

MORROW COUNTY
AMBULANCE SERVICE PLAN

ADOPTED _____, 2023

Morrow County Ambulance Service Area Plan

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1.

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

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

1. Each subject or item contained in the plan was addressed and considered in the adoption of the plan;
2. In the governing body's judgment, the ASAs established in the plan provides for the efficient and effective provision of ambulance services; and
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 this _____ day of _____, 2023.

David Sykes, Commissioner, Chair, Position 3

Jeff Wenholz, Commissioner Vice-Chair, Position 2

Roy Drago, Jr., Commissioner, Position 1

2. OVERVIEW OF MORROW COUNTY (DEMOGRAPHIC AND GEOGRAPHIC DESCRIPTION)

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.

With the exception of the cities of Boardman, Heppner, and Irrigon, Morrow County is a sparsely populated county that is remote from ambulance service and therefore relies on First Responders, as defined below, for initial emergency medical care. In Boardman, Heppner, and Irrigon, ambulance service is generally on scene before a first responder.

Morrow County averages 1400 requests for ambulance service each year. This figure includes emergency and non-emergency scene response; hospital to home transfers; inter-facility transfers; stand-by service; and no patient transports. The County has established 3 Ambulance Service Areas which generally follow the boundaries of the fire districts within the County. Mutual aid agreements will be enacted between the ambulance Providers and may include mutual aid agreements from providers in adjoining counties. For example, with Umatilla County Fire District #1 and Gilliam Medic.

The following is the Ambulance Service Area Plan and ambulance ordinance for Morrow County. This ASA Plan is required by ORS 682.204 to ORS 682.991 and Oregon Administrative Rules 333, Division 260. The intent of the County Commissioners is to ensure that the citizens of Morrow County have access to efficient and effective ambulance services throughout the County.

3. DEFINITIONS

- (a) “ALS” stands for Advanced Life Support and is a collection of specialized equipment and training skills for an ambulance to qualify as defined under Oregon law.
- (b) “Ambulance” means any privately or publicly owned motor vehicle, aircraft, or marine craft operated by a Division-licensed ambulance service and that is regularly provided or offered to be provided for the emergency and non-emergency transportation of persons suffering from illness, injury, or disability.
- (c) “Ambulance Service” means any individual, partnership, corporation, association, governmental agency, or other entity that holds a Division-issued ambulance service license

to provide emergency and non-emergency care and transportation to sick, injured or disabled persons.

- (d) “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.
- (e) “Ambulance Service Plan (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 shall 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.
- (f) “Ambulance Service Provider” means a licensed ambulance service that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.
- (g) “BFRD” means Boardman Fire Rescue District, an Oregon 478 special district.
- (h) “BLS” stands for Basic Life Support and is a collection of equipment and skills defined under Oregon law.
- (i) “Board” means the Morrow County Board of Commissioners.
- (j) “County Government or County Governing Body (County)” means a Board of County Commissioners or a County Court.
- (k) “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.
- (l) “Division” means the Public Health Division, Oregon Health Authority.
- (m) “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.
- (n) “EMS Advisory Committee” is defined in paragraph 5(a) and appointed by the Morrow County Board of Commissioners.
- (o) “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) or a rural fire protection district that provides emergency response services.

- (p) "License" means the document issued by the Oregon Health Authority 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.
- (q) "Morrow County Health District" ("MCHD") is a Health District organized under OR Chapter 440 that provides medical services through its hospital located in Heppner and has provided ambulance services throughout the County since 1998.
- (r) "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.
- (s) "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
- (t) "Provider" means any public, private, or volunteer entity providing EMS.
- (u) "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
- (v) "Public Service Answering Point (PSAP)" means an agency that answers calls from citizens for emergencies involving requests for emergencies involving requests for emergency fire, police, or medical assistance. An example of a PSAP in a 9-1-1 Center.
- (w) "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.
- (x) "Supervising physician" has the meaning provided in OAR 847-035-0001(15).

4. BOUNDARIES

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

(b) ASA NARRATIVE DESCRIPTION

There are 3 ASA Service Areas which are identified on the attached ASA maps. They are identified as the North East ASA, Northern ASA and Southern ASA. Providers will be designated for each ASA Service Area. A Provider may be designated for more than one service area. With one exception, the ASA's mirror the boundaries of the county's rural fire protection districts.

The Northern ASA encompasses most of the area of BRFD, and is further described as 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; provided, however, that one area in the northeast corner is included in the Southern ASA in order to provide a 35 mile distance between MCHD's hospital, Pioneer Memorial Hospital, and adjacent Providers. This helps preserve MCHD's Critical Access Hospital designation which, in turn, preserves Medicare cost-based reimbursement for ambulance services.

The Southern ASA encompasses the areas of Heppner and Ione Rural Fire Protection Districts. This area 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. This includes the areas defined by Willow Creek Road East to Morrow/Umatilla County line on Forest Service Road 53, and the area removed from the BFRD noted above.

The North East ASA 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, which includes the area of Irrigon.

(c) Maps Depicting 9-1-1, Fire Districts and Incorporated Cities (See Appendix #2)

(d) Alternatives Considered to Reduce Response Times

Morrow County has three ASA Service Areas. The boundary definitions roughly mirror the existing rural fire protection districts within the county that have been formed based on the effects of artificial & geographic barriers on response time for emergency services and recognize 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 Response Areas.

Another 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 requested, and other units respond from a more distant location.

In instances in which a response may be delayed, there are several options which may be considered and employed based on the circumstances:

- Multiple ambulances may be dispatched from different locations within the ASA Service Area and/or outside of the ASA Service Area utilizing mutual aid agreements,
- An air ambulance may be requested,
- Additional personnel may be requested,
- Other agencies, such as a fire district, may be contacted for assistance.

5. SYSTEM ELEMENTS

(a) 9-1-1 Dispatched Calls: 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.

(b) Pre-arranged Non-emergency Transfers and Inter-facility Transfers:

A provider retains the first right of refusal for non-emergency ambulance and inter-hospital transfers in that Provider's assigned area.

In the event that a Provider's ambulance services are not unavailable, it is the responsibility of the hospital to locate transportation services from other Providers.

(c) Notification and Response Times: Notification times for all responding EMS personnel shall not exceed three (3) minutes.

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.

(d) Level of Care:

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

- (A) Providers shall provide ALS ambulance certified responses in their ASA. Providers may respond with BLS certified responses as secondary or if responding outside of its ASA.
- (B) 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.

(e) Personnel:

Providers shall conform to the following standards:

- (A) The North East ASA Provider will stage two ambulances in Irrigon. One

ambulance will be staffed with 2 full-time employees 24 hours a day, 7 days a week. Backup crews will be available for staffing the second ambulance. These ambulances will be equipped and staffed to support ALS capabilities.

- (B) The Northern ASA Provider will stage two ambulances in Boardman. Two of the ambulances will be staffed with 2 full-time employees 24 hours a day, 7 days a week, and support ALS capabilities.
- (C) The Southern ASA Provider will stage two ambulances in Heppner, and one in Ione. One of the Heppner ambulances will be staffed with 2 full-time employees 24 hours a day, 7 days a week, and be ALS capable. These ambulances will be staffed to support ALS capabilities. A third ambulance will be staged in Ione and will be equipped to support ALS capabilities. This Ione ambulance will be staffed by First Responders. Dispatch to areas served by Ione will include simultaneous dispatch from Heppner. The Southern ASA will maintain two additional ambulances, equipped for ALS capabilities, for back up and mutual aid. These may be staged in Irrigon or Heppner, at the Provider's discretion.

(f) Medical Supervision:

All Providers shall retain a Supervising physician as required under Oregon laws, To establish a minimum level of medical supervision, the Provider shall conform to the following additional standards:

- (A) The supervising physician or designee shall:
 - (1) Conduct at least one (1) meeting each calendar quarter for case review with the Provider and the Provider's staff that provide ambulance response.
 - (2) Provide training or case review for staff when required, but not less than six (6) times per year.
 - (3) Maintain and review annually or as needed standing orders and response protocols.
- (B) Ensure that appropriate records are maintained for licensing of staff.

(g) Patient Care Equipment:

To establish a minimum standard for patient care equipment within Morrow County, Providers shall conform to the following standards:

- (A) 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 all necessary requirements to fulfill those outlined in Oregon statutes and OAR 333-255-0072 as it may be amended from time to time,
- (C) ALS ambulance service Providers shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all 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.

(h) Vehicles:

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

- (A). Ambulances shall not be operated unless the ambulance:
 - (1) conforms to ORS 682.015 to 682.295 and all rules adopted by the Authority;
 - (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.
- (B) Ambulances shall be maintained in conformity with vehicular manufacturer's recommendations and recommendations of the ambulance conversion manufacturer.
- (C) Vehicular equipment shall conform to ORS 682.015 to 682.295 and all administrative rules.
- (D) Records will be maintained as necessary to demonstrate compliance with (a), (b) and (c) listed above.
- (E) Ambulances shall be operated 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) Ambulances staffing shall meet the requirements established in OAR 333-255-0070.

(i) Training

In order to create a consistent level of education and training, the Morrow County EMS Advisory Committee shall cooperate with Providers, private or public companies, agencies, and educational facilities to create opportunities for continuing education and training for all EMS personnel. All training will meet or exceed Oregon Health Authority requirements.

(j) Quality Improvement

(A) Structure

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

The QA Program shall be implemented through the establishment and operation of the EMS Advisory Committee. The Advisory Committee shall, in addition to its other responsibilities, act as the QA Committee. The EMS Advisory Committee members shall serve at the pleasure of the Board of Commissioners of Morrow County without compensation. The QA Committee shall meet quarterly or more often if called by the County’s Public Health Director. Terms of appointment will be for two years. The members of the EMS Advisory Committee will be chaired by the Morrow County Public Health Director, or in the absence of the Public Health Director, the Morrow County Administrator or the County Administrator’s designee. The EMS Advisory Committee shall consist of the following:

- (1) A supervising physician or designee from each ambulance Provider;
- (2) Subject to approval by the Morrow County Commissioners, a representative nominated by and from each of the following fire districts: BFRD, Ione Fire, Heppner Fire, and Irrigon Fire, for a total of four (4);
- (3) A Director of Nursing Service or designee appointed by Pioneer Memorial Hospital in Heppner and one from Good Shepherd Hospital in Hermiston;
- (4) A 9-1-1 systems representative appointed by PSAP; and
- (5) Morrow County’s Public Health Director.

(B) QA Program Process.

- (1) The EMS Advisory Committee 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 EMS Advisory Committee acting as the QA Committee shall have the following duties, powers, and responsibilities:
 - (a) Investigate medically related issues related to the provision of ambulance services in Morrow County.
 - (b) Recommend to the Board any amendments to the ASA Plan and EMS Ordinance.
 - (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) Identify and propose remedies for the correction of substandard pre-hospital emergency medical care provided in Morrow County.
- (g) Report directly to the Board on all matters coming before the EMS Advisory Committee.
- (h) Subject to approval by the Board, adopt rules of procedure. A quorum must include a physician or designee, and Morrow County's Public Health Director, or designee.
- (i) All investigations shall, to the greatest extent allowed by law, be conducted pursuant to ORS 41.675 and ORS 41.685, and medical information shall be further protected under the Health Insurance Portability and Accountability Act regulations and Oregon Public Records laws. Subject to approval by the County Commissioners, the QA Committee shall develop and propose approval of procedures to ensure confidentiality under the above provisions.

(3) The EMS Advisory Committee shall conduct 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 when authorized by Oregon law. 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 chairperson shall have the following duties powers and responsibilities:

- (a) Maintain a filing system for the records of the EMS Advisory Committee.
- (b) Provide for the administration of appeals and hearings to the appropriate government bodies.
- (c) When appropriate, 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) Sanctions for Non-Compliant Personnel or Providers

Sanctions for non-compliance by Providers with the ASA plan are addressed in the Morrow County EMS Ordinance. (See Appendix #9)

QA Problem Resolution

- (1) In the event that the EMS Advisory Committee identifies an issue with a Provider's compliance with the ASA Plan, the EMS Advisory Committee:
 - (a) may request additional information necessary to evaluate the compliance concern;
 - (b) contact the Provider in writing and identify the specific facts, laws, rules, or protocols of concern; or
 - (c) request that within thirty (30) days the Provider submits a written response and a plan to correct any deficiencies.
- (2) Upon receipt of the written response, the EMS Advisory Committee shall:
 - (a) Review the response to ensure that it responds to all questions;
 - (b) Review the written plan for resolution of any 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; and
 - (f) Attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.
- (3) In the event the EMS Advisory Committee is unable to obtain compliance or correction of a deficiency under the above procedures, it may refer the matter to the Board for its determination on proceeding with a hearing or taking other action.

(4) If any Provider is dissatisfied with the results of a meeting with the EMS Advisory Committee, the Provider may request a hearing before the Board 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.

(5). 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.

(6) In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board may sanction the Provider if appropriate, or terminate the Providers ASA Territory.

(7) The EMS Advisory Committee will periodically review the MCI plan and suggest revisions to the Board. Subject to approval by the Board, the Director of Emergency Management may amend the Medical component of the County Emergency Management Plan. For MCI Plan and Approval letter, (See Appendix #7.)

6. COORDINATION

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

The County Board of Commissioners shall administer the ASA Plan with the assistance of the EMS Advisory Board as noted above. Revisions to the ASA Plan can only be made by the County Board of Commissioners.

(b) Complaint Review Process:

(A) In the event the EMS Committee receives a complaint and identifies a need for compliance with the Ordinance, ASA Plan, adopted protocols and procedures, or correction of a deficiency under the procedures above, the matter shall be referred to the Board for consideration of further action.

(B) If any Provider, individual or organization is dissatisfied with the results of a meeting with the EMS Advisory Committee, 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.

(C) 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.

(D) In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board may sanction the Provider if appropriate, or terminate the Providers ASA Territory.

(c) Mutual Aid Agreements

(A) 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.)

(B) All requests for mutual aid shall be made through the appropriate PSAP.

(C) All mutual aid agreements will be reviewed annually and modified as needed by mutual consent of all parties.

(D) 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.

(d) Disaster Response:

(A) County resources other than ambulances.

(1) 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.

(2) 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.

(3) 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.

(B) Outside county resources.

(1) 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.

(2) 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.

(3) Additional Ambulances

(a) Rotary-wing ambulances

(b) Life Flight (Pendleton, OR)
1-800-452-7434

(c) AirLink of Oregon (Bend, OR)
1-800-621-5433

(4) Fixed-wing ambulances

(a) AirLink of Oregon (Bend, OR)
1-800-621-5433

(b) Life Flight (Pendleton, OR)
1-800-452-7434

(5) Ground ambulances

(a) Umatilla County Fire District #1 1-541-567-8822

(b) Pendleton Ambulance 1-541-267-1442

(c) Spray Ambulance 676-5317 or 9-1-1

(d) South Gilliam Health Center 1-541-676-5317 or 9-1-1

(e) Arlington Ambulance 676-5317 or 9-1-1

(C) Mass Casualty Incident (MCI) Management Plan

1. Purpose. 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:

- (i) assess nature and severity of incident;
- (ii) advise appropriate 9-1-1 PSAP of situation;
- (iii) request appropriate fire and police services; and
- (iv) request initiation of EMS mutual aid if needed.

b. Initial EMS Responders upon call-out shall:

- (i) check-in with Incident-Commander;
- (i) effect needed rescue, if trained and equipped to do;
- (iii) establish and organize the transportation of all injured, ill, or evacuated;
- (iv) alert area hospital(s) of situation; and
- (v) monitor and reassess situation periodically considering:

- (1) weather;
- (2) topography;
- (3) exposures;

(4) life threatening hazards; and

(5) fire hazards.

(D) Response to Terrorism.

Morrow County does not have adequate resources to sustain a reinforced response to a major terrorist incident. As a result, it is necessary for Providers to establish mutual aid agreements with all surrounding jurisdictions. Providers must be prepared to recall to duty employees, and to develop volunteers to supply additional assistance. Providers shall establish recall lists of phone numbers, pages, or other contact information, and keep them current, and establish and maintain a current list of employees, including any volunteers that may be used. If not dispatched, first responders are authorized to self-dispatch to local or nearby events for the purpose of standby staging, i.e., without interference with the event or others responding to the event. Providers shall establish access to individual PPE for employees and volunteers and define a reporting location or process for receiving directions and coordination of response from command. Provider employees and volunteers should be advised to not respond to incidents outside of their jurisdiction without deployment instructions from the Providers acting command. If the size, scope, or complexity of an incident is beyond a Provider's resources, Providers should request mutual aid and contact the county emergency incident command team, the Fire Board Acting Chief, and the State Fire Marshall for implementation of the State Fire Service Mobilization Plan. Protocols should be established for all employees and volunteers to be aware of and comply with these requirements.

(e) Personnel and Equipment Resources:

(A) Non-transporting EMS providers

Irrigon Rural Fire Protection District, 541.922.3133

City of Heppner Fire Department, 541-676-9618

Ione Rural Fire Protection District, 541.422.7303

Lexington Volunteer Fire Department, 541-989-8515

(B) Hazardous Materials

There is limited county-wide hazardous materials equipment resources located at:

(1) Boardman FRD -- 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

(C) Search and Rescue

- (1) Morrow County Sheriff's 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.

(D) 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

(E) Extrication

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

(f) Emergency Communication and System Access

(A) 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.

(B) Dispatch Procedures.

(1) The appropriate personnel shall be notified by the dispatcher via telephone or pager within three (3) minutes of receipt of a Code 3 call.

(2) 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.

(3) 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.

(4) 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.

(5) 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 each patient;
- (d) Vital signs of each patient;
- (e) Treatment rendered; and
- (f) Estimated time of arrival.

(C) Radio System:

(1) The PSAP shall:

- (a) restrict access to authorized personnel only;
- (b) meet state fire marshal standards;
- (c) 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
- (d) maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes;
- (e) utilize plain English; and
- (f) be equipped with a back-up power source capable of maintaining all functions of the center.

(2) 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.

(D) Emergency Medical Services Dispatcher Training:

(1) 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.

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

7. PROVIDER SELECTION

(a) Initial Assignment

The initial assignment shall be made through the application process. Assignment is subject to compliance with all terms of the enacting Ordinance and the terms of this ASA Plan. Provided the Provider remains in good standing, the assignment is effective for five (5) years, or until a successor is assigned to the ASA Service Area. The initial Providers may reapply for another term of five (5) years at the end of the initial term.

(b) Reassignment

If a new provider is assigned to a Morrow County ASA, the assignment will not exceed five (5) years. At the end of five (5) years, the ambulance service provider may reapply for another term.

(c) Application for an ASA

The Morrow County ASA Plan, Ordinance, and, upon appointment, the EMS Advisory Board, will establish standards to evaluate the efficiency and effectiveness of existing service providers as well as establishing guidelines for potential applicants to a service area.

Any member of the Board of Commissioners may attend regular meetings of the EMS Advisory Committee, including executive sessions, 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.

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 Authority.

The Board will review any applications received requesting assignment of an ambulance service area in Morrow County. The Board may seek information and input from the EMS Advisory Committee when evaluating applications. Each ambulance service provider applicant will be required to:

- (A) show the level of service that will be provided for pre-hospital emergency medical care;

- (B) show that the call volume and financial ability of the provider will be sufficient to provide financial soundness for operation;
 - (C) show its service will provide quality care to all persons residing in or passing through the service area;
 - (D) follow all regulations pertaining to ambulance service as set forth by the Oregon Health Authority, Oregon Board of Medical Examiners and Oregon Department of Motor Vehicles;
 - (E) 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
 - (F) adhere to all policy, procedures and guidelines set forth in the Morrow County ASA Plan.
- (d) 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 a Provider 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 affected area.
 - (D) The 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 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).

(e) Maintenance of Level of Service

A Provider that no longer provides ambulance services will be required to turnover their ambulance(s) and equipment to the Board for use until a replacement service can be established in the area. Reasonable compensation will be negotiated by the vacating Provider and the Board. However, Oregon law may not require payment for the ambulances to another entity taking over the ASA Service Area. In the event that the parties are unable to agree on reasonable compensation, either party may request binding arbitration through the Morrow County Circuit Court.

8. COUNTY ORDINANCES AND RULES

See Attached Appendix

APPENDICES:

ASA Map with Response Time Zones	#1
9-1-1 Map	#2
Incorporated City Maps.....	#3
Fire District Boundaries Maps.....	#4

Agreement to Provide Ambulance Services.....#5
Ambulance Mutual Aid Agreement#6
Mass Casualty Incident Management Plan Approval Letter#7
Ambulance Inspection Forms.....#8
Morrow County EMS Ordinance#9

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