command frequency and staging area will be determined by the incident-commander. The dispatch center will advise responding units.
- 4. RESPONSE GUIDELINES:
 - a. The first EMS or Fire unit to arrive on the scene shall:
 - 1) assess nature and severity of incident;
 - 2) advise appropriate 9-1-1 PSAP of situation;

- 3) request appropriate fire and police services; and
- 4) request initiation of EMS mutual aid if needed.

b. Initial EMS Responders upon call-out shall:

- 1) check-in with Incident-commander;
- 2) affect needed rescue, if trained and equipped to do;
- 3) establish and organize the transportation of all injured, ill, or evacuated;
- 4) alert area hospital(s) of situation; and
- 5) continually monitor and reassess situation periodically considering:
 - a) weather;
 - b) topography;
 - c) exposures;
 - d) life threatening hazards; and
 - e) fire hazards.

APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the Parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both Parties agree to furnish personnel and equipment to the other Party when requested by the competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance.
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse the other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of this execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.

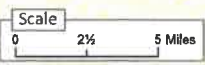
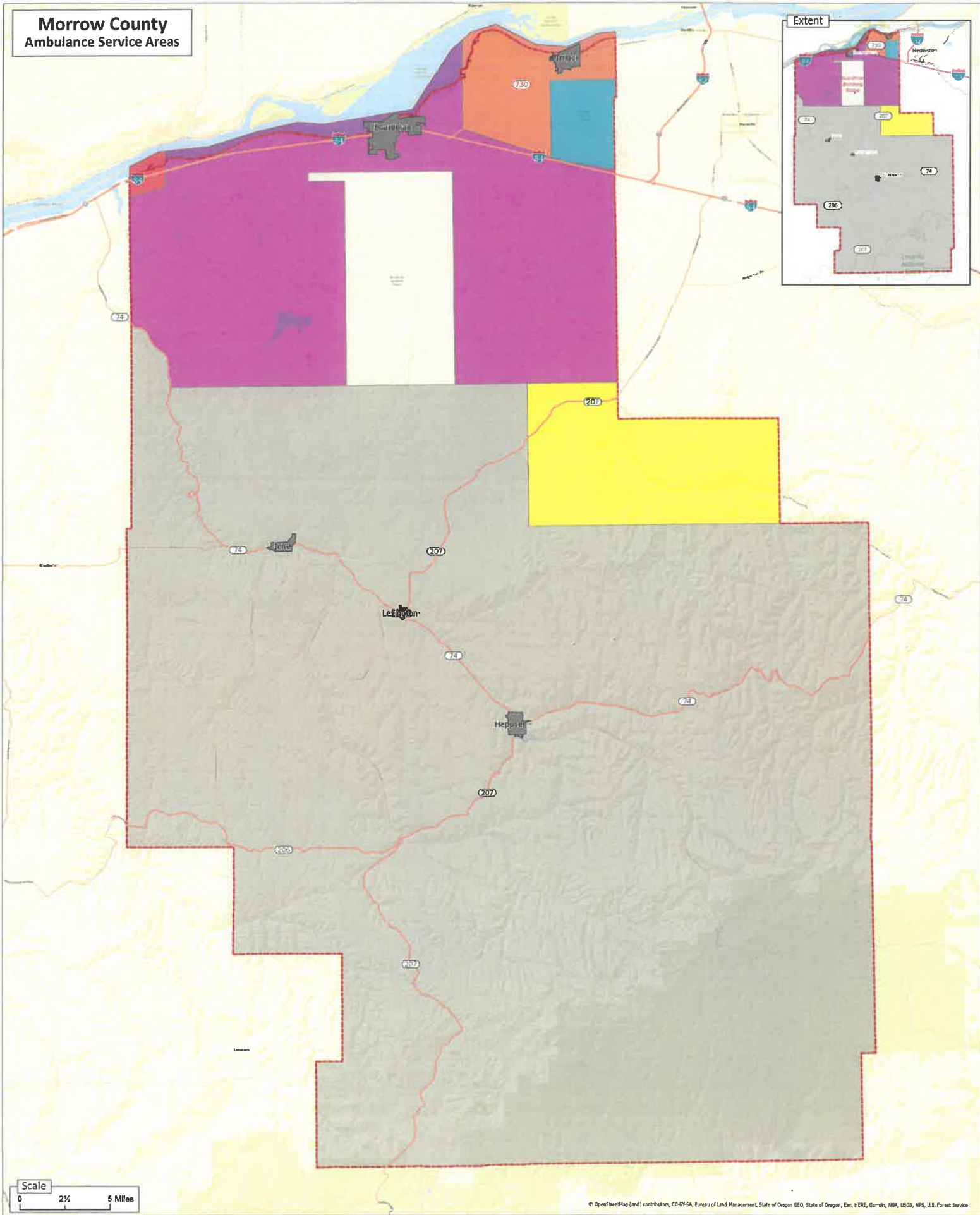
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

_____ Signature, Title, Date

_____ Signature, Title, Date

Morrow County Ambulance Service Areas



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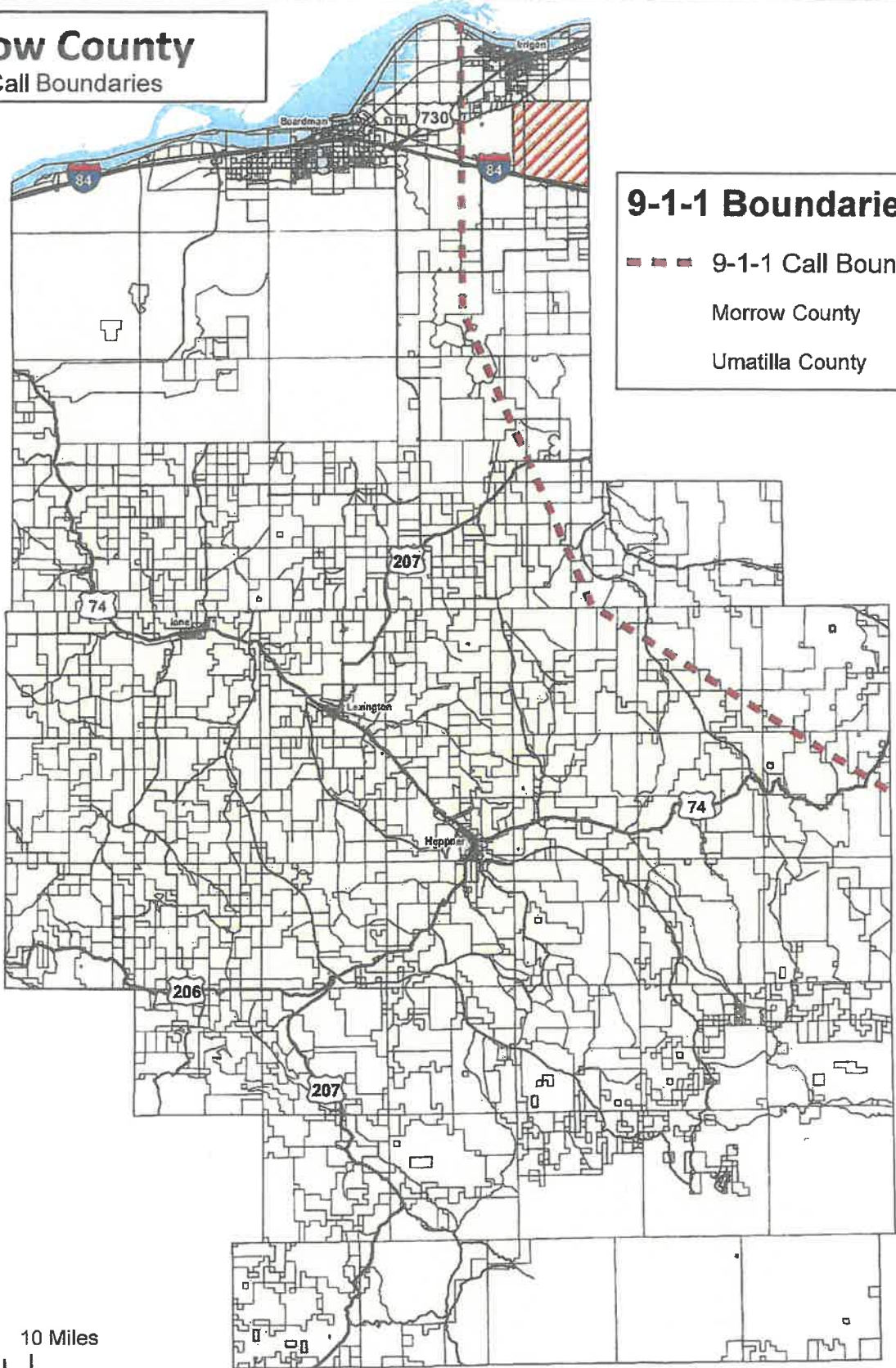
Legend

- City Limits
- Arlington
- Boardman
- Hermiston
- Highways
- Army Depot
- Heppner
- Irigon

Cartography By: Stephen Wreccics
 Morrow County Planning Department
 Coordinate System: NAD83 Oregon GIC Lambert II
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Morrow County

9-1-1 Call Boundaries



9-1-1 Boundaries

--- 9-1-1 Call Boundary

Morrow County

Umatilla County



0 2.5 5 10 Miles



Streets



Army Depot

Highway

Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI

Document Path: S:\Planning\GIS\Projects\District Maps and LUPP\911 Call Boundaries Map.mxd



Rural Fire Protection Districts

2018-2019 Update
Morrow County
Community Wildfire Protection Plan

Legend

- County Boundary
- City Limits
- County Seat
- City
- Runway Length
- Airport
- Highway
- River

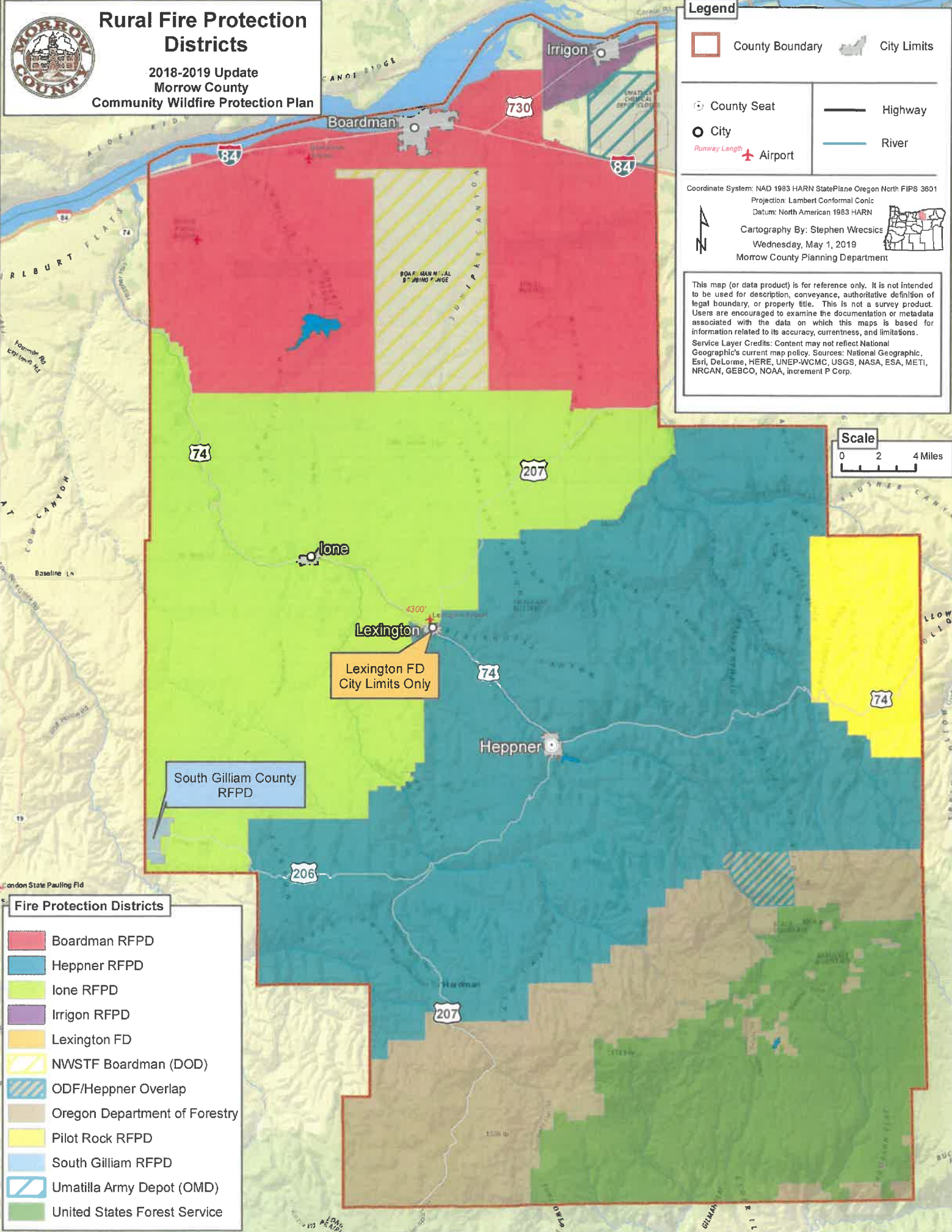
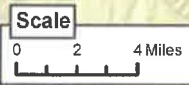
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 Datum: North American 1983 HARN



Cartography By: Stephen Wrecsics
 Wednesday, May 1, 2019
 Morrow County Planning Department

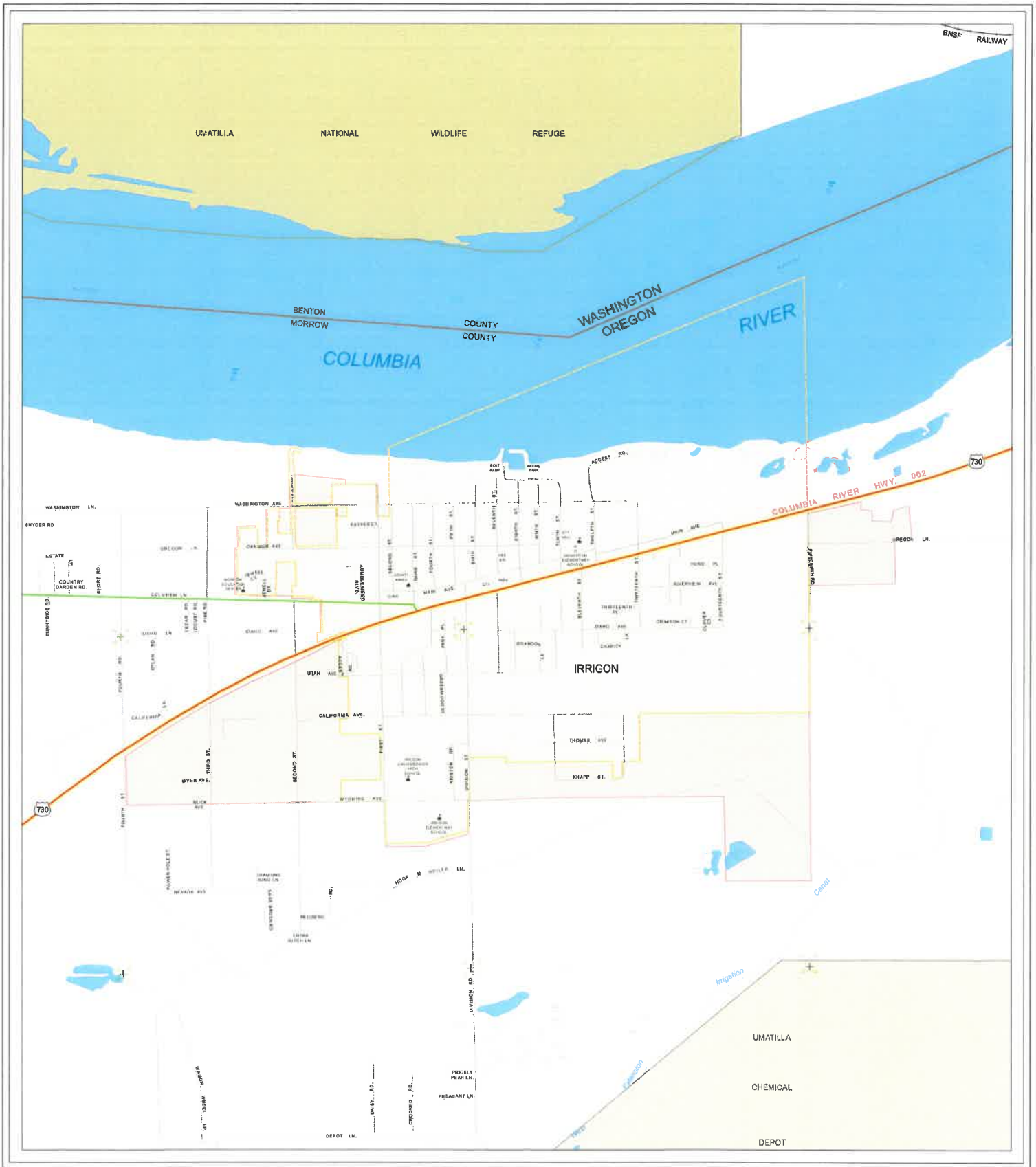


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Fire Protection Districts

- Boardman RFPD
- Heppner RFPD
- lone RFPD
- Irrigon RFPD
- Lexington FD
- NWSTF Boardman (DOD)
- ODF/Heppner Overlap
- Oregon Department of Forestry
- Pilot Rock RFPD
- South Gilliam RFPD
- Umatilla Army Depot (OMD)
- United States Forest Service



FUNCTIONAL CLASSIFICATION

STATE HWY JURISDICTION

- INTERSTATE
- REGIONAL ARTERIAL
- MAJOR ARTERIAL
- MAJOR COLLECTOR
- MINOR COLLECTOR
- LOCAL ROADS
- INTERSTATE - UR. ROUTE - ONE ROUTE
- NATIONAL HIGHWAY SYSTEM ROUTE
- CITY LIMIT
- URBAN GROWTH BOUNDARY
- RAILROAD - AMTRAK PASSENGER STATION
- GRAVEL PVT. QUARRY - ODOT STOCKPILE
- ODOT MAINTENANCE STATION

LEGEND

FOR FURTHER FUNCTIONAL CLASSIFICATION OF ORIGINATOR, CONTACT ODOT REGION OFFICE.

- PUBLIC BUILDING
- COURTHOUSE
- HOSPITAL
- CITY HALL
- AIRPORT
- POST OFFICE
- SCHOOL
- LIBRARY
- SAFETY REST AREA
- METH STATION
- PARK & RIDE LOCATION
- INTERCITY CITY TRANSIT
- COMMERCIAL - GENERAL AVIATION
- POST FACILITY

Published by

PREPARED DIGITALLY BY THE
ORIGINATOR: DEPARTMENT OF TRANSPORTATION
IN COOPERATION WITH THE
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

NORTH

IRRIGON
POPULATION 2,030

T. 5 N. R. 26-27 E. W.M.

OREGON TRANSPORTATION MAP
Showing Federal Functional Classification of Roads
City of
IRRIGON
MORROW COUNTY
2020 Edition

SCALE

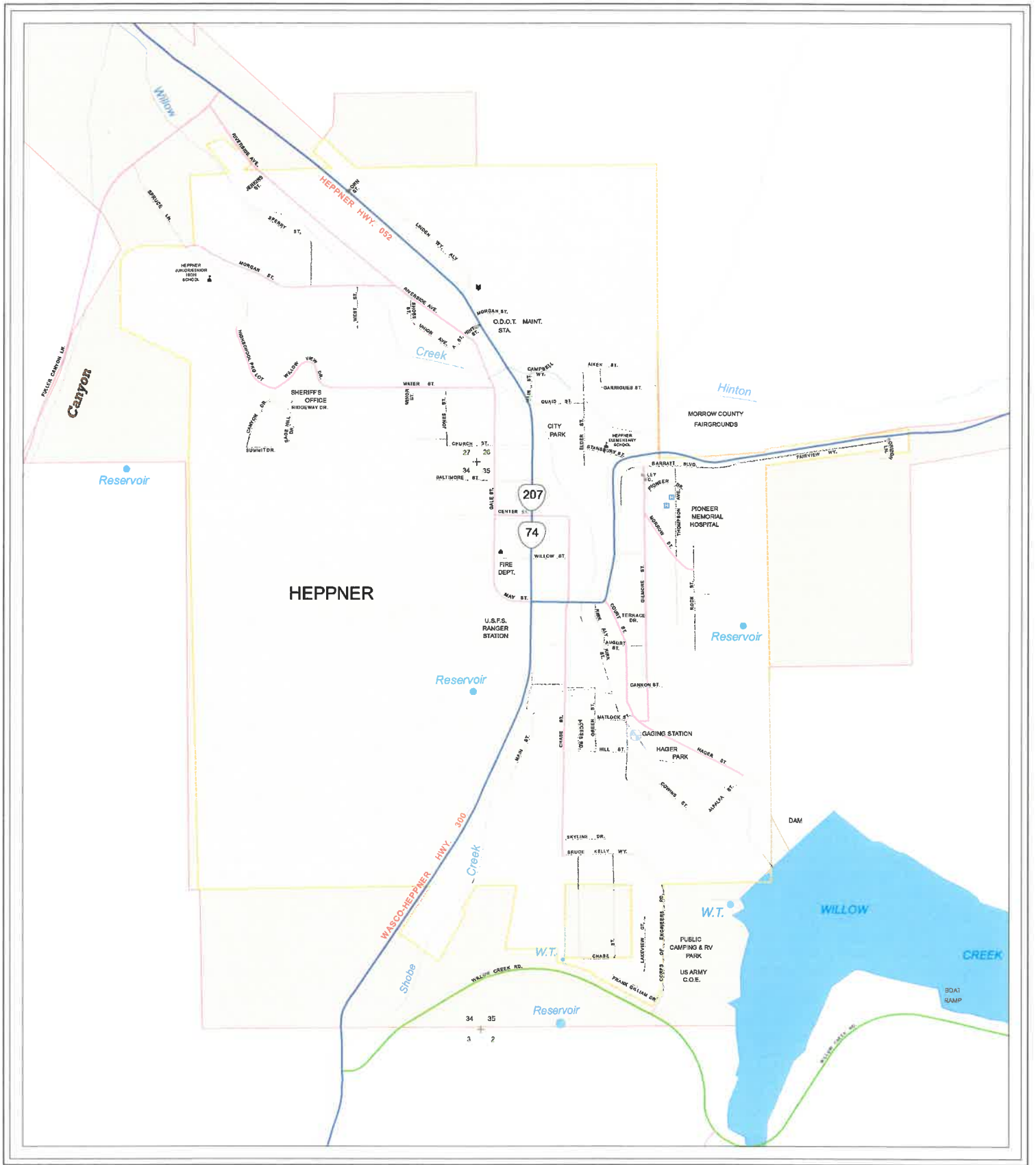
0 550 1,100 2,200 Feet

0 175 350 700 Meters

AMTRAK
AVAILABLE TRANSPORTATION SERVICES
BOOKS WITH YELLOW BACKGROUND

POST AIRPORT COMM. AIR
AVAILABLE TRANSPORTATION SERVICES
BOOKS WITH YELLOW BACKGROUND

Detail copies available from the Oregon Department of Transportation, Geographic Information Services Unit, 1400 NE Oregon Street, Salem, Oregon 97331. Email: GDS@odot.org. Website: www.oregon.gov/ODOT/GeographicInformationServices.aspx. Population numbers are based on current Oregon Population Report, Census of Cities and Towns, published by the University of Oregon.



LEGEND

	INTERSTATE
	MAJOR ARTERIAL
	MAJOR COLLECTOR
	MINOR COLLECTOR
	LOCAL ROAD
	INTERSTATE - US ROUTE - ORE. ROUTE
	CITY LIMIT
	URBAN GROWTH BOUNDARY
	RAILROAD - AT-TACK PASSENGER STATION
	GRAVEL PKT. QUARRY - DOCKS ETICODPOLE
	ODOT & INTERSTATE STATION

Published by

PREPARED ORIGINALLY BY THE
OREGON DEPARTMENT OF TRANSPORTATION
IN COOPERATION WITH THE
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

HEPPNER
POPULATION 1,295

T. 2-S. R. 28 E. W.M.

SCALE

0 350 700 1,400 Feet

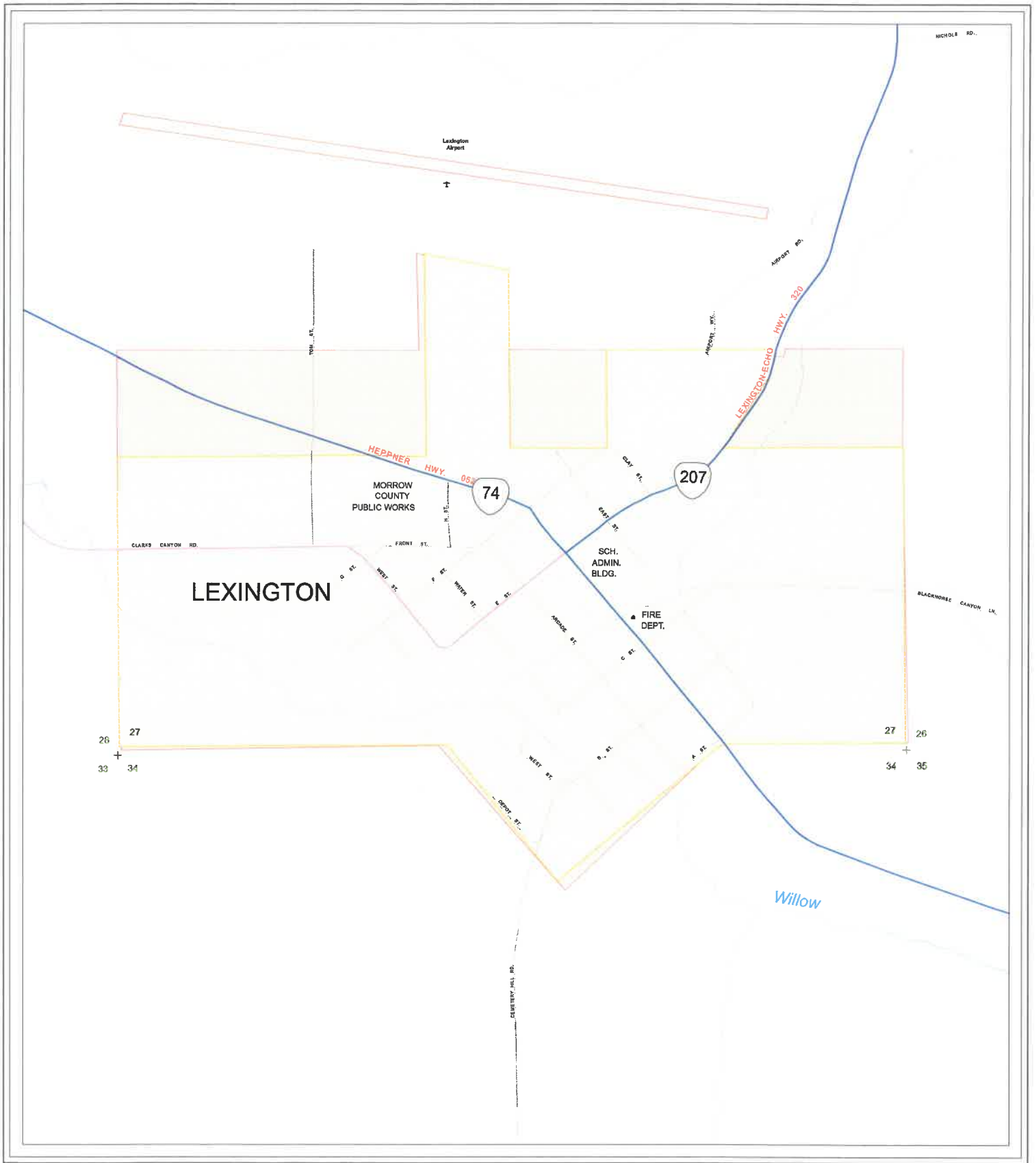
0 100 200 400 Meters

OREGON TRANSPORTATION MAP
Showing Federal Functional Classification of Roads
City of
HEPPNER

MORROW COUNTY
2020 Edition

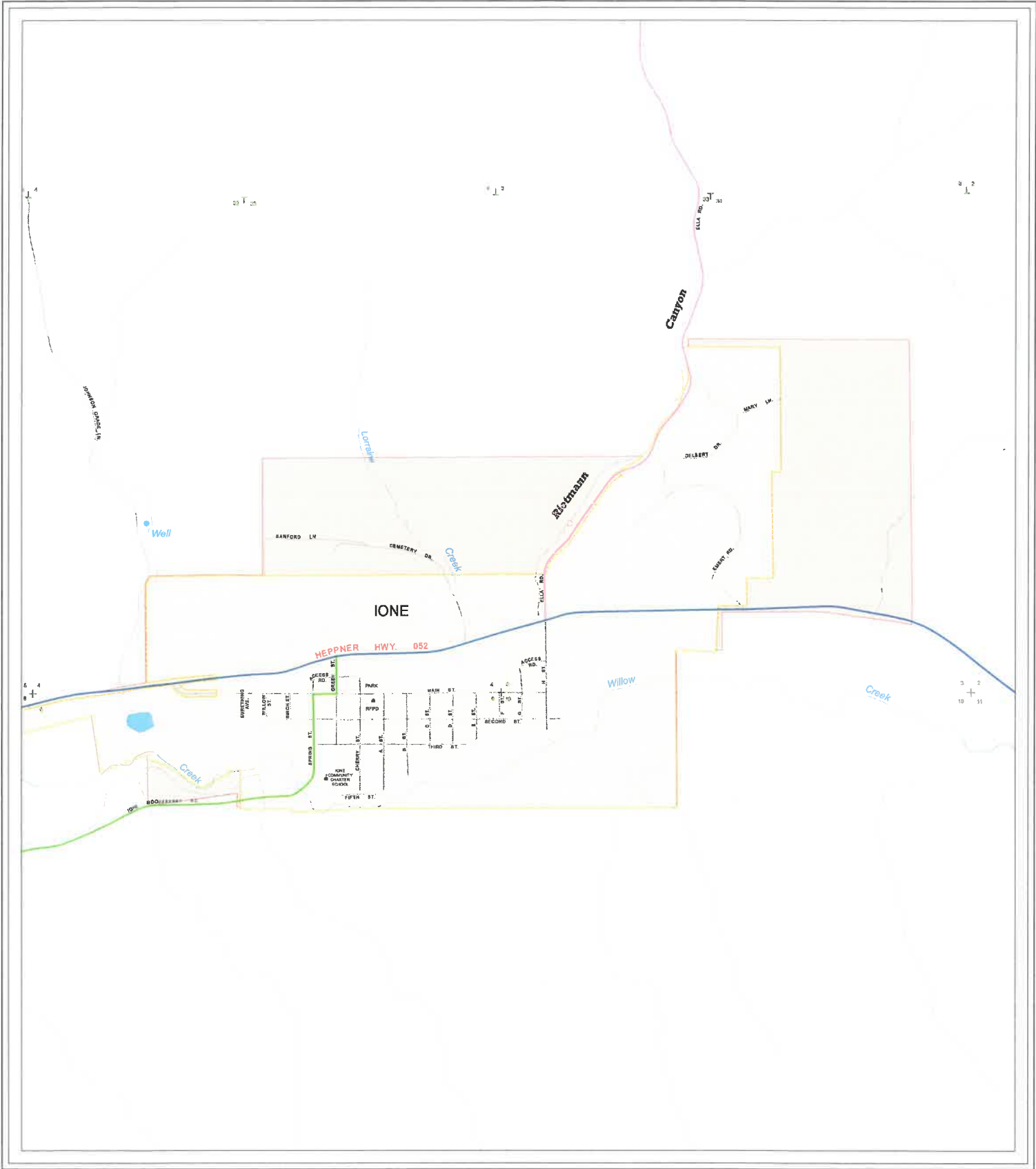
AVAILABLE TRANSPORTATION SERVICES
SHOWN WITH YELLOW BACKGROUND


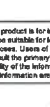
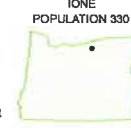

Digital maps available from the Oregon Department of Transportation, Geographic Information Systems Unit, 1400 NE Oregon Street, Salem, Oregon 97331. Population numbers are based on current Oregon Population Report, Census of Urban and Public Health, Pacific States University, 1990-2000.



<p>FUNCTIONAL CLASSIFICATION</p> <p>STATE HWY</p> <p>OTHER JURISDICTION</p> <ul style="list-style-type: none"> — INTERSTATE — PRINCIPAL ARTERIAL — MAJOR ARTERIAL — MAJOR COLLECTOR — MINOR COLLECTOR — LOCAL ROAD — INTERSTATE - US ROUTE - ORAL ROUTE — NATIONAL HIGHWAY SYSTEM ROUTE CITY LIMIT URBAN GROWTH BOUNDARY — RAILROAD - AMTRAK PASSENGER STATION — GRAVEL PIT - QUARRY - GOOSE BROOKS — GOOSE MAINTENANCE STATION 	<p>LEGEND</p> <p>FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT DOT REGION OFFICE.</p> <ul style="list-style-type: none"> FUEL/OIL BUILDINGS COURTHOUSE HOSPITAL CITY HALL ASSEMBLY POST OFFICE SCHOOL LIBRARY SAFETY REST AREA WASH STATION PARK & RIDE LOCATION INTERCITY - CITY TRANSIT COMMERCIAL - GENERAL AVIATION PORT FACILITY 	<p>Published by</p> <p>NORTH</p> <p>PREPARED DIGITALLY BY THE OREGON DEPARTMENT OF TRANSPORTATION IN COOPERATION WITH THE U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION</p> <p>SCALE</p> <p>0 250 500 1,000 Feet</p> <p>0 75 150 300 Meters</p>	<p>LEXINGTON POPULATION 2005</p> <p>T. 1-2 S. R. 25 E. W.M.</p>	<p>OREGON TRANSPORTATION MAP</p> <p>Showing Federal Functional Classification of Roads</p> <p>City of</p> <p>LEXINGTON</p> <p>MORROW COUNTY 2020 Edition</p> <p>AVAILABLE TRANSPORTATION SERVICES SHOWN WITH YELLOW BACKGROUND</p>
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Digitized copies available from the Oregon Department of Transportation, Geographic Information Services Unit, 1100 Shaw Avenue, Salem, OR 97301. Original map published by the Oregon Department of Transportation, 1100 Shaw Avenue, Salem, OR 97301. Original map published by the Oregon Department of Transportation, 1100 Shaw Avenue, Salem, OR 97301. Original map published by the Oregon Department of Transportation, 1100 Shaw Avenue, Salem, OR 97301.



<p>FUNCTIONAL CLASSIFICATION</p> <p>STATE JURISDICTION</p> <ul style="list-style-type: none"> INTERSTATE PRINCIPAL ARTERIAL MINOR ARTERIAL MAJOR COLLECTOR MINOR COLLECTOR LOCAL ROAD <p>INTERSTATE - IIR, ROUTE - ORG. ROUTE</p> <p>NATIONAL HIGHWAY SYSTEM ROUTE</p> <p>CITY LIMIT</p> <p>URBAN GROWTH BOUNDARY</p> <p>RAILROAD - AMTRAK PASSENGER STATION</p> <p>GRAVEL PIT - BARRIERS - DIRT PIT</p> <p>ODOT MAINTENANCE STATION</p>	<p>LEGEND</p> <p>FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT ODOT REGION OFFICE.</p> <ul style="list-style-type: none"> PUBLIC BUILDING COURTHOUSE HOSPITAL CITY HALL ARMORY POST OFFICE SCHOOL LIBRARY SAFETY REST AREA WASH STATION PARK & RIDE LOCATION INTERCITY - CITY TRAM CONVENTIONAL - GENERAL AVIATION POST FACILITY 	<p>Published by</p>  <p>PREPARED DIGITALLY BY THE OREGON DEPARTMENT OF TRANSPORTATION IN COOPERATION WITH THE U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION</p> <p>NORTH</p>  <p>"This product is for informational purposes and may not be suitable for legal, engineering, or surveying purposes. Users of this product should review and consult the primary data sources to determine the quality of the information. Conclusions drawn from this information are the responsibility of the user."</p> <p>SCALE</p> <p>0 430 860 1,720 Feet</p> <p>0 125 250 500 Meters</p>	<p>IONE POPULATION 330</p>  <p>T. 1 N.-T. 1 S. R. 24 E. W.M.</p>	<p>OREGON TRANSPORTATION MAP Showing Federal Functional Classification of Roads City of</p> <p>IONE</p> <p>MORROW COUNTY 2020 Edition</p>  <p>AMTRAK PASSENGER STATION SERVICES SHOWN WITH YELLOW BACKGROUND</p> <p>PORT AIRPORT COAL ASH AVAILABLE TRANSPORTATION SERVICES SHOWN WITH YELLOW BACKGROUND</p>
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Digitized copies available from the Oregon Department of Transportation, Geographic Information Services Unit, 800 NE Oregon Street, Salem, Oregon 97331. Population numbers are based on current Oregon Population Report, College of Urban and Public Affairs, Portland State University, 1990-2010 survey.

APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse the other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

Scott J. Clark Fire Chief 4/22/19 Signature Title Date
Erin J. Est EMS Coordinator 4/22/19 Signature Title Date



**MORROW COUNTY
HEALTH DISTRICT**
Excellence in Healthcare

PO BOX 9
Heppner OR 97836
Tel: 541-676-9133
Toll Free: 1-800-737-4113
www.morrowcountyhealthdistrict.org

MUTUAL AID/MEMORANDUM OF UNDERSTANDING BETWEEN MORROW COUNTY HEALTH DISTRICT
AMBULANCE SERVICE AND NORTH GILLIAM AMBULANCE SERVICE.

This Mutual aid/Memorandum of Understanding between these two parties is for the sole purpose of the transporting of Morrow County Health District/Pioneer Memorial Hospice patients ONLY that are located in North and South Gilliam County. This agreement describes the terms and conditions associated with the transportation of Hospice patients between their residences and Pioneer Memorial Hospital.

COVERAGE: North Gilliam Ambulance service will provide transportation of Hospice patients solely upon request as authorized by a Hospice representative. Transportation MUST relate to a Hospice covered diagnosis, related complication or condition for contract to apply. If the family member initiates a 911 call for transport, this memorandum does not apply and Hospice program will not be responsible for payment of \$250 as listed below.

Morrow County Health District Ambulance shall call the ambulance director of North Gilliam Ambulance Service when it receives a request to transport a Pioneer Memorial Hospice Patient to Pioneer Memorial Hospital for care and seek approval to enter into Gilliam County to transport Hospice patient to Pioneer Memorial Hospital in Heppner, Oregon.

If North Gilliam County has volunteers to transport patient, it has the right to transport patient to PMH or North Gilliam Ambulance service can allow MCHD ambulance service to pick up the patient for transfer to PMH.

PAYMENT: Hospice is an all-inclusive rate from Medicare. Transport to PMH for a Hospice related illness will be covered by the Hospice program and the ambulance service will be paid \$ 250.00 for the transport to PMH. Hospice patients not covered by Medicare or who are Medicare- eligible would not be subject to the terms of this contract and insurance may be billed.

TERMS: This agreement shall commence on the effective date and shall be in full force and effect until terminated by either party by giving a 30 day written notice to the other part

Executed this 23rd day of April, 2018 by:

David Anderson, Administrator

Robert Houser, CEO, FACHE

North Gilliam County Health District

Morrow County Health District

Pioneer Memorial Hospital & Nursing Facility P - (541) 676-9133 F - (541) 676-2901 TDD - (541) 676-2908	Pioneer Memorial Home Health & Hospice P - (541) 676-2946 F - (541) 676-9017	Pioneer Memorial Clinic P - (541) 676-5504 F - (541) 676-9025	Irrigon Medical Clinic P - (541) 922-5880 F - (541) 922-5881	Ione Community Clinic P - (541) 422-7128 F - (541) 422-7145	Morrow County Ambulance P - (541) 676-9133 F - (541) 676-2901
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**MORROW COUNTY
HEALTH DISTRICT**
Excellence in Healthcare

PO BOX 9
Heppner OR 97836
Tel: 541-676-9133

Toll Free: 1-800-737-4113

www.morrowcountyhealthdistrict.org

MUTUAL AID/MEMORANDUM OF UNDERSTANDING BETWEEN MORROW COUNTY HEALTH DISTRICT

AMBULANCE SERVICE AND SOUTH GILLIAM AMBULANCE SERVICE.

This Mutual Aid and Memorandum of Understanding between these two parties is for the sole purpose of the transporting of Morrow County Health District/Pioneer Memorial Hospice patients ONLY that are located in South Gilliam County. This agreement describes the terms and conditions associated with the transport of Hospice patients between their residences and Pioneer Memorial Hospital.

COVERAGE: South Gilliam Ambulance service will provide transportation services of Hospice patients solely upon request as authorized by a Hospice representative. Transportation MUST relate to a Hospice covered diagnosis, related complication or condition for contract to apply. If the family member initiates a 911 call for transport, this memorandum does not apply and Hospice program will not be responsible for payment of \$250 as listed below.

Morrow County Health District Ambulance shall call the ambulance director of South Gilliam Ambulance Service when it receives a request to transport a Pioneer Memorial Hospice Patient to Pioneer Memorial Hospital for care and seek approval to enter into Gilliam County to transport our Hospice patient to Pioneer Memorial Hospital in Heppner, Oregon.

If South Gilliam County has volunteers to transport the patient, it has the right to transport patient to PMH or South Gilliam Ambulance service can allow MCHD ambulance service to pick up the patient for transfer to PMH.

PAYMENT: Hospice is an all-inclusive rate from Medicare. Transport to PMH for a Hospice related illness will be covered by the Hospice program and the ambulance service will be paid \$250.00 for the transport to PMH. Hospice patients not covered by Medicare or who are Medicare-eligible would not be subject to the terms of this contract and insurance may be billed.

TERMS: This agreement shall commence on the effective date and shall be in full force and effect until terminated by either party by giving a 30 written notice to the other party.

Executed this 2nd day of May, 2018 by:

Cynthia Hinton, EMS Director

South Gilliam County Ambulance District

Bob Houser, CEO, FACHE

Bob Houser, CEO, FACHE

Morrow County Health District

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P - (541) 676-9133 F - (541) 676-2901 TDD - (541) 676-2908	P - (541) 676-2946 F - (541) 676-9017	P - (541) 676-5504 F - (541) 676-9025	P - (541) 922-5880 F - (541) 922-5881	P - (541) 422-7128 F - (541) 422-7145	P - (541) 676-9133 F - (541) 676-2901

APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse that other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

_____ Signature Title Date

_____ Signature Title Date

Pioneer
Memorial

Hospital and **N**ursing **H**ome

Phone (503) 676-9133
Fax (503) 676-9104

P.O. Box 9 -- 564 E. Pioneer Drive
Heppner, Oregon 97836

August 15, 1991

Steve Frasier
Hermiston Fire Department
City of Hermiston
180 NE Second Street
Hermiston, OR 97838

Dear Steve:

Both Carl Lauritsen and myself reviewed the proposed modification to the ambulance service area, as depicted in red on your map enclosure; and agree that this is sufficient to resolve the issue in question. We believe that this provision of the mutual assistance agreement will improve response time to injured patients in this remote part of Morrow County, thus expediting there care.

Furthermore we are in agreement with your proposal for the small section of Buttercreek road that passes through the corner of Morrow County being served by the Pendleton Ambulance service. Unless we hear otherwise we will assume that this situation is resolved as you so state in your letter of August 5, 1991.

It has certainly been a pleasure in resolving this dilemma to both of our mutual satisfaction and appreciate very much your cooperation and assistance.

Sincerely,



Edward S. Berretta, M.D.
EMT Ambulance Advisor for Heppner Service Ambulance District
ESB:vt



P.O. Box 788 • Heppner, OR 97836
541-676-5613
www.co.morrow.or.us

Board of Commissioners

Commissioner Don Russell, Chair
Commissioner Jim Doherty
Commissioner Melissa Lindsay

February 24, 2021

Elizabeth E. Heckathorn
Deputy Director
Oregon Health Authority
Public Health Division
EMS and Trauma Systems
800 N.E. Oregon Street, Suite 305
Portland, OR 97232

Dear Ms. Heckathorn,

The Morrow County Board of Commissioners verifies the acceptance of the Mass Casualty Incident Plan, as presented in the Morrow County 2021 Ambulance Service Area Plan required by the State of Oregon for each individual County.

Sincerely,

Don Russell
Chair

Jim Doherty
Commissioner

Melissa Lindsay
Commissioner



P. O. Box 788 • Heppner, Oregon 97836
(541) 676-5620 • FAX (541) 676-5621

COUNTY COURT

TERRY K. TALLMAN, Judge
email: ttallman@co.morrow.or.us
Boardman, Oregon
LEANN REA, Commissioner
email: lrea@co.morrow.or.us
Heppner, Oregon
DON RUSSELL, Commissioner
email: drussell@co.morrow.or.us
Boardman, Oregon

July 6, 2016

To Whom It May Concern:

The Morrow County Court verifies the acceptance of the Mass Casualty Incident Plan, as presented in the Morrow County 2016 Ambulance Service Area Plan required by the State of Oregon for each individual County.

Dated this 6th day of July, 2016.


Terry K. Tallman, Judge


Leann Rea, Commissioner


Don Russell, Commissioner



Department of Human Services
EMS and Trauma Systems Program
 Ambulance Vehicle Inspection Form



- INITIAL INSPECTION RE-INSPECTION
 ANNOUNCED INSPECTION SELF INSPECTION

Agency Name:

Contact person:

Phone(s):

Fax:

Email:

Business address:

No. Of Items	Description	Pass	Fail	Notes	
Vehicle Equipment Minimum Standards for BLS Ambulance					
AUDIO WARNING DEVICES					
1	1			siren electronic with two speakers mounted in grille.	
2	1			public address system	
3	1			horn	
4	1			backup alert system	
VISUAL WARNING / LIGHTING DEVICES (Refer to KKK-A-A1822B, C, D or E diagram for type I, II, III)					
1	2			headlights white with dim bright switch	
2	2			front side marker lights (amber)	
3	2			front side reflectors (amber)	
4	2			front turn signals (amber)	
5	2			front identification lights (amber)	
6	2			front clearance lights (amber)	
7	2			rear side marker lights (red)	
8	2			rear side reflectors (red)	
9	2			rear back reflectors (red)	
10	3			rear identification lights (red)	
11	2			rear clearance lights (red)	
12	2			rear tail lights (red)	
13	2			rear brake lights (red)	
14	2			rear turn signal lights (red or amber)	
15	2			rear backup lights (white)	
	No. Of Items	Description	Pass	Fail	Notes
	2	rear license plate lights (white)			
	1	front warning light (red)			

1	front warning light (white)				
2	rear warning lights (red)				
1	rear warning lights (amber)				
2 Per Side	side warning lights (red)				
2	grille lights (red)				
1 per side	intersection lights (white)				
1 per side	flood lights				
1	rear flood light				
SHOCKS, WHEELS, TIRES AND TIRE CHANGING EQUIPMENT					
2	front tires (minimum tread of 3/32 even wear and good condition)				
2	rear tires (minimum tread of 3/32 even wear and good condition)				
1	spare tire (minimum tread of 3/32 even wear and good condition)				
1	jack with handle				
1	lug wrench				
1	procedure outlining damaged wheel or tire in lieu of carrying spare tire, jack, and lug wrench				
*	main brakes (in good working condition)				
	parking brake (in good working condition)				
2	front shocks				
2	rear shocks				
WINDOWS, MIRRORS AND CLEANING EQUIPMENT					
1	windshield free from excessive rock chips or cracks				
2	windshield wipers in good working condition				
1	windshield washer unit functional with sufficient washer fluid				
1	windshield defroster				
*	side and rear windows free from excessive rock chips or cracks				
1	window between cab and patient compartment (type II & III)				
2	side rear view mirrors R & L				
SEAT BELTS (In Good Working Condition)					
1	one for each seat in cab				
1	one for each seat in patient compartment				
No. Of Items	Description	Pass	Fail	Notes	
*	fasten seatbelt signs-conspicuously displayed in both drivers and patient compartments				
ENGINE, TRANSMISSION, AND ELECTRICAL SYSTEMS					
*	engine oil level				

*	transmission fluid level			
*	fan belts			
1	ignition switch			
1	electrical system (with all lights on, amp meter reads)			
1	battery system (dual 12-volt system with labeled selector device)			
2	dual batteries (in engine compartment with heat shields)			
2	dual batteries (in ventilated pull out compartment)			
EXHAUST SYSTEM				
*	exhaust system (in good working condition with mufflers, and tailpipes vented to sides of vehicle)			
HEATING, COOLING, AND VENTILATION SYSTEMS				
1	heater front			
1	heater patient compartment			
1	air conditioner front			
1	air conditioner rear			
1	exhaust fan patient compartment			
SECURITY AND RESCUE EQUIPMENT				
1	fire extinguisher, 5LB type 2A-10BC must be mounted and accessible from patient or drivers compartment			
1	flashlight rechargeable or has extra batteries and bulbs sufficient for crew			
2 pr	leather gloves			
	flares or red chemical lights = 180 minutes, or reflective triangles			
1	24 " crowbar			
1	51 " wrecking bar			
1	pry-ax type tool may replace crowbar and wrecking bar			
1	DOT ERG Hazmat 2008 or newer			
COMMUNICATIONS SYSTEMS				
1	two way radio system which provides reliable contact between the ambulance and dispatch, receiving hospitals, and online medical direction			
PATIENT CARE REPORTING				
*	Division specified PCRF (sufficient quantity)			
*	Division specified electronic data field as outlined in 333-250-0044 (e)			
No. Of Items	Description	Pass	Fail	Notes
5	Oregon Trauma System ID bracelets			
25	triage tags			
SIGNAGE, LICENSES & CERTIFICATES				
1	"Star of Life" or final stage vehicle manufacturing certificate			Location _____
1	DHS-EMS ambulance license			Location _____ License # _____ Expiration Date _____

rear window ambulance license (orange and blue)

Location _____
 License # _____
 Expiration Date _____

PATIENT CARE EQUIPMENT – BLS, ILS, and ALS LEVEL OF CARE

Onboard-Installed Medical Oxygen System

1	installed oxygen tank with at least 3000 liter capacity and at least 500 liters at inspection. color coded green in ventilated compartment free from non-secured items, dirt, or combustible items			
1	installed single stage regulator set to at least 50 psi			
*	pressure regulator meter and controls visible, and accessible from inside the patient compartment.			
2	oxygen flow-meters mounted and visible from the airway seat and squad-bench with minimum range of 0-15 lpm			

Portable Medical Oxygen Equipment

1	portable tank with at least 3000 liter capacity and contains at least 500 psi			
1	yoke regulator with pressure gauge with delivery range of at least 0-15 lpm			
1	spare portable tank with at least 3000 liter capacity that is full, tagged and sealed			

Flow-meter test

*	test accurate to within 1.0 lpm when tested at or below 5 lpm			Test Results @ 4 LPM _____
*	test accurate to within 1.5 lpm when tested between 6-15 lpm			Test Results @ 12 LPM _____

MEDICAL OXYGEN ADMINISTRATION EQUIPMENT

3	adult non rebreather masks with tubing			
3	pediatric non rebreather masks with tubing			
3	adult nasal cannulas disposable			

No. Of Items	Description	Pass	Fail	Notes
1	bag valve mask ventilation device with reservoir and universal adapter, must be manually operable with or without oxygen, and be self refilling			
*	ventilation masks transparent and semi-rigid in sizes adult, child, and infant/newborn			
*	PEAD (Combi-tube, King, etc...) if approved by supervising physician, in assorted sizes.			
	end tidal CO2 detection devices adult and pediatric sizes may be colorimetric, capnometric, or capnographic			

	*	oropharyngeal airways sizes ranging from adult to newborn/infant			
	*	nasopharyngeal airways sizes ranging from adult to newborn/infant			
SUCTION EQUIPMENT					
	1	onboard suction unit electrically operated or engine-vacuum			
	2	collection canisters (sealable and disposable or sealable liners)			
	*	must provide adequate suction and be adjustable for pediatrics			
		portable suction unit which can operate independent from electrical source for at least 20 minutes and provides adequate suction			
	1	8 oz bottle of water for clearing suction tubing			
	4	suction tubing (at least ¼ inch diameter, clear, does not collapse under pressure)			
	*	suction catheters ranging from adult to infant/newborn sizes			
CARDIAC MONITORING EQUIPMENT					
		Portable cardiac monitor/defibrillator must be capable of operating independently of an electrical outlet and delivering total defibrillation energy sufficient to meet the number of shocks and power settings prescribed in the EMS supervising Physicians standing orders and be inclusive of the 2005 American Heart Association or equivalent standards and guidelines for emergency cardiac care.			
	1	automatic / semi-automatic / or manual defibrillator (ILS, ALS)			
	3 sets	adult defibrillator pads			
	3 sets	pediatric defibrillator pads			
	1	defibrillator paddles pediatric and Adult or pads 3 sets of each			
	*	monitoring electrodes adult and Infant sizes with adequate supply			
	2 sets	ECG monitor cables			
	*	ECG monitor paper			
	No. Of Items	Description	Pass	Fail	Notes
STRETCHERS, FASTENERS AND ANCHORAGES:					
	1	Wheeled Stretcher: Must be capable of securely fastening to the ambulance body, have a minimum of three restraining devices, an upper torso (over the shoulders) restraint, contain a standard size waterproof foam mattress and be capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position			
	1	Folding Stretcher: The number required is based on the stretcher-carrying capacity of the ambulance. An additional long backboard may be substituted for the folding stretcher. The stretcher must be capable of being securely fastened to the squad bench when carrying a patient, and have a minimum of three restraining devices and an upper torso device			
IMMOBALIZATION EQUIPMENT					
	1	scoop stretcher			
	1	short backboard or equivalent			
	1	long backboard			
	1	pediatric immobilization device			
	2 Sets	adequate number of restraining devices and sufficient supplies for immobilizing			

	the head			
2 Sets	extrication collars in assorted sizes from adult to pediatric			
1	traction splint adult and pediatric			
*	extremity splints assorted sizes			
BANDAGING AND DRESSING MATERIALS				
*	conforming gauze bandages			
*	sterile 4x4 gauze sponges			
*	occlusive dressings 4x4			
*	sterile bulk dressings 8x30-4 or 7x8-8			
2	triangle bandages			
*	adhesive hypo-allergenic tape in assorted sizes			
*	bandage shears			
No. Of Items	Description	Pass	Fail	Notes
MISCELLANEOUS EQUIPMENT				
1	obstetrical kit (disposable)			
1	hypothermia thermometer			
*	chemical cold packs			
*	chemical hot packs			
*	emesis containers / bags			
1	urinal female & male			
1	bedpan			
1 set	extremity restraining devices			
1	stethoscope adult			
1	stethoscope child			
*	blood pressure cuffs in assorted sizes ranging from large adult to pediatric			
1	blood glucose testing device or strips			
*	assorted linen and supplies sufficient to cover wheeled stretcher			
PERSONAL PROTECTIVE EQUIPMENT				
No. Of Items	Description	Pass	Fail	Notes
*	non-latex disposable gloves			
*	disposable face masks			
*	protective eyewear			
*	disposable isolation gowns			
*	hand cleaning solution or gown			
*	surface cleaning disinfectant			
1	sharps container for the patient compartment			
1	sharps container for each kit carrying needles			
*	infectious waste disposal bags			
MEDICATIONS, EQUIPMENT & SUPPLIES AUTHORIZED FOR USE AS AN EMT-BASIC AS REQUIRED BY SUPERVISING PHYSICIAN				
INTERMEDIATE LEVEL SERVICE AMBULANCE				
	all equipment required for BLS ambulance and the following items for ILS level			

*	any physiologic crystalloid solution or combination thereof 6000cc min			
*	medications and fluids authorized for use by an EMT-Intermediate as required by the EMS supervising physician.			
*	if carrying controlled substances, must adhere to procedures specified in OAR 333-250-0049(A)			
*	over the needle catheters in assorted sizes 24-gauge through 14-gauge			
*	specifically designed needles for introsseous infusions			
*	copy of Intermediate protocols signed by supervising physician within past year			
ADVANCED LEVEL SERVICE				
*	nasogastric tubes in assorted sizes			
*	cardiac monitoring equipment			
*	laryngoscope handle with assorted blades, sizes adult to pediatric			
*	spare dated batteries for laryngoscope handle			
*	endotracheal tubes in assorted sizes from adult to pediatric			
1	Magill forceps adult and child			
*	endotracheal tube stylettes adult and child			
No. Of Items	Description	Pass	Fail	Notes
*	colorimetric, capnometric, or capnographic CO2 detection device			
*	oxygen saturation monitor			
*	chest decompression equipment			
*	sterile I.V. agents and medications authorized by supervising physician			
*	over the needle catheters in assorted sizes 24 gauge through 14 gauge			
*	specifically designed needles for introsseous infusions			
*	copy of advanced level protocols signed by supervising physician within past year			
*	if carrying controlled substances, must adhere to procedures specified in OAR 333-250-0049(A)			

Notes:



PUBLIC HEALTH DIVISION
EMS and Trauma Systems

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Suite 465
Portland, OR 97232-2162
Office: 971-673-0520
Fax: 971-673-0555
TTY: 971-673-0372
www.healthoregon.org/ems

May 18, 2015

Daniel C. Hambleton, MD
75950 Highway 74 Lena
Heppner, OR 97836

Dear Dr. Hambleton,

This letter is to inform you your application has been approved as a Medical Director/Supervising Physician for Morrow County Ambulance in Heppner, Oregon.

At the request of the State Medical Director, Dr. David Lehrfeld, your email address has been added to our database so the Department can keep you informed of important updates and changes in Oregon EMS.

We appreciate your acceptance of the duties of the Medical Director/Supervising Physician and look forward to working with you in future EMS activities.

Sincerely,

Dana Selover, MD
EMS and Trauma Systems Director
Emergency Medical Services and Trauma Systems Program





PUBLIC HEALTH DIVISION
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May 26, 2015

Morrow County Ambulance
ATTN: Rusty Estes
564 E Pioneer Drive
PO Box 9
Heppner, OR 97836

Dear Morrow County Ambulance,

This letter is to inform you that Dr. Daniel Hambleton has applied for and been approved as a Medical Director/Supervising Physician. Dr. Hambleton has listed your agency as one of the agencies he will be acting as Supervising Physician.

At the request of the State Medical Director, Dr. David Lehrfeld, Dr. Daniel Hambleton's email address has been added to our database so the Department can keep you informed of important updates and changes in Oregon EMS.

Sincerely,

Candace Hamilton
Program Manager
Emergency Medical Services and Trauma Systems Program





Daniel Hambleton

attended the Continuing Medical Education activity

**NAEMSP[®] National EMS
Medical Directors Course & Practicum[®]**

January 21-23, 2017

**Hyatt Regency
New Orleans, Louisiana**

**and has earned 21.50 *AMA PRA Category 1 Credit(s)*[™]
as a learner in this activity**

ACCME Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Medical College of Wisconsin and National Association of EMS Physicians[®] (NAEMSP[®]). The Medical College of Wisconsin is accredited by the ACCME to provide continuing medical education for physicians.

The Medical College of Wisconsin designates this live activity for a maximum of *21.5 AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Medical College of Wisconsin designates this activity for up to 21.5 hours of participation for continuing education for allied health professionals.

Program number 17014

<i>Session Code</i>	<i>Session Title</i>	<i>Sessions Listing</i>	<i>Credits Earned</i>
MDC100	MDC - Course Overview:		0.25
MDC101	MDC - EMS Medical Direction: An Overview Introduction		0.75
MDC102	MDC - EMS Systems Models: Overview & Response, General Concepts & Response Elements		0.5
MDC103	MDC - EMS Dispatch-Structure PSAPs & Technology		0.5
MDC104	MDC - EMS Perspective		0.5
MDC105	MDC - EMS Systems Models: Domestic & International Models/Best Practices		0.5
MDC106	MDC - Emergency Medical Dispatch: Function, Call Taking, Pre-Arrivals & System Integration		0.25
MDC107	Case Studies in Medical Direction #1		1.5
MDC108	MDC - Anthropology of EMS		0.5
MDC109	MDC - Quality Improvement		0.5
MDC110	MDC - Leadership and Management as the Medical Director		0.5
MDC111	MDC - Panel: Political Pitfalls in Medical Direction		0.75
MDC201	MDC - Practical Issues in Medical Direction		0.5
MDC202	MDC - Mobile Integrated Health Care: Principles, Challenges, Models, Pilot Projects		0.5
MDC203	MDC - Controversies in Air Medical Care		0.5
MDC204	MDC - Case Studies in Medical Direction #2		1.75
MDC205	MDC - EMS Financial Fundamentals: Operational Costs, Basics of Accounting		0.5
MDC206	MDC - Data 300		0.5
MDC207	MDC - Case Studies in Medical Direction #3		1.5
MDC208	MDC - EMS Finance: Reimbursement, Revenue Streams, Health Care Finance Reform and EMS Impact		0.5
MDC209	MDC - Legal Concepts and Medical Direction		0.5
MDC210	MDC - Panel Strategies to Improve Systems		0.75
MDC301	MDC - Evidence Based Protocols for EMS		0.5
MDC302	MDC - Legal Authority and Medical Direction		0.5
MDC303	MDC - Fundamentals of Disaster Care: Structural Elements		0.5
MDC304	MDC - Legal Cases and Medical Direction		0.5
MDC305	MDC - Disaster Management in Practice		0.5
MDC306	MDC - EMS from the Federal Perspective		0.25
MDC307	MDC - Case Studies in Medical Direction #4		1.5
MDC308	MDC - EMS State of the Art: Integrated System of Cardiac Care		0.5
MDC309	MDC - EMS State of the Art: Controversies in Emergency Airway Management		0.5
MDC310	MDC - EMS State of the Art: Improving Cardiac Arrest Care in Your System		0.5
MDC311	MDC - EMS State of the Art: Evolution of the Police/EMS Relationship		0.75
MDC312	MDC - Wrap up & Evaluation		0.5
<i>Total Credit</i>			<i>21.50</i>

Submitted by Morrow County Health District

MORROW COUNTY
AMBULANCE SERVICE AREA PLAN

**CERTIFICATION
OF
MORROW COUNTY
AMBULANCE SERVICE AREA PLAN**

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

1. Each subject or item contained in the Morrow County Ambulance Service Area Plan has been addressed and considered in the adoption of the Plan by this body.
2. In this governing body's judgement, the Ambulance Service Areas established in the Plan provide for the efficient and effective provision of ambulance services.
3. To the extent they are applicable, the County has complied with ORS 682.205(2)(3) and 682.335 and existing local ordinances and rules.

Dated at Heppner, Oregon, this 24th day of February 2021.

**MORROW COUNTY BOARD OF COMMISSIONERS
MORROW COUNTY, OREGON**

Don Russell, Chair

Jim Doherty, Commissioner

Melissa Lindsay, Commissioner

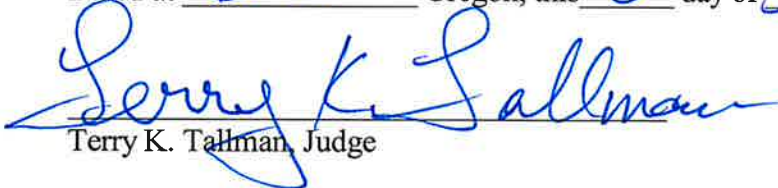
Certification
of
Morrow County

Ambulance Service Plan

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

1. Each subject or item contained in the Morrow County Ambulance Service Plan has been addressed and considered in the adoption of the plan by this body.
2. In this governing body's judgment, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services.
3. To the extent they are applicable, the county has complied with ORS 682.205 (2) (3) and 682.335 and existing local ordinances and rules.

Dated at 6TH Morrow Co. Oregon, this 6TH day of JULY, 2016


Terry K. Tallman, Judge


Don Russell, Commissioner


Leann Rea, Commissioner

Attest:

Morrow County Clerk



Morrow County Ambulance Service Area Plan

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DEFINITIONS

1. "Address and consider" has the meaning given these terms by ORS 682.205 (2)(3).
2. "Ambulance" has the meaning given that term by ORS 682.025(1)
3. "Ambulance services" has the meaning given that term by ORS 682.325.
4. "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 or portions of two or more contiguous counties.
5. "Ambulance service plan" means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system.
6. "Communication System" means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.
7. "Division" means the Oregon Health Division, Department of Human Resources.
8. "Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
9. "Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.
10. "Emergency" means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.
11. "Emergency Medical Service (EMS)" means those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and evaluation.

12. "EMS Advisory Committee/QA Subcommittee" means a ten (10) person committee chosen by the Board to ensure ASA Plan compliance.
13. "Emergency Medical Technician Basic (EMT B)" means a person certified by the Division as defined in OAR 333-265-0000(8).
14. "Emergency Medical Technician Intermediate (EMT I)" means a person certified by the Division as defined in OAR 333-265-0000(9).
15. "Emergency Medical Technician Paramedic (EMT P)" means a person certified by the Division as defined in OAR 333-265-0000(10).
16. "First Responder" means a person who has successfully completed a first responder training course approved by the Division as defined in OAR 847-35-0001(7)
17. "Health Officer" means the Morrow County Health Officer.
18. "License" means the document issued by the Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 682.015 to 682.991 and Administrative Rules 333-250-0000 through 333-250-0100 and 333-255-000 through 333-255-0090.
19. "Morrow County Court (Court)" means an elected body consisting of 3 County commissioners.
20. "Morrow County Health District (Board)" means a five (5) person board elected by the voters of Morrow County. The Board is elected to assure that all areas of the county are represented. The primary responsibility of the Board is to administer the county medical fund and to administer and oversee all aspects of the medical needs of Morrow County.
21. "Notification time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center ("9-1-1"), and the notification of all responding emergency medical service personnel.
22. "Owner" means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of a vehicle under a security agreement of a lease for a term of ten (10) or more successive days.

23. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
24. "Provider" means any public, private or volunteer entity providing EMS.
25. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
26. "Public Service Answering Point (PSAP)" means an agency that answers calls from citizens for emergencies involving requests for emergency fire, police or medical assistance. An example of a PSAP in a 9-1-1 Center.
27. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
28. "Response time" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.
29. "Supervising physician" has the meaning provided in OAR 847-35-001.
30. "System response time" means the elapsed time from when the PSAP receives the call until the arrival of the appropriate provider unit(s) on the scene.

OVERVIEW OF MORROW COUNTY

Morrow County is located in north central Oregon, east of the Cascade Mountains. The northern border extends 35 miles along the Columbia River and the State of Washington. The northern terrain consists of primarily rolling plains and broad plateaus. The southern terrain consists of the Umatilla National Forest and Blue Mountains. Within the county lies two military installations: Umatilla Army Depot and the U.S. Navy bombing Range. The county has an area of approximately 2,000 square miles and population of roughly 13,000.

Morrow County is a sparsely populated county that is remote from ambulance service and therefore must rely on quick response teams for initial emergency medical care. Quick response teams have been established in Lexington. These teams are provided with a comprehensive first aid kit which includes medical oxygen.

Morrow County averages 1300 requests for ambulance service each year. This figure includes: emergency and non-emergency scene response; hospital to home transfers; inter-facility transfers; stand-bys; and no patient transports. An ambulance service would need massive subsidies if it were required to place an ambulance outside the cities of Boardman, Irrigon, and Heppner. It would be very difficult for personnel to maintain both their skills and interest. Based on the above information, the county will be considered a single EMS area. Occasionally, an incident within the county may be handled more expediently by a service located in an adjoining county. Mutual aid agreements will be enacted with the ambulance providers from the adjoining counties for that purpose.

The current ambulance provider is owned and operated by the Morrow County Health District, Morrow County Ambulance located in Heppner, Ione, Boardman, and Irrigon. Morrow County Ambulance, Heppner, which is staffed both paid and volunteer personnel, operates two units from their location at Pioneer Memorial Hospital, 564 E. Pioneer Drive in Heppner. Morrow County Ambulance, Heppner, has 7 EMT-B's, 3 EMT-I's, and 1-EMT-P. Morrow County Ambulance, Boardman, which is staffed by paid and volunteer personnel, operates two units from their location at West Wilson Road, Boardman. Morrow County Ambulance, Boardman, has 7 EMT-B's, 6 EMT-I's and 1 EMT P. At least one ambulance at each location is an ALS equipped vehicle. Morrow County Ambulance, Irrigon, has 3 EMT-Bs, and 3 EMT-I's and 1 EMT-Ps. Irrigon is serviced by one ALS equipped ambulance, located at 3d & N. Main. Morrow County Ambulance, Ione, has 1 EMT Bs and is equipped with 1 BLS ambulance.

The following is the Ambulance Service Area Plan and ambulance ordinance for Morrow County. By developing this document, it will help to ensure that the citizens of Morrow County have access to an efficient and effective ambulance service in spite of this being a remote and sparsely populated area.

BOUNDARIES

ASA MAP(s) WITH RESPONSE TIME ZONES (See Appendix #1)

ASA NARRATIVE DESCRIPTION

The Morrow County ASA, Boardman, encompasses all the territory to the East along I-84 starting at milepost 150 (Morrow/Gilliam County Line) to milepost 177 (Morrow/Umatilla County Line) and to mile post 169 (Railroad overpass) Highway 730, to the South on the Bombing Range Road to Alpine Lane.

The Morrow County ASA, Heppner, encompasses all the territory to the North from milepost 25 (Morrow/Wheeler County Line) on Highway 207 (Heppner-Spray Highway) to milepost 14B on Highway 207 (Lexington-Echo Highway). East from milepost 8 (Morrow/Gilliam County Line) on Highway 74 to milepost 73 (Morrow/Umatilla County Line) on Highway 74, on Highway 206 from Condon starting at milepost 55 (Morrow/Gilliam County line) to the Junction with Highway 207. Morrow County ASA, Heppner, will include Willow Creek Road East to Morrow/Umatilla County line on Forest Service Road 53.

The Morrow County ASA, Irrigon, encompasses all the territory to the West from milepost 179 on Highway 730 (Morrow/Umatilla County Line) to milepost 169 (Railroad Overpass) and from the Columbia River South to I-84.

9-1-1 MAPS (See Appendix #2)

9-1-1 NARRATIVE DESCRIPTION

The enhanced 9-1-1 Boundaries can be described as encompassing all of Morrow County. The entire County was served by 9-1-1 as of 1980. Morrow County is served by a County-wide EMS dispatch & PSAP. It is located at the Morrow County Sheriff's Office in Heppner.

INCORPORATED CITIES (See Appendix #3)

FIRE DISTRICT BOUNDARIES (See Appendix #4)

NOTE: For Intergovernmental agreements: (See Appendix #5) for sample. Intergovernmental agreements will be reviewed and evaluated and change if deemed necessary every two (2) years.

ASA ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES

Morrow County is covered by a single ASA. The intent of boundary definitions is to limit the effects of artificial & geographic barriers on response time, recognizing that response patterns may change due to local conditions such as road closure and weather. Morrow County has many natural response barriers, including rivers and large roadless areas which were considered when designating the ASA.

The principle (potential) artificial barrier to response time throughout Morrow County is the fact that most EMS personnel are volunteers, and as such are subject to other employment obligations and non-EMS activities. Consequently, response times can potentially be delayed through the process of locating available personnel.

A second potential artificial barrier is the limited number of ambulances in the county. If existing ambulances in the county are already responding to an incident, response times to subsequent incidents may be delayed while mutual aid is summoned and other units respond from a more distant location.

Morrow County recognizes that both of the potential barriers described above have to be accepted under present conditions. The personal activities of the volunteer EMS personnel have to be delicately balanced against their continued willingness to participate in EMS activities in order to prevent what is termed a "burnout".

SYSTEM ELEMENTS - TIMES

1. Notification times for all responding EMS personnel shall not exceed three (3) minutes.
2. Response times for First Responders and ASA providers shall not exceed:
 - a. Twenty (20) minutes on 90% of all EMS calls in rural areas.
 - b. Four and one-half (4 1/2) hours on 90% of all calls in frontier areas.
 - c. For response times to a specific address refer to the appropriate ASA time zone map, Appendix #1.

SYSTEM ELEMENTS - LEVEL OF CARE

To establish a minimum level of prehospital emergency medical care within Morrow County, the ambulance providers and QRTs shall conform to the following standards:

- a. The QRTs shall provide a minimum level of basic life support care using Division-certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using Division-certified EMT B or EMT Is.
- c. ALS ambulances shall be dispatched as available on all requests for medical assistance which are triaged as requiring ALS services according to the standards adopted by ATAB rules and Morrow County EMS Advisory Committee.

SYSTEM ELEMENTS - PERSONNEL

To establish a minimum of personnel staffing within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. The QRTs shall respond with a minimum of one (1) person who is a certified First Responder.
- b. The QRTs may be staffed with in-house or on-call paid, per diem or volunteer personnel.

- c. The ambulance service provider shall respond with the minimum number and level of certified persons as required by the Division.
- d. The ambulance service provider may be staffed with in-house or on-call paid, per diem or volunteer personnel.

SYSTEM ELEMENTS - MEDICAL SUPERVISION

To establish a minimum level of medical supervision within Morrow County, the ambulance service provider, QRTs, and the supervising physician shall conform to the following standards:

- a. The agencies that provide ambulance service and QRTs shall retain a supervising physician.
- b. The supervising physician or designee shall comply with OAR 847-35-025 and:
 - (1) Conduct at least one (1) meeting each calendar quarter for training and case review with First Responder, EMT B and EMT Is.
 - (2) Meet at least ten (10) times annually for training and case reviews with all EMT Ps.
 - (3) Maintain and review annually, standing orders (and on-line protocols, if used) for First Responders and EMTs.
- c. Maintain unit meeting records for attendance and minutes for such meetings.

SYSTEM ELEMENTS - PATIENT CARE EQUIPMENT

To establish a minimum standard for patient care equipment within Morrow County, the ambulance service provider and QRTs shall conform to the following standards:

- a. QRTs shall provide and maintain in proper working condition patient care equipment and supplies in sufficient quantities to provide the minimum level of patient care which they have agreed to provide.

- b. Patient care equipment and supplies, at a minimum, shall include, but are not limited to:
 - (1) stethoscope;
 - (2) blood pressure cuff;
 - (3) portable oxygen, one (1) hour supply, with regulator;
 - (4) non-rebreathing masks for infants, children and adults;
 - (5) sterile bandaging material; and
 - (6) any other items specified by the supervising physician.
- c. The ALS ambulance service provider shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all Division statutes and administrative rules pertaining to ambulances and equipment.
- d. ALS ambulances carrying controlled substances shall be equipped to provide a locked box that is attached to the inside of a locked cabinet for the storage of Class II through IV controlled substances. The same key cannot be used for both locks.

SYSTEM ELEMENTS - VEHICLES

To establish a minimum standard for ambulances within Morrow County, the ambulance service provider shall conform to the following:

- a. The ambulance service provider shall not operate an ambulance unless the ambulance:
 - (1) conforms to ORS 682.015 to 682.295 and all rules adopted by the Division;
 - (2) has a minimum patient transport capacity of two (2) supine patients;
 - (3) is in sound mechanical operating condition; and
 - (4) has a current ambulance license that is issued by the Division.

- b. The ambulance service provider shall maintain each ambulance in conformity with vehicular manufacturer's recommendations and recommendations of the ambulance conversion manufacturer.
- c. The ambulance service provider shall maintain vehicular equipment which conforms to ORS 682.015 to 682.295 and all rules adopted by the Division.
- d. The ambulance service provider shall maintain all necessary records to demonstrate compliance with (a), (b) and (c) listed above. See vehicle check list and inspection form. (See Appendix #8.)
- e. The ambulance service provider shall operate each ambulance in accordance with applicable motor vehicle codes, rules and statutes, and in a safe manner with due regard for lights, traffic, road and weather conditions.
- f. No ambulance shall be operated by any person who does not meet the requirements established in OAR 333-255-0070(1),(4) or (6) plus not have been convicted of two or more moving violations in the previous twelve months or three or more moving violations in the previous twenty-four months.

SYSTEM ELEMENTS - TRAINING

In order to create a consistent level of education and training, the Morrow County EMS Advisory Committee shall cooperate with all agencies and educational facilities to create opportunities for continuing education and training for all EMS personnel. Blue Mountain Community College (BMCC) in Pendleton provides initial training for EMT B, EMT-A and EMT I's, and continued education for EMTs to assure the availability of maintaining current EMT certificates for EMTs affiliated with the ambulance service provider.

SYSTEM ELEMENTS - QUALITY ASSURANCE

1. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Assurance (QA) Program is hereby established.

- a. QA Program Structure. The QA program, shall be implemented through the establishment and operation of the EMS Advisory Committee. The Board will announce vacancies, receive applications, screen candidates, and make appointments to the EMS Advisory Committee/QA Subcommittee. The EMS Advisory Committee/QA Committee members shall serve at the pleasure of the Board without compensation. The QA Subcommittee shall meet quarterly. Terms of appointment will be for two years. The members of the EMS Advisory Committee/QA Subcommittee will choose their chairpersons. The EMS Advisory Committee/QA Subcommittee shall consist of the following:
 - (1) The supervising physician or designee for the ambulance service provider - 1;
 - (2) An EMT from each ambulance service provider location (one from Boardman, one from Heppner one from Ione and one from Irrigon) - 4;
 - (3) Director of Nursing Service or designee (one from Pioneer Memorial Hospital in Heppner and one from Good Shepherd Hospital in Hermiston) - 2;
 - (4) Fire department representative - 1;
 - (5) 9-1-1 systems representative - 1; and
 - (6) QRT representative (one from Lexington) - 1.
- b. QA Program Process.
 - (1) The EMS Advisory Committee/QA Subcommittee shall have the following powers, duties and responsibilities:
 - (a) Advise the Board on all matters relating to pre-hospital emergency medical care.
 - (b) Annually review the ASA Plan and EMS Ordinance and make amendment recommendations to the Board.

- (c) Plan, assist and coordinate programs for the improvement of the EMS system in Morrow County.
 - (d) Advise the Board as to the standards for information required of applicants for an ambulance service provider.
 - (e) Provide an open forum for members of the public to comment on or discuss EMS systems issues.
 - (f) Foster cooperation among the pre-hospital care providers and medical community.
 - (g) Facilitate initial EMT and First Responder training and continuing education opportunities for all EMS personnel.
- (2) The QA Subcommittee shall have the following duties, powers and responsibilities:
- (a) Investigate medically related issues and items.
 - (b) Recommend to the Board any amendments to the ASA Plan and EMS Ordinance. The Board shall advise the EMS Advisory Committee/QA Subcommittee of such recommendation so that they may review and comment on such changes in a timely manner.
 - (c) Maintain familiarization with the policies and procedures of facilities in Morrow County that receive or send patients via ambulance.
 - (d) Periodically conduct a random review of at least 2% of each ambulance service provider location prehospital care report forms. Develop screens to review calls for exemplary and substandard performance, include a screen for response times by each EMS provider dispatched to the scene.
 - (e) Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.

- (f) Attempt to negotiate the correction of substandard pre-hospital emergency medical care provided in Morrow County.

 - (g) Follow the guidance set forth in the QA Guidelines for the QA Subcommittee.

 - (h) Report directly to the Board on all matters coming before the QA Subcommittee.

 - (i) Adopt rules of procedure. A quorum must include a physician or designee.
- (3) EMS Advisory Committee shall conduct their meetings in accordance with the Oregon Public Meetings laws and comply with the Oregon public records law, ORS Chapter 192. Executive sessions closed to the public may be held by the QA Subcommittee when conducting investigations and reviews of patient care. Both the records and minutes of executive sessions shall be handled to ensure patient confidentiality in compliance with state and federal laws. Upon appointment, the EMS Advisory Committee/QA Subcommittee chairperson shall have the following duties powers and responsibilities:
- (a) Maintain a filing system for the records of the QA Subcommittee.

 - (b) Provide for the administration of appeals and hearings to the appropriate government bodies.

 - (c) Administer the ASA Plan and EMS Ordinance.

 - (d) Review all applications for an ASA and make documented findings and recommendations to the Board on provider selection.
- c. QA Problem Resolution

- (1) In the event that the QA Subcommittee identifies a problem involving compliance with the ASA Plan, or that fails to conform to established protocols, the QA Subcommittee shall:
 - (a) request any additional information necessary to establish whether a violation or failure occurred.
 - (b) contact the non-compliant provider, individual or organization in writing and identify the specific facts, laws, rules or protocols concerning the violation or failure to conform.
 - (c) request that within thirty (30) days the non-compliant provider individual or organization submit a written response and a plan to correct the deficiencies.
- (2) Upon receipt of the written response, the QA Subcommittee shall:
 - (a) review the response to ensure that it responds to all aspects of the facts, laws, rules or protocols.
 - (b) review the written plan for resolution of the deficiency.
 - (c) upon findings of compliance, continue to monitor the plan for solution of the deficiencies.
 - (d) upon findings of continued non-compliance, serve written notice to comply with ASA Plan or protocol.
 - (e) if compliance is not evident with ten (10) days of receipt of the notice, schedule a meeting within the next ten (10) days and attempt to gain compliance.
 - (f) attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.

2. QA Program - Sanctions For Non-Compliance. Sanctions for non-compliance of the ASA plan are addressed in the Morrow County EMS ordinance number MC-C-2-98, Section 13 penalties and Section 14 nuisance. (See Appendix #9)

COORDINATION - ADMINISTRATION OF THE PLAN

1. The Morrow County ASA Plan shall be administered by the EMS Advisory Committee. As representatives of the Board.
2. In addition to other functions delegated under this plan the EMS Advisory Committee shall:
 - a. annually review all aspects of the ASA plan and EMS ordinance; and
 - b. recommend changes to the ASA plan and EMS ordinance designed to:
 - (1) remedy identified deficiencies;
 - (2) address potential problem areas; and
 - (3) address on-going growth and changes in the EMS system in Morrow County, the state and the nation.

COORDINATION - COMPLAINT REVIEW PROCESS

1. In the event the QA Subcommittee is unable to obtain compliance or correction of a deficiency under the procedures contained in QA Problem Resolution section of this plan, a hearing shall be conducted by the Board.
2. If any provider, individual or organization is dissatisfied with the results of a meeting with the QA Subcommittee, a request for hearing before the Board may be made by filing a request, setting forth the reasons for the hearing and the issues to be heard. The Board may prescribe forms for the filing of a request for hearing.
3. A hearing under this section shall be conducted by the Board chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures.
4. In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board shall petition and request relief from the Division, or the Board of Medical Examiners or the Morrow County Circuit Court.
6. Any decision of the Board may be appealed to the Division or the Morrow County Circuit Court as appropriate.

COORDINATION - MUTUAL AID AGREEMENT

1. The ambulance service provider shall sign a mutual aid agreement with the other providers within the County and respond with needed personnel and equipment in accordance with the agreement. (See Appendix #6 for example.)
2. All requests for mutual aid shall be made through the appropriate PSAP.
3. All mutual aid agreements will be reviewed annually and modified as needed by mutual consent of all parties.
4. Mutual Aid Advance Life Support (ALS) assists shall be automatically dispatched in accordance with the Emergency Medical Dispatch Protocols established by the EMS Advisory Committee.

COORDINATION - DISASTER RESPONSE

1. County resources other than ambulances.
 - a. When resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - b. The Director of the County Emergency Management Office shall be responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Management Plan is implemented.
 - c. The Director of the County Emergency Management Office shall work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.
2. Outside county resources.
 - a. When resources from outside Morrow County are required for the provision of emergency medical services during a disaster, a request for those resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - b. The Director of the County Emergency Management Office shall be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

c. Additional Ambulances

(1) Rotary-wing ambulances

- (a) Life Flight (Pendleton, OR)
1-800-452-7434
- (b) AirLink of Oregon (Bend, OR)
1-800-621-5433

(2) Fixed-wing ambulances

- (a) AirLink of Oregon (Bend, OR)
1-800-621-5433
- (b) Life Flight (Pendleton, OR)
1-800-452-7434

(3) Ground ambulances

- (a) Hermiston Ambulance 1-541-567-8822
- (b) Umatilla Ambulance 1-541-922-3718
- (c) Pendleton Ambulance 1-541-267-1442
- (d) Spray Ambulance 676-5317 or 9-1-1
- (e) Condon Ambulance 676-5317 or 9-1-1
- (f) Arlington Ambulance 676-5317 or 9-1-1

1. Mass Casualty Incident (MCI) Management Plan
 - a. The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations.
 - b. The plan identifies the responsibility of the provider concerning:
 - (1) coordination;
 - (2) communication;
 - (3) move up;
 - (4) triage; and
 - (5) transportation.
 - c. The EMS Advisory Committee will periodically review the MCI plan and revise it to meet the counties need. Following the review and changes the Director of Emergency Management will be asked to ammend the changes to the Medical component of the County Emergency Management Plan and the modified MCI plan will be promulgated. For MCI Plan and Approval letter, (See Appendix #7.)

EMERGENCY COMMUNICATIONS AND SYSTEMS ACCESS TELEPHONE

1. Telephone access. Morrow County is served by a county-wide EMS dispatch and PSAP. It is located at the Morrow County Sheriff's Office in Heppner. A small portion of the Butter Creek Area is served by the Hermiston 9-1-1 System.
2. Dispatch Procedures.
 - a. The appropriate personnel shall be notified by the dispatcher via telephone or pager within three (3) minutes of receipt of a life threatening call.
 - (1) EMS responding personnel located in Heppner, Boardman, Irrigon, Ione, and Lexington will be paged out. If there is no response within five (5) minutes, they will be paged again.
 - (2) The dispatcher will obtain from the caller, and relay to the first responders the following:
 - (a) Location of the emergency;
 - (b) Nature of the incident; and
 - (c) Any specific instructions or information that may be pertinent to the incident.
 - (3) EMS personnel shall inform the dispatch center by radio when any of the following occurs:
 - (a) In-service;
 - (b) In-route to scene or destination and type or response;
 - (c) Arrival on scene or destination;
 - (d) Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility; and
 - (e) Arrival at receiving facility.

- (4) Ambulance personnel shall inform the receiving hospital by radio or by phone at the earliest possible time of the following:
 - (a) Unit identification number;
 - (b) Age and sex of each patient;
 - (c) Condition and chief complaint of the each patient;
 - (d) Vital signs of each patient;
 - (e) Treatment rendered; and
 - (f) Estimated time of arrival.

3. Radio System:

- a. PSAP shall:
 - (1) restrict access to authorized personnel only;
 - (2) meet state fire marshal standards;
 - (3) maintain radio consoles capable of communication directly with all first response agencies dispatched by them via the following frequencies: primary 154.725; secondary 155.340 (HEAR system); also the 700 mhz system
 - (4) maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes;
 - (5) utilize plain english; and
 - (6) be equipped with a back-up power source capable of maintaining all functions of the center.
- b. The ambulance service provider shall equip and maintain radios in each ambulance and quick response vehicle that allows for the transmission and reception on 154.725 and 155.340 (HEAR) and the 700 mhz system.

4. Emergency Medical Services Dispatcher Training:

- a. All EMS dispatchers shall successfully complete an Emergency Medical Dispatch (EMD) training course as approved by the Oregon Emergency Management Division and the Board on Public Safety Standards and Training.
- b. Dispatchers are encouraged to attend any class, course or program which will enhance their dispatching abilities and skills.

PROVIDER SELECTION

1. Initial ambulance service provider assignment. Morrow County Ambulance Service, owned and operated by the Morrow County Health District, and who have been providing ambulance service for the past fifty years shall be named to provide ambulance service in their area of assignment as specified in this plan, until such time they no longer desire to do so or legal steps have been taken to remove the provider from the assigned area:
2. Reassignment. If at such time when a new provider is assigned to the Morrow County ASA, the assignment will be made not to exceed five (5) years. At the end of five (5) years, the ambulance service provider may reapply for another term as well as being evaluated on the service provided during the previous term.
3. Application for the Morrow County ASA:
 - a. The Morrow County ASA Plan will serve as standards established to evaluate the efficiency and effectiveness of existing service providers as well as establishing guidelines for potential applicants to a service area.
 - b. A representative will be appointed from the Board to attend regular meetings of EMS Advisory Committee, to learn the State and Federal regulations, local policies and the general operation of an ambulance service. Information will be presented to the Board at appropriate meetings to determine the effectiveness and efficiency of existing ambulance services and potential applicant services.
 - c. Should a vacancy occur in the existing Morrow County ASA, the below listed representatives will advertise the vacancy by public notice. This notice will be published in all Morrow County communities, surrounding areas, the medical community and Oregon Health Division.
 - d. The Board will review any applications received from an ambulance service provider requesting establishing an ambulance service area in Morrow County. This group will seek necessary information and input from the EMS Advisory Committee when evaluating applications. Each ambulance service provider applicant will be required to:
 - (1) show that the service will provide equal or better pre-hospital emergency medical care as provided by existing services through a proposal and/or previous records;

- (2) show that the call volume will be sufficient to provide financial soundness for operation of the ambulance service through community use of a paid service;
 - (3) show that financial soundness for operation of the ambulance service will be obtained if the service is operated by volunteer personnel;
 - (4) show it's service will assure quality care to all persons residing in or passing through the service area;
 - (5) follow all regulations pertaining to ambulance service as set forth by the Oregon Health Division, Oregon Board of Medical Examiners and Oregon Department of Motor Vehicles;
 - (6) provide the following information in the proposal: number and type(s) of ambulances, including medical equipment; vehicle storage arrangements; communication capabilities; dispatching capabilities; and number of personnel, qualifications and their method of providing prehospital emergency medical continuing education training; and
 - (7) adhere to all policy, procedures and guidelines set forth in the Morrow County ASA Plan.
4. In the opinion of the community/county officials and health care providers, it is not feasible at this time for a private ambulance service provider to make a proposal for any of the communities in Morrow County due to the small call volume and the vast area to cover. The County has provided pre-hospital emergency medical care for the past fifty (50) years through the efforts of dedicated volunteers. The community leaders involved in EMS are willing to listen to, assess and evaluate any proposal presented.

5. Notification of vacating an ASA:
 - a. The assigned ambulance service provider agrees to provide to Morrow County Emergency Medical Service Director a ninety (90) day notice of a decision of discontinuance of service.
 - b. A notice to vacate must be prepared and signed by the ambulance service provider's Board of Directors, if the service elects to discontinue their service in Morrow County. The statement will be presented to the appropriate agencies for action.
 - c. In the event the Morrow County Ambulance elects to discontinue and disband their pre-hospital emergency medical service care, the following procedure will be implemented until such time that an ambulance service can be restored to the effected area.
 - d. The Court and Board will request the remaining provider to adjust their service area boundaries to insure adequate coverage of the area without ambulance service until such time as the problem can be resolved and ambulance service can be restored to the affected area(s).
 - e. If possible, the officials in charge will resolve the problems within the ninety (90) day advance notice of discontinued service. The fire department(s) personnel within the disbanded area will be requested to assist with emergency medical calls. Assistance will also be requested if needed, from the closest ambulance service outside the County through a mutual aid agreement.
 - f. In the event a satisfactory solution to all parties involved cannot be reached within a reasonable amount of time, the EMS Advisory Committee will appoint a task force comprised of representative from: each ambulance service, the Board, the medical community and a citizen of each community involved (not affiliated with he health care industry), to reach a reasonable and workable solution.
 - g. The ambulance service provider vacating their area will be required to turnover their ambulance(s) and equipment to the Board for use by the recruited interim personnel until a replacement service can be established in the area. Any compensation due will be negotiated by the vacating ambulance service's Board of Directors and the Board. In the event that no solution can be reached through the Board efforts within a reasonable amount of time, assistance will be requested form the appropriate State agencies.

h. In the event that any problems arise involving boundary assignments or reassignment, the ambulance service provider disagreeing with boundaries will present a written statement to the EMS Advisory Committee. The statement will include all pertinent facts relating to the problem(s).

6. Maintenance of level of service. This disbanding ambulance service provider will be required to turnover their ambulance(s) and equipment to the Board for use by the recruit interim personnel until a replacement service can be established in the area. Any compensation due will be negotiated by the disbanding ambulance service provider's Board of Directors and the Board. In the event that no solution can be reached through the Board efforts within a reasonable amount of time, assistance will be requested from the appropriate State agencies.

THE MASS CASUALTY INCIDENT PLAN

1. The purpose of the disaster response plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Morrow County. (See Appendix #7, MCI plan approval letter.)
2. IMPLEMENTATION: This plan shall be implemented whenever the ambulance service provider resources are unable to handle the incident or at the request of the Health Officer.
3. COORDINATION:
 - a. The highest ranking officers of the fire or police agency in whose jurisdiction the incident occurs shall be the incident-commander.
 - b. The senior/highest certified EMT at the scene will have overall responsibility for patient care; he/she shall work closely with the incident-commander.
 - c. The on-scene command frequency and staging area will be determined by the incident-commander. Dispatch center will advise responding units.
4. RESPONSE GUIDELINES:
 - a. The first EMS unit to arrive at the scene shall:
 - (1) assess nature and severity of incident;
 - (2) advise appropriate 9-1-1 PSAP of situation;
 - (3) request appropriate fire and police services; and
 - (4) request initiation of EMS mutual aid if needed.
 - b. Initial EMS Responders upon call-out shall:
 - (1) check-in with Incident-Commander;
 - (2) effect needed rescue, if trained and equipped to do;
 - (3) establish and organize the transportation of all injured, ill, or evacuated;

- (4) alert area hospital(s) of situation; and
- (5) monitor and reassess situation periodically considering:
 - (a) weather;
 - (b) topography;
 - (c) exposures;
 - (d) life threatening hazards; and
 - (e) fire hazards.

COORDINATION - PERSONNEL AND EQUIPMENT RESOURCES

1. The following additional personnel and equipment resources are available to support the ambulance service provider. The current telephone numbers are:
 - a. Hazardous Materials. There is limited county-wide hazardous materials equipment resources located at:
 - (1) Boardman Fire Department -- 9-1-1
 - (2) Irrigon Fire Department -- 9-1-1
 - (3) Heppner Fire Department -- 9-1-1
 - (4) O.A.R.S.--- (provides notification and activation of state agencies) --
- 1-800-452-0311 or 503-378-6377
 - (5) CHEMTREC--- 1-800-424-9300
 - (6) Hermiston Fire Department (Hazmat Decon for Eastern Oregon)
1-541-567-8822
 - b. Search and Rescue
 - (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
 - (2) Oregon Civil Air Patrol -- 1-800-452-0311 or 503-378-6377

- (3) U.S. Coast Guard, (since the Columbia River falls under the jurisdiction of the U.S. Coast Guard, they will provide specialized aircraft and watercraft for rescue operations. These units will respond from either Astoria, OR 1-503-861-2242 or 1-503-861-6248; or Walla Walla, WA.

c. Specialized Rescue

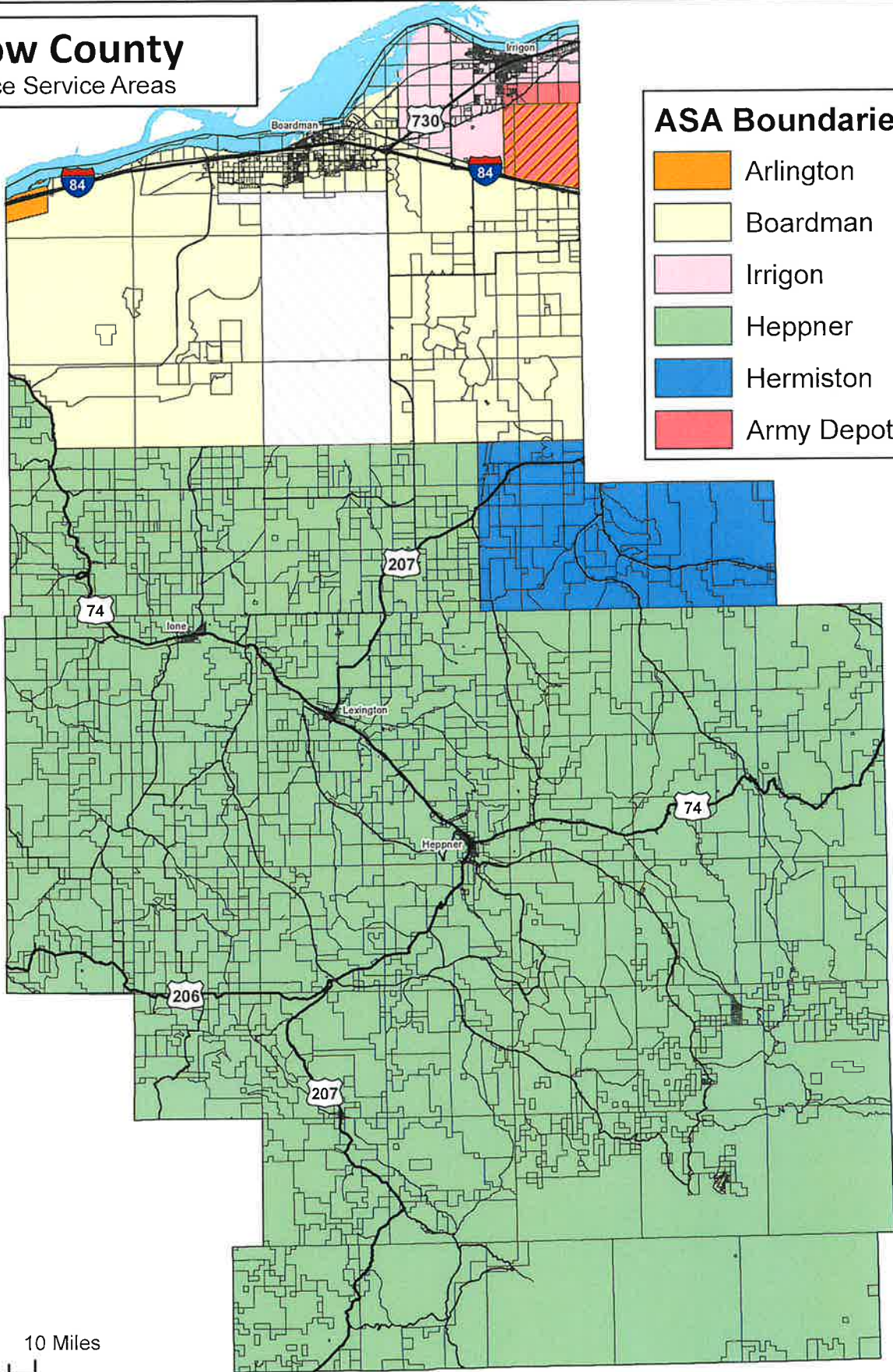
- (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
- (2) Umatilla Army Depot -- 541-564-8632
- (3) U.S. Navy Bombing Range --541-481-2565

d. Extrication

- (1) Boardman RFPD, Jaws and Rescue Equip -- 9-1-1
- (2) Heppner RFPD, Jaws and Rescue Equip. -- 9-1-1
- (3) Irrigon QRT, Jaws and Rescue Equip. -- 9-1-1
- (4) Morrow County Road Dept - heavy equipment -- 989-9500

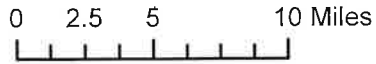
Morrow County

Ambulance Service Areas



ASA Boundaries

-  Arlington
-  Boardman
-  Irrigon
-  Heppner
-  Hermiston
-  Army Depot

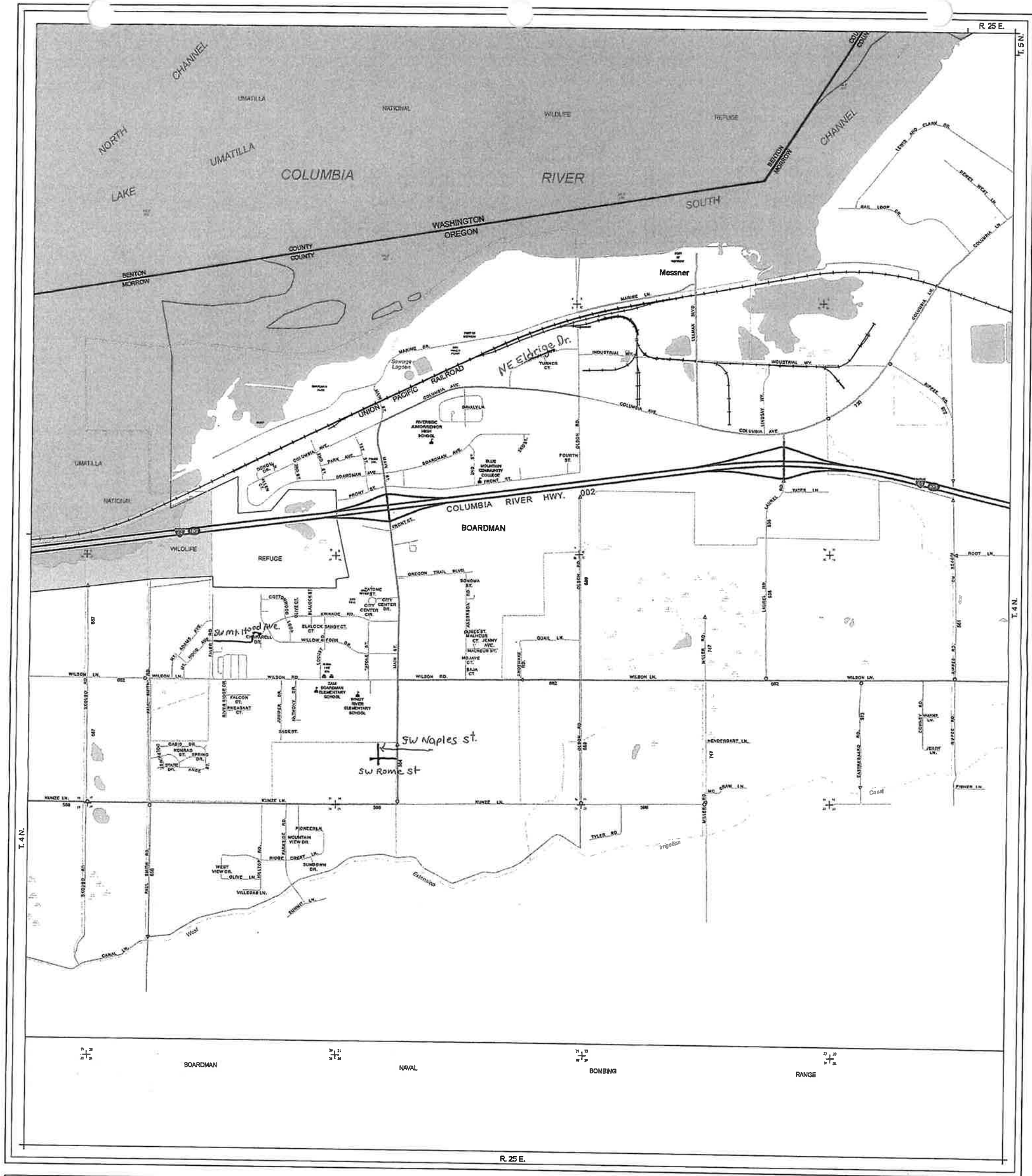


-  Streets
-  Highway
-  Army Depot
-  Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI

Document Path: S:\Planning\app\flow\District Maps and Layers\ASA Boundary Map.mxd



FUNCTIONAL CLASSIFICATION

TYPE	OTHER	FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT ODOT REGION OFFICE.
INTERSTATE		
PRINCIPAL ARTERIAL		
MAJOR ARTERIAL		
MAJOR COLLECTOR		
MINOR COLLECTOR		
LOCAL ROAD		
INTERSTATE - IIS ROUTE - ORIL ROUTE		
NATIONAL HIGHWAY SYSTEM ROUTE		
CITY LIMIT		
URBAN GROWTH BOUNDARY		
RAILROAD - AMTRAK PASSENGER STATION		
GRAVEL PIT - CLARKY - ODOT STOCKPILE		
ODOT MAINTENANCE STATION		

LEGEND

	PUBLIC BUILDING
	COURTHOUSE
	HOSPITAL
	CITY HALL
	ARMORY
	POST OFFICE
	SCHOOL
	LIBRARY
	SAFETY REST AREA
	MILEAGE STATION
	PARK & RIDE LOCATION
	INTERCITY - CITY TRANSIT
	COMMERCIAL - GENERAL AVIATION
	PORT FACILITY

Published by

PREPARED DIGITALLY BY THE OREGON DEPARTMENT OF TRANSPORTATION IN COOPERATION WITH THE U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION

OREGON TRANSPORTATION MAP
Showing Federal Functional Classification of Roads
City of

BOARDMAN

BOARDMAN POPULATION 3,445

T. 4 N. R. 25 E.

SCALE

0 800 1,600 3,200 Feet

0 237.5 475 950 Meters

LEGEND

FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT ODOT REGION OFFICE.

LEGEND

FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT ODOT REGION OFFICE.

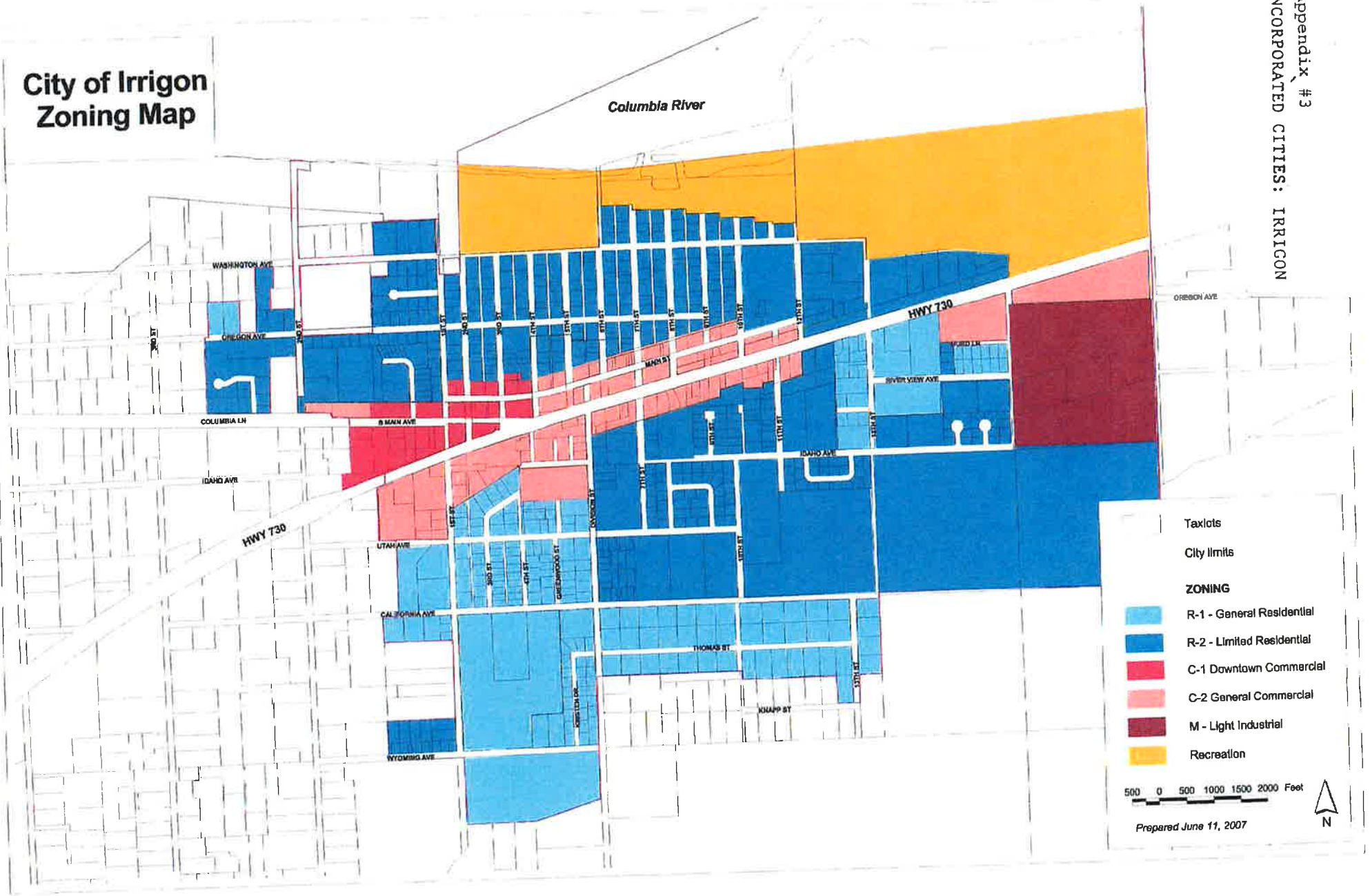
LEGEND

FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT ODOT REGION OFFICE.

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 Population numbers are based on current Oregon Population Report, College of Urban and Public Affairs, Portland State University, 182 2nd edition.

City of Irrigon Zoning Map

Columbia River



Taxlots
 City Limits

ZONING

- R-1 - General Residential
- R-2 - Limited Residential
- C-1 Downtown Commercial
- C-2 General Commercial
- M - Light Industrial
- Recreation

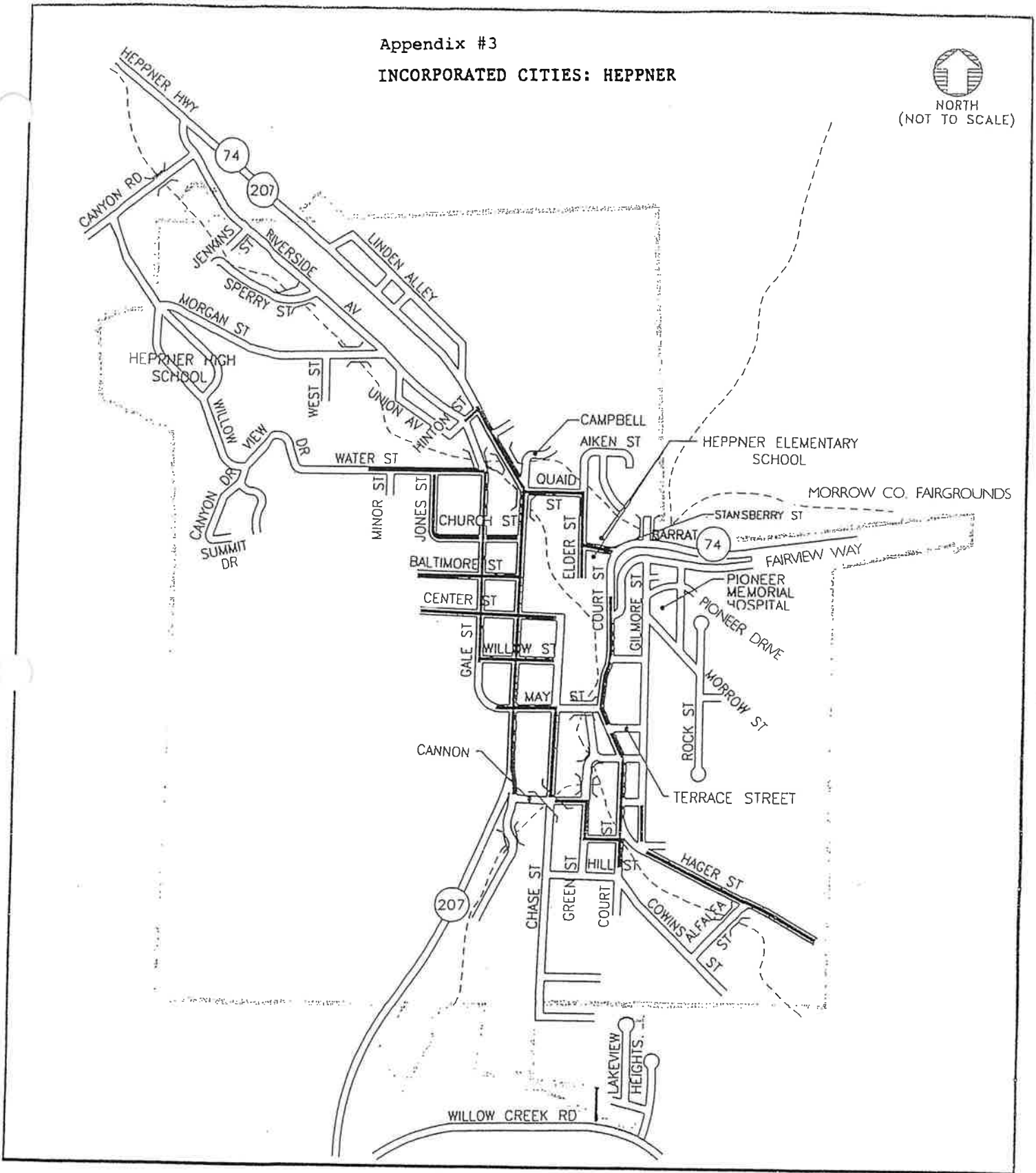
500 0 500 1000 1500 2000 Feet

Prepared June 11, 2007

N

Appendix #3

INCORPORATED CITIES: HEPPNER



LEGEND

- - - - - SIDEWALK
- - - - - CITY LIMITS
- - - - - CREEK

CITY OF HEPPNER, OREGON

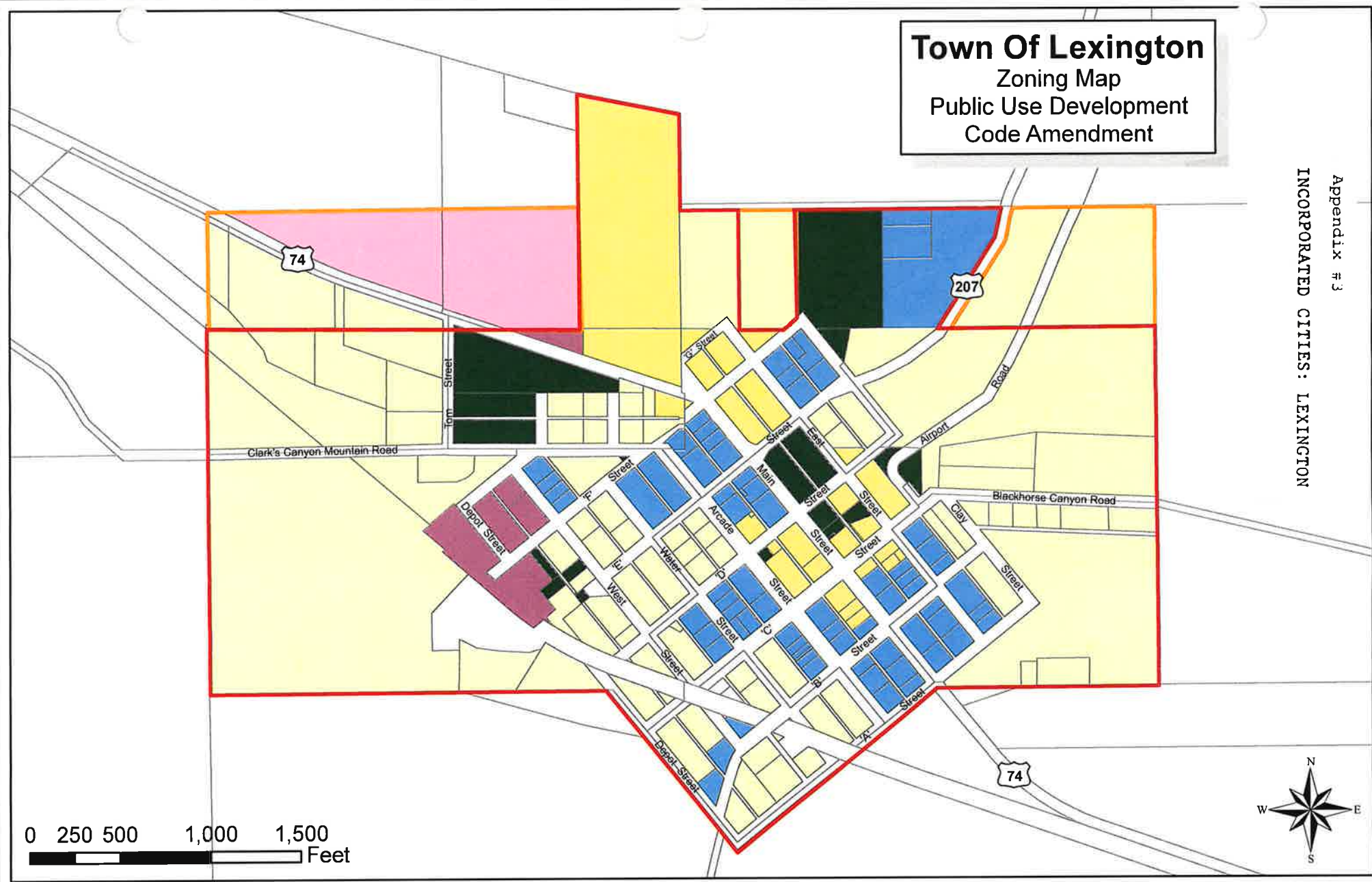
from Oregon Transportation Plan, 1999
HEPPNER CHAMBER OF COMMERCE



Town Of Lexington

Zoning Map

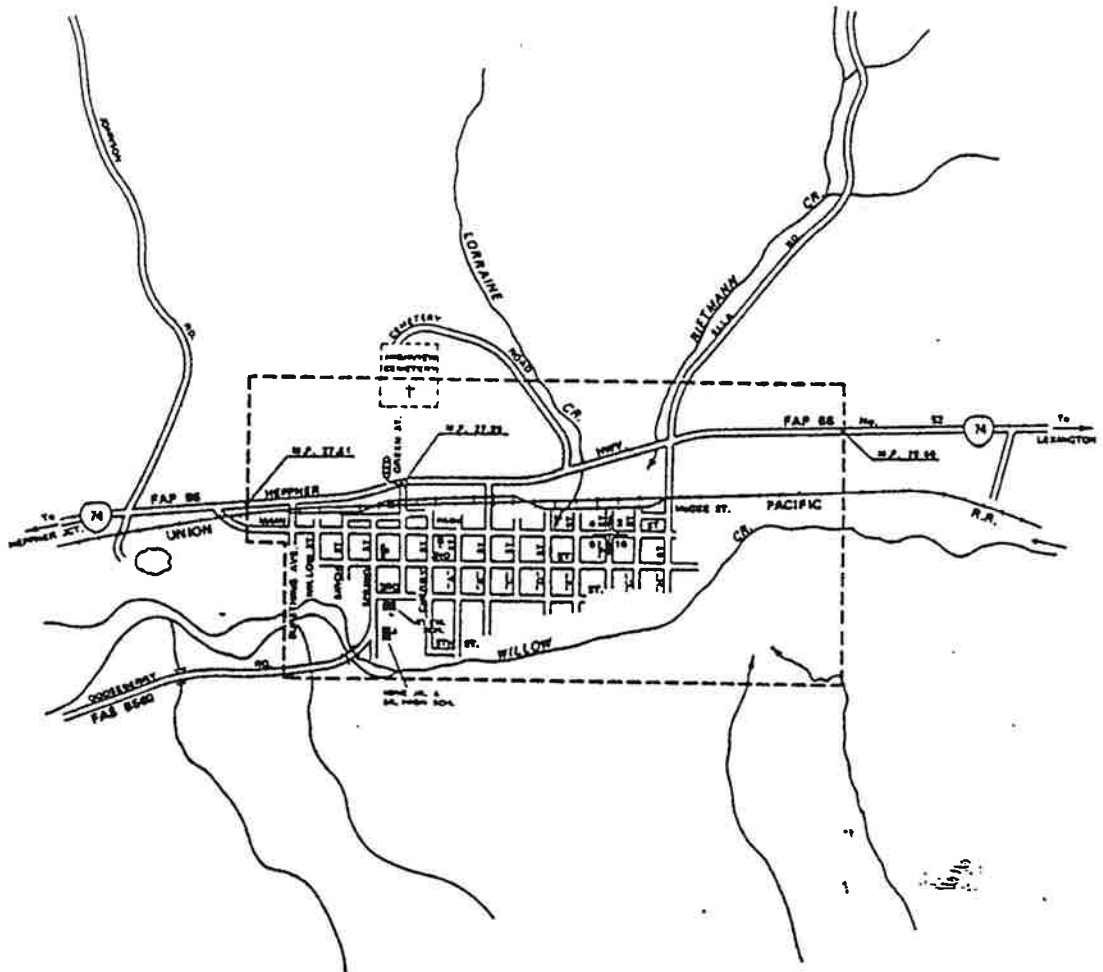
Public Use Development Code Amendment

Appendix #3
 INCORPORATED CITIES: LEXINGTON



- | | | | | | |
|---|-------------|---|-----------------------|---|------------------------------|
|  | Town Limits |  | R - Residential |  | M - Light Industrial |
|  | UGB |  | FR - Farm Residential |  | RLI - Rural Light Industrial |
| | |  | * PUB - Public * |  | C - Commercial |

Morrow County Planning Department
 December 2015
 Map for Reference Use Only



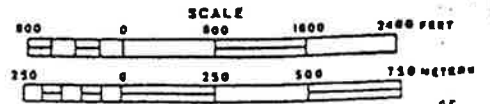
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IONE
MORROW COUNTY, OREGON

Population 300
PREPARED BY THE
OREGON DEPARTMENT OF TRANSPORTATION
IN COOPERATION
WITH THE
U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

Revised September 1979

- LEGEND**
- INTERSTATE NUMBERED ROUTE
 - U.S. NUMBERED ROUTE
 - STATE NUMBERED ROUTE
 - TERMINATION OF PA SYSTEM
 - DIVIDED HIGHWAY
 - STREET OPEN FOR TRAVEL
 - POST OFFICE
 - SCHOOL
 - CITY CENTER
 - CITY LIMITS
 - PUBLIC AREA
 - PUBLIC BUILDING
 - COURT HOUSE
 - CITY HALL
 - AIRPORT
 - LIBRARY

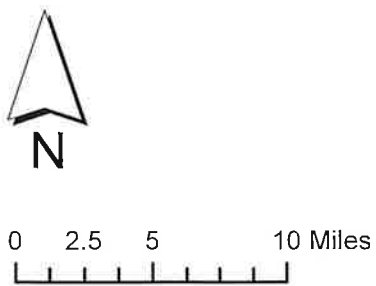
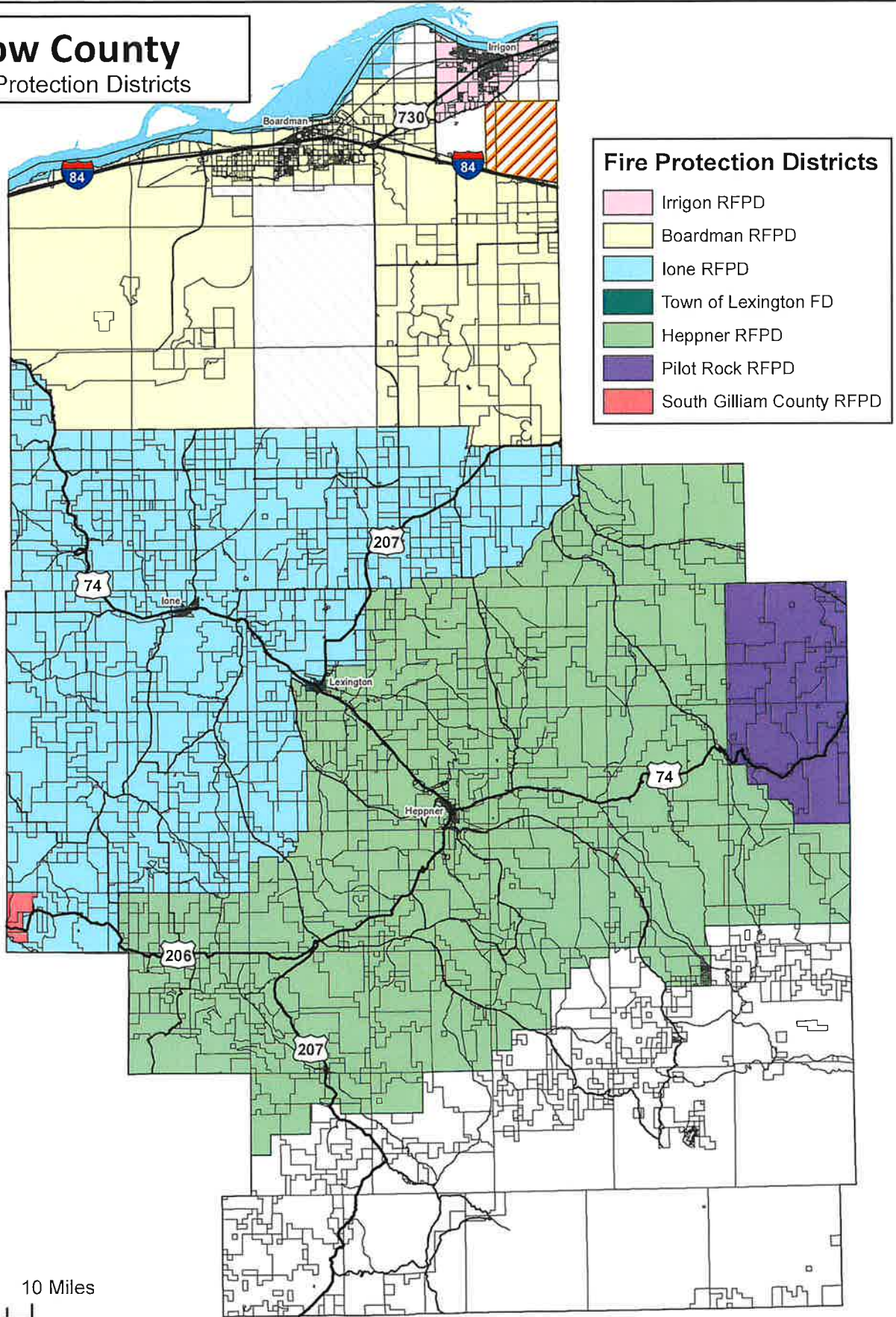


Copies of this map are available at nominal cost from Oregon Dept. of Transportation, Salem, Oregon 97310.

17

Morrow County

Rural Fire Protection Districts



- Streets
- Highway
- Army Depot
- Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI

Document Path: S:\Planning\Map\Fire District Maps and Layers\RFPD Boundary Map.mxd

APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse the other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

Scott J. Clark Fire Chief 4/22/19 Signature Title Date
Russell J. Est EMS Coordinator 4/22/19 Signature Title Date



MORROW COUNTY HEALTH DISTRICT
 Excellence in Healthcare

PO BOX 9
 Heppner OR 97836
 Tel: 541-676-9133
 Toll Free: 1-800-737-4113

www.morrowcountyhealthdistrict.org

MUTUAL AID/MEMORANDUM OF UNDERSTANDING BETWEEN MORROW COUNTY HEALTH DISTRICT
 AMBULANCE SERVICE AND NORTH GILLIAM AMBULANCE SERVICE.

This Mutual aid/Memorandum of Understanding between these two parties is for the sole purpose of the transporting of Morrow County Health District/Pioneer Memorial Hospice patients ONLY that are located in North and South Gilliam County. This agreement describes the terms and conditions associated with the transportation of Hospice patients between their residences and Pioneer Memorial Hospital.

COVERAGE: North Gilliam Ambulance service will provide transportation of Hospice patients solely upon request as authorized by a Hospice representative. Transportation MUST relate to a Hospice covered diagnosis, related complication or condition for contract to apply. If the family member initiates a 911 call for transport, this memorandum does not apply and Hospice program will not be responsible for payment of \$250 as listed below.

Morrow County Health District Ambulance shall call the ambulance director of North Gilliam Ambulance Service when it receives a request to transport a Pioneer Memorial Hospice Patient to Pioneer Memorial Hospital for care and seek approval to enter into Gilliam County to transport Hospice patient to Pioneer Memorial Hospital in Heppner, Oregon.

If North Gilliam County has volunteers to transport patient, it has the right to transport patient to PMH or North Gilliam Ambulance service can allow MCHD ambulance service to pick up the patient for transfer to PMH.

PAYMENT: Hospice is an all-inclusive rate from Medicare. Transport to PMH for a Hospice related illness will be covered by the Hospice program and the ambulance service will be paid \$ 250.00 for the transport to PMH. Hospice patients not covered by Medicare or who are Medicare- eligible would not be subject to the terms of this contract and insurance may be billed.

TERMS: This agreement shall commence on the effective date and shall be in full force and effect until terminated by either party by giving a 30 day written notice to the other part

Executed this 23rd day of April, 2018 by:

David Anderson, Administrator

North Gilliam County Health District

Robert Houser, CEO, FACHE

Morrow County Health District

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P - (541) 676-9133 F - (541) 676-2901 TDD - (541) 676-2908	P - (541) 676-2946 F - (541) 676-9017	P - (541) 676-5504 F - (541) 676-9025	P - (541) 922-5880 F - (541) 922-5881	P - (541) 422-7128 F - (541) 422-7145	P - (541) 676-9133 F - (541) 676-2901



**MORROW COUNTY
HEALTH DISTRICT**
Excellence in Healthcare

PO BOX 9
Heppner OR 97836
Tel: 541-676-9133
Toll Free: 1-800-737-4113

www.morrowcountyhealthdistrict.org

MUTUAL AID/MEMORANDUM OF UNDERSTANDING BETWEEN MORROW COUNTY HEALTH DISTRICT
AMBULANCE SERVICE AND SOUTH GILLIAM AMBULANCE SERVICE.

This Mutual Aid and Memorandum of Understanding between these two parties is for the sole purpose of the transporting of Morrow County Health District/Pioneer Memorial Hospice patients ONLY that are located in South Gilliam County. This agreement describes the terms and conditions associated with the transport of Hospice patients between their residences and Pioneer Memorial Hospital.

COVERAGE: South Gilliam Ambulance service will provide transportation services of Hospice patients solely upon request as authorized by a Hospice representative. Transportation MUST relate to a Hospice covered diagnosis, related complication or condition for contract to apply. If the family member initiates a 911 call for transport, this memorandum does not apply and Hospice program will not be responsible for payment of \$250 as listed below.

Morrow County Health District Ambulance shall call the ambulance director of South Gilliam Ambulance Service when it receives a request to transport a Pioneer Memorial Hospice Patient to Pioneer Memorial Hospital for care and seek approval to enter into Gilliam County to transport our Hospice patient to Pioneer Memorial Hospital in Heppner, Oregon.

If South Gilliam County has volunteers to transport the patient, it has the right to transport patient to PMH or South Gilliam Ambulance service can allow MCHD ambulance service to pick up the patient for transfer to PMH.

PAYMENT: Hospice is an all-inclusive rate from Medicare. Transport to PMH for a Hospice related illness will be covered by the Hospice program and the ambulance service will be paid \$250.00 for the transport to PMH. Hospice patients not covered by Medicare or who are Medicare-eligible would not be subject to the terms of this contract and insurance may be billed.

TERMS: This agreement shall commence on the effective date and shall be in full force and effect until terminated by either party by giving a 30 written notice to the other party.

Executed this 2nd day of May, 2018 by:

Cynthia Hinton, EMS Director

South Gilliam County Ambulance District

Bob Houser, CEO, FACHE

Bob Houser, CEO, FACHE

Morrow County Health District

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P - (541) 676-9133	P - (541) 676-2946	P - (541) 676-5504	P - (541) 922-5880	P - (541) 422-7128	P - (541) 676-9133
F - (541) 676-2901	F - (541) 676-9017	F - (541) 676-9025	F - (541) 922-5881	F - (541) 422-7145	F - (541) 676-2901
TDD - (541) 676-2908					

APPENDIX #6

MORROW COUNTY AMBULANCE
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse that other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

_____ Signature Title Date

_____ Signature Title Date

Pioneer
Memorial

Hospital and **N**ursing **H**ome

Phone (503) 676-9133
Fax (503) 676-9104

P.O. Box 9 -- 564 E. Pioneer Drive
Heppner, Oregon 97836

August 15, 1991

Steve Frasier
Hermiston Fire Department
City of Hermiston
180 NE Second Street
Hermiston, OR 97838

Dear Steve:

Both Carl Lauritsen and myself reviewed the proposed modification to the ambulance service area, as depicted in red on your map enclosure; and agree that this is sufficient to resolve the issue in question. We believe that this provision of the mutual assistance agreement will improve response time to injured patients in this remote part of Morrow County, thus expediting there care.

Furthermore we are in agreement with your proposal for the small section of Buttercreek road that passes through the corner of Morrow County being served by the Pendleton Ambulance service. Unless we hear otherwise we will assume that this situation is resolved as you so state in your letter of August 5, 1991.

It has certainly been a pleasure in resolving this dilemma to both of our mutual satisfaction and appreciate very much your cooperation and assistance.

Sincerely,



Edward S. Berretta, M.D.
EMT Ambulance Advisor for Heppner Service Ambulance District
ESB:vt



P.O. Box 788 • Heppner, OR 97836
541-676-5613
www.co.morrow.or.us

Board of Commissioners

Commissioner Don Russell, Chair
Commissioner Jim Doherty
Commissioner Melissa Lindsay

February 24, 2021

Elizabeth E. Heckathorn
Deputy Director
Oregon Health Authority
Public Health Division
EMS and Trauma Systems
800 N.E. Oregon Street, Suite 305
Portland, OR 97232

Dear Ms. Heckathorn,

The Morrow County Board of Commissioners verifies the acceptance of the Mass Casualty Incident Plan, as presented in the Morrow County 2021 Ambulance Service Area Plan required by the State of Oregon for each individual County.

Sincerely,

Don Russell
Chair

Jim Doherty
Commissioner

Melissa Lindsay
Commissioner



P. O. Box 788 • Heppner, Oregon 97836
(541) 676-5620 • FAX (541) 676-5621

COUNTY COURT

TERRY K. TALLMAN, Judge
email: ttallman@co.morrow.or.us
Boardman, Oregon
LEANN REA, Commissioner
email: lrea@co.morrow.or.us
Heppner, Oregon
DON RUSSELL, Commissioner
email: drussell@co.morrow.or.us
Boardman, Oregon

July 6, 2016

To Whom It May Concern:

The Morrow County Court verifies the acceptance of the Mass Casualty Incident Plan, as presented in the Morrow County 2016 Ambulance Service Area Plan required by the State of Oregon for each individual County.

Dated this 6th day of July, 2016.


Terry K. Tallman, Judge


Leann Rea, Commissioner


Don Russell, Commissioner



Department of Human Services
EMS and Trauma Systems Program
 Ambulance Vehicle Inspection Form



- INITIAL INSPECTION RE-INSPECTION
 ANNOUNCED INSPECTION SELF INSPECTION

Agency Name:

Contact person:

Phone(s):

Fax:

Email:

Business address:

	No. Of Items	Description	Pass	Fail	Notes
Vehicle Equipment Minimum Standards for BLS Ambulance					
AUDIO WARNING DEVICES					
1	1	siren electronic with two speakers mounted in grille.			
2	1	public address system			
3	1	horn			
4	1	backup alert system			
VISUAL WARNING / LIGHTING DEVICES (Refer to KKK-A-A1822B, C, D or E diagram for type I, II, III)					
1	2	headlights white with dim bright switch			
2	2	front side marker lights (amber)			
3	2	front side reflectors (amber)			
4	2	front turn signals (amber)			
5	2	front identification lights (amber)			
6	2	front clearance lights (amber)			
7	2	rear side marker lights (red)			
8	2	rear side reflectors (red)			
9	2	rear back reflectors (red)			
10	3	rear identification lights (red)			
11	2	rear clearance lights (red)			
12	2	rear tail lights (red)			
13	2	rear brake lights (red)			
14	2	rear turn signal lights (red or amber)			
15	2	rear backup lights (white)			
	No. Of Items	Description	Pass	Fail	Notes
	2	rear license plate lights (white)			
	1	front warning light (red)			

1	front warning light (white)			
2	rear warning lights (red)			
1	rear warning lights (amber)			
2 Per Side	side warning lights (red)			
2	grille lights (red)			
1 per side	intersection lights (white)			
1 per side	flood lights			
1	rear flood light			
SHOCKS, WHEELS, TIRES AND TIRE CHANGING EQUIPMENT				
2	front tires (minimum tread of 3/32 even wear and good condition)			
2	rear tires (minimum tread of 3/32 even wear and good condition)			
1	spare tire (minimum tread of 3/32 even wear and good condition)			
1	jack with handle			
1	lug wrench			
1	procedure outlining damaged wheel or tire in lieu of carrying spare tire, jack, and lug wrench			
*	main brakes (in good working condition)			
	parking brake (in good working condition)			
2	front shocks			
2	rear shocks			
WINDOWS, MIRRORS AND CLEANING EQUIPMENT				
1	windshield free from excessive rock chips or cracks			
2	windshield wipers in good working condition			
1	windshield washer unit functional with sufficient washer fluid			
1	windshield defroster			
*	side and rear windows free from excessive rock chips or cracks			
1	window between cab and patient compartment (type II & III)			
2	side rear view mirrors R & L			
SEAT BELTS (In Good Working Condition)				
1	one for each seat in cab			
1	one for each seat in patient compartment			
No. Of Items	Description	Pass	Fail	Notes
*	fasten seatbelt signs-conspicuously displayed in both drivers and patient compartments			
ENGINE, TRANSMISSION, AND ELECTRICAL SYSTEMS				
*	engine oil level			

	*	transmission fluid level			
	*	fan belts			
	1	ignition switch			
	1	electrical system (with all lights on, amp meter reads)			
	1	battery system (dual 12-volt system with labeled selector device)			
	2	dual batteries (in engine compartment with heat shields)			
	2	dual batteries (in ventilated pull out compartment)			
EXHAUST SYSTEM					
	*	exhaust system (in good working condition with mufflers, and tailpipes vented to sides of vehicle)			
HEATING, COOLING, AND VENTILATION SYSTEMS					
	1	heater front			
	1	heater patient compartment			
	1	air conditioner front			
	1	air conditioner rear			
	1	exhaust fan patient compartment			
SECURITY AND RESCUE EQUIPMENT					
	1	fire extinguisher, 5LB type 2A-10BC must be mounted and accessible from patient or drivers compartment			
	1	flashlight rechargeable or has extra batteries and bulbs sufficient for crew			
	2 pr	leather gloves			
		flares or red chemical lights = 180 minutes, or reflective triangles			
	1	24 " crowbar			
	1	51 " wrecking bar			
	1	pry-ax type tool may replace crowbar and wrecking bar			
	1	DOT ERG Hazmat 2008 or newer			
COMMUNICATIONS SYSTEMS					
	1	two way radio system which provides reliable contact between the ambulance and dispatch, receiving hospitals, and online medical direction			
PATIENT CARE REPORTING					
	*	Division specified PCRf (sufficient quantity)			
	*	Division specified electronic data field as outlined in 333-250-0044 (e)			
	No. Of Items	Description	Pass	Fail	Notes
	5	Oregon Trauma System ID bracelets			
	25	triage tags			
SIGNAGE, LICENSES & CERTIFICATES					
	1	"Star of Life" or final stage vehicle manufacturing certificate			Location _____
	1	DHS-EMS ambulance license			Location _____ License # _____ Expiration Date _____

rear window ambulance license (orange and blue)

Location _____
 License # _____
 Expiration Date _____

PATIENT CARE EQUIPMENT – BLS, ILS, and ALS LEVEL OF CARE

Onboard-Installed Medical Oxygen System

1	installed oxygen tank with at least 3000 liter capacity and at least 500 liters at inspection. color coded green in ventilated compartment free from non-secured items, dirt, or combustible items			
1	installed single stage regulator set to at least 50 psi			
*	pressure regulator meter and controls visible, and accessible from inside the patient compartment.			
2	oxygen flow-meters mounted and visible from the airway seat and squad-bench with minimum range of 0-15 lpm			

Portable Medical Oxygen Equipment

1	portable tank with at least 3000 liter capacity and contains at least 500 psi			
1	yoke regulator with pressure gauge with delivery range of at least 0-15 lpm			
1	spare portable tank with at least 3000 liter capacity that is full, tagged and sealed			

Flow-meter test

*	test accurate to within 1.0 lpm when tested at or below 5 lpm			Test Results @ 4 LPM _____
*	test accurate to within 1.5 lpm when tested between 6-15 lpm			Test Results @ 12 LPM _____

MEDICAL OXYGEN ADMINISTRATION EQUIPMENT

3	adult non rebreather masks with tubing			
3	pediatric non rebreather masks with tubing			
3	adult nasal cannulas disposable			

No. Of Items	Description	Pass	Fail	Notes
1	bag valve mask ventilation device with reservoir and universal adapter, must be manually operable with or without oxygen, and be self refilling			
*	ventilation masks transparent and semi-rigid in sizes adult, child, and infant/newborn			
*	PEAD (Combi-tube, King, etc...) if approved by supervising physician, in assorted sizes.			
	end tidal CO2 detection devices adult and pediatric sizes may be colorimetric, capnometric, or capnographic			

	*	oropharyngeal airways sizes ranging from adult to newborn/infant			
	*	nasopharyngeal airways sizes ranging from adult to newborn/infant			
SUCTION EQUIPMENT					
	1	onboard suction unit electrically operated or engine-vacuum			
	2	collection canisters (sealable and disposable or sealable liners)			
	*	must provide adequate suction and be adjustable for pediatrics			
		portable suction unit which can operate independent from electrical source for at least 20 minutes and provides adequate suction			
	1	8 oz bottle of water for clearing suction tubing			
	4	suction tubing (at least ¼ inch diameter, clear, does not collapse under pressure)			
	*	suction catheters ranging from adult to infant/newborn sizes			
CARDIAC MONITORING EQUIPMENT					
		Portable cardiac monitor/defibrillator must be capable of operating independently of an electrical outlet and delivering total defibrillation energy sufficient to meet the number of shocks and power settings prescribed in the EMS supervising Physicians standing orders and be inclusive of the 2005 American Heart Association or equivalent standards and guidelines for emergency cardiac care.			
	1	automatic / semi-automatic / or manual defibrillator (ILS, ALS)			
	3 sets	adult defibrillator pads			
	3 sets	pediatric defibrillator pads			
	1	defibrillator paddles pediatric and Adult or pads 3 sets of each			
	*	monitoring electrodes adult and Infant sizes with adequate supply			
	2 sets	ECG monitor cables			
	*	ECG monitor paper			
	No. Of Items	Description	Pass	Fail	Notes
STRETCHERS, FASTENERS AND ANCHORAGES:					
	1	Wheeled Stretcher: Must be capable of securely fastening to the ambulance body, have a minimum of three restraining devices, an upper torso (over the shoulders) restraint, contain a standard size waterproof foam mattress and be capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position			
	1	Folding Stretcher: The number required is based on the stretcher-carrying capacity of the ambulance. An additional long backboard may be substituted for the folding stretcher. The stretcher must be capable of being securely fastened to the squad bench when carrying a patient, and have a minimum of three restraining devices and an upper torso device			
IMMOBALIZATION EQUIPMENT					
	1	scoop stretcher			
	1	short backboard or equivalent			
	1	long backboard			
	1	pediatric immobilization device			
	2 Sets	adequate number of restraining devices and sufficient supplies for immobilizing			

		the head			
	2 Sets	extrication collars in assorted sizes from adult to pediatric			
	1	traction splint adult and pediatric			
	*	extremity splints assorted sizes			
BANDAGING AND DRESSING MATERIALS					
	*	conforming gauze bandages			
	*	sterile 4x4 gauze sponges			
	*	occlusive dressings 4x4			
	*	sterile bulk dressings 8x30-4 or 7x8-8			
	2	triangle bandages			
	*	adhesive hypo-allergenic tape in assorted sizes			
	*	bandage shears			
	No. Of Items	Description	Pass	Fail	Notes
MISCELLANEOUS EQUIPMENT					
	1	obstetrical kit (disposable)			
	1	hypothermia thermometer			
	*	chemical cold packs			
	*	chemical hot packs			
	*	emesis containers / bags			
	1	urinal female & male			
	1	bedpan			
	1 set	extremity restraining devices			
	1	stethoscope adult			
	1	stethoscope child			
	*	blood pressure cuffs in assorted sizes ranging from large adult to pediatric			
	1	blood glucose testing device or strips			
	*	assorted linen and supplies sufficient to cover wheeled stretcher			
PERSONAL PROTECTIVE EQUIPMENT					
	No. Of Items	Description	Pass	Fail	Notes
	*	non-latex disposable gloves			
	*	disposable face masks			
	*	protective eyewear			
	*	disposable isolation gowns			
	*	hand cleaning solution or gown			
	*	surface cleaning disinfectant			
	1	sharps container for the patient compartment			
	1	sharps container for each kit carrying needles			
	*	infectious waste disposal bags			
MEDICATIONS, EQUIPMENT & SUPPLIES AUTHORIZED FOR USE AS AN EMT-BASIC AS REQUIRED BY SUPERVISING PHYSICIAN					
INTERMEDIATE LEVEL SERVICE AMBULANCE					
		all equipment required for BLS ambulance and the following items for ILS level			

	*	any physiologic crystalloid solution or combination thereof 6000cc min			
	*	medications and fluids authorized for use by an EMT-Intermediate as required by the EMS supervising physician.			
	*	if carrying controlled substances, must adhere to procedures specified in OAR 333-250-0049(A)			
	*	over the needle catheters in assorted sizes 24-gauge through 14-gauge			
	*	specifically designed needles for introsseous infusions			
	*	copy of Intermediate protocols signed by supervising physician within past year			
ADVANCED LEVEL SERVICE					
	*	nasogastric tubes in assorted sizes			
	*	cardiac monitoring equipment			
	*	laryngoscope handle with assorted blades, sizes adult to pediatric			
	*	spare dated batteries for laryngoscope handle			
	*	endotracheal tubes in assorted sizes from adult to pediatric			
	1	Magill forceps adult and child			
	*	endotracheal tube stylettes adult and child			
	No. Of Items	Description	Pass	Fail	Notes
	*	colorimetric, capnometric, or capnographic CO2 detection device			
	*	oxygen saturation monitor			
	*	chest decompression equipment			
	*	sterile I.V. agents and medications authorized by supervising physician			
	*	over the needle catheters in assorted sizes 24 gauge through 14 gauge			
	*	specifically designed needles for introsseous infusions			
	*	copy of advanced level protocols signed by supervising physician within past year			
	*	if carrying controlled substances, must adhere to procedures specified in OAR 333-250-0049(A)			

Notes:



PUBLIC HEALTH DIVISION
EMS and Trauma Systems

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Suite 465
Portland, OR 97232-2162
Office: 971-673-0520
Fax: 971-673-0555
TTY: 971-673-0372
www.healthoregon.org/ems

May 26, 2015

Morrow County Ambulance
ATTN: Rusty Estes
564 E Pioneer Drive
PO Box 9
Heppner, OR 97836

Dear Morrow County Ambulance,

This letter is to inform you that Dr. Daniel Hambleton has applied for and been approved as a Medical Director/Supervising Physician. Dr. Hambleton has listed your agency as one of the agencies he will be acting as Supervising Physician.

At the request of the State Medical Director, Dr. David Lehrfeld, Dr. Daniel Hambleton's email address has been added to our database so the Department can keep you informed of important updates and changes in Oregon EMS.

Sincerely,

Candace Hamilton
Program Manager
Emergency Medical Services and Trauma Systems Program





PUBLIC HEALTH DIVISION
EMS and Trauma Systems

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Suite 465
Portland, OR 97232-2162
Office: 971-673-0520
Fax: 971-673-0555
TTY: 971-673-0372
www.healthoregon.org/ems

May 18, 2015

Daniel C. Hambleton, MD
75950 Highway 74 Lena
Heppner, OR 97836

Dear Dr. Hambleton,

This letter is to inform you your application has been approved as a Medical Director/Supervising Physician for Morrow County Ambulance in Heppner, Oregon.

At the request of the State Medical Director, Dr. David Lehrfeld, your email address has been added to our database so the Department can keep you informed of important updates and changes in Oregon EMS.

We appreciate your acceptance of the duties of the Medical Director/Supervising Physician and look forward to working with you in future EMS activities.

Sincerely,

Dana Selover, MD
EMS and Trauma Systems Director
Emergency Medical Services and Trauma Systems Program





Daniel Hambleton

attended the Continuing Medical Education activity

**NAEMSP[®] National EMS
Medical Directors Course & Practicum[®]**

January 21-23, 2017

**Hyatt Regency
New Orleans, Louisiana**

**and has earned 21.50 *AMA PRA Category 1 Credit(s)*[™]
as a learner in this activity**

ACCME Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Medical College of Wisconsin and National Association of EMS Physicians[®] (NAEMSP[®]). The Medical College of Wisconsin is accredited by the ACCME to provide continuing medical education for physicians.

The Medical College of Wisconsin designates this live activity for a maximum of *21.5 AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

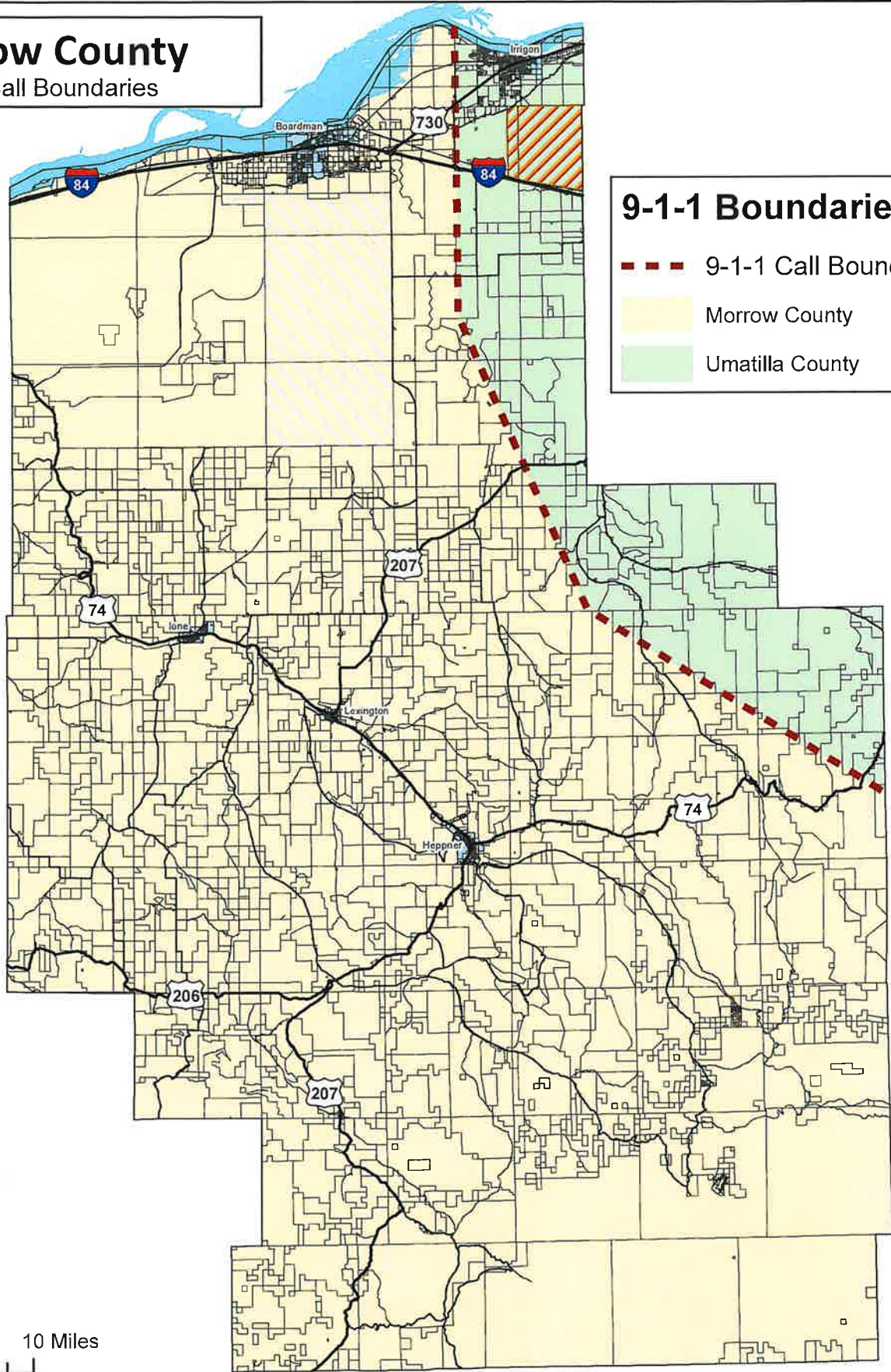
The Medical College of Wisconsin designates this activity for up to 21.5 hours of participation for continuing education for allied health professionals.

Program number 17014

<i>Session Code</i>	<i>Session Title</i>	<i>Sessions Listing</i>	<i>Credits Earned</i>
MDC100	MDC - Course Overview:		0.25
MDC101	MDC - EMS Medical Direction: An Overview Introduction		0.75
MDC102	MDC - EMS Systems Models: Overview & Response, General Concepts & Response Elements		0.5
MDC103	MDC - EMS Dispatch-Structure PSAPs & Technology		0.5
MDC104	MDC - EMS Perspective		0.5
MDC105	MDC - EMS Systems Models: Domestic & International Models/Best Practices		0.5
MDC106	MDC - Emergency Medical Dispatch: Function, Call Taking, Pre-Arrivals & System Integration		0.25
MDC107	Case Studies in Medical Direction #1		1.5
MDC108	MDC - Anthropology of EMS		0.5
MDC109	MDC - Quality Improvement		0.5
MDC110	MDC - Leadership and Management as the Medical Director		0.5
MDC111	MDC - Panel: Political Pitfalls in Medical Direction		0.75
MDC201	MDC - Practical Issues in Medical Direction		0.5
MDC202	MDC - Mobile Integrated Health Care: Principles, Challenges, Models, Pilot Projects		0.5
MDC203	MDC - Controversies in Air Medical Care		0.5
MDC204	MDC - Case Studies in Medical Direction #2		1.75
MDC205	MDC - EMS Financial Fundamentals: Operational Costs, Basics of Accounting		0.5
MDC206	MDC - Data 300		0.5
MDC207	MDC - Case Studies in Medical Direction #3		1.5
MDC208	MDC - EMS Finance: Reimbursement, Revenue Streams, Health Care Finance Reform and EMS Impact		0.5
MDC209	MDC - Legal Concepts and Medical Direction		0.5
MDC210	MDC - Panel Strategies to Improve Systems		0.75
MDC301	MDC - Evidence Based Protocols for EMS		0.5
MDC302	MDC - Legal Authority and Medical Direction		0.5
MDC303	MDC - Fundamentals of Disaster Care: Structural Elements		0.5
MDC304	MDC - Legal Cases and Medical Direction		0.5
MDC305	MDC - Disaster Management in Practice		0.5
MDC306	MDC - EMS from the Federal Perspective		0.25
MDC307	MDC - Case Studies in Medical Direction #4		1.5
MDC308	MDC - EMS State of the Art: Integrated System of Cardiac Care		0.5
MDC309	MDC - EMS State of the Art: Controversies in Emergency Airway Management		0.5
MDC310	MDC - EMS State of the Art: Improving Cardiac Arrest Care in Your System		0.5
MDC311	MDC - EMS State of the Art: Evolution of the Police/EMS Relationship		0.75
MDC312	MDC - Wrap up & Evaluation		0.5
<i>Total Credit</i>			<i>21.50</i>

Morrow County

9-1-1 Call Boundaries



0 2.5 5 10 Miles



Streets

Highway



Army Depot

Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI

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