

Special Session Board Meeting Agenda July 8, 2022 at 12 p.m.

Zoom https://us06web.zoom.us/j/85288042353?pwd=a3FOZklIOVRwbUNhaEVFenp6M0J0Zz09

Meeting ID: 852 8804 2353

Passcode: 529293

Audio Only: +1 346 248 7799

1. Call to Order

2. New Business

A. New Appointment to EMS Advisory Committee

B. Public Relations Contract

3. Executive Session

A. ORS 192.660(2)(f) to consider information or records that are exempt from disclosure by law

4. Adjourn

Morrow County EMS Advisory Committee Application

1. Contact Information

Full Name Richard Hernandez	Preferred Name	
Address 70055 Ridge Crest Lane	City Boardman	
State OR	Zip 97818	
E-mail Address richardz633@gmail.com	Phone 5413000274	

	OK	9/010	
	E-mail Address richardz633@gmail.com	Phone 5413000274	
2.	What is the best email to use to send important do	cuments? richardz633@gmail.com	
3.	What is the best email to use to send important documents? richardz633@gmail.com What is the best phone number to contact you in case of emergency? 5413000274		
4.	Please check the box to indicate the appropriate status:		
	■ Application for <u>New Appointment</u> to Committee □	Application for Reappointment to Committee	
5.	What Committee seat will you represent?		
	\square Supervising Physician or designee for the ambulance service provider		
	■ EMT from Boardman		
	☐ EMT from Irrigon		
	☐ EMT from Heppner		
	☐ EMT from Ione		
	\square QRT representative (Lexington)		
	\square 9-1-1 systems representative		
	☐ Director of Nursing Service or designee from Pioneer Memorial Hospital		
	\Box Director of Nursing Service or designee from Good She	epherd Hospital	
	☐ Fire department representative		
6.	Letter of Interest Please provide a brief explanation of your interest and re County EMS Advisory Committee.	levant experience to support serving on the Morrow	
	I would like to join the committee to help improve to our communities in Morrow county.	e the quality of service that is being provided	
	I have served as part of an NFPA 1911 advisory comparison, I do believe that that experience where.		

Morrow County EMS Advisory Committee Application

1. Contact Information

Preferred Name Susie
City Boardman
Zip 97818
Phone 5413000274

2.	What is the best email to use to send important documents?	
3,	What is the best phone number to contact you in case of emergency?	
4.	Please check the box to indicate the appropriate status:	
	■ Application for New Appointment to Committee □ Application for Reappointment to Committee	
5.	What Committee seat will you represent?	
	☐ Supervising Physician or designee for the ambulance service provider	
	■ EMT from Boardman	
3003	☐ EMT from Irrigon	
2	☐ EMT from Heppner	
e	□ EMT from lone	
:	☐ QRT representative (Lexington)	
	☐ 9-1-1 systems representative	
	☐ Director of Nursing Service or designee from Pioneer Memorial Hospital	
	☐ Director of Nursing Service or designee from Good Shepherd Hospital	
	☐ Fire department representative	

6. Letter of Interest

Please provide a brief explanation of your interest and relevant experience to support serving on the Morrow County EMS Advisory Committee.

I would like to join the committee to improve quality of care for patients in our service area and to make the EMS workplace (aka ambulance, on scene, and station) as efficient and pleasant as possible. I have 12 years experience in EMS and am currently working at the Arlington Medical Center part time as well as an EMT intermediate for Boardman Ambulance. I have been involved in a broad spectrum of health care and have a heart for patients and would like to see their needs met in the best way possible.



CREATIVE | DIGITAL | PUBLIC RELATIONS

July 6, 2022

BY EMAIL: nicolem@mocohd.org

Nicole Mahoney, COO Morrow County Health District P.O. Box 9 Heppner, OR 97836

Dear Nicole,

This agreement is made and entered into between Gard Communications (Gard) and the Morrow County Health District (Client). The agreement shall apply to any and all individuals affiliated as employees or independent contractors of Gard.

Engagement. Gard shall provide crisis and communications consulting to the Morrow County Health District on an ongoing basis.

Gard may also be asked by Client to work on additional production projects. Such projects are covered by the terms of this agreement, but will be budgeted and billed outside of the monthly fee outlined herein.

Compensation. To carry out the services, Gard will charge a monthly fee of \$7,500. Professional rates range from \$125 to \$350 per hour. We bill monthly for professional time and project expenses that were incurred in the prior month and request payment in 30 days. We do not bill for routine internal expenses or local travel time; long-distance travel and/or production costs shall be billed net in excess of the monthly fee.

Work Product. No work will be carried out without your approval. Any materials produced by Gard as part of this engagement are the property of the Morrow County Health District.

Confidentiality. Gard agrees that all information of any kind received in connection with this engagement shall be held strictly confidential. There shall be no dissemination to any third party of information of any kind received in connection with this engagement, unless you provide prior approval.

Duration. The engagement begins July 6 and is ongoing; however, either party may terminate this agreement at any time for any reason, as long as outstanding obligations are met to the satisfaction of the other party.

If you agree that this letter represents our mutual understanding of the engagement, please join me in signing below. Nicole, we appreciate your confidence in the firm and look forward to working with you.

Very truly yours,

In agreement:

Liz/Fuller

President & CEO

Nicole Mahoney, COO

Morrow County Health District