

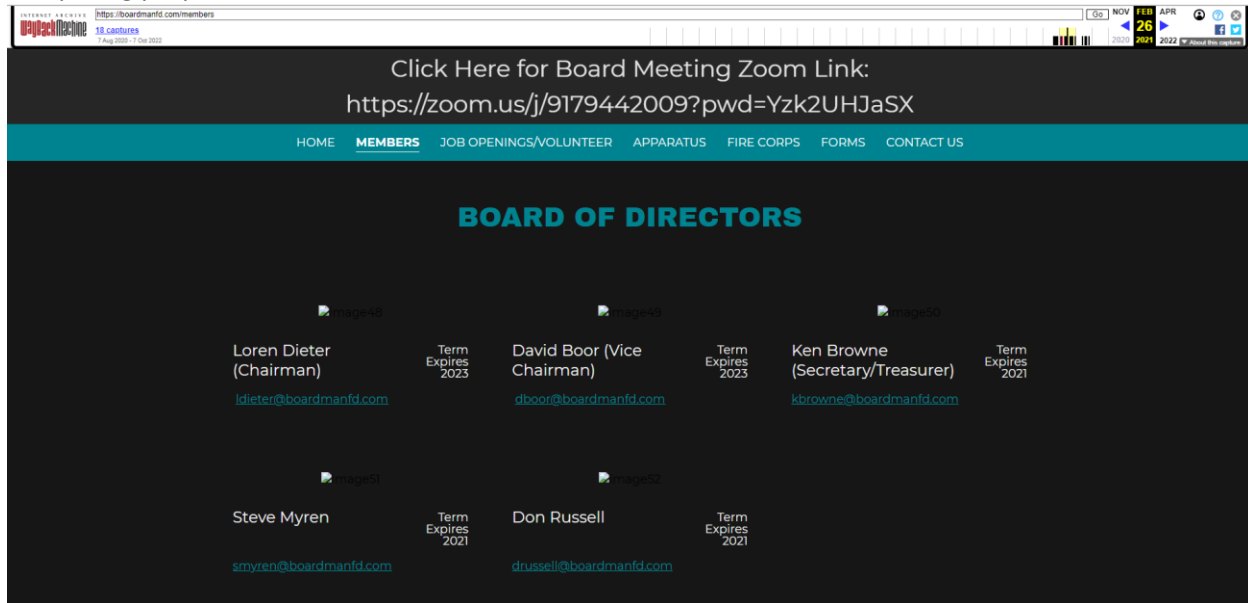
History of Boardman Fire Rescue District Interactions with Morrow County Board of Commissioners from February 2021 – April 2023

- Timeline..... 1
 - Excerpt from February 24, 2021 BOC Meeting - Agenda, Minutes, Packet 5
 - Excerpt from March 17, 2021 BOC Work Session - Agenda, Packet 80
 - Email from Commissioner Russell to County Counsel Nelson dated March 17, 2021 216
 - Letter from Dr. Dan Hambleton to Boardman Fire Rescue District dated March 17, 2021 217
 - Email from Commissioner Russell to MCHD CEO Fowler dated April 7, 2021 218
 - Excerpt from April 28, 2021 BOC Meeting - Agenda, Minutes, Packet 219
 - Excerpt from February 2, 2022 BOC Meeting - Agenda, Minutes, Packet 297
 - Excerpt from May 18, 2022 BOC Meeting - Agenda, Minutes, Packet 304
 - Letter of Support for BFRD by Commissioner Russell on Morrow County Letterhead 369
 - Excerpt from July 27, 2022 BOC Meeting - Minutes 370
 - Excerpt from August 3, 2022 BOC Meeting - Agenda, Minutes, Packet 371
 - Excerpt from August 17, 2022 BOC Meeting - Minutes 434
 - Excerpt from September 7, 2022 BOC Meeting - Minutes 436
 - Excerpt from September 14, 2022 BOC Meeting - Agenda, Minutes, Packet 439
 - Agenda from September 23, 2022 ASA Consultation & Discussion 449
 - Excerpt from October 12, 2022 BOC Meeting - Minutes 450
 - Excerpt from November 2, 2022 BOC Meeting - Minutes 451
 - Excerpt from February 22, 2023 BOC Meeting - Agenda, Minutes, Packet 454
 - Excerpt from March 15, 2023 BOC Meeting - Agenda, Minutes, Packet 588
 - Excerpt from April 5, 2023 BOC Meeting - Agenda, Minutes, Packet 599
 - Excerpt from April 19, 2023 BOC Meeting - Agenda, Packet 616

This cover letter contains a brief overview of BFRD's interactions with the Morrow County Board of Commissioners beginning in February of 2021.

February 24, 2021:

- Rusty Estes, Morrow County Health District EMS Coordinator, presented to the Morrow County Board of Commissioners about the Ambulance Service Area Plan due for re-approval by the Oregon Health Authority. Don Russell, BOC Chair and Boardman Fire Rescue District Board Member, invited BFRD Chief Michael Hughes to present Hughes' idea for a new ASA Plan. Hughes proposed to split Morrow County into two ambulance service areas with BFRD serving Boardman/Irrigon. A work session was scheduled for March 17, 2021 to discuss the competing proposals.



March 17, 2021:

- MCHD and BFRD presented competing ASA Plans to the Morrow County BOC in a work session.
- Based on BFRD's presentation, which relied on BFRD taking MCHD's assets and tax base to provide ambulance service, Commissioner Russell sent an email to County Counsel Justin Nelson stating, "It seems counterintuitive to me, that Morrow County Health District passes an operating levy, and those funds would travel to another taxing district without a general election and a vote of the people. **If the funds don't follow the ambulance service provider, then Boardman Fire would not have the resources to provide the service.** There would be no need to prepare budgets or spend time on something that is not going to happen."
- Dr. Dan Hambleton, BFRD Medical Director and MCHD EMS Medical Director, resigned from his position as BFRD Medical Director due to lack of a "collaborative effort."

April 7, 2021:

- Commissioner Russell notified Ryan Fowler, MCHD CEO, via e-mail that the Special Districts Association of Oregon and the Oregon Department of Revenue concurred that Hughes could not take MCHD's assets and tax base, stating, "This should put an end to what appeared like **a hostile takeover.**"

April 28, 2021:

- Commissioners Russell, Doherty, and Lindsay **voted unanimously to approve the ASA Plan for another five years with MCHD as the sole ambulance service provider for Morrow County.**

- Chief Hughes requested support from the BOC to apply for an ambulance license, but was asked to submit the request through the proper channels.

(Between these dates, BFRD does not appear to have come before the board to submit their request through the proper channels as requested by the Morrow County BOC. Hughes' next request does not appear until shortly after the death of MCHD's EMS Director, Rusty Estes.)

February 2, 2022:

- Chief Hughes requested support from the BOC to apply for an ambulance license, but it was determined the request was not properly vetted and he was directed to collaborate with MCHD.

May 18, 2022:

- Carrie Connelly, legal counsel for BFRD, presented a request to the BOC for a letter of support for BFRD to apply for an ambulance license. Troy Bundy, legal counsel for MCHD, explained the appropriate process for vetting this request as written in the Morrow County ASA Plan. Commissioners voted 2:1 to allow County Counsel Justin Nelson time to review the request.

June 27, 2022:

- **Commissioner Russell wrote a letter to the Oregon Health Authority on Morrow County letterhead supporting BFRD's request for an ambulance license without the approval of the Morrow County BOC.**

July 27, 2022:

- Commissioner Russell was asked during the public comment period about the letter he wrote in support of BFRD's ambulance service, which he confirmed was on county letterhead, but which he could not provide a copy of.

August 3, 2022:

- Chief Hughes made public comment to the BOC requesting that the ASA Plan be amended to add BFRD as a "secondary transport service."
- Nicole Mahoney, MCHD COO, requested comment from the BOC about the letter included under correspondence from MCHD to the BOC addressing BFRD's application for licensing, **which included incorrect information.**

August 17, 2022:

- Chief Hughes spoke during public comment to request that the BOC convene a group to update the ASA Plan, to include two representatives from BFRD and two from MCHD, but no legal counsel other than the deputy DA for Morrow County.
- Lisa Pratt, BFRD Board Member, spoke during public comment in support of Hughes' request.

September 7, 2022:

- Ken Browne, BFRD Board Chair, made public comment requesting a letter of support from the BOC to license BFRD's ambulances. Direction was given to participate in mediation **and to provide documentation of need to the BOC.**
- The BOC discussed a contract with Elizabeth Heckathorn and agreed to add the contract to the next consent agenda.

September 14, 2022:

- Ken Browne, BFRD Board Chair, made public comment requesting a letter of support from the BOC to license BFRD’s ambulances. ***(There is no record that documentation of need was submitted between the meeting on September 7 and the meeting on September 14.)***
- The BOC approved a consulting services agreement with Elizabeth Heckathorn.

September 23, 2022:

- Elizabeth Heckathorn facilitated a “Morrow County ASA Consultation and Discussion” meeting in Boardman with attendance by BFRD, MCHD, and other interested parties including member of the public.

October 3, 2022:

- Ms. Heckathorn continued facilitation of the Morrow County ASA discussion, which was followed by mediation. Commissioner Russell initially refused to leave mediation despite agreement by the BOC not to participate. BFRD, MCHD, Boardman Police Department, and Morrow County Sheriff’s Office participated in a mediation discussion.

10/03/2022 - 1:30pm ASA Mediation Meeting View Details

« first < previous 1 2

Morrow County Oregon | P.O. Box 788 | 100 S. Court Street | Heppner, OR 97836

October 12, 2022:

- Ken Browne, BFRD Board Chair, made public comment requesting a letter of support from the BOC to license BFRD’s ambulances. **County Counsel Justin Nelson reminded Mr. Browne that BFRD has yet to submit documentation of need as agreed to in writing by BFRD legal counsel Carrie Connelly.**

November 2, 2022:

- Chief Hughes made public comment requesting a letter of support from the BOC to license BFRD’s ambulances. **Commissioner Doherty suggested that Chief Hughes provide documentation of need for the BOC to consider.**

November 10, 2022:

- Chief Hughes posted a political sign on public property about two of the three Morrow County Commissioners during the midst of a recall election.



February 22, 2023:

- Chief Hughes was on the agenda and presented to the BOC a request to repeal Ordinance MC-C-4-98. MCHD presented information in opposition to BFRD's request. The BOC voted unanimously to give County Counsel Justin Nelson time to research the effects of repealing MC-C-4-98.

March 15, 2023:

- County Counsel Justin Nelson reported Morrow County had obtained legal counsel to consider the matter of repealing MC-C-4-98.
- Chief Hughes was on the agenda and requested a letter of support from the BOC to license BFRD's ambulances. The BOC voted unanimously to re-address the letter of support on April 5, 2023. ***(It should be noted there is no public information available to show that BFRD submitted documentation of need.)***

April 5, 2023:

- The BOC voted unanimously against repealing MC-C-4-98.
- The BOC voted unanimously to consider the ASA Plan approved by the Oregon Health Authority on March 24, 2022 invalid and to craft a new plan.
- The BOC voted 2:1 to write a letter of support for BFRD to license their ambulances **against the advice of legal counsel** Bob Blackmore. No documentation of need was reviewed or discussed.

April 19, 2023:

- The BOC pended a decision about BFRD's letter of support for ambulance licensing to consider additional language requested by Chief Hughes on Tuesday, April 18, 2023.
- While the letter from Chief Hughes submitted April 18, 2023 was included in the packet, the letter from MCHD about Commissioner Wenholtz's conflict of interest relevant to this topic submitted on April 17, 2023 was not included.
- Numerous members of the public spoke in support of MCHD's ambulance service.

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, February 24, 2021 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Info on Page 2

AMENDED

1. **Call to Order and Pledge of Allegiance - 9:00 a.m.**
2. **City/Citizen Comments:** Individuals may address the Board on issues not on the agenda
3. **Open Agenda:** The Board may introduce subjects not already on the agenda
4. **Consent Calendar**
 - a. Accounts Payable and Payroll Payables
 - b. Petition and Order No. OR-2021-5: Cancellation of Personal Property Taxes
5. **Legislative Updates**
6. **Business Items**
 - a. 2021 Ambulance Service Area Plan (Rusty Estes, Morrow County Health District EMS Coordinator)
 - b. Review Draft Resolution No. R-2021-2: A Resolution in Support of Columbia Development Authority and Commitment to Preserve and Maintain South Trail (Justin Nelson, County Counsel; Tamra Mabbott, Planning Director)
 - c. New Federal Funding for Public Transportation (Katie Imes, The Loop)
 - d. Award Bid and Contract for Diesel, Gasoline, Lubricants and Aviation Fuels (Sandi Pointer, Public Works)
 - e. Draft Intergovernmental Agreement with Morrow County School Districts regarding the Wheatridge Project Strategic Investment Program Agreement (Richard Tovey, County Counsel)
 - f. **10:00 A.M.** – Irrigon Building Loan Documents (Kate Knop, Finance Dept.)
 - g. Review Draft Grant Application Form (Gregg Zody, Community Development)
 - h. State and Local Coronavirus Fiscal Recovery Funds (Commissioner Doherty)
 - i. Emergency Operations Center Update
 - i. COVID Pay Extensions
 - j. Building Projects Updates
 - i. Sheriff Station 2 Project – Title Transfer Documents
 - k. Administrator's Evaluation
7. **Department Reports**
 - a. Road Department Monthly Report (Eric Imes)
 - b. Finance Department Quarterly Report (Kate Knop)
8. **Correspondence**
9. **Commissioner Reports**
10. **Executive Session:** Pursuant to ORS 192.660 (2)(d) – To conduct deliberations with persons designated by the governing body to carry on labor negotiations
11. **Executive Session:** Pursuant to ORS 192.660(2)(i) – To review and evaluate the employment-related performance of the chief executive officer of any public body, a public officer, employee or staff member who does not request an open hearing
12. **Signing of documents**
13. **Adjournment**

Morrow County Board of Commissioners Meeting Minutes
February 24, 2021
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person

Chair Don Russell, Commissioner Jim Doherty, Commissioner Melissa Lindsay, Mike Gorman, Darrell J. Green, Kate Knop, Roberta Lutcher, Tamra Mabbott, Justin Nelson; Non-Staff: Rusty Estes, Ryan Fowler, Michael Hughes, John Murray

Present Via Zoom

Staff: SaBrina Bailey Cave, Lindsay Grogan, Eric Imes, Katie Imes, Deanne Irving, Jaylene Papineau, Sandi Pointer, Matt Scrivner, Linda Skendzel, Heidi Turrell, Gregg Zody; Non Staff: Ryan DeGrofft, Torrie Griggs, Erika Lasater, Lisa Mittelsdorf, Ed Orloski, Lisa P. (unidentified) Debbie Pedro, Kim Rill, James Shannon, Greg Smith, Loren Snow, Rick Stokoe, David Sykes

Call to Order, Pledge of Allegiance and Roll Call: 9:00 a.m.

City & Citizen Comments: John Murray, Morrow County Health District Board Member, requested to have a discussion in the future about improvements at the Lexington Airport. In particular, an update to the weather monitoring system for pilots, he said.

Open Agenda: No items

Consent Calendar:

Commissioner Doherty moved to approve the following items in the Consent Calendar:

1. *Accounts Payable and Payroll Payables*
2. *Order No. ORD-2021-5: In the Matter of Cancellation of Personal Property Taxes (for accounts listed in Exhibit A); and the accompanying Petition*

Commissioner Lindsay seconded. Unanimous approval.

Legislative Updates

Commissioner Lindsay said she was notified of House Bill 2253 and asked to monitor its progress. She asked Representative Greg Smith for comment as he was already attending via Zoom for a different agenda item. [Oregon Legislative Information System website: Bill Title: Relating to a surcharge on Paycheck Protection Program loan proceeds; prescribing an effective date; providing for revenue raising that requires approval by a three-fifths majority. Summary: Imposes surcharge based on amounts of forgiven loans received by corporate excise or personal income taxpayer through Paycheck Protection Program of Coronavirus Aid, Relief, and Economic Security (CARES) Act. Applies to tax years beginning on or after January 1, 2020 and before January 1, 2021.]

Rep. Smith explained the State of Oregon is connected to Federal tax law in order to help streamline processes. He said part of the conversation has been whether or not to disconnect parts of the Oregon tax law that are currently connected to Federal tax law. He also said when he looks at it from the point of view as Co-Vice Chair of the Joint Committee on Ways and Means, he questions how the State can maintain services, especially after the fires last summer. In the end, the right thing to do is not tax those dollars, he said.

Business Items

2021 Ambulance Service Area (ASA) Plan from the Morrow County Health District

Rusty Estes, Emergency Medical Services (EMS) Coordinator

Mr. Estes said MCHD's Plan was up for renewal with the State in a few months. He asked if the Board had any questions about the Plan he submitted for their review.

Chair Russell turned the floor over to Michael Hughes, Chief of the Boardman Fire Rescue District, whom he said was here for a specific reason.

Chief Hughes said he would propose a different ASA model and offered to return at a later date for a more in-depth discussion or he could provide the information today. The Commissioners asked him to provide an overview. Chief Hughes' proposal was to split the County into two different ASAs, with Boardman Fire taking the Boardman-Irrigon area. After a lengthy discussion, it was agreed to discuss this again during a Work Session on March 17th. Commissioner Doherty made a point of asking MCHD and BFRD to return on the 17th "as a united front."

Review Draft Resolution No. R-2021-2: A Resolution in Support of Columbia Development Authority (CDA) and Commitment to Preserve and Maintain South Trail (at the Umatilla Army Depot)

CDA: Greg Smith, Ed Orloski, Debbie Pedro, Loren Snow (Schwabe, Williamson & Wyatt)

Justin Nelson, County Counsel

Tamra Mabbott, Planning Director

As background, the CDA presented similar resolutions to both Morrow and Umatilla Counties for the protection of a section of the Oregon Trail and a munitions igloo that was the site of a deadly explosion in 1944.

Mr. Nelson presented two draft resolutions for review. One with "County protects or preserves" verbiage and another with "County owns" verbiage. He said a third option could be one that brings in a third party.

Mr. Smith asked Mr. Snow to review a version he modified, which he proceeded to do.

After discussion, Commissioner Doherty said he was comfortable with moving forward with the County owning it but wanted it clear if the County takes over and preserves the area, it would be after CDA transfers it out of their ownership and they'd fulfill the requirements of Programmatic Agreement. The County would take it in a preserved state and continue to preserve it. Mr. Smith replied, "Yes."

Commissioner Doherty moved to approve the version of Resolution No. R-2021-2 that has the County taking ownership. Chair Russell seconded. Unanimous approval.

New Federal Funding for Public Transportation

Katie Imes, Coordinator, The Loop

The Oregon Department of Transportation receives Federal Transit Authority funds specifically for rural areas with a population of 50,000, or less. Morrow County receives the so-called

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

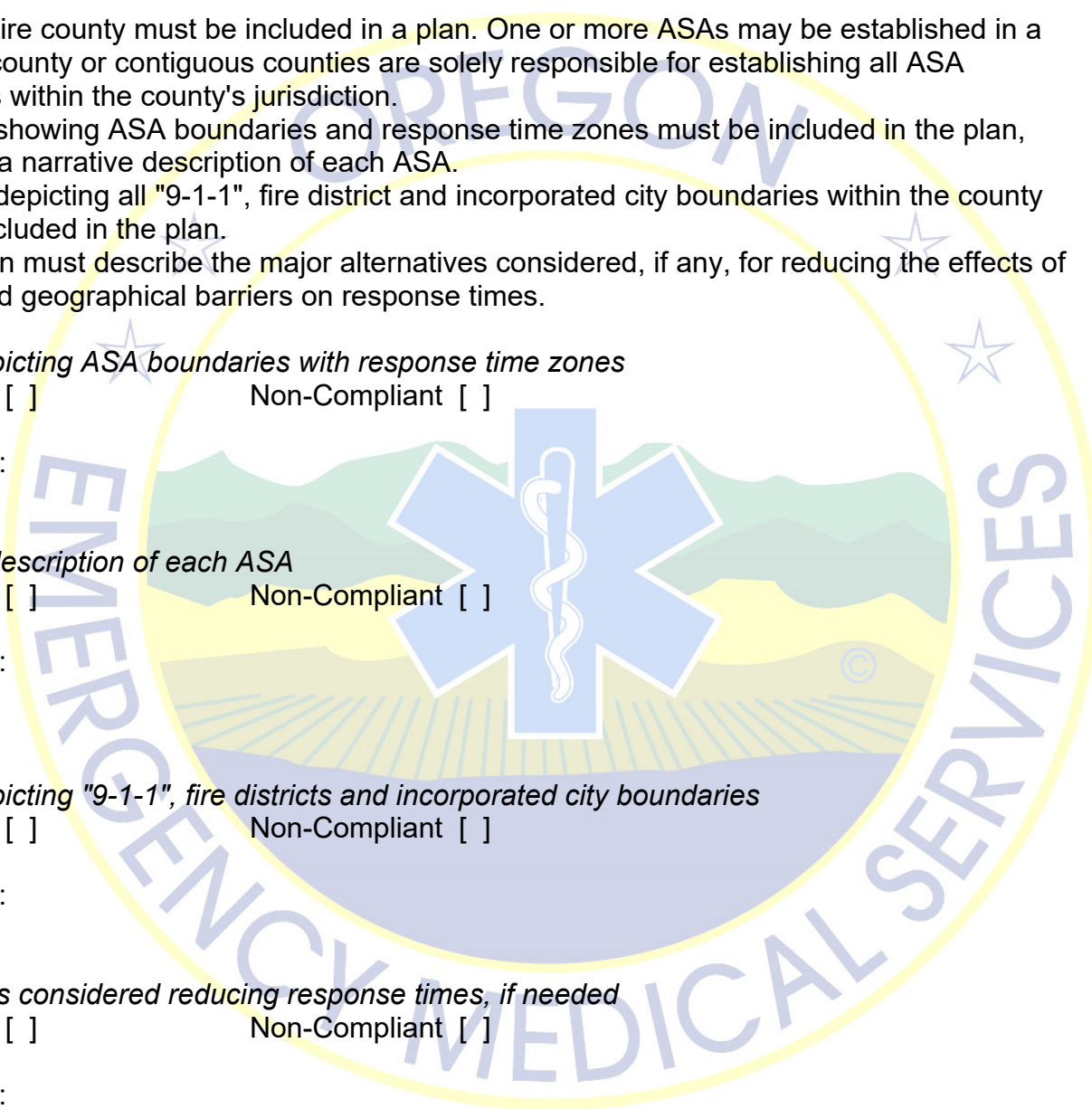
Compliant [] Non-Compliant []

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

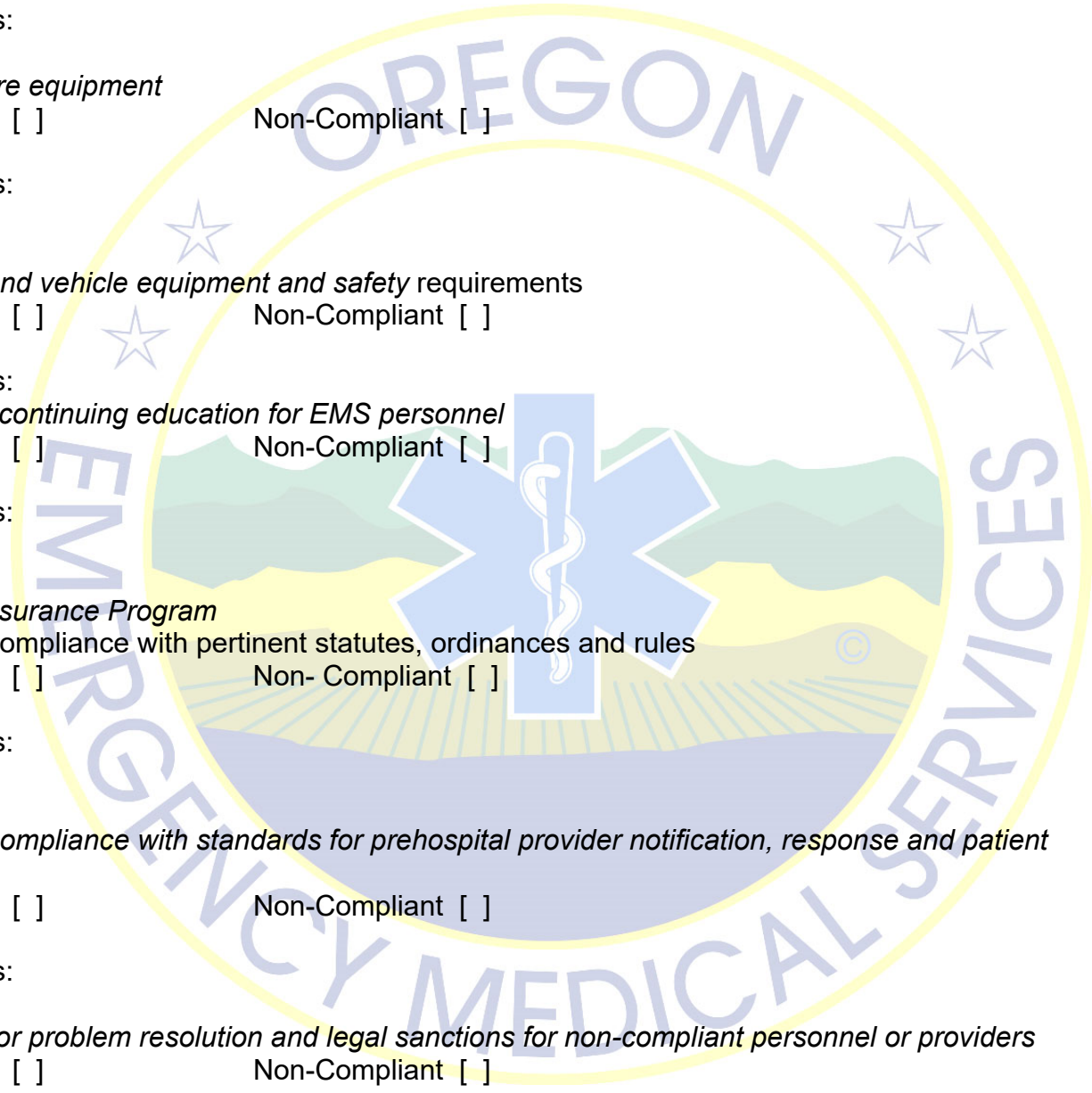
Compliant [] Non-Compliant []

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

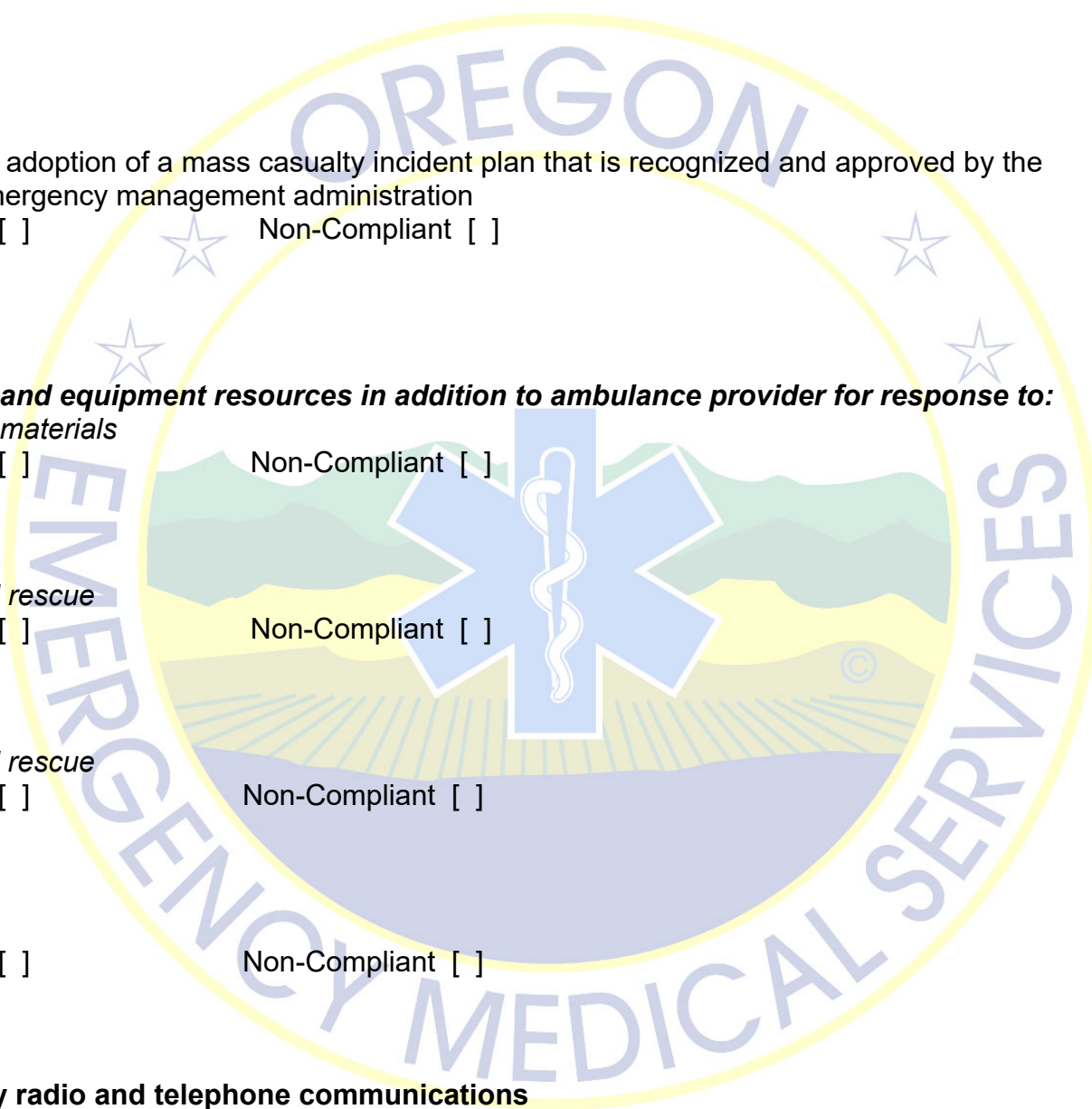
Compliant [] Non-Compliant []

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

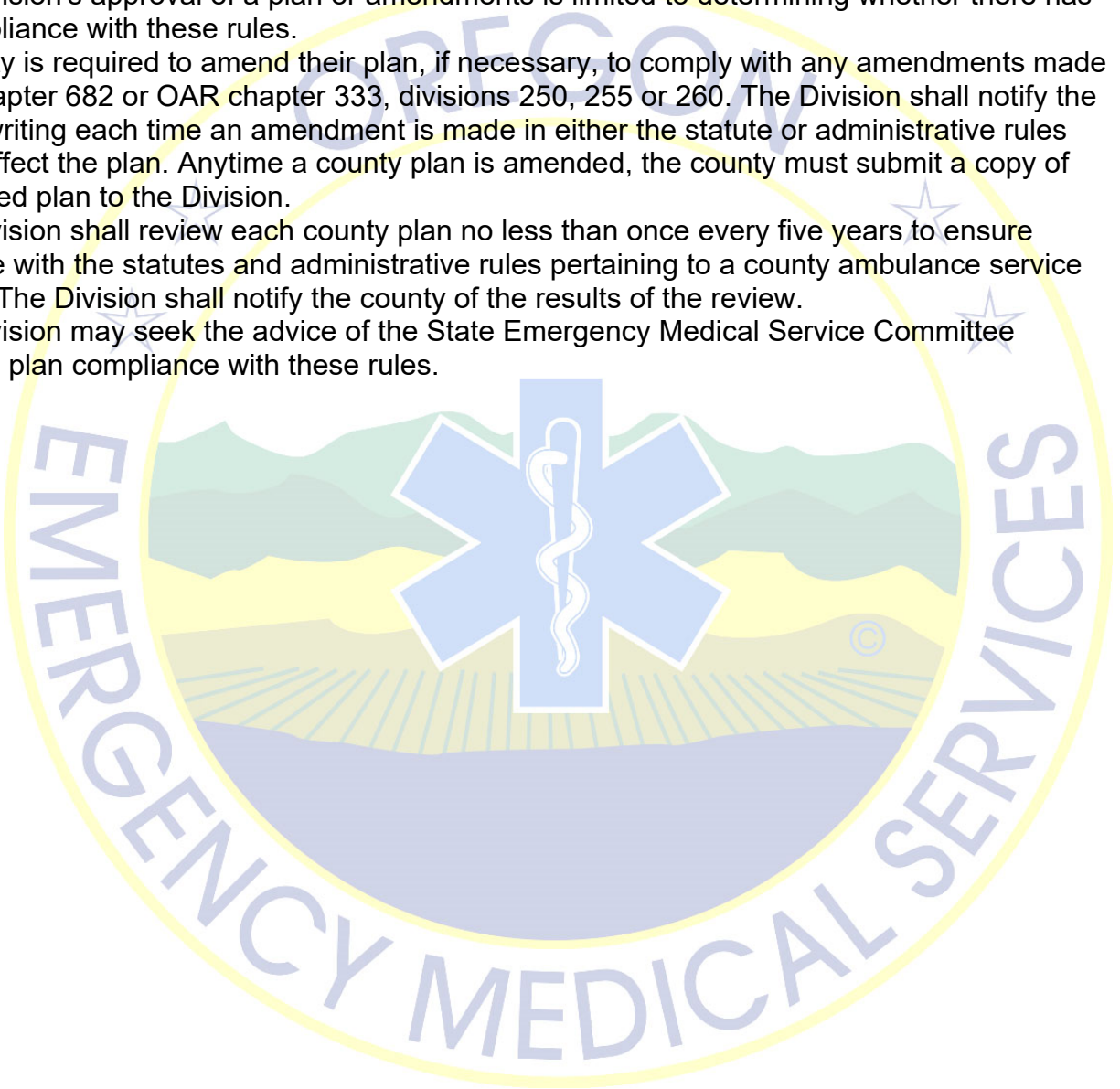
(4) Procedures for the Division's review of a plan submitted under section (3) of this rule are set forth in ORS 682.205(6). Except for the time frames, plans submitted prior to April 1, 2001, but not yet approved by the Division shall be processed in the same manner.

(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.



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

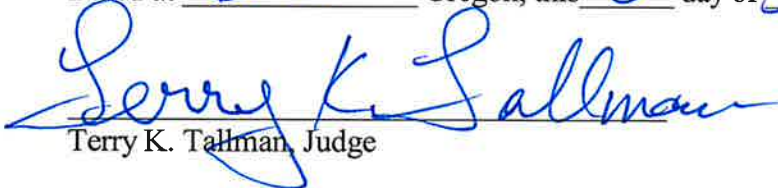
Certification
of
Morrow County

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

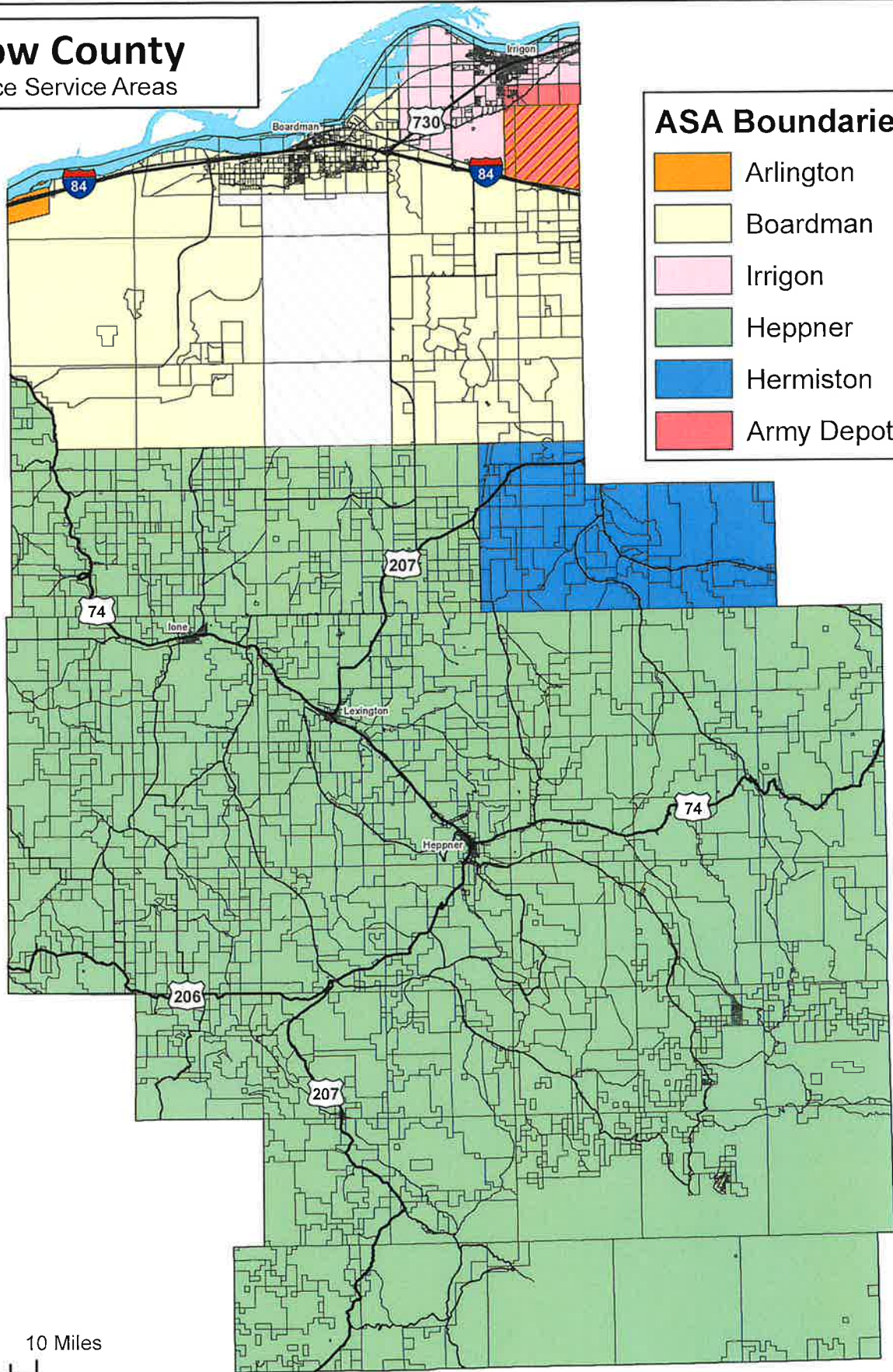
- (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
- (2) Umatilla Army Depot -- 541-564-8632
- (3) U.S. Navy Bombing Range --541-481-2565

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

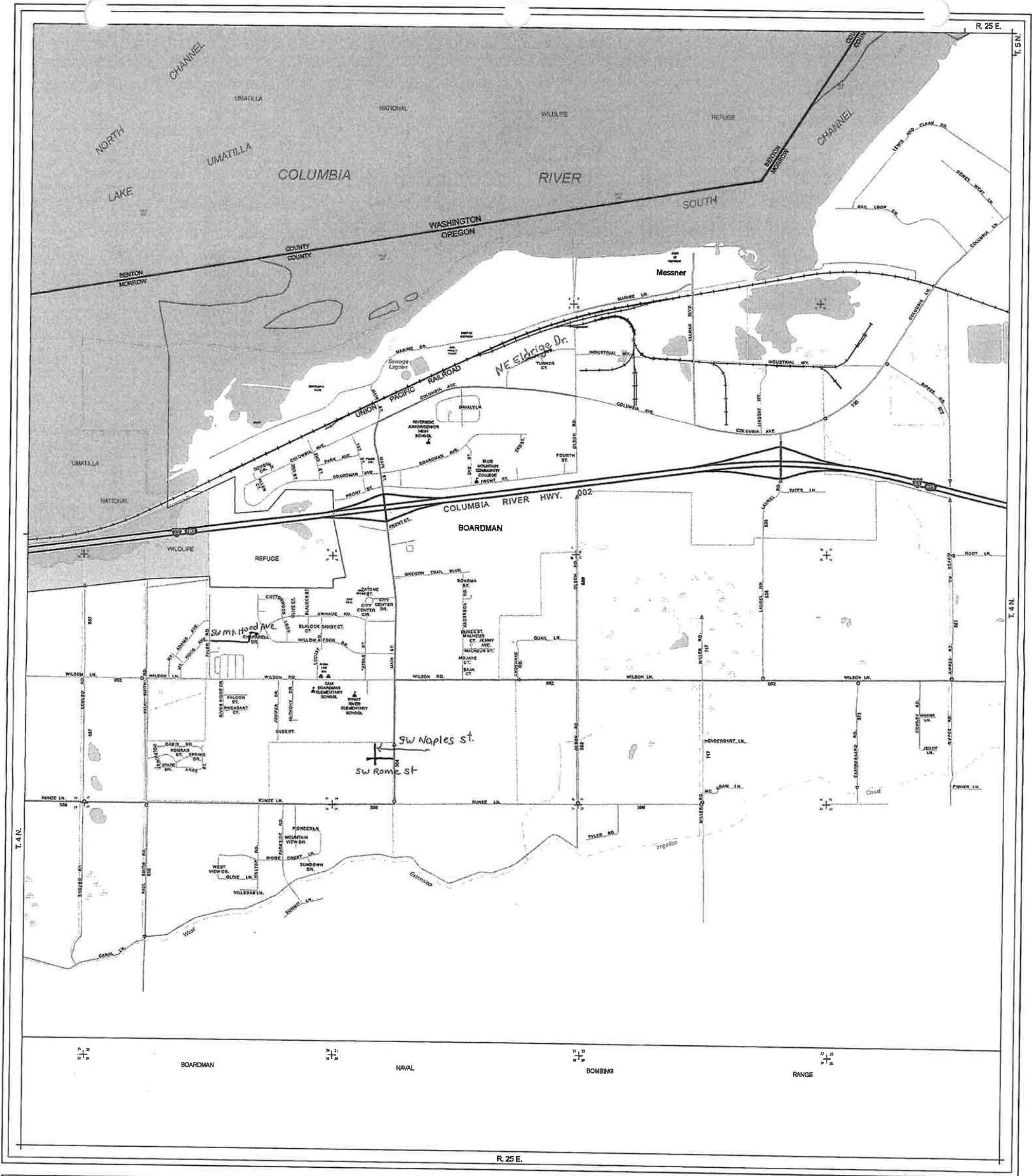
- Arlington
- Boardman
- Irrigon
- Heppner
- Hermiston
- Army Depot



- Streets
- Army Depot
- Highway
- Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
BPRD / BOC History Page 50



FUNCTIONAL CLASSIFICATION

ROUTE	OTHER	DESCRIPTION
		INTERSTATE
		PRINCIPAL ARTERIAL
		MINOR ARTERIAL
		MAJOR COLLECTOR
		MINOR COLLECTOR
		LOCAL ROAD
		INTERSTATE - US ROUTE - ORL ROUTE
		NATIONAL HIGHWAY SYSTEM ROUTE
		CITY LIMIT
		URBAN GROWTH BOUNDARY
		RAILROAD - AMTRAK PASSENGER STATION
		GRAVEL PIT - QUARRY - 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.

MORROW COUNTY
2015 Edition

AVAILABLE TRANSPORTATION SERVICES

SCALE

0 800 1,600 3,200 Feet

0 237.5 475 950 Meters

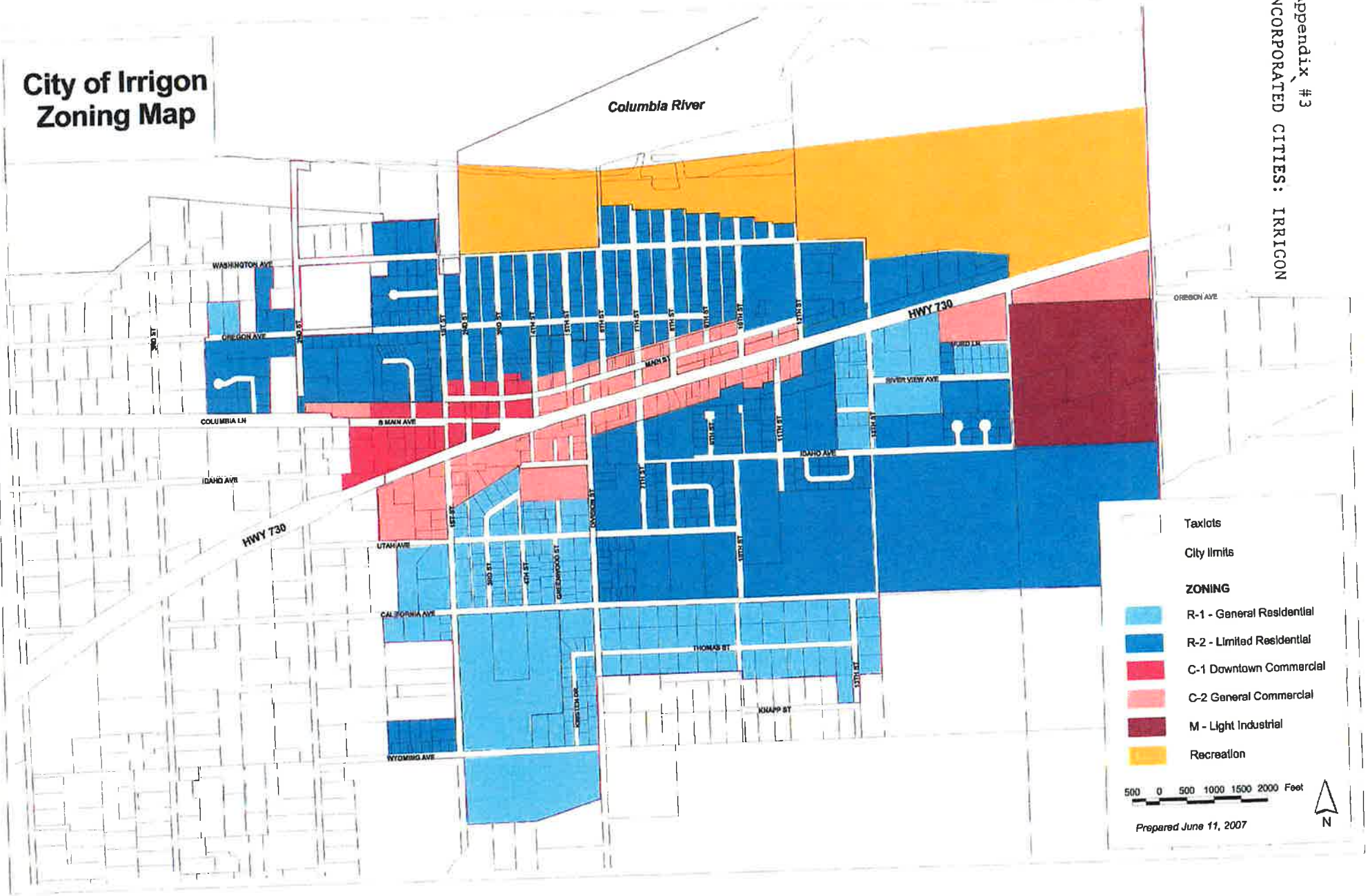
LEGEND

	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

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

City of Irrigon Zoning Map

Columbia River



Taxlots
 City limits

ZONING

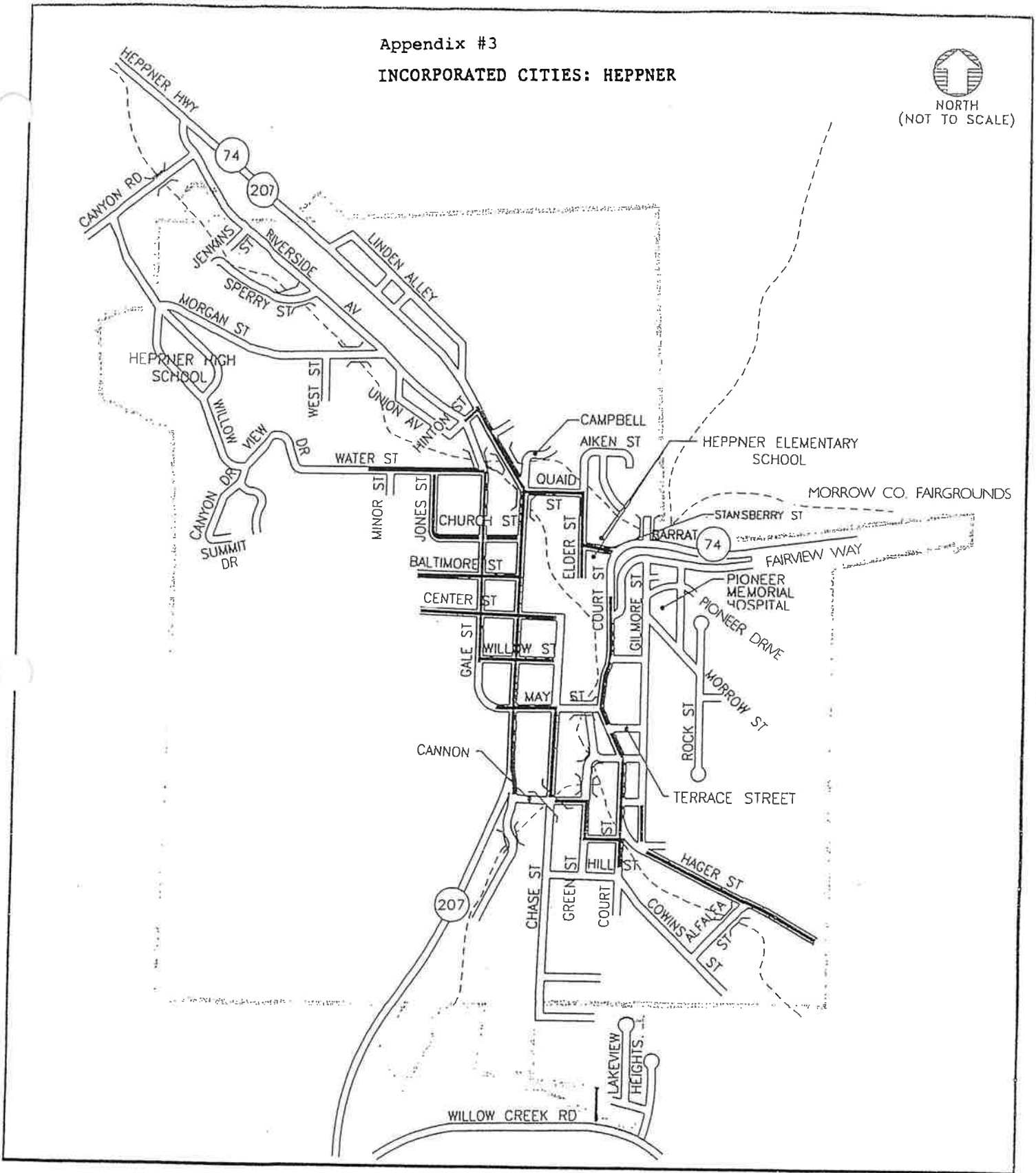
- R-1 - General Residential
- R-2 - Limited Residential
- C-1 Downtown Commercial
- C-2 General Commercial
- M - Light Industrial
- Recreation

500 0 500 1000 1500 2000 Feet

Prepared June 11, 2007

Appendix #3

INCORPORATED CITIES: HEPPNER



LEGEND

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

CITY OF HEPPNER, OREGON

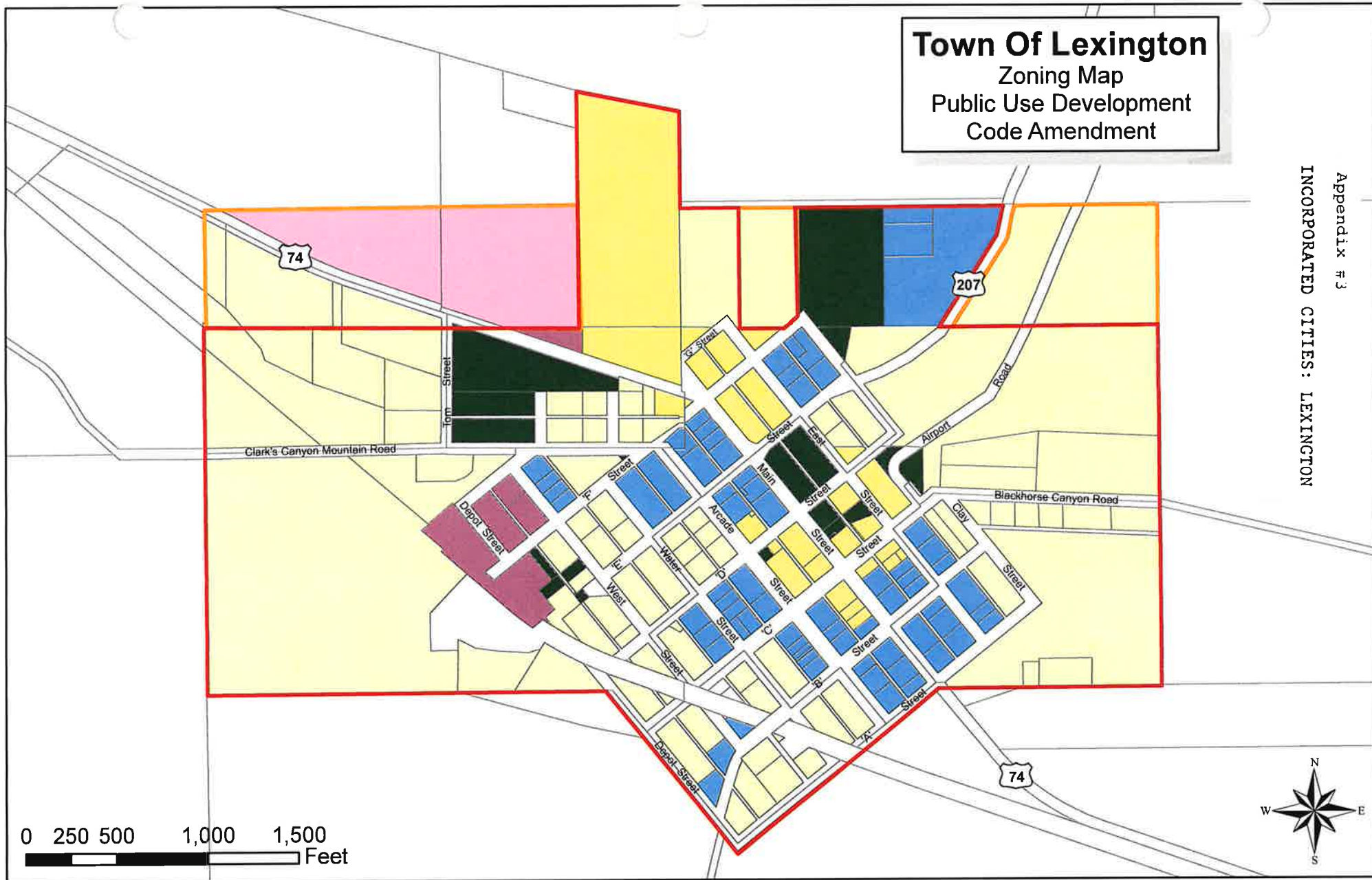
from Oregon Transportation Plan, 1999

Town Of Lexington

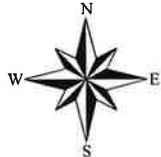
Zoning Map








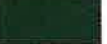

Public Use Development Code Amendment

Appendix #3
 INCORPORATED CITIES: LEXINGTON

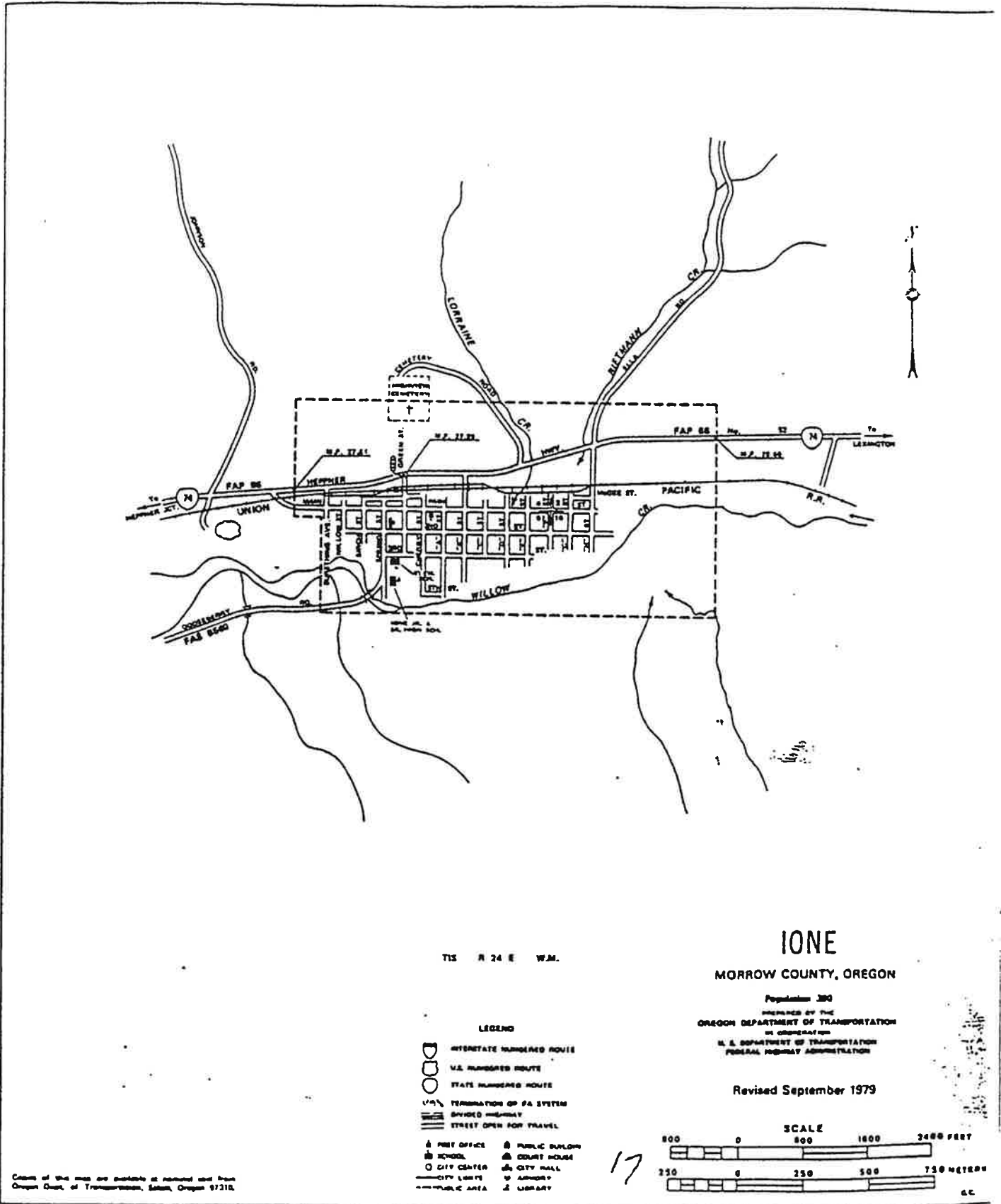


0 250 500 1,000 1,500 Feet



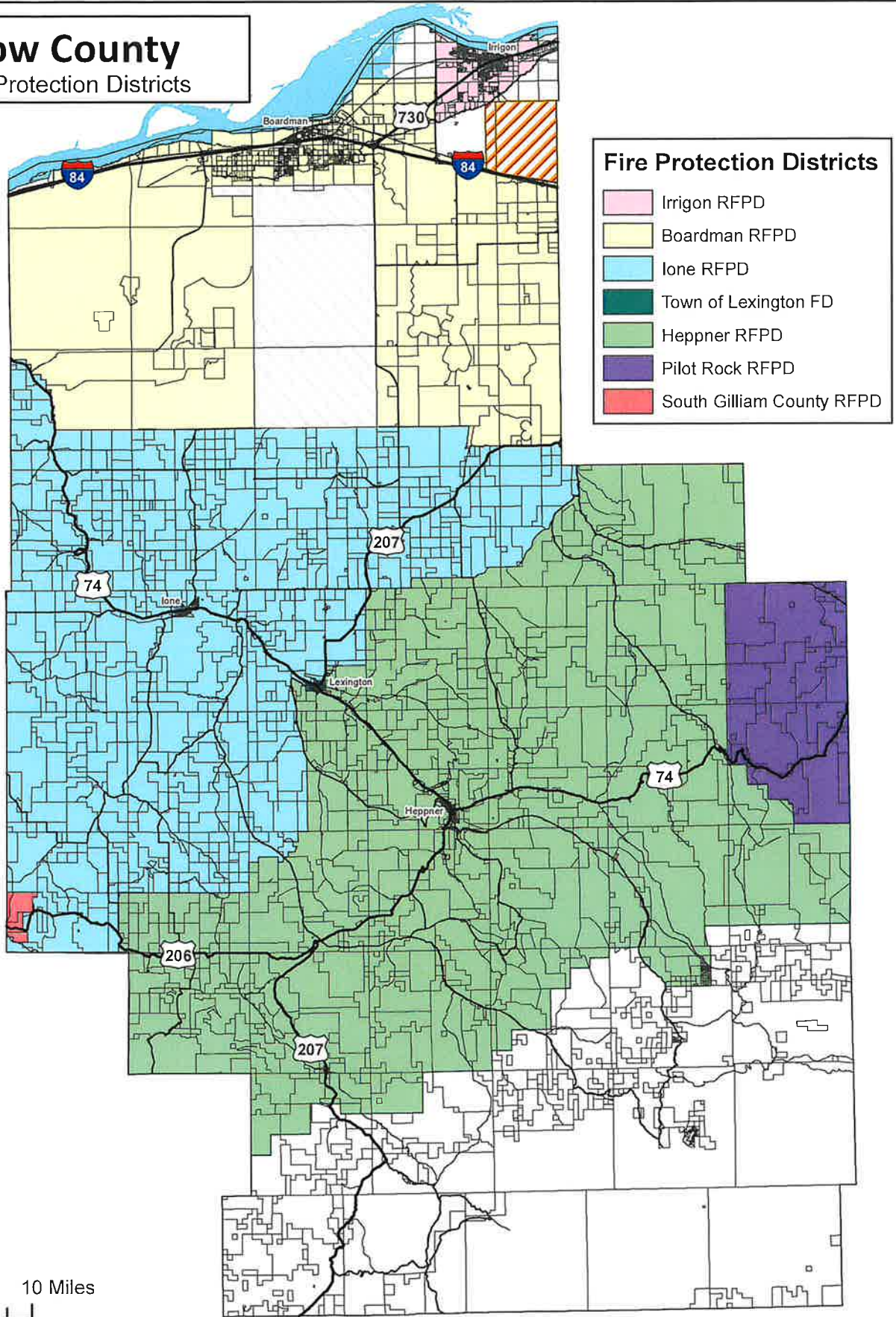
- | | | | | | |
|---|-------------|---|-----------------------|---|------------------------------|
|  | Town Limits |  | R - Residential |  | M - Light Industrial |
|  | UGB |  | FR - Farm Residential |  | RLI - Rural Light Industrial |
|  | |  | PUB - Public* |  | C - Commercial |

INCORPORATED CITIES: IONE

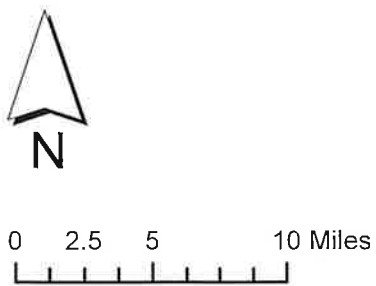


Morrow County

Rural Fire Protection Districts



- Fire Protection Districts**
- Irrigon RFPD
 - Boardman RFPD
 - Lone RFPD
 - Town of Lexington FD
 - Heppner RFPD
 - Pilot Rock RFPD
 - South Gilliam County RFPD



- Streets
- Highway
- Army Depot
- Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
BPPD, BOC History Page 56
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

MCHD Is An Equal Opportunity Provider And Employer



**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



- | | |
|---|--|
| <input type="checkbox"/> INITIAL INSPECTION | <input type="checkbox"/> RE-INSPECTION |
| <input type="checkbox"/> ANNOUNCED INSPECTION | <input type="checkbox"/> 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

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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.

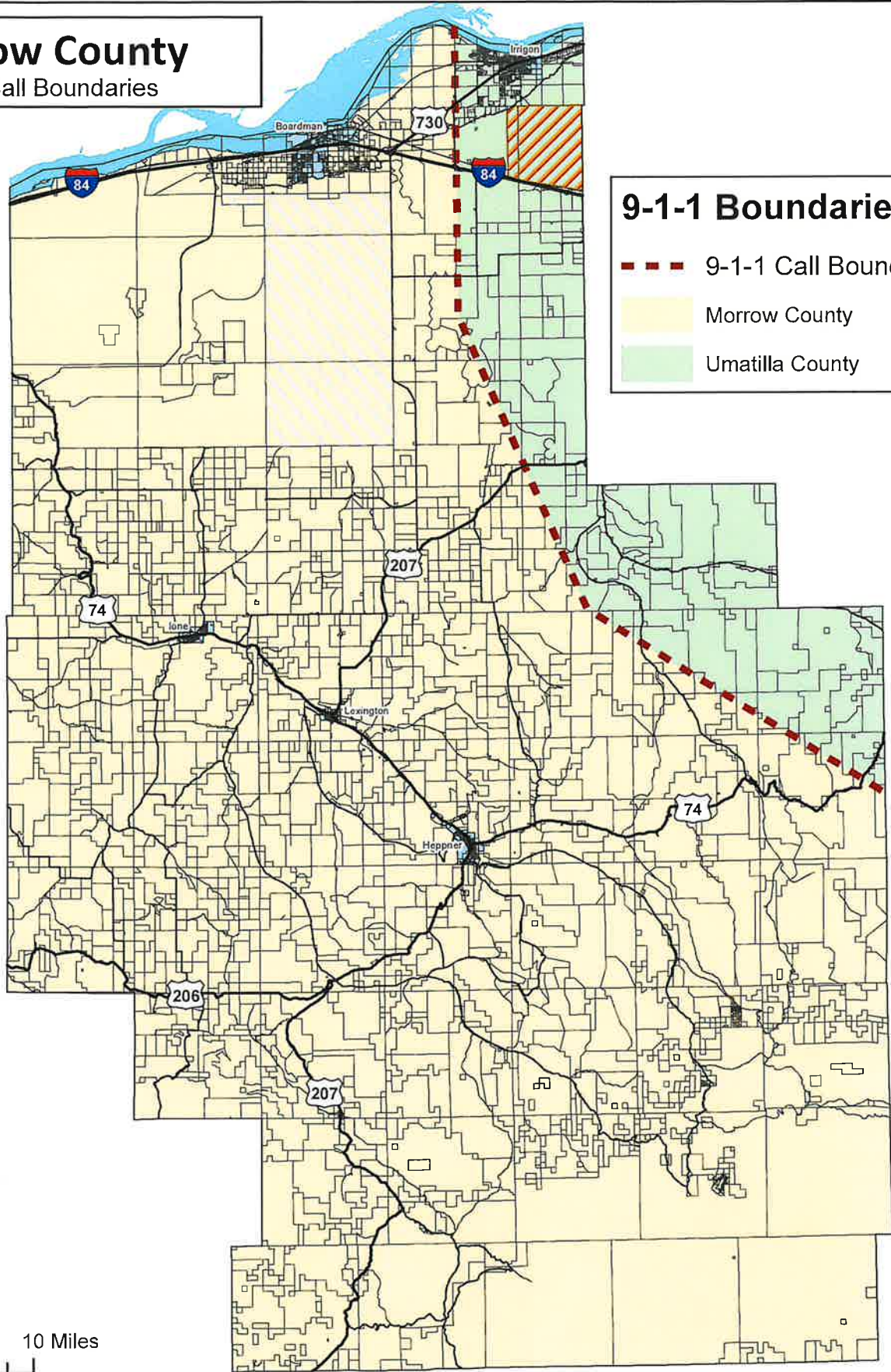
The Medical College of Wisconsin designates this activity for up to 21.5 hours of participation for continuing education for allied health professionals.

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



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,
BPRD / BOC History Page 79
Document Path: G:\Planning\Map\505\Five Deeds\Maps and Layers\011 Call Boundaries Map.mxd

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#
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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](#))

- (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

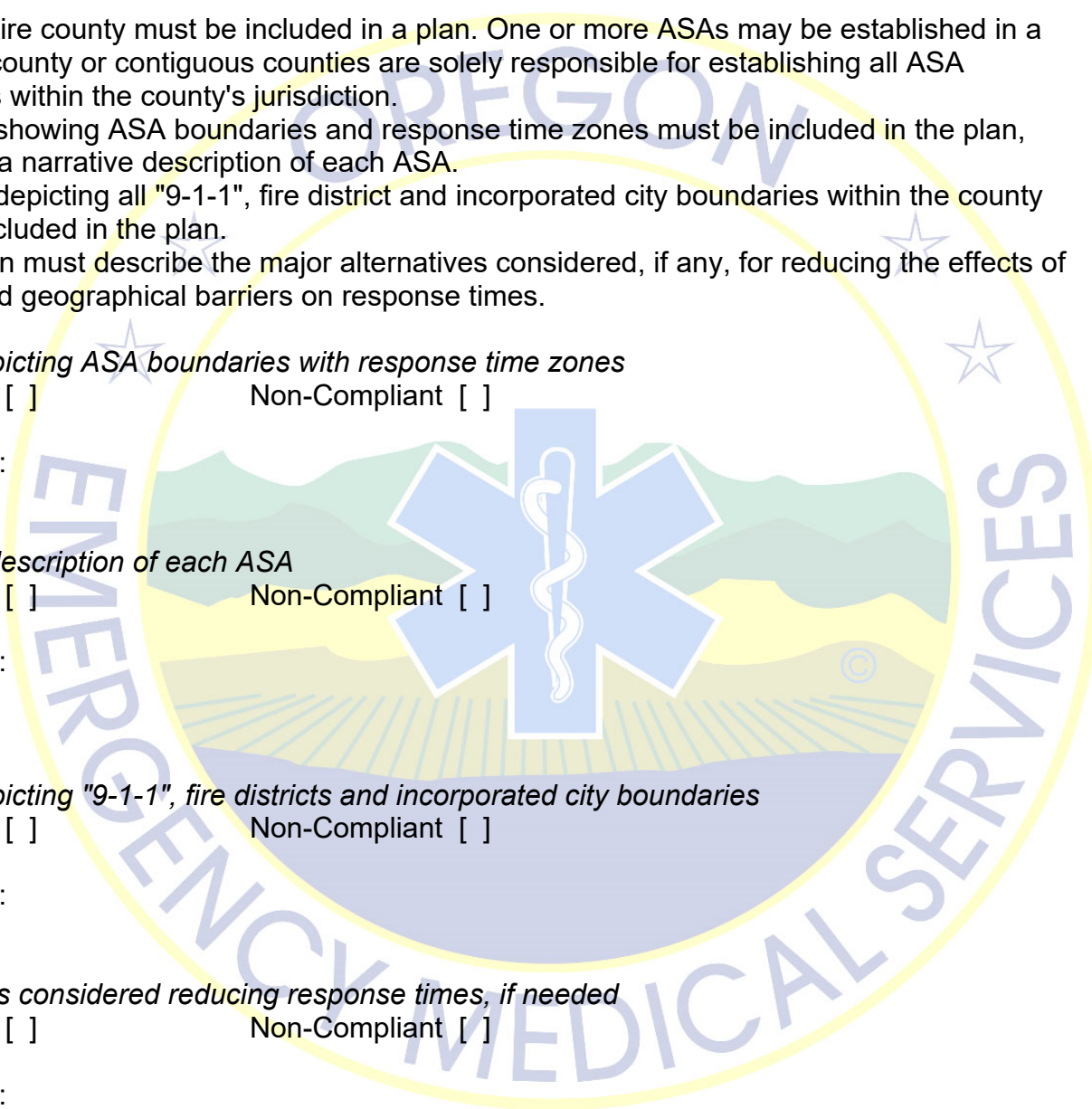
Compliant [] Non-Compliant []

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 []

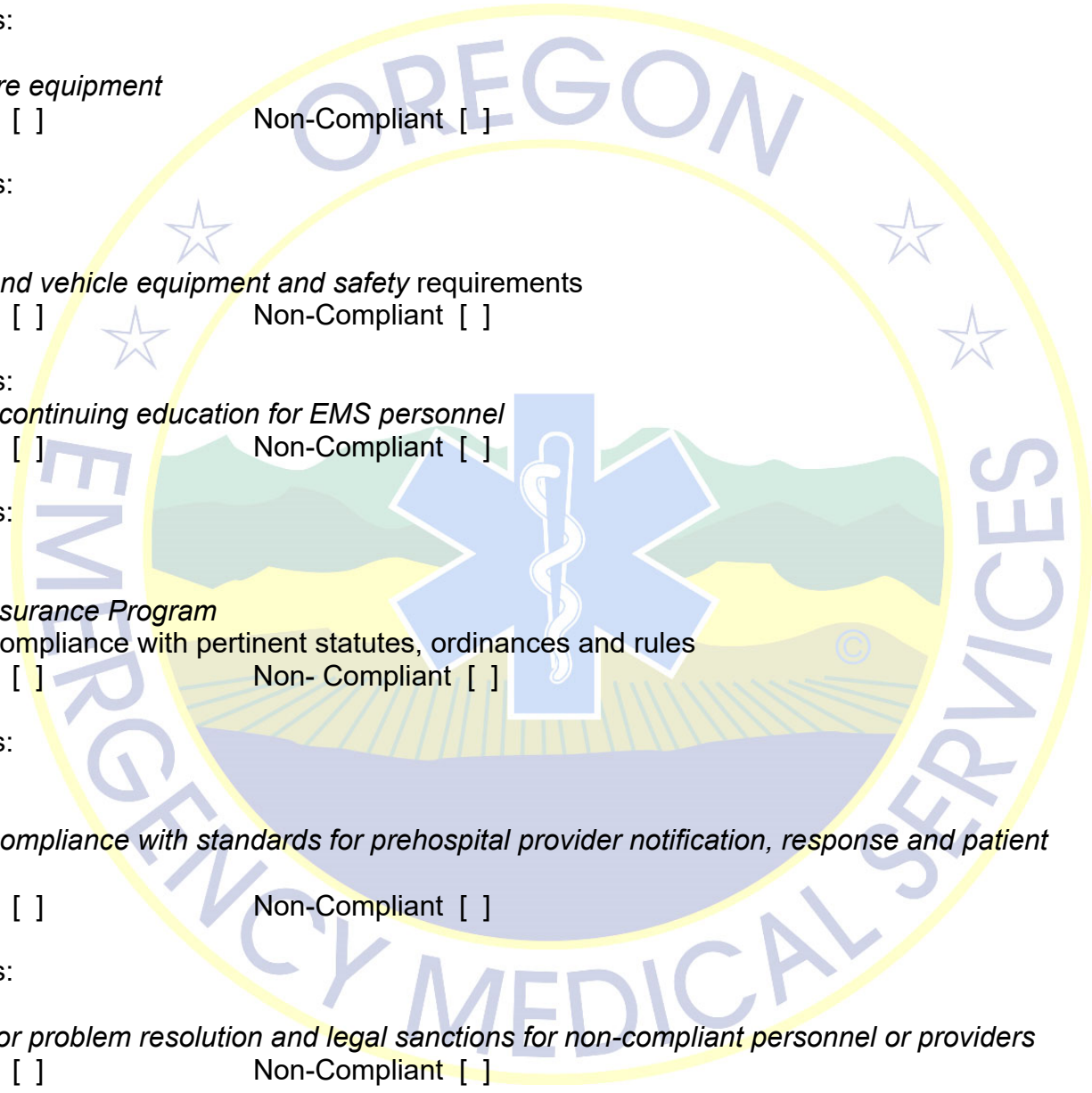
Comments:

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

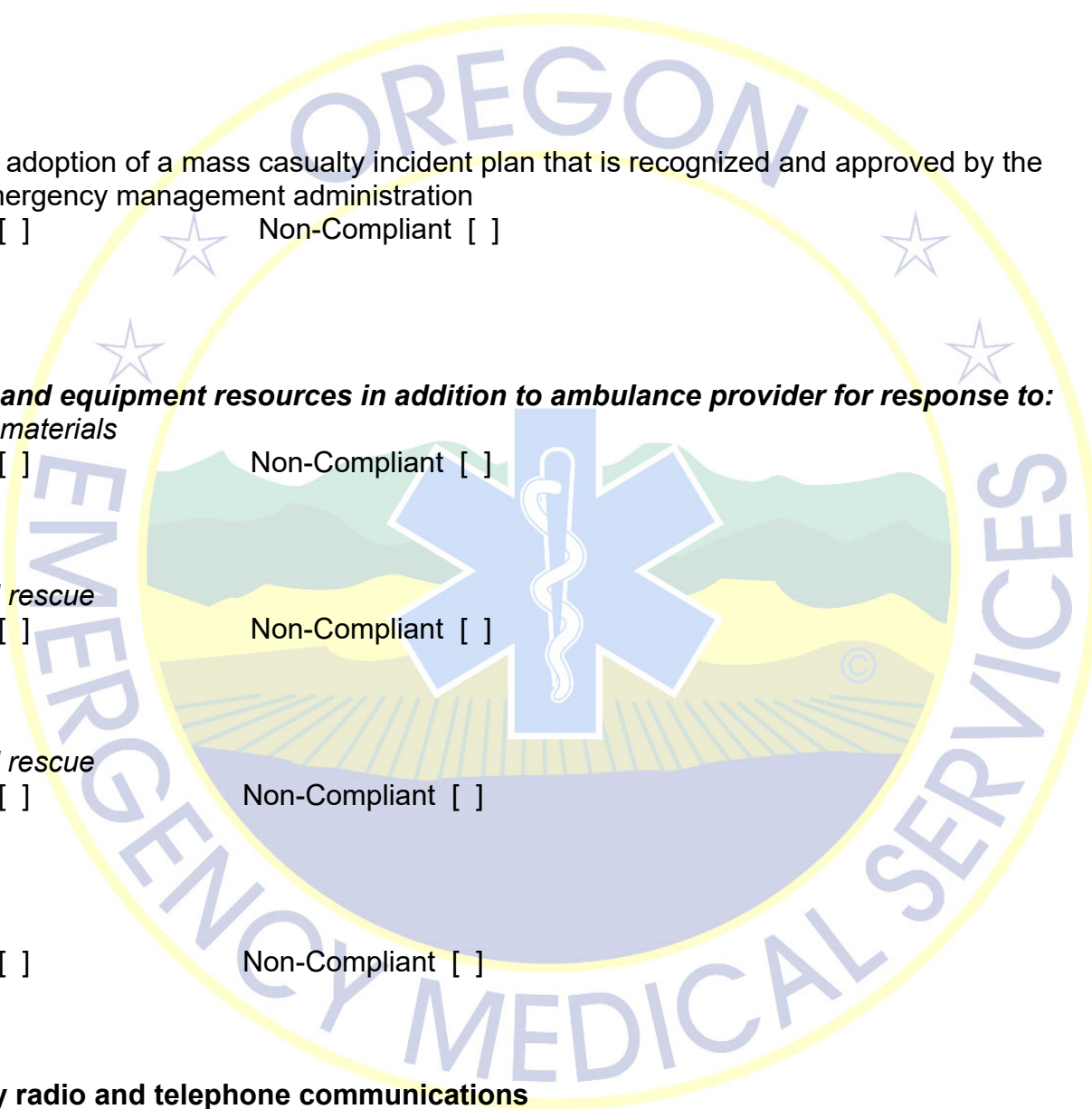
Compliant [] Non-Compliant []

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

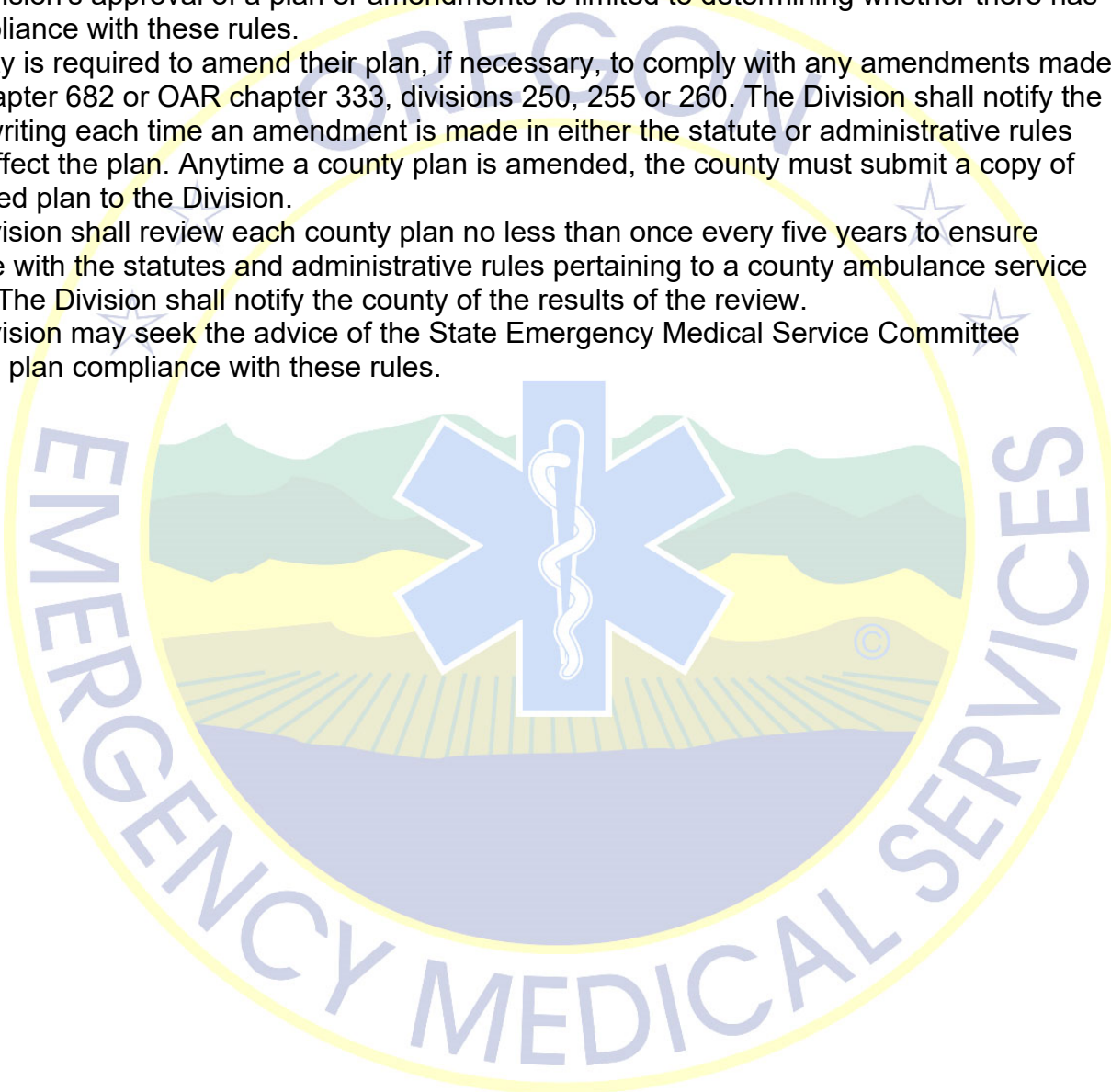
(4) Procedures for the Division's review of a plan submitted under section (3) of this rule are set forth in ORS 682.205(6). Except for the time frames, plans submitted prior to April 1, 2001, but not yet approved by the Division shall be processed in the same manner.

(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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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.

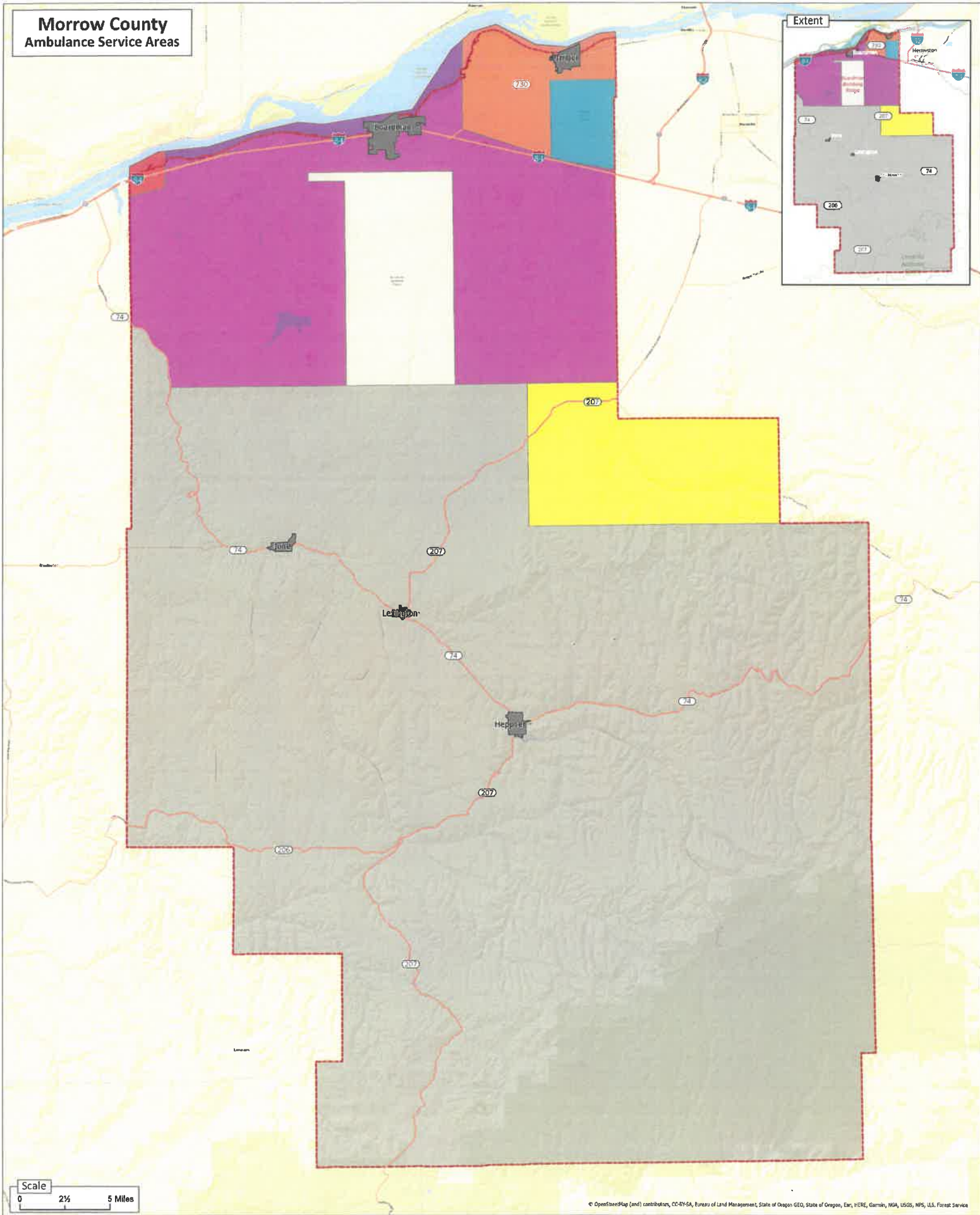
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

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

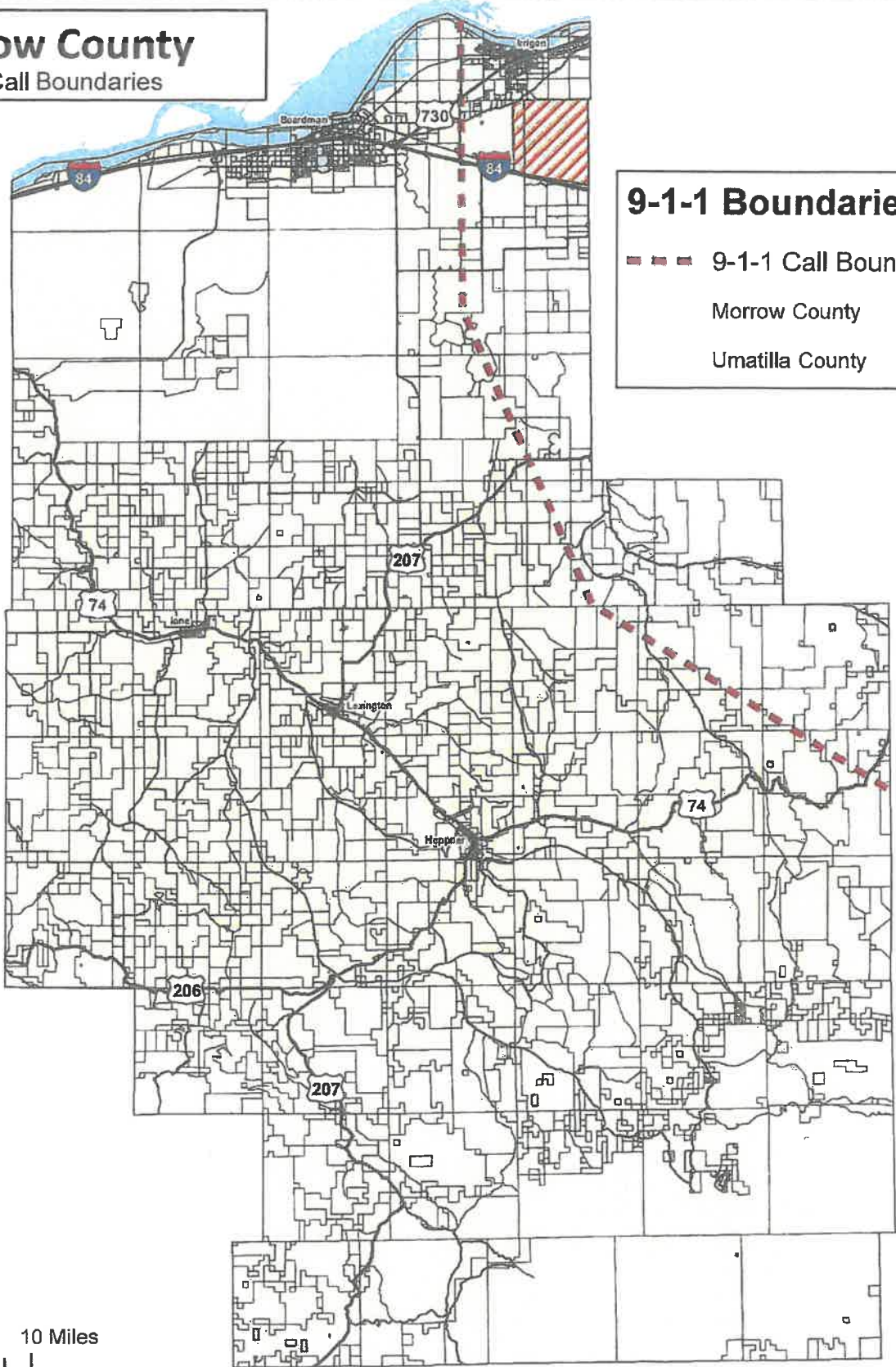
- City Limits
- Arlington
- Boardman
- Hermiston
- Army Depot
- Heppner
- Highways
- Irigon

Cartography By: Stephen Wreccics
 Morrow County Planning Department
 Oregon GIS Consortium
 Date Saved: 3/10/2023 3:59 PM
 Projection: Lambert Conformal Conic






Morrow County

9-1-1 Call Boundaries



9-1-1 Boundaries

-  9-1-1 Call Boundary
-  Morrow County
-  Umatilla County



-  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\GIS\9-1-1 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

Coordinate System: NAD 1983 HARN StatePlane Oregon North FIPS 3601
 Projection: Lambert Conformal Conic
 Datum: North American 1983 HARN

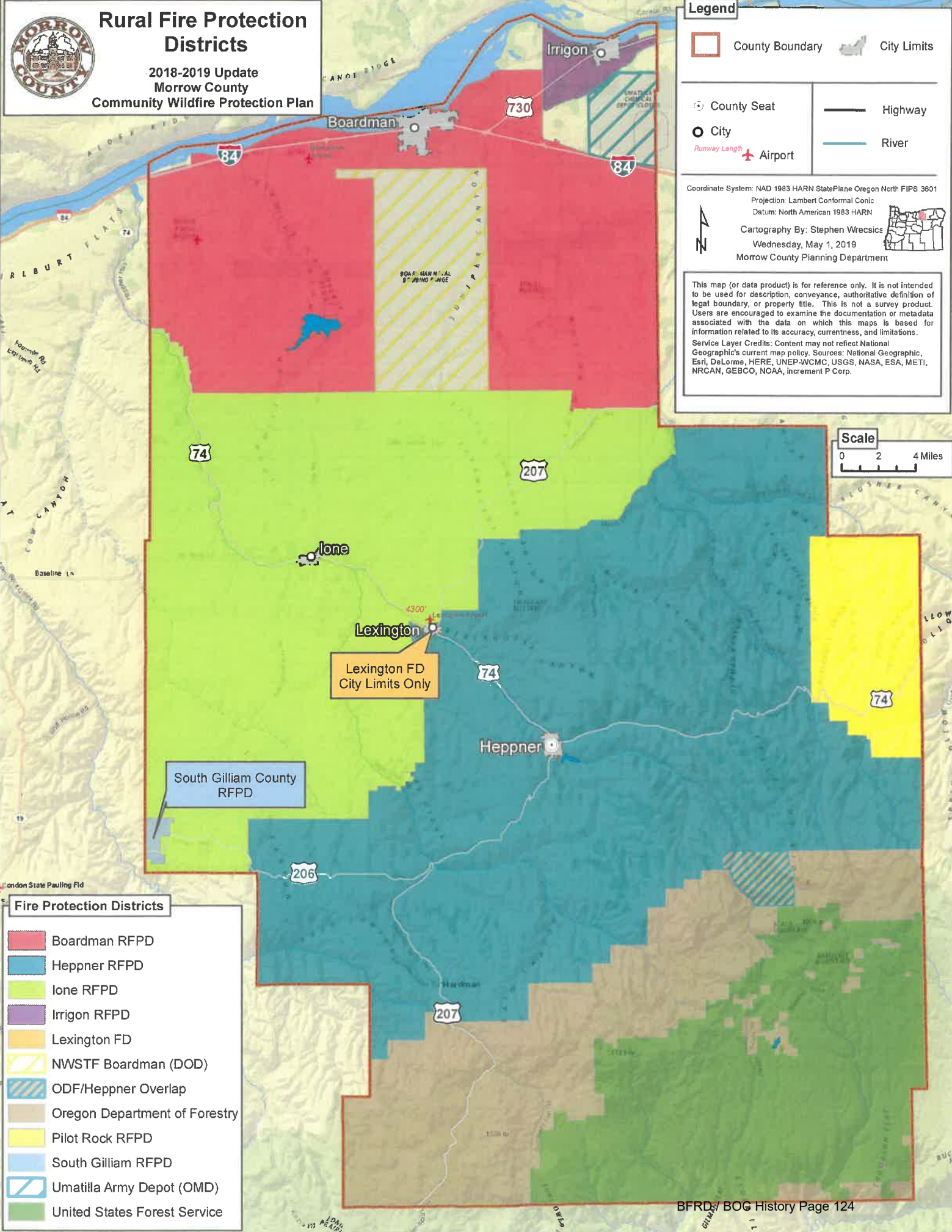
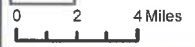


Cartography By: Stephen Wrecsics
 Wednesday, May 1, 2019
 Morrow County Planning Department



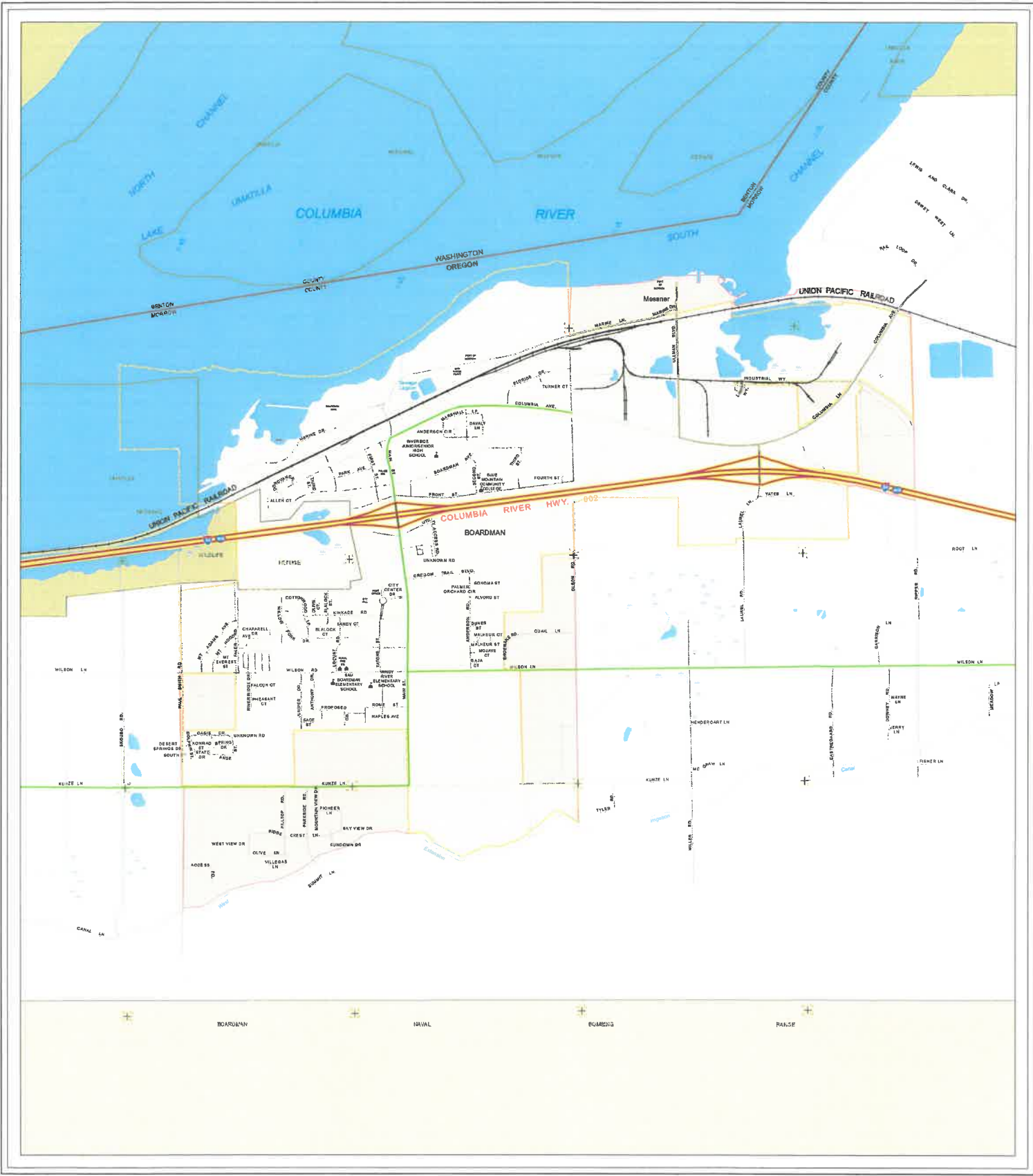
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Scale



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



LEGEND

FUNCTIONAL CLASSIFICATION	FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT DOOR REGION OFFICE
STATE HWY	
OTHER	
INTERSTATE	
PRINCIPAL ARTERIAL	
MINOR ARTERIAL	
MAJOR COLLECTOR	
MINOR COLLECTOR	
LOCAL ROAD	
INTERSTATE - PR, BOWIE - ORE. ROUTE	
NATIONAL HIGHWAY SYSTEM ROUTE	
CITY LIMIT	
URBAN GROWTH BOUNDARY	
RAILROAD - AMTRAK PASSENGER STATION	
GRAVEL PNT. QUARRY - GOOT STOCKPILE	
GOVT. FACILITY	

- Published by
- T GIS**
- PREPARED DIGITALLY BY THE OREGON DEPARTMENT OF TRANSPORTATION IN COOPERATION WITH THE U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION
- RESID. BUILDING
 - BOATHOUSE
 - HOSPITAL
 - CITY HALL
 - AIRPORT
 - POST OFFICE
 - SCHOOL
 - LIBRARY
 - SAFETY REST AREA
 - WAGON STATION
 - PARK & RIDE LOCATION
 - INTERCITY - CITY TRAMSET
 - COMMERCIAL - GENERAL AVIATION
 - PORT FACILITY

NORTH

SCALE

0 875 1,750 3,500 Feet

0 265 530 1,060 Meters

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BOARDMAN
POPULATION 4,605

T. 4 N. R. 25 E.

OREGON TRANSPORTATION MAP
Showing Federal Functional Classification of Roads
City of

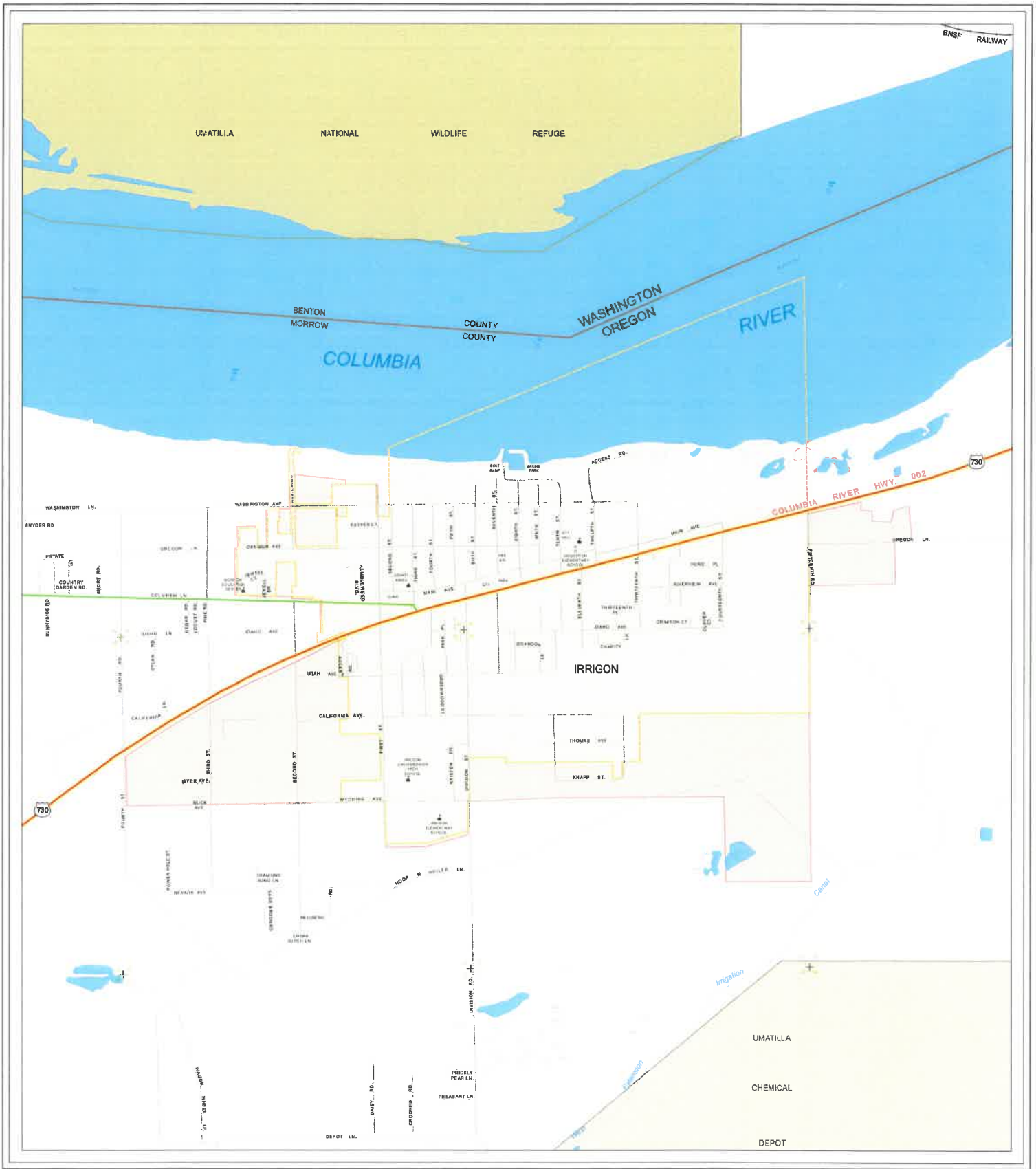
BOARDMAN

MORROW COUNTY
2020 Edition

PARK & RIDE WITNESS AMTRAK
 AVAILABLE TRANSPORTATION SERVICES
 SHOWN WITH YELLOW BACKGROUND

PORT AIRPORT DONOR AIR
 AVAILABLE TRANSPORTATION SERVICES
 SHOWN WITH YELLOW BACKGROUND

Digitally prepared by the Oregon Department of Transportation, Geographic Information Services Unit, 1100 River Street, NE, Salem, Oregon 97301. Population numbers are based on current Oregon Population Report, College of Urban and Public Affairs, Portland State University, 11/10/2018.



FUNCTIONAL CLASSIFICATION

STATE HWY JURISDICTION

- INTERSTATE
- REGIONAL ARTERIAL
- MAJOR ARTERIAL
- MAJOR COLLECTOR
- MINOR COLLECTOR
- LOCAL ROAD
- INTERSTATE - UR. ROUTE - ONE ROUTE
- NATIONAL HIGHWAY BYPASS 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

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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.

SCALE

0 550 1,100 2,200 Feet

0 175 350 700 Meters

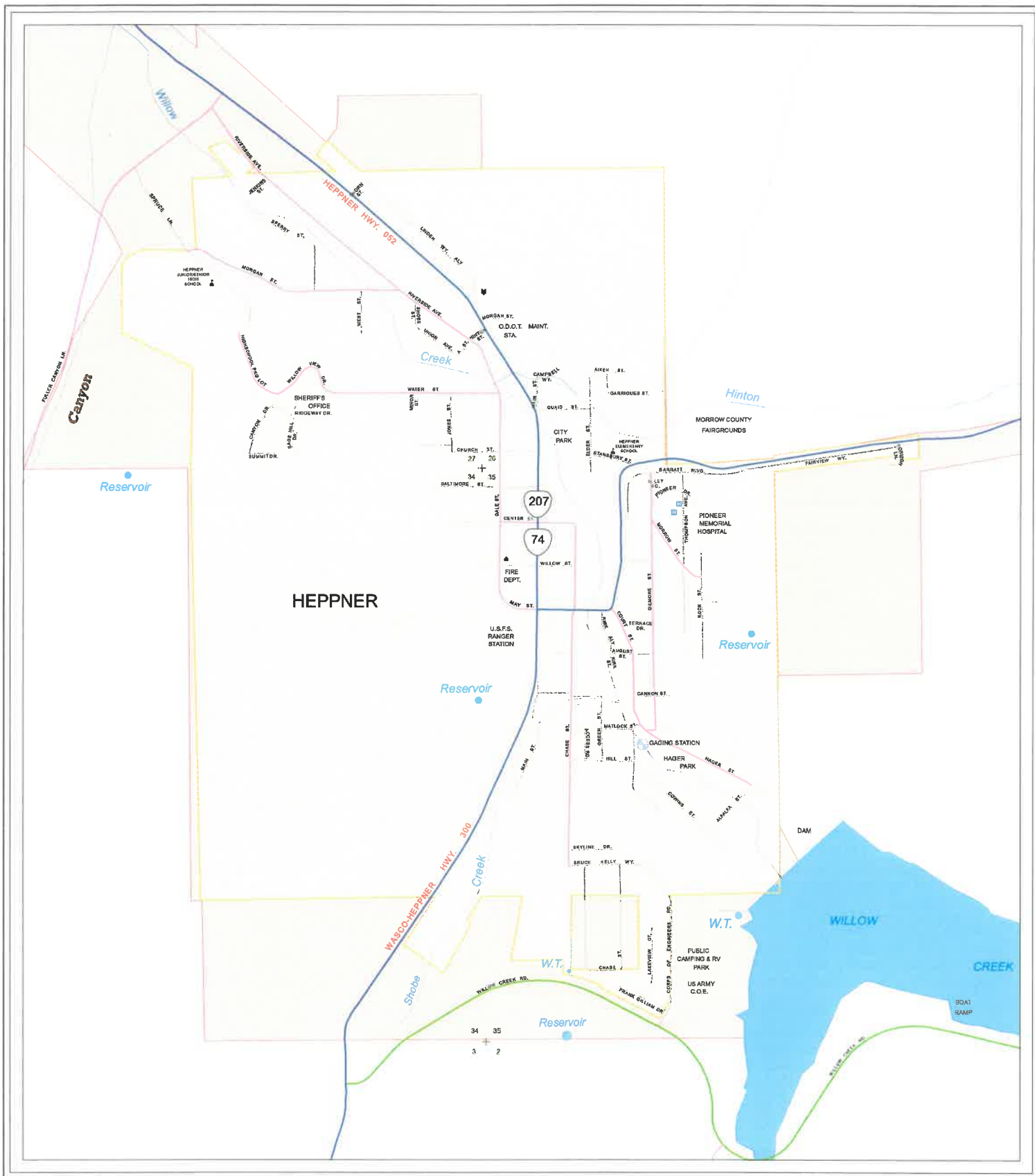
"This product is for informational purposes and may not be suitable for legal, engineering, or surveying purposes. Users of this product should review and consult the primary data sources to determine the usability of the information. Conclusions drawn from this information are the responsibility of the user."

OREGON TRANSPORTATION MAP
Showing Federal Functional Classification of Roads
City of

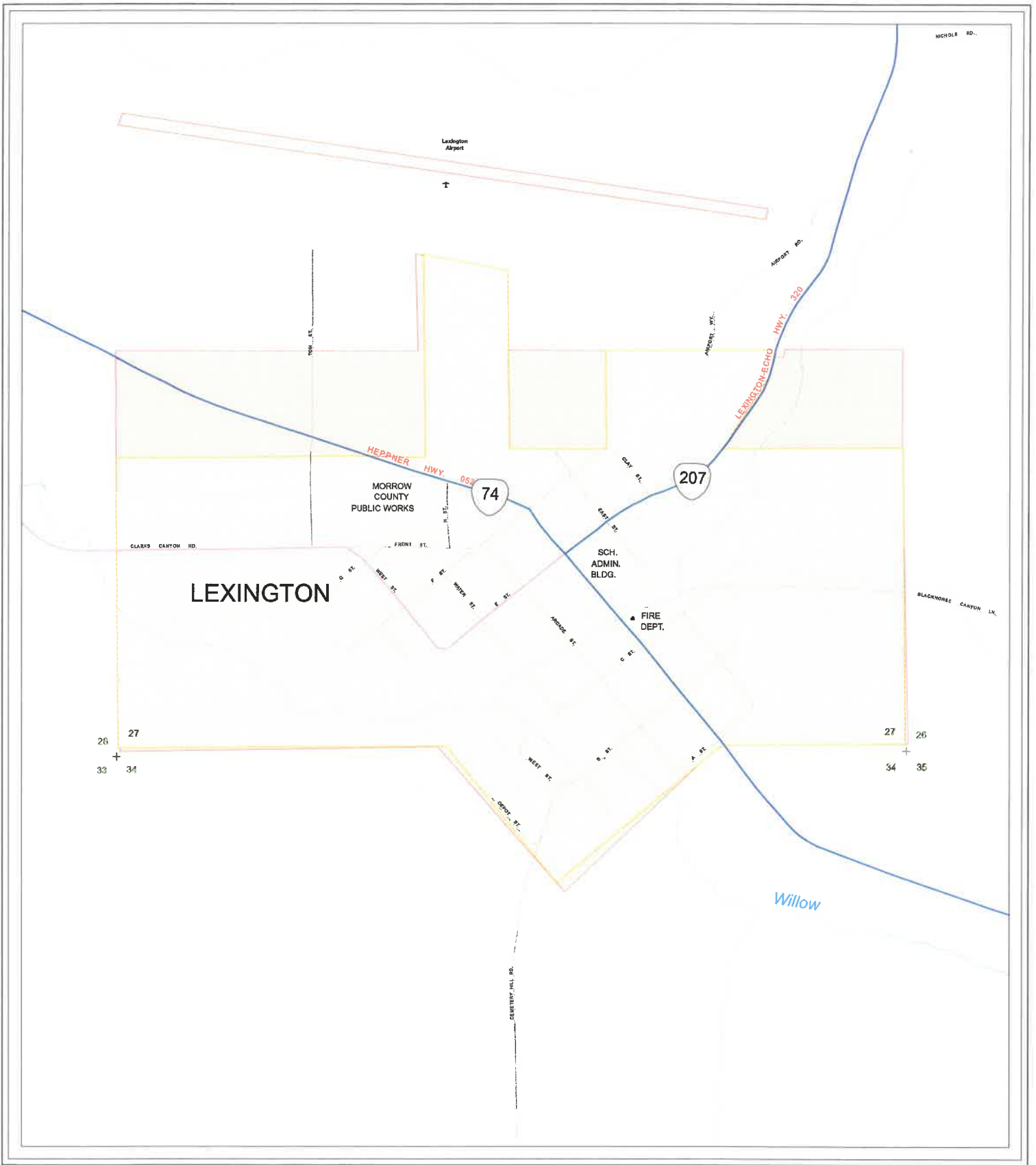
IRRIGON

MORROW COUNTY
2020 Edition

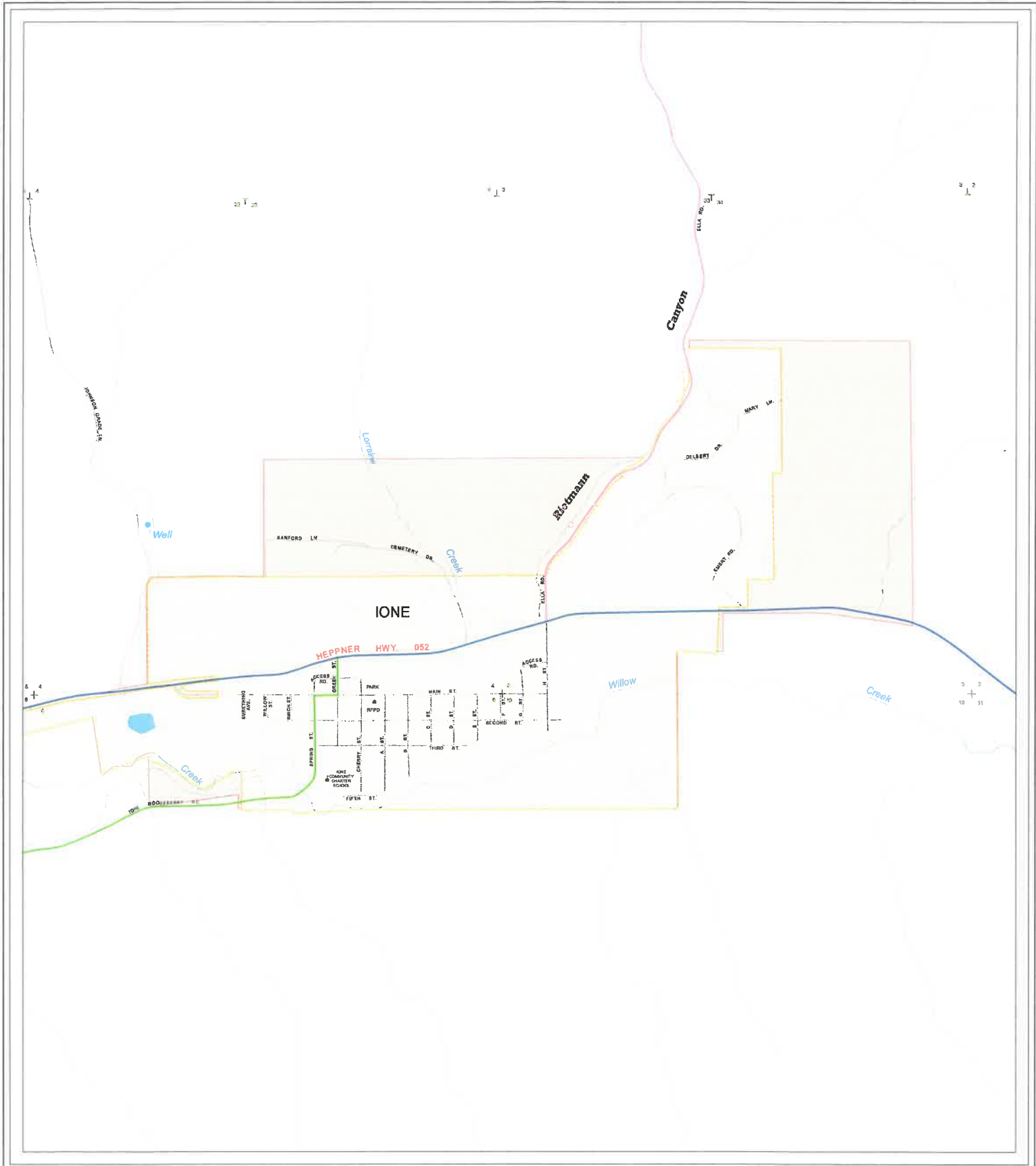
AVAILABLE THROUGH OPERATOR SERVICES
BOOKS WITH YELLOW BACKGROUND







<p>FUNCTIONAL CLASSIFICATION</p> <p>STATE HWY</p> <p>OTHER JURISDICTION</p> <p>INTERSTATE</p> <p>FEDERAL NATIONAL</p> <p>MAJOR ARTERIAL</p> <p>MAJOR COLLECTOR</p> <p>MINOR COLLECTOR</p> <p>LOCAL ROAD</p> <p>INTERSTATE - US ROUTE - ORE. ROUTE</p> <p>NATIONAL HIGHWAY SYSTEM ROUTE</p> <p>CITY LIMIT</p> <p>URBAN GROWTH BOUNDARY</p> <p>RAILROAD - AIR/STAIR PASSER UNDER STATION</p> <p>GRAVEL PLY. QUARRY - DOCKS BRIDGEPLE</p> <p>ODOT & MARTINEAU DE STATION</p>	<p>LEGEND</p> <p>FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT ODOT REGION OFFICE.</p> <p>PUBLIC BUILDING</p> <p>GUARDHOUSE</p> <p>HOSPITAL</p> <p>CITY HALL</p> <p>AMBURY</p> <p>POST OFFICE</p> <p>SCHOOL</p> <p>LIBRARY</p> <p>SAFETY REST AREA</p> <p>FRESH STATION</p> <p>PARK & RIDE LOCATION</p> <p>INTERCITY - CITY TRAMWAY</p> <p>COMMERCIAL - GENERAL AVIATION</p> <p>PORT FACILITY</p>	<p>Published by</p> <p>T GIS</p> <p>PREPARED ORIGINALLY 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 usability of the information. Conclusions drawn from this information are the responsibility of the user."</p> <p>SCALE</p> <p>0 350 700 1,400 Feet</p> <p>0 100 200 400 Meters</p>	<p>HEPPNER POPULATION 1,295</p> <p>T. 2-S. R. 28 E. W.M.</p>	<p>OREGON TRANSPORTATION MAP</p> <p>Showing Federal Functional Classification of Roads</p> <p>City of</p> <p>HEPPNER</p> <p>MORROW COUNTY 2020 Edition</p> <p>AVAILABLE TRANSPORTATION SERVICES SHOWN WITH YELLOW BACKGROUND</p> <p>PORT AIRPORT COMM. AIR</p>
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<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 - GOODY BROOKS GOODY 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 WEIGH STATION PARK & RIDE LOCATION INTERCITY - CITY TRANSIT COMMERCIAL - GENERAL AVIATION PORT 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>LEXINGTON POPULATION 2005</p> <p>T. 1-2 S. R. 25 E. W.M.</p>	<p>OREGON TRANSPORTATION MAP Showing Federal Functional Classification of Roads City of</p> <p>LEXINGTON</p> <p>MORROW COUNTY 2020 Edition</p> <p>SCALE</p> <p>0 250 500 1,000 Feet 0 75 150 300 Meters</p> <p>PAVE & RIDE INTERBUS AMTRAK AVAILABLE TRANSPORTATION SERVICES SHOWN WITH YELLOW BACKGROUND</p> <p>POST AIRPORT COMM. AIR AVAILABLE TRANSPORTATION SERVICES SHOWN WITH YELLOW BACKGROUND</p>
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<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>OTHER</p> <ul style="list-style-type: none"> — INTERSTATE - I.R. ROUTE - ORG. ROUTE — NATIONAL HIGHWAY SYSTEM ROUTE CITY LIMIT URBAN GROWTH BOUNDARY RAILROAD - AMTRAK PASSENGER STATION GRAVEL PIT - BARRIERS - DIRT BYCICLES DIRT MAINTENANCE STATION 	<p>LEGEND</p> <p>FOR FURTHER FUNCTIONAL CLASSIFICATION INFORMATION, CONTACT TDDOT REGION OFFICE.</p> <ul style="list-style-type: none"> PUBLIC BUILDING COURTHOUSE HOSPITAL CITY HALL ARMORY POST OFFICE SCHOOL LIBRARY SAFETY REST AREA WAGON STATION PARK & RIDE LOCATION INTERCITY - CITY TRANSIT CONVENTIONAL - GENERAL AVIATION POST 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>"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>PORT AIRPORT CONVL. AVIATION AVAILABLE TRANSPORTATION SERVICES & SERVICES WITH YELLOW BACKGROUNDING</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. Data provided by the Oregon Department of Transportation in cooperation with the U.S. Department of Transportation Federal Highway Administration. Population numbers are based on current Oregon Population Report, College of Urban and Public Affairs, Portland State University, http://psu.edu/~uaprr.

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
C. 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

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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MCHD Is An Equal Opportunity Provider And Employer



**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

MCHD Is An Equal Opportunity Provider And Employer

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

VEHICLE CHECK LIST AND INSPECTION FORM

Appendix #8

4MONTH INSPECTION		LOCATION:	DATE
A	U	MAKE AND MODEL:	MILEAGE
		WEEKLY : CK.	
		fluid level:	
		oil	
		brake	
		transmission	
		radiator	
		power st.	
		wind shield	
		gas	
		MISC. :CK.	
		batteries	
		lights	
		horn	
		siren	
		leaks	
		MONTHLY: CK.	
		tires-air	
		wipers	
		air cond.	
		hoses	
		belts	
		lines	
		lug nuts	
		radio	
		4MONTH: CK.	
		differential	
		transmission	
		transfer ca.	
		u-joints	
		exhaust	
		y's cooling	
		throttle	
		6MONTH:CHANGE	
		oil&filter	
		air filter	
		YEARLY:CHANGE	
		fuel filter	
		spark plugs	
		CHECK:MISC.	
		brake pads	
		grease	
		plug wires	
		alternator	
		fuel system	
		distributor	
		ball joints	
		water pump	
		shocks	
		wiring	
		body damage	
		COMMENTS:	

COMMENTS:



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

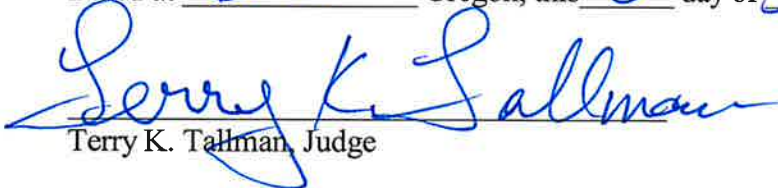
Certification
of
Morrow County

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 form 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

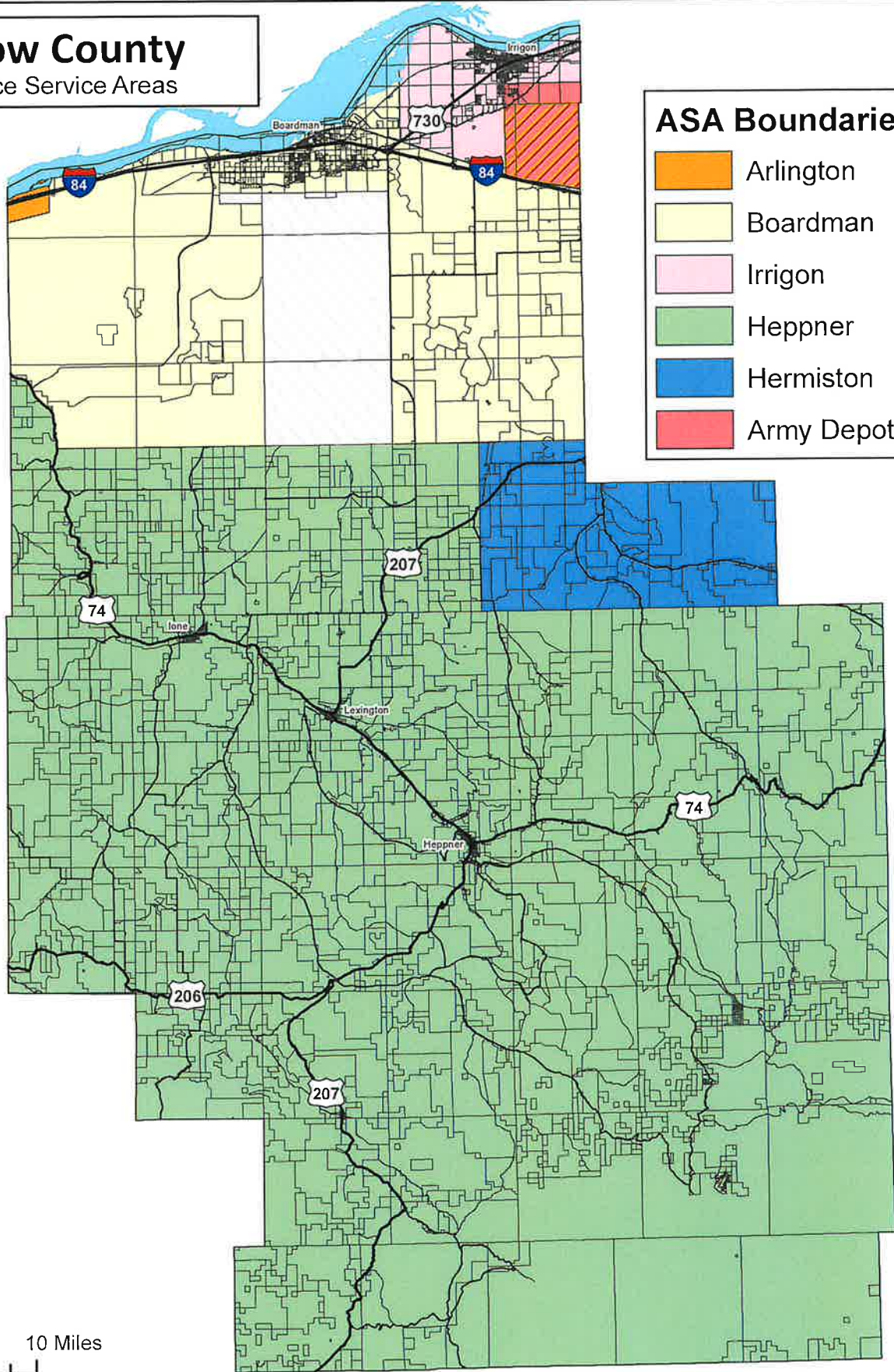
- (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
- (2) Umatilla Army Depot -- 541-564-8632
- (3) U.S. Navy Bombing Range --541-481-2565

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

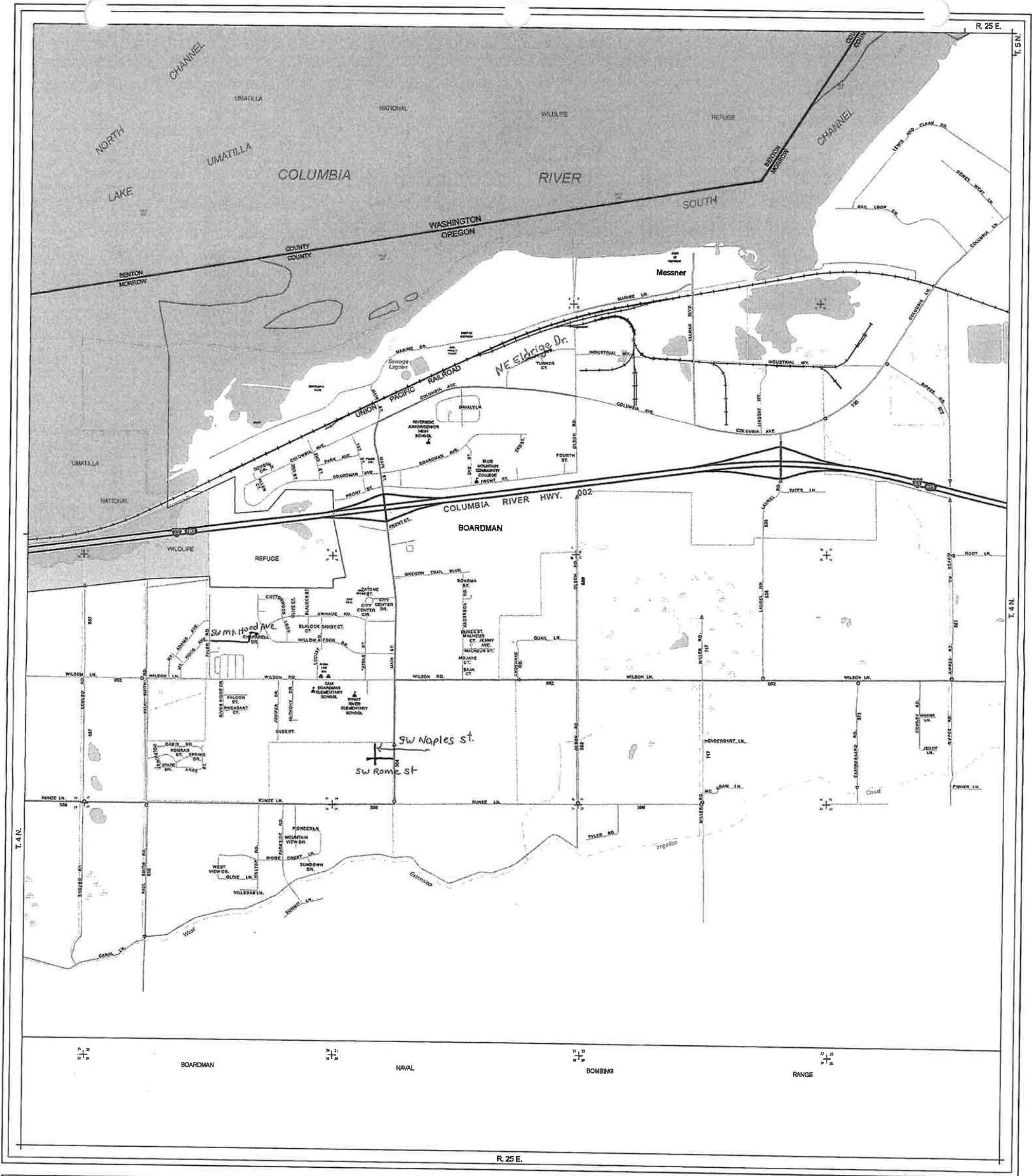
-  Arlington
-  Boardman
-  Irrigon
-  Heppner
-  Hermiston
-  Army Depot



-  Streets
-  Highway
-  Army Depot
-  Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
BPRD / BOC / BPOV, Page 186



FUNCTIONAL CLASSIFICATION

ROUTE	OTHER	DESCRIPTION
(Thick solid line)		INTERSTATE
(Medium solid line)		PRINCIPAL ARTERIAL
(Thin solid line)		MAJOR ARTERIAL
(Dashed line)		MAJOR COLLECTOR
(Dotted line)		MINOR COLLECTOR
(Thin solid line)		LOCAL ROAD
(Line with circles)		INTERSTATE - IIS ROUTE - ORIL ROUTE
(Line with squares)		NATIONAL HIGHWAY SYSTEM ROUTE
(Line with triangles)		CITY LIMIT
(Line with diamonds)		URBAN GROWTH BOUNDARY
(Line with stars)		RAILROAD - AMTRAK PASSENGER STATION
(Line with crosses)		GRAVEL PIT - CLARKY - ODOT STOCKPILE
(Line with dots)		ODOT MAINTENANCE STATION

LEGEND

(Building icon)	PUBLIC BUILDING
(Hospital icon)	COURTHOUSE
(City hall icon)	HOSPITAL
(Post office icon)	CITY HALL
(School icon)	ARMORY
(Library icon)	POST OFFICE
(Safety rest area icon)	SCHOOL
(Mileage station icon)	LIBRARY
(Park and ride icon)	SAFETY REST AREA
(Inter-city transit icon)	MILEAGE STATION
(Commercial icon)	PARK & RIDE LOCATION
(Port facility icon)	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.

MORROW COUNTY
2015 Edition

AVAILABLE TRANSPORTATION SERVICES SHOWN WITH YELLOW BACKGROUNDS

SCALE

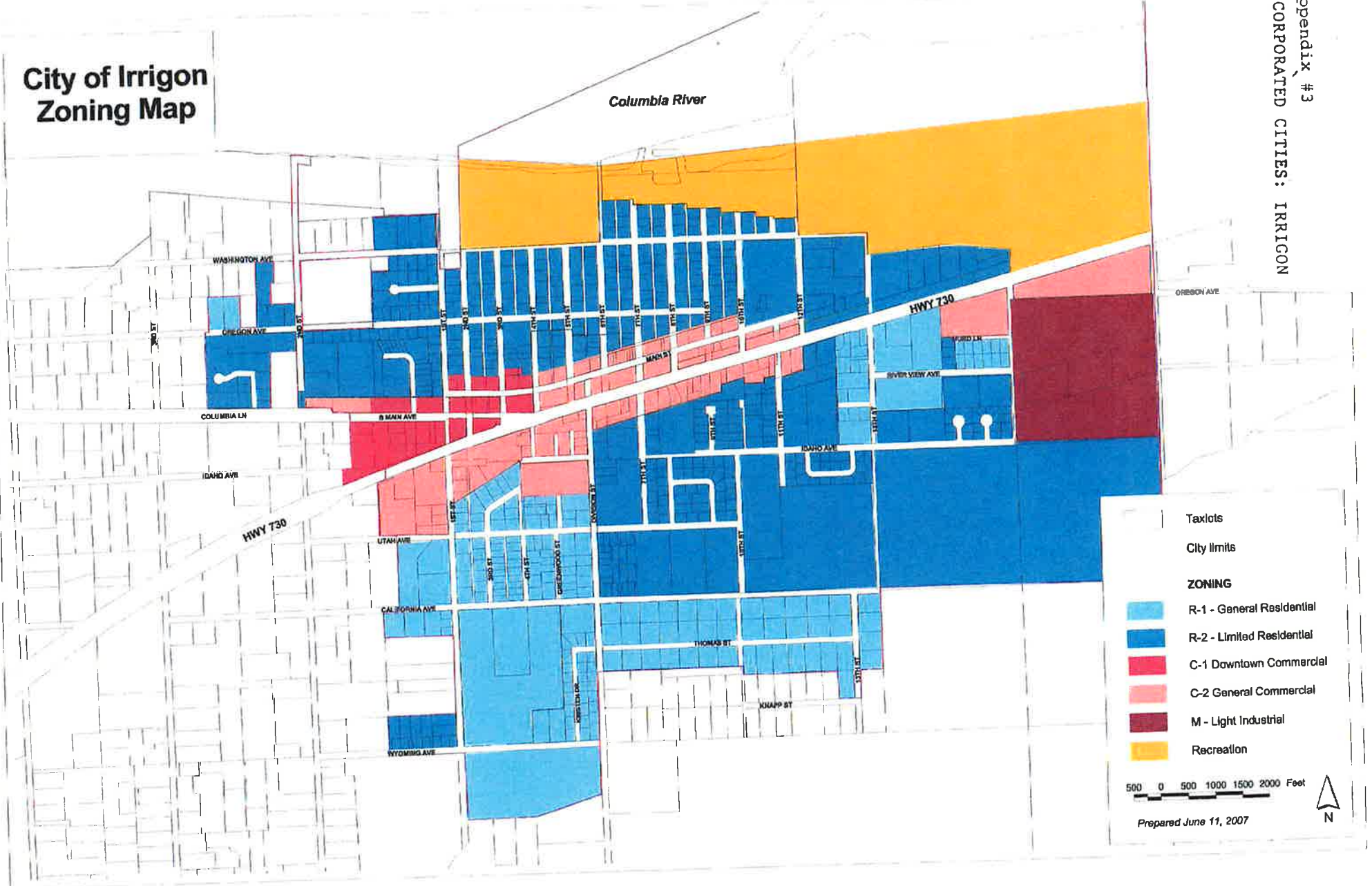
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Feet
Meters

Copyright © 2015 Oregon Department of Transportation, Geographic Information Services Unit, 880 NE Oregon Street, Salem, Oregon 97301, (503) 986-3154, <http://www.oregon.gov/ODOT/77070400/Pages/gis/home.aspx>
 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



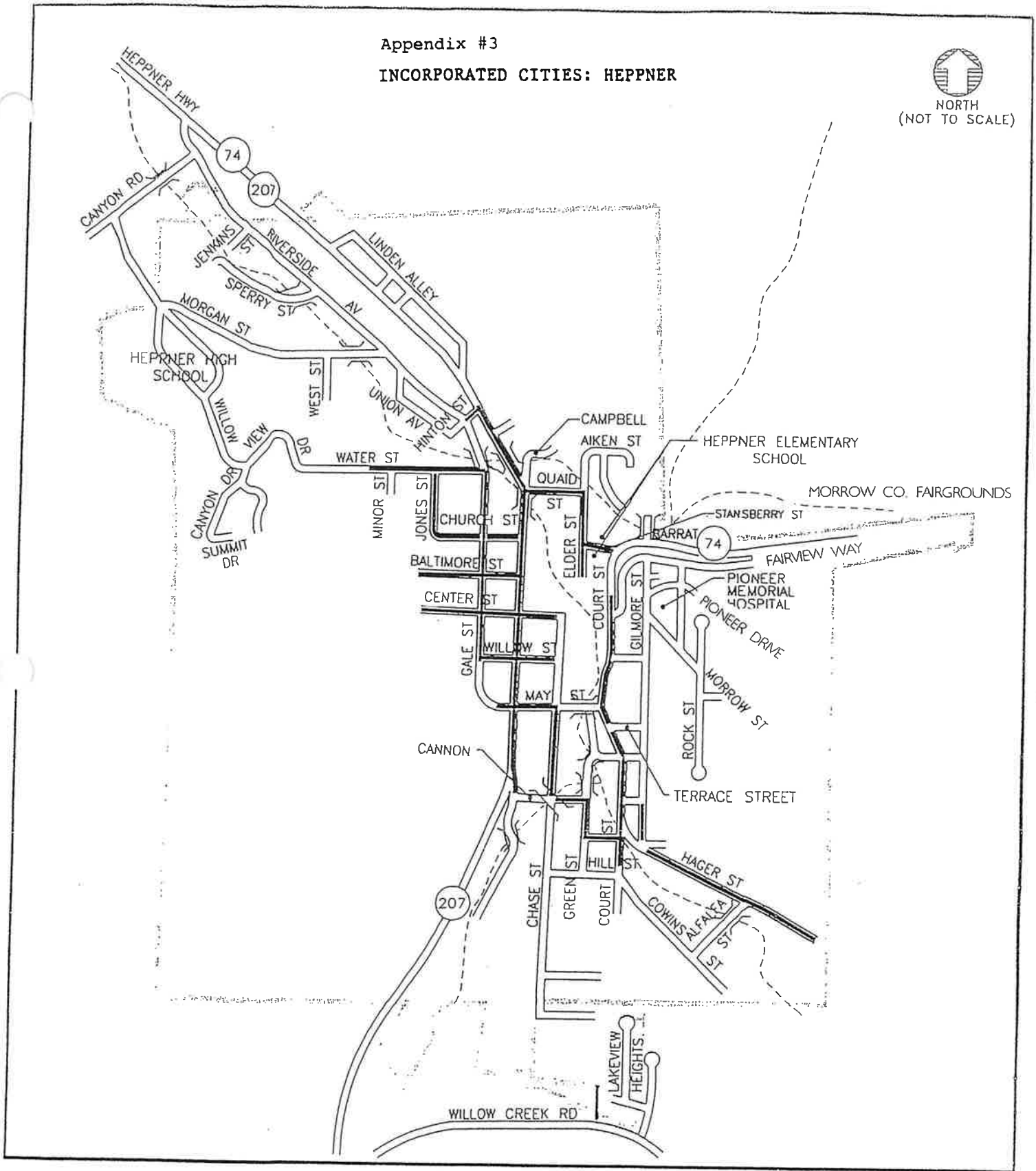
500 0 500 1000 1500 2000 Feet

Prepared June 11, 2007



Appendix #3

INCORPORATED CITIES: HEPPNER



LEGEND

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

CITY OF HEPPNER, OREGON

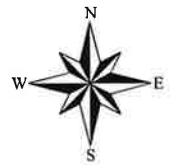
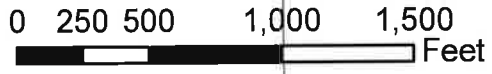
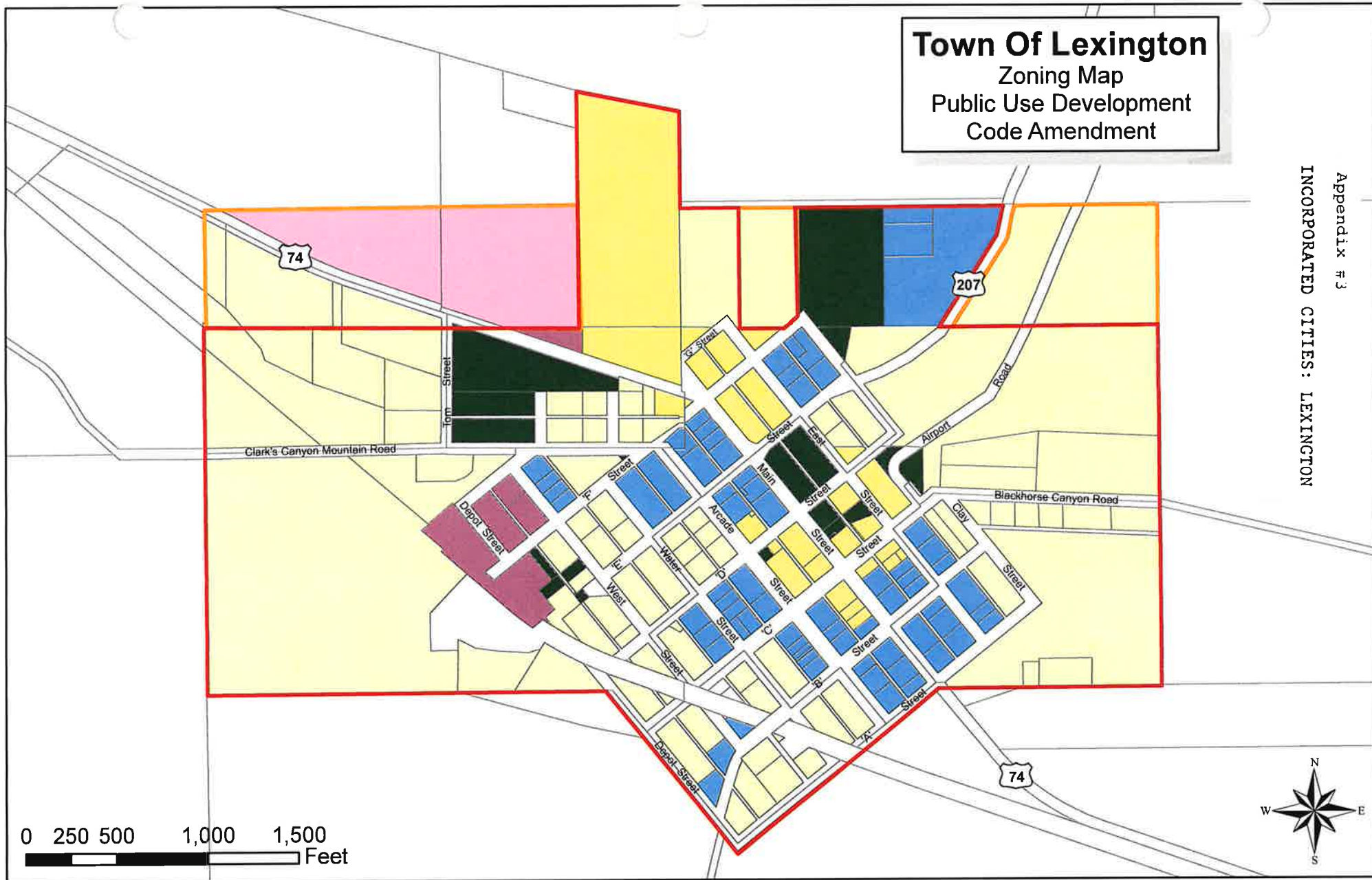
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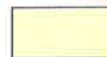



Town Of Lexington

Zoning Map

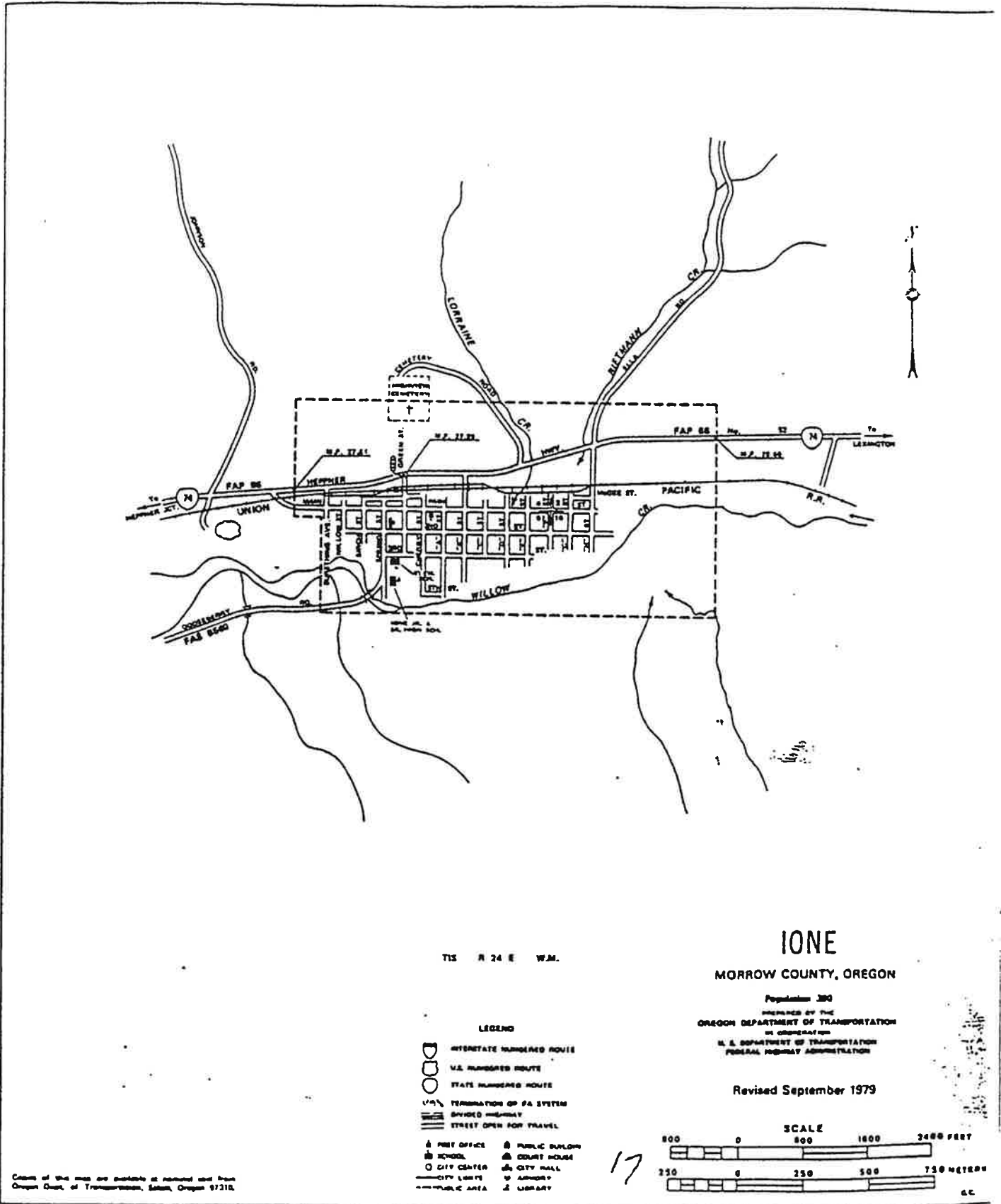
Public Use Development Code Amendment

Appendix #3
INCORPORATED CITIES: LEXINGTON



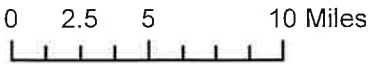
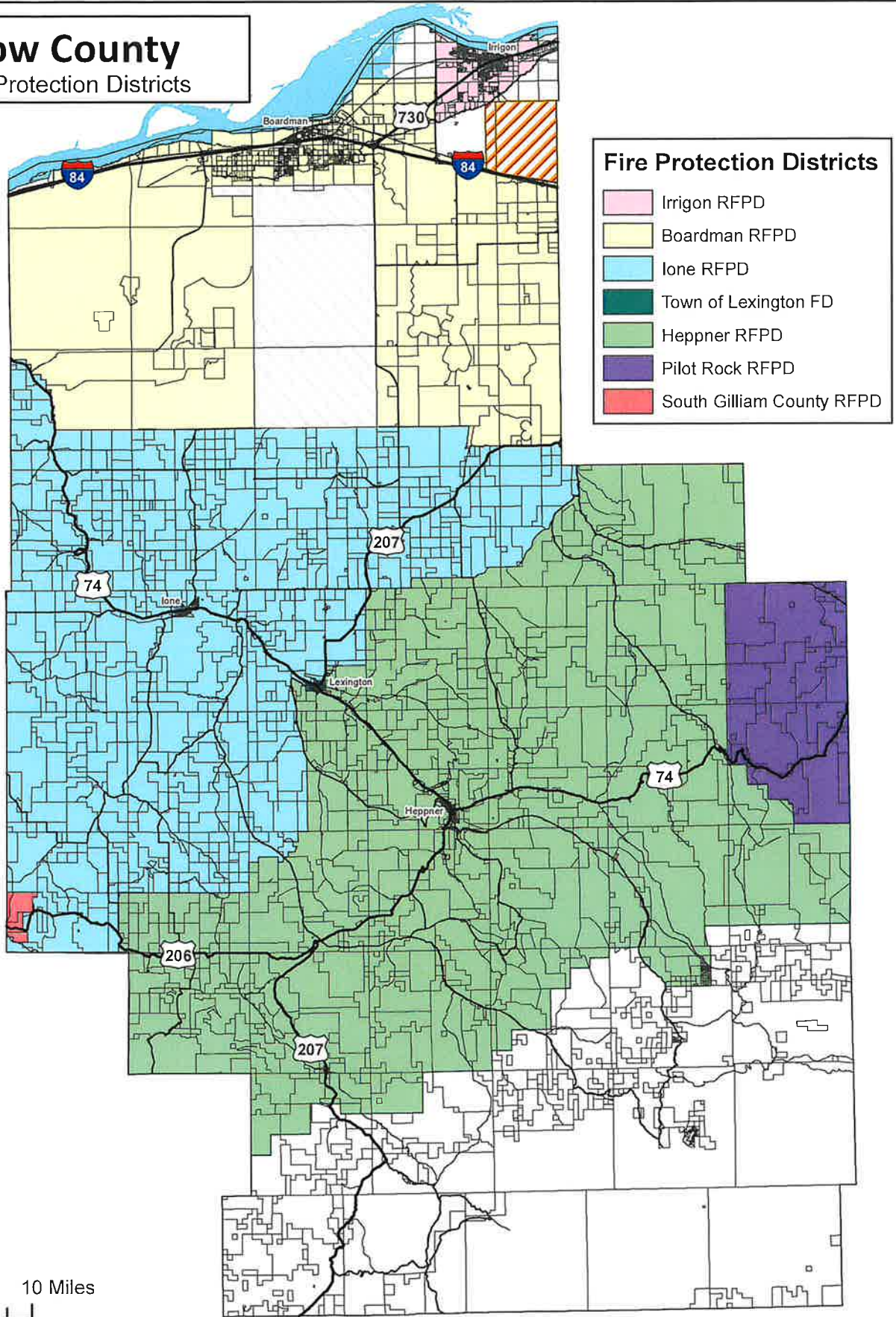
- | | | | | | |
|---|------------------|---|-----------------------|---|------------------------------|
|  | Town Limits |  | R - Residential |  | M - Light Industrial |
|  | UGB |  | FR - Farm Residential |  | RLI - Rural Light Industrial |
|  | * PUB - Public * |  | C - Commercial | | |

INCORPORATED CITIES: IONE



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,
BPRD, BOC History Page 192
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 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.

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

MCHD Is An Equal Opportunity Provider And Employer



**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 Nursing Home

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.

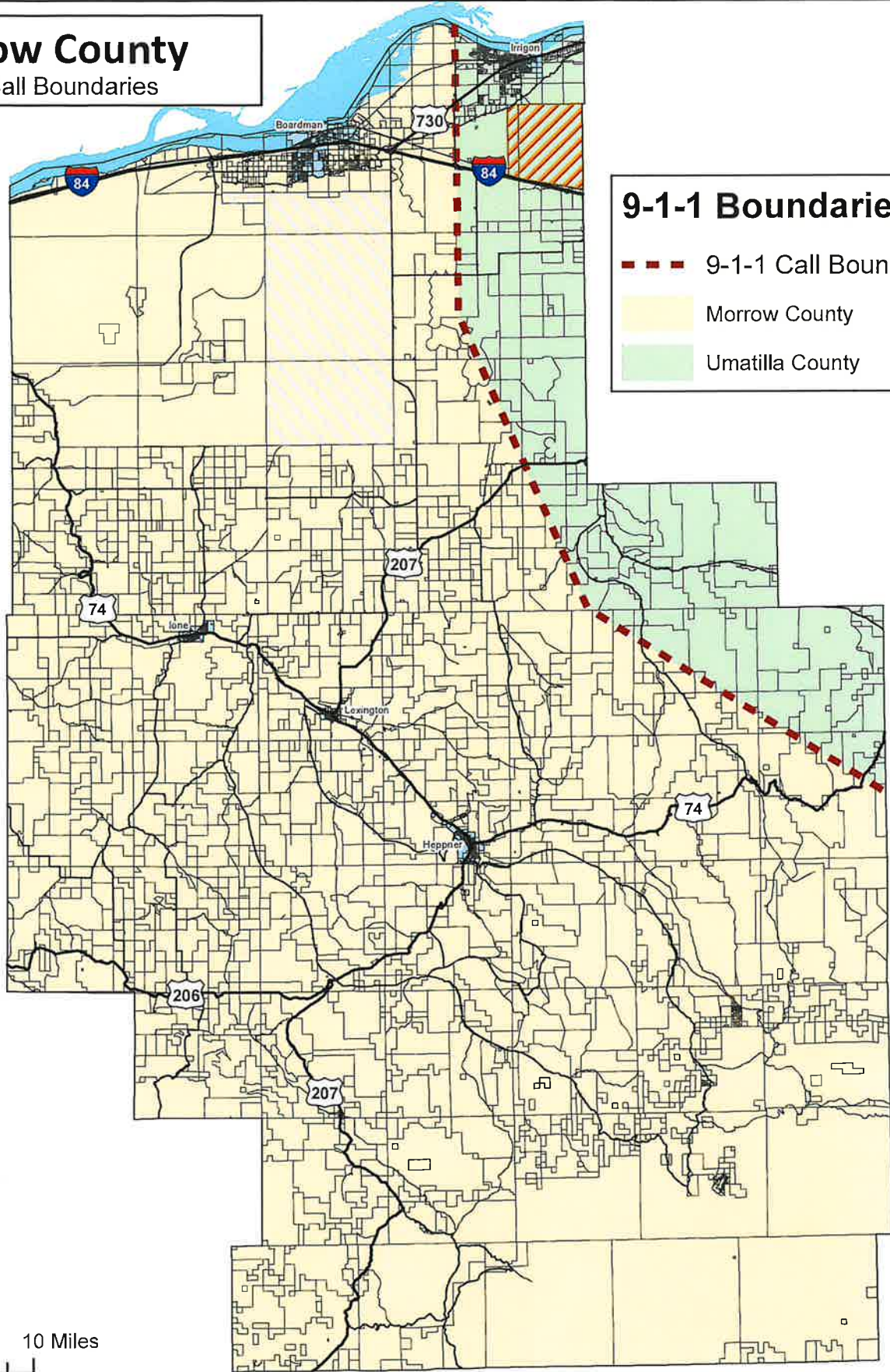
The Medical College of Wisconsin designates this activity for up to 21.5 hours of participation for continuing education for allied health professionals.

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>

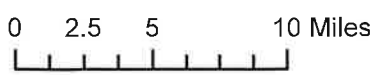
Morrow County

9-1-1 Call Boundaries



9-1-1 Boundaries

-  9-1-1 Call Boundary
-  Morrow County
-  Umatilla County



-  Streets
-  Highway
-  Army Depot
-  Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
BPRD / Doc History Page 215
Document Path: G:\Planning\MapFiles\Doc\Map and Layer\011 Call Boundaries Map.mxd

To: Don Russell <drussell@co.morrow.or.us>; Justin Nelson <jnelson@co.morrow.or.us>
Cc: Darrell Green <dgreen@co.morrow.or.us>
Subject: Re: Operating Levy

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

Did we receive any further information on this?

D. Ryan Fowler
Chief Executive Officer
Morrow County Health District
Heppner, OR

From: Don Russell <drussell@co.morrow.or.us>
Sent: Wednesday, March 17, 2021 3:41 PM
To: Justin Nelson <jnelson@co.morrow.or.us>
Cc: Darrell Green <dgreen@co.morrow.or.us>; Ryan Fowler <RyanF@moco hd.org>
Subject: FW: Operating Levy

***** CAUTION! This email came from outside the Morrow County Health District network. Do not open attachments or click links if you do not recognize the sender. *****

Justin:

Boardman Fire and Rescue would like to be the ambulance service provider in the Boardman and Irrigon area. This would require the county commission to split the current county ambulance service area into two separate districts. Chief Hughes is under the assumption that if we were to do that, then the hard assets already in place for ambulance service in Boardman and Irrigon would move to Boardman Fire from County Health District. He is also under the assumption that he would get a share of the operating levy passed in 2019. I have attached a copy of the operating levy. I admire Chief Hughes desire to increase the level of service but have concerns. I don't want people to spend a lot of time preparing plans and budgets if the operating levy does not follow the ambulance service provider.

It seems counterintuitive to me, that Morrow County Health District passes an operating levy, and those funds would travel to another taxing district without a general election and a vote of the people. If the funds don't follow the ambulance service provider, then Boardman Fire would not have the resources to provide the service. There would be no need to prepare budgets or spend time on something that is not going to happen. The question I have for you is, if Boardman Fire were awarded an ambulance service area by the commissioners, would any part of the Operating Levy for MCHD go to Boardman Fire?

I will also put in a call to SDAO. If you need any additional information please give me a call.

Thanks

Don Russell
Chair
Morrow County Board of Commissioners
(541) 377-2389
P.O. Box 788
110 N. Court Street

3/17/2021

To: Morrow County Commissioners
Morrow County Health District C.E.O. Ryan Fowler
Morrow County E.M.S. Director Rusty Estes
Boardman Fire Department

Subject: Resignation as Boardman Fire Department EMS Medical Director

To Whom It May Concern:

Concerning recent events regarding the ambulance service area (ASA) in Morrow County Oregon, I feel that my presence as the Boardman Fire Department EMS medical director represents a personal conflict. I was asked to assume the post as medical director by the Morrow County Health District EMS director. I agreed to do so and have been told multiple times that the EMS services available in northern Morrow County would be represented as an collaborative effort between the Morrow County Health District Ambulance Service and the Boardman Fire Department. Apparently that is not to be the case and I will no longer serve as the Boardman fire department medical director. I was not asked by either the Morrow County CEO or EMS director to make this change. I will contact the Oregon Health Authority (OHA) and make the appropriate changes.

Dan Hambleton, MD

Re: Operating Levy

Ryan Fowler <ryanf@moco hd.org>

Wed 4/7/2021 3:28 PM

To: Don Russell <drussell@co.morrow.or.us>

Thank you, Commissioner Russell, I have time scheduled with Chief Hughes on the 23rd of this month to discuss opportunities to collaborate.

D. Ryan Fowler
Chief Executive Officer
Morrow County Health District
Heppner, OR

From: Don Russell <drussell@co.morrow.or.us>

Sent: Wednesday, April 7, 2021 2:07 PM

To: Ryan Fowler <ryanf@moco hd.org>

Subject: RE: Operating Levy

***** CAUTION! This email came from outside the Morrow County Health District network. Do not open attachments or click links if you do not recognize the sender. *****

Ryan:

I spoke with George Dunkel at SDAO and Mike Gorman spoke with someone from the Oregon Department of Revenue. The answer was the same. The operating levy that MCHD had approved by the voters is theirs, and theirs alone. I told Chief Hughes what I was told. This should put an end to what appeared like a hostile takeover. Now having said that, I think that there is still room for collaboration between the two districts, that could result in better service for the common residents. Hopefully MCHD and Boardman Fire and Rescue can work together where it makes sense.

Don Russell

Chair

Morrow County Board of Commissioners

(541) 377-2389

P.O. Box 788

110 N. Court Street

Heppner, OR 97836

drussell@co.morrow.or.us



From: Ryan Fowler <ryanf@moco hd.org>

Sent: Wednesday, April 7, 2021 10:58 AM

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, April 28, 2021 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Info on Page 2

AMENDED

1. **Call to Order and Pledge of Allegiance - 9:00 a.m.**
2. **City/Citizen Comments:** Individuals may address the Board on issues not on the agenda
3. **Open Agenda:** The Board may introduce subjects not already on the agenda
4. **Consent Calendar**
 - a. Accounts Payable and Payroll Payables
 - b. Minutes: April 7th
 - c. Intergovernmental Agreement for Sheriff's Services with the City of Irrigon
 - d. First Amendment to Oregon Health Authority Intergovernmental Agreement #166052 for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services
5. **Business Items**
 - a. Discuss COVID Pay (Lindsay Grogan, Human Resources Manager)
 - b. Discussion – Ambulance Service Area Plan Proposal
 - c. Resolution No. R-2021-12: Declaring a Drought Emergency
 - d. Award Bid and Contract – Heating, Ventilation and Air Conditioning Services (Sandi Pointer, Public Works)
 - e. Eastern Oregon Economic Summit – Sponsorship Request (Tamra Mabbott, Planning Department Director)
 - f. Resiliency Grant and Tillamook County Creamery Association Grant Awards (Kate Knop, Finance Director)
 - g. Discussion – Irrigon Building Name
 - h. Emergency Operations Center Update
 - i. Building Projects Updates
6. **Legislative Updates**
7. **Department Reports**
 - a. Road Department Monthly Report
 - b. Clerk's Quarterly Report (Bobbi Childers)
 - c. Local Public Safety Coordinating Council Quarterly Report (Jessica Rose, Morrow County LPSCC Coordinator)
 - d. Weed Department Quarterly Report (Dave Pranger)
 - e. Public Health Department Quarterly Report (Nazario Rivera)
 - f. Human Resources Quarterly Report (Lindsay Grogan)
 - g. Surveyor's Quarterly Report (Matt Kenny)
8. **Correspondence**
9. **Commissioner Reports**
10. **Signing of documents**
11. **Adjournment**

Morrow County Board of Commissioners Meeting Minutes
April 28, 2021
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person

Chair Don Russell, Commissioner Jim Doherty, Commissioner Melissa Lindsay, Darrell J. Green, John A. Bowles, Roberta Lutchter, Justin Nelson; Non-Staff: Rusty Estes, Mike Hughes, Kris Jones, Nicole Mahoney, John Murray

Present Via Zoom

Staff: Ronda Fox, Lindsay Grogan, Eric Imes, Crystal Jaeger, Christy Kenny, Matt Kenny, Ian Murray, Dave Pranger, Sandi Pointer, Nazario Rivera, Linda Skendzel, Heidi Turrell; Non-Staff: Marty Broadbent, Erika Lasater, Ryan Neal, Debbie Pedro, Karen Pettigrew, David Sykes

Call to Order, Pledge of Allegiance & Roll Call: 9:03 a.m.

City & Citizen Comments: None

Open Agenda: Administrator Darrell Green said he received a request from Heppner Junior High School teacher, Andrea Nelson, to display student artwork in the lobby of the Bartholomew Building. The Commissioners agreed by consensus to the request.

Consent Calendar

Commissioner Lindsay moved to approve the following items in the Consent Calendar:

1. *Accounts Payable and Payroll Payables*
2. *Minutes: April 7th*
3. *Intergovernmental Agreement for Sheriff's Services with the City of Irrigon. Effective July 1, 2021 for one year; not-to-exceed amount \$96,822 per fiscal year; City to purchase a vehicle every three years, with the vehicle to return to the City three years following the purchase*
4. *First Amendment to Oregon Health Authority 2020-2021 Intergovernmental Agreement #166052 for the Financing of Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services; and authorize Chair Russell to sign on behalf of the County*

Commissioner Doherty seconded. Unanimous approval.

Business Items

Discuss COVID Pay

Lindsay Grogan, Human Resources Manager

Ms. Grogan said the mandate expired at the end of 2020 to pay quarantined employees, but the County extended it until April 30, 2021. It was the recommendation of the Emergency Operations Team on Monday to end it at this time due to the availability of vaccines and a sufficient amount of time for employees to receive them, she said. The other policies remain in effect, she said (COVID Safeguards and Notification of Exposure).

Commissioner Doherty moved to end the temporary COVID-19 Emergency Leave Policy, which includes paid sick leave for COVID-19 issues. Commissioner Lindsay seconded. Unanimous approval.

Discussion – Ambulance Service Area Plan Proposal

Nicole Mahoney, Kris Jones, Rusty Estes, John Murray – Morrow County Health District (MCHD)

Chief Mike Hughes – Boardman Fire Rescue District (BFRD)

At the previous meeting on this topic, there was discussion about BFRD taking over MCHD's ambulance service in Boardman, explained Chair Russell. However, after looking into it, he learned the revenue to MCHD from its levy would stay with MCHD even if BFRD took over that territory.

Chief Hughes then asked the County to allow BFRD to apply for an ambulance license for the purpose of MCIs (multi-casualty incidents) so they could respond to calls when the first ambulance was out of position, for whatever reason.

Commissioner Lindsay said she preferred to see an actual proposal through the proper channels to the Board of Commissioners. She asked that today's discussion remain on the scheduled agenda item.

Commissioner Doherty said Chief Hughes' request was separate to this and he could come back to make that pitch. He said the Board approves other contracts for multiple years, pending an annual review, and suggested this be looked at again next year at this same time with the potential to open it back up.

Commissioner Doherty moved to approve the Morrow County Health District Ambulance Service Area Plan, as it has been in the past, with an annual review to come to the Board of Commissioners and go with the five-year time plan. Commissioner Lindsay seconded. Unanimous approval.

Resolution No. R-2021-12: Declaring a Drought Emergency

Justin Nelson, County Counsel

Commissioner Lindsay moved to approve Resolution No. R-2021-12: In the Matter of Declaring a State of Drought Emergency in Morrow County. Commissioner Doherty seconded.

Discussion: The Commissioners and Mr. Nelson thanked the assisting agencies for responding quickly – Morrow Soil & Water Conservation District, and the NRCS Office (Natural Resources Conservation Services). Mr. Nelson said the Board was also approving signing the attached letter. Commissioner Lindsay accepted the amendment. Unanimous approval.

Award Bid & Contract for Heating, Ventilation & Air Conditioning (HVAC) Services

Sandi Pointer, Public Works

Commissioner Doherty moved to approve the Morrow County Personal/Professional Services Contract for HVAC services with Bruce Inc., Mechanical Heating & Air; effective when fully executed for a period of five years. Commissioner Lindsay seconded. Unanimous approval.

Eastern Oregon Economic Summit – Sponsorship Request

Tamra Mabbott, Planning Director

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:

Plan Approved: _____
Approved By: _____
Date Approved: _____

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)

- (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:

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

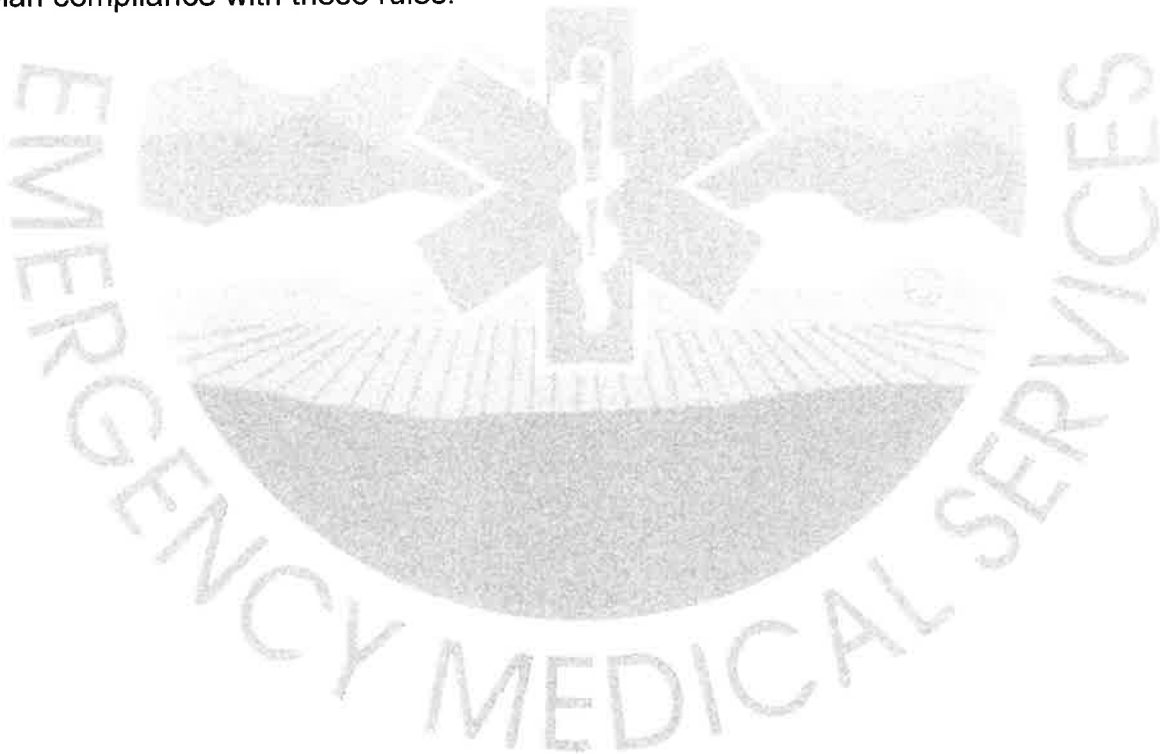
(4) Procedures for the Division's review of a plan submitted under section (3) of this rule are set forth in ORS 682.205(6). Except for the time frames, plans submitted prior to April 1, 2001, but not yet approved by the Division shall be processed in the same manner.

(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.



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 28th day of April 2021.

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

Don Russell, Chair

Jim Doherty, Commissioner

Melissa Lindsay, Commissioner

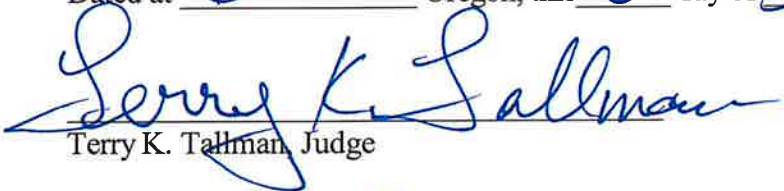
Certification
of
Morrow County

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:

Chese Crawford Deputy
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 is 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 Lone 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 if 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

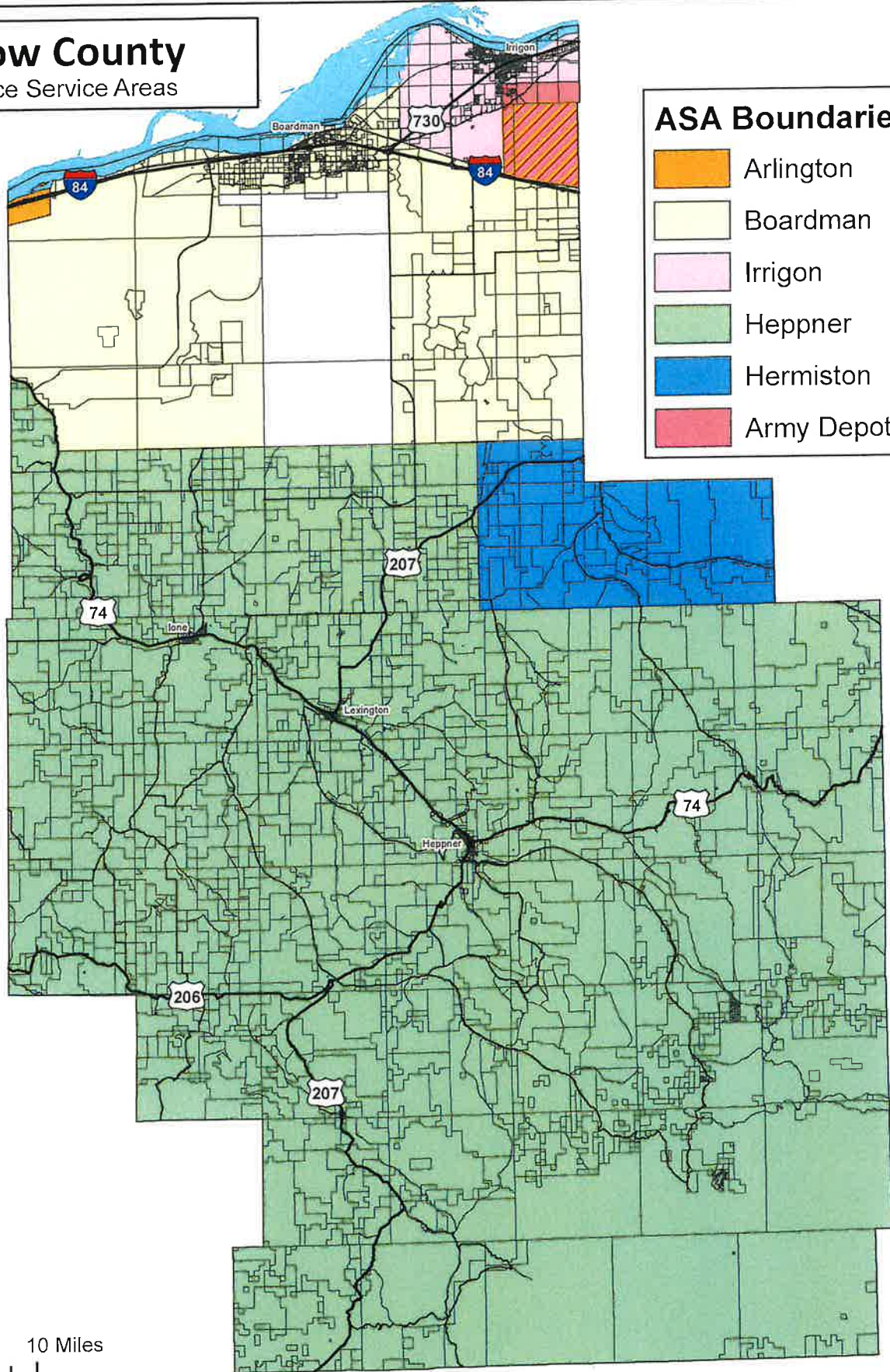
- (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
- (2) Umatilla Army Depot -- 541-564-8632
- (3) U.S. Navy Bombing Range --541-481-2565

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



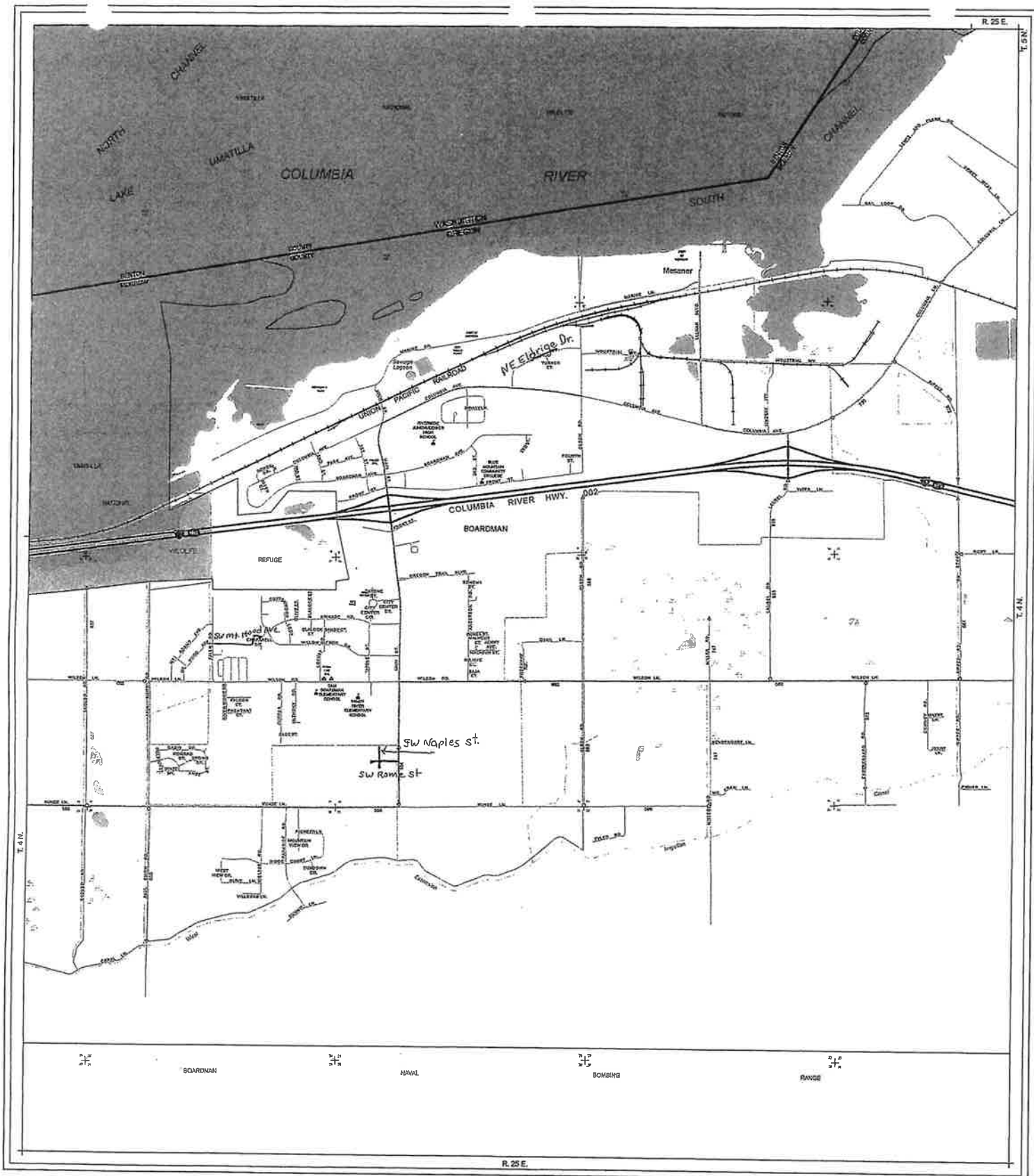
0 2.5 5 10 Miles



-  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
BFRD / BOC History Page 264 asa/asa SA Boundary Map.mxd

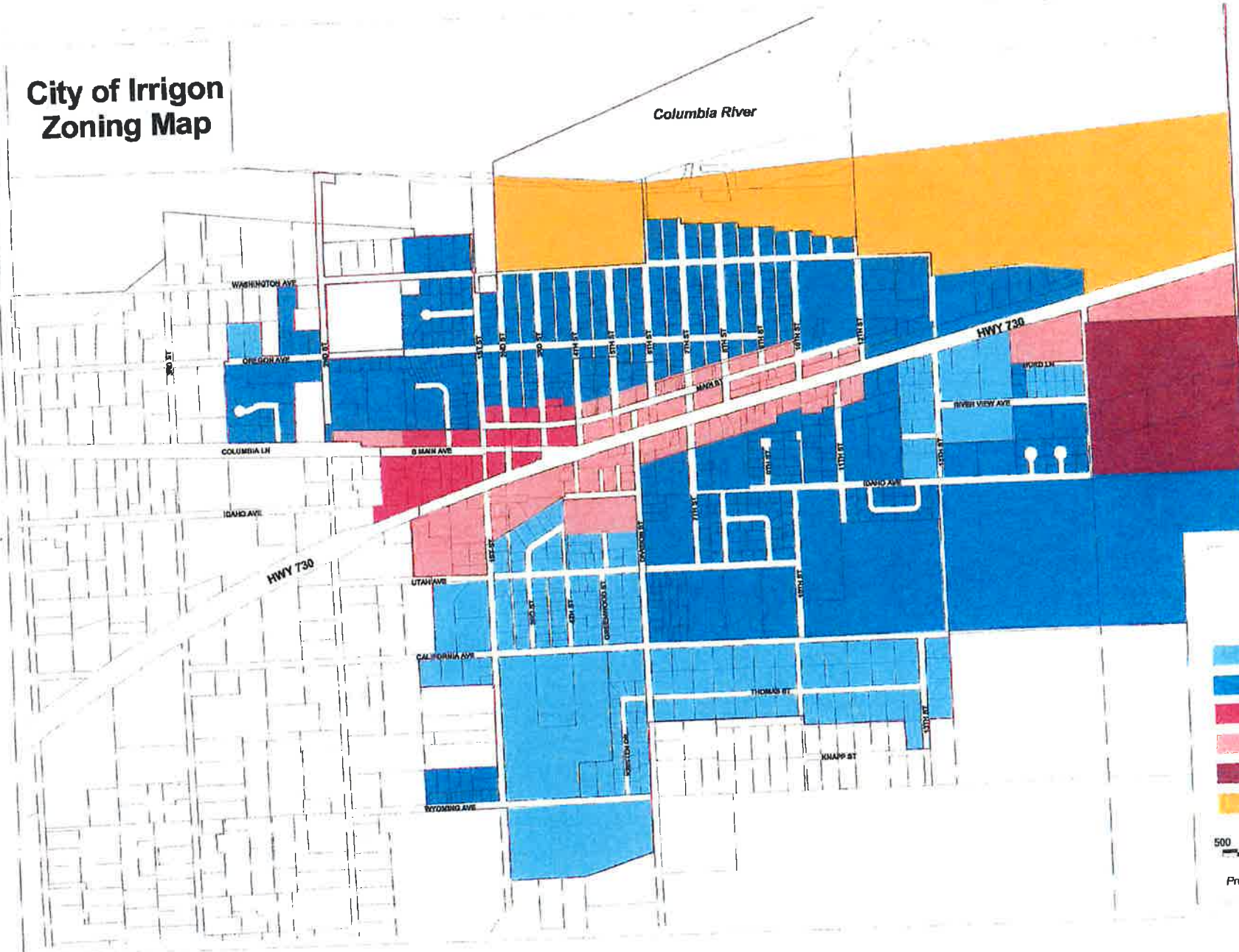


<p>FUNCTIONAL CLASSIFICATION</p> <p>STATE HWY </p> <p>INTERSTATE </p> <p>PERSONAL SERVICE </p> <p>URBAN ARTERIAL </p> <p>MAJOR COLLECTOR </p> <p>MINOR COLLECTOR </p> <p>LOCAL ROAD </p> <p>INTERTOWN - U.S. ROUTE - DISC. ROUTE </p> <p>NATIONAL HIGHWAY SYSTEM ROUTE </p> <p>CITY LIMIT </p> <p>URBAN OR PORT HIGHLIGHT </p> <p>RAILROAD - PASSENGER STATION </p> <p>RAILROAD - FREIGHT STATION </p> <p>GRAVEL PIT - QUARRY - CRUSHY PEOPLE </p> <p>BOAT MAINTENANCE STATION </p>	<p>LEGEND</p> <p>FEDERAL FUNCTIONAL CLASSIFICATION</p> <p>INTERSTATE </p> <p>PERSONAL SERVICE </p> <p>URBAN ARTERIAL </p> <p>MAJOR COLLECTOR </p> <p>MINOR COLLECTOR </p> <p>LOCAL ROAD </p> <p>INTERTOWN - U.S. ROUTE - DISC. ROUTE </p> <p>NATIONAL HIGHWAY SYSTEM ROUTE </p> <p>CITY LIMIT </p> <p>URBAN OR PORT HIGHLIGHT </p> <p>RAILROAD - PASSENGER STATION </p> <p>RAILROAD - FREIGHT STATION </p> <p>GRAVEL PIT - QUARRY - CRUSHY PEOPLE </p> <p>BOAT MAINTENANCE STATION </p>	<p>Published by</p> <p>NORTH</p> <p></p> <p>ORIGINS SOCIALLY OFFICE</p> <p>OREGON DEPARTMENT OF TRANSPORTATION</p> <p>600 NE OREGON ST., SUITE 1000</p> <p>PORTLAND, OREGON 97232</p> <p>TEL: (503) 826-2100</p> <p>FAX: (503) 826-2101</p> <p>WWW.ODOT.OREGON.GOV</p>	<p>SCALE</p> <p>0 800 1,600 3,200 Feet</p> <p>0 237.5 475 950 Meters</p>	<p>BOARDMAN</p> <p>POPULATION 3,445</p> <p></p> <p>T. 4 N. R. 25 E.</p>	<p>OREGON TRANSPORTATION MAP</p> <p>Showing Federal Functional Classification of Roads</p> <p>City of</p> <p>BOARDMAN</p> <p>MORROW COUNTY</p> <p>2015 Edition</p> <p></p> <p>PARK & RIDE TRANSFER STATION AIRPORT</p> <p>AVAILABLE TRANSFER STATION SERVICES AVAILABLE TRANSFER STATION SERVICES</p> <p>SHOWS WITH YELLOW BACKGROUND SHOWS WITH YELLOW BACKGROUND</p>
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Scale available from the Oregon Department of Transportation, Geographic Information Services Unit, 600 NE Oregon Street, Suite 1000, Portland, Oregon 97232, (503) 826-2100. Fax: (503) 826-2101. Web: www.oregon.gov/ODOT/OTM/Pages/OTM.aspx

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

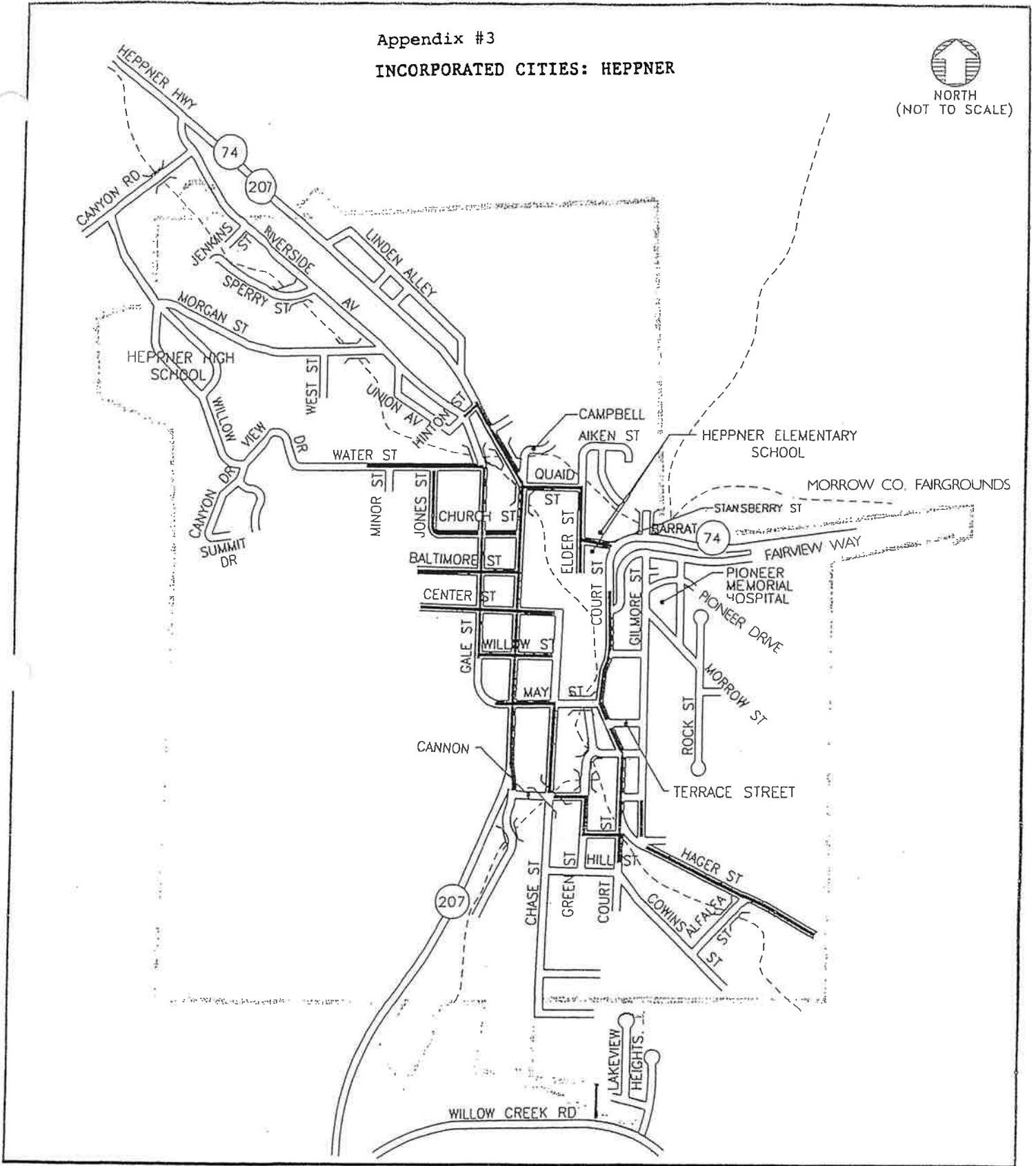
N

Appendix #3

INCORPORATED CITIES: HEPPNER



NORTH
(NOT TO SCALE)



LEGEND

- SIDEWALK
- CITY LIMITS
- CREEK

CITY OF HEPPNER, OREGON

from Oregon Transportation Plan, 1999

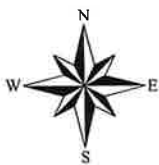
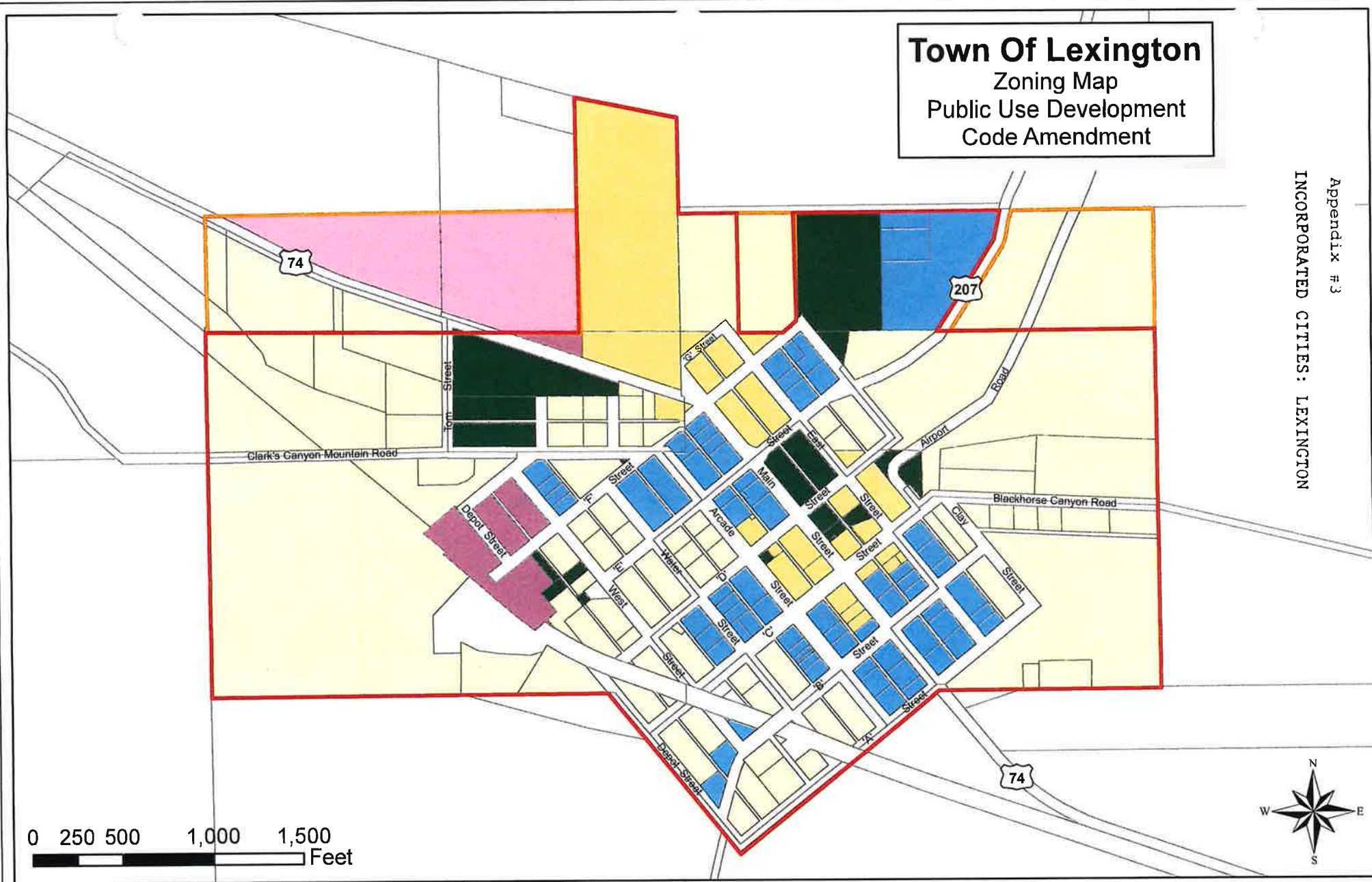
HEPPNER CHAMBER OF COMMERCE









Town Of Lexington

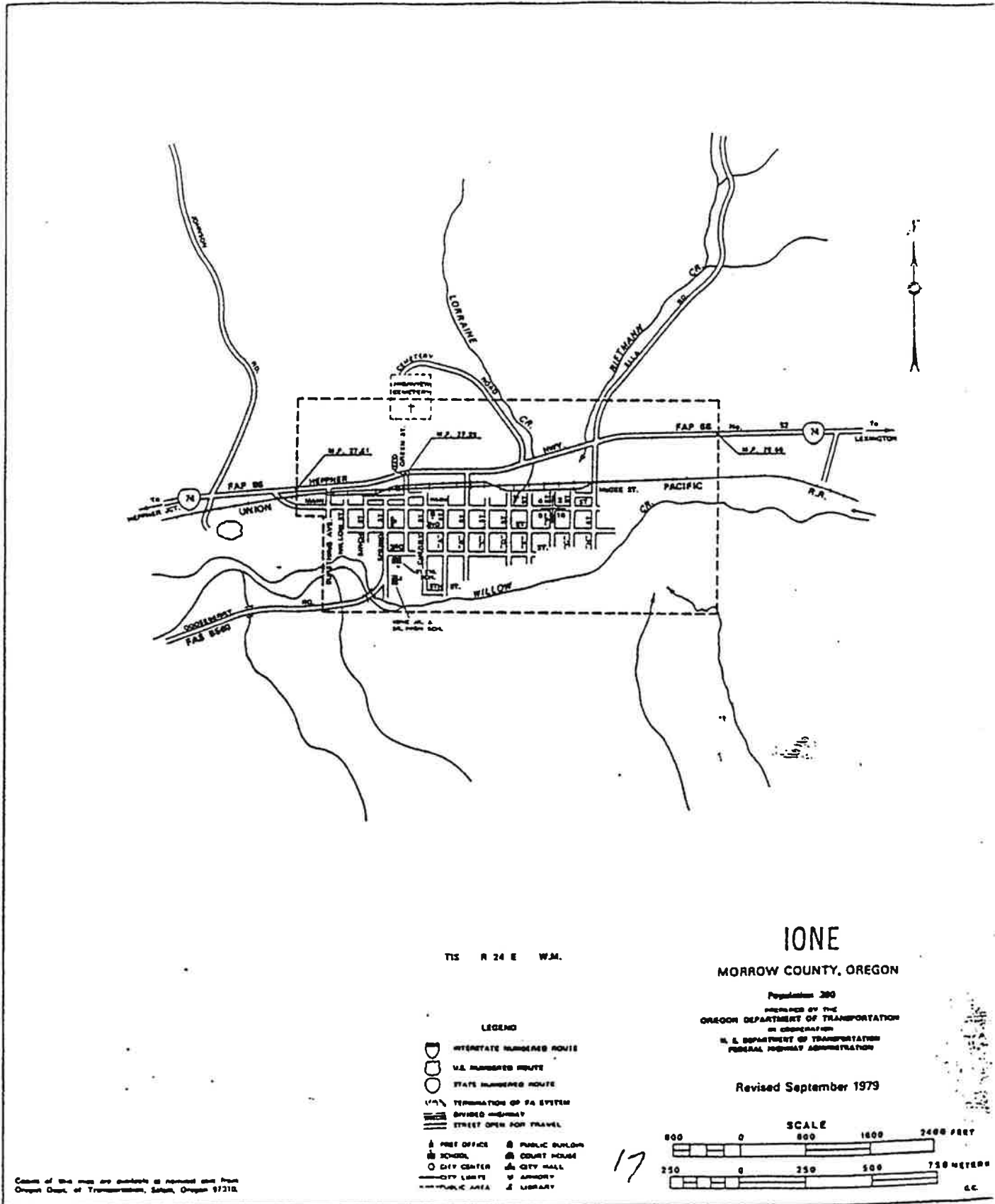
Zoning Map

Public Use Development Code Amendment

Appendix #3
INCORPORATED CITIES: LEXINGTON

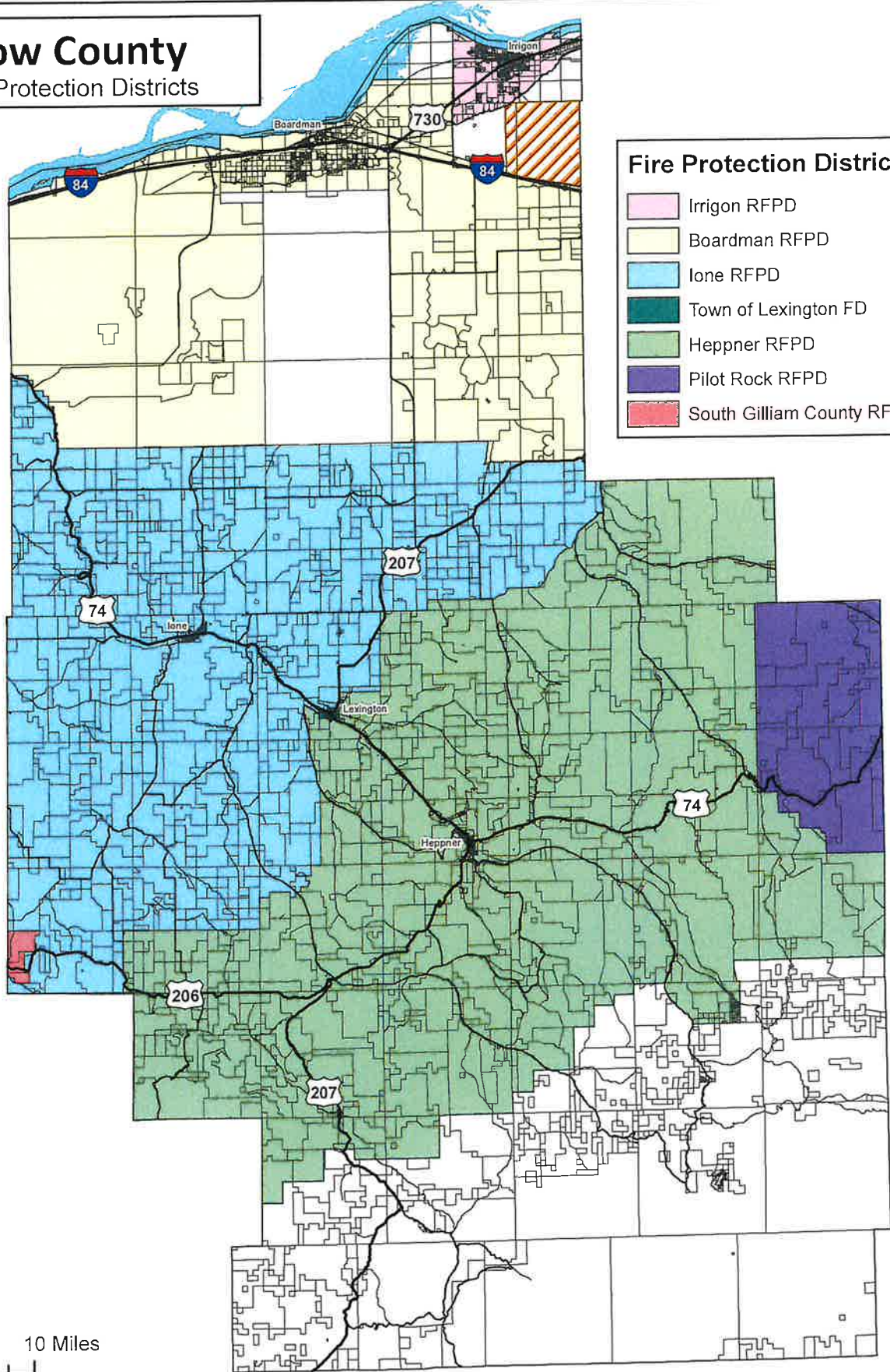


	Town Limits		R - Residential		M - Light Industrial
	UGB		FR - Farm Residential		RLI - Rural Light Industrial
	* PUB - Public *		C - Commercial		



Morrow County

Rural Fire Protection Districts



Fire Protection Districts

- Irrigon RFPD
- Boardman RFPD
- Lone RFPD
- Town of Lexington FD
- Heppner RFPD
- Pilot Rock RFPD
- South Gilliam County RFPD



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
BERD / BOC History Page 270

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.

Scott J. Clark Fire Chief 4/22/19 Signature Title Date

Russell J. Est EMS Coordinator 4/22/19 Signature Title Date



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	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 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

MCHD Is An Equal Opportunity Provider And Employer

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 Nursing Home

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

April 28, 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

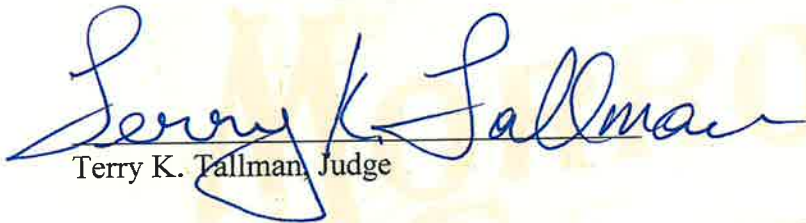
TERRY K. TALLMAN, Judge
email: ttallman@co.morrow.or.us
Boardman, Oregon
LEANN REA, Commissioner
email: lrea@co.morrow.or.us
Heppner, Oregon
DON RUSSELL, Commissioner
email: drussell@co.morrow.or.us
Boardman, Oregon

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.

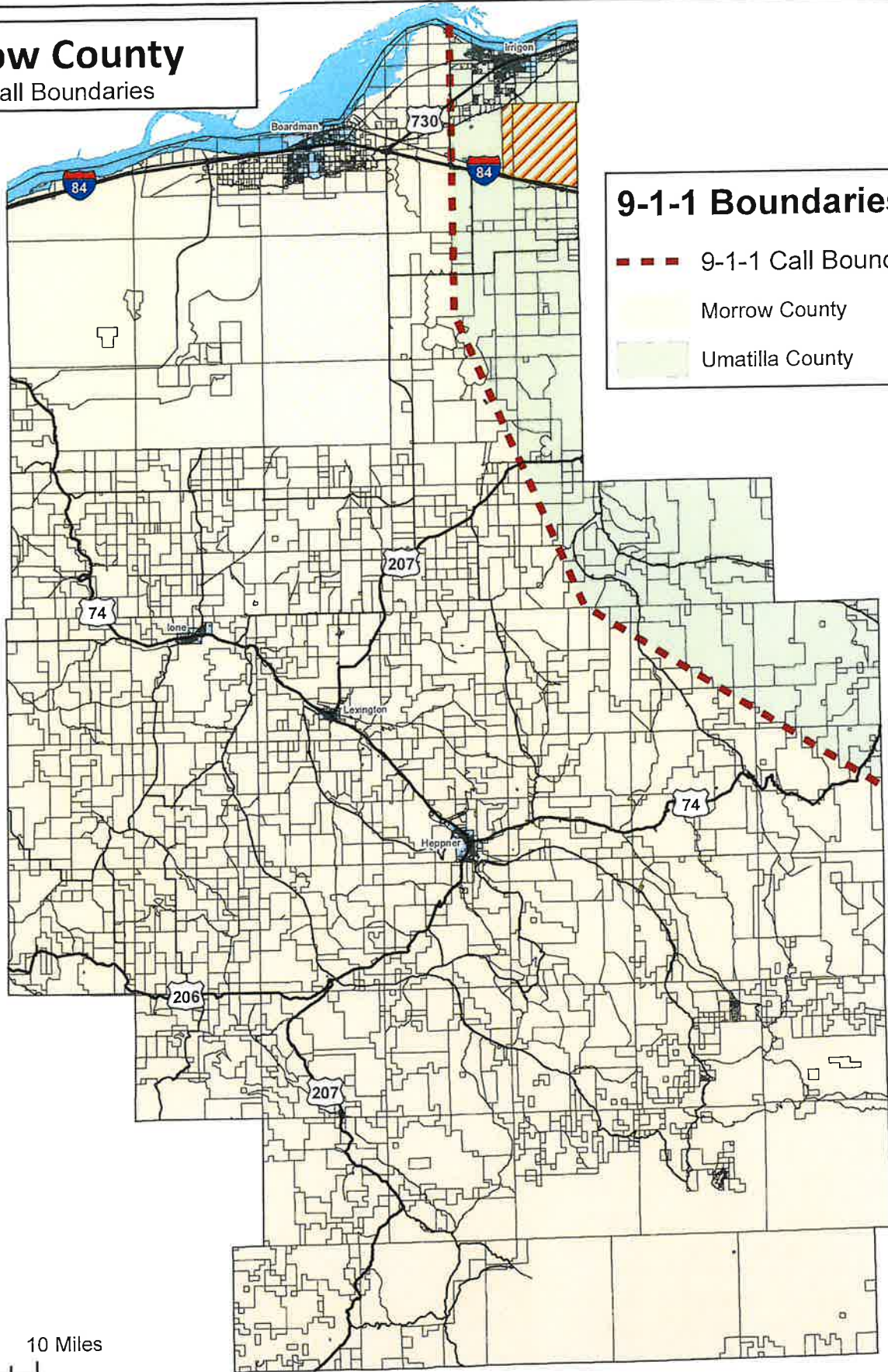
The Medical College of Wisconsin designates this activity for up to 21.5 hours of participation for continuing education for allied health professionals.

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



9-1-1 Boundaries

- 9-1-1 Call Boundary
- Morrow County
- Umatilla County



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

AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

County drought declaration and letter to state officials. Similar to prior designations in 2020, 2018. Umatilla County passed a drought resolution a week ago.

2. FISCAL IMPACT:

3. SUGGESTED ACTION(S)/MOTION(S):

Motion to approve resolution R-2021-12, a resolution declaring a state of drought emergency in Morrow County.

Attach additional background documentation as needed.



Board of Commissioners

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

Commissioner Don Russell, Chair
Commissioner Jim Doherty
Commissioner Melissa Lindsay

April 28, 2021

Mr. Ryan Andrews
Hydrologist
Oregon Water Resources Department
Co-Chair, Oregon Drought Readiness Council
725 Summer St. N.E., Suite A
Salem, OR 97301
Email: ryan.m.andrews@state.or.us

Ms. Traci Naile
Operations & Preparedness Manager
Oregon Office of Emergency Management
Co-Chair, Oregon Drought Readiness Council
P.O. Box 14370
Salem, OR 97301
Email: traci.naile@state.or.us

RE: Morrow County Drought

Dear Mr. Andrews and Ms. Naile,

Morrow County, by and through its County Elected Officials, requests that the Governor of Oregon issue an Executive Order for all of Morrow County under the provisions of ORS 536 as a direct result of severe, continuing and projected drought conditions.

There is the potential for Morrow County agricultural and livestock, natural resources, recreational, tourism, and related economies to experience widespread and severe damage resulting from extreme weather conditions within the County. The County is experiencing negative impacts to agriculture.

The County has already formally declared a drought and has attached a copy of the adopted Resolution for your files.

The Morrow County Board of Commissioners has determined that additional action by and support from the State is needed. This may include assistance from the Oregon Water Resources Department and other Oregon executive branch agencies, operating within their statutory authorities.

Morrow County Board of Commissioners therefore requests an Executive Order from the Governor, declaring drought in Morrow County.

We extend in advance our appreciation for your consideration on this matter.

Sincerely,

Don Russell, Chair

Jim Doherty, Commissioner

Melissa Lindsay, Commissioner

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, February 2, 2022 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

Zoom Meeting Information on Page 2

- 1. Call to Order and Pledge of Allegiance - 9:00 a.m.**
- 2. City/Citizen Comments:** Individuals may address the Board on topics not on the agenda
- 3. Open Agenda:** The Board may introduce subjects not on the agenda
- 4. Consent Calendar**
 - a. Approve Accounts Payable and Payroll Payables
 - b. Minutes: December 1, 2021,
 - c. Application #OSP, #OSQ, #OSR, #OSS & #OST to Build in County Right-of-Way from Zayo Group, LLC
 - d. Quitclaim Deed to Ridgecrest Development III, LLC
- 5. Legislative Updates**
- 6. Business Items**
 - a. Columbia Development Authority Update (Greg Smith, Executive Director)
 - b. Request to Apply for an Ambulance Transport License (Chief Mike Hughes, Boardman Fire Rescue District)**
 - c. Intergovernmental Agreement #21015-2 with the Department of Land Conservation and Development to Update the Morrow County Natural Hazards Mitigation Plan (Paul Gray, Emergency Manager)
 - d. Broadband Funding Discussion (Aaron Moss, Lead for America & American Connection Project Fellow – Morrow County Broadband Project)
 - e. Discussion – Nitrate Level Water Testing
 - f. Command Team Update
 - g. Building Project Updates
- 7. Department Reports**
 - a. Administrator’s Monthly Report (Darrell Green)
 - b. Sheriff’s Office Monthly Report (Administrative Lieutenant Melissa Ross)
 - c. Assessment & Tax Quarterly Report (Mike Gorman)
- 8. Correspondence**
- 9. Commissioner Reports**
- 10. Signing of documents**
- 11. 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

Morrow County Board of Commissioners Meeting Minutes
February 2, 2022
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person

Chair Jim Doherty, Commissioner Melissa Lindsay, Commissioner Don Russell, Darrell J. Green, Paul Gray, Eric Imes, Roberta Lutchter; Non-Staff: Nicole Mahoney, Mike McNamee, Donna Sherman

Present Via Zoom

SaBrina Bailey Cave, Mike Gorman, Kate Knop, Tamra Mabbott, Aaron Moss, Sandi Pointer, Linda Skendzel, Heidi Turrell; Non-Staff: JoAnna Lamb, Lisa Mittelsdorf, Debbie Pedro, Karen Pettigrew, Kelsey Salata, Greg Smith

Call to Order, Pledge of Allegiance & Roll Call: 9:00 a.m.

City and Citizen Comments: None

Open Agenda: No items

Consent Calendar:

Commissioner Russell moved to approve the following items in the Consent Calendar:

1. *Accounts Payable and Payroll Payables*
2. *Minutes: December 1, 2021*
3. *Application Numbers OSP, OSQ, OSR, OSS & OST for Necessity to Build on Right-of-Way from Zayo Group, LLC*
4. *Quitclaim Deed to Ridgecrest Development III, LLC; property back to prior owner after tax foreclosure of property; true consideration – \$22,341 to Morrow County*

Business Items

Columbia Development Authority Update

CDA Director, Greg Smith, provided his quarterly update to the Board.

Request to Apply for an Ambulance Transport License

Chief Mike Hughes, Boardman Fire Rescue District

After a lengthy discussion, it was determined the request had not been properly vetted and collaboration needed to take place between all affected parties. It was proposed a work session take place in the near future.

Department of Land Conservation and Development Intergovernmental Agreement #21015-2 to Update the Morrow County Natural Hazards Mitigation Plan

Paul Gray, Emergency Manager

Commissioner Lindsay moved to approve DLCD IGA #21015-2; effective when signed by all parties and terminates on March 30, 2024; and authorize Chair Doherty to sign on behalf of the County. Commissioner Russell seconded. Unanimous approval.

Broadband Funding Discussion

Aaron Moss, Lead for America & American Connection Project Fellow, Morrow County Broadband Project

6b

Roberta Lutcher

From: Michael Hughes <MHughes@boardmanfd.com>
Sent: Monday, January 24, 2022 2:57 PM
To: Roberta Lutcher
Subject: Ambulance License Request
Attachments: Ambulance Transport Request.pdf; Dispatch Procedures Draft.pdf

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

Hi Roberta,

I would like to be heard at the next available County Commissioners meeting regarding ambulance transport license. I have attached two documents. One is a formal request to be heard and the second document is a draft version of the dispatch procedures, if the request was approved.

Please feel free to call with any questions.

Thank you in advance for your time.

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

Date: 1/24/2022

To: Morrow County Commissioners

From: Boardman Fire Rescue District

Subject: Ambulance Transport License

Commissioners –

I would like to be heard on the next available agenda for authorization to apply to the State of Oregon for an ambulance transport license.

Boardman Fire Rescue District is in possession of an ambulance. We would like to certify the ambulance for patient transport for the following reasons.

1. As the call volume increases in the Boardman ambulance service area, we are without patient transportation from time to time. The current system requires callout to Health Districts volunteers to staff a second ambulance or rely on the Irrigon ambulance for coverage. If Boardman Fire was licensed, we could reduce the lag time for patient transportation response in BFRD service area. This would provide better overall ambulance response to the Boardman area.
2. In the event of a mass casualty incident having a transport license would provide an additional patient transport opportunity.
3. Boardman Fire Rescue District currently has a mutual aid agreement with UCFD1 for fire related incidents. BFRD and UCFD1 would like to expand that relationship to include interfacility transports.

BFRD understands that the Health District has primary responsibility for patient transport in the Boardman area. BFRD is looking to enhance the delivery service to the tax payers, visitors and community by providing an additional transport service, without delay, when the Health District's primary unit is unavailable.

BFRD also understands that there may be times when they are unable to staff their ambulance and the Health District would have to revert back to recalling their personal or dispatching units from outside the Boardman ambulance response area.

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.
 - 1) EMS responding personnel located in Heppner, Ione, 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 within sixty (60) seconds, during daytime calls, the dispatcher will verbally call for the unit. If there is still no response (Boardman) the dispatcher will request Boardman Fire ambulance. If there is still no response (Irrigon) the dispatcher will verbally call for the unit, then re-page Irrigon EMS.
 - 3) If there is no response in eighty-five (85) seconds, during nighttime calls (Boardman & Irrigon), the dispatcher will verbally call for the unit. If there is still no response (Boardman) the dispatcher will request the Boardman Fire ambulance. If there is no response in Irrigon, the dispatcher will re-page Irrigon EMS.
 - 4) In Boardman, if the primary response ambulance is unavailable (IE on a call or outside of primary response area) Boardman Fire ambulance will be requested for response.
 - 5) 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.

- 6) 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.
- 7) Ambulance personnel shall notify the dispatch center whenever they are transporting Code 3.

From: Emily Roberts <emilyr@moco hd.org>

Date: 2/1/22 1:46 PM (GMT-08:00)

To: Melissa Lindsay <mlindsay@co.morrow.or.us>, Jim Doherty <jdoherty@co.morrow.or.us>, Don Russell <drussell@co.morrow.or.us>

Cc: Nicole Mahoney <nicolem@moco hd.org>, Donna Sherman <donnas@moco hd.org>, John Murray <johnm@moco hd.org>

Subject: [BULK] Morrow County ASA Plan

Good afternoon,

It came to my attention yesterday that Chief Hughes is on the agenda to meet with the Board of Commissioners tomorrow regarding having his ambulance licensed to respond in Boardman. I would like to respectfully request that the BOC delay hearing this item and/or making a decision on this item until the District has had sufficient time to put together more information for the BOC as we were unaware that Boardman Fire intended to make this request. Having another ambulance service operating in our ASA presents a number of issues such as:

- Possible negative impact on our cost-based reimbursement from Medicare due to another ambulance service operating in close proximity to ours, which may prevent us from receiving cost-based payments in whole (the entire county) or in part (Boardman area) for our ambulance services. Final determination on this matter would require a decision from Medicare. Because of this issue, we have previously attempted to establish a contract with Boardman Fire to assist them with licensing their ambulance in partnership with the District. These conversations have not resulted in a contract, however, the District remains open to such an arrangement.
- There are issues related how dispatch can and should occur if Boardman Fire were to license their ambulance. The District's currently approved ASA ensures coverage even when the first ambulance is already on a call. The plan included in the BOC's packet is not a plan that the District is familiar with or in support of. Again, this issue could easily be remedied by establishing a mutually agreeable contract.

The District is and remains committed to providing the highest level of service to all of Morrow County and to engaging in positive and productive relationships with our community partners. If Boardman Fire wishes to license their ambulance, the District is in support of this, provided that Boardman Fire enters into a mutually agreeable contract with the District concerning the operation of this ambulance to ensure that the services currently provided by the District to the entire county are not jeopardized.

I appreciate your consideration of this matter.

Sincerely,

Emily Reynolds Roberts

Chief Executive Officer

Morrow County Health District

564 E Pioneer Drive

Heppner, OR 97836

Phone: 541-676-2915

Website: www.healthymc.org

Strengths: ● Input ● Strategic ● Relator ● Achiever ● Activator



MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, May 18, 2022 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Information on Page 2

1. **Call to Order and Pledge of Allegiance: 9:00 a.m.**
2. **City/Citizen Comments:** Individuals may address the Board on issues not on the agenda
3. **Open Agenda:** The Board may introduce subjects not already on the agenda
4. **Consent Calendar**
 - a. Approve Accounts Payable & Payroll Payables
 - b. Contract with the Department of Revenue for Assessor Map Maintenance
5. **Business Items**
 - a. Boardman Fire Rescue District Request for Ambulance License (Carrie Connelly, Attorney, Local Government Law Group P.C.)
 - b. IT Service Contracts (Darrell Green, Administrator)
 - c. Echo Solar Project Overview (Jeff L. Fox, Gallatin Power; Joe Torkelson, Gate Renewables)
 - d. Update – Mormon cricket control efforts (Jordan Maley, Gilliam County/Oregon State University Extension)
 - e. Update from Domestic Violence Services Inc. (Robbin Ferguson, Interim Executive Director)
 - f. Broadband Update (Aaron Moss, Broadband Fellow)
6. **Department Reports**
 - a. Treasurer’s Monthly Report (Jaylene Papineau)
7. **Correspondence**
8. **Commissioner Reports**
9. **Executive Session:** Pursuant to ORS 192.669(2)(h) – To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed
10. **Sign documents**
11. **Adjournment**

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

Morrow County Board of Commissioners Meeting Minutes
May 18, 2022
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person

Commissioner Melissa Lindsay, Commissioner Don Russell, Darrell Green, Roberta Lutcher, Robbin Ferguson, Emily Roberts, Nicole Mahoney, Justin Nelson, Mike Hughes, John Bowles, Aaron Moss, Lisa Pratt, Jeff Fox, Diane Kilkenny, Ken Matlack

Present Via Zoom

Chair Jim Doherty (attending from the Western Interstate Region conference), Rick Stokoe, Peggy Doherty, Marty Broadbent, Sandi Pointer, Ethan Solata, Jordan Maley, SaBrina Bailey-Cave, Cheri Rhinhart, Rob Naughton, Greg Sweek, Paul Gray, Katie Imes, Carrie Connelly, David Sykes, Patrick Collins, John Murray, Tamra Mabbott, Chery Eliason, Brian Doherty, Troy Bundy, Kirsti Cason, Karen Pettigrew, Torrie Triggs, Ana Pineyro, Yvonne Morter, Jaylene Papineau, Mike Gorman

Call to Order, Pledge of Allegiance & Roll Call: Vice Chair Lindsay called the meeting to order at 9:06 a.m.

City & Citizen Comments: No comments

Open Agenda: No items

Consent Calendar

Commissioner Russell moved to approve the following items in the Consent Calendar:

1. *Accounts Payable & Payroll Payables*
2. *Contract with the Department of Revenue for Assessor Map Maintenance; July 1, 2022 to June 30, 2023; total cost \$30,000*

Chair Doherty seconded. Unanimous approval.

Business Items

Boardman Fire Rescue District (BFRD) Request for Ambulance License

Carrie Connelly, Attorney for BFRD

Troy Bundy, Attorney for Morrow County Health District (MCHD)

Ms. Connelly said the request was a simple one – County support for BFRD’s application for an ambulance transport license. The Oregon Health Authority (OHA) is the agency vested with the authority to make the determination as to whether BFRD qualified to have that license. BFRD was not asking to modify the existing Ambulance Service Area (ASA) Plan. It’s standard in Oregon for County support for licenses in districts not included in an ASA. She referenced the letter submitted by Chief Mike Hughes outlining the rationale behind the request.

Commissioner Lindsay welcomed Ms. Connelly’s offer to review the request, point by point, which she did. Commissioner Lindsay then referred to the next items in the packet and asked MCHD to address their information.

Troy Bundy stated the request by BFRD was for the County to sign a document that says there is a documented need for the ambulance service. He then provided an overview of the ASA Plan and the EMS advisory committee section of the plan.

Discussion continued until County Counsel, Justin Nelson, noted further documentation was needed and clarification of what is documented need. He said he was still delving into things with OHA and suggested the item be tabled for a few weeks.

Commissioner Lindsay moved to table and bring back no later than June 8th, but it could be sooner. Chair Doherty seconded. Vote: Aye: Chair Doherty, Commissioner Lindsay. Nay: Commissioner Russell. Motion carried.

IT Services Contracts Review

Darrell Green, Administrator

Mr. Green presented a comparison of both contracts under consideration – one from the current provider, InterMountain Education Service District (IMESD) and one from the City of Hermiston. A question and answer session followed.

Commissioner Russell moved to approve the Intergovernmental Agreement with the City of Hermiston for Ongoing Information Technology (IT) Services; term to be three years commencing July 1, 2022 and expiring June 30, 2025; \$20,800 per month; and authorize Chair Doherty to sign on behalf of the County.

Echo Solar Project Overview

Jeff Fox, Gallatin Power

Joe Torkelson, Pine Gate Renewables

Both representatives provided a summary of the proposed Echo Solar Project, which would encompass 10,900 acres, the majority of which is currently in dryland wheat. The project will straddle both sides of Highway 207 starting roughly at the Boardman/North Lex turn-off headed north. It will generate 1,250 megawatts (MW) alternating current (AC). The timeline for approval through the Energy Facility Siting Council was discussed, as were tax abatement opportunities. Chair Doherty requested an action item on the agenda in the near future as to what a tax abatement might look like and who should be on the negotiating team.

Break: 10:33-10:41 a.m.

Update – Mormon Cricket Control Efforts

Jordan Maley, Oregon State University Extension, Gilliam County

Mr. Maley reported the wet spring affected the activities of the Mormon crickets, which was good news for Morrow County. He talked about the surveys performed by the Oregon Department of Agriculture and said Gilliam County was prepared to spray 12,000 acres, a typical amount for them. He said he was cautiously optimistic about Morrow County and commended the Board for being proactive and prepared for a potential outbreak.

Update from Domestic Violence Services (DVS) Inc.

Robbin Ferguson, Interim Executive Director

Ms. Ferguson said she heard the Board wanted an update on what they do in Morrow County. Until 2020, DVS did not keep records in case they were subpoenaed by the court to reveal who was in their shelters. In 2020, DVS was granted privilege but they still do not gather that information. She said in 2021 there were 94 Morrow County residents who came in for services.

Oregon Health Authority

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Public Health Division - Chapter 333

Division 250

AMBULANCE SERVICE LICENSING

333-250-0215

Review of License Application

(1) In reviewing an application for a license to operate an ambulance service, the Authority shall:

- (a) Verify compliance with ORS chapter 682; ORS 820.300 through ORS 820.380; OAR chapter 333, division 255; OAR 847-035-0020 through 0025 and these rules; and
- (b) Conduct an on-site licensing survey in accordance with OAR 333-250-0370.

(2) In determining whether to license an ambulance service, the Authority shall consider the following factors:

- (a) The use of proper medical and communication equipment;
- (b) The level of care provided ranging from basic life support to advanced life support;
- (c) The level of staffing to support the type of service, local call volume and the needs of the area;
- (d) Whether there are adequately trained staff;
- (e) The ability to safely operate the ambulance service; and

(f) Whether there is a documented need for the service supported by the county government.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117 & 682.991

History:

Renumbered from 333-250-0030, PH 7-2017, f. & cert. ef. 3-21-17

PH 1-2013, f. & cert. ef. 1-25-13

PH 2-2007, f. & cert. ef. 2-1-07

OHD 7-2001, f. & cert. ef. 4-24-01

HD 18-1994, f. 6-30-94, cert. ef. 7-1-94

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BOARDMAN FIRE RESCUE DISTRICT

FIRE CHIEF MIKE HUGHES

300 SW WILSON LANE, BOARDMAN, OR 97818 541.481.3473 WWW.BOARDMANFD.COM

5/6/2022

County Commissioners
Morrow County

RE: Ambulance Transport License

Commissioners-

Boardman Fire Rescue District is committed to public safety within Boardman, our neighboring communities, and Morrow County. For the reasons outlined in the Chief's letter dated 4/21/2022, (attached for your convenience), Boardman Fire Rescue District is seeking an ambulance transport license. Obtaining County approval is the first step in applying for such a transport license. Once approved by the County, the District then submits the County's letter with its application to the Oregon Health Authority for State approval. An example application is attached. The State's process includes a physical inspection of the ambulance to ensure that it meets State standards. If the District's vehicle passes inspection, OHA may issue an ambulance transport license.

OHA's Ambulance Service Licensing website explains:

"OHA-EMS regulates all transporting EMS services. The first step to becoming an ambulance transport service in the State of Oregon is to contact the county in which you would like to conduct transport services. After you receive an approval letter from the county or counties, you can apply for an ambulance service license."

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/AMBULANCESERVICELICENSING/pages/index.aspx>

The applicable rule is set out in full, below. "Authority" refers to Oregon Health Authority:

333-250-0215

Review of License Application

- (1) In reviewing an application for a license to operate an ambulance service, the Authority shall:
 - (a) Verify compliance with ORS chapter 682; ORS 820.300 through ORS 820.380; OAR chapter 333, division 255; OAR 847-035-0020 through 0025 and these rules; and
 - (b) Conduct an on-site licensing survey in accordance with OAR 333-250-0370.
 - (2) In determining whether to license an ambulance service, the Authority shall consider the following factors:**
 - (a) The use of proper medical and communication equipment;
 - (b) The level of care provided ranging from basic life support to advanced life support;
 - (c) The level of staffing to support the type of service, local call volume and the needs of the area;
 - (d) Whether there are adequately trained staff;
 - (e) The ability to safely operate the ambulance service; and
 - (f) Whether there is a documented need for the service supported by the county government.**



BOARDMAN FIRE RESCUE DISTRICT

FIRE CHIEF MIKE HUGHES

300 SW WILSON LANE, BOARDMAN, OR 97818 541.481.3473 WWW.BOARDMANFD.COM

The requested verification is required as part of the District's application, and is fully within the County's purview, alone. **The request does not amend, implicate or contravene the current Morrow County ASA Plan.** For your convenience, a form verification is attached for your review and approval. Feel free to use and/or modify, as desired.

Boardman Fire Rescue District appreciates your time and support during this process.

Thank you,

Mike Hughes
Fire Chief
Boardman Fire Rescue District


Approved:




Ken Browne – Chair



David Boor – Vice Chair



Lisa Pratt – Secretary



Loren Dieter – Director



Donnie Griggs – Director

Ambulance Transport License

Commissioners-

Boardman Fire Rescue District is committed to public safety within Boardman, our neighboring communities and Morrow County. Boardman Fire Rescue District is seeking to obtain an ambulance transport license. Getting County approval is the first step in obtaining a license. Once approved by the County, we would then apply to the Oregon Health Authority for State approval. Part of the State's process will be a physical inspection of the ambulance. The purpose of the physical inspection is to ensure the ambulance meets State and ORS standards. If we pass inspection and the ambulance is licensed, we could then provide medical transportation.

The primary reason we are seeking the transport license is to bring in outside revenue. We would like to use the outside revenue to enhance our high-risk low frequency training. Currently, the Fire District has IGA's with the Navy and Oregon Military Defense to provide wildland fire protection during bombing and firearms training. Recently, both entities have requested we provide medical services during these events in addition to fire protection.

In addition to providing medical services to our IGA partners, we would like to partner with Umatilla County Fire District to provide interfacility transports when they are over booked.

From time to time the Fire District performs high risk training such as live fire training, confined space rescue training and trench rescue training. Having our licensed ambulance on-site would allow us immediate transport in case of training injury.

Another benefit to having a transport license is the capability to back-up the primary transport provider in Boardman when their medical transport unit is committed to another assignment or is otherwise unavailable. We anticipate that it would account for less than .5% of the total call volume in Boardman. The current total medical calls in Boardman are roughly 500 per year. Lastly, having a transport license would allow the Fire District the capability to serve all of Morrow County when an ambulance is needed under other unforeseen incidents or mass-casualty incidents.

EMS & TRAUMA SYSTEMS

Portland State Office Building 800 NE Oregon Street, Suite 465 Portland, OR 97232-2162



APPLICATION FOR AMBULANCE SERVICE LICENSE

OHA-EMS regulates all transporting EMS services. The first step to becoming an ambulance transport service in the State of Oregon is to contact the county in which the ambulance service would like to conduct transport services. Each county maintains an Ambulance Service Area (ASA) Plan in which you would need to be included, per [OAR 333-260](#). A letter from the county or counties stating your service will be included in the ASA Plan must be attached to this application. A survey of the service facilities and ambulances will take place before a license is issued.

PAYMENT DUE:

€ \$190.00 with a maximum of four full time paid positions

€ \$625.00 with five or more full time paid positions

Make check payable to: OHA, EMS and Trauma Systems and mail to:

OHA-EMS
PO Box 14260
Portland, OR 97293-0260.

Name of Service	
Mailing address	
Telephone Number:	
FAX Number:	
E-Mail Address:	
Owner:	
Principal Contact Person:	
Medical Director	
Medical Director Email	
Type of Ownership:	

Type of Agency:	
Type of Service Provided:	
Ambulance Locations:	

Ambulance Vehicle Roster: Ambulance licenses can be applied and paid for in the ambulance service online account once a service license is issued.

Plate	VIN	Vehicle Manufacturer	Vehicle Year	Ambulance Type Ground Type 1, 2, or 3, Fixed Wing, or Rotor Wing

Level of personnel used: *(Check all that apply)*

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> EMR | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Advanced EMT | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> EMT-Intermediates | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Paramedics | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Registered Nurses | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Non-EMT Drivers | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Pilots | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |

Level of care provided: *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Basic level of care | -Personnel and equipment provided 24 hours-a-day |
| <input type="checkbox"/> Basic level of care | -Personnel and equipment provided only part of a 24 hours-a-day |
| <input type="checkbox"/> Intermediate level of care | -Personnel and equipment provided 24 hours-a-day |
| <input type="checkbox"/> Intermediate level of care | -Personnel and equipment provided only part of a 24 hours-a-day |
| <input type="checkbox"/> Advanced level of care | -Personnel and equipment provided 24 hours-a-day |
| <input type="checkbox"/> Advanced level of care | -Personnel and equipment provided only part of a 24 hours-a-day |

Training Director's Name: _____

Training Director, Email: _____

Medical Director Information:

Medical Director License # _____

Medical Director's Name: _____

Medical Director Email: _____

Signed Standing Orders: (*Standing orders must have been signed within the past twelve months.*)

- Signed standing orders for EMR . Date signed:
- Signed standing orders for EMT . Date signed:
- Signed standing orders for Advanced EMT . Date signed:
- Signed standing orders for EMT-Intermediates. Date signed:
- Signed standing orders for Paramedics. Date signed:

- Our medical director has authorized the purchase and use of controlled substances.
If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service. A separate DEA license is required for each location where controlled substances are stored. (Stored does not mean the controlled substances that are kept on an ambulance.)

Our DEA license has an expiration date of:

- Our medical director has authorized the use of blood glucose monitoring devices to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: Expiration Date:

Proof of financial responsibility as prescribed in ORS 682.105. If certificate is expired, attach a copy of current certificate of insurance. (*NOTE - Government owned services do not need to submit a certificate of insurance.*)

Ground Ambulance Liability:

Name of Insurance Company:
Expiration Date:

Air Ambulance Liability:

Name of Insurance Company:
Expiration Date:

Personnel Liability:

Name of Insurance Company:
Expiration Date:

Medicare/Medicaid Provider Numbers:

Medicare Number:
Medicaid Number:

STATEMENT OF TRUTH OF APPLICATION

I, _____, an authorized agent of the entity that owns and operates the ambulance service described in this application.

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service license to operate in the State of Oregon. I have made a reasonable effort to verify the validity of documents submitted by employees, volunteers, ambulance-based clinicians, agents or EMS medical directors.

I authorize any persons or entities, including but not limited to hospitals, institutions, organizations, or governmental entities to release to the Authority any information, files, or records requested by the Authority in connection with the processing of this application.

Upon receiving an ambulance service license, I authorize the release of information by insurance companies, physicians, health care facilities (including but not limited to, hospitals, nursing homes, urgent care centers or primary care facilities) to the Authority relating to services provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this ____ day of _____, 20____ Notary
Notary Public for _____ My Commission Expires ____/____/____ Public
Seal

(Notary Signature)

[To Be Placed on Morrow County Board of Commissioners
Letterhead]

To: Oregon Health Authority (OHA)

Re: Verification of Need

To Whom It May Concern:

At its regular Morrow County Board of Commissioners meeting held on Wednesday, May 11, 2022, the Board of Commissioners considered the Boardman Fire Rescue District's (District) request for County verification of need. The District submitted its request pursuant to OAR 333-250-0215.

After reviewing all presented materials and based upon the Commission's own knowledge of Morrow County response needs, the Commissioners hereby confirm the need for ambulance transport services within Morrow County. This letter is intended as support for the District's application to OHA for an ambulance transport license pursuant to OAR 333-250-0215(2)(f), and may be submitted to OHA as such.

Sincerely,

Chair, Jim Doherty
Morrow County Board of Commissioners

Roberta Lutcher

From: Justin Nelson
Sent: Friday, May 6, 2022 2:25 PM
To: Roberta Lutcher
Cc: Jim Doherty
Subject: FW: Boardman Fire Rescue / Morrow Co. Health District
Attachments: Connelly 05-06-22 - re MCHD_ASA Plan.PDF

I think this should also be included in the packet for the 18th.
-Justin

Justin W. Nelson
Morrow County District Attorney
Morrow County Counsel
100 S. Court St.
P.O. Box 664
Heppner, OR 97836
Office: (541) 676-5626
Fax: (541) 676-5660
Email: jnelson@co.morrow.or.us

From: Amy K. Robertson <AKR@hartwagner.com>
Sent: Friday, May 6, 2022 2:10 PM
To: 'chc@localgovtlaw.com' <chc@localgovtlaw.com>
Cc: Jim Doherty <jdoherty@co.morrow.or.us>; Justin Nelson <jnelson@co.morrow.or.us>; Troy S. Bundy <TSB@hartwagner.com>
Subject: Boardman Fire Rescue / Morrow Co. Health District

STOP and VERIFY This message came from outside of Morrow County Gov

Dear Ms. Connelly:

Attached you will find correspondence from attorney Troy Bundy on behalf of Morrow County Health District.

Sincerely,

Amy K. Robertson
Legal Assistant to Troy Bundy
503-222-4499 PHONE
503-222-2301 FAX
hartwagner.com

HW

Hart Wagner LLP
1000 SW Broadway, 20th Floor
Portland, OR 97205

Troy S. Bundy

tsb@hartwagner.com

Admitted in Oregon and Washington

Twentieth Floor
1000 S.W. Broadway
Portland, Oregon 97205
Telephone (503) 222-4499
Fax (503) 222-2301

May 6, 2022

PRIVILEGED & CONFIDENTIAL

Carolyn Connelly

localgovtlaw.com

Local Government Law Group P.C.

975 Oak Street, Suite 700

Eugene, OR 97401

Re: *Boardman Fire Rescue District – ASA Plan*
Morrow County Health District
File No.: 30931

Dear Ms. Connelly:

I represent the MCHD. This letter is in response to the request made by your client, Boardman Fire District, to the Morrow County Commissioners. I thought it would be worth raising these points before any meeting before the Commissioners, so the legal issues are clear and misrepresentations do not occur in any public meeting.

Respectfully, your reliance on OAR 333-250-0215 is misplaced, as you have disregarded the very first requirement to be satisfied before an application can be tendered. This application process you reference assumes compliance with ORS Chapter 682, which relates to counties and ASA Plans. I have pasted the relevant portion of the OAR below, so you can see the first requirement of the Rule you are relying on.

333-250-0215

Review of License Application

(1) In reviewing an application for a license to operate an ambulance service, **the Authority shall:**

(a) **Verify compliance with ORS chapter 682;** ORS 820.300 through ORS 820.380; OAR chapter 333, division 255; OAR 847-035-0020 through 0025 and these rules.

Under ORS Chapter 682, there are two different options for counties to handle ambulance services. The first is to create an Ambulance Service Area Plan, as set out under ORS 682.062 and 682.063. The second is to run ambulances *without* an Ambulance Service Area Plan, under ORS 682.066. Only if there is **no** ASA Plan would the County be able to

allow a rural fire district to provide ambulance services of its own accord, not consider an ASA Plan, and make the determination you have requested. The statute states as follows:

“Provision of ambulance services when county plan not adopted. When a county plan is not adopted for a county under ORS 682.062, a person or governmental unit may provide ambulance services within the county. A city or rural fire protection district may provide such services within and outside the city or district boundaries in accordance with policies adopted by the governing body of the city or district, including operation in other districts or cities by intergovernmental agreement under ORS chapter 190.”(ORS 682.066)

Here, however, **ambulance services are regulated under the approved ASA Plan.** Therefore, one must look to the ASA Plan in determining how this works. Keep in mind, without intending to be facetious, the letter “A” (from ASA) stands for “Ambulance.” The letters “SA” stand for “Service Area.” Therefore, if you want to run an “ambulance” anywhere within the “service area” (Morrow County), you must review and comply with the Ambulance Service Area Plan. In order to comply with OAR 333-250-0215, the Rule you are citing, you must first comply with the ASA Plan, as it is described in ORS Chapter 682, and as it is specifically referenced in subsection (1)(a) of the Administrative Rule you are relying on.

You have requested that the County satisfy Subsection (2)(f) of that OAR, which provides that the County establish a **documented need for the ambulance service.** So, you must first look to ORS Chapter 682 before you make your way down to the last requirement of the Rule you cite.

With this in mind, I will explain the ASA Plan and how it operates with regard to new ambulance services. First, let’s examine your representation and the question you have asked of the Commissioners. You state:

“OHA must review ‘Whether there is a documented need for the service supported by the County government.’ OAR 333-250-0215(2)(f). That need is documented by a letter from the County at issue submitted with the license application. To that end, the FD is requesting such a verification letter from Morrow County to submit with its application. Such approval is solely within Morrow County’s purview and authority.”

You are in error. The OAR in question can be used to approve an ambulance service provider if either (1) The ASA Plan is followed; or (2) If there is no ASA Plan. As stated in the ASA Plan document, under “Provider Selection: (3)(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.” The EMS Advisory Committee is given the authority to conduct this analysis and suggest changes/amendments, etc. So, the question you are asking of the Commissioners requires using and interpreting the ASA Plan to prepare such a response. *The ASA Plan is Administered by the EMS Advisory Committee*, as set out in “Coordination-Administration of the Plan, Section 1.” That Committee is the entity responsible for making the determination you have requested.

The ASA Plan covers new ambulance service provider applications on pages 24 and 25 of the Plan. Paragraph 1 of the “PROVIDER SELECTION” section also states as follows:

“Morrow County Ambulance Service (MCAS), 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:”

This section implies that only one ambulance service can be assigned to the Ambulance Service Area at any given time, not two. There are two options: (1) MCAS can choose to step down; or (2) The Health District can “remove” MCAS from the assigned area/ASA (Ambulance Service Area). This is because the County wished to avoid creating confusion and opportunity for what is known as “call jumping,” which has been declared illegal under Oregon law. This occurs when multiple providers respond to a given call. Call jumping results in increased risk of injury and death to bystanders during high speed emergency response, results in confusion of chain of command, and results in treatment delays. So, there can be only one ambulance service provider in any given ASA under the Morrow County Plan, as it is currently written.

Also, please note the “colon” at the end of the section (“from the assigned area:”). This means that the words following this statement set out the “legal steps” to be taken to become an approved ambulance service provider under the Plan. This is described in Paragraph 3(a)-(d). In this section, the ASA Plan states that any provider wishing to run an ambulance in the ASA (aka “Morrow County”) must prepare an application and do the following: (1) Meet all standards contained in the ASA Plan applicable to ambulance service providers; (2) The Health District must meet and determine whether the current service provider is effective and efficient and, if not, whether the applicant would help improve this; (3) If a new service area provider is required, this must be advertised, so other providers in the area can have an opportunity to apply; and (4) The Morrow County Health District is responsible for reviewing all applications and consulting with the EMS Advisory Committee in making those decisions on approving a new provider.

Here, MCAS still desires to provide the ambulance service in the area. So, the next question is whether proper steps have been followed to reassign the area in the Service Area to a new provider. They have not. There has been no application, there has been no public

Carolyn Connelly
May 6, 2022
Page 4

notice and advertisement of vacancy, there has been no determination by the Health District that a new (or even an additional) service provider is required, and the EMS Advisory Committee has not recommended an applicant. The ASA Plan controls this activity.

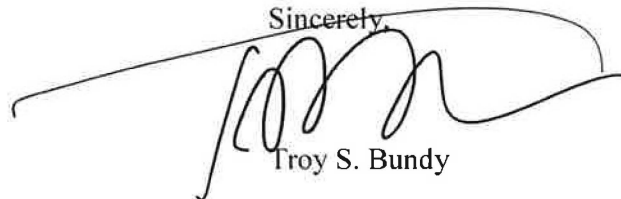
Regardless of all this, let's assume, just for the sake of argument, the BFD owned an OHA-approved, licensed ambulance. The fact remains that, in order to drive that vehicle out of the driveway and make any kind of a run, it would have to drive through the designated Ambulance Service Area (Morrow County). If it is an ambulance and if it is driving through the service area covered by the Plan, then it is controlled by the ASA Plan. There is no "work around" here. There really is no "avoidance" of the ASA Plan here. Your representation that this proposed activity does not contravene the ASA Plan is not true.

It is not clear to me how there can be a disagreement about this, unless you have not been provided a copy of the ASA Plan. Everything is very clearly spelled out in that document. I am willing to provide you with a copy, if you have not read the document cover to cover. It is not very long and it explains the process you are embarking on, in detail.

That said, if you can explain how an ambulance operating in the designated ambulance service area does not have to comply with the Ambulance Service Area Plan, I am intrigued by that analysis. But, based on the materials I have reviewed, this is the only logical, legal conclusion one could make. Otherwise, there would be no reason for a plan at all.

If the BFD has a proposal to make with regard to ambulance services that involve supplemental, limited services that do not infringe upon or involve services already being provided by the County-designated ambulance service provider within the existing Ambulance Service Area, then that would probably merit consideration by the EMS Advisory Committee. The Advisory Committee could then engage in the "need" review, based upon the request for limited use, and, if appropriate, make the determination BFD needs, so the new ambulance could go through OHA inspection for licensure. If this process is of interest, then please let me know and I can inform the necessary parties.

Sincerely,



Troy S. Bundy

TSB/akr

cc: Jim Doherty/Board of Commissioners
Justin Nelson/Morrow Co. District Attorney
Emily Roberts, CEO / Morrow Co. Health Dist.

05/16/2022

Dear Morrow County Board of Commissioners,

I respectfully request that the enclosed documents be added to the agenda/packet related to the Board’s scheduled discussion of Boardman Fire Rescue District’s request for an ambulance license.

Here is a brief description of each document:

- **Ambulance Service Area Plan** – This document, which has been approved by the Morrow County Board of Commissioners and the Oregon Health Authority, governs the provision of EMS services in Morrow County.
- **Letter from Hart Wagner to Boardman Fire Rescue District, Dated March 1, 2022** – This letter includes a legal analysis of issues related to the interpretation of the ASA Plan.
- **EMS Advisory Committee Determination** – This determination was jointly issued by the Morrow County EMS Advisory Committee and Morrow County Health District following a meeting of the EMS Advisory Committee on March 31, 2022.
- **Letter from Hart Wager to Commissioner Doherty, Dated April 25, 2022** – This letter explains the appropriate process for consideration of a new ambulance service provider.
- **Letter from Hart Wager to Local Government Law Group, Dated May 6, 2022** – This letter explains the appropriate legal process for review of ambulance license applications.

Sincerely,

Emily Roberts
Chief Executive Officer
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					

MORROW COUNTY
AMBULANCE SERVICE AREA PLAN

Morrow County Ambulance Service Area Plan

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DEFINITIONS

1. “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.
2. “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.
3. “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.
4. “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.
5. “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.
6. “County Government or County Governing Body (County)” means a Board of County Commissioners or a County Court.
7. “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.
8. “Division” means the Public Health Division, Oregon Health Authority.
9. “Effective provision of ambulance services” means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
10. “Efficient provision of ambulance services” means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

11. “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.
12. “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.
13. “EMS Advisory Committee/QA Subcommittee” means a ten (10) person committee chosen by the Board to ensure ASA Plan compliance.
14. “Emergency Medical Technician Basic (EMT B)” means a person certified by the Division as defined in OAR 333-265-0000(8).
15. “Emergency Medical Technician Intermediate (EMT I)” means a person certified by the Division as defined in OAR 333-265-0000(9).
16. “Emergency Medical Technician Paramedic (EMT P)” means a person certified by the Division as defined in OAR 333-265-0000(10).
17. “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)
18. “Health Officer” means the Morrow County Health Officer.
19. “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.
20. “Morrow County Court (Court)” means an elected body consisting of 3 County commissioners.
21. “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.
22. “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.

23. "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.
24. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
25. "Provider" means any public, private or volunteer entity providing EMS.
26. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
27. "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 is a 9-1-1 Center.
28. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
29. "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.
30. "Supervising physician" has the meaning provided in OAR 847-35-001.
31. "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 three-year plan is underway to increase the number of paid EMS personnel in Boardman, Heppner, and Irrigon to eight (8) FTE in each location. Ambulance halls in Boardman, Heppner, and Irrigon will be staffed 24/7 by paid personnel and may be backed up by volunteers. This model is expected to reduce the impact of this barrier.

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.

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 and/or outside of the ASA utilizing mutual aid agreements,
- An air ambulance may be requested,
- Additional personnel may be requested,
- Other agencies, such as the fire district, may be contacted for assistance.

SYSTEM ELEMENTS – PRE-ARRANGED NON-EMERGENCY TRANSFERS

1. Morrow County Ambulance Service retains the first right of refusal for non-emergency ambulance and inter-hospital transfers.
2. In the event that Morrow County Ambulance Service is unavailable, it is the responsibility of the hospital to find transportation.

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 Authority-certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using Authority-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 Authority.
- 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 Authority 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 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 that is issued by the Authority.
- 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 Authority.
 - 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. All training will meet or exceed Oregon Health Authority requirements.

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 Authority, or the Board of Medical Examiners or the Morrow County Circuit Court.
6. Any decision of the Board may be appealed to the Authority 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 amend 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 Authority.
 - 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 Authority, 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 form 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

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

Troy S. Bundy

tsb@hartwagner.com

Admitted in Oregon and Washington

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Portland, Oregon 97205
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March 1, 2022

PRIVILEGED & CONFIDENTIAL

Emily Reynolds Roberts
Chief Executive Officer
Morrow County Health District
564 E. Pioneer Drive
Heppner, OR 97836

Re: *Boardman Fire Rescue District – ASA Plan*
Morrow County Health District
File No.: 30931

Members of the Board:

Ms. Reynolds Roberts requested my assistance in analyzing certain issues that have arisen recently involving interpretation of the current Ambulance Service Area Plan (ASP) for Morrow County including appropriate coordination of dispatch, ethics concerns and liability exposures for participants. As brief background, I am a senior partner of my law firm and Director of the Health Law Section. I have been practicing in the areas of Health Law and Professional Liability Litigation for over 25 years. I have tried countless cases over the course of my career. Representative clients include Kaiser Permanente, The Corvallis Clinic, The Doctors Company, CNA, PeaceHealth, Physicians Insurance and a myriad of other large and small clinics over the Pacific Northwest. I frequently deal with the Oregon Health Authority and all of the professional boards in the states of Oregon and Washington.

The procedures for adopting ASPs are set out under the Oregon Administrative Rules (OAR) in Chapter 333. To be clear, the ASP is the controlling document in this case. ASPs are approved by the County. The County presents the proposed ASP to the State of Oregon, Public Health Division – Oregon Health Authority (OHA) for approval. Once approved, the ASP controls *all aspects* of the ambulance service area in question. In this case, that is Morrow County. By “all aspects,” I mean that this includes the coordination of “non-transporting EMS Providers” (The Fire District). OAR 333-260-0020(6)(e)(A).

The ASP specifically grants the Morrow County Health District Board the power and authority to interpret, administer and enforce the ASP. Therefore, the District has been endorsed by the State of Oregon OHA as the controlling entity with respect to the Ambulance Service Area in question. “The Board,” as it is referenced in the ASP, appoints the EMS Advisory Committee, and that Committee is composed of representatives from every relevant professional specialty. This includes an MD, EMT reps, Nursing services from the local hospitals, 911

Service, Fire, etc. That Committee administers the ASP and advises the Board on issues concerning coordination of dispatch for all matters involving the ASP. The advisory opinion is considered, and the Board will vote on the recommendations of the Advisory Committee. The Board's vote controls. Period.

Next, we should discuss call jumping. Call jumping is illegal under OAR 222-265-0083(15), which provides that EMS providers are violating the law if they are “responding to scenes in which the EMS provider is not **properly** dispatched ("call-jumping"), whether in a private auto, ambulance, or other vehicle, ***in violation of local protocols, procedures***, or ordinances, ***or interfering with the safe and effective operation of an EMS system.***” A non-transporting EMS provider responding to calls that require a transport, for instance, violates this rule because it violates the ASP (the “local protocol and procedure”) and it also interferes with the safe and effective operation of the EMS system. The ASP gives the District control of the ***entire*** service area. Regardless of being dispatched by a county sheriff, the ASP demands that “appropriate dispatch” occur. Appropriate dispatch means that the appropriate unit be sent out. That is an ambulance unit operated by the District. There is no provision contained within the ASP giving the Fire District the ability to respond to ***all*** calls. Instead, page 9 of the ASP provides:

“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 and/or outside of the ASA utilizing mutual aid agreements,
- An air ambulance may be requested,
- Additional personnel may be requested,
- **Other agencies, such as the fire district, may be contacted for assistance.**”

The ASP is very clear. Unless a response to a call may be delayed, then the District will respond. The District “may” ask other agencies to respond, “such as the fire district.” There is no provision in the ASP for coordination of a non-transporting EMS provider outside of this provision in the Plan. Non-Transporting EMS providers, like the Fire District are subject to the ASP and, therefore, are subject to the control of the District, which acts through the Board, which acts through the EMS Advisory Committee. OAR 333-260-0020(6)(e)(A).

The Boardman Fire District apparently wants to give itself more control. This is illegal. As stated on Page 18 of the ASP: “***The Morrow County ASA Plan shall be administered by the EMS Advisory Committee. As representatives of the Board.***” Whatever the EMS Advisory Committee determines, goes, as long as the Board does not disagree. The Committee structure is set out on pages 13 and 14 of the ASP. The Sheriff has no authority to interpret or administer the ASP, nor does a Fire Chief. Again, violating the ASP in this fashion would be call jumping. Call jumping, just like the privacy rule discussed below, is subject to sanction by the OHA, and this includes revocation of licensure for any EMS personnel involved.

Turning to privacy issues, please understand that it is absolutely prohibited for any EMS provider to discuss ***any*** information about their calls. Doing so is grounds for revocation of licensure. The comment was made that EMS providers may not be subject to HIPAA. This

generally boils down to a matter of billing for services, but can be true, and this is the exact reason why the OHA created the very first ethical rule specified in the OARs under OAR 333-265-0083(1): It is contrary to the recognized standards of ethics for an EMS provider to “knowingly or willfully violate a patient’s privacy or confidentiality **by releasing information** to persons not directly involved in the care or treatment of the patient.” Please note that this rule applies to **all** information, not just HIPAA information, which would be defined as “Protected Health Information.” This rule is much broader than HIPAA. **No information of any kind** should be discussed by an EMS provider with anyone not involved in the call. If you do so, you will be sanctioned by the OHA.

The range of available sanctions are broad, but can be severe, including the permanent loss of licensure, fines, restrictions on practice, payment of the OHA attorneys’ fees, etc. The rule is broad because what happens in the field, must stay in the field. It is possible for outside individuals to figure out who was involved in the call as a patient without a name or address being used. EMS providers are in a position of trust. Any sense from the public that their problems might be spread around town by gossiping, unprofessional EMS personnel might affect their decision to call in an emergency later. The State of Oregon would rather revoke a license instead of having a member of the public harmed because they overdosed and held off calling for EMT service. I have defended countless professionals for privacy rights violations before state boards, and I have also represented them in court when the patients sued them for invasion of privacy.

Next, we should discuss liability. I am privy to an opinion statement provided by County Counsel. The conclusion was, in a nutshell, that there would be no liability for the county if dispatch were to summon the Fire District to every call. Essentially, the determination was made that, because the EMS personnel would be performing services within their licensure, there would be no liability. Although the analysis is correct in the general sense that licensed EMTs **can** provide services they are licensed to provide, I interpret the question differently, with all due respect to counsel.

Liability would be a concern in the event the District showed up to a call they were not equipped to respond to and slowed or interfered with the District’s care and treatment of the patient. A clever plaintiff’s attorney would argue that this interference resulted in a delay of care. The current dispute at issue is well-publicized. The Fire District has posted about the issue and was even interviewed in a local paper. The ASP would be considered. Issues concerning call jumping would be raised. But, all in all, the County would be at risk because it would have allowed the Fire District to violate the ASP or, at a minimum, attend calls that it need not attend. Sometimes less hands are better than more hands that need not be there in the first place. If the Fire District arrives on scene first and begins treating, then what happens when the transport arrives? Would the same decisions have been made? Did the previous care in the moments before transport arrival result in an argument or a dispute? Was this overheard by the patient?

One of the purposes behind the ASP, and all ASPs in general, is to distribute resources in a way that maximizes the return. This, in turn, creates a safer community. Sending out multiple resources to a scene where only one ambulance/crew is required is nonsensical. It is also a violation of the ASP and will increase the risk of liability for the County, the Health District, and

Emily Reynolds Roberts

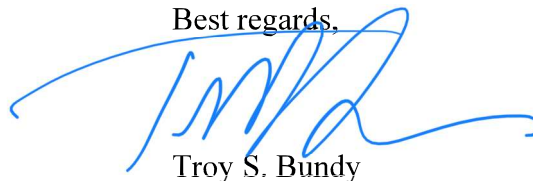
March 1, 2022

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the Fire District. My recommendation is that the District should function as it always has, and as all other Districts function today. The Fire Districts respond to fire and MVA calls. Everything else rests within the exclusive jurisdiction of the District. A failure to do so will create long term problems. It is imperative that the Fire District and Health District work together in providing the best service possible. This current dispatch plan is not consistent with the ASP. It is dangerous, leads to infighting and certainly creates ethical problems for the Fire District EMTs that could lead to revocation of licensure.

If you have further questions, I am happy to answer them. Please do not hesitate to call.

Best regards,

A handwritten signature in blue ink, appearing to read 'Troy S. Bundy', with a large, sweeping flourish extending to the left and right.

Troy S. Bundy

TSB/akr



DETERMINATION
**Morrow County Health District
ASA Plan EMS Advisory Committee**

A Request to Amend the Ambulance Service Area Plan (ASA Plan) was brought by Boardman Fire and Rescue District Chief, Michael Hughes, during a regularly called, public meeting on March 31, 2022. This meeting was preceded by a joint conference on March 21, 2022 attended by the following individuals:

- Michael Hughes (BFRD Fire Chief)
- Ken Browne (BFRD Board Chair)
- Lisa Pratt (BFRD Board Member)
- Emily Roberts (MCHD CEO)
- Nicole Mahoney (MCHD CFO)
- Donna Sherman (MCHD EMS Director / EMS Advisory Committee Member)
- Dr. Ed Berretta (MCHD EMS Supervising Physician / EMS Advisory Committee Member)
- John Murray (MCHD Board Chair)
- Diane KilKenny (MCHD Board Member)
- Troy Bundy (Legal Counsel)

The public meeting was duly called and attended by the following Committee members:

- Dr. Ed Berretta (Supervising physician or designee for the ambulance service provider)
- Donna Sherman (EMT from Heppner)
- Josie Foster (EMT from Irrigon)
- Adam McCabe (EMT from Lone)
- Charlie Sumner (Quick response team representative from Lexington)
- Eric Chick (Fire department representative)
- Kristen Bowles (9-1-1 systems representative)
- Judi Gabriel (Director of nursing service or designee from Good Shepherd Hospital)
- Kathleen Greenup (Director of nursing service or designee from Pioneer Memorial Hospital)

The Request to Amend was based upon the desire of Boardman Fire District to attend all emergency calls within Boardman Fire District, regardless of subject matter of the calls. Following the public discussion, an Executive Session was called and the EMS Advisory Committee/QA Subcommittee was tasked with evaluating quality concern issues in determining whether amendment of the ASA would be appropriate, as it is required to do per the ASA Plan. The following background is highlighted for purposes of this DETERMINATION.

The procedures for adopting ASA Plans are set out under the Oregon Administrative Rules (OAR) in Chapter 333. The County, after consultation with appropriate entities, must present the proposed ASA Plan to the State of Oregon, Public Health Division – Oregon Health Authority (OHA) for approval. Once approved, the ASA Plan controls **all aspects** of the ambulance service area in question, including the coordination of “non-transporting EMS Providers,” including Quick Response Teams (QRTs), which are defined as any agency that provides initial response and basic life support care without transportation capabilities by certified First Responders, OAR 333-260-0020(6)(e)(A). Emergency and Non-Emergency

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Lone 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					BFRD / BOC History Page 359



scene response are incorporated into the ASA Plan, and the Morrow County Health District Board is responsible for Plan oversight and appointment of the multi-disciplinary task force referred to as the EMS Advisory Committee. The Committee is composed of members representing all relevant specialty groups including medical, fire, and EMS.

Per the ASA Plan, “The County is considered a single EMS area.” This incorporates the Boardman Fire District. A narrative description of the boundaries of the EMS area are set out on Page 7 of the ASA Plan. The Plan was developed 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.”

The EMS Advisory Committee is tasked with advising the Morrow County Health District Board (The Board) on all matters relating to pre-hospital emergency medical care, making ASA Plan amendment recommendations to the Board, and fostering co-operation among pre-hospital care providers and the medical community. For Quality Assurance purposes with respect to EMS care, the members must investigate all medically related issues and perform any duties that are required to carry out the requirements of the ASA Plan as directed by the Board. The EMS Advisory Committee reports directly to the Board on all matters coming before the Committee. The Chairperson of the Committee is given the power and responsibility of Administering the ASA Plan and EMS Ordinance, as specified on page 15 of the ASA Plan, based upon the findings and determinations made by the EMS Advisory Committee. As stated on Page 17 of the ASA Plan: “COORDINATION – ADMINISTRATION OF THE PLAN: (1) The Morrow County ASA Plan shall be administered by the EMS Advisory Committee, as representatives of the Board.”

NOW, THEREFORE, after hearing full argument and requests made on behalf of the Boardman Fire and Rescue District, it is hereby **DETERMINED**, that the ASA Plan EMS Advisory Committee has voted to **REJECT** the request from Boardman Fire and Rescue District to Amend the Plan and the County/Health District’s longstanding policy and procedure of dispatching the Fire District to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Considerations of the following details were made by the Committee and given appropriate weight:

- (1) Oregon law specifically prohibits what is known as “call-jumping.” OAR 222-265-0083(15). It has been determined by the State of Oregon that **sending multiple providers to a single call presents risks to the public and patients that do not outweigh the benefit of that action**. This includes: (a) Traffic risks to the public at large associated with multiple providers coming in “hot” to a single scene and, potentially, exceeding speed limits and other traffic laws in an effort to attend the scene first; (2) Creating conflicts and disputes between care providers on scene, lending to unnecessary delays in care; (3) Slowing the delivery of care given the above; (4) Having multiple opposing treatment protocols in place with regard to patient care; (5) Splitting emergency resources that results in waste of time, budget, and expense; (6) Delays in patient transport associated with the foregoing and in failures to understand appropriate chain of command; (7) A review of Morrow County Ambulance response times revealed that response times are all well within protocol; (8) Personnel changes have occurred at Morrow County Ambulance that increase the number of available responders; (9) No other Fire District in Morrow County operates in the fashion proposed by Boardman Fire District, nor has any done so in 70 years.
- (2) Over the last year, the Boardman Fire District has demonstrated a failure to adhere to appropriate protocol and procedure. This has been demonstrated by the following: (1) Failing to have an appropriate contract and protocols in place with its medical director; (2) Failing to have a clear set of standing orders approved and reviewed by a medical director; (3) Instructing the Sherriff’s Department to ignore determinations of the Health

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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					



District and the procedures laid out in the ASA Plan with regard to dispatch; (4) Engaging in multiple instances of patient confidentiality violations in public forums; (5) Multiple instances of Fire District crew disparaging Health District ambulance crew in public, at incident scenes, and elsewhere; (6) Multiple instances of Fire District crew unlawfully removing medications and supplies from Morrow County vehicles and facility without Health District authority; (7) Failing to engage in appropriate transfer of patient care when indicated; (8) Engaging in a public campaign to undermine the reputation of the Morrow County Ambulance personnel and the Board by posting false information in social media and attempting to create a false narrative that the District was slow in responding to calls or provided otherwise substandard care with respect to arrival and transports, or that the public was at risk if the Fire District was prohibited from responding to every EMS call.

- (3) One of the overriding reasons for the Fire District’s requested amendment is funding-based, rather than safety-based. This is not an appropriate reason to change protocol and the ASA Plan.

Based upon these considerations and conclusions, it is the medical and public safety determination of the EMS Advisory Committee, the QA Subcommittee and the Morrow County Health District that the Morrow County ASA Plan remain unchanged and the Morrow County Sherriff’s Department shall **discontinue** the practice of dispatching Boardman Fire and Rescue to all calls and will **resume** the practice of dispatching Boardman Fire and Rescue to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Continued activities in opposition to this arrangement are inappropriate and in violation of the ASA Plan; the EMS Advisory Committee’s determination; and the Health District’s responsibility to administer the Plan in a way that ensures the citizens of Morrow County have access to an efficient, safe and effective ambulance service, in spite of this being a remote and sparsely populated area.

4-27-22

Donna Sherman, Morrow County EMS Advisory Committee Chair

Date

4/27/22

John Murray, Morrow County Health District Board Chair

Date

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
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TDD – (541) 676-2908					BFRD / BOC History Page 361

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April 25, 2022

VIA EMAIL

Jim Doherty
Board Chair/Commissioner
Morrow County
Board of Commissioners Office
P.O. Box 788
Heppner, OR 97836
jdoherty@co.morrow.or.us

Re: *Morrow Co. Health District / Boardman Fire & Rescue*
Our File No. 30931

Dear Commissioner Doherty:

It is my understanding that the Board of Commissioners is meeting this Wednesday to discuss details surrounding the Fire District's request to either obtain ambulance service provider approval or attend all calls sent to dispatch as a non-transporting service provider. Bluntly, and without intending to offend the Commissioners, the County Commissioners do not have any authority to even consider approving a new ambulance service provider at this point. The County delegated this responsibility to the Morrow County Health District under the ASA Plan long ago. This, of course, makes perfect sense, because the Commissioners simply decided to place the responsibility for doing so into the hands of those with the most experience, education and training with regard to the topic of ambulance and medical transport safety/efficiency.

I will deal with the former issue first, because it is the simplest to explain. The ASA Plan covers new ambulance service provider applications on pages 24 and 25 of the Plan. Paragraph 1 of the "PROVIDER SELECTION" section states as follows:

"Morrow County Ambulance Service (MCAS), 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:"

In the first place, this section implies that only one ambulance service can be assigned to the Ambulance Service Area at any given time, not two. There are two options: (1) MCAS can choose to step down or (2) The Health District can “remove” MCAS from the assigned area/ASA (Ambulance Service Area). This is because the County wished to avoid creating confusion and opportunity for what is known as “call jumping,” which has been declared illegal under Oregon law. This occurs when multiple providers respond to a given call. Call jumping results in increased risk of injury and death to bystanders during high speed emergency response, results in confusion of chain of command, and results in treatment delays. You cannot do this. It is illegal. So, there can be only one ambulance service provider in any given ASA under the Plan, as it is written.

Also, please note the “colon” at the end of the section (“from the assigned area:”). This means that the words following this statement set out the “legal steps” to be taken to become an approved ambulance service provider under the plan. This is described in Paragraph 3(a)-(d). In this section, the ASA Plan states that any provider wishing to run an ambulance in the ASA (aka “Morrow County”) must prepare an application and do the following: (1) Meet all standards contained in the ASA Plan applicable to ambulance service providers; (2) The Health District must meet and determine whether the current service provider is effective and efficient and, if not, whether the applicant would help improve this; (3) If a new service area provider is required, this must be advertised, so other providers in the area can have an opportunity to apply; and (4) The Morrow County Health District is responsible for reviewing all applications and consulting with the EMS Advisory Committee in making those decisions on approving a new provider.

Here, MCAS still desires to provide the ambulance service in the area. So, the next question is whether proper steps have been followed to reassign the area in the Service Area to a new provider. They have not. There has been no application, there has been no public notice and advertisement of vacancy, there has been no determination by the Health District that a new (or even an additional) service provider is required, and the EMS Advisory Committee has not recommended an applicant. The ASA Plan controls this activity. This is the entire reason the Commissioners approved the ASA Plan and then sent it to the OHA for approval. It is the “law of the land” when it comes to ambulances in the Service Area, generally known as Morrow County.

Next, with regard to the Fire District’s requests to respond to all service calls, regardless of whether they are needed, this matter has been working its way through the promulgated process, which involves a run through the EMS Advisory Committee, the MCHS Board, and then the OHA process. Again, the ASA Plan specifies the process, which is being followed now. The County-approved ASA Plan process does not involve the Commissioners at this point.

Any proposed Amendment of the ASA Plan must go through the select committees and be approved. At that point, any amendments would be incorporated into the proposed Amended version of the ASA Plan and presented to the Commissioners for approval. Upon approval, this amended version of the ASA Plan would be presented to the Oregon Health Authority for approval.

At this point, Chief Hughes has already presented his case to the EMS Advisory Committee and the request is working its way through the MCHD Board. The Health District designated a multidisciplinary team of experts and professionals from all involved disciplines to consider all requests, like the ones made by Chief Hughes, and reach a determination with regard to community safety and preservation of the available resources. Those individuals include: Fire, Physician Medical, Hospital Nursing, 911, EMS, QRT etc. If the specialty team determines change or modification is appropriate, in order to promote safety and efficient use of resources, then the Commissioners will be asked to approve that change after being presented with the evidence. Circumventing the process that is detailed in the ASA Plan is not allowed, as the Commissioners' determinations may contradict the ASA Plan and confuse the entire process. Chief Hughes has continually stated during this process that the "County runs the ASA Plan." He is mistaken. The County *approves* the ASA Plan and *delegates* the implementation, coordination and preservation of the Plan to the District. This occurred decades ago. As stated in the ASA on page 17: "**COORDINATION-ADMINISTRATION OF THE PLAN:** (1) *The Morrow County ASA Plan shall be administered by the EMS Advisory Committee*, as representatives of the Board (MCHD)... (2) The EMS Advisory Committee shall ... recommend changes to the ASA Plan and EMS ordinance designed to ... address ongoing growth and changes in the EMS system in Morrow County, the state and the nation."

Respectfully, to the Commissioners, your role has not yet been triggered at this point in the process. It is my recommendation that the matter be taken off the agenda, as it is not only premature, but completely unauthorized under the very rules either you or your predecessors approved many years ago. A review of the ASA Plan makes this perfectly clear. There is no grey area here. I am free to answer any questions you might have, and am happy to make myself available to you all or discuss this with County Counsel.

Sincerely,



Troy S. Bundy

TSB/akr

cc: Emily Roberts, CEO/Morrow Co. Health District

Troy S. Bundy

tsb@hartwagner.com

Admitted in Oregon and Washington

Twentieth Floor
1000 S.W. Broadway
Portland, Oregon 97205
Telephone (503) 222-4499
Fax (503) 222-2301

May 6, 2022

PRIVILEGED & CONFIDENTIAL

Carolyn Connelly

localgovtlaw.com

Local Government Law Group P.C.

975 Oak Street, Suite 700

Eugene, OR 97401

Re: *Boardman Fire Rescue District – ASA Plan*
Morrow County Health District
File No.: 30931

Dear Ms. Connelly:

I represent the MCHD. This letter is in response to the request made by your client, Boardman Fire District, to the Morrow County Commissioners. I thought it would be worth raising these points before any meeting before the Commissioners, so the legal issues are clear and misrepresentations do not occur in any public meeting.

Respectfully, your reliance on OAR 333-250-0215 is misplaced, as you have disregarded the very first requirement to be satisfied before an application can be tendered. This application process you reference assumes compliance with ORS Chapter 682, which relates to counties and ASA Plans. I have pasted the relevant portion of the OAR below, so you can see the first requirement of the Rule you are relying on.

333-250-0215

Review of License Application

(1) In reviewing an application for a license to operate an ambulance service, **the Authority shall:**

(a) **Verify compliance with ORS chapter 682;** ORS 820.300 through ORS 820.380; OAR chapter 333, division 255; OAR 847-035-0020 through 0025 and these rules.

Under ORS Chapter 682, there are two different options for counties to handle ambulance services. The first is to create an Ambulance Service Area Plan, as set out under ORS 682.062 and 682.063. The second is to run ambulances *without* an Ambulance Service Area Plan, under ORS 682.066. Only if there is **no** ASA Plan would the County be able to

allow a rural fire district to provide ambulance services of its own accord, not consider an ASA Plan, and make the determination you have requested. The statute states as follows:

“Provision of ambulance services when county plan not adopted. *When a county plan is not adopted for a county under ORS 682.062*, a person or governmental unit may provide ambulance services within the county. *A city or rural fire protection district may provide such services* within and outside the city or district boundaries in accordance with policies adopted by the governing body of the city or district, including operation in other districts or cities by intergovernmental agreement under ORS chapter 190.”(ORS 682.066)

Here, however, ***ambulance services are regulated under the approved ASA Plan.*** Therefore, one must look to the ASA Plan in determining how this works. Keep in mind, without intending to be facetious, the letter “A” (from ASA) stands for “Ambulance.” The letters “SA” stand for “Service Area.” Therefore, if you want to run an “ambulance” anywhere within the “service area” (Morrow County), you must review and comply with the Ambulance Service Area Plan. In order to comply with OAR 333-250-0215, the Rule you are citing, you must first comply with the ASA Plan, as it is described in ORS Chapter 682, and as it is specifically referenced in subsection (1)(a) of the Administrative Rule you are relying on.

You have requested that the County satisfy Subsection (2)(f) of that OAR, which provides that the County establish a ***documented need for the ambulance service.*** So, you must first look to ORS Chapter 682 before you make your way down to the last requirement of the Rule you cite.

With this in mind, I will explain the ASA Plan and how it operates with regard to new ambulance services. First, let’s examine your representation and the question you have asked of the Commissioners. You state:

*“OHA must review ‘Whether there is a documented need for the service supported by the County government.’ OAR 333-250-0215(2)(f). That need is documented by a letter from the County at issue submitted with the license application. To that end, the FD is requesting such a verification letter from Morrow County to submit with its application. **Such approval is solely within Morrow County’s purview and authority.**”*

You are in error. The OAR in question can be used to approve an ambulance service provider if either (1) The ASA Plan is followed; or (2) If there is no ASA Plan. As stated in the ASA Plan document, under “Provider Selection: (3)(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.” The EMS Advisory Committee is given the authority to conduct this analysis and suggest changes/amendments, etc. So, the question you are asking of the Commissioners requires using and interpreting the ASA Plan to prepare such a response. **The ASA Plan is Administered by the EMS Advisory Committee**, as set out in “Coordination-Administration of the Plan, Section 1.” That Committee is the entity responsible for making the determination you have requested.

The ASA Plan covers new ambulance service provider applications on pages 24 and 25 of the Plan. Paragraph 1 of the “PROVIDER SELECTION” section also states as follows:

“Morrow County Ambulance Service (MCAS), 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:”

This section implies that only one ambulance service can be assigned to the Ambulance Service Area at any given time, not two. There are two options: (1) MCAS can choose to step down; or (2) The Health District can “remove” MCAS from the assigned area/ASA (Ambulance Service Area). This is because the County wished to avoid creating confusion and opportunity for what is known as “call jumping,” which has been declared illegal under Oregon law. This occurs when multiple providers respond to a given call. Call jumping results in increased risk of injury and death to bystanders during high speed emergency response, results in confusion of chain of command, and results in treatment delays. So, there can be only one ambulance service provider in any given ASA under the Morrow County Plan, as it is currently written.

Also, please note the “colon” at the end of the section (“from the assigned **area:**”). This means that the words following this statement set out the “legal steps” to be taken to become an approved ambulance service provider under the Plan. This is described in Paragraph 3(a)-(d). In this section, the ASA Plan states that any provider wishing to run an ambulance in the ASA (aka “Morrow County”) must prepare an application and do the following: (1) Meet all standards contained in the ASA Plan applicable to ambulance service providers; (2) The Health District must meet and determine whether the current service provider is effective and efficient and, if not, whether the applicant would help improve this; (3) If a new service area provider is required, this must be advertised, so other providers in the area can have an opportunity to apply; and (4) The Morrow County Health District is responsible for reviewing all applications and consulting with the EMS Advisory Committee in making those decisions on approving a new provider.

Here, MCAS still desires to provide the ambulance service in the area. So, the next question is whether proper steps have been followed to reassign the area in the Service Area to a new provider. They have not. There has been no application, there has been no public

Carolyn Connelly

May 6, 2022

Page 4

notice and advertisement of vacancy, there has been no determination by the Health District that a new (or even an additional) service provider is required, and the EMS Advisory Committee has not recommended an applicant. The ASA Plan controls this activity.

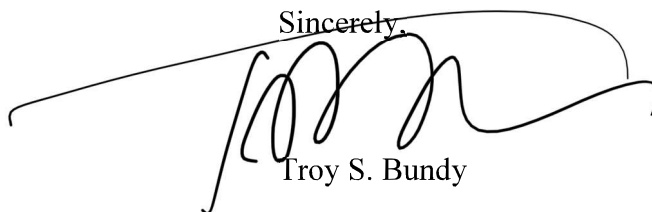
Regardless of all this, let's assume, just for the sake of argument, the BFD owned an OHA-approved, licensed ambulance. The fact remains that, in order to drive that vehicle out of the driveway and make any kind of a run, it would have to drive through the designated Ambulance Service Area (Morrow County). If it is an ambulance and if it is driving through the service area covered by the Plan, then it is controlled by the ASA Plan. There is no "work around" here. There really is no "avoidance" of the ASA Plan here. Your representation that this proposed activity does not contravene the ASA Plan is not true.

It is not clear to me how there can be a disagreement about this, unless you have not been provided a copy of the ASA Plan. Everything is very clearly spelled out in that document. I am willing to provide you with a copy, if you have not read the document cover to cover. It is not very long and it explains the process you are embarking on, in detail.

That said, if you can explain how an ambulance operating in the designated ambulance service area does not have to comply with the Ambulance Service Area Plan, I am intrigued by that analysis. But, based on the materials I have reviewed, this is the only logical, legal conclusion one could make. Otherwise, there would be no reason for a plan at all.

If the BFD has a proposal to make with regard to ambulance services that involve supplemental, limited services that do not infringe upon or involve services already being provided by the County-designated ambulance service provider within the existing Ambulance Service Area, then that would probably merit consideration by the EMS Advisory Committee. The Advisory Committee could then engage in the "need" review, based upon the request for limited use, and, if appropriate, make the determination BFD needs, so the new ambulance could go through OHA inspection for licensure. If this process is of interest, then please let me know and I can inform the necessary parties.

Sincerely,

A handwritten signature in black ink, appearing to be 'Troy S. Bundy', written over a horizontal line.

Troy S. Bundy

TSB/akr

cc: Jim Doherty/Board of Commissioners
Justin Nelson/Morrow Co. District Attorney
Emily Roberts, CEO / Morrow Co. Health Dist.



BOARD OF COMMISSIONERS

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

Don Russell, Commissioner

VARIFICATION OF NEED

June 27, 2022

Dear Oregon Health Authority,

Boardman Fire Rescue District has requested an ambulance transport license. As a County Commissioner and resident of Morrow County, I clearly see the value of having a second ambulance transport provider in Northern Morrow County.

Boardman Fire has demonstrated the need for a second staffed ambulance in its response area, as well as, the potential need in the Irrigon response area or during a mass causality incident.

At the present time, Morrow County does not have an ASA Plan that has been adopted by the county commissioners in place. However, pursuant to guidance from the Oregon Health Authority (OHA), this letter will serve Boardman Fire in its quest for an ambulance transport license.

In an email thread between Justin Hardwick of the OHA and Mike Hughes, Boardman's Fire Chief, Justin wrote, in part, "You will want to continue to work with your Counties to get their approval for an ASA or written indication that they find a need for additional ambulance services."

When Boardman Fire receives its ambulance transport license, the ASA Plan will then be reviewed, adjusted as necessary, and then sent to OHA for review and approval before it is adopted by Morrow County.

Please feel free to contact me with any questions.

Very truly yours,

A handwritten signature in blue ink that reads "Don Russell".

Don Russell
Morrow County Commissioner

Morrow County Board of Commissioners Meeting Minutes

July 27, 2022

Bartholomew Building Upper Conference Room

Heppner, OR 97836

Present In-Person

Chair Jim Doherty

Commissioner Melissa Lindsay

Commissioner Don Russell

Karen Wolff, Board of Commissioner Staff

Call to Order, Pledge of Allegiance & Roll Call: 9:06 a.m.

Chair Doherty temporarily turned the meeting over to Commissioner Lindsay.

City and Citizen Comments:

Vice-Chair Lindsay asked for any comments from those attending by Zoom. None.

Vice-Chair Lindsay asked for any comments from those attending in person.

John Murray, Heppner: Directed his question to Commissioner Russell. He asked for a copy of a letter that Commissioner Russell wrote to OHA (Oregon Health Authority) in support of Boardman Fire.

Commissioner Russell said Mr. Murray could request it from OHA. Mr. Murray said there is a Public Records request in to OHA, but asked if Commissioner Russell could help expedite the process.

Commissioner Russell said that he does not keep copies of letters that he writes in support of various businesses. Commissioner Lindsay asked if it was on County Letterhead. Commissioner Russell said yes. Commissioner Lindsay requested a copy as well.

Open Agenda: Chair Doherty nothing. Commissioner Russell nothing. Vice-Chair Lindsay nothing.

Consent Calendar:

Chair Doherty requested to move the APs to Business Items.

Chair Doherty requested to move the Letter of Support to Business Items.

Chair Doherty moved to approve the following items on the Consent Calendar

- *Payroll Payables*
- *Minutes of July 20, 2022 Board of Commissioners Meeting*
- *Contract with Points Consulting o conduct Goal 9 economic Development and Employment Lands work for the Cities of Lone, Lexington and Heppner*
- *Extension of OHA IGA #170129 to December 31, 2022*
- *Property Tax Refund for Lumen Technologies, Inc.*

Commissioner Russell seconded. Unanimous approval.

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, August 3, 2022 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Info Below

AMENDED

- 1. Call to Order and Pledge of Allegiance - 9:00 a.m.**
- 2. City/Citizen Comments:** Individuals may address the Board on issues not on the agenda
- 3. Open Agenda:** The Board may introduce subjects not already on the agenda
- 4. Consent Calendar**
 - a. Approve Accounts Payable and Payroll Payables
 - b. Minutes: July 27, 2022 Board of Commissioners Meeting
 - c. Minutes: July 27, 2022 Executive Session
 - d. Minutes: July 27, 2022 Board of Commissioners Work Session
 - e. Wood Hill Homes Replat
 - f. Fifth Amendment to Oregon Health Authority 2021-2023 IGA for the Financing of Public Health Services
 - g. Discontinue additional distribution of Morrow County property taxes to the two County School Funds and Fair
- 5. Business Items**
 - a. ~~Road Committee Member Appointments~~
- 6. Department Reports**
 - a. Sheriff's Office Monthly Report
 - b. Assessor Department Report
- 7. Commissioner Liaison Reports**
- 8. Correspondence**
 - a. Senator Merkley Announcement
 - b. Press Release Regarding Federal Funding For Water Nitrate Projects
 - c. Nitrates in the Water Emergency – Update from Public Health
 - d. Order from EFSC Appointing Morrow County Board of Commissioners as Special Advisory Group for Echo Solar Project
- 9. Commissioner Reports**
- 10. Signing of documents**
- ~~**11. Executive Session:** Pursuant to ORS 192.660(2)(g) under ORS 192.660(2)(g): “To consider preliminary negotiations involving matters of trade or commerce in which the governing body is in competition with governing bodies”~~
- 12. 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 Lutchter at (541) 676-5613.

Morrow County Board of Commissioners Meeting Minutes

August 3, 2022

Bartholomew Building Upper Conference Room

Heppner, OR 97836

Present In-Person

Chair Jim Doherty

Commissioner Don Russell

Karen Wolff, Board of Commissioner Staff

Justin Nelson, County Counsel

Present by Zoom

Commissioner Melissa Lindsay

Call to Order, Pledge of Allegiance & Roll Call: 9:00 a.m.

Justin Nelson, District Attorney and County Counsel introduced Zach Williams, Deputy District Attorney and County Counsel.

City and Citizen Comments:

Mike Gorman, Assessor

Mr. Gorman said he has received a lot of calls regarding letters that were sent out by the Department of Forestry to landowners. The letters are stating a wildfire risk level. From research that Mr. Gorman has done, it has something to do with potential legislation and rule changing. The implications of the letter are scary to him. According to the Department of Forestry map, everything east of the Cascades is almost all high fire danger. West of the Cascades is not. Building codes may be impacted. He thinks this is a collaboration between the Department of Forestry, State Fire Marshal and Building Codes Department. This could impact development, especially in rural areas.

Mr. Gorman encouraged the Commissioners to read the letter and maybe contact AOC (Association of Oregon Counties). Commissioners agreed.

Commissioner Lindsay said the letters went to landowners going north past North Lex elevator. This is the result of a defensible space bill that was passed last year. She said they received 40 of the letters. This has nothing to do with forests. We need to get AOC involved.

Bobbi Childers, County Clerk added by Zoom that they received over 50 of the letters for property in three different counties.

Chief Mike Hughes, Boardman Fire and Rescue District

Chief Hughes read a prepared statement. It is paraphrased as follows:

Chief Hughes asked to be on the agenda today to present an enhanced ASA Plan and was denied. A letter from the Morrow County Health District regarding the ASA was included, which he believes shows bias against the Fire District and the community of Boardman.

Chief Hughes said County Counsel is aware the ASA plan recently approved by OHA has not been adopted by the Commissioners. He also stated that Boardman Fire and Rescue District was not invited to be a part of developing the most recent plan.

Chief Hughes is asking for a modern, up to date ASA plan.

Chief Hughes stated the interest of Boardman Fire is patient care. We like to provide secondary transport service when the primary ambulance in Boardman is busy or unavailable.

Nichole Mahoney, COO Morrow County Health District

Ms. Mahoney asked what is Court's intention in regard to the letter listed as correspondence?

Mr. Nelson said that as correspondence it is simply listed. An agenda topic was not requested. There may be comments, but there will not be a back and forth discussion. That can be scheduled as a Business Item.

Commissioner Russell added that Correspondence does not make it an Agenda Item.

Ms. Mahoney asked for clarification of next steps. Chair Doherty said he does not want to get to far into it at this time. He can not say what the County will do. Commissioners will review it and may review with Counsel and then decide next steps.

Mr. Nelson asked for comments from Zoom. None.

Open Agenda:

Commissioner Russell explained he has a grant application from FAA that is time sensitive. For a number of reasons the application has been delayed. Chair Doherty and Commissioner Lindsay agreed to add as a Business Item.

Commissioner Lindsay has nothing to add.

Chair Doherty has nothing to add.

Consent Calendar:

Commissioner Russell asked to pull the Executive Session Minutes of July 27, 2022 for review.

Commissioner Lindsay asked to move the APs for review.

Balance of Consent Calendar:

- a. ~~Approve Accounts Payable and Payroll Payables~~
- b. Minutes: July 27, 2022 Board of Commissioners Meeting
- c. ~~Minutes: July 27, 2022 Executive Session~~
- d. Minutes: July 27, 2022 Board of Commissioners Work Session

- e. Wood Hill Homes Replat
- f. Fifth Amendment to Oregon Health Authority 2021-2023 IGA for the Financing of Public Health Services
- g. Discontinue additional distribution of Morrow County property taxes to the two County School Funds and Fair

Commissioner Lindsay moved to approve the balance of the Consent Calendar. Commissioner Russell seconded. Unanimous approval.

Business Items:

Executive Session Minutes.

Commissioner Russell requested to add "Commissioner Lindsay suggested Commissioner Russell recuse himself for conflict of interest."

Commissioner Russell moved to approve the Executive Session Minutes of July 27, 2022 with the addition. Commissioner Lindsay seconded.

Chair Doherty explained that the Zoom link was not working so the Executive Session was suspended.

Unanimous approval.

APs

Commissioner Lindsay questioned in regard to the final payment to Kate Knop, has all of the Morrow County things, such as laptop, been returned. Commissioner Russell said he called Kate. She says she has not been contacted about returning items. Commissioner Russell believes she will return the computer. Commissioner Lindsay said that last week the Commissioners voted to not approve the payment. Chair Doherty asked Lindsay Grogan, Human Resources Director (Joining by Zoom) if she had emailed Kate and if so, could she please share those emails. Ms. Grogan said yes.

Commissioner Lindsay said she does not want to move forward.

Chair Doherty asked Ms. Grogan to forward the emails.

Commissioner Lindsay moved to approve the APs with removal of one payment to Kate Knop for further discussion. Commissioner Russell seconded. Unanimous approval.

FAA Grant

Mr. Nelson explained reason for short notice. This is not a new document to Morrow County. We signed similar agreements in the past. The person at the FAA was out of the office for a bit and then Morrow County staff were out of the office and now we are near the deadline. The request to the Board is to give authorization for Eric Imes, Public Works Director to sign the document on behalf of Morrow County.

Sandi Pointer, Management Assistant explained some background on the grant. \$166,000 is in the budget as revenue. Rehab and construct Taxiway D. This is in the approved budget.

Commissioner Russell moved to approve the FAA Airport Improvement Program (AIP) Grant Agreement for \$166,000 for taxiway improvements and authorize Eric Imes, Public Works Director to sign the document. Commissioner Lindsay seconded. Unanimous.

Department Report

Sheriff's Office Monthly Report

The Commissioner reviewed the report. No one from the Sheriff's Office was present. The Commissioners had no questions.

Assessor Department

Mike Gorman, Assessor

Mr. Gorman advised the Commissioners that they applied for a grant for soils mapping, and received the grant. Chair Doherty asked about the tool for field work that was discussed previously. Mr. Gorman said it has been ordered. No questions from Commissioner Russell or Commissioner Lindsay.

Commissioner Liaison Reports

Chair Doherty said he has met with his departments. Some will be very short staffed in August.

Commissioner Lindsay said she had nothing today.

Commissioner Russell said we need to swear in Kevin Ince, Finance Director. There is also a bonding requirement for the Treasurer, the Clerk, and the Finance Director. He will work with Bobbi Childers, County Clerk on this.

Correspondence

Commissioner Lindsay updated on working with Umatilla County Commissioner Dorran and Senator Merkley to obtain federal funds for the nitrate/water issue. The real question is in regard to testing. (Nitrate) Jim added that there will be an ask for \$4M. Expect the state to be a part of it, as well as the Feds. Commissioner Russell said "Good job Commissioner. Thanks for your efforts."

Chair Doherty added that information went out to all employees regarding picking up water sample bottles for testing for nitrates.

Chair Doherty mentioned letter from Morrow County Health District that was in the packet.

Commissioner Reports

Commissioner Russell

Commissioner Russell said he followed up with State Ethics regarding whether he should be recused from the Executive Session. Monica at the State Ethics Board said only he could decide if he should recuse. She also said she is glad we did not hold the Executive Session because it would be illegal. She said that if the company has not applied yet, can't talk about it in Executive Session. Discussion ensued. The name and phone number of Monica at State Ethics will be referred to Mr. Nelson who will contact her for clarification and information. Morrow County has always been very careful about Executive Session.

Chair Doherty asked Commissioner Russell if there is something more formal filed with the County by this company, would he recuse himself? Commissioner Russell said yes, depending on the situation. Discussion ensued. There were no improprieties because the Executive Session was suspended.

Chair Doherty asked Commissioner Lindsay to get something from the company so we have something more formal and will put Commissioner Russell more at ease. Commissioner Lindsay stated she will not continue to be put under pressure by Commissioner Russell.

Commissioner Russell reached out to Kate Knop and told her we need the computer back. Told her we will hold back payment until the computer is returned. She was surprise and said no one contacted her.

Commissioner Russell followed up on the decommissioning of the fuel tanks at the former gas station in lone. The tanks were removed in early 2000s. No reported leak at that time. As far as the State is concerned, the site is closed. No contamination reported when the tanks were removed. Can add that property to the tax foreclosed properties that we put up for sale.

Commissioner Lindsay

Commissioner Lindsay publicly denounced and expressed severe formal disapproval in regard to the letter that is in the packet today signed by Commissioner Russell.

Commissioner Russell asked if he could respond. Chair Doherty said that Commissioner Lindsay responded to Commissioner Russell's report on the ethics question, so Commissioner Russell will be allowed to respond.

Commissioner Russell said ASA agreement signed in April 2021. Listen to recording. The corrections that came back from OHA went to Morrow County Health District. Lots of redlines. We would not have approved any other district to approve the updates without bringing them to us. Much discussion ensued.

Chair Doherty said we need to move forward. Commissioner Russell said this dispute between Boardman Fire and the Health District has got to end. We are putting people's lives at risk. Discussion ensued.

Chair Doherty asked County Counsel for clarification. Either the most recent plan is in place, or we revert back to the previous plan. Mr. Nelson said he will have look into this further. Back in February he looked into it in regard to dispatching. He will look into the ASA. Dispatching still an open discussion, so he does not want to say much.

Break in recording.

New recorder turned on.

Chair Doherty stated that Commissioner Lindsay had to step away from the Zoom and is not present for further discussion.

Chair Doherty will share the email that he sent to Chief Hughes declining to add the ASA to the agenda. He did run Chief Hughes' agenda request and the Health District letter by Counsel before making decisions.

Chair Doherty said it is absolutely disgusting the notion that he would show bias against his home town.

Adjourn 10:01 a.m.

07-30-22

Morrow County Board of Commissioners
Bartholomew Building
110 N. Court Street
Heppner, OR 97836

Dear Morrow County Commissioners,

I respectfully request that this letter and the attached documents be placed in the public meeting packet for the August 3, 2022 Board of Commissioners meeting.

I received the attached ambulance licensing application from the Oregon Health Authority under a public records request. I have several concerns that I need to bring to your attention.

1. In reading Commissioner Russell's letter, which was submitted as part of Boardman Fire Rescue District's (BFRD's) licensing application on Morrow County letterhead, it appears to me that Commissioner Russell is speaking on behalf of the Morrow County Commissioners. The Morrow County Board of Commissioners met on May 18, 2022 to review BFRD's request to the Morrow County Commissioners for a letter supporting their licensing application. The Board of Commissioners did not vote to approve this request.
2. Chief Hughes from Boardman Fire Rescue District (BFRD) and Commissioner Russell both state in their letters that Morrow County does not have an ASA Plan that has been adopted by the commissioners in place. This is incorrect. I have attached the ASA Plan Certification signed by Commissioners Russell, Doherty, and Lindsay on April 28, 2021 as well as the Oregon Health Authority's (OHA's) approval of that plan on March 24, 2022.

I understand that there is an argument being made that because the Morrow County ASA Plan was modified in respond to a request from OHA, the plan required re-approval by the Morrow County Commissioners. This is for the Morrow County Commissioners to decide, however, those changes were required by OHA and were submitted to OHA by the Morrow County Administrator acting on behalf of Morrow County. If the plan requires re-approval, that should be initiated from within the County's administration.

In the event that the current plan requires re-approval by the Commissioners, OAR 333-260-0020 dictates that Morrow County shall revert to the last approved ASA Plan (the version of the plan which does not have the OHA-required amendments).

In any case, Morrow County does have and is operating under an Ambulance Service Area Plan lawfully approved by the current Morrow County Commissioners.

3. Commissioner Russell's letter contains the following statements, which I feel the need to address:

- a. *"Boardman Fire has demonstrated the need for a second staffed ambulance in its response area, as well as, the potential need in the Irrigon response area..."*


During the Board of Commissioners meeting on May 18, 2022, the issue of "documented need" was broached. On behalf of Morrow County Health District, I publicly requested the criteria by which the Commissioners would determine "documented need." I have not received that criteria and do not know which criteria Commissioner Russell used in his determination.

- b. *"When Boardman Fire receives its ambulance transport license, the ASA Plan will then be reviewed, adjusted as necessary, and then sent to OHA for review and approval before it is adopted by Morrow County."*

According to Morrow County Ordinance MC-C-2-98 and the Morrow County ASA Plan (defined as an ordinance on page 6 of the attached ASA Plan), the Morrow County EMS Advisory Committee has a role in reviewing requests for changes to the ASA Plan, including the addition of service providers. On April 27, 2022, the EMS Advisory Committee issued a determination denying BFRD's request to amend the ASA Plan finding that in addition to creating a public safety risk, the overriding reasons for BFRD's requested amendments were funding-based rather than safety-based. On July 26, 2022, the EMS Advisory Committee issued another letter to BFRD concerning their continued non-compliance with the legally adopted ASA Plan. As of the time this letter is being written, Boardman Fire Rescue District remains out of compliance with the Morrow County ASA Plan, a legally adopted Morrow County Ordinance.

My hope is that the Morrow County Commissioners will take this information into consideration when making any decisions pertaining to the Morrow County Ambulance Service Area Plan. Morrow County Health District's EMS personnel have been saving lives in Morrow County since the District's inception in 1995. We have the experience and the organizational structure necessary to provide a well-coordinated and effective EMS system in Morrow County and should be allowed to continue to do so unimpeded by local politics.

Sincerely,



Emily Roberts

Chief Executive Officer

BOARDMAN



FIRE RESCUE

BOARDMAN FIRE RESCUE DISTRICT

FIRE CHIEF MIKE HUGHES

300 SW WILSON LANE, BOARDMAN, OR 97818 541.481.3473 WWW.BOARDMANFD.COM

Boardman Fire Rescue District
300 SW Wilson Lane
Boardman, OR 97818

6/30/2022

Oregon Health Authority
EMS & Trauma Systems
Portland State Office Building
PO Box 14260
Portland, OR 97293-0260



RE: Boardman Fire Rescue District – Ambulance Licensing

Dear OHA-EMS,

Please accept the included application and license fee for the ambulance licensing process. I have included a letter from Morrow County. The County does not have an adopted ASA Plan at this time.

I have included a check for \$625.00 per Veronica Seymour's letter dated June 21, 2022.

We look forward to meeting the OHA inspection representative, and show casing our emergency transport vehicles.

Please feel free to contact me with questions.

Thank you in advance for your time!

Respectfully,

A handwritten signature in black ink, appearing to be "Mike Hughes".

Mike Hughes
Fire Chief
Boardman Fire Rescue District

Cell 541-561-2464
mhughes@boardmanfd.com



BOARD OF COMMISSIONERS

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

Don Russell, Commissioner

VARIFICATION OF NEED

June 27, 2022

Dear Oregon Health Authority,

Boardman Fire Rescue District has requested an ambulance transport license. As a County Commissioner and resident of Morrow County, I clearly see the value of having a second ambulance transport provider in Northern Morrow County.

Boardman Fire has demonstrated the need for a second staffed ambulance in its response area, as well as, the potential need in the Irrigon response area or during a mass causality incident.

At the present time, Morrow County does not have an ASA Plan that has been adopted by the county commissioners in place. However, pursuant to guidance from the Oregon Health Authority (OHA), this letter will serve Boardman Fire in its quest for an ambulance transport license.

In an email thread between Justin Hardwick of the OHA and Mike Hughes, Boardman's Fire Chief, Justin wrote, in part, "You will want to continue to work with your Counties to get their approval for an ASA or written indication that they find a need for additional ambulance services."

When Boardman Fire receives its ambulance transport license, the ASA Plan will then be reviewed, adjusted as necessary, and then sent to OHA for review and approval before it is adopted by Morrow County.

Please feel free to contact me with any questions.

Very truly yours,

A handwritten signature in blue ink that reads "Don Russell".

Don Russell
Morrow County Commissioner



EMS & TRAUMA SYSTEMS

Portland State Office Building | 800 NE Oregon Street, Suite 465 | Portland, OR 97232-2162



APPLICATION FOR AMBULANCE SERVICE LICENSE

OHA-EMS regulates all transporting EMS services. The first step to becoming an ambulance transport service in the State of Oregon is to contact the county in which the ambulance service would like to conduct transport services. Each county maintains an Ambulance Service Area (ASA) Plan in which you would need to be included, per [OAR 333-260](#). A letter from the county or counties stating your service will be included in the ASA Plan must be attached to this application. A survey of the service facilities and ambulances will take place before a license is issued.

PAYMENT DUE:

€ \$190.00 with a maximum of four full time paid positions

\$625.00 with five or more full time paid positions

Make check payable to: OHA, EMS and Trauma Systems and mail to:

OHA-EMS
PO Box 14260
Portland, OR 97293-0260.

Name of Service	Boardman Fire Rescue District
Mailing address	300 SW Wilson Lane, Boardman, 97818
Telephone Number:	541-481-3473
FAX Number:	541-481-0909
E-Mail Address:	mhughes@boardmanfd.com
Owner:	Boardman Fire Rescue District
Principal Contact Person:	Mike Hughes, Fire Chief
Medical Director	Dr. Robert Boss
Medical Director Email	rboss@boardmanfd.com
Type of Ownership:	Governmental

Type of Agency:	Rural Fire District
Type of Service Provided:	EMS, Rescue, Fire
Ambulance Locations:	300 SW Wilson Lane, Boardman, 97818

Ambulance Vehicle Roster: Ambulance licenses can be applied and paid for in the ambulance service online account once a service license is issued.

Plate	VIN	Vehicle Manufacturer	Vehicle Year	Ambulance Type Ground Type 1, 2, or 3, Fixed Wing, or Rotor Wing
Not Assigned	3C7WDLCL6CG112049	Wheeled Coach	2012	Ground Type 1
Not Assigned	3D6WU6EL4BG623974	Wheeled Coach	2011	Ground Type 1
Not Assigned	1FDWF37F8XED08322	Wheeled Coach	1999	Ground Type 1

Level of personnel used: (Check all that apply)

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> EMR | <input checked="" type="checkbox"/> Paid full-time | <input checked="" type="checkbox"/> Paid part-time | <input checked="" type="checkbox"/> Volunteer |
| <input checked="" type="checkbox"/> EMT | <input checked="" type="checkbox"/> Paid full-time | <input checked="" type="checkbox"/> Paid part-time | <input checked="" type="checkbox"/> Volunteer |
| <input checked="" type="checkbox"/> Advanced EMT | <input checked="" type="checkbox"/> Paid full-time | <input checked="" type="checkbox"/> Paid part-time | <input checked="" type="checkbox"/> Volunteer |
| <input checked="" type="checkbox"/> EMT-Intermediates | <input checked="" type="checkbox"/> Paid full-time | <input checked="" type="checkbox"/> Paid part-time | <input checked="" type="checkbox"/> Volunteer |
| <input checked="" type="checkbox"/> Paramedics | <input checked="" type="checkbox"/> Paid full-time | <input checked="" type="checkbox"/> Paid part-time | <input checked="" type="checkbox"/> Volunteer |
| <input type="checkbox"/> Registered Nurses | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |
| <input checked="" type="checkbox"/> Non-EMT Drivers | <input checked="" type="checkbox"/> Paid full-time | <input checked="" type="checkbox"/> Paid part-time | <input checked="" type="checkbox"/> Volunteer |
| <input type="checkbox"/> Pilots | <input type="checkbox"/> Paid full-time | <input type="checkbox"/> Paid part-time | <input type="checkbox"/> Volunteer |

Level of care provided: (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Basic level of care | -Personnel and equipment provided 24 hours-a-day |
| <input checked="" type="checkbox"/> Basic level of care | -Personnel and equipment provided only part of a 24 hours-a-day |
| <input checked="" type="checkbox"/> Intermediate level of care | -Personnel and equipment provided 24 hours-a-day |
| <input checked="" type="checkbox"/> Intermediate level of care | -Personnel and equipment provided only part of a 24 hours-a-day |
| <input checked="" type="checkbox"/> Advanced level of care | -Personnel and equipment provided 24 hours-a-day |
| <input checked="" type="checkbox"/> Advanced level of care | -Personnel and equipment provided only part of a 24 hours-a-day |

Training Director's Name: Mike Hughes
Training Director, Email: mhughes@boardmanfd.com

Medical Director Information:

Medical Director License # MD09837
 Medical Director's Name: Robert Boss
 Medical Director Email: rboss@boardmanfd.com

Signed Standing Orders: *(Standing orders must have been signed within the past twelve months.)*

- | | |
|---|------------------------|
| <input checked="" type="checkbox"/> Signed standing orders for EMR | Date signed: 3/31/2022 |
| <input checked="" type="checkbox"/> Signed standing orders for EMT | Date signed: 3/31/2022 |
| <input checked="" type="checkbox"/> Signed standing orders for Advanced EMT | Date signed: 3/31/2022 |
| <input checked="" type="checkbox"/> Signed standing orders for EMT-Intermediates. | Date signed: 3/31/2022 |
| <input checked="" type="checkbox"/> Signed standing orders for Paramedics. | Date signed: 3/31/2022 |
- Our medical director has authorized the purchase and use of controlled substances.
 If checked, you must have a DEA license containing the name of your medical director and the name and address of your ambulance service. A separate DEA license is required for each location where controlled substances are stored. (Stored does not mean the controlled substances that are kept on an ambulance.)

Our DEA license has an expiration date of: In progress

- Our medical director has authorized the use of blood glucose monitoring devices to determine blood glucose levels. If checked, you must have a CLIA Laboratory Certificate of Waiver.

CLIA Number: 38D0985991 Expiration Date: 7/7/2023

Proof of financial responsibility as prescribed in ORS 682.105. If certificate is expired, attach a copy of current certificate of insurance. *(NOTE - Government owned services do not need to submit a certificate of insurance.)*

Ground Ambulance Liability:

Name of Insurance Company: SDIS
 Expiration Date: 12/31/2022

Air Ambulance Liability:

Name of Insurance Company:
 Expiration Date:

Personnel Liability:

Name of Insurance Company: SDIS
 Expiration Date: 12/31/2022

Medicare/Medicaid Provider Numbers:

Medicare Number:
 Medicaid Number:

STATEMENT OF TRUTH OF APPLICATION

I, Michael Hughes, an authorized agent of the entity that owns and operates the ambulance service described in this application.

I certify that there has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service license to operate in the State of Oregon. I have made a reasonable effort to verify the validity of documents submitted by employees, volunteers, ambulance-based clinicians, agents or EMS medical directors.

I authorize any persons or entities, including but not limited to hospitals, institutions, organizations, or governmental entities to release to the Authority any information, files, or records requested by the Authority in connection with the processing of this application.

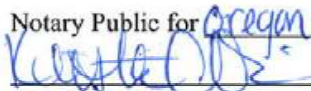
Upon receiving an ambulance service license, I authorize the release of information by insurance companies, physicians, health care facilities (including but not limited to, hospitals, nursing homes, urgent care centers or primary care facilities) to the Authority relating to services provided by the ambulance service to those facilities or to patients being taken from or to those facilities.



(Authorized Agent to sign in presence of Notary Public)

Subscribed and sworn to before me this 1ST day of June, 2022 Notary Public

Notary Public for Oregon My Commission Expires 05/11/2026 Seal


(Notary Signature)



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

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

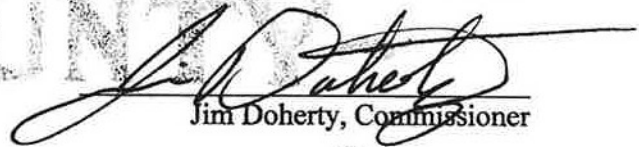
1. Each subject or item contained in the Morrow County Ambulance Service Area Plan has been addressed and considered in the adoption of the Plan by this body.
2. In this governing body's judgement, the Ambulance Service Areas established in the Plan provide for the efficient and effective provision of 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 28th day of April 2021.

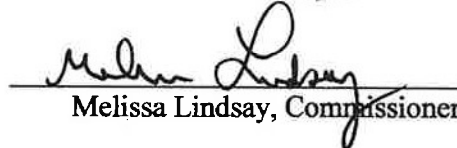
**MORROW COUNTY BOARD OF COMMISSIONERS
MORROW COUNTY, OREGON**



Don Russell, Chair



Jim Doherty, Commissioner



Melissa Lindsay, Commissioner



March 24, 2022

Nazario Rivera
Director of Public Health
Morrow County Health Department
110 N. Court St.
Heppner, OR 97836

Dear Mr. Rivera,

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

The Authority finds Morrow County's Ambulance Service Area Plan complies with OAR 333-260-0000 through 333-260-0070. The Authority is pleased to approve Morrow County's Ambulance Service Area Plan.

The report is categorized into two sections which include Further Development Required and Recommendations. The county does not need to address the comments in the Recommendations section, but it is encouraged for a stronger ASA plan.

FURTHER DEVELOPMENT REQUIRED

None.

RECOMMENDATIONS

None.

Morrow County's Ambulance Service Area Plan will ensure that the residents of and visitors to the county will have access to efficient and effective prehospital emergency medical care and ambulance service.

Thank you,

Elizabeth Heckathorn
Deputy Director, EMS & Trauma Systems
Oregon Health Authority, Public Health Division
elizabeth.e.heckathorn@state.or.us

cc: Morrow County Ambulance Service Area Advisory Committee

MORROW COUNTY
AMBULANCE SERVICE AREA PLAN

Morrow County Ambulance Service Area Plan

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DEFINITIONS

1. “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.
2. “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.
3. “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.
4. “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.
5. “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.
6. “County Government or County Governing Body (County)” means a Board of County Commissioners or a County Court.
7. “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.
8. “Division” means the Public Health Division, Oregon Health Authority.
9. “Effective provision of ambulance services” means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
10. “Efficient provision of ambulance services” means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

11. "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.
12. "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.
13. "EMS Advisory Committee/QA Subcommittee" means a ten (10) person committee chosen by the Board to ensure ASA Plan compliance.
14. "Emergency Medical Technician Basic (EMT B)" means a person certified by the Division as defined in OAR 333-265-0000(8).
15. "Emergency Medical Technician Intermediate (EMT I)" means a person certified by the Division as defined in OAR 333-265-0000(9).
16. "Emergency Medical Technician Paramedic (EMT P)" means a person certified by the Division as defined in OAR 333-265-0000(10).
17. "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)
18. "Health Officer" means the Morrow County Health Officer.
19. "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.
20. "Morrow County Court (Court)" means an elected body consisting of 3 County commissioners.
21. "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.
22. "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.

23. "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.
24. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
25. "Provider" means any public, private or volunteer entity providing EMS.
26. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
27. "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 is a 9-1-1 Center.
28. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
29. "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.
30. "Supervising physician" has the meaning provided in OAR 847-35-001.
31. "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 three-year plan is underway to increase the number of paid EMS personnel in Boardman, Heppner, and Irrigon to eight (8) FTE in each location. Ambulance halls in Boardman, Heppner, and Irrigon will be staffed 24/7 by paid personnel and may be backed up by volunteers. This model is expected to reduce the impact of this barrier.

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.

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 and/or outside of the ASA utilizing mutual aid agreements,
- An air ambulance may be requested,
- Additional personnel may be requested,
- Other agencies, such as the fire district, may be contacted for assistance.

SYSTEM ELEMENTS – PRE-ARRANGED NON-EMERGENCY TRANSFERS

1. Morrow County Ambulance Service retains the first right of refusal for non-emergency ambulance and inter-hospital transfers.
2. In the event that Morrow County Ambulance Service is unavailable, it is the responsibility of the hospital to find transportation.

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 Authority-certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using Authority-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 Authority.
- 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 Authority 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 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 that is issued by the Authority.
- 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 Authority.
 - 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. All training will meet or exceed Oregon Health Authority requirements.

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 Authority, or the Board of Medical Examiners or the Morrow County Circuit Court.
6. Any decision of the Board may be appealed to the Authority 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 amend 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 Authority.
 - 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 Authority, 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

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.

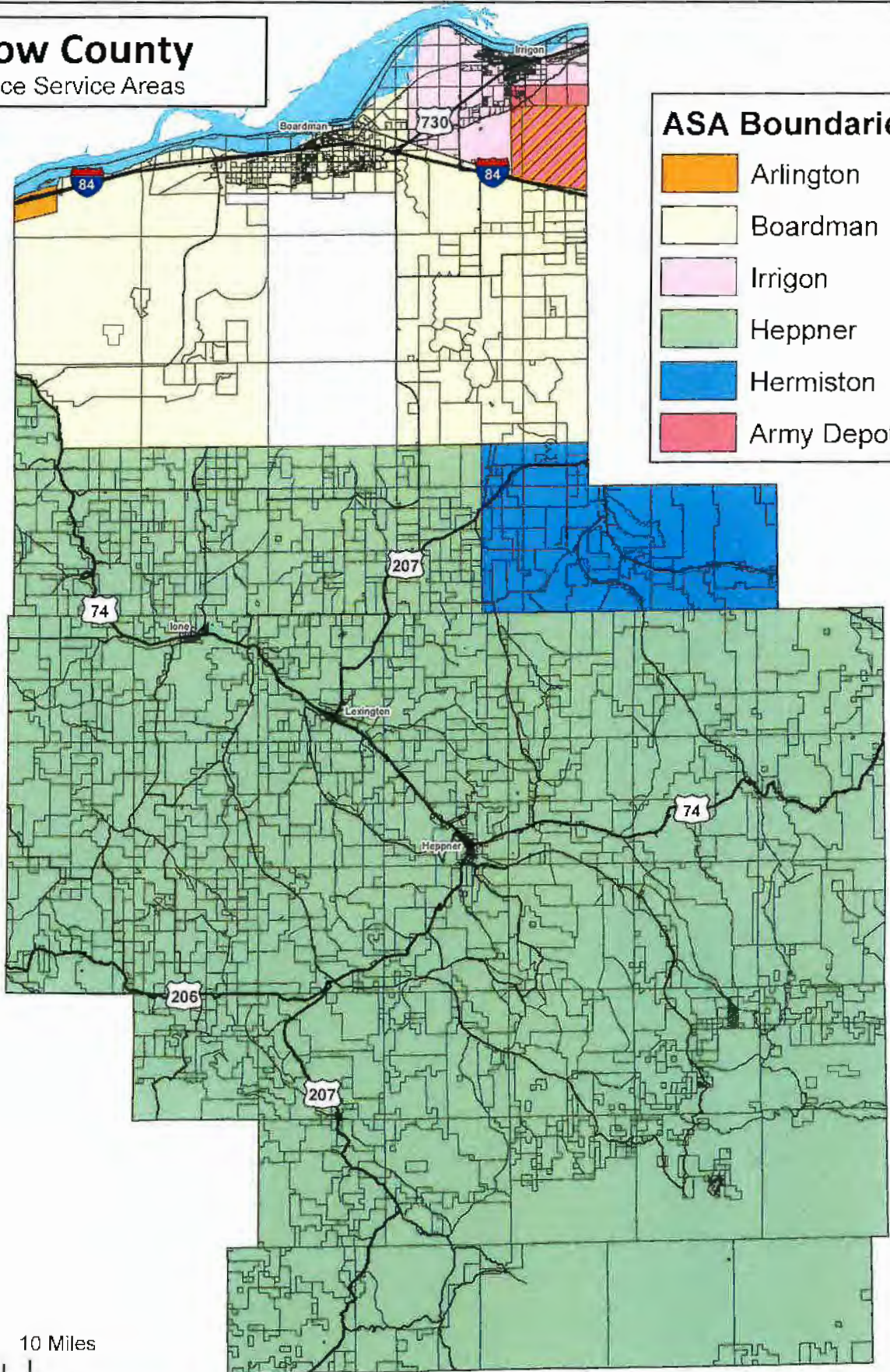
IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

_____ Signature Title Date

_____ Signature Title Date

Morrow County

Ambulance Service Areas



ASA Boundaries

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



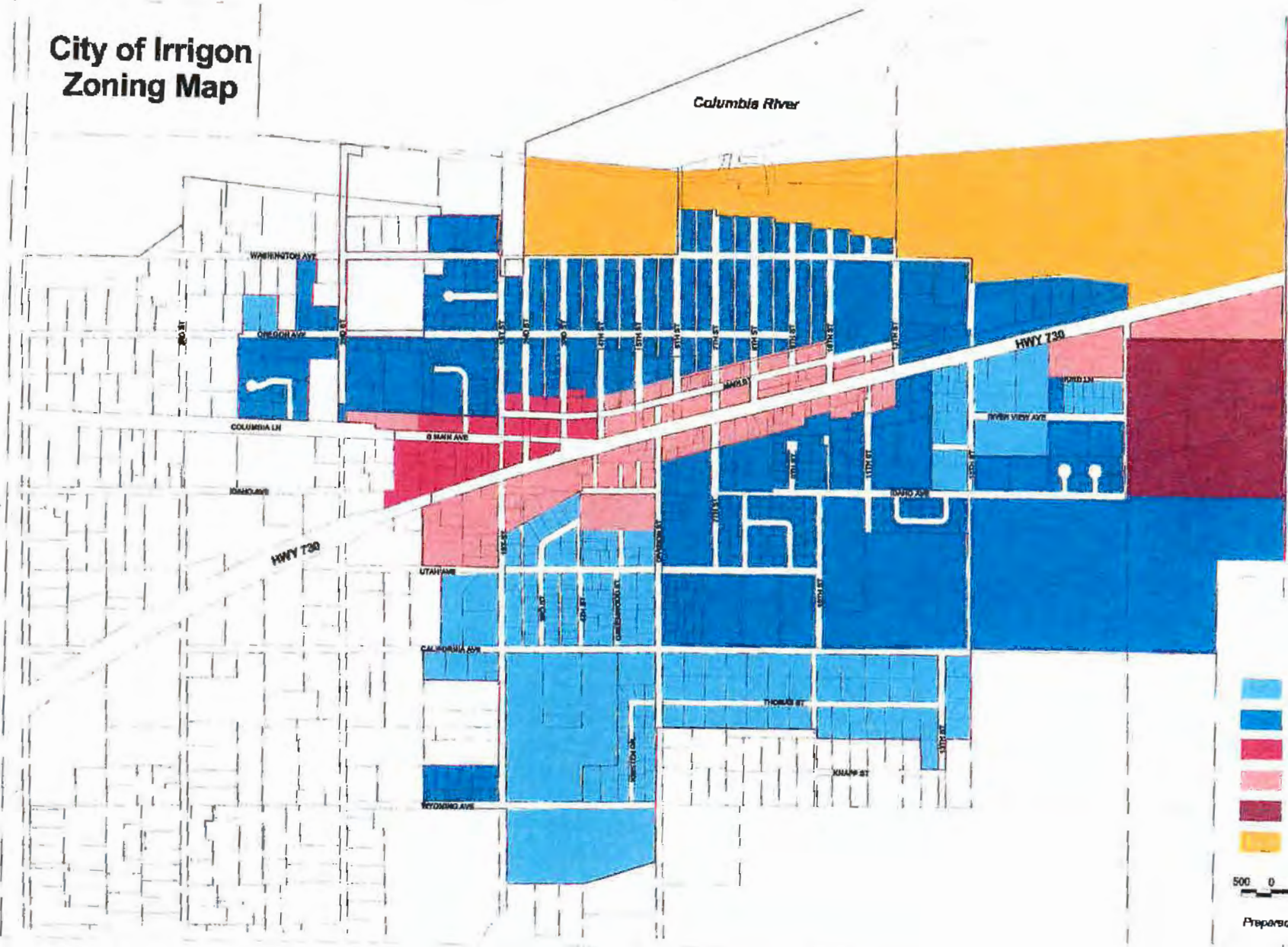
-  Streets
-  Army Depot
-  Highway
-  Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI
BFRD / BOC History Page 421

City of Irrigon Zoning Map

Columbia River



Taxiote

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

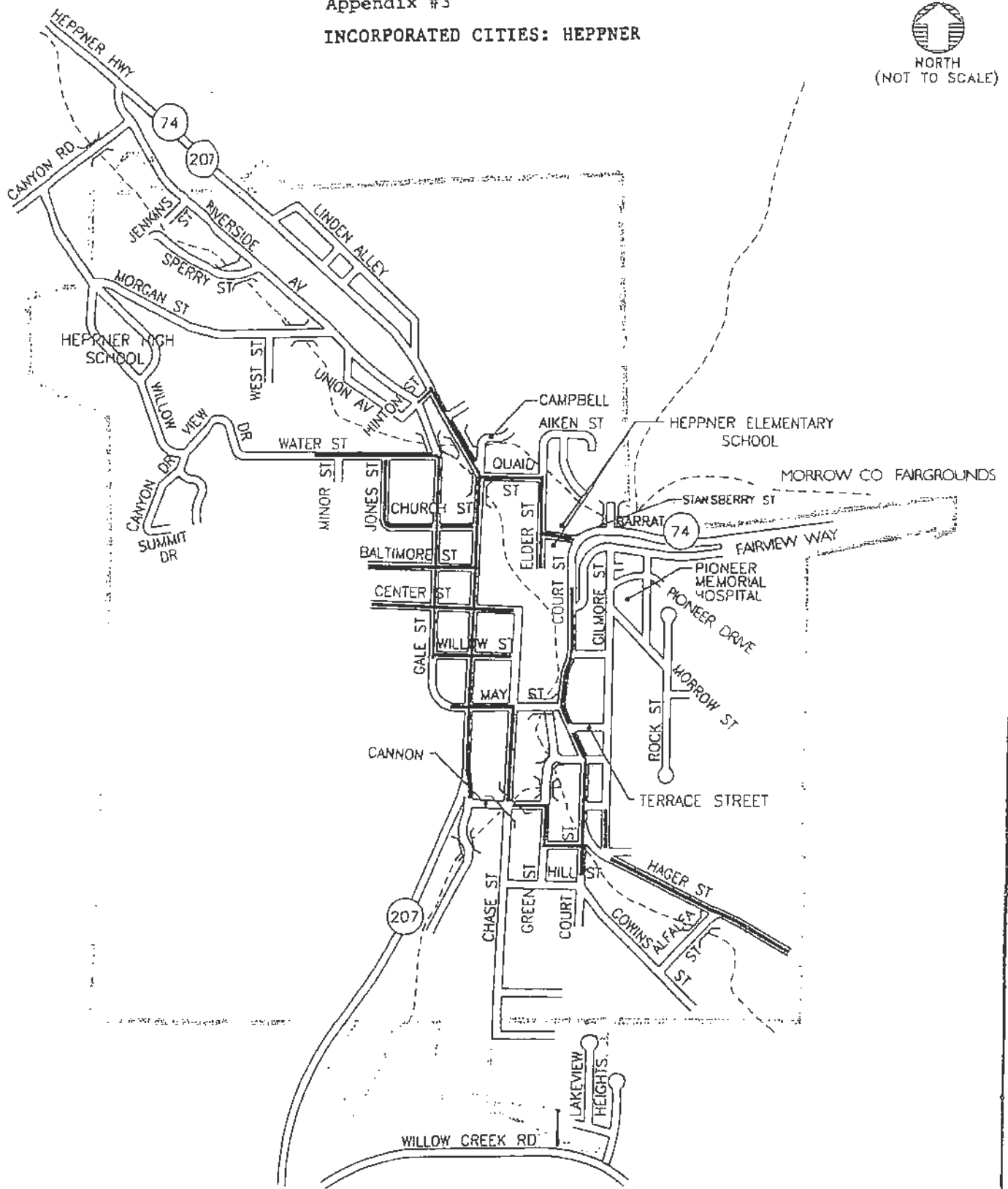
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Appendix #3

INCORPORATED CITIES: HEPPNER



NORTH
(NOT TO SCALE)



LEGEND

- SIDEWALK
- - - CITY LIMITS
- - - CREEK

CITY OF HEPPNER, OREGON

from Oregon Transportation Plan, 1999

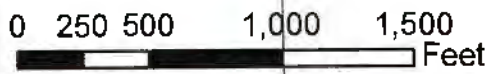
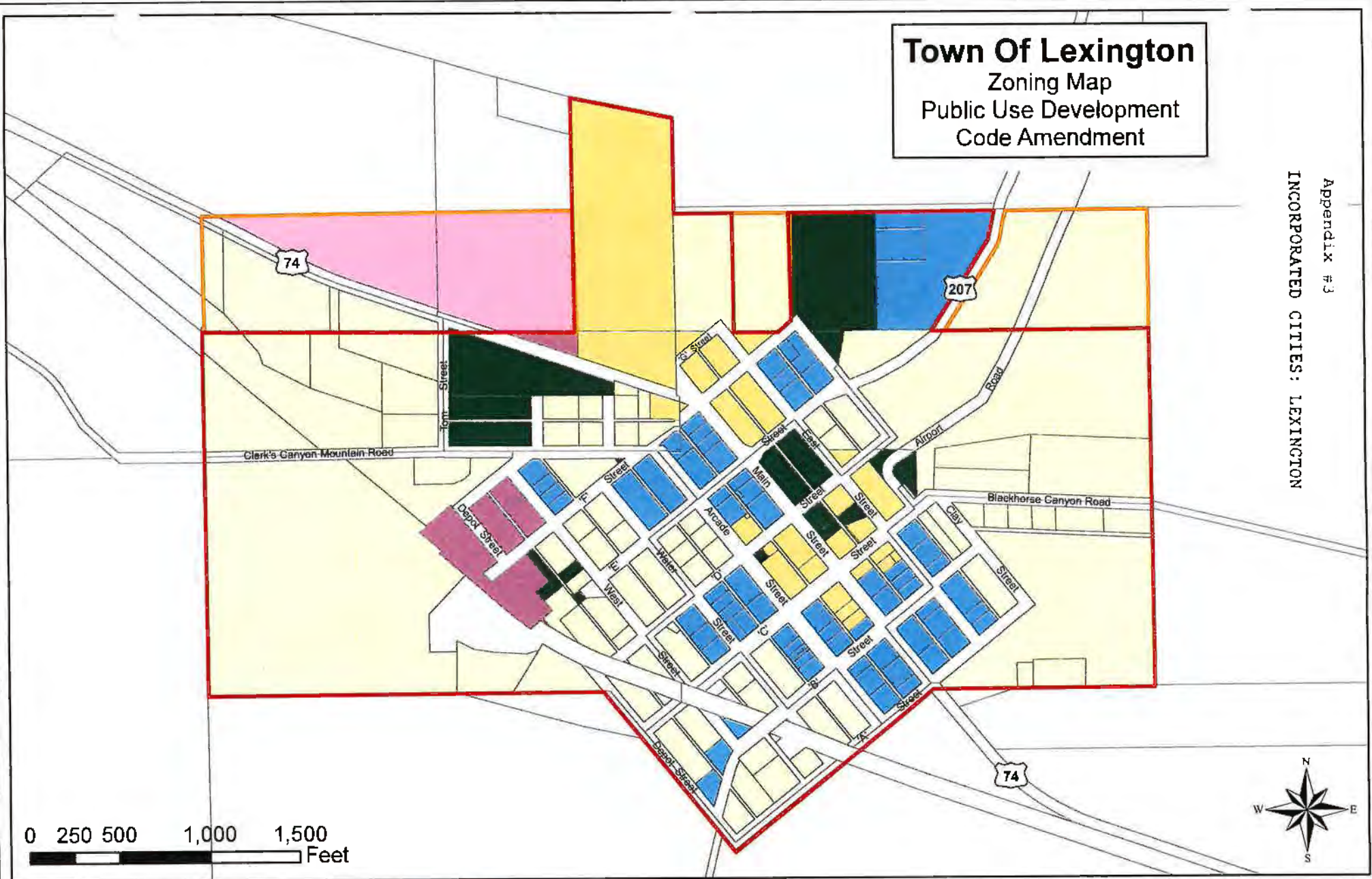
HEPPNER CHAMBER OF COMMERCE








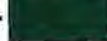

Town Of Lexington

Zoning Map

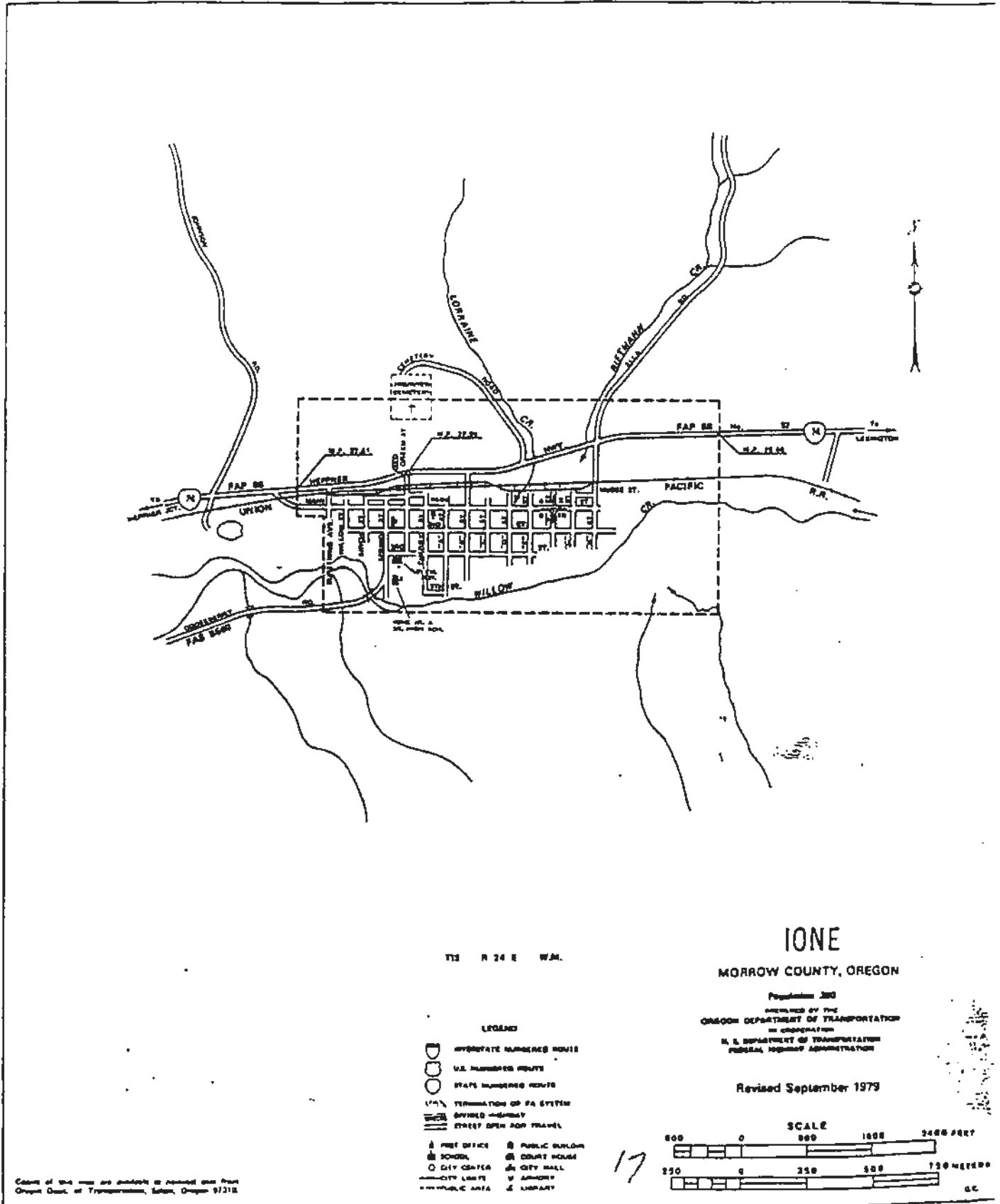
Public Use Development Code Amendment

Appendix #3
INCORPORATED CITIES: LEXINGTON



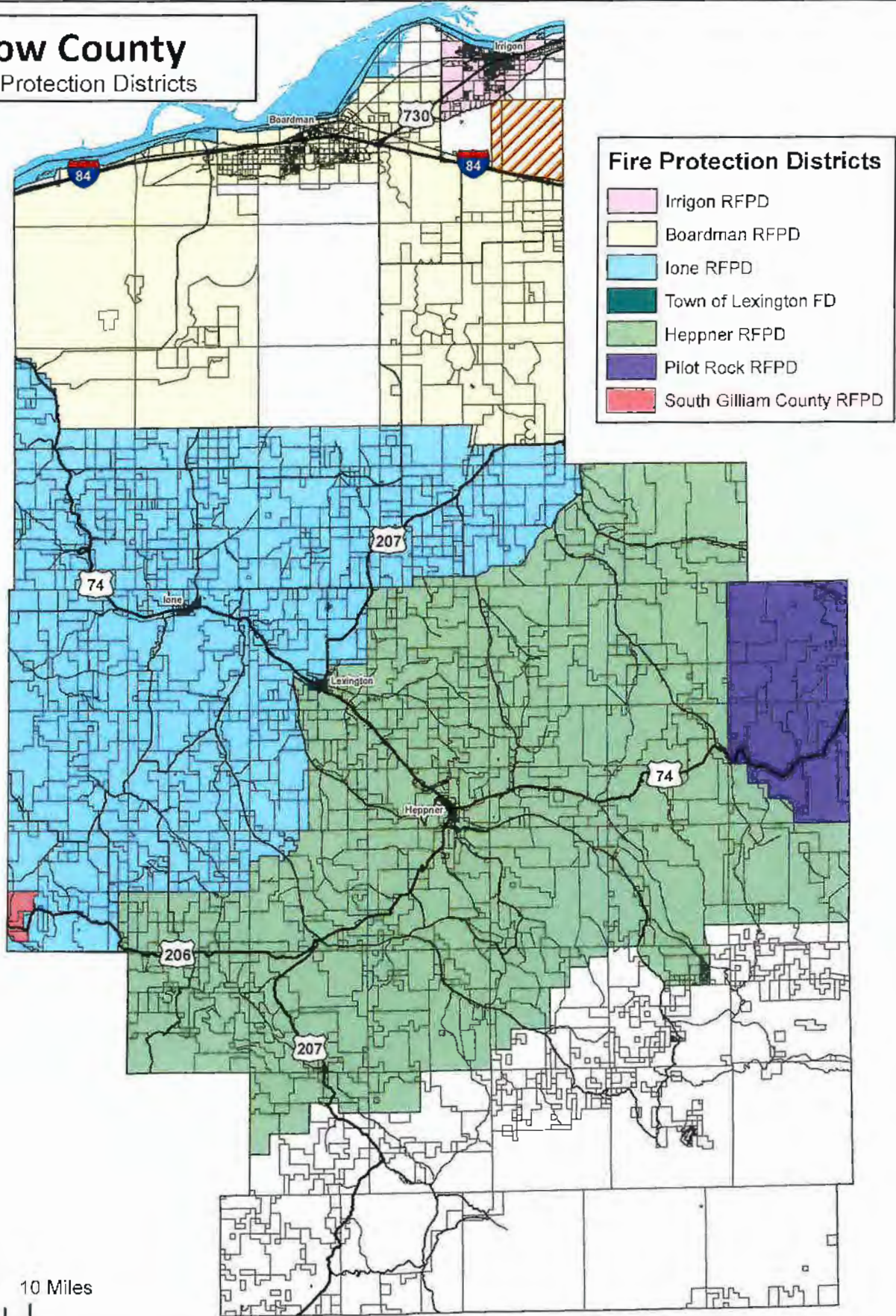
	Town Limits		R - Residential		M - Light Industrial
	UGB		FR - Farm Residential		RLI - Rural Light Industrial
			PUB - Public*		C - Commercial

Morrow County Planning Department
December 2015
Map for Reference Use Only



Morrow County

Rural Fire Protection Districts



Fire Protection Districts

- Irrigon RFPD
- Boardman RFPD
- Lone RFPD
- Town of Lexington FD
- Heppner RFPD
- Pilot Rock RFPD
- South Gilliam County RFPD



- 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
BFRD / BOC History Page 427

**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 28th day of April 2021.

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


Don Russell, Chair


Jim Doherty, Commissioner


Melissa Lindsay, Commissioner



DETERMINATION
**Morrow County Health District
ASA Plan EMS Advisory Committee**

A Request to Amend the Ambulance Service Area Plan (ASA Plan) was brought by Boardman Fire and Rescue District Chief, Michael Hughes, during a regularly called, public meeting on March 31, 2022. This meeting was preceded by a joint conference on March 21, 2022 attended by the following individuals:

- Michael Hughes (BFRD Fire Chief)
- Ken Browne (BFRD Board Chair)
- Lisa Pratt (BFRD Board Member)
- Emily Roberts (MCHD CEO)
- Nicole Mahoney (MCHD CFO)
- Donna Sherman (MCHD EMS Director / EMS Advisory Committee Member)
- Dr. Ed Berretta (MCHD EMS Supervising Physician / EMS Advisory Committee Member)
- John Murray (MCHD Board Chair)
- Diane KilKenny (MCHD Board Member)
- Troy Bundy (Legal Counsel)

The public meeting was duly called and attended by the following Committee members:

- Dr. Ed Berretta (Supervising physician or designee for the ambulance service provider)
- Donna Sherman (EMT from Heppner)
- Josie Foster (EMT from Irrigon)
- Adam McCabe (EMT from Ione)
- Charlie Sumner (Quick response team representative from Lexington)
- Eric Chick (Fire department representative)
- Kristen Bowles (9-1-1 systems representative)
- Judi Gabriel (Director of nursing service or designee from Good Shepherd Hospital)
- Kathleen Greenup (Director of nursing service or designee from Pioneer Memorial Hospital)

The Request to Amend was based upon the desire of Boardman Fire District to attend all emergency calls within Boardman Fire District, regardless of subject matter of the calls. Following the public discussion, an Executive Session was called and the EMS Advisory Committee/QA Subcommittee was tasked with evaluating quality concern issues in determining whether amendment of the ASA would be appropriate, as it is required to do per the ASA Plan. The following background is highlighted for purposes of this DETERMINATION.

The procedures for adopting ASA Plans are set out under the Oregon Administrative Rules (OAR) in Chapter 333. The County, after consultation with appropriate entities, must present the proposed ASA Plan to the State of Oregon, Public Health Division – Oregon Health Authority (OHA) for approval. Once approved, the ASA Plan controls **all aspects** of the ambulance service area in question, including the coordination of “non-transporting EMS Providers,” including Quick Response Teams (QRTs), which are defined as any agency that provides initial response and basic life support care without transportation capabilities by certified First Responders, OAR 333-260-0020(6)(e)(A). Emergency and Non-Emergency

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					BFRD / BOC History Page 429

scene response are incorporated into the ASA Plan, and the Morrow County Health District Board is responsible for Plan oversight and appointment of the multi-disciplinary task force referred to as the EMS Advisory Committee. The Committee is composed of members representing all relevant specialty groups including medical, fire, and EMS.

Per the ASA Plan, “The County is considered a single EMS area.” This incorporates the Boardman Fire District. A narrative description of the boundaries of the EMS area are set out on Page 7 of the ASA Plan. The Plan was developed 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.”

The EMS Advisory Committee is tasked with advising the Morrow County Health District Board (The Board) on all matters relating to pre-hospital emergency medical care, making ASA Plan amendment recommendations to the Board, and fostering co-operation among pre-hospital care providers and the medical community. For Quality Assurance purposes with respect to EMS care, the members must investigate all medically related issues and perform any duties that are required to carry out the requirements of the ASA Plan as directed by the Board. The EMS Advisory Committee reports directly to the Board on all matters coming before the Committee. The Chairperson of the Committee is given the power and responsibility of Administering the ASA Plan and EMS Ordinance, as specified on page 15 of the ASA Plan, based upon the findings and determinations made by the EMS Advisory Committee. As stated on Page 17 of the ASA Plan: “COORDINATION – ADMINISTRATION OF THE PLAN: (1) The Morrow County ASA Plan shall be administered by the EMS Advisory Committee, as representatives of the Board.”

NOW, THEREFORE, after hearing full argument and requests made on behalf of the Boardman Fire and Rescue District, it is hereby **DETERMINED**, that the ASA Plan EMS Advisory Committee has voted to **REJECT** the request from Boardman Fire and Rescue District to Amend the Plan and the County/Health District’s longstanding policy and procedure of dispatching the Fire District to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Considerations of the following details were made by the Committee and given appropriate weight:

- (1) Oregon law specifically prohibits what is known as “call-jumping.” OAR 222-265-0083(15). It has been determined by the State of Oregon that **sending multiple providers to a single call presents risks to the public and patients that do not outweigh the benefit of that action.** This includes: (a) Traffic risks to the public at large associated with multiple providers coming in “hot” to a single scene and, potentially, exceeding speed limits and other traffic laws in an effort to attend the scene first; (2) Creating conflicts and disputes between care providers on scene, lending to unnecessary delays in care; (3) Slowing the delivery of care given the above; (4) Having multiple opposing treatment protocols in place with regard to patient care; (5) Splitting emergency resources that results in waste of time, budget, and expense; (6) Delays in patient transport associated with the foregoing and in failures to understand appropriate chain of command; (7) A review of Morrow County Ambulance response times revealed that response times are all well within protocol; (8) Personnel changes have occurred at Morrow County Ambulance that increase the number of available responders; (9) No other Fire District in Morrow County operates in the fashion proposed by Boardman Fire District, nor has any done so in 70 years.
- (2) Over the last year, the Boardman Fire District has demonstrated a failure to adhere to appropriate protocol and procedure. This has been demonstrated by the following: (1) Failing to have an appropriate contract and protocols in place with its medical director; (2) Failing to have a clear set of standing orders approved and reviewed by a medical director; (3) Instructing the Sherriff’s Department to ignore determinations of the Health

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					BFRD / BOC History Page 430



**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

District and the procedures laid out in the ASA Plan with regard to dispatch; (4) Engaging in multiple instances of patient confidentiality violations in public forums; (5) Multiple instances of Fire District crew disparaging Health District ambulance crew in public, at incident scenes, and elsewhere; (6) Multiple instances of Fire District crew unlawfully removing medications and supplies from Morrow County vehicles and facility without Health District authority; (7) Failing to engage in appropriate transfer of patient care when indicated; (8) Engaging in a public campaign to undermine the reputation of the Morrow County Ambulance personnel and the Board by posting false information in social media and attempting to create a false narrative that the District was slow in responding to calls or provided otherwise substandard care with respect to arrival and transports, or that the public was at risk if the Fire District was prohibited from responding to every EMS call.

- (3) One of the overriding reasons for the Fire District’s requested amendment is funding-based, rather than safety-based. This is not an appropriate reason to change protocol and the ASA Plan.

Based upon these considerations and conclusions, it is the medical and public safety determination of the EMS Advisory Committee, the QA Subcommittee and the Morrow County Health District that the Morrow County ASA Plan remain unchanged and the Morrow County Sherriff’s Department shall **discontinue** the practice of dispatching Boardman Fire and Rescue to all calls and will **resume** the practice of dispatching Boardman Fire and Rescue to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Continued activities in opposition to this arrangement are inappropriate and in violation of the ASA Plan; the EMS Advisory Committee’s determination; and the Health District’s responsibility to administer the Plan in a way that ensures the citizens of Morrow County have access to an efficient, safe and effective ambulance service, in spite of this being a remote and sparsely populated area.

Donna Sherman, Morrow County EMS Advisory Committee Chair

4-27-22

Date

John Murray, Morrow County Health District Board Chair

4/27/22

Date

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

BFRD / BOC History Page 431

07-26-22

Boardman Fire Rescue District
300 SW Wilson Ln
Boardman, OR 97818

This NOTICE is sent to you pursuant to the Morrow County Ambulance Service Area Plan (ASA Plan) guidelines relating to matters involving Quality Assurance and Patient Safety. Enclosed is a copy of the Morrow County Health District (MCHD) DETERMINATION of April 27, 2022.

The purpose of this notice is to inform you that the Boardman Fire & Rescue District (BFRD) has been operating outside of the guidelines set out in this Determination and the ASA Plan with respect to how calls for medical services are to be responded to safely and in keeping with the goals and responsibilities maintained by the Morrow County Health District and the EMS Advisory Committee in administering the ASA Plan. Those BFRD activities include the following:

(1) Operating emergency vehicles at unsafe speeds in an effort to race MCHD ambulances to non-emergency medical calls; (2) Obstructing access of MCHD ambulance vehicles and personnel at emergency and non-emergency medical scenes; (3) Making unprofessional and derogatory statements to patients and in the community relating to MCHD ambulance personnel medical care; (4) Violating patient confidentiality by making comments about specific calls when no longer on scene and rendering care; (5) Continuing to insist that the Morrow County Sheriff's Office dispatch the BFRD to all medical calls, despite the Determination made by the MCHD and EMS Advisory Committee that this procedure is unsafe; and (6) Continuing to ignore and violate the ASA Plan and Determination made by the MCHD and EMS Advisory Committee that this new dispatch procedure is unsafe by continually responding to all calls, including non-emergency calls, resulting in the violations described above.

All ambulance services in Morrow County are specifically governed under the enclosed ASA Plan, which was unanimously approved by the County Commissioners and the State of Oregon Health Authority. The Morrow County Health District was assigned the responsibility of monitoring the ASA Plan, administering it through the EMS Advisory Committee and assuring county emergency medical services are appropriately utilized on a county-wide basis.

Following a public meeting, held on March 31, 2022, the MCHD entered the enclosed Determination, informing the BFRD that its new method of responding to all medical calls of any kind should cease. In spite of this Determination, following a review of all patient safety issues brought to light by these recent changes to dispatch procedures involving BFRD, the BFRD has ignored the MCHD Determination and continued following its new practice of responding to all medical calls of any kind.

As a result, the Quality Assurance Subcommittee (QA Subcommittee) procedures under the ASA Plan were triggered, and the matter was reviewed. The BFRD was given multiple opportunities to present evidence and respond to these allegations. The QA Subcommittee is responsible for investigating violations of the ASA Plan. When the QA Subcommittee identifies a problem involving compliance with the ASA Plan or conduct that fails to conform to established protocols, the QA Subcommittee shall: (1) Request any additional information necessary to establish whether a violation or failure occurred; (2) Contact the non-compliant organization in writing and identify the specific

facts, laws, rules or protocols concerning the violation or failure to conform; and (3) Request that within thirty (30) days the non-compliant organization submit a written response and a plan to correct the deficiencies.

Please consider this NOTICE the ASA Plan QA Subcommittee's request for your written response and plan to address these deficiencies within 30 days from the date of this Notice. Upon receipt of these materials, the QA Subcommittee will review the BFRD's response and written plan for resolution of the deficiency. Upon findings of compliance, the QA Subcommittee will monitor the plan for resolution of the deficiencies. Upon findings of non-compliance, the QA Subcommittee and the MCHD will need to take further action as described in the ASA Plan.

Thank you for your cooperation. Feel free to forward any questions or concerns you may have.

Morrow County Board of Commissioners Meeting Minutes

August 17, 2022

Bartholomew Building Upper Conference Room

Heppner, OR 97836

Present In-Person

Chair Jim Doherty

Commissioner Melissa Lindsay

Commissioner Don Russell

Karen Wolff, Staff

Roberta Lutcher, Executive Assistant

Call to Order, Pledge of Allegiance & Roll Call: 9:00 a.m.

Terry Tallman Day

Chair Doherty called Cheryl Tallman, wife of former Judge Terry Tallman, forward. Chair Doherty read the full text of Resolution NO. R-2022-15.

Commissioner Russell moved to accept Resolution NO. R-2022-15 IN THE MATTER OF DECLARING AUGUST 17, 2022 AS TERRY TALLMAN DAY FOR ALL OF MORROW COUNTY. Commissioner Lindsay seconded. Unanimous approval.

Commissioner Russell presented the certificate of the Resolution to Cheryl Tallman.

Ms. Tallman told the group that Terry enjoyed working with everyone.

Chair Doherty shared a fishing story. Commissioner Russell shared a story. Commissioner Lindsay shared a story.

Ms. Tallman said that she brought melons to share, just as Terry did while he was Judge. These are melons that Terry started from seed and oversaw the planting and growing throughout the year.

City and Citizen Comments:

Mike Hughes, Fire Chief Boardman Fire and Rescue District

Chief Hughes said that Chair Doherty suggested a couple of times that the Health District and the Fire District get together to update the ASA (Ambulance Service Area) plan together. Chief Hughes would like to take advantage of that offer. He asked that Deputy District Attorney Zach Williams be appointed to oversee the committee. He suggested that there be two representatives from the Health District, two representatives from the Fire District, no attorneys others than DDA Williams. He also suggested leadership from the Sheriff's Office, Boardman PD, and representatives from the City of Heppner, Lexington, Irrigon and Boardman. This committee would put together an ASA plan that DDA Williams can bring back to the Commission.

Chair Doherty said the Board has been supportive of coming forward with a unified front. He said we would consider that option.

No one online on Zoom with hands up to speak.

Lisa Pratt, Morrow County Resident, lives in the Boardman area

Ms. Pratt read a prepared statement regarding: questioning Chair Doherty's interactions with Chief Hughes at a previous meeting and Chair Doherty's alleged bias against Boardman; the need for a stronger ASA plan; and the need to increase (health care) services in the county.

Chair Doherty said he did visit with Chief Hughes after the meeting and suggested that if Chief Hughes was going to come into a Commission meeting and suggest that Chair Doherty does not have the best health care in mind for his home town and then expect to get on a future agenda. Chair Doherty said that Chief Hughes then said "Are you telling me I will not be on a future agenda?", to which Chair Doherty did not respond.

Open Agenda:

None

Consent Calendar:

Commissioner Lindsay moved to approve the Consent Calendar as presented. Commissioner Russell seconded. Unanimous approval.

Business Items:

Lexington Airport Taxiway D Reconstruction Grant

Sandra Pointer, Public Works Management Assistant by Zoom

Ms. Pointer explained that she previously brought the design project grant forward, and was approved. This is a grant for the matching funds for the project.

Commissioner Lindsay moved to approve the agreement with COAR (Critical Oregon Airport Relief)/ODA (Oregon Department of Aviation) and Morrow County in the amount of \$137,347.47 for the Design phase of the Taxiway D & Apron Reconstruction and authorize Commissioner Russell sign on behalf of Morrow County. Commissioner Russell seconded. Unanimous approval.

Upon learning the document was prepared with a signature line for the Chair to sign, she made the following amendment: *Commissioner Lindsay moved to amend the previous motion to have Chair Doherty sign. Commissioner Russell said he approved of and seconded the friendly amendment. Unanimous approval.*

County Application for ODVA Funds

Linda Skendzel, Veterans Service Officer

Ms. Skendzel explained that this grant is needed to update some Personal Services expenses in the budget. She has been working with Kevin Ince, Finance Director and he has approved this grant.

Morrow County Board of Commissioners Meeting Minutes
September 7, 2022
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person:

Chair Jim Doherty
Commissioner Don Russell
Commissioner Melissa Lindsay
Karen Wolff, Board Staff
Justin Nelson, County Counsel

Call to Order and Pledge of Allegiance 9:02 a.m.

City and Citizen Comments

Ken Brown, Boardman Rural Fire District (BRFD)

Mr. Brown thanked the Board of Commissioners for engaging a mediator. In the mean time, Mr. Brown wants the Board to approve the licensing process on their ambulance. They needs Board's approval to do that.

Chair Doherty said there is a request to the mediator and this could be added. Is this for the certificate of need? Mr. Brown said yes. It will take 3-4 months to complete the licensing process and they would like to get started now. Commissioner Lindsay said she understood that this process has already started. Mr. Brown said it has not been declined. OHA will not do anything without the Board's approval. Mr. Nelson said the subject was tabled earlier waiting for more documentation. Mr. Brown said they are only asking for licensing of the ambulance. They understand the ASA (Ambulance Service Area) is yet to be determined.

Chair Doherty said this is an important subject. There are other people who would like to have been online for this discussion. Just taking this as comment today.

Mr. Nelson said he will respond to BRFD counsel to get this moving forward.

Commissioner Russell asked Mr. Nelson what kind of information are we looking for? Then Mr. Brown knows what to prepare. Mr. Nelson said any documentation. There was no documentation submitted previously. Demonstratable need.

Mr. Brown asked that now there is mediation, can the County get the Health District to stop sending nasty letters every week. Commissioner Russell said we are not their boss. They are run by an elected group, just as we are.

Open agenda

Commissioner Russell would like to discuss the contract with the ASA mediator.

Consent calendar

Commissioner Russell would like to remove Accounts Payables.

Commissioner Lindsay move to approve the Consent Calendar minus Accounts Payables: Payroll Payables; Minutes August 31, 2022; Purchase Pre-Authorization – Midland Pugmill; Order No: OR-2022-11 In the Matter of Appointing Members to the Morrow County Board of Property Tax Appeals. Commissioner Russell seconded. Unanimous approval.

Business Items

Accounts Payable

Commissioner Russell questioned the payable to Chair Doherty. Have any of these items been inadvertently paid on VISA statement? Commissioner Russell would like to review the recent VISA statement for Chair Doherty.

Commissioner Russell moved to approve the Accounts Payables. Commissioner Lindsay seconded. Unanimous approval.

ASA Mediator Contract

Commissioner Russell said he has a contract from Elizabeth Heckathorn for ASA (Ambulance Service Area) mediation. Forwarded it this morning to County Counsel for review. She has requested a \$552 retainer. Commissioner Russell asked that we approve the \$552 retainer to be paid upon approval of the contract by County Counsel.

Commissioner Lindsay would like to have the contract come to the Board to review. She is OK with paying the retainer so we don't lose this opportunity, pending signatures.

Commissioner Russell will email the contract to the other Commissioners. The retainer will be in the Accounts Payable next week. Commissioner Lindsay asked to have this on the consent calendar next week. Approved by consensus to bring this to the Consent Calendar next week.

First Reading. Ordinance No. ORD-2022-3

Tamra Mabbott, Planning Director deferred to Stephanie Case, Planner II (online)

Ms. Case read the full title: Ordinance No. ORD-2022-3 An Ordinance amending the Morrow County Subdivision Ordinance and the Morrow County Zoning Ordinance, Articles 1 and 9.

First Reading: Ordinance No. ORD-2022-4

Tamra Mabbott, Planning Director read the full title: Ordinance Number ORD-2022-4 An Ordinance Amending the Port of Morrow Interchange area Management Plan.

Secure Rural Schools (SRS) Payment Election

Kevin Ince, Finance Director

Mr. Ince advised the Commissioners that AOC (Association of Oregon Counties) has asked us to select our allocation of SRS funds from the Federal Government. He recommends that we use the same allocation formula as last year. Title I (Roads and Schools) 85%, Title II (Projects on Federal Lands) 12%, and Title III (County Projects) 3%.

Commissioner Russell moved to approve the allocation of the Secure Rural Schools payment Title I = 85%, Title II = 12%, Title III = 3% and submit. Commissioner Lindsay seconded.

Commissioner Lindsay said Mike Gorman, Assessor/Tax Collector is working with the RAC. Mr. Gorman said hopefully we have some local applications. The money rolls over if not used.

Unanimous approval.

ASA Mediator

Mr. Nelson advised the group that he made copies of the draft ASA Mediator Agreement and they are available to the public in the back of the room. Online people may request a copy electronically.

Umatilla County Support

Tamra Mabbott, Planning Director has shared this subject early in the process. Umatilla County has filed for Contested Case status on an Energy Facility Siting Council (EFSC) wind farm application. The State has decided to disregard the local ordinances in select sections and instead directly apply State Wide Planning Goals. Some evidence of Local Support would be helpful to UC. Is the Board interested in looking at this further? Is this a matter of policy the Board wants to address?

Commissioner Russell said he is all for local control. He would like to hear from UC that they want our support.

Commissioner Lindsay agrees and asked what the next step would be. Ms. Mabbott said she and UC Planning are trying to figure out the proper path. Ms. Mabbott will talk with UC and get with County Counsel on what process to follow.

Chair Doherty agreed that we want to look at what would be needed. Local control always.

Solar PILOT Project

Brian Walsh, Avangrid Renewables, Director, Development - WEST

Commissioner Russell said we may want to do an Executive Session in the future.

Commissioner Russell declared he has a Potential Conflict of Interest due to his financial interest in a company named Windwave, a provider of fiber optics, as advised by the Ethics Commission. As far as he knows, there is no contract and as far as he knows there is no discussion between Windwave and Avangrid. He will continue to participate, but has advised of his Potential Conflict Interest.

Commissioner Russell is not sure that we qualify for an Executive Session. Mr. Nelson said since this is an overview of the PILOT program, it is an open session. Mike Gorman, Assessor/Tax Collector said the PILOT program is specifically for Solar projects.

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, September 14, 2022 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Information on Page 2

AMENDED

- 1. Call to Order and Pledge of Allegiance: 9:00 a.m.**
- 2. City/Citizen Comments:** Individuals may address the Board on issues not on the agenda
- 3. Open Agenda:** The Board may introduce subjects not already on the agenda
- 4. Consent Calendar**
 - a. Approve Accounts Payable & Payroll Payables: **Payroll Payables Immediates & Electronic; Payroll Payables Monthlies; Payroll Payables HRA/VEBA; FY 2022-23 Retirement Taxes.**
 - b. Minutes: September 7, 2022; September 7, 2022 Work Session; June 8, 2022.
 - c. ASA Mediation Contract with Elizabeth Heckathorn**
- 5. Business Items**
 - a. Tower Solar request for PILOT Tax Abatement (Commissioner Don Russell)
 - b. Echo Solar request for SIP or PILOT Tax Abatement (Chair Jim Doherty)
 - c. Road Use Agreement with Amazon Data Services (Eric Imes, Public Works Dir.)
- 6. Old Business**
 - a. IT Outage discussion/decision
 - b. Administrator Job Description
- 7. Correspondence**
- 8. Sign documents**
- 9. Adjournment**

Agendas are available every Friday on our website (www.co.morrow.or.us/boc under “Upcoming Events”). Meeting Packets are also available 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 Lutchter 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, County Administrator at (541) 676-2529.

Morrow County Board of Commissioners Meeting Minutes
September 14, 2022
Bartholomew Building Upper Conference Room
Heppner, OR 97836

Present In-Person

Chair Jim Doherty
Commissioner Melissa Lindsay
Commissioner Don Russell
Karen Wolff, Staff
Zach Williams, County Counsel

Call to Order & Pledge of Allegiance: 9:00 a.m.

City and Citizen Comments:

Kip Krebs, Krebs Sheep Company

Kevin Payne, Soil & Water Conservation District

Mr. Krebs explained he is working on a Winter Water Storage Project. The water can only be stored and used from where Rhea Creek meets Willow Creek on out to the Columbia River. There are 480 acres in Gilliam County and 1692 acres in Morrow County currently in the project, with 2172 acres of water available. He has talked to seventeen (17) large and small acreage landowners and water users who support the project.

They are asking for matching funds for an Oregon Water Resources Department (OWRD) feasibility study.

Commissioner Lindsay asked cost of the study. Mr. Payne said \$8,500 through Anderson Perry as the contractor. There is a 1-1 match for the actual project. There will be a need for \$25,000 from both counties, plus the \$8,500. They will be looking for help after the study to pay for the installation.

Mr. Krebs said he will be addressing Gilliam county next week. Mr. Payne explained the application is due November 2, 2022

The Commissioners asked to have it brought back next week on the regular agenda.

Ken Brown, Boardman Fire & Rescue

Said he went through all the hoops to get on the agenda and still not there.

Chair Doherty explained that we have a mediator coming in to meet with the Morrow County Health District and Boardman Fire & Rescue Department. Chair Doherty asked to give peace a chance.

Mr. Brown agrees with having the mediator. He is asking about licensing an ambulance. Chair Doherty says it is part and parcel. Mr. Brown said they can not run the ambulance until the ASA approves it. Licensing takes awhile.

Chair Doherty would like to wait until after the first mediator meeting.

Commissioner Russell said the idea was to have an independent expert come in and help tamp down the friction that has developed. Commissioner Russell wants to hear the expert in this area, who has worked with ASAs and all 36 counties, to tell us what is the best path forward.

Commissioner Russell said there is a meeting Friday, September 23, at BMCC, a neutral site. The mediator provided 36 people she wants to have invited. This is not Commissioner Russell's list. Zoom will also be an option. Meeting will be about 1 ½ hours. Give her a chance.

Commissioner Lindsay said she is tired of the chaos. She is asking all parties to let the mediator do their job. Please let the process work.

Commissioner Russell said that there is a board member from the Health District in the room and they are shaking their head in agreement.

Commissioner Russell said the ultimate goal is customer care. Commissioner Lindsay agreed. Chair Doherty agreed.

Open Agenda:

Commissioner Russell added Use of County Credit Cards.

Consent Calendar:

Commissioner Lindsay moved to approve the Consent Calendar as presented consisting of Accounts Payables, Minutes, and *ASA Mediation Contract with Elizabeth Heckathorn.*

Commissioner Russell said he looked at Chair Doherty's invoices that were questioned last week. All is in order.

Commissioner Russell seconded the motion to approve the Consent Calendar as presented. Unanimous approval.

Business Items

Tower Solar

Brian Walsh, Avangrid Renewables, Director, Development – WEST online.

Mike Gorman, Assessor/Tax Collector said he is waiting for a response from the Department of Revenue regarding any limitations on how monies from the PILOT (Payment-In-Lieu-Of-Taxes) Program may be spent.

Mr. Gorman explained that Justin Nelson, County Counsel reviewed and revised the agreement. Mr. Gorman had some revisions as well.

Chair Doherty explained that we have established a policy that the other party signs first and then the Commissioners sign. The document is not ready to send to Avangrid for signature.

CONSULTING SERVICES AGREEMENT

I. The Parties. This Consulting & Retainer Agreement ("Agreement") is made effective as of September 19, 2022, by and between an individual known as Elizabeth Heckathorn with a mailing address of 5240 SE 113th Ave, Portland, Oregon, 97266 ("Consultant") and a business entity known as Morrow County with a mailing address of PO Box 788, Heppner, Oregon, 97836 ("Client").

II. Services. Consultant agrees to provide the following services ("Services"): Consultant will provide a high-level overview of Oregon's Emergency Medical Services System with emphasis on Ambulance Service Area (ASA) plan(s) to include pertinent statute (ORS), rule (OAR and practices).

Consultant will lead a review of Morrow County's current ASA Plan and moderate a discussion to include potential options for modernization of the current Morrow County ASA Plan, (this will include any housekeeping changes to the current ASA plan).

Consultant is prepared to mediate disputes between providers of EMS in Morrow County.

Ultimately, the duty of updating the Morrow County ASA Plan is the responsibility of the Morrow County Board of Commissioners.

Consultant, upon request, will assist the Morrow County Board of Commissioners to update and modernize the current ASA Plan with any changes deemed as a result of meeting with the involved providers of EMS in Morrow County, the Morrow County Board of Commissioners and other parties who share in and contribute to EMS in Morrow County.

III. Term. The Services shall commence upon payment of the retainer, and end upon completion of the Services.

IV. Payment. In consideration for the Services provided, the Consultant is to be paid the following:

\$138.00 per hour ("Payment").

In compliance with Oregon procurement law (ORS 279A, B, and C), total payment to Consultant shall not exceed \$10,000.00 without prior approval of the Board of Commissioners.

V. Payment Interval. Consultant shall be paid, in accordance with Section IV, when the Consultant sends an invoice to the Client. After the Client receives the invoice by the Consultant, it shall be paid within 30 days.

VII. Retainer. The Client is required to pay a retainer as part of this Agreement. The retainer shall be applied to future Payments by the Client. The retainer amount shall be \$552.00. Consultant will refund any unused portion of the Retainer upon completion of the Services.

VIII. Expenses. The Consultant shall be responsible for the following Expenses: The Consultant is responsible for all their expenses EXCEPT: Mileage for travel (to be paid at current federal rate), Per Diem for lodging (to be paid at current federal rate).

IX. Termination Clause. Either the Consultant or Client may terminate this Agreement at any time with at least 5-day(s) notice to the other party.

X. Return of Records. Upon termination of this Agreement, the Consultant shall deliver all records, notes, and data of any nature that are in the Consultant's possession or under the Consultant's control and that are of the Client's property or relate to Client's business.

XI. Disputes. If any dispute arises under this Agreement, the Consultant and the Client shall negotiate in good faith to settle such dispute. If the parties cannot resolve such dispute themselves, then either party may submit the dispute to mediation by a mediator approved by both parties. If the parties cannot agree with any mediator or if either party does not wish to abide by any decision of the mediator, they shall submit the dispute to arbitration by any mutually acceptable arbitrator, or the American Arbitration Association (AAA). The costs of the arbitration proceeding shall be borne according to the decision of the arbitrator, who may apportion costs equally or in accordance with any finding of fault or lack of good faith of either party. If either party does not wish to abide by any decision of the arbitrator, they shall submit the dispute to litigation. The jurisdiction for any dispute shall be administered and decided upon the Client.

XII. Liability Insurance. The Consultant agrees to bear all responsibility for the actions related to themselves and their employees or personnel under this Agreement. In addition, the Consultant agrees to obtain comprehensive liability insurance coverage in case of bodily injury, personal injury, property damage, contractual liability, and cross-liability. The Consultant shall not be required to have liability insurance covering any potential liabilities they may possess with providing their Services to the Client.

XIII. Legal Notice. All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when delivered in-person or deposited in the United States Postal Service via Certified Mail with return receipt.

XIV. Non-Compete. During the term of this Agreement, and for the maximum term allowed under State and Federal laws following its termination, the Consultant shall not engage in any activity that would compete in any way whatsoever with the activities of the Client in which the Consultant was or is involved, or where the Consultant gained confidential or sensitive information of the Client, directly or indirectly through the delivery of the Services. For further clarity, this section is to be geographically limited to areas and locations that the Customer operates and conducts its business activity.

XV. Non-Solicitation. During the term of this Agreement, and for the maximum term allowed under State and Federal laws following its termination (“Solicitation Period”), the Consultant shall not, without the written consent of the Client, directly or indirectly, solicit or attempt to solicit any person who was:

- (a) A customer of the Client as of the date of this Agreement was terminated;
- (b) A customer of the Client at any time within the Solicitation Period immediately before the date of the termination of this Agreement;
- (c) Solicited as a prospective customer by the Client at any time during the provision of Services under this Agreement, should the Consultant have had knowledge of this pursuit; or,
- (d) An employee or contractor of the Client as of the date this Agreement was terminated or within the one-year period immediately before the date of the termination of this Agreement.

XVI. Waiver of Contractual Right. The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

XVII. Independent Contractor Status. The Consultant, under the code of the Internal Revenue (IRS), is an independent contractor and neither the Consultant's employees or contract personnel are, or shall be deemed, the Client's employees. In its capacity as an independent contractor, the Consultant agrees and represents:

- a.) Consultant has the right to perform Services for others during the term of this Agreement;
- b.) Consultant has the sole right to control and direct the means, manner, and method by which the Services required under this Agreement will be performed; Consultant shall select the routes taken, starting and ending times, days of work, and order the work that performed;
- c.) Consultant has the right to hire assistant(s) as subcontractors or to use employees to provide the Services under this Agreement.

- d.) Neither Consultant nor the Consultant's employees or personnel shall be required to wear any uniforms provided by the Client;
- e.) The Services required by this Agreement shall be performed by the Consultant, Consultant's employees or personnel, and the Client will not hire, supervise, or pay assistants to help the Consultant;
- f.) Neither the Consultant nor the Consultant's employees or personnel shall receive any training from the Client for the professional skills necessary to perform the Services required by this Agreement; and
- g.) Neither the Consultant nor Consultant's employees or personnel shall be required by the Client to devote full-time to the performance of the Services required by this Agreement.

XVIII. State and Federal Licenses. The Consultant represents and warrants that all employees and personnel associated shall comply with federal, state, and local laws requiring any required licenses, permits, and certificates necessary to perform the Services under this Agreement.

XIX. Payment of Taxes. Under this Agreement, the Client shall not be responsible for:

- a.) Withholding FICA, Medicare, Social Security, or any other Federal or State withholding taxes from the Consultant's payments to employees or personnel or make payments on behalf of the Consultant;
- b.) Making Federal and/or State unemployment compensation contributions on the Consultant's behalf; and
- c.) Making payments of taxes incurred while performing the Services under this Agreement, including all applicable income taxes and, if the Consultant is not a business entity, all applicable self-employment taxes. Upon demand, the Consultant shall provide the Client with proof that such payments have been made.

XX. Employees' Compensation. The Consultant shall be solely responsible for the following:

- a.) Employee Benefits. The Consultant understands and agrees that they are solely responsible and shall be liable to all benefits that are provided to their employees including, but not limited to, retirement plans, health insurance, vacation time-off, sick pay, personal leave, or any other benefit provided.
- b.) Unemployment Compensation. The Consultant shall be solely responsible for the unemployment compensation payments on behalf of their employees and personnel. The Consultant themselves shall not be entitled to unemployment compensation with the Services performed under this Agreement.
- c.) Workers' Compensation. The Consultant shall be responsible for providing all workers' compensation insurance on behalf of their employees. If the Consultant hires employees to

perform any work under this Agreement, the Consultant agrees to grant workers' compensation coverage to the extent required by law. Upon request by the Client, the Consultant must provide certificates proving workers' compensation insurance at any time during the performance of the Services.

XXI. Indemnity. Consultant shall release, defend, indemnify, and hold harmless the Client and its officers, agents, and employees from all suits, actions, or claims of any character, name, or description including reasonable attorney fees, brought on account of any injuries or damage, or loss (real or alleged) received or sustained by any person, persons, or property, arising out of services provided under this Agreement or Consultant's failure to perform or comply with any requirements of this Agreement including, but not limited to any claims for personal injury, property damage, or infringement of copyright, patent, or other proprietary rights. Client reserves the right to retain whatever funds which would be due to the Consultant under this Agreement until such suits, action or actions, claim or claims for injuries or damages as aforesaid shall have been settled and satisfactory evidence to that effect furnished.

XXII. Confidentiality & Proprietary Information. The Consultant acknowledges that it will be necessary for the Client to disclose certain confidential and proprietary information to the Consultant in order for the Consultant to perform their duties under this Agreement. The Consultant acknowledges that disclosure to a third (3rd) party or misuse of this proprietary or confidential information would irreparably harm the Client. Accordingly, the Consultant will not disclose or use, either during or after the term of this Agreement, any proprietary or confidential information of the Client without the Client's prior written permission except to the extent necessary to perform the Services on the Client's behalf.

Proprietary or confidential information includes, but is not limited to:

- a.) The written, printed, graphic, or electronically recorded materials furnished by Client for Consultant to use;
- b.) Any written or tangible information stamped "confidential," "proprietary," or with a similar legend, or any information that Client makes reasonable efforts to maintain the secrecy of, business or marketing plans or strategies, customer lists, operating procedures, trade secrets, design formulas, know-how and processes, computer programs and inventories, discoveries and improvements of any kind, sales projections, and pricing information; and
- c.) Information belonging to customers and suppliers of the Client about whom the Consultant gained knowledge as a result of the Consultant's Services to the Client.

Upon termination of the Consultant's Services to the Client, or at the Client's request, the Consultant shall deliver all materials to the Client in the Consultant's possession relating to the Client's business. The Consultant acknowledges any breach or threatened breach of confidentiality under this Agreement

will result in irreparable harm to the Client for which damages would be an inadequate remedy. Therefore, the Client shall be entitled to equitable relief, including an injunction, in the event of such breach or threatened breach of confidentiality. Such equitable relief shall be in addition to Client's rights and remedies otherwise available at law.

Furthermore, proprietary information, under this Agreement, shall include:

- a.) The product of all work performed under this Agreement ("Work Product"), including without limitation all notes, reports, documentation, drawings, computer programs, inventions, creations, works, devices, models, works-in-progress and deliverables, will be the sole property of the Client, and Consultant hereby assigns to the Client all right, title, and interest therein, including, but not limited to, all audiovisual, literary, moral rights and other copyrights, patent rights, trade secret rights, and other proprietary rights therein. Consultant retains no right to use the Work Product and agrees not to challenge the validity of the Client's ownership in the Work Product;
- b.) Consultant hereby assigns to the Client all right, title, and interest in any and all photographic images and videos or audio recordings made by the Client during Consultant's work for them, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings; and
- c.) The Client will be entitled to use the Consultant's name and/or likeness in advertising and other materials.

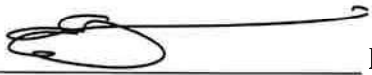
XXIII. Assignment and Delegation. The Consultant may assign rights and may delegate duties under this Agreement to other individuals or entities acting as a subcontractor ("Subcontractor"). The Consultant recognizes that they shall be liable for all work performed by the Subcontractor and shall hold the Client harmless of any liability in connection with their performed work.

The Consultant shall be responsible for any confidential or proprietary information that is shared with the Subcontractor in accordance with this section. If any such information is shared by the Subcontractor to third (3rd) parties, the Consultant shall be made liable.


XXIV. Governing Law. This Agreement shall be governed under the laws in the State of Oregon.

XXV. Severability. This Agreement shall remain in effect in the event a section or provision is unenforceable or invalid. All remaining sections and provisions shall be deemed legally binding unless a court rules that any such provision or section is invalid or unenforceable, thus, limiting the effect of another provision or section. In such case, the affected provision or section shall be enforced as so limited.

XXVI. Entire Agreement. This Agreement, along with any attachments or addendums, represents the entire agreement between the parties. Therefore, this Agreement supersedes any prior agreements, promises, conditions, or understandings between the Client and Consultant. This Agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

Consultant's Signature  Date 09/09/2022

Print Name Elizabeth Heckathorn

Client's Signature  Date 9/14/2022

Print Name Don Russell
Commissioner
Morrow County

Morrow County ASA Consultation and Discussion Agenda

September 23, 2022, 1:30-5:00 PM

**BMCC Workforce Training Center
251 Olson Rd., Boardman, OR 97818**

(NOTE: This meeting is also considered a public meeting of the Morrow County Board of Commissioners based upon the potential of a quorum of the Board attending this meeting)

This meeting will be held in person at the BMCC Workforce Training Center however a Zoom option is available.

Join Zoom Meeting

<https://bluecc.zoom.us/j/93321138729?pwd=Zjk4c1FkUDU1ODcveFhVU2hseTJKUT09>

Meeting ID: 933 2113 8729

Passcode: 701422

One tap mobile

+16694449171,,93321138729# US

Meeting ID: 933 2113 8729

Find your local number: <https://bluecc.zoom.us/u/acMf6NvBD8>

- 1:30 Introductions
- 1:45 Brief Summary of Deliverables & Setting Ground Rules: Liz
- 2:00 Overview of Oregon's Emergency Medical Services System: Liz
- 2:50 10 Minute BREAK
- 3:00 ASA Plan Review & Worksheet Discussion: Liz
- 4:30 Answer Questions
Roundtable
Set Date, Venue & Time for next meeting
- 5:00 Adjourn

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 Karen Wolff 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, additional subjects may be brought up and discussed as well. This meeting is open to the public and interested citizens are invited to attend.

Morrow County Board of Commissioners Meeting Minutes
October 12, 2022
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person:

Chair Jim Doherty
Commissioner Don Russell
Commissioner Melissa Lindsay
Karen Wolff, Board Staff
Justin Nelson, County Counsel

Call to Order and Pledge of Allegiance 9:00 a.m.

City and Citizen Comments

Ken Brown, Boardman Rural Fire District (BRFD)

Mr. Brown asked when they will get on the agenda to move forward with licensing ambulances.

Mr. Brown said mediation is about the ASA (Ambulance Service Area), not licensing.

Commissioner Lindsay said mediation is about everything.

Justin Nelson, County Counsel explained that there is a Letter of Need that goes to OHA for licensing. The discussion on this letter was tabled waiting for documents supporting the need. Mr. Nelson said he can forward the last communications from BRFD counsel, saying to wait.

Mr. Brown said he is just asking to get on the agenda. Mr. Nelson clarified that we need the documents before going on the agenda.

Chair Doherty explained that Chief Hughes said BRFD wants the transport license for the revenue and to contract with the military. We are looking for supporting documents for the need for revenue.

Mr. Nelson said June 1, 2022 he received an email from BRFD counsel. He read the email asking to wait for further direction before proceeding.

Commissioner Lindsay said she asked that day if this was the documented need. BRFD Counsel said that day that their presentation was not their documented need. That is why it was tabled.

Todd Lindsay

After hearing about what happened in the Board of Commissioners meeting last week, he believes Commissioner Russell owes some apologies.

Morrow County Board of Commissioners Meeting Minutes
November 2, 2022
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person

Chair Jim Doherty, Commissioner Melissa Lindsay, Commissioner Don Russell, Roberta Lutchter, Justin Nelson, John Murray, Sandi Pointer, Gerry Arnson, Tony Clement, Jeff Fox, Mike Hughes, Lisa Pratt, Ken Browne, Kevin Ince, Eric Imes, Mike Haugen, Brian Snyder, Lindsay Grogan, Paul Gray

Present Via Zoom

Deona Seix, SaBrina Bailey-Cave, Ronda Fox, Heidi Turrell, Linda Skendzel, Todd Lindsay, Jeff Wenholz, Emily Roberts, Mike Gorman, Rick Stokoe, Torrie Griggs, Bill Saporito, Marie Shimer, Lisa Mittelsdorf, Kristi Cason, Erika Lasater, Julie Baker, Kelsey Crocker, Yvonne Morter, David Sykes, Anna Browne, Karen Pettigrew, Tamra Mabbott, Patrick Collins, Katie Imes, Diane Kilkenny, Logan Stephens

Call to Order & Pledge of Allegiance: 9:00 a.m.

Chair Doherty said the agenda was amended yesterday to remove the Update on Ambulance Services Mediation at the request of Elizabeth Heckathorn (mediator hired by Morrow County). He said if anyone was here for that item, make note of that.

City & Citizen Comments

Mike Hughes, Fire Chief, Boardman Fire Rescue District (BFRD), requested to be on the agenda. He said BFRD had been going through the process of seeking an ambulance transport license and had been vigilant in carrying through the process the County set forward and he believed his request was reasonable. He said he wanted to clarify that the rumor Amazon paid for BFRD's ambulance and paramedic program was absolutely false. BFRD purchased used ambulances by surplussing some older equipment, he explained, and the paramedics are paid through BFRD's payroll. The financials are open and shared at every BFRD Board Meeting, he added. The request for an ambulance transport license has been a very long process. He said he was perplexed as to why it continued to be delayed and why the Board of Commissioners (BOC) wouldn't take action on letting BFRD seek an ambulance transport license to the betterment of the community. Chief Hughes asked again to be on the agenda to seek an ambulance transport license letter – a letter verification to the state that verifies BFRD can seek an ambulance transport license, that's what the verification means. He said BFRD had no intention of using an attorney to mediate this. As a matter of fact, he said, BFRD's communication to its attorney a few weeks ago was they did not want to use attorneys to mediate the process, and Morrow County Health District's (MCHD) attorney was emailed saying as such. Chief Hughes added BFRD had been working through the mediation process designed by the BOC and they had been going through faithfully.

Chair Doherty said he appreciated his comments and, for clarity, he reiterated to Ken Browne the other day, and the paper indicated when the conversation came up last week that he kept trying to shut it down. The fact of the matter is, I was, he said. The discussion had been tabled and he was duty-bound to do that without a motion and second to un-table it. He said he originally

thought Ms. Heckathorn would be on the agenda today and he'd get the topic back on the agenda the following week. The County needed to be careful and not turn this into a discussion because attorneys for both BFRD and MCHD had reached in to the County; we have to tread lightly as we move forward. Next week, he was looking at a discussion on the ASA (Ambulance Service Area) and potential for a transport...and maybe some IGA (intergovernmental agreement) discussions with the partners, outside of what the County is doing. He said it's a large ticket item so nothing precludes the Board from putting it on but he suggested it be on the agenda and properly identified. Additionally, regarding the ambulance transport license request submitted by Chief Hughes, that in order for the County to build a certificate of need around it, he suggested providing more supporting documentation around this. He said he thought that would be more comfortable for the Board moving forward next week.

Chief Hughes said his first priority was patient care and he used this approach as helping their finances because that seemed to be this Board's focus, at the time. It's 100% about patient care, first and foremost. Yes, we could make a little bit of extra money, but again, it's about patient care, he stated.

John Murray, MCHD Board, said he appreciated Chief Hughes' comments about patient care and quality care. Right now, they're getting that and timely responses. Patients are taken care of. He said it seemed like every week BFRD wanted to be put on the agenda to approve ambulances. He appreciated the offer to mediate but he'd still suggest the BOC wait until the mediation was done. On the subject of mediation, he said the reason there wasn't a discussion today was because what was done by the mediator was illegal. He said he wanted legal mediation done, and to publish a report of how mediation was going during mediation was illegal in the State of Oregon. He asked that lawyers be involved who know the laws of mediation first, the laws of EMS (Emergency Medical Services) second. A lot will come out if we go the lawyer route and we'll get right down to brass tacks. We won't have people trying to influence a meeting, yelling outside in the hallway, etc. He said he wasn't impressed with how it's gone so far. The Health District wants mediation, no less than the Fire District but they'd like it done legally. Right now, the reason they weren't having a discussion was because it was illegal and that should tell us something right there.

Commissioner Russell said he didn't see how the Health District was providing the best customer care possible when people have to wait for out-of-area ambulances to come when the ambulance station in Boardman was already on a call or otherwise busy. The Health District's backup is Irrigon, but when the Boardman ambulance is on a call, the Health District repositions the Irrigon ambulance eight miles toward Boardman, which in his opinion, reduced the response time for Irrigon residents when there's a Boardman ambulance, or two, sitting on the adjoining property in the middle of Boardman with qualified paramedics on staff 24/7. When both those ambulances are busy, which happens occasionally, then you're relying on either an ambulance to come out of Umatilla County or Gilliam County. Again, there are a couple of ambulances sitting right there with qualified staff that could give much faster response times but because the Health District wants a monopoly on the market, you don't want that to happen. That's what the people in Boardman think, said Commissioner Russell. The people in Boardman think you have little value for their lives.

Mr. Murray asked Commissioner Russell what he thought was the greater danger – multiple ambulances racing to the scene or one positioned so it can respond within qualified times by Oregon Health Authority (OHA)? I can show you all the on-call stats for when they were paged out, when they arrived on the scene. Would you like to see them?

Commissioner Russell said, sure, he'd like to see them and he'd like Mr. Murray to explain to him and the citizens of Boardman how it's much better when there is a call for service out at Love's Truck Stop and the Boardman ambulance is already in route to Hermiston, and the Irrigon ambulance breaks down on the way, and then the Gilliam County ambulance out of Arlington gets paged out, and up to 40 minutes later, an ambulance shows up when there was one sitting in town that could have responded to that call. He said he knew it didn't happen every day, but if it happened to one of his friends or relatives, he wouldn't be happy.

Mr. Murray asked why Commissioner Russell thought he was against it and isn't that what mediation is for?

Commissioner Russell said it seemed to him the Health District was doing everything it could to block this mediation.

Mr. Murray said only mediation that's fair. For example, did the contract with the supervising physician, was it supervising or was it overseeing? Those kinds of things need to come out.

Chair Doherty said it felt like a tabled subject was being discussed.

Mr. Nelson said it could be set over a week or two as a Business Item. Anything can come up in public comment but if an item was removed from the agenda, then generally the public notice is it won't be fully discussed.

Mr. Murray encouraged legal mediation.

Commissioner Lindsay asked how the Board could encourage the two entities to get to that point. She continued by saying this had turned into political chaos and this Board was being disparaged left and right for something you all need to be adults and come together and talk through. She said she'd love to see the two entities mature-up and come together and talk through. If you care about patient care, it's not doing this. This is not patient care. Commissioner Lindsay said she wasn't a doctor, or EMS but she was tasked with an ASA Plan. This is ridiculous that they can't all be adults and actually do what they are saying, and that is care about patients. This room is not caring about patients, it's disparaging people, it's bullying people, it's threatening them to make the right decision on their behalf. Get in a room and figure out what mediation looks like because we tried and you all didn't make it work. You bullied, you walked out, you did whatever but you didn't make it work. So, figure it out. It's not ours to figure out, this is patient care. You are the patient care professionals.

Open Agenda: No items

Consent Calendar

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, February 22, 2023 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Info on Page 2

- 1. Call to Order and Pledge of Allegiance - 9:00 a.m.**
- 2. City/Citizen Comments:** Individuals may address the Board on issues not on the agenda
- 3. Open Agenda:** The Board may introduce subjects not already on the agenda
- 4. Consent Calendar**
 - a. Independent Contractor Agreement with Wolfe Consulting, LLC
 - b. Tenth Amendment to Oregon Health Authority Intergovernmental Agreement #169524 for the Financing of Public Health Services, Program Element 75
- 5. Business Items**
 - a. Discussion – Request to Repeal Ordinance MC-C-4-98: In the Matter of Regulating Ambulance Service Providers (Chief Mike Hughes, Boardman Fire Rescue District)
 - b. Recommendations to Forward to Budget Committee Regarding Position Reclassification & New Employee Requests (Lindsay Grogan, Human Resources Director)
 - c. Discuss Results of Public Health Department’s Triennial Fiscal Review Findings and Plan for Corrective Actions (Robin Canaday, Public Health Director; Kevin Ince, Finance Director)
 - d. Second Reading, Ordinance ORD-2023-1, Adding Ella Pit Site to Goal 5 Inventory (Tamra Mabbott, Planning Director)
 - e. Appoint Commissioner & Alternate to the Lower Umatilla Basin Groundwater Management Area Committee (Tamra Mabbott)
 - f. Budget Committee Appointment Request (Kevin Ince)
 - g. Morrow County Public Transit Advisory Committee Appointment Request (Benjamin Tucker, Transit Manager)
 - h. Discuss Upcoming BOC Meeting Schedule
 - i. Review BOC Committee & Board Assignments
 - j. Request for BOC Input on Congressionally Directed Spending Grant Projects by Departments (Tamra Mabbott)
- 6. Department Reports**
 - a. Road Department Monthly Report (Mike Haugen)
- 7. Correspondence**
- 8. Commissioner Reports**
- 9. Signing of documents**
- 10. 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.

Morrow County Board of Commissioners Meeting Minutes
February 22, 2023
Bartholomew Building Upper Conference Room
Heppner, Oregon

Present In-Person

Chair David Sykes, Commissioner Roy Drago Jr., Commissioner Jeff Wenholz, Roberta Vanderwall, Roberta Lutcher, Justin Nelson, Kevin Ince, Tamra Mabbott, Jaylene Papineau, Bobbi Childers, Lindsay Grogan, 32 non-staff participants

Present Via Zoom

SaBrina Bailey-Cave, Robin Canaday, Linda Skendzel, Christy Kenny, Deona Siex, Derek Gunderson, Heidi Turrell, Kelsey Crocker, Kirsti Cason, Sandi Pointer, Mike Gorman, Yvonne Morter, Kevin Ince, 60 non-staff participants

Call to Order, Pledge of Allegiance & Introductions: 9:00 a.m.

Swearing-In of Roy Drago Jr.

Mr. Drago was sworn-in as Commissioner (Position 1) by Clerk, Bobbi Childers. He takes on the remainder of Jim Doherty's term, which ends January 6, 2025.

City & Citizen Comments

Mike Brandt, Zooming in from a conference room in Boardman, arranged by Oregon Rural Action (ORA), said he had a water problem and asked when there would be a person in Public Health working on the nitrate issues. Chair Sykes asked Mr. Brandt what position he meant. He replied, the #75 but added he was unclear on that. Public Health Director, Robin Canaday, said it was on the agenda today. After that, it will be sent to the Oregon Health Authority (OHA) for signatures, but she anticipated that position would start within the next week. Mr. Brandt said that only partially answered his question because he also wanted to know what the focus of the job will be. Ms. Canaday explained the person will be doing outreach and education and would be working on the nitrate issue.

Linda Skendzel, Veterans Services Officer, talked about the point-in-time count held in January for eastern Oregon counties, including Morrow, for sheltered and unsheltered veterans.

Jim Landruth, also from the conference room in Boardman, said their concern was if the Lower Umatilla Basin Groundwater Management Area (LUBGWMA) Committee was going to be looking at the problems caused by nitrates in the area. Chair Sykes said the Board would be appointing a Commissioner to that committee today and suggested Mr. Landruth attend their meeting to get a feel for their agenda because it was separate from the Board of Commissioners.

Ethan Akers, Zooming from the same conference room, said today's agenda included an item for requests for Congressionally Directed Spending and asked that the Board put safe drinking at the top of the list. Chair Sykes said this was a complex issue that involved the whole LUBGWMA area, not just Morrow County, and the state needed to be involved, as well. We have a federal grant and Planning Director Tamra Mabbott was working on how to develop a long-term plan to address the issues, moving forward, he added.

Zaira Sanchez, Director of Community Organizing, ORA, thanked the Board for continuing to hear their concerns.

Open Agenda: No items

Consent Calendar

Commissioner Wenholz removed the OHA Intergovernmental Agreement (IGA) to Business Items.

Commissioner Wenholz moved to approve the following items in the Consent Calendar:

- 1. Independent Contractor Agreement with Wolfe Consulting, LLC; assistance with budgeting, budget software, accounting and reporting and other finance services as required; \$215 per hour, not-to-exceed \$25,000; effective January 1, 2023 and will terminate December 31, 2023 unless terminated or contractor completes the services required*

Commissioner Drago seconded. Vote: Unanimous approval.

Business Items

Tenth Amendment to OHA IGA #169524 for the Financing of Public Health Services, Program Element 75

Commissioner Wenholz asked Finance Director, Kevin Ince, if the County was in receipt of the funds for Program Element 75 or whether it was paid on a reimbursement basis. Mr. Ince said it was reimbursement and a specific appropriation for this amount wasn't made because the Public Health Department budget had a significant underspend, year-to-date. The County can absorb the expenditure, so a budget adjustment request was not brought to the Board, he said.

Commissioner Wenholz moved to approve the Tenth Amendment to OHA IGA #169524, Public Health Services, Program Element 75; and authorize Chair Sykes to sign on behalf of the County. Commissioner Drago seconded. Vote: Unanimous approval.

Discussion – Request to Repeal Ordinance MC-C-4-98: In the Matter of Regulating Ambulance Service Providers

The Board listened to Boardman Fire Rescue District Chief, Mike Hughes' reasoning as to why the 1998 ordinance should be repealed. Chief Hughes provided a brief overview of Oregon's statutes and rules that assure ambulance services are provided. He said it appeared Morrow County crafted an Ambulance Service Area Plan (ASA) in 1993 that was approved by OHA, as required by the ordinance and rules. Every five years, OHA must receive an ASA plan from the County. Once a plan, usually submitted in draft form, has gone through the process with OHA, it comes back to the county to be adopted into an ordinance every five years, which is very clear in Oregon Revised Statutes (ORS). In 1998, that plan was not submitted to OHA for approval, as documented in a February 1, 2021 email Morrow County received from OHA requesting an ASA because they hadn't received one since 1993. Therefore, the process has been missed through the laws for over 24 years. Since this 1998 ordinance didn't follow a process, it could be argued it's invalid. He said his recommendations would be to repeal the ordinance and if that happened, temporarily assign an administrator, such as the Public Health Department or County Emergency Manager and let them research and come back to the Board with a permanent

solution. Chief Hughes' further recommendation was to have Elizabeth Heckathorn, who was hired by the County to mediate this issue, rewrite a new ASA plan. He provided details on the response models that should go into a new ASA plan. Chief Hughes said if the ordinance was repealed, nothing would change with ambulance services since Morrow County Health District was the only licensed operator in the County.

Emily Roberts, Morrow County Health District, Chief Executive Officer, said she did not agree the County was out of compliance and neither did OHA. She said she provided a letter in the Agenda Packet from OHA that the County was in compliance and OHA had approved the plan. Ms. Heckathorn confirmed that in the public portion of the pre-mediation meeting, she stated. Ms. Roberts said not every county has ASA plans as an ordinance, Morrow County's is, and it's up to the County to determine whether or not it should be...but the County does have to adopt it. She talked about the 10-member EMS (Emergency Medical Services) Committee required by the plan that makes recommendations to the Health District. Ms. Roberts discussed the location of the Health District's ambulances in the County and cited various statistics.

Commissioner Wenzholz said he viewed it as the County submitted a draft to OHA. OHA redlined it and returned it but the Board never had a chance to review it and formally adopt it. He said from his perspective, the County has never accepted the changes required by OHA.

Ms. Roberts said that was a valid point, and they did bring that forward to the BOC a few times that it could be readopted or reopened. However, because OHA adopted the plan, they legally consider that to be the County's plan so the County would have to go back to OHA and reopen it, if the County chose to. In the absence of that plan being considered effective, the law says it reverts to the previous plan, which is largely the same except it doesn't have the definitions updated and the items OHA wanted to see, she said.

Chair Sykes said for transparency, the Health District does do business with a business with which he's associated, Sykes Publishing. He said he called the Oregon Government Ethics Commission yesterday and was told he did not have to recuse himself because there was no direct monetary detriment or benefit, either way, on any decision about this. The Ethics Commission representative suggested he announce it for transparency and to be upfront, said Chair Sykes.

Chair Sykes then asked Justin Nelson, County Counsel, for an analysis of what was just presented.

Mr. Nelson said when he saw this on the agenda he was surprised because the idea of repealing the ordinance had not come up before. While the ASA plan has been talked about a lot, he said, that aspect has not been looked into. Mr. Nelson asked for more time to come back with an analysis. After discussion, the Board agreed to reschedule Mr. Nelson's analysis of the effects of repealing the ordinance to March 15th.

Commissioner Wenzholz moved to grant County Counsel, Justin Nelson, time to research Ordinance MC-C-4-98 and the effects of repealing and replacing it. Commissioner Drago seconded. Vote: Unanimous approval.

MC-C-4-98

This ordinance is over 24 years old. Had the process been followed as set by the ORS and OAR, the County Commissioners would have repealed and adopted new ordinances in alignment with an OHA approved ASA Plan, at a minimum, four other times.

At least every five years, the ASA Plan needs be submitted to OHA for approval. In some cases, OHA will require the Plan be amended prior to their approval. After the Plan is approved by OHA the County adopts the Plan. After the County adopts the Plan, the County then adopts the Plan as an ordinance, just as they would for any non-emergency ordinance. Lastly, the newly adopted ordinance is submitted to the County Clerk to be recorded. This process repeats, at least, every five years.

The Rule below is for reference. To get a full understanding it is recommended reading ORS Chapter 682, OAR chapter 333, division 250, 255 and 260.

Division 260
COUNTY AMBULANCE SERVICE AREA PLANS

[Rule 333-260-0020](#)

8. COUNTY ORDINANCES AND 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.

RECOMMENDATION: Repeal MC-C-4-98. However, in the best interest of the County as a whole, a public hearing is suggested.

M-54020

IN THE COUNTY COURT FOR THE STATE OF OREGON
COUNTY OF MORROW

IN THE MATTER OF REGULATING)
AMBULANCE SERVICE PROVIDERS) ORDINANCE
NO. MC-C-4-98

The County Court for the County of Morrow ordains as follows:

A. Ordinance No. MC-C-2-98 adopted by the County Court February 11, 1998 is hereby REPEALED.

B. The County Court hereby adopts the following:

SECTION 1. TITLE

This ordinance shall be known, and may be cited as, "Ambulance Service Providers Ordinance".

SECTION 2. AUTHORITY

This Ordinance is enacted pursuant to ORS 682.205, 682.275 and ORS 203.035, and other applicable law.

SECTION 3. POLICY AND PURPOSE

The County Court finds:

1. That ORS 682.205 requires Morrow County to develop a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.
2. That this Ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each service area and establishes the Morrow County Emergency Medical Services Advisory Committee together with Attachment "A" incorporated herein by this reference, make up the Morrow County Ambulance Service Area Plan.

SECTION 4. DEFINITIONS

The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 682 and OAR Chapter 333, Divisions 250, 255, 260 and 265 unless specifically defined herein

to have a different meaning.

SECTION 5. EXEMPTIONS

This Ordinance shall not apply to:

1. Ambulances owned by or operated under the control of the United States Government.
2. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.
3. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.
4. Vehicles operated solely for the transportation of lumber industry employees.
5. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

SECTION 6. AMBULANCE SERVICE AREAS

For the efficient and effective provision of ambulance service in accordance with the Morrow County Ambulance Service Area Plan, the ambulance service area shown on the map attached as Exhibit "A", attached hereto and incorporated herein by this reference, is hereby adopted as the Ambulance Service Area for Morrow County. The County Court, by the adoption of an Order, may adjust the boundaries of the Ambulance Service Area(s) from time to time as necessary to provide efficient and effective ambulance service.

SECTION 7. ASSIGNMENT OF AMBULANCE SERVICE AREAS

1. No person shall provide ambulance service in Morrow County unless an Ambulance Service Area has been assigned to that person pursuant to this section.
2. Any person desiring to provide ambulance service within Morrow County shall submit an application to be assigned an Ambulance Service Area within 30 days of the effective date of this Ordinance. The application shall be submitted to the Morrow County Health District. The applications shall be reviewed by the Morrow County Emergency Medical Services Advisory Committee created by this Ordinance which shall recommend the assignment of Ambulance Service Areas to the County Court. The assignment of Ambulance Service Areas shall be made by an Order of the County Court.

3. An application required by subsection 2 above shall include the following information:
 - a. The name and address of the person applying for assignment of an Ambulance Service Area.
 - b. The Ambulance Service Area the person desires to service and the location from which ambulance services will be provided.
 - c. A list of vehicles to be used in providing ambulance services including year, make and model and verification that each vehicle is licensed as a basic life support and/or advance life support ambulance by the State of Oregon.
 - d. A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician certificate number.
 - e. Sufficient additional information to allow for the review of the application in light of the review criteria established by the Morrow County Ambulance Service Area Plan.
 - f. Such additional information deemed necessary by the Morrow County Emergency Medical Services Advisory Committee or the County Court.
4. Each application shall be reviewed for the applicant's conformity with the requirements of Oregon law for providing ambulance services, the specific criteria of the Morrow County Ambulance Service Area Plan and the need for efficient and effective ambulance service within Morrow County.
5. The assignment of the initial Ambulance Service Area shall be valid from the date of issuance for a period of five years. Thereafter, the assignment of Ambulance Service Areas may be renewed for additional five year terms commencing on the first day of July pursuant to subsection 6 below and subject to the provisions for suspension or revocation as set forth in Section 9 below.
6. Not less than forty-five (45) days prior to the expiration of the assignment of an Ambulance Service Area (e.g. five years less forty-five days for the initial assignment), any person desiring the renewal of an assignment or a new assignment of an Ambulance Service Area shall submit an application to be assigned an Ambulance Service Area. The application shall include the information required by subsection 3 above except that applications for renewal need only provide such information necessary to bring the original application up to date. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section.
7. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the County Court shall set a time by which

applications must be submitted for reassignment of the Ambulance Service Area. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section and the assignment shall be for the remainder of the term unless otherwise specified by the County Court.

8. Not less than fifteen (15) days prior to any date when the applications for the assignment of an Ambulance Service Area are due, notice of such application due date shall be posted in three (3) public places and published at least once in a newspaper of general circulation in Morrow County.

SECTION 8. DUTIES OF AMBULANCE SERVICE PROVIDER

Upon assignment of an Ambulance Service Area to a person in accordance with Section 7, the person providing ambulance service:

1. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance and the Morrow County Ambulance Service Area Plan.
2. Shall not fail or refuse to respond to an emergency call for service if an ambulance is available for service.
3. Shall not respond to a medical emergency located outside its assigned Ambulance Service Area except:
 - a. when request for a specific ambulance service provider is made by the person calling for the ambulance and the call does not dictate an emergency response;
 - b. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond or the person is requested by the other provider or 9-1-1 dispatch to respond; or
 - c. when the response is for supplemental assistance or mutual aid.
4. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the County Court. The written notice shall include an application for assignment of the Ambulance Service Area submitted by the transferee. The application shall be reviewed in accordance with Section 7.
5. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving ninety (90) days written notice to the County Court.

SECTION 9. SUSPENSION OR REVOCATION OF ASSIGNMENT

1. Upon a recommendation by the Morrow County Emergency Medical Services Advisory Committee, or upon its own motion, the County Court may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:
 - a. willfully violated provisions of this Ordinance, the Morrow County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
 - b. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.

2. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the County Court may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the County Court action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. The holder of such assignment shall notify the County Court of the action taken. If the holder of the assignment fails to take corrective action within the time required, the County Court shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

SECTION 10. APPEAL

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension or revocation of an Ambulance Service Area may request a hearing before the County Court by filing with the County Court a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the County Court unless the County Court makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The County Court shall set a time and place for a hearing which shall be de novo on the record or a full de novo hearing, as determined by the County Court. Within fourteen (14) days after the conclusion of the hearing, the County Court shall affirm, reverse or modify its original decision.

SECTION 11. EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

1. There is hereby created a Morrow County Emergency Medical Services Advisory Committee, the members of which shall be appointed by the County Court for two (2) year terms. The Committee shall choose its own chairperson and meet quarterly or when called upon by the County Court or its Chairperson. Motions shall be passed by majority of those attending.

2. The Committee shall consist of:

- a. 1 - Supervising physician for ambulance service provider or their designee;
 - b. 3 - EMTs from ambulance service provider (one each from Boardman, Heppner and Irrigon);
 - c. 2 - Directors of nursing services or designee (one each from Pioneer Memorial Hospital and Good Shepherd Hospital, Hermiston);
 - d. 1 - Fire department representative;
 - e. 1 - 9-1-1 systems representative; and
 - f. 2 - Quick Response Team representatives (one each from Lexington and Ione).
3. The Committee shall have the following powers and duties:
- a. Review and make recommendations to the County Court regarding all applications for assignment of Ambulance Service Areas.
 - b. Provide for on-going input to the County Court from prehospital care consumers, providers and the medical community.
 - c. Periodically review the performance of ambulance service providers within Morrow County.
 - d. Periodically review the Morrow County Ambulance Service Area Plan and make recommendation to the County Court including, but not limited to:
 - 1) review standards established in the plan and make recommendations regarding improvement and/or new standards.
 - 2) monitor coordination between emergency medical service resources;
 - 3) review dispatch procedures and compliance; and
 - 4) review the effectiveness and efficiency of the Ambulance Service Area boundaries.
 - e. Develop and implement a quality assurance program, including but not limited to training, to insure compliance with the Morrow County Ambulance Service Area Plan.

SECTION 12. INITIAL RESPONDER

Nothing in this Ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this Section.

1. The initial responder shall be a municipal corporation or a special district within Morrow County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.
2. The initial responder shall respond with Emergency Medical Technicians and/or First Responders that are certified by the State of Oregon and who are employed by or volunteer with the initial responder.
3. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be in charge of, and responsible for, the continuation of emergency medical services. The initial responder shall continue to provide emergency medical services only at the direction of the ambulance service provider.

SECTION 13. PENALTIES

Any person who violates any of the provisions of this Ordinance is guilty of a violation. Failure from day to day to comply with the terms of this Ordinance shall be a separate offense for each such day. Failure to comply with any provision of this Ordinance shall be a separate offense for each such provision.

Violations of the provisions of this Ordinance is punishable, upon conviction, by a fine of not more than five hundred dollars (\$500) for a non-continuing offense, i.e. an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e. an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this Ordinance is punishable by a fine of not more than five hundred dollars (\$500) per day up to the maximum of one thousand dollars (\$1,000) as provided by law.

SECTION 14. NUISANCE

In addition to penalties provided by Section 13, violation of any of the provisions of this Ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. Pursuant to ORS 682.015, this Ordinance shall be enforceable by the Health Division of the State of Oregon, Department of Human Resources in a proceeding in Circuit Court for equitable relief.

SECTION 15. SEVERANCE CLAUSE

If any section, subsection, provision, clause or paragraph of this Ordinance shall be

adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect the validity of the remaining portions of this Ordinance; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

SECTION 16. EMERGENCY

As it is necessary for the health, safety, comfort and convenience of the people of Morrow County that this Ordinance have immediate effect, an emergency is hereby declared to exist and this Ordinance shall be in full force and effect from and after its passage and approval by unanimous vote of the County Court.

ADOPTED by the Morrow County Court this 15 day of April, 1998.

ATTEST:


Barbara D. [Signature]
County Clerk

Louis A. Carlson
Louis A. Carlson, Judge

APPROVED AS TO FORM:

Will [Signature]
County Counsel

R. J. French
R. J. French, Commissioner

John Wenzel
John Wenzel, Commissioner

MORROW COUNTY
AMBULANCE SERVICE AREA PLAN

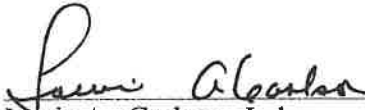
Certification
of
Morrow County

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.

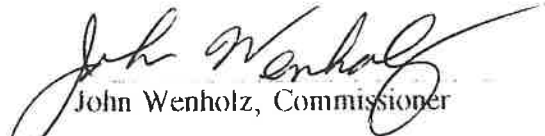
Dated at Boardman Oregon, this 15 day of April,



Louis A. Carlson, Judge



R. J. French, Commissioner



John Wenzholz, Commissioner

APPROVED AS TO FORM:



COUNTY COUNSEL

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 the an elected body consisting of a county judge and two 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.

23. "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.
24. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
25. "Provider" means any public, private or volunteer entity providing EMS.
26. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
27. "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.
28. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
29. "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.
30. "Supervising physician" has the meaning provided in OAR 847-35-001.
31. "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 7,500.

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 Ione and Lexington. These teams are provided with a comprehensive first aid kit which includes medical oxygen.

Morrow County averages 350 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, 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 15 EMT-B's, 5 EMT-I's, and 1-EMT-P. Morrow County Ambulance, Boardman, which is staffed by volunteer personnel, operates two units from their location at West Wilson Road, Boardman. Morrow County Ambulance, Boardman, has 6 EMT-B's, 4 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 4 EMT-I's. Irrigon is serviced by one BLS ambulance, located at 3d & N. Main.

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 mile post 151 (Three Mile Canyon Interchange) to mile post 177 (Umatilla/Morrow 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 mile post 25 (Morrow County Line) on Highway 207 (Heppner-Spray Highway) to mile post 14 on Highway 207 (Lexington-Echo Highway). East from mile post 14 (Cecil) on Highway 74 to mile post 73 (Morrow/Umatilla Co. Line) on Highway 74. On Highway 206 from Condon starting at mile post 55 (Morrow 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 South from mile post 179 on Highway 730 (Umatilla/Morrow County Line) to mile post 169 (Railroad Overpass).

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

9-1-1 NARRATIVE DESCRIPTION

The 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. The Irrigon area is served by the prefix of 922, which is covered by the Hermiston 9-1-1 center. A small portion of the Butter Creek area is covered by the Hermiston 9-1-1 center.

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 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 and one from Irrigon) - 3;
- (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 each from Lexington and Ione) - 2.

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 (Portland, OR)
1-800-452-7434; or 1-503-413-5433
- (b) Air Life of Oregon (Bend, OR)
1-800-621-5433; or 1-541-382-4321 ex 7120
- (c) Northwest Medstar (Spokane, WA)
1-800-422-2440; or (509) 458-5278

(2) Fixed-wing ambulances

- (a) Air Life of Oregon (Bend, OR)
1-800-621-5433; or 1-541-382-4321
- (b) Northwest Medstar (Spokane, WA)
1-800-422-2440; or (509) 458-5278
- (c) Air St. Luke (Boise, ID)
1-800-822-1616; 1-208-386-2353

(3) Ground ambulances

- (a) Hermiston Ambulance 1-541-567-5519
- (b) Umatilla Ambulance 1-541-567-5519
- (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
- (g) P.G.E (Coal Plant) Ambulance 541-567-7383 or 541-481-9356

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 ask to append 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. The Irrigon Area is served by the Hermiston 9-1-1 system. 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 marshall standards;
- (3) maintain radio consòles capable of communication directly with all first response agencies dispatched by them via the following frequencies: primary 154.725; secondary 155.340 (HEAR system);
- (4) maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revise 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).

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 thirty 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 thirty (30) 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 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 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).
- 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 form 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
 - 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) 304th M.A.S.T. -- 335-4718 or after hours 503-335-4421

- (4) 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) 304th M.A.S.T -- 503-335-4717 or after hours 503-335-4421
- (3) Umatilla Army Depot -- 541-564-8632
- (4) U.S. Navy Bombing Range --541-481-2565

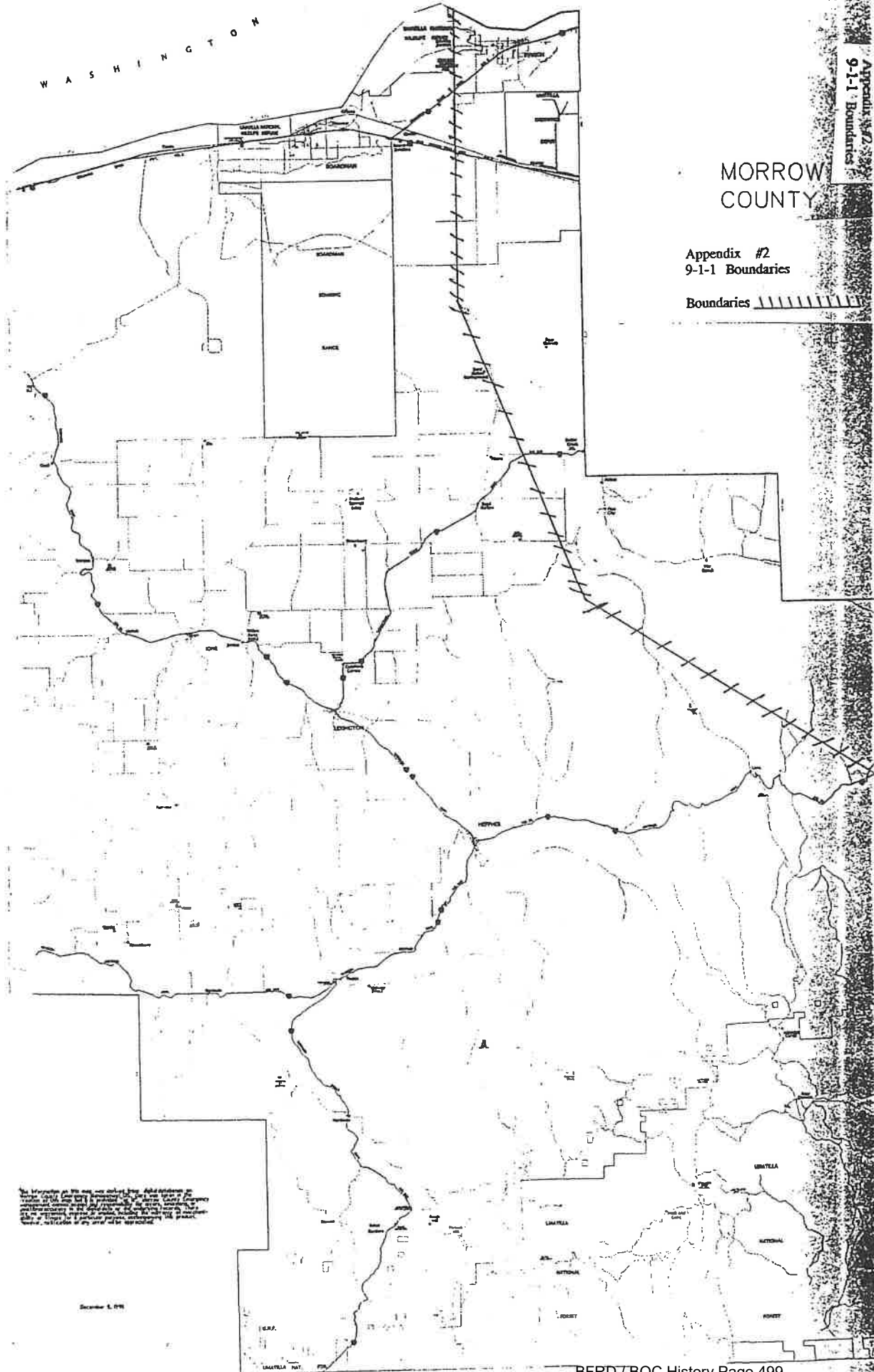
d. Extrication

- (1) Boardman RFPD, 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 -- 676-9061

MORROW COUNTY

Appendix #2
9-1-1 Boundaries

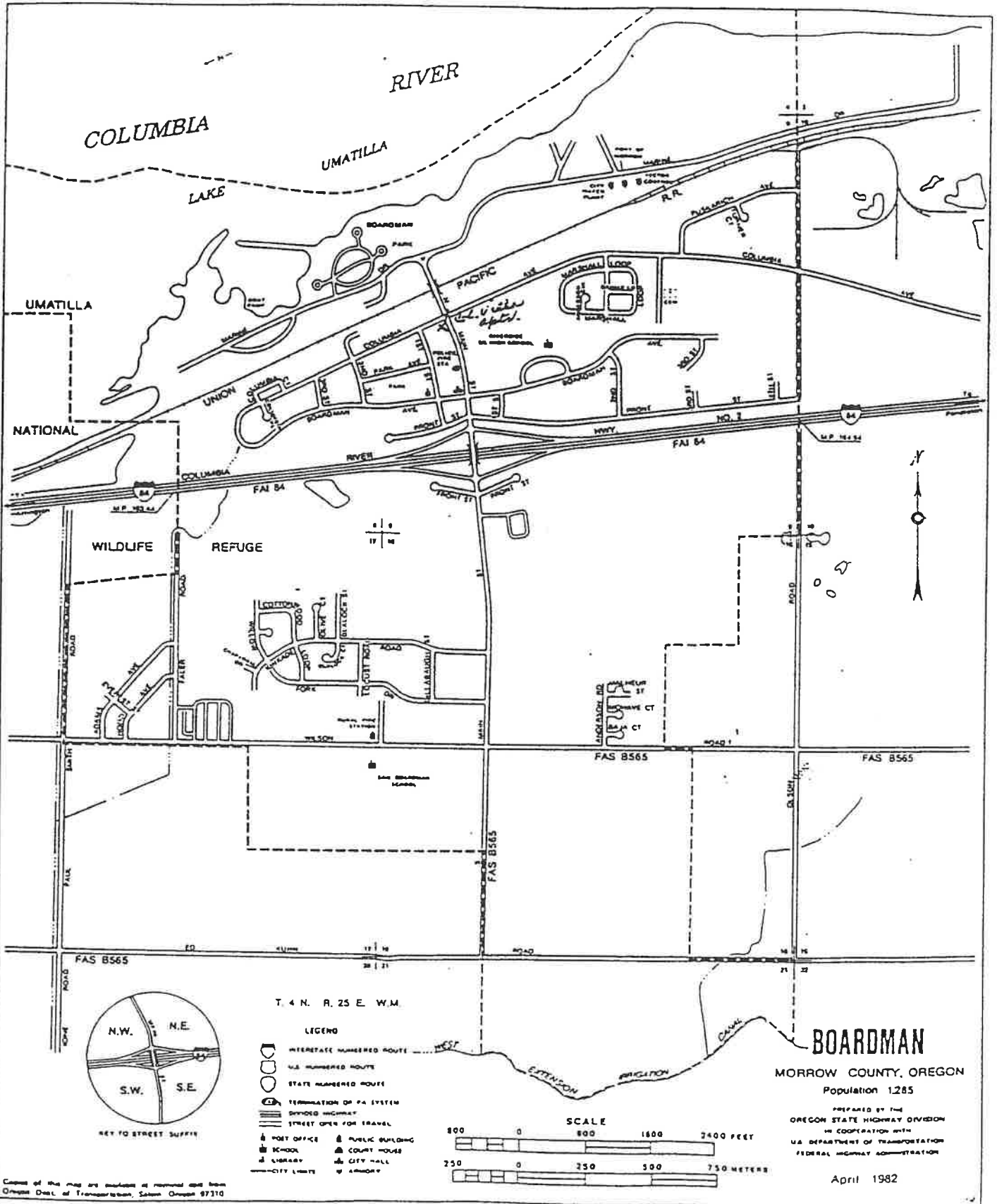
Boundaries 



The information on this map was derived from data obtained from the Morrow County, Ohio, 9-1-1 Emergency Dispatch Authority. The information is provided for informational purposes only and is not intended to be used for any other purpose. The Morrow County, Ohio, 9-1-1 Emergency Dispatch Authority is not responsible for any errors or omissions on this map.

December 8, 1998

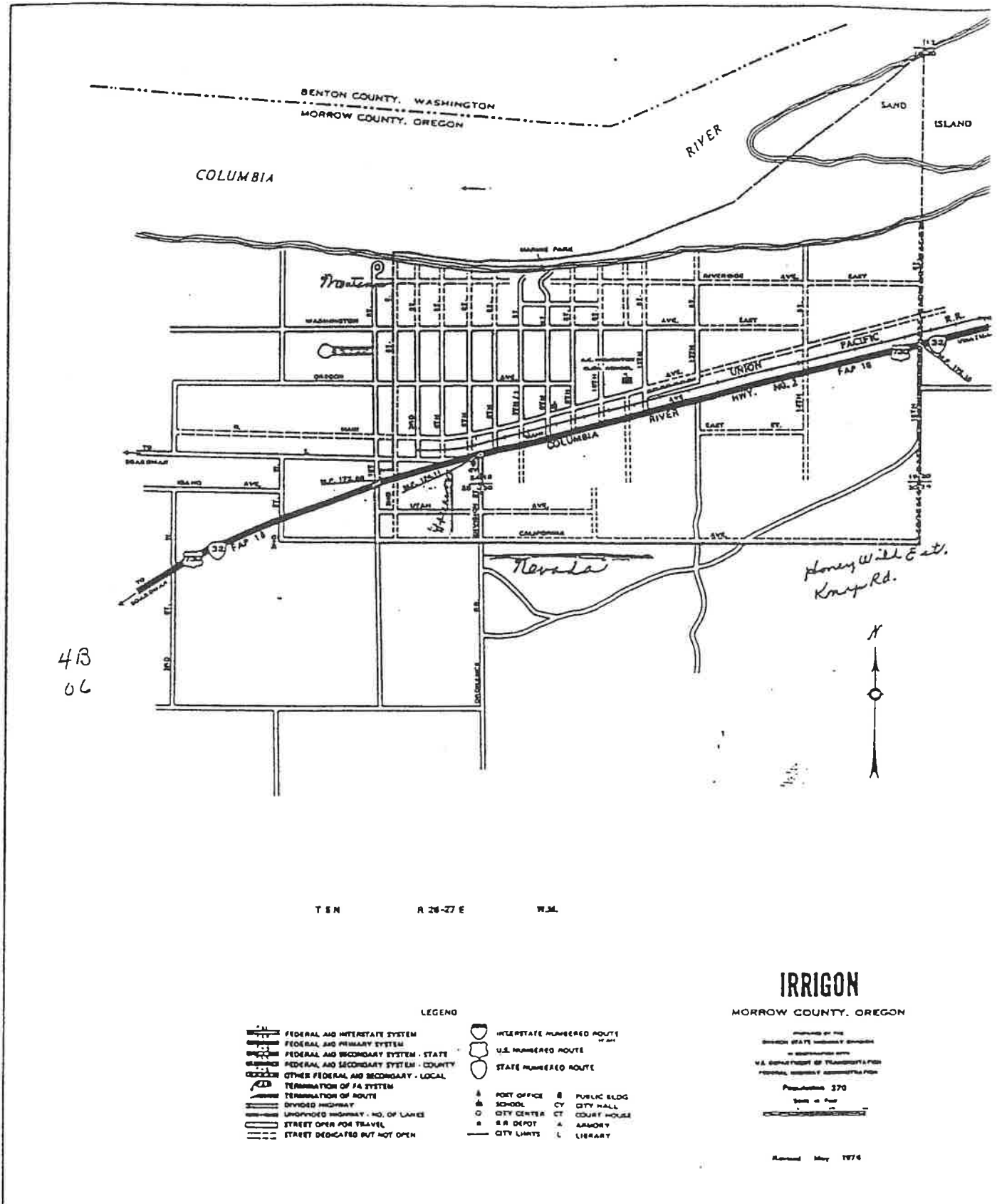
Appendix #3
 INCORPORATED CITIES: BOARDMAN



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

BOARDMAN
 MORROW COUNTY, OREGON
 Population 1285
 PREPARED BY THE
 OREGON STATE HIGHWAY DIVISION
 IN COOPERATION WITH
 U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION
 April 1982

Appendix #3
 INCORPORATED CITIES: IRRIGON



4B
 66

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

IRRIGON

MORROW COUNTY, OREGON

PREPARED BY THE
 OREGON STATE HIGHWAY DIVISION
 IN COOPERATION WITH
 U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL BUREAU OF HIGHWAYS

Population 370
 Scale in Feet

Revised May 1974

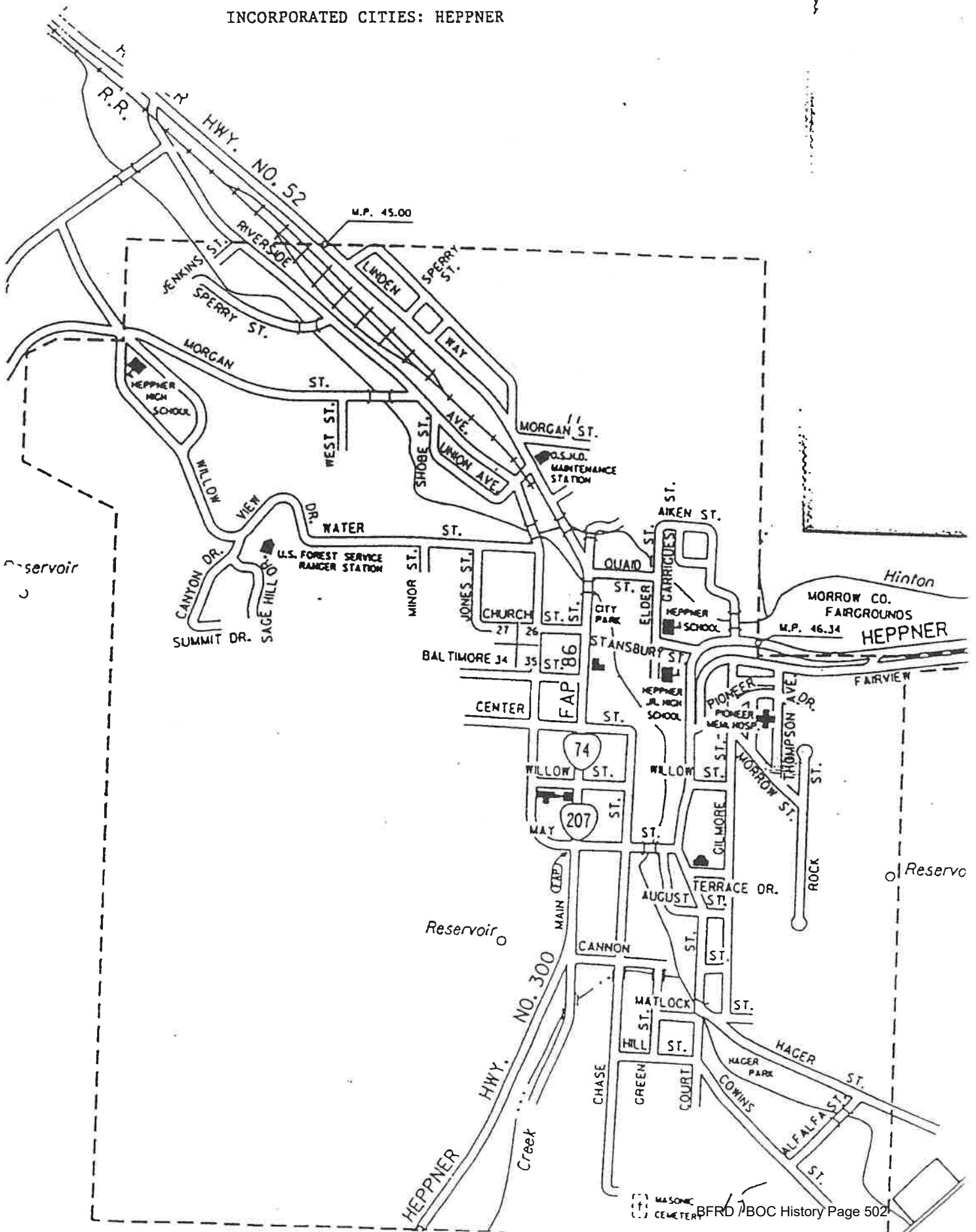
LEGEND

- | | |
|---------------------------------------|---------------------------|
| FEDERAL AND INTERSTATE SYSTEM | INTERSTATE NUMBERED ROUTE |
| FEDERAL AND PRIMARY SYSTEM | U.S. NUMBERED ROUTE |
| FEDERAL AND SECONDARY SYSTEM - STATE | STATE NUMBERED ROUTE |
| FEDERAL AND SECONDARY SYSTEM - COUNTY | |
| OTHER FEDERAL AND SECONDARY - LOCAL | |
| TERMINATION OF ROUTE | POST OFFICE |
| DIVIDED HIGHWAY | SCHOOL |
| UNIMPROVED HIGHWAY - NO. OF LANES | CITY CENTER |
| STREET OPEN FOR TRAVEL | R.R. DEPOT |
| STREET DESIGNATED BUT NOT OPEN | CITY LIMITS |
| | PUBLIC BLDG |
| | CITY HALL |
| | COURT HOUSE |
| | ARMOY |
| | LIBRARY |

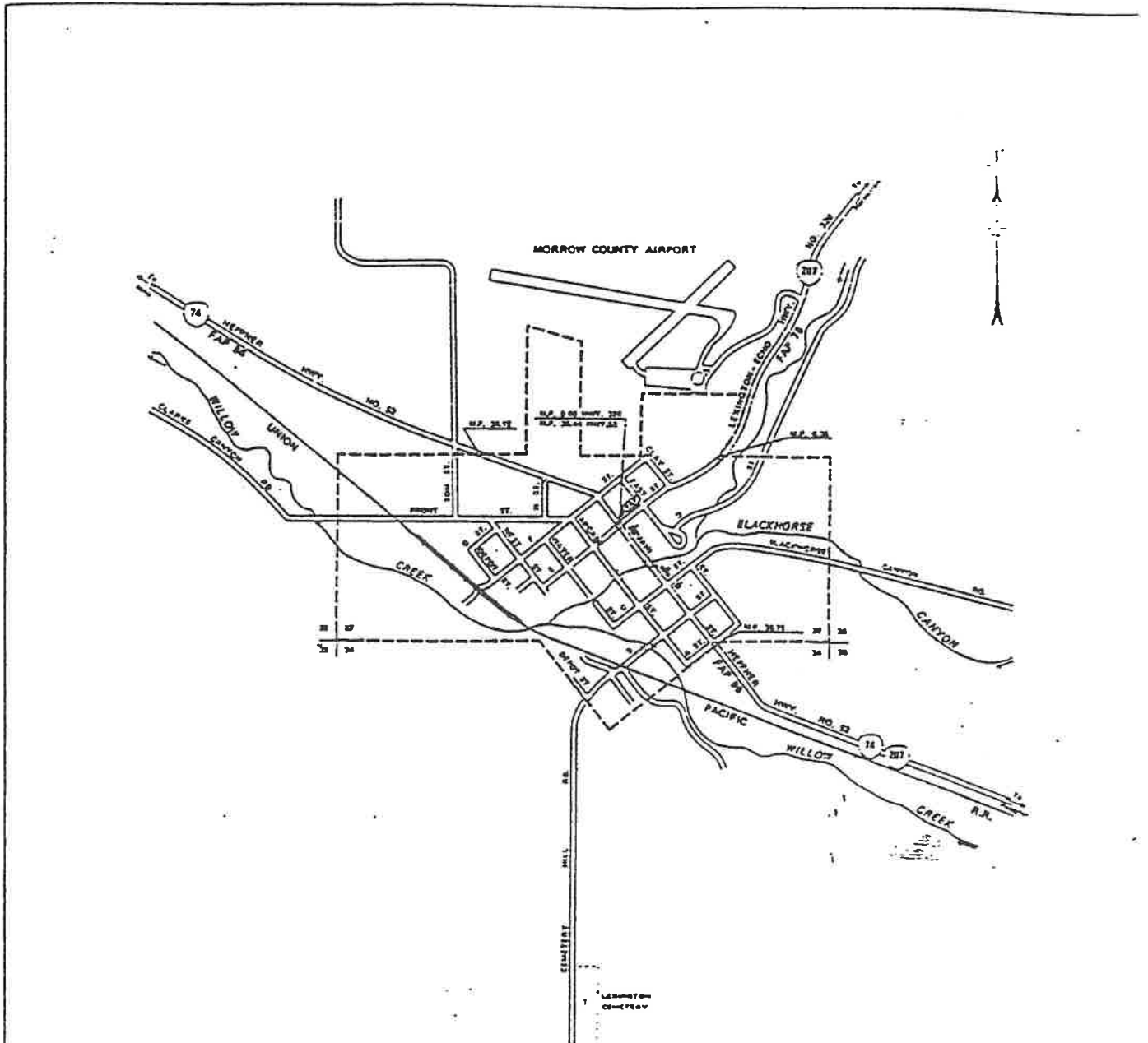
14

Appendix #3

INCORPORATED CITIES: HEPPNER



Appendix #3
 INCORPORATED CITIES: LEXINGTON



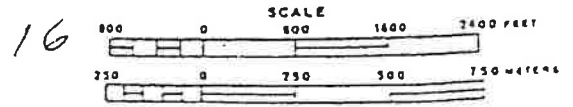
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 - STREET OPEN FOR TRAVEL
 - POST OFFICE
 - PUBLIC BUILDING
 - SCHOOL
 - COURT HOUSE
 - CITY CENTER
 - CITY HALL
 - CITY LIMITS
 - UNINCORPORATED AREA
 - PUBLIC AREA
 - UNINCORPORATED AREA

LEXINGTON
 MORROW COUNTY OREGON

Prepared by the
 OREGON STATE HIGHWAY DIVISION
 in cooperation with
 U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION

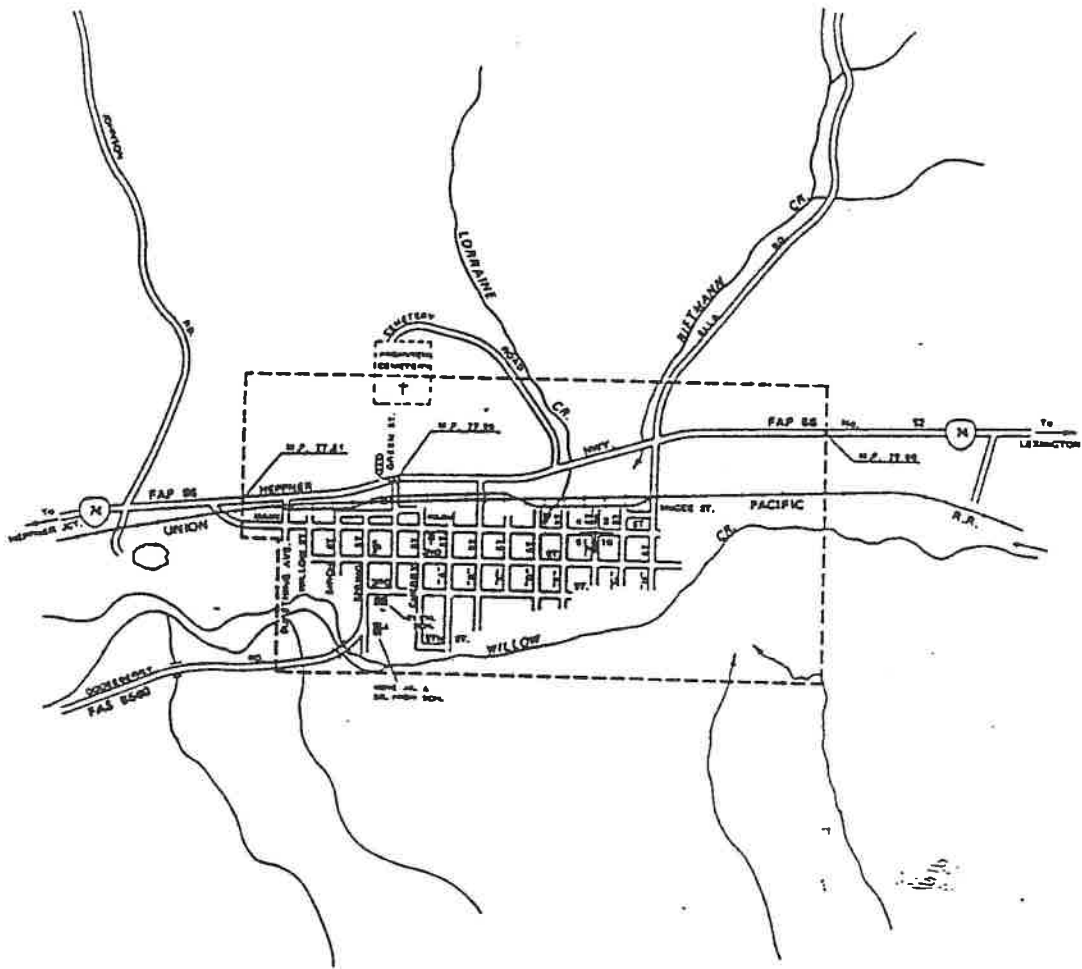
Population 290
 Revised August 1980



Contents of this map are published as national data from Oregon Dept. of Transportation, Salem, Oregon 97310

Appendix #3

INCORPORATED CITIES: IONE



T15 R 24 E W.M.

IONE

MORROW COUNTY, OREGON

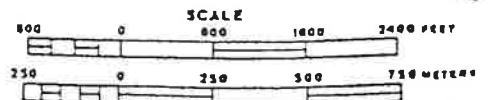
Population 280

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

Revised September 1979

LEGEND

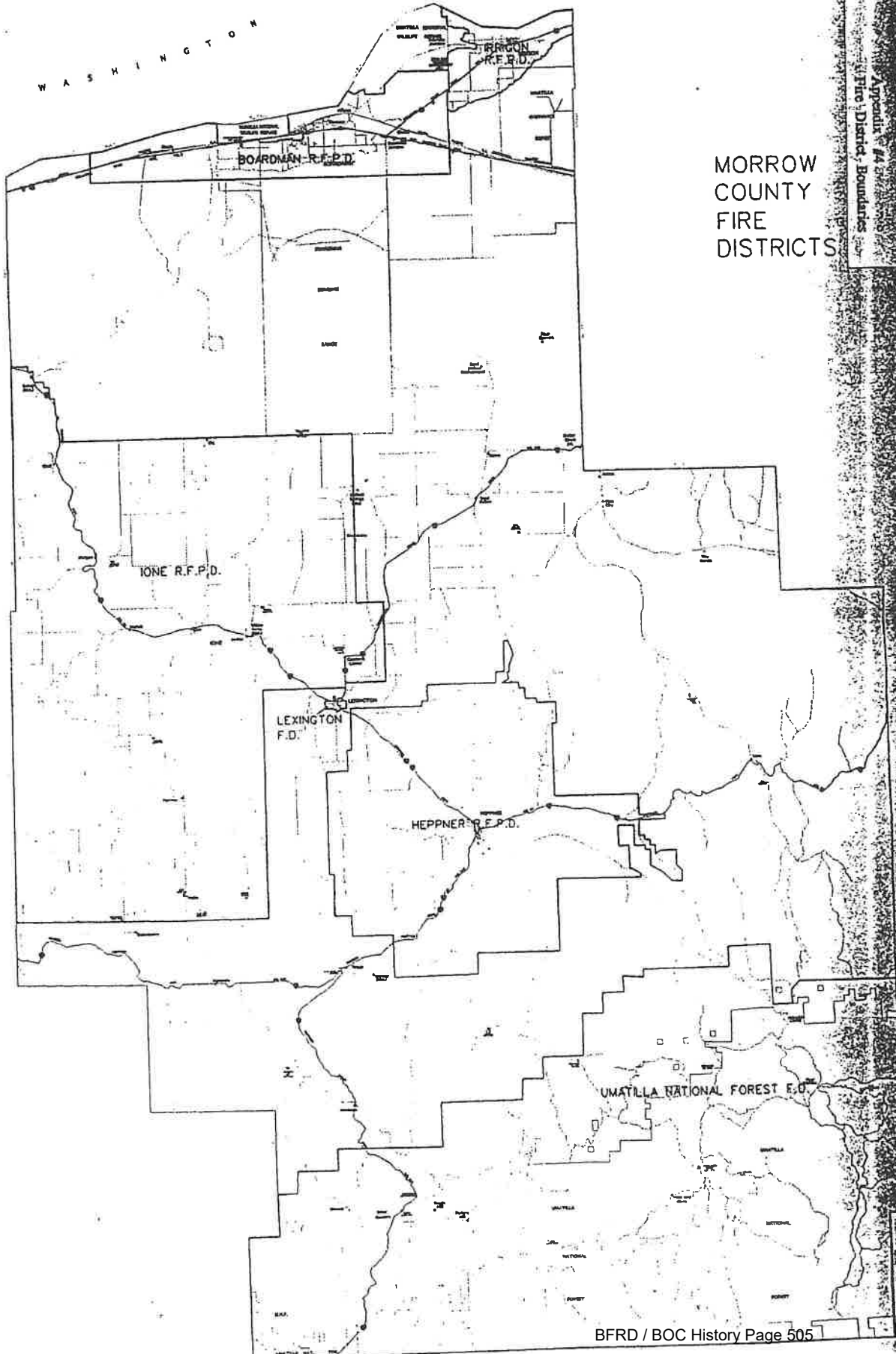
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- DIVIDED HIGHWAY
- STREET OPEN FOR TRAVEL
- POST OFFICE
- SCHOOL
- CITY CENTER
- CITY LIMITS
- PUBLIC AREA
- PUBLIC BUILDING
- COURT HOUSE
- CITY HALL
- AMBURY
- LIBRARY



Colors of this map are indicative of material used from Oregon Dept. of Transportation, Salem, Oregon 97310.

4

WASHINGTON



MORROW
COUNTY
FIRE
DISTRICTS

Appendix #4
Fire District Boundaries

Pioneer
Memorial

Hospital and Nursing Home

Phone (503) 676-913
Fax (503) 676-910

P.O. Box 9 -- 564 E. Pioneer Drive
Heppner, Oregon 97801

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 their 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

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



COUNTY COURT

P.O. Box 788 :- Heppner, Oregon 97836
[503] 676-9061 FAX [503] 676-5577

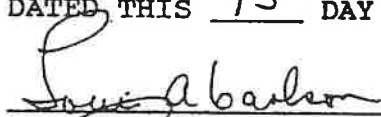
LOUIS A. CARLSON, Judge
Heppner, Oregon
RAYMOND J. FRENCH, Commissioner
Heppner, Oregon
DONALD C. J. McELLAGOTT, Commissione
lone, Oregon
LORAYNE M. BOWMAN
Administrative Officer

January 6, 1993

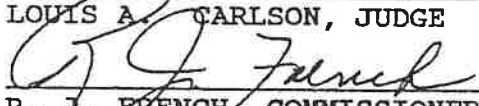
TO WHOM IT MAY CONCERN:

THE MORROW COUNTY COURT VERIFY THE ACCEPTANCE OF THE MULTI-CASUALTY
DISASTER PLAN AS PRESENTED IN THE AMBULANCE SERVICE AREA PLAN THAT
IS REQUIRED FOR EACH INDIVIDUAL COUNTY BY THE STATE OF OREGON.


DATED THIS 13 DAY OF JANUARY, 1993



LOUIS A. CARLSON, JUDGE



R. J. FRENCH, COMMISSIONER



DONALD C. J. MC ELLIGOTT, COMMISSIONER

STATE OF OREGON

} SS

County of Morrow

I certify that this instrument was received and recorded in the book of records of said county.

BARBARA BLOODSWORTH,
Morrow County Clerk

by: Shirley McCarl Deputy.

DOC#: 54020

RCPT: 7724

4/16/98 8:46 AM

.00

Roberta Lutcher

From: Justin Nelson
Sent: Tuesday, February 21, 2023 1:20 PM
To: Roberta Lutcher; Roberta Vanderwall
Subject: FW: Letter for inclusion in BOC packet
Attachments: Letter to BOC - 02-20-23.pdf

Noticed that you were not included in this email.
-Justin

Justin W. Nelson
Morrow County District Attorney
Morrow County Counsel
100 S. Court St.
P.O. Box 664
Heppner, OR 97836
Office: (541) 676-5626
Fax: (541) 676-5660
Email: jnelson@co.morrow.or.us

From: Emily Roberts <emilyr@moco hd.org>
Sent: Tuesday, February 21, 2023 1:16 PM
To: David Sykes <dtsykes@co.morrow.or.us>; Jeff Wenzholz <jwenzholz@co.morrow.or.us>
Cc: Justin Nelson <jnelson@co.morrow.or.us>; 'Troy S. Bundy' <TSB@hartwagner.com>
Subject: Letter for inclusion in BOC packet

STOP and VERIFY This message came from outside of Morrow County Gov

Good afternoon,

We are respectfully requesting to be officially added to the agenda for tomorrow following Chief Hughes with the attached document included in the packet.

Best,

Emily Reynolds Roberts
Chief Executive Officer
Morrow County Health District
564 E Pioneer Drive
Heppner, OR 97836
Phone: 541-676-2915
Website: www.healthymc.org
Strengths: • Input • Strategic • Relator • Achiever • Activator

02/20/2023

Morrow County Board of Commissioners
Bartholomew Building
110 N. Court Street
Heppner, OR 97836

Dear Morrow County Commissioners,

I respectfully request that this letter and the attached documents be placed in the public meeting packet for the February 22, 2023 Board of Commissioners meeting. I further request to be added to the agenda following Chief Hughes' presentation concerning Ordinance MC-C-4-98.

The cover sheet for Chief Hughes' presentation states the ASA Plan must be submitted to and approved by the Oregon Health Authority every five years. This is correct. The ASA Plan was most recently approved by OHA on March 24, 2022 (see attached). Prior to this, the ASA Plan has been approved by OHA every five years per Oregon Administrative Rules. There is no requirement for the BOC to periodically amend MC-C-4-98 unless the BOC chooses to do so. The ASA Plan is in and of itself an Ordinance approved by the BOC (see page 6 of the currently approved ASA Plan). The ASA Plan Chief Hughes included in his packet is not the current ASA Plan. See attached ASA Plan approved by OHA on March 24, 2022.

The ASA Plan specifically tasks the Morrow County EMS Advisory Committee with administering and enforcing the ASA Plan. Proposed modifications to the ASA Plan are to be referred to the Committee. In March of 2022, Chief Hughes requested that the Committee support his requested modifications to the ASA Plan. The Committee issued a determination (attached) declining to amend the ASA Plan.

In September of 2022, MCHD made a good faith effort to mediate with BFRD to reach agreement about the provision of EMS services in Boardman. When these efforts did not resolve the issue, MCHD called a hearing for January of 2023 as required by the ASA Plan to attempt to resolve BFRD's non-compliance with the ASA Plan. (See attached notice of hearing.) After receiving the notice of hearing, BFRD again agreed to engage in mediation. At BFRD's request, MCHD postponed the hearing to allow for mediation to proceed. Mediation is currently scheduled for April 17, 2023.

MCHD strongly desires to resolve BFRD's concerns in a mutually beneficial manner. MCHD has provided ambulance service to the entire county as one ambulance service area for over 30 years. Because the District operates a critical access hospital, we are eligible for enhanced federal funding, which is not accessible to any other entity in the region. This funding model makes the District the most fiscally prudent option to provide ambulance services in Morrow County.

A competing service in Boardman **would impact the District's eligibility for enhanced federal funding and would eliminate that funding across the District's entire ambulance service.**

The District currently subsidizes EMS services to cover a loss of **\$550,000 per year** per staffed location. If the District loses the enhanced federal funding, the annual deficit increases to **\$900,000 per year** per staffed location for a **total deficit of \$2,700,000 per year** across the county.

The purpose of a health district is to provide medical services to communities that otherwise could not support such services as in the case of EMS in Morrow County. Tax dollars are used to provide these health services to help our communities stay vital and healthy. MCHD does not have sufficient funds to subsidize EMS services at \$2,700,000 per year and as such, that financial burden would fall to Morrow County, who ultimately has the legal responsibility to provide ambulance services to **all** of Morrow County.

BFRD has **not** put forth a financial model showing they can support EMS services in Boardman nor has BFRD demonstrated a need for increased EMS services in Boardman. MCHD has consistently outperformed all measures outlined in the ASA Plan and provides more ambulances per capita than all surrounding licensed service providers (two in Boardman, two in Irrigon, one in Lone, and two in Heppner).

BFRD approaching the BOC at this point in time is an attempt to circumvent the established legal processes for amendment to the ASA Plan. Additionally, BFRD has agreed to engage in mediation (scheduled for April 17, 2023) with the goal of entering into an Intergovernmental Agreement, which would allow BFRD's ambulances to operate as part of MCHD's team. This would increase the available ambulances to four versus the two which would be available if BFRD were the sole provider of ambulance services in Boardman. (Under the OARs, each ambulance service area may have only one ambulance service provider.)

We respectfully ask the BOC to refer BFRD back to the mediation process to resolve their concerns. To do otherwise presents a serious risk to the financial stability and availability of ambulance services in Morrow County.

Sincerely,



Emily Roberts
Chief Executive Officer



March 24, 2022

Nazario Rivera
Director of Public Health
Morrow County Health Department
110 N. Court St.
Heppner, OR 97836

Dear Mr. Rivera,

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

The Authority finds Morrow County's Ambulance Service Area Plan complies with OAR 333-260-0000 through 333-260-0070. The Authority is pleased to approve Morrow County's Ambulance Service Area Plan.

The report is categorized into two sections which include Further Development Required and Recommendations. The county does not need to address the comments in the Recommendations section, but it is encouraged for a stronger ASA plan.

FURTHER DEVELOPMENT REQUIRED

None.

RECOMMENDATIONS

None.

Morrow County's Ambulance Service Area Plan will ensure that the residents of and visitors to the county will have access to efficient and effective prehospital emergency medical care and ambulance service.

Thank you,

Elizabeth Heckathorn
Deputy Director, EMS & Trauma Systems
Oregon Health Authority, Public Health Division
elizabeth.e.heckathorn@state.or.us

cc: Morrow County Ambulance Service Area Advisory Committee

MORROW COUNTY
AMBULANCE SERVICE AREA PLAN

Morrow County Ambulance Service Area Plan

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DEFINITIONS

1. “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.
2. “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.
3. “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.
4. “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.
5. “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.
6. “County Government or County Governing Body (County)” means a Board of County Commissioners or a County Court.
7. “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.
8. “Division” means the Public Health Division, Oregon Health Authority.
9. “Effective provision of ambulance services” means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
10. “Efficient provision of ambulance services” means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

11. "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.
12. "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.
13. "EMS Advisory Committee/QA Subcommittee" means a ten (10) person committee chosen by the Board to ensure ASA Plan compliance.
14. "Emergency Medical Technician Basic (EMT B)" means a person certified by the Division as defined in OAR 333-265-0000(8).
15. "Emergency Medical Technician Intermediate (EMT I)" means a person certified by the Division as defined in OAR 333-265-0000(9).
16. "Emergency Medical Technician Paramedic (EMT P)" means a person certified by the Division as defined in OAE 333-265-0000(10).
17. "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)
18. "Health Officer" means the Morrow County Health Officer.
19. "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.
20. "Morrow County Court (Court)" means an elected body consisting of 3 County commissioners.
21. "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.
22. "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.

23. "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.
24. "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.
25. "Provider" means any public, private or volunteer entity providing EMS.
26. "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.
27. "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 is a 9-1-1 Center.
28. "Quick Response Team (QRT)" means an agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.
29. "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.
30. "Supervising physician" has the meaning provided in OAR 847-35-001.
31. "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 three-year plan is underway to increase the number of paid EMS personnel in Boardman, Heppner, and Irrigon to eight (8) FTE in each location. Ambulance halls in Boardman, Heppner, and Irrigon will be staffed 24/7 by paid personnel and may be backed up by volunteers. This model is expected to reduce the impact of this barrier.

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.

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 and/or outside of the ASA utilizing mutual aid agreements,
- An air ambulance may be requested,
- Additional personnel may be requested,
- Other agencies, such as the fire district, may be contacted for assistance.

SYSTEM ELEMENTS – PRE-ARRANGED NON-EMERGENCY TRANSFERS

1. Morrow County Ambulance Service retains the first right of refusal for non-emergency ambulance and inter-hospital transfers.
2. In the event that Morrow County Ambulance Service is unavailable, it is the responsibility of the hospital to find transportation.

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 Authority-certified First Responders.
- b. The ambulance service provider shall provide the minimum level of basic life support using Authority-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 Authority.
- 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 Authority 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 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 that is issued by the Authority.
- 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 Authority.
 - 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. All training will meet or exceed Oregon Health Authority requirements.

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 Authority, or the Board of Medical Examiners or the Morrow County Circuit Court.
6. Any decision of the Board may be appealed to the Authority 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 amend 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 Authority.
 - 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 Authority, 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

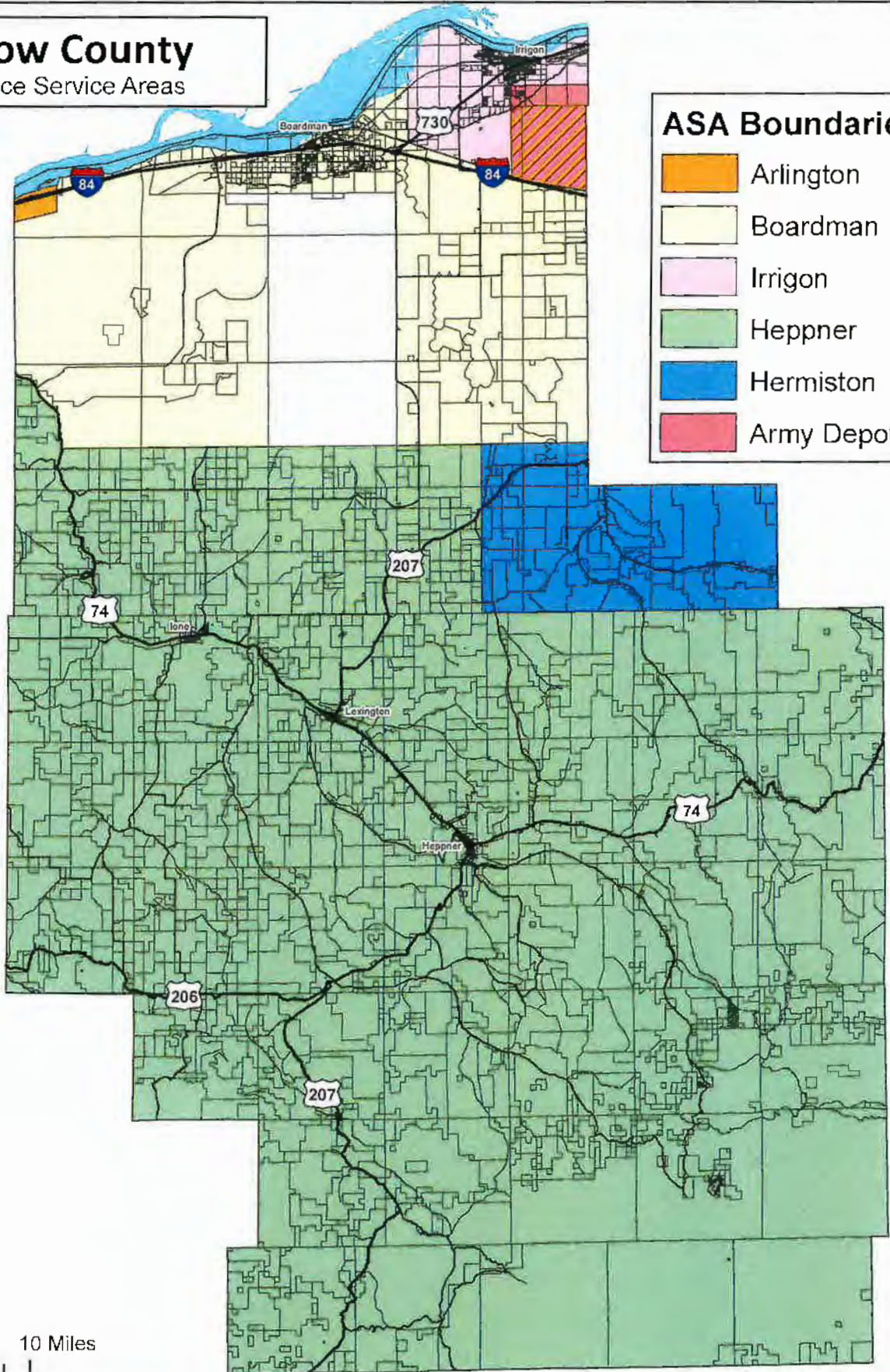
- (1) Morrow County Sheriffs Office -- 9-1-1 or 676-5317
- (2) Umatilla Army Depot -- 541-564-8632
- (3) U.S. Navy Bombing Range --541-481-2565

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



0 2.5 5 10 Miles



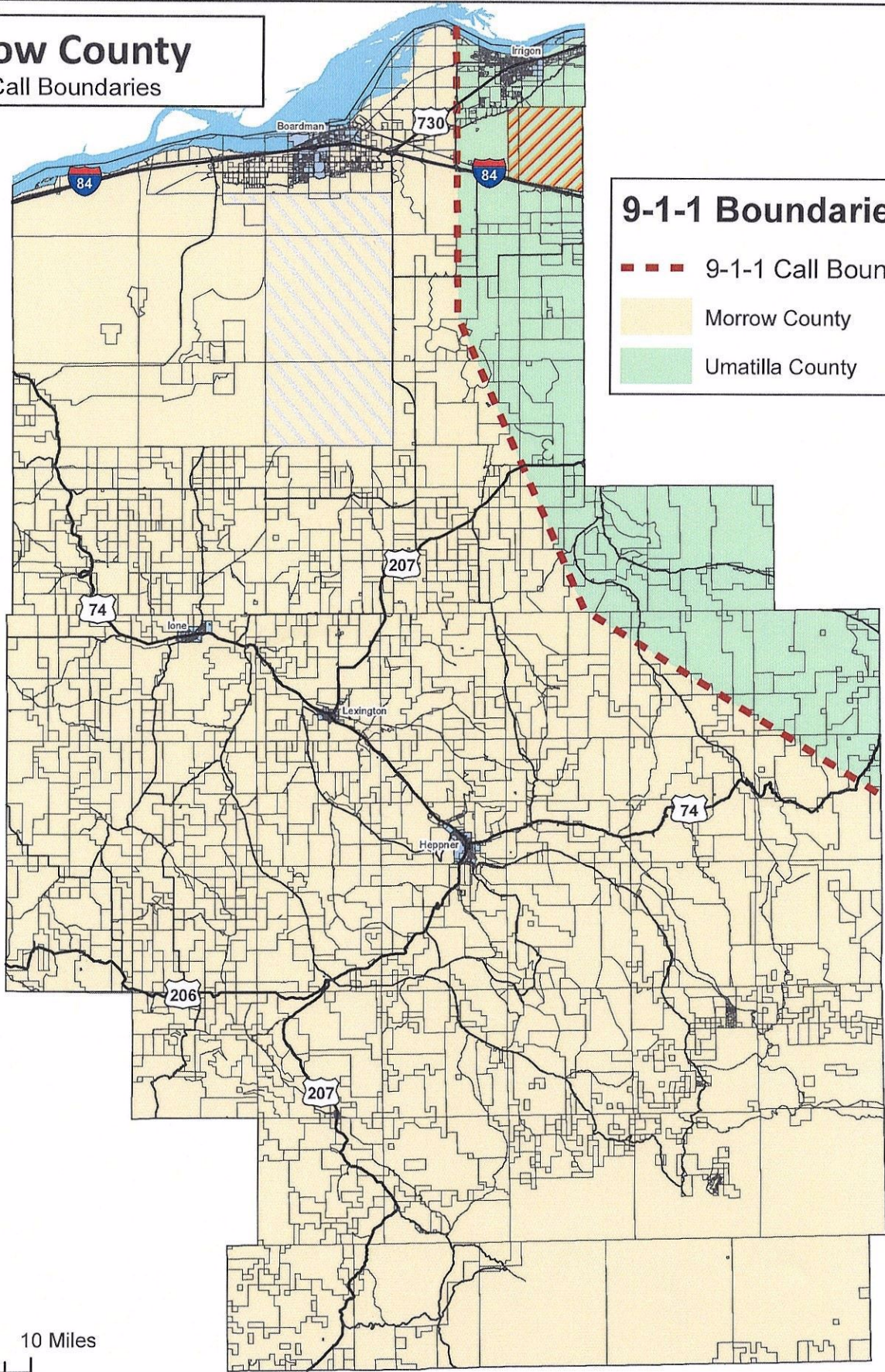
-  Streets
-  Highway
-  Army Depot
-  Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
Oregon Dept. of Revenue, ESRI
BFRD / BOC History Page 548

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



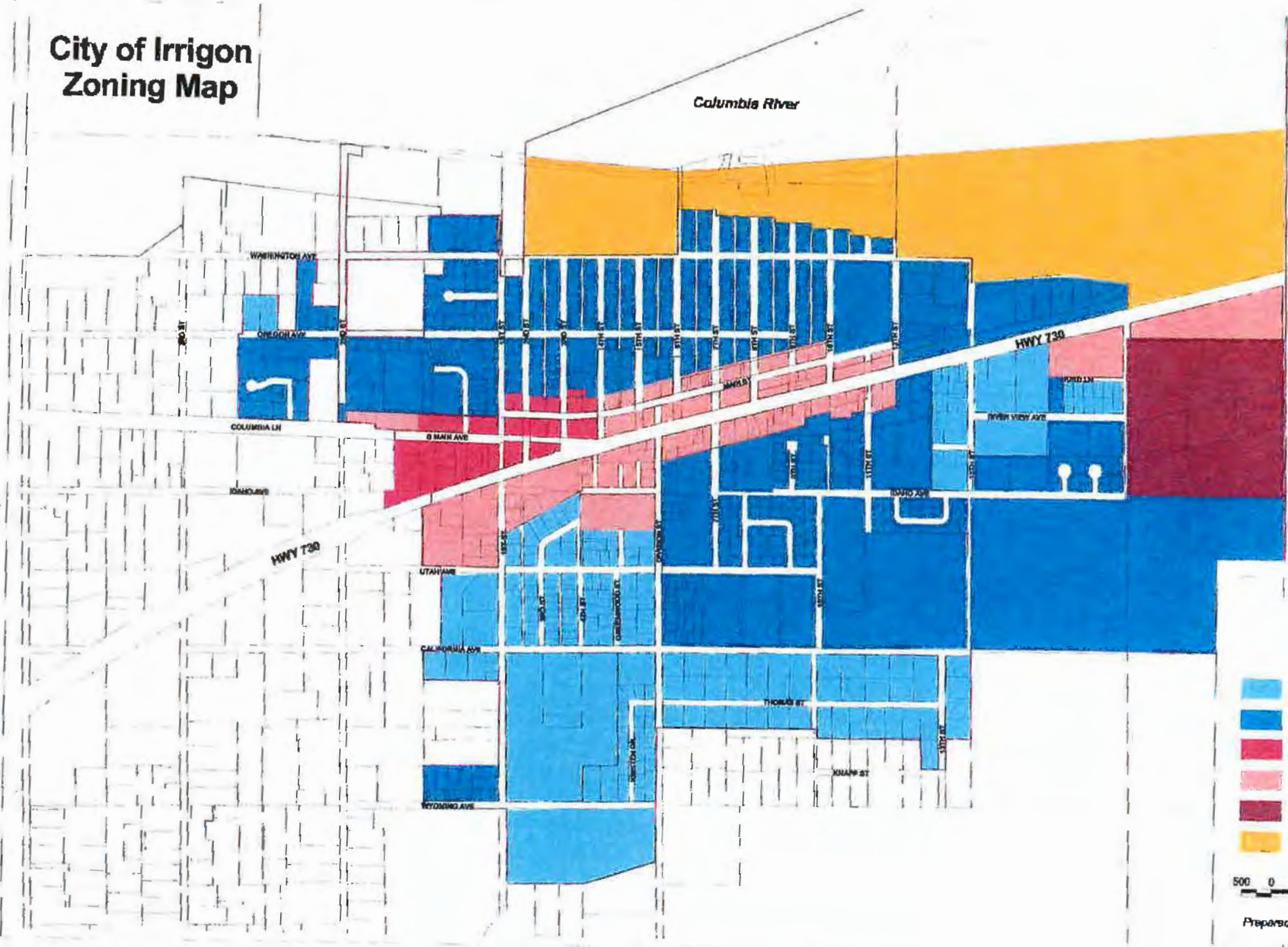
- Streets
- Highway
- Army Depot
- Bombing Range

Morrow County Planning Department
July 2016

Map for reference use only.
Source: ODFW, ODOT, BLM, USDA, USFS,
BERD, BOC, History, Page 549

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City of Irrigon Zoning Map



Taxiote
 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

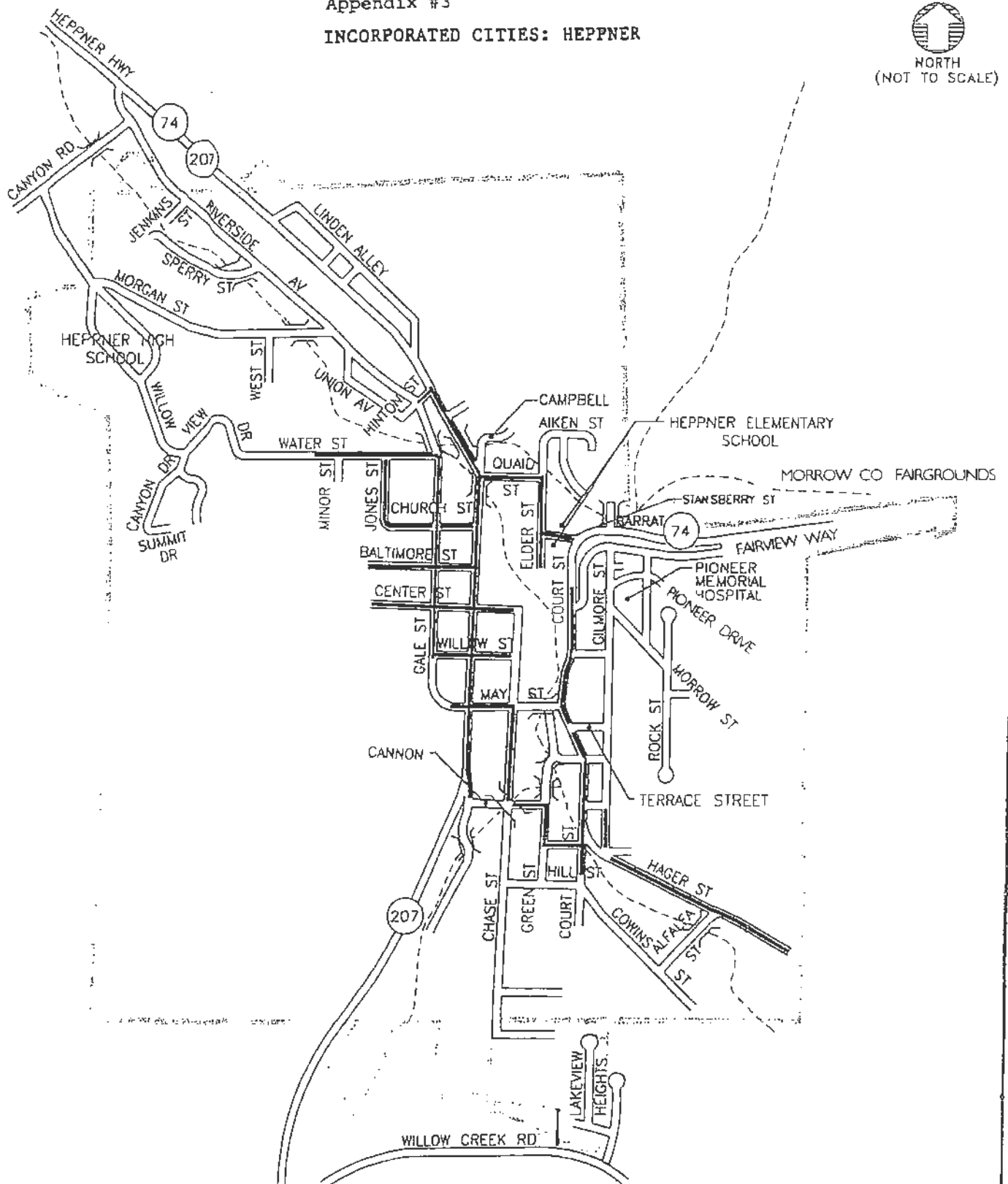
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Appendix #3

INCORPORATED CITIES: HEPPNER



NORTH
(NOT TO SCALE)



LEGEND	
	- SIDEWALK
	- CITY LIMITS
	- CREEK

CITY OF HEPPNER, OREGON

from Oregon Transportation Plan, 1999

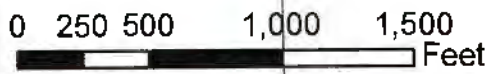
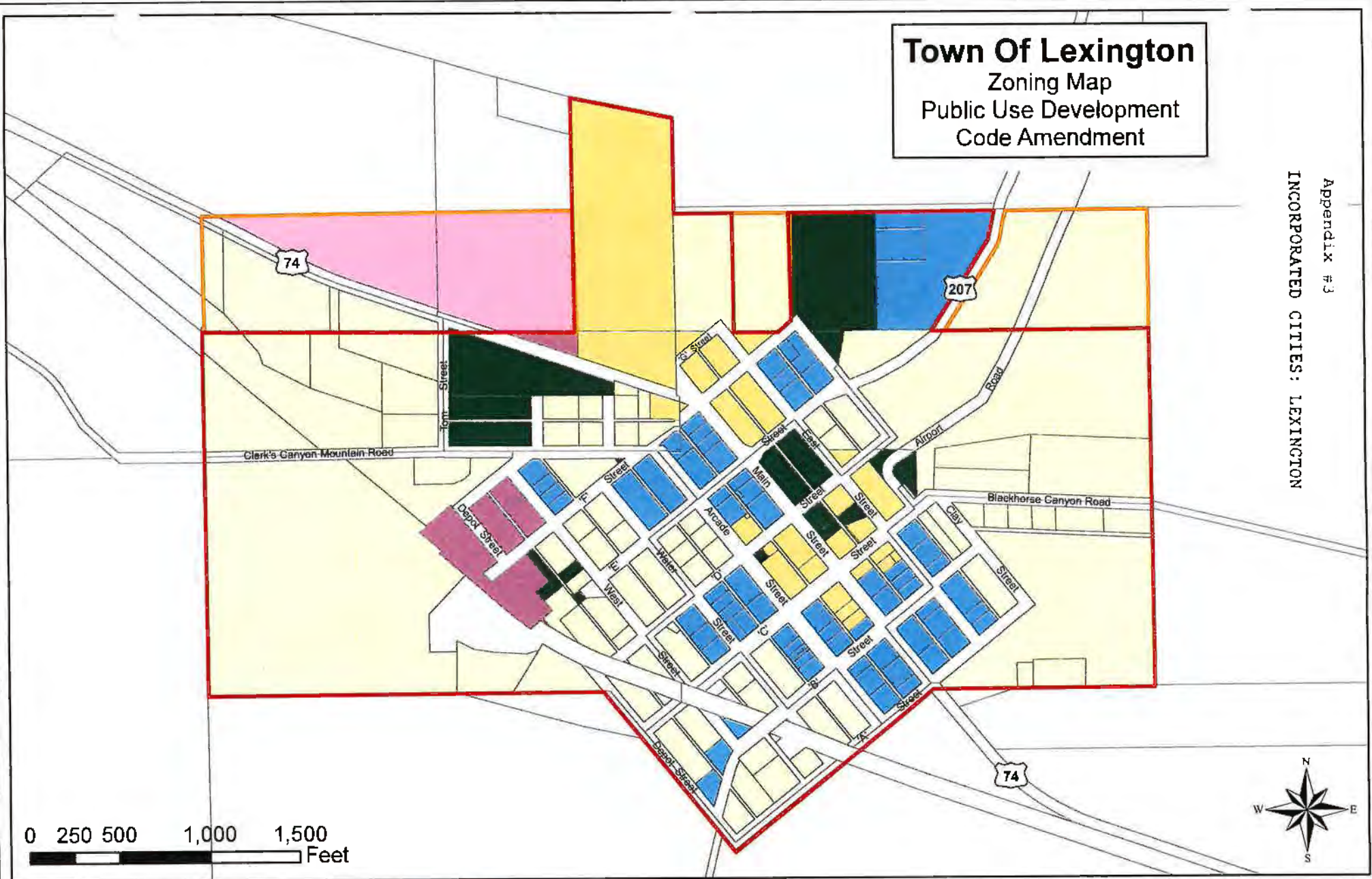
HEPPNER CHAMBER OF COMMERCE








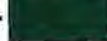

Town Of Lexington

Zoning Map

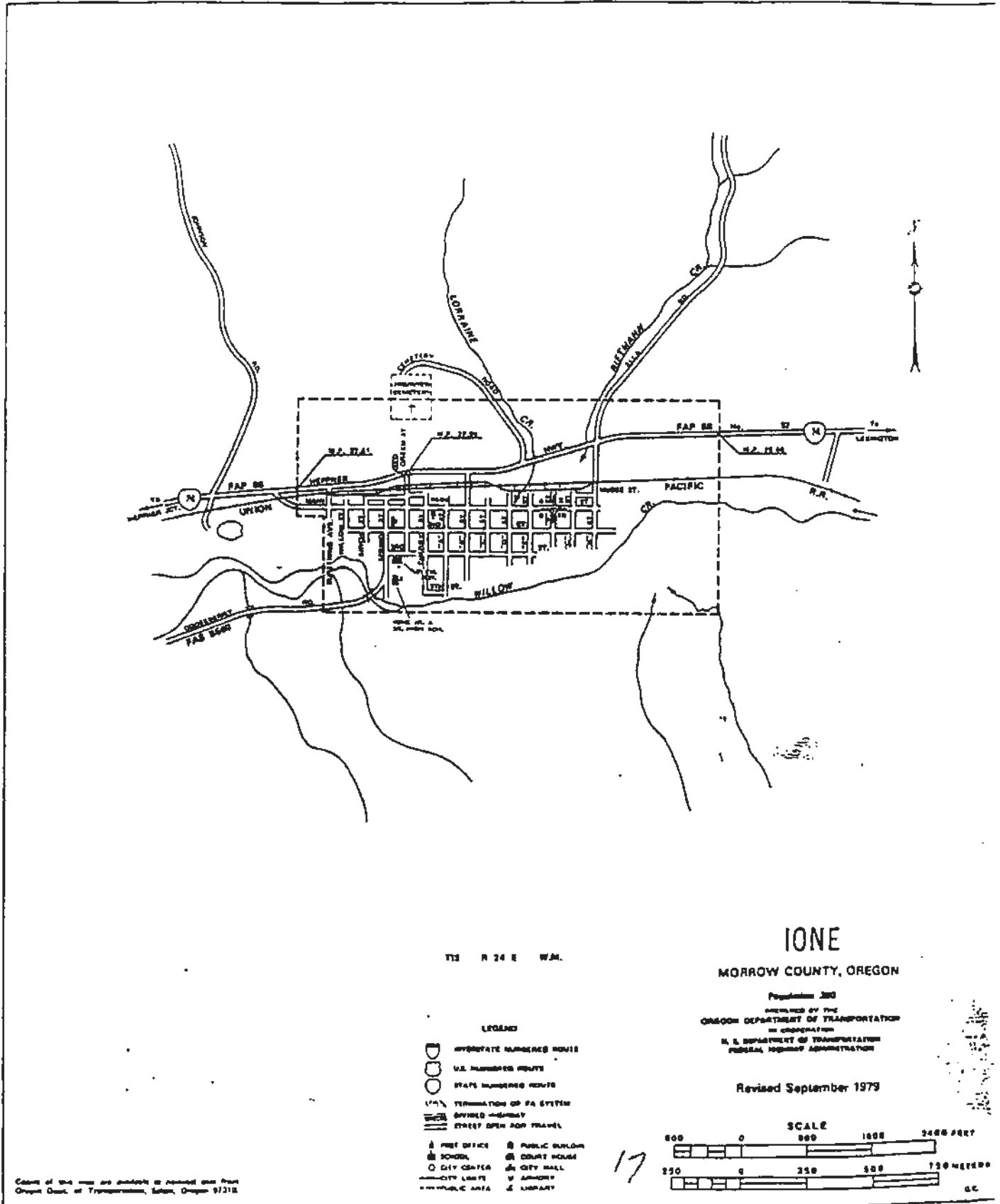
Public Use Development Code Amendment

Appendix #3
INCORPORATED CITIES: LEXINGTON



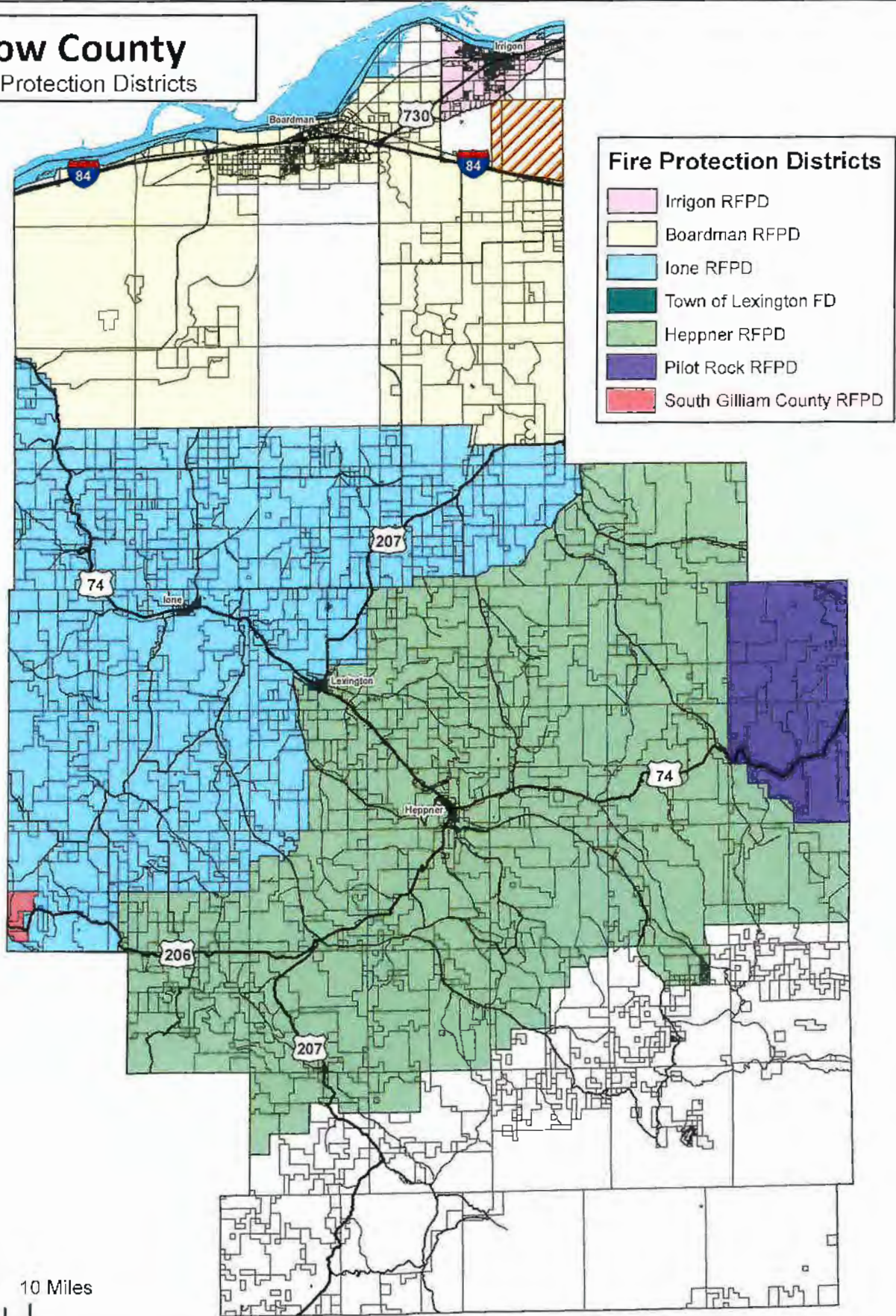
	Town Limits		R - Residential		M - Light Industrial
	UGB		FR - Farm Residential		RLI - Rural Light Industrial
			PUB - Public*		C - Commercial

Morrow County Planning Department
December 2015
Map for Reference Use Only



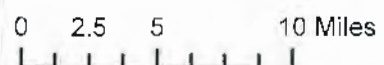
Morrow County

Rural Fire Protection Districts



Fire Protection Districts

- Irrigon RFPD
- Boardman RFPD
- Lone RFPD
- Town of Lexington FD
- Heppner RFPD
- Pilot Rock RFPD
- South Gilliam County RFPD



- 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
BFRD / BOC History Page 556

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

Robert Houser, CEO, FACHE

North Gilliam County Health District

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

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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:

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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.

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_____ Signature Title Date

_____ Signature Title Date



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

April 28, 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,

Handwritten signature of Don Russell in blue ink.

Don Russell
Chair

Handwritten signature of Jim Doherty in blue ink.

Jim Doherty
Commissioner

Handwritten signature of Melissa Lindsay in blue ink.

Melissa Lindsay
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:

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M-54020

IN THE COUNTY COURT FOR THE STATE OF OREGON
COUNTY OF MORROW

IN THE MATTER OF REGULATING)
AMBULANCE SERVICE PROVIDERS) ORDINANCE
NO. MC-C-4-98

The County Court for the County of Morrow ordains as follows:

A. Ordinance No. MC-C-2-98 adopted by the County Court February 11, 1998 is hereby REPEALED.

B. The County Court hereby adopts the following:

SECTION 1. TITLE

This ordinance shall be known, and may be cited as, "Ambulance Service Providers Ordinance".

SECTION 2. AUTHORITY

This Ordinance is enacted pursuant to ORS 682.205, 682.275 and ORS 203.035, and other applicable law.

SECTION 3. POLICY AND PURPOSE

The County Court finds:

1. That ORS 682.205 requires Morrow County to develop a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.
2. That this Ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each service area and establishes the Morrow County Emergency Medical Services Advisory Committee together with Attachment "A" incorporated herein by this reference, make up the Morrow County Ambulance Service Area Plan.

SECTION 4. DEFINITIONS

The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 682 and OAR Chapter 333, Divisions 250, 255, 260 and 265 unless specifically defined herein

to have a different meaning.

SECTION 5. EXEMPTIONS

This Ordinance shall not apply to:

1. Ambulances owned by or operated under the control of the United States Government.
2. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.
3. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.
4. Vehicles operated solely for the transportation of lumber industry employees.
5. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

SECTION 6. AMBULANCE SERVICE AREAS

For the efficient and effective provision of ambulance service in accordance with the Morrow County Ambulance Service Area Plan, the ambulance service area shown on the map attached as Exhibit "A", attached hereto and incorporated herein by this reference, is hereby adopted as the Ambulance Service Area for Morrow County. The County Court, by the adoption of an Order, may adjust the boundaries of the Ambulance Service Area(s) from time to time as necessary to provide efficient and effective ambulance service.

SECTION 7. ASSIGNMENT OF AMBULANCE SERVICE AREAS

1. No person shall provide ambulance service in Morrow County unless an Ambulance Service Area has been assigned to that person pursuant to this section.
2. Any person desiring to provide ambulance service within Morrow County shall submit an application to be assigned an Ambulance Service Area within 30 days of the effective date of this Ordinance. The application shall be submitted to the Morrow County Health District. The applications shall be reviewed by the Morrow County Emergency Medical Services Advisory Committee created by this Ordinance which shall recommend the assignment of Ambulance Service Areas to the County Court. The assignment of Ambulance Service Areas shall be made by an Order of the County Court.

3. An application required by subsection 2 above shall include the following information:
 - a. The name and address of the person applying for assignment of an Ambulance Service Area.
 - b. The Ambulance Service Area the person desires to service and the location from which ambulance services will be provided.
 - c. A list of vehicles to be used in providing ambulance services including year, make and model and verification that each vehicle is licensed as a basic life support and/or advance life support ambulance by the State of Oregon.
 - d. A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician certificate number.
 - e. Sufficient additional information to allow for the review of the application in light of the review criteria established by the Morrow County Ambulance Service Area Plan.
 - f. Such additional information deemed necessary by the Morrow County Emergency Medical Services Advisory Committee or the County Court.
4. Each application shall be reviewed for the applicant's conformity with the requirements of Oregon law for providing ambulance services, the specific criteria of the Morrow County Ambulance Service Area Plan and the need for efficient and effective ambulance service within Morrow County.
5. The assignment of the initial Ambulance Service Area shall be valid from the date of issuance for a period of five years. Thereafter, the assignment of Ambulance Service Areas may be renewed for additional five year terms commencing on the first day of July pursuant to subsection 6 below and subject to the provisions for suspension or revocation as set forth in Section 9 below.
6. Not less than forty-five (45) days prior to the expiration of the assignment of an Ambulance Service Area (e.g. five years less forty-five days for the initial assignment), any person desiring the renewal of an assignment or a new assignment of an Ambulance Service Area shall submit an application to be assigned an Ambulance Service Area. The application shall include the information required by subsection 3 above except that applications for renewal need only provide such information necessary to bring the original application up to date. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section.
7. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the County Court shall set a time by which

applications must be submitted for reassignment of the Ambulance Service Area. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section and the assignment shall be for the remainder of the term unless otherwise specified by the County Court.

8. Not less than fifteen (15) days prior to any date when the applications for the assignment of an Ambulance Service Area are due, notice of such application due date shall be posted in three (3) public places and published at least once in a newspaper of general circulation in Morrow County.

SECTION 8. DUTIES OF AMBULANCE SERVICE PROVIDER

Upon assignment of an Ambulance Service Area to a person in accordance with Section 7, the person providing ambulance service:

1. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance and the Morrow County Ambulance Service Area Plan.
2. Shall not fail or refuse to respond to an emergency call for service if an ambulance is available for service.
3. Shall not respond to a medical emergency located outside its assigned Ambulance Service Area except:
 - a. when request for a specific ambulance service provider is made by the person calling for the ambulance and the call does not dictate an emergency response;
 - b. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond or the person is requested by the other provider or 9-1-1 dispatch to respond; or
 - c. when the response is for supplemental assistance or mutual aid.
4. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the County Court. The written notice shall include an application for assignment of the Ambulance Service Area submitted by the transferee. The application shall be reviewed in accordance with Section 7.
5. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving ninety (90) days written notice to the County Court.

SECTION 9. SUSPENSION OR REVOCATION OF ASSIGNMENT

1. Upon a recommendation by the Morrow County Emergency Medical Services Advisory Committee, or upon its own motion, the County Court may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:
 - a. willfully violated provisions of this Ordinance, the Morrow County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
 - b. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.
2. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the County Court may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the County Court action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. The holder of such assignment shall notify the County Court of the action taken. If the holder of the assignment fails to take corrective action within the time required, the County Court shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

SECTION 10. APPEAL

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension or revocation of an Ambulance Service Area may request a hearing before the County Court by filing with the County Court a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the County Court unless the County Court makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The County Court shall set a time and place for a hearing which shall be de novo on the record or a full de novo hearing, as determined by the County Court. Within fourteen (14) days after the conclusion of the hearing, the County Court shall affirm, reverse or modify its original decision.

SECTION 11. EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

1. There is hereby created a Morrow County Emergency Medical Services Advisory Committee, the members of which shall be appointed by the County Court for two (2) year terms. The Committee shall choose its own chairperson and meet quarterly or when called upon by the County Court or its Chairperson. Motions shall be passed by majority of those attending.
2. The Committee shall consist of:

- a. 1 - Supervising physician for ambulance service provider or their designee;
 - b. 3 - EMTs from ambulance service provider (one each from Boardman, Heppner and Irrigon);
 - c. 2 - Directors of nursing services or designee (one each from Pioneer Memorial Hospital and Good Shepherd Hospital, Hermiston);
 - d. 1 - Fire department representative;
 - e. 1 - 9-1-1 systems representative; and
 - f. 2 - Quick Response Team representatives (one each from Lexington and Ione).
3. The Committee shall have the following powers and duties:
- a. Review and make recommendations to the County Court regarding all applications for assignment of Ambulance Service Areas.
 - b. Provide for on-going input to the County Court from prehospital care consumers, providers and the medical community.
 - c. Periodically review the performance of ambulance service providers within Morrow County.
 - d. Periodically review the Morrow County Ambulance Service Area Plan and make recommendation to the County Court including, but not limited to:
 - 1) review standards established in the plan and make recommendations regarding improvement and/or new standards.
 - 2) monitor coordination between emergency medical service resources;
 - 3) review dispatch procedures and compliance; and
 - 4) review the effectiveness and efficiency of the Ambulance Service Area boundaries.
 - e. Develop and implement a quality assurance program, including but not limited to training, to insure compliance with the Morrow County Ambulance Service Area Plan.

SECTION 12. INITIAL RESPONDER

Nothing in this Ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this Section.

1. The initial responder shall be a municipal corporation or a special district within Morrow County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.
2. The initial responder shall respond with Emergency Medical Technicians and/or First Responders that are certified by the State of Oregon and who are employed by or volunteer with the initial responder.
3. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be in charge of, and responsible for, the continuation of emergency medical services. The initial responder shall continue to provide emergency medical services only at the direction of the ambulance service provider.

SECTION 13. PENALTIES

Any person who violates any of the provisions of this Ordinance is guilty of a violation. Failure from day to day to comply with the terms of this Ordinance shall be a separate offense for each such day. Failure to comply with any provision of this Ordinance shall be a separate offense for each such provision.

Violations of the provisions of this Ordinance is punishable, upon conviction, by a fine of not more than five hundred dollars (\$500) for a non-continuing offense, i.e. an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e. an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this Ordinance is punishable by a fine of not more than five hundred dollars (\$500) per day up to the maximum of one thousand dollars (\$1,000) as provided by law.

SECTION 14. NUISANCE

In addition to penalties provided by Section 13, violation of any of the provisions of this Ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. Pursuant to ORS 682.015, this Ordinance shall be enforceable by the Health Division of the State of Oregon, Department of Human Resources in a proceeding in Circuit Court for equitable relief.

SECTION 15. SEVERANCE CLAUSE

If any section, subsection, provision, clause or paragraph of this Ordinance shall be

adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect the validity of the remaining portions of this Ordinance; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

SECTION 16. EMERGENCY

As it is necessary for the health, safety, comfort and convenience of the people of Morrow County that this Ordinance have immediate effect, an emergency is hereby declared to exist and this Ordinance shall be in full force and effect from and after its passage and approval by unanimous vote of the County Court.

ADOPTED by the Morrow County Court this 15 day of April, 1998.

ATTEST:


Barbara Blankenship
County Clerk

Louis A. Carlson
Louis A. Carlson, Judge

APPROVED AS TO FORM:

Will A. Smith
County Counsel

R. J. French
R. J. French, Commissioner

John Wenzel
John Wenzel, Commissioner



DETERMINATION
**Morrow County Health District
ASA Plan EMS Advisory Committee**

A Request to Amend the Ambulance Service Area Plan (ASA Plan) was brought by Boardman Fire and Rescue District Chief, Michael Hughes, during a regularly called, public meeting on March 31, 2022. This meeting was preceded by a joint conference on March 21, 2022 attended by the following individuals:

- Michael Hughes (BFRD Fire Chief)
- Ken Browne (BFRD Board Chair)
- Lisa Pratt (BFRD Board Member)
- Emily Roberts (MCHD CEO)
- Nicole Mahoney (MCHD CFO)
- Donna Sherman (MCHD EMS Director / EMS Advisory Committee Member)
- Dr. Ed Berretta (MCHD EMS Supervising Physician / EMS Advisory Committee Member)
- John Murray (MCHD Board Chair)
- Diane KilKenny (MCHD Board Member)
- Troy Bundy (Legal Counsel)

The public meeting was duly called and attended by the following Committee members:

- Dr. Ed Berretta (Supervising physician or designee for the ambulance service provider)
- Donna Sherman (EMT from Heppner)
- Josie Foster (EMT from Irrigon)
- Adam McCabe (EMT from Lone)
- Charlie Sumner (Quick response team representative from Lexington)
- Eric Chick (Fire department representative)
- Kristen Bowles (9-1-1 systems representative)
- Judi Gabriel (Director of nursing service or designee from Good Shepherd Hospital)
- Kathleen Greenup (Director of nursing service or designee from Pioneer Memorial Hospital)

The Request to Amend was based upon the desire of Boardman Fire District to attend all emergency calls within Boardman Fire District, regardless of subject matter of the calls. Following the public discussion, an Executive Session was called and the EMS Advisory Committee/QA Subcommittee was tasked with evaluating quality concern issues in determining whether amendment of the ASA would be appropriate, as it is required to do per the ASA Plan. The following background is highlighted for purposes of this DETERMINATION.

The procedures for adopting ASA Plans are set out under the Oregon Administrative Rules (OAR) in Chapter 333. The County, after consultation with appropriate entities, must present the proposed ASA Plan to the State of Oregon, Public Health Division – Oregon Health Authority (OHA) for approval. Once approved, the ASA Plan controls **all aspects** of the ambulance service area in question, including the coordination of “non-transporting EMS Providers,” including Quick Response Teams (QRTs), which are defined as any agency that provides initial response and basic life support care without transportation capabilities by certified First Responders, OAR 333-260-0020(6)(e)(A). Emergency and Non-Emergency

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Lone 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					BFRD / BOC History Page 579

scene response are incorporated into the ASA Plan, and the Morrow County Health District Board is responsible for Plan oversight and appointment of the multi-disciplinary task force referred to as the EMS Advisory Committee. The Committee is composed of members representing all relevant specialty groups including medical, fire, and EMS.

Per the ASA Plan, “The County is considered a single EMS area.” This incorporates the Boardman Fire District. A narrative description of the boundaries of the EMS area are set out on Page 7 of the ASA Plan. The Plan was developed 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.”

The EMS Advisory Committee is tasked with advising the Morrow County Health District Board (The Board) on all matters relating to pre-hospital emergency medical care, making ASA Plan amendment recommendations to the Board, and fostering co-operation among pre-hospital care providers and the medical community. For Quality Assurance purposes with respect to EMS care, the members must investigate all medically related issues and perform any duties that are required to carry out the requirements of the ASA Plan as directed by the Board. The EMS Advisory Committee reports directly to the Board on all matters coming before the Committee. The Chairperson of the Committee is given the power and responsibility of Administering the ASA Plan and EMS Ordinance, as specified on page 15 of the ASA Plan, based upon the findings and determinations made by the EMS Advisory Committee. As stated on Page 17 of the ASA Plan: “COORDINATION – ADMINISTRATION OF THE PLAN: (1) The Morrow County ASA Plan shall be administered by the EMS Advisory Committee, as representatives of the Board.”

NOW, THEREFORE, after hearing full argument and requests made on behalf of the Boardman Fire and Rescue District, it is hereby **DETERMINED**, that the ASA Plan EMS Advisory Committee has voted to **REJECT** the request from Boardman Fire and Rescue District to Amend the Plan and the County/Health District’s longstanding policy and procedure of dispatching the Fire District to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Considerations of the following details were made by the Committee and given appropriate weight:

- (1) Oregon law specifically prohibits what is known as “call-jumping.” OAR 222-265-0083(15). It has been determined by the State of Oregon that **sending multiple providers to a single call presents risks to the public and patients that do not outweigh the benefit of that action.** This includes: (a) Traffic risks to the public at large associated with multiple providers coming in “hot” to a single scene and, potentially, exceeding speed limits and other traffic laws in an effort to attend the scene first; (2) Creating conflicts and disputes between care providers on scene, lending to unnecessary delays in care; (3) Slowing the delivery of care given the above; (4) Having multiple opposing treatment protocols in place with regard to patient care; (5) Splitting emergency resources that results in waste of time, budget, and expense; (6) Delays in patient transport associated with the foregoing and in failures to understand appropriate chain of command; (7) A review of Morrow County Ambulance response times revealed that response times are all well within protocol; (8) Personnel changes have occurred at Morrow County Ambulance that increase the number of available responders; (9) No other Fire District in Morrow County operates in the fashion proposed by Boardman Fire District, nor has any done so in 70 years.
- (2) Over the last year, the Boardman Fire District has demonstrated a failure to adhere to appropriate protocol and procedure. This has been demonstrated by the following: (1) Failing to have an appropriate contract and protocols in place with its medical director; (2) Failing to have a clear set of standing orders approved and reviewed by a medical director; (3) Instructing the Sherriff’s Department to ignore determinations of the Health

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					BFRD / BOC History Page 580



**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

District and the procedures laid out in the ASA Plan with regard to dispatch; (4) Engaging in multiple instances of patient confidentiality violations in public forums; (5) Multiple instances of Fire District crew disparaging Health District ambulance crew in public, at incident scenes, and elsewhere; (6) Multiple instances of Fire District crew unlawfully removing medications and supplies from Morrow County vehicles and facility without Health District authority; (7) Failing to engage in appropriate transfer of patient care when indicated; (8) Engaging in a public campaign to undermine the reputation of the Morrow County Ambulance personnel and the Board by posting false information in social media and attempting to create a false narrative that the District was slow in responding to calls or provided otherwise substandard care with respect to arrival and transports, or that the public was at risk if the Fire District was prohibited from responding to every EMS call.

- (3) One of the overriding reasons for the Fire District’s requested amendment is funding-based, rather than safety-based. This is not an appropriate reason to change protocol and the ASA Plan.

Based upon these considerations and conclusions, it is the medical and public safety determination of the EMS Advisory Committee, the QA Subcommittee and the Morrow County Health District that the Morrow County ASA Plan remain unchanged and the Morrow County Sherriff’s Department shall **discontinue** the practice of dispatching Boardman Fire and Rescue to all calls and will **resume** the practice of dispatching Boardman Fire and Rescue to Fire and Motor Vehicle Accident calls only, unless specifically requested by the Health District/Morrow County Ambulance. Continued activities in opposition to this arrangement are inappropriate and in violation of the ASA Plan; the EMS Advisory Committee’s determination; and the Health District’s responsibility to administer the Plan in a way that ensures the citizens of Morrow County have access to an efficient, safe and effective ambulance service, in spite of this being a remote and sparsely populated area.

4-27-22

Donna Sherman, Morrow County EMS Advisory Committee Chair

Date

4/27/22

John Murray, Morrow County Health District Board Chair

Date

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

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NOTICE OF HEARING

DATE OF HEARING: January 10, 2022

TIME OF HEARING: 1 p.m.

LOCATION OF HEARING: Blue Mountain Community College, Classroom 2, 251 Olson Road, Boardman, OR 97818

This is to provide formal Notice of a Hearing under the Morrow County Ambulance Service Area Plan Complaint Review Process. Prior Notice of Deficiency and Request for Response was served on The Boardman Fire and Rescue District (BFRD) on July 26, 2022, documenting multiple violations of the ASA Plan and the Determination entered by the Morrow County Health District (MCHD) March 31, 2022. Those documents are attached to this notice for your reference.

Pursuant to the ASA Plan QA Problem Resolution requirements, BFRD Fire Chief Michael Hughes was contacted personally and in writing. Instruction was provided to prepare a written response and plan to address the deficiencies. Nothing was received in response. Continued non-compliance was found and was not evident within 10 days after attempts to gain compliance were made by the MCHD QA Subcommittee. Attempts to gain voluntary compliance were made and failed. A mediation was scheduled and occurred on October 3, 2022. Attempts were made to further mediate and those attempts have failed.

As a result of the continued failures to correct the deficiencies or complete a successful mediation or otherwise resolve the BFRD compliance issues, a Hearing was requested by the MCHD QA Subcommittee. That request was granted and a Hearing is hereby ordered to occur before the MCHD Board. The hearing shall be conducted by the Board Chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures under the Administrative Procedures Act. In the event the Board determines the matter adversely to the BFRD and is unable to obtain compliance or correction as a result of this hearing, the Board shall request relief from the Morrow County Circuit Court, and the BFRD Supervising Physician shall be reported to the Oregon Board of Medical Examiners for further redress and discipline. Sanctions for non-compliance include, but are not limited to Nuisance penalties as specified under MC-C-4-98 for each occurrence.

Sincerely,

Marie Shimer

Marie Shimer, MCHD Board Chair

07-26-22

Boardman Fire Rescue District
300 SW Wilson Ln
Boardman, OR 97818

This NOTICE is sent to you pursuant to the Morrow County Ambulance Service Area Plan (ASA Plan) guidelines relating to matters involving Quality Assurance and Patient Safety. Enclosed is a copy of the Morrow County Health District (MCHD) DETERMINATION of April 27, 2022.

The purpose of this notice is to inform you that the Boardman Fire & Rescue District (BFRD) has been operating outside of the guidelines set out in this Determination and the ASA Plan with respect to how calls for medical services are to be responded to safely and in keeping with the goals and responsibilities maintained by the Morrow County Health District and the EMS Advisory Committee in administering the ASA Plan. Those BFRD activities include the following:

(1) Operating emergency vehicles at unsafe speeds in an effort to race MCHD ambulances to non-emergency medical calls; (2) Obstructing access of MCHD ambulance vehicles and personnel at emergency and non-emergency medical scenes; (3) Making unprofessional and derogatory statements to patients and in the community relating to MCHD ambulance personnel medical care; (4) Violating patient confidentiality by making comments about specific calls when no longer on scene and rendering care; (5) Continuing to insist that the Morrow County Sheriff's Office dispatch the BFRD to all medical calls, despite the Determination made by the MCHD and EMS Advisory Committee that this procedure is unsafe; and (6) Continuing to ignore and violate the ASA Plan and Determination made by the MCHD and EMS Advisory Committee that this new dispatch procedure is unsafe by continually responding to all calls, including non-emergency calls, resulting in the violations described above.

All ambulance services in Morrow County are specifically governed under the enclosed ASA Plan, which was unanimously approved by the County Commissioners and the State of Oregon Health Authority. The Morrow County Health District was assigned the responsibility of monitoring the ASA Plan, administering it through the EMS Advisory Committee and assuring county emergency medical services are appropriately utilized on a county-wide basis.

Following a public meeting, held on March 31, 2022, the MCHD entered the enclosed Determination, informing the BFRD that its new method of responding to all medical calls of any kind should cease. In spite of this Determination, following a review of all patient safety issues brought to light by these recent changes to dispatch procedures involving BFRD, the BFRD has ignored the MCHD Determination and continued following its new practice of responding to all medical calls of any kind.

As a result, the Quality Assurance Subcommittee (QA Subcommittee) procedures under the ASA Plan were triggered, and the matter was reviewed. The BFRD was given multiple opportunities to present evidence and respond to these allegations. The QA Subcommittee is responsible for investigating violations of the ASA Plan. When the QA Subcommittee identifies a problem involving compliance with the ASA Plan or conduct that fails to conform to established protocols, the QA Subcommittee shall: (1) Request any additional information necessary to establish whether a violation or failure occurred; (2) Contact the non-compliant organization in writing and identify the specific

facts, laws, rules or protocols concerning the violation or failure to conform; and (3) Request that within thirty (30) days the non-compliant organization submit a written response and a plan to correct the deficiencies.

Please consider this NOTICE the ASA Plan QA Subcommittee's request for your written response and plan to address these deficiencies within 30 days from the date of this Notice. Upon receipt of these materials, the QA Subcommittee will review the BFRD's response and written plan for resolution of the deficiency. Upon findings of compliance, the QA Subcommittee will monitor the plan for resolution of the deficiencies. Upon findings of non-compliance, the QA Subcommittee and the MCHD will need to take further action as described in the ASA Plan.

Thank you for your cooperation. Feel free to forward any questions or concerns you may have.

9/2/2022

Chief Michael Hughes
Boardman Fire Rescue District

This NOTICE is to inform you that the EMS Advisory Committee for the Morrow County Ambulance Service Area Plan met on August 31, 2022, to review the response and proposed plan that was to be submitted by the Boardman Fire Rescue District (BFRD) no later than August 25, 2022. Nothing was received from the Fire District explaining why BFRD was in violation of the Determination order and ASA Plan that was attached to the July 26, 2022, Notice of Violation sent to the BFRD. No plan for resolution was submitted by BFRD as required by the ASA Plan.

Therefore, as a result of BFRD's failure to respond to the Notice, the EMS Advisory Committee has elected to move on to the next step within the quality assurance process. The rule allows the BFRD to come into compliance with the Determination order and ASA Plan within 10 days from the date responsive documents were due. The EMS Advisory Committee has elected to provide BFRD the opportunity to come into compliance by September 10, 2022, which is 10 days from the date of the EMS Advisory Committee meeting. If the BFRD fails to come into compliance with the ASA Plan and Determination order within that time, the ASA Plan procedure requires the parties to meet and discuss resolution between September 11 and September 20, 2022. If the BFRD fails to schedule that meeting or if such a meeting fails to accomplish a resolution of compliance, the matter will then be scheduled for a full hearing before the Morrow County Health District Board.

Please contact Donna Sherman in writing at donnas@mocohd.org and advise whether the BFRD will agree to comply with the ASA Plan and the MCHD Determination order of April 27, 2022. Alternatively, if the BFRD refuses to comply with the ASA Plan and MCHD Determination order, please provide dates for a meeting with the EMS Advisory Committee to be held between September 11 and September 20, 2022.

Sincerely,

Donna Sherman, EMS Advisory Committee Chair

The ambulance services you rely on may be at risk.

Support collaboration, not competition, to keep Morrow County safe.

For nearly 30 years, Morrow County Health District has been the sole provider of Emergency Medical Services in Morrow County. Our seven ambulances respond quickly from stations in Lone, Heppner, Irrigon and Boardman that have trained EMTs and Paramedics available 24/7.

We provide these services to the entire county as one ambulance service area because it allows us to receive enhanced federal funding when the ambulance service is associated with our critical access hospital. This enhanced funding is key because MCHD heavily subsidizes EMS services in all communities (approximately \$550,000 per fully staffed location). Licensing a separate, competing ambulance service in Boardman will not only eliminate MCHD's eligibility for that enhanced federal funding, but it will jeopardize ambulance service in cities all across Morrow County.

To ensure Morrow County residents continue to have effective ambulance services, MCHD supports collaboration, not competition. We would welcome another provider who could work in tandem with us to supplement services. The best way for that to happen is through a contract with MCHD. We are open to considering any such contract and collaboration if it would be in the best interest of the public.

THE FACTS

- 1 MCHD receives enhanced federal funding that heavily subsidizes EMS services in all communities.
- 2 Licensing a competing ambulance service will eliminate our eligibility for that enhanced federal funding.
- 3 A decrease in funding puts our existing services across the entire county in serious peril.
- 4 Although MCHD does not make a profit on our EMS services, we believe all Morrow County residents have the right to high-quality ambulance services.
- 5 Our new staffing model has two EMS personnel working 12-hour shifts at each dispatching location: Boardman went live in 2021, Irrigon in 2022 and Hepper in 2023.
- 6 MCHD does not oppose the addition of more resources to support EMS in Morrow County if it's in the best interest of the public.
- 7 If another ambulance provider wishes to operate in Morrow County, a contract with MCHD is the best way forward.

MCHD EMS: Saving lives and serving the community in Morrow County. Find out more at [HealthyMC.org](https://www.healthyMC.org).



MCHD AMBULANCE SERVICE: Serving Morrow County Reliably and Efficiently



In Oregon, each ambulance service area is served by only one ambulance service provider to prevent conflicts between providers such as racing to calls. MCHD is the service provider for all of Morrow County and has been for nearly 30 years.



In Morrow County, there is a multi-disciplinary EMS Advisory Committee charged with overseeing the quality and delivery of EMS services. This committee makes decisions about the need to modify or add ambulance services.



Morrow County's current ASA Plan already allows for quick response teams to respond to EMS page-outs to provide care while an ambulance is en route. This practice has been successfully used throughout Morrow County for many years.



MCHD EMS includes a staff of more than 60 personnel that cross-cover all dispatching locations.



MCHD's seven ambulances are dispatched from stations in Lone, Heppner, Irrigon and Boardman that have trained EMTs and Paramedics available 24/7.



MCHD's response times are within minutes and well within established protocols.



Dispatching locations have moved to a staffing model where they are always staffed by two EMS personnel working 12-hour shifts, which allows them ample time away to rest and recover.



When necessary for patient or staff well-being, MCHD requests assistance from other agencies, such as a local fire department. This is called a "mutual aid" request and is common around the state.

**We support
collaboration,
not competition.**

Contact elected board members, county commissioners and local representatives and urge them to support MCHD EMS today!



For more EMS facts, follow us on Facebook!

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, March 15, 2023 at 9:00 a.m.

Bartholomew Building Upper Conference Room

110 N. Court St., Heppner, Oregon

Zoom Meeting Information on Page 2

AMENDED

1. **Call to Order and Pledge of Allegiance - 9:00 a.m.**
2. **City/Citizen Comments:** Individuals may address the Board on topics not on the agenda
3. **Open Agenda:** The Board may introduce subjects not on the agenda
4. **Consent Calendar**
 - a. Minutes: February 2nd, 15th, 22nd, March 1st
 - b. Cellular Provider Change, Sheriff's Office
 - c. Amendment 1 to Justice Reinvestment Grant Agreement #JR-23-022
5. **Business Items**
 - a. Status Update from County Counsel, Justin Nelson: Request to Repeal Ordinance MC-C-4-98: In the Matter of Regulating Ambulance Service Providers
 - b. Request for Letter in Support of Ambulance Licensing (Chief Mike Hughes, Boardman Fire Rescue District)
 - c. Request for Letter of Support, PGE Hydrogen Project (Wendy Veliz, PGE)
 - d. Request to Reduce Application and Renewable Energy Project Fees (Carla McLane, Carla McLane Consulting, LLC)
 - e. Amendment ~~1~~ 2 to Columbia River Enterprise Zone III Intergovernmental Agreement (Justin Nelson)
 - f. Funding Request, Plaque for Bartholomew Building Commemorating Judge Alba Bartholomew (Karen Wolff)
 - g. Independent Tourism Development Contractor Agreement (Tamra Mabbott, Planning Director)
 - h. Five-Year Road Plan (Eric Imes, Public Works Director)
 - i. Award Contract, Hot Mix Asphalt (Mike Haugen, Assistant Road Master)
 - j. Award Contract, Homestead Lane Paving Project (Mike Haugen)
 - k. Award Contract, Sheriff's Office Reroof Project (Tony Clement, General Maintenance Supervisor)
 - l. Health Officer Agreement, Dr. Rodney Schaffer; Intergovernmental Agreement with Morrow County Health District for Medical Malpractice/Liability Insurance for Dr. Schaffer (Robin Canaday, Public Health Department Director)
 - m. Update on Mormon Cricket Situation in Morrow County (Larry Lutcher, Plant & Soil Scientist, Oregon State University/Morrow County Extension)
6. **Department Reports**
 - a. Treasurer's Monthly Report (Jaylene Papineau)
 - b. Planning Department Monthly Report (Tamra Mabbott)
 - c. Administrator's Report (Roberta Vanderwall)
7. **Legislative Updates**
8. **Correspondence**
9. **Commissioner Reports**
10. **Executive Session: Pursuant to ORS 192.660(2)(g)** – To consider preliminary negotiations involving matters of trade or commerce in which the governing body is in competition with governing bodies in other states or nations; and **Pursuant to ORS 192.660(2)(f)** – To consider information or records that are exempt by law from public inspection – (ORS 285C.620)

Morrow County Board of Commissioners Meeting Minutes
March 15, 2023
Bartholomew Building, Upper Conference Room
Heppner, Oregon

Present In-Person

Chair David Sykes, Commissioner Jeff Wenzholz, Commissioner Roy Drago Jr., Roberta Vanderwall, Kevin Ince, Roberta Lutchter, Justin Nelson, Jaylene Papineau, Eric Imes, Tony Clement; Non-Staff Participants: Mike Hughes, Larry Lutchter, Emily Roberts

Present Via Zoom

Robin Canaday, Christy Kenny, Mike Gorman, Tamra Mabbott, Gina Wilson, Kirsti Cason, Linda Skendzel, Heidi Turrell, Benjamin Tucker, Bobbi Childers, Paul Gray, Deona Siex, Sandi Pointer; Non-Staff Participants: Karen Wolff, Carla McLane, Ana Maria Rodriguez, Kelly Doherty, Zaira Sanchez

Call to Order, Pledge of Allegiance & Introductions: 9:00 a.m.

City & Citizen Comments:

Ana Marie Rodriguez, Oregon Rural Action (ORA), thanked Commissioner Drago for participating in an event on March 11th that had volunteers going door-to-door in Boardman. Zaira Sanchez, ORA, also thanked Commissioner Drago for attending the volunteer outreach day. She said 14 volunteers contacted residents who hadn't had water testing. She said she was looking forward to the next event in Irrigon and suggested people contact the Public Health Department for additional information.

Kelly Doherty, Boardman, said she previously made a request to have Zoom meetings uploaded and to allow Spanish speakers to read those minutes off of Zoom. She also went on to offer comment on five items listed on the agenda: 1.) Request for Letter in Support of Ambulance Licensing; 2.) Request for Letter of Support, PGE Hydrogen Project; 3.) Amendment 2 to Columbia River Enterprise Zone III Intergovernmental Agreement; 4.) Executive Session Pursuant to ORS 192.660(2)(g); and 5.) Strategic Investment Program Agreement with Amazon Data Services, Inc.

Consent Calendar

Commissioner Wenzholz moved to approve the following items in the Consent Calendar:

1. *Minutes: February 2nd, 15th, 22nd, March 1st*
2. *Cellular Provider Change, Sheriff's Office – switching from U.S. Cellular to Verizon for more reliable service*
3. *Amendment 1 to Justice Reinvestment Grant Agreement #JR-23-022; and authorize Chair Sykes to sign on behalf of the County*

Commissioner Drago seconded. Vote: Unanimous approval.

Business Items

Status Update from County Counsel, Justin Nelson: Request to Repeal Ordinance MC-C-4-98: In the Matter of Regulating Ambulance Service Providers

Chair Sykes said as background, at the February 22nd BOC Meeting, Boardman Fire Rescue District (BFRD) Chief Mike Hughes requested the County repeal the above-named 1998 ordinance. After hearing from Chief Hughes and Emily Roberts, Morrow County Health District (MCHD) Chief Executive Officer, the Board directed County Counsel, Justin Nelson, to prepare

an analysis for the March 15th BOC Meeting on the effects of repealing and replacing the ordinance and a motion was made to that end. Chair Sykes said he has since learned Mr. Nelson determined it would be more appropriate to ask an outside legal counsel with expertise in these matters to provide the analysis.

Mr. Nelson said he contacted Bob Blackmore, Innova Legal Advisors PC, and forwarded documentation to him from both districts, as well as a list of specific questions from the Board. Mr. Nelson said he did not know the exact timeline, yet, for Mr. Blackmore's availability to provide his analysis.

Request for Letter of Support of Ambulance Licensing

Chair Sykes said the format for this item would be the same as on Feb. 22nd when Chief Hughes requested to repeal Ordinance MC-C-4-98 – a representative from each district would speak and have the ability to rebut, however, there would be no comments from the public.

After Chief Hughes sought confirmation, Chair Sykes agreed comments would be limited to the topic on the agenda, as was the case on the 22nd.

Chief Hughes said the application process for an ambulance license in the State of Oregon requires a letter of support from the governing body. If BFRD is allowed to go through the estimated 60-day process and becomes licensed, there would be no impact to the County's ambulance system. MCHD would continue to operate as it does because it's clear BFRD is not a transport agency within the Ambulance Service Area (ASA) Plan. BFRD would be able to provide service to partner agencies, such as the Oregon Military Department, Umatilla County Fire District #1, and possibly the Naval Bombing Range.

Ms. Roberts said the Agenda Packet included a letter from the Health District's attorney, Troy Bundy, that covered four points: 1.) The definition in Oregon Administrative Rule is at issue. It says what needs to be provided is whether there is a documented need for the service supported by the county government. 2.) Under the current County Ordinance from 1998, no ambulance can operate in the County that is not incorporated into the ASA Plan. 3.) Under the current 1998 Ordinance, it charges the EMS (Emergency Medical Services) Advisory Committee with making the determination to make changes or additions to the ASA Plan. That is the appropriate group to hear the request and no formal request in writing, with explanations, has been brought to them.

As the discussion continued, Chair Sykes asked if the request could wait for the legal response from Mr. Blackmore, as discussed earlier. Commissioner Drago said he was not against waiting on Mr. Blackmore's analysis, adding he thought there was a need but they were hearing too many different stories. Chair Sykes encouraged the Commissioners to send their questions to Mr. Blackmore.

Commissioner Drago moved to table the letter of support to be readdressed at the April 5th meeting. Commissioner Wenzholz seconded. Vote: Unanimous approval.

Request for Letter of Support, PGE Hydrogen Project



AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 1 of 2)

(For BOC Use)
Item #
5a

Please complete for each agenda item submitted for consideration by the Board of Commissioners
(See notations at bottom of form)

Presenter at BOC: Justin Nelson
Department: County Counsel
Short Title of Agenda Item:

Date submitted to reviewers:
Requested Agenda Date: 3-15-2023

(No acronyms please)

Status update for the repeal of the ASA-related ordinance

This Item Involves: (Check all that apply for this meeting.)
Order or Resolution
Ordinance/Public Hearing:
1st Reading 2nd Reading
Public Comment Anticipated:
Estimated Time:
Document Recording Required
Contract/Agreement
Appointments
Update on Project/Committee
Consent Agenda Eligible
Discussion & Action
Estimated Time:
Purchase Pre-Authorization
Other

N/A
Purchase Pre-Authorizations, Contracts & Agreements
Contractor/Entity:
Contractor/Entity Address:
Effective Dates - From: Through:
Total Contract Amount: Budget Line:
Does the contract amount exceed \$5,000? Yes No

Reviewed By:

Department Director Required for all BOC meetings
DATE
R. Vanderwall 3-19-23 County Administrator Required for all BOC meetings
DATE
County Counsel *Required for all legal documents
DATE
Finance Office *Required for all contracts; other items as appropriate.
DATE
Human Resources *If appropriate
DATE

*Allow 1 week for review (submit to all simultaneously). When each office has notified the submitting department of approval, then submit the request to the BOC for placement on the agenda.

Note: All other entities must sign contracts/agreements before they are presented to the Board of Commissioners (originals preferred). Agendas are published each Friday afternoon, so requests must be received in the BOC Office by 1:00 p.m. on the Friday prior to the Board's Wednesday meeting. Once this form is completed, including County Counsel, Finance and HR review/sign-off (if appropriate), then submit it to the Board of Commissioners Office.

AGENDA ITEM COVER SHEET

Morrow County Board of Commissioners

(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

The Morrow County Board of Directors requested Morrow County Counsel review the legal aspects of the request from Boardman Fire Rescue District (BFRD) Chief Hughes that the County repeal the ASA/EMS ordinance. In addition the Board of Commissioners requested analysis of:

1. Current validity of the County ordinance
2. Legal consequences if the ordinance is repealed.
3. Process to repeal the ordinance.

During the review of the ordinance and legal issues County Counsel determined that outside with expertise in this field would be needed. County Counsel reached out to other county counsel attorneys throughout the state to receive recommendations for attorneys. County Counsel reached out to attorney Bob Blackmore to assist with this review. Mr. Blackmore is currently assisting Wasco County Counsel with a EMS/ASA issue, and has worked with many other municipalities regarding EMS/ASA questions and issues.

County Counsel spoke with BFRD Chief Hughes and MCHD CEO Roberts on March 6, 2023 and let them know that County Counsel would not be prepared by the March 15, 2023 as originally discussed.

Additional time will be necessary for Mr. Blackmore to review the prior documentation on the ASA/EMS issue and the new documentation provided by BFRD on March 6, 2023 and MCHD on March 10, 2023.

2. FISCAL IMPACT:

3. SUGGESTED ACTION(S)/MOTION(S):

Attach additional background documentation as needed.

Roberta Lutcher

From: Michael Hughes <MHughes@boardmanfd.com>
Sent: Thursday, March 9, 2023 7:02 PM
To: Roberta Lutcher
Subject: Letter of Support
Attachments: Letter verbiage .docx

STOP and VERIFY This message came from outside of Morrow County Gov

Hi Roberta,

As I understand it, the MC-C-4-98 Ordinance discussion is being delayed and will not be on next week's agenda. Therefore, I would like to be added to the March 15, 2023 agenda for the purpose of requesting a letter of support from the Commissioners to start the ambulance licensing process. This letter is required by OHA.

It is my understanding that the Letter of Support and the Ordinance are two completely separate issues.

The attached is the language that OHA is looking for.

I'll be traveling tomorrow so if you have any questions please don't hesitate to call me on my cell.

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

<Letter verbiage .docx>



BOARDMAN FIRE RESCUE DISTRICT

FIRE CHIEF MIKE HUGHES

300 SW WILSON LANE, BOARDMAN, OR 97818 541.481.3473 WWW.BOARDMANFD.COM

3/15/202

Board of Commissioners
Morrow County
110 N. Court Street
Room 201
Heppner, OR 97836

Morrow County Commissioners,

Thank you for the opportunity to participate in your meeting. As all of you are very aware, Boardman Fire has been trying in to come before this Board for many months.

Boardman Fire is seeking a very simple letter of support, as required by Oregon Health Authority, OAR 333-250-0215(f), so that we can start the licensing process. We are not asking you for anything more. We are committed to your established process for gathering as much information as possible so you can make an informed decision about the 98 Ordinance.

The Ordinance, the ASA Plan along with the OHA letter are three separate issues, requiring three separate decisions. The letter will only allow us to go through the licensing process. The Board of Commissioners alone have the authority to provide this letter. We have been unable to find any documentation that expressly transfers this authority to another agency.

Licensing our ambulances will have no negative impact whatsoever on any Morrow County entity.

The licensing we seek is solely for the purpose of providing services with our Fire District partners. It is not connected to the ASA whatsoever.

Every business or organization in Morrow County has the ability to expand, increase their services and increase revenue without having to go before the BOC to do so. Unfortunately, the State requires us to come before you, in this case.

The Board of Commissioners have no obligation whatsoever to hear from any other organization or person regarding this issue. This is a simple request, just as PGE is asking for a letter of support for their Hydrogen Project later on this same agenda. It has been the custom



BOARDMAN FIRE RESCUE DISTRICT

FIRE CHIEF MIKE HUGHES

300 SW WILSON LANE, BOARDMAN, OR 97818 541.481.3473 WWW.BOARDMANFD.COM

of this governing body to grant this type of requests for many organizations and projects. BFRD is simply asking for the same support that has been customary in the past.

Of course, if the BOC has a desire to hear rebuttals to letters of support, you have that authority to do so.

Please grant BFRD a letter of support to submit to OHA so we have the opportunity to begin the licensing process.

Here is a sample of what we are looking for in the body of the letter.

“The Morrow County governing body supports Boardman Fire Rescue District in their quest to seek licensing for their agency and ambulances.”

Thank you in advance for your time and consideration.

Mike Hughes
Fire Chief
Boardman Fire Rescue District

Roberta Lutcher

From: Emily Roberts <emilyr@moco hd.org>
Sent: Monday, March 13, 2023 12:00 PM
To: Roberta Lutcher; Justin Nelson
Cc: 'Troy S. Bundy'
Subject: Letter for inclusion in BOC packet
Attachments: Morrow Co Commissioners 03-13-23 - re BOCC - MCHD ambulance service.pdf

STOP and VERIFY This message came from outside of Morrow County Gov

Good morning,

I've attached a letter from our legal counsel in response to Chief Hughes' request for inclusion in this week's board packet. I will also plan to attend.

Best,

Emily Reynolds Roberts

Chief Executive Officer
Morrow County Health District
564 E Pioneer Drive
Heppner, OR 97836
Phone: 541-676-2915
Website: www.healthymc.org

Strengths: • Input • Strategic • Relator • Achiever • Activator



HART
WAGNER^{LLP}
TRIAL ATTORNEYS

Troy S. Bundy

tsb@hartwagner.com

Admitted in Oregon and Washington

Twentieth Floor
1000 S.W. Broadway
Portland, Oregon 97205
Telephone (503) 222-4499
Fax (503) 222-2301

March 13, 2023

VIA EMAIL

Morrow County Board of Commissioners
P.O. Box 788
Heppner, OR 97836

Re: *Morrow Co. Health District / Boardman Fire & Rescue*
Our File No. 30931

Dear Commissioners:

Fire Chief Hughes has asked the BOCC, once again, to make the legal and medically indicated determination that Morrow County's ambulance services are insufficient and that Morrow County requires additional ambulance services. Frankly, this request seeks to place the cart before the horse and is completely inconsistent with the current state of the law in Morrow County.

First, it is unlawful for an ambulance to run in Morrow County that is not incorporated within the current Ambulance Service Area Plan. Morrow County ordinance MC-C-4-98, Section 7(1) provides as follows: **"No person shall provide ambulance service in Morrow County unless an Ambulance Service Area has been assigned to that person pursuant to this section."** It is undisputed that Boardman Fire and Rescue District has not been assigned an ambulance service area in Morrow County.

The current law **also provides a process for ambulance service applications**, and Chief Hughes' approach is inconsistent with the law. Per Morrow County Code, the application to run an ambulance in this Ambulance Service Area shall be submitted to the Morrow County Health District and reviewed by the Morrow County Emergency Medical Services Advisory Committee, which is charged with recommending the assignment of the service to the County Court. MC-C-4-98, Section 7(2). Chief Hughes went through this process and was not amenable to the conditions the EMS Advisory Committee suggested.

The EMS Advisory Committee was created by the BOCC for purposes of evaluating the ongoing emergency medical transport and support system needs and handling the issue currently before the BOCC. That is because the BOCC knew that delegating this task to those with direct knowledge, experience, education and involvement would be in the best interests of Morrow County residents. The EMS Advisory Committee is composed of EMTs from each surrounding

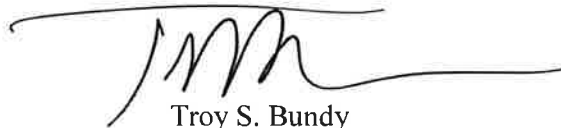
city, Dispatch, Fire Districts, QRTs, the supervising physician for the ambulance service, and Directors of Nursing from Pioneer and Good Shepard Hospitals. That Committee is charged with **“reviewing the effectiveness and efficiency of the Ambulance Service Area boundaries”** and maintaining quality assurance. MC-C-4-98, Section 11(3)(d). Every single ASA Plan that has ever been adopted contains the same requirements, and it is well-established in the ASA Plan that the EMS Advisory Committee is charged with administering the Plan and recommending changes, if indicated. Moreover, every single ASA Plan, all of which have been approved by the State of Oregon contain the same section with regard to application and approval of new ambulance service area providers.

Oregon law requires all ambulance license applicants establish for the Oregon Health Authority **“a documented need for the service supported by the county government.”** OAR 333-250-0215(1)(f). Notably, Chief Hughes’ current request comes on the heels of his prior application to the State of Oregon for a license, whereupon he submitted a letter of support from former Commissioner Don Russell on BOCC letterhead *without* the support of the BOCC and after the BOCC had informed him that it needed to evaluate proof of need and the legal issues surrounding the request. ORS 682.028 makes it illegal for any person or governmental unit, including the BOCC, to “intentionally make any false statement on an application for an ambulance service license.” This includes providing a false statement of “documented need.” So, for that reason, it is best that history not repeat itself, and the BOCC must follow the law it enacted and as it is currently written.

It is no surprise Chief Hughes asked the BOCC to repeal this ordinance recently because of his current dilemma. However, at this moment, the **only** entity charged with making the determination you are being asked to make is the EMS Advisory Committee. If the BOCC wishes to take these kinds of determinations out of the hands of those directed under the law, then the BOCC must first change the state of the law and decide that it, rather than the Advisory Committee, is in the best position to make these health care determinations, and not the actual EMS providers who work in the system every single day. However, at present, the BOCC is respectfully not in a position, as a matter of law and fact, to declare that Morrow County has a documented need for more ambulances. If the BOCC wishes to change an entire EMS system that is not broken, then so be it. However, Chief Hughes’ renewed request for the BOCC to make a determination it is not lawfully entitled to make must be denied.

Thank you for your attention to this matter.

Sincerely,



Troy S. Bundy

TSB/akr

cc: Emily Roberts, CEO/Morrow Co. Health District

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, April 5, 2023 at 9:00 a.m.

Morrow County Government Center, Don Adams Conference Room

215 N.E. Main Ave., Irrigon, Oregon

Zoom Meeting Information on Page 2

- 1. Call to Order and Pledge of Allegiance - 9:00 a.m.**
- 2. City/Citizen Comments**
- 3. Open Agenda:** The Board may introduce subjects not on the agenda
- 4. Consent Calendar**
 - a. Minutes: March 15th
 - b. Amendments 7 & 8 to Oregon Health Authority Intergovernmental Agreement #173145 for the Financing of Mental Health Services
 - c. Contract with DLR Group for Site Review
- 5. Business Items**
 - a. Community Counseling Solutions Quarterly Report (Kimberly Lindsay, Executive Director)
 - b. Update from PGE on Hydrogen Project (Wendy Veliz)
 - c. Update on Outside Legal Counsel's Review of Matters Related to the Morrow County Ambulance Service Area Plan (Chair Sykes)
 - d. Review the Motion to Table the Request for a Letter in Support of Ambulance Licensing from Boardman Fire Rescue District
 - e. Request to Repeal Ordinance MC-C-4-98: In the Matter of Regulating Ambulance Service Providers (Chief Mike Hughes, Boardman Fire Rescue Dist.)
 - f. Ordinance No. ORD-2023-3: Amending Approval of Permits for Construction in the Right-of-Way (Justin Nelson, County Counsel)
 - g. Appointment Request, Public Transit Advisory Committee (Benjamin Tucker, Transit Manager)
- 6. Department Reports**
 - a. Road Department Quarterly Report (Mike Haugen)
 - b. Sheriff's Office Monthly Report (Melissa Camarillo)
 - c. Fair Office Quarterly Report
 - d. District Attorney Quarterly Report (Justin Nelson)
 - e. Human Resources Quarterly Report (Lindsay Grogan)
 - f. Public Health Quarterly Report (Robin Canaday)
 - g. Administrator's Report (Roberta Vanderwall)
- 7. Legislative Updates**
- 8. Correspondence**
- 9. Commissioner Reports**
- 10. Executive Session:** Pursuant to ORS 192.660(2)(g) – To consider preliminary negotiations involving matters of trade or commerce in which the governing body is in competition with governing bodies in other states or nations; **and** Pursuant to ORS 192.660(2)(f) – To consider information or records that are exempt by law from public inspection – (ORS 285C.620)

Morrow County Board of Commissioners Meeting Minutes
April 5, 2023 – 9:00 a.m.
Morrow County Government Center, Don Adams Conference Room
Irrigon, Oregon

Present In-Person

Chair David Sykes, Commissioner Jeff Wenzholz, Commissioner Roy Drago Jr., Roberta Vanderwall, Roberta Lutchter, Justin Nelson; other non-staff attendees

Present Via Zoom: 53 staff and non-staff attendees

Call to Order, Pledge of Allegiance & Introductions: 9:00 a.m.

City & Citizen Comments: None

Open Agenda: Chair Sykes noted the update from PGE on its hydrogen project was removed from the agenda (item 5b).

Consent Calendar:

Commissioner Wenzholz moved to approve the following items in the Consent Calendar:

1. *Minutes: March 15th*
2. *Amendments 7 & 8 to the 2022 Oregon Health Authority Intergovernmental Agreement #173145 for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services*
3. *Professional Services Agreement with DLR Group; effective April 5, 2023 until March 30, 2024; not-to-exceed amount \$10,000; for a full building site analysis of three separate parcels of land for a Circuit Court building*

Commissioner Drago seconded. Vote: Unanimous approval.

Business Items

Community Counseling Solutions Quarterly Report

Kimberly Lindsay, Executive Director

Ms. Lindsay reviewed CCS' Diversity, Equity and Inclusion report; organizational chart; consumer survey, Kids Program, newsletter; and discussed continuing workforce challenges and associated legislation proposed to assist entities. Regarding her legislative update, the Commissioners agreed by consensus to review, and possibly sign, a letter drafted by Ms. Lindsay at the next meeting (House Bill 3205).

Update on Outside Legal Counsel's Review of Matters Related to the Morrow County Ambulance Service Area (ASA) Plan

Chair Sykes noted the Board would not take public comment on this item or the two subsequent items (Motion to Table Letter in Support of Ambulance Licensing; Request to Repeal Ordinance MC-C-4-98). He said the Board engaged Bob Blackmore, an attorney knowledgeable in these areas. Chair Sykes explained Mr. Blackmore presented the Board with his legal analysis after he reviewed multiple documents submitted by the Morrow County Health District (MCHD) and Boardman Fire Rescue District (BFRD).

Chair Sykes thanked everyone for their input in addressing ambulance service in the County and assured them they were heard. He said the following was a summary of Mr. Blackmore's advice:

- In the last month, the County Commission has taken action by engaging outside legal counsel to guide the Commissioners in understanding the County's legal obligations and responsibilities as the County moves forward in this process.
- First of all, the County's legal counsel has advised the Commissioners not to repeal the 1998 ASA Ordinance. A request to do so is on the agenda today and will be addressed. Counsel has instead advised the County to move forward in preparing a new ASA Plan that will address and resolve many of the issues.
- In addition, the County's legal counsel has advised the Commissioners that the 2021 ASA Plan is not legally effective as it was never legally approved by Morrow County. Counsel suggested a new ASA Plan could include many of the provisions of that plan and would be a good starting point.
- The Commissioners will discuss this advice, but if approved by the Board, Roberta Vanderwall, Interim Administrator; Paul Gray, Emergency Manager; and attorneys Justin Nelson and Bob Blackmore could be appointed to assist in development of the Plan, as needed.
- The goal in moving this forward would be to give everyone certainty, define ambulance service providers and territory, and in that process, create the best ambulance service plan for everyone in the County. Participation of MCHD and BFRD as essential partners would be very important in this process.
- If this road map is approved, the Commissioners could then instruct legal counsel and staff to begin work on a new ASA Plan as quickly as possible. Development of the new Plan would be with appropriate participation from all parties interested in ambulance service. In the interim, the Commissioners would expect ambulance services to continue as-is.

Chair Sykes then asked for discussion by the Board about the legal advice received, the proposed road map as laid out, and to take action, if desired.

Commissioner Wenholtz said based on Mr. Blackmore's legal advice, and since the current ASA Plan isn't legal, the County needed to develop a new ASA Plan and move forward with the people laid out, Ms. Vanderwall, Mr. Gray, Mr. Nelson, and engage Mr. Blackmore to get the process started. He also encouraged the group to engage a consultant to assist with drafting the Plan, as mentioned earlier by Mr. Blackmore; Commissioner Drago agreed.

Commissioner Wenholtz moved that the County move forward with crafting a new ASA Plan and the people from the County would be Roberta Vanderwall, Justin Nelson, Paul Gray and Bob Blackmore as independent outside counsel, to start that process. Commissioner Drago seconded. Vote: Unanimous approval.

Review the Motion to Table the Request for a Letter in Support of Ambulance Licensing from Boardman Fire Rescue District

Chair Sykes said because the County is developing a new ASA Plan, counsel has advised the Commissioners that certifying additional ambulance needs at this time, without a new Plan in place would not result in a new ambulance being in service. In other words, counsel advised that BFRD would not be able to obtain an ambulance license without being designated an ambulance

service area. Counsel said that if BFRD will be providing services through Umatilla County Fire, they should seek their letter from Umatilla County, and Morrow County will not oppose. Commissioner Drago said his question would be – we didn't have the opportunity to talk with the Bombing Range people for that aspect of it. It is in Morrow County, the question there is even if they were able to go out on the Bombing Range and be there in case something happened, they would have to transport through Morrow County, which isn't in an ASA. As far as the Bombing Range question, that was my concern, he said.

Commissioner Wenholz said Mr. Blackmore said nothing precluded the County from writing the letter of support. Mr. Blackmore said it was a circular issue – Oregon Health Authority (OHA) won't grant a license without having an area to serve as part of an ASA, but an entity can't have an area to serve in an ASA without having a license, so it's a circular issue. Again, Commissioner Wenholz said he'd go back and rely on what Mr. Blackmore said – there's nothing that prevents the County from signing that letter. So, as far as the issue that's before us, he said, he'd make a motion.

Commissioner Wenholz moved to give them (BFRD) a letter that they can go to OHA and seek a license and OHA can determine whether or not they get that license. BFRD will get the letter from Morrow County and BFRD can move forward and OHA can sort it out. What BFRD has told us they want to do – transports for Good Shepherd, and whether we're the proper body or Umatilla County is the proper body, we'll let OHA sort that out. So, he said his motion was to send a letter of support. Commissioner Drago seconded. Discussion: Chair Sykes said, his opinion was do the ASA Plan first, that's the backbone of the whole thing, without anything else coming into play. Commissioner Drago said his question was, are we able to get the timing right with an ASA and then if in that ASA it allows an ambulance service area, does it delay the position of that service area to get a license. How do we time it to make it happen at the same time, he asked? Commissioner Wenholz said he didn't know the answer and understood Chair Sykes' point but he felt it was a chicken and egg type of thing. If through the ASA process, Boardman Fire were to be granted a service area, well, in a sense, they can't get a service area without a license. So, this allows them to go through the process to get a license. Commissioner Wenholz said he didn't think anyone was under the illusion they're going to be able to do transports in Morrow County because they don't have a service area in Morrow County. Vote: Aye: Commissioner Wenholz, Commissioner Drago. Nay: Chair Sykes. Motion carried.

Mr. Nelson said staff was being directed to bring wording for the letter at the next BOC Meeting; Commissioner Wenholz said that was his recommendation – a generic letter that we support BFRD seeking a license, or something to that effect.

Request to Repeal Ordinance MC-C-4-98 – Regulating Ambulance Service Providers

Commissioner Wenholz moved that we do not repeal the ordinance based on the advice from legal counsel, Bob Blackmore. Commissioner Drago seconded. Vote: Unanimous approval.

Ordinance No. ORD-2023-3: Amending Approval of Permits for Construction in the Right-of-Way

Justin Nelson, County Counsel

Item 5d

an analysis for the March 15th BOC Meeting on the effects of repealing and replacing the ordinance and a motion was made to that end. Chair Sykes said he has since learned Mr. Nelson determined it would be more appropriate to ask an outside legal counsel with expertise in these matters to provide the analysis.

Mr. Nelson said he contacted Bob Blackmore, Innova Legal Advisors PC, and forwarded documentation to him from both districts, as well as a list of specific questions from the Board. Mr. Nelson said he did not know the exact timeline, yet, for Mr. Blackmore's availability to provide his analysis.

Request for Letter of Support of Ambulance Licensing

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Commissioner Drago moved to table the letter of support to be readdressed at the April 5th meeting. Commissioner Wenzholz seconded. Vote: Unanimous approval.

Request for Letter of Support, PGE Hydrogen Project

MC-C-4-98

This ordinance is over 24 years old. Had the process been followed as set by the ORS and OAR, the County Commissioners would have repealed and adopted new ordinances in alignment with an OHA approved ASA Plan, at a minimum, four other times.

At least every five years, the ASA Plan needs be submitted to OHA for approval. In some cases, OHA will require the Plan be amended prior to their approval. After the Plan is approved by OHA the County adopts the Plan. After the County adopts the Plan, the County then adopts the Plan as an ordinance, just as they would for any non-emergency ordinance. Lastly, the newly adopted ordinance is submitted to the County Clerk to be recorded. This process repeats, at least, every five years.

The Rule below is for reference. To get a full understanding it is recommended reading ORS Chapter 682, OAR chapter 333, division 250, 255 and 260.

Division 260
COUNTY AMBULANCE SERVICE AREA PLANS

[Rule 333-260-0020](#)

8. COUNTY ORDINANCES AND 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.

RECOMMENDATION: Repeal MC-C-4-98. However, in the best interest of the County as a whole, a public hearing is suggested.

M-54020

IN THE COUNTY COURT FOR THE STATE OF OREGON
COUNTY OF MORROW

IN THE MATTER OF REGULATING)
AMBULANCE SERVICE PROVIDERS) ORDINANCE
NO. MC-C-4-98

The County Court for the County of Morrow ordains as follows:

A. Ordinance No. MC-C-2-98 adopted by the County Court February 11, 1998 is hereby REPEALED.

B. The County Court hereby adopts the following:

SECTION 1. TITLE

This ordinance shall be known, and may be cited as, "Ambulance Service Providers Ordinance".

SECTION 2. AUTHORITY

This Ordinance is enacted pursuant to ORS 682.205, 682.275 and ORS 203.035, and other applicable law.

SECTION 3. POLICY AND PURPOSE

The County Court finds:

1. That ORS 682.205 requires Morrow County to develop a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.
2. That this Ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each service area and establishes the Morrow County Emergency Medical Services Advisory Committee together with Attachment "A" incorporated herein by this reference, make up the Morrow County Ambulance Service Area Plan.

SECTION 4. DEFINITIONS

The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 682 and OAR Chapter 333, Divisions 250, 255, 260 and 265 unless specifically defined herein

to have a different meaning.

SECTION 5. EXEMPTIONS

This Ordinance shall not apply to:

1. Ambulances owned by or operated under the control of the United States Government.
2. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.
3. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.
4. Vehicles operated solely for the transportation of lumber industry employees.
5. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

SECTION 6. AMBULANCE SERVICE AREAS

For the efficient and effective provision of ambulance service in accordance with the Morrow County Ambulance Service Area Plan, the ambulance service area shown on the map attached as Exhibit "A", attached hereto and incorporated herein by this reference, is hereby adopted as the Ambulance Service Area for Morrow County. The County Court, by the adoption of an Order, may adjust the boundaries of the Ambulance Service Area(s) from time to time as necessary to provide efficient and effective ambulance service.

SECTION 7. ASSIGNMENT OF AMBULANCE SERVICE AREAS

1. No person shall provide ambulance service in Morrow County unless an Ambulance Service Area has been assigned to that person pursuant to this section.
2. Any person desiring to provide ambulance service within Morrow County shall submit an application to be assigned an Ambulance Service Area within 30 days of the effective date of this Ordinance. The application shall be submitted to the Morrow County Health District. The applications shall be reviewed by the Morrow County Emergency Medical Services Advisory Committee created by this Ordinance which shall recommend the assignment of Ambulance Service Areas to the County Court. The assignment of Ambulance Service Areas shall be made by an Order of the County Court.

3. An application required by subsection 2 above shall include the following information:
 - a. The name and address of the person applying for assignment of an Ambulance Service Area.
 - b. The Ambulance Service Area the person desires to service and the location from which ambulance services will be provided.
 - c. A list of vehicles to be used in providing ambulance services including year, make and model and verification that each vehicle is licensed as a basic life support and/or advance life support ambulance by the State of Oregon.
 - d. A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician certificate number.
 - e. Sufficient additional information to allow for the review of the application in light of the review criteria established by the Morrow County Ambulance Service Area Plan.
 - f. Such additional information deemed necessary by the Morrow County Emergency Medical Services Advisory Committee or the County Court.
4. Each application shall be reviewed for the applicant's conformity with the requirements of Oregon law for providing ambulance services, the specific criteria of the Morrow County Ambulance Service Area Plan and the need for efficient and effective ambulance service within Morrow County.
5. The assignment of the initial Ambulance Service Area shall be valid from the date of issuance for a period of five years. Thereafter, the assignment of Ambulance Service Areas may be renewed for additional five year terms commencing on the first day of July pursuant to subsection 6 below and subject to the provisions for suspension or revocation as set forth in Section 9 below.
6. Not less than forty-five (45) days prior to the expiration of the assignment of an Ambulance Service Area (e.g. five years less forty-five days for the initial assignment), any person desiring the renewal of an assignment or a new assignment of an Ambulance Service Area shall submit an application to be assigned an Ambulance Service Area. The application shall include the information required by subsection 3 above except that applications for renewal need only provide such information necessary to bring the original application up to date. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section.
7. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the County Court shall set a time by which

applications must be submitted for reassignment of the Ambulance Service Area. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section and the assignment shall be for the remainder of the term unless otherwise specified by the County Court.

8. Not less than fifteen (15) days prior to any date when the applications for the assignment of an Ambulance Service Area are due, notice of such application due date shall be posted in three (3) public places and published at least once in a newspaper of general circulation in Morrow County.

SECTION 8. DUTIES OF AMBULANCE SERVICE PROVIDER

Upon assignment of an Ambulance Service Area to a person in accordance with Section 7, the person providing ambulance service:

1. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance and the Morrow County Ambulance Service Area Plan.
2. Shall not fail or refuse to respond to an emergency call for service if an ambulance is available for service.
3. Shall not respond to a medical emergency located outside its assigned Ambulance Service Area except:
 - a. when request for a specific ambulance service provider is made by the person calling for the ambulance and the call does not dictate an emergency response;
 - b. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond or the person is requested by the other provider or 9-1-1 dispatch to respond; or
 - c. when the response is for supplemental assistance or mutual aid.
4. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the County Court. The written notice shall include an application for assignment of the Ambulance Service Area submitted by the transferee. The application shall be reviewed in accordance with Section 7.
5. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving ninety (90) days written notice to the County Court.

SECTION 9. SUSPENSION OR REVOCATION OF ASSIGNMENT

1. Upon a recommendation by the Morrow County Emergency Medical Services Advisory Committee, or upon its own motion, the County Court may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:
 - a. willfully violated provisions of this Ordinance, the Morrow County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
 - b. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.
2. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the County Court may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the County Court action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. The holder of such assignment shall notify the County Court of the action taken. If the holder of the assignment fails to take corrective action within the time required, the County Court shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

SECTION 10. APPEAL

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension or revocation of an Ambulance Service Area may request a hearing before the County Court by filing with the County Court a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the County Court unless the County Court makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The County Court shall set a time and place for a hearing which shall be de novo on the record or a full de novo hearing, as determined by the County Court. Within fourteen (14) days after the conclusion of the hearing, the County Court shall affirm, reverse or modify its original decision.

SECTION 11. EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

1. There is hereby created a Morrow County Emergency Medical Services Advisory Committee, the members of which shall be appointed by the County Court for two (2) year terms. The Committee shall choose its own chairperson and meet quarterly or when called upon by the County Court or its Chairperson. Motions shall be passed by majority of those attending.
2. The Committee shall consist of:

- a. 1 - Supervising physician for ambulance service provider or their designee;
 - b. 3 - EMTs from ambulance service provider (one each from Boardman, Heppner and Irrigon);
 - c. 2 - Directors of nursing services or designee (one each from Pioneer Memorial Hospital and Good Shepherd Hospital, Hermiston);
 - d. 1 - Fire department representative;
 - e. 1 - 9-1-1 systems representative; and
 - f. 2 - Quick Response Team representatives (one each from Lexington and Ione).
3. The Committee shall have the following powers and duties:
- a. Review and make recommendations to the County Court regarding all applications for assignment of Ambulance Service Areas.
 - b. Provide for on-going input to the County Court from prehospital care consumers, providers and the medical community.
 - c. Periodically review the performance of ambulance service providers within Morrow County.
 - d. Periodically review the Morrow County Ambulance Service Area Plan and make recommendation to the County Court including, but not limited to:
 - 1) review standards established in the plan and make recommendations regarding improvement and/or new standards.
 - 2) monitor coordination between emergency medical service resources;
 - 3) review dispatch procedures and compliance; and
 - 4) review the effectiveness and efficiency of the Ambulance Service Area boundaries.
 - e. Develop and implement a quality assurance program, including but not limited to training, to insure compliance with the Morrow County Ambulance Service Area Plan.

SECTION 12. INITIAL RESPONDER

Nothing in this Ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this Section.

1. The initial responder shall be a municipal corporation or a special district within Morrow County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.
2. The initial responder shall respond with Emergency Medical Technicians and/or First Responders that are certified by the State of Oregon and who are employed by or volunteer with the initial responder.
3. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be in charge of, and responsible for, the continuation of emergency medical services. The initial responder shall continue to provide emergency medical services only at the direction of the ambulance service provider.

SECTION 13. PENALTIES

Any person who violates any of the provisions of this Ordinance is guilty of a violation. Failure from day to day to comply with the terms of this Ordinance shall be a separate offense for each such day. Failure to comply with any provision of this Ordinance shall be a separate offense for each such provision.

Violations of the provisions of this Ordinance is punishable, upon conviction, by a fine of not more than five hundred dollars (\$500) for a non-continuing offense, i.e. an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e. an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this Ordinance is punishable by a fine of not more than five hundred dollars (\$500) per day up to the maximum of one thousand dollars (\$1,000) as provided by law.

SECTION 14. NUISANCE

In addition to penalties provided by Section 13, violation of any of the provisions of this Ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. Pursuant to ORS 682.015, this Ordinance shall be enforceable by the Health Division of the State of Oregon, Department of Human Resources in a proceeding in Circuit Court for equitable relief.

SECTION 15. SEVERANCE CLAUSE

If any section, subsection, provision, clause or paragraph of this Ordinance shall be

adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect the validity of the remaining portions of this Ordinance; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

SECTION 16. EMERGENCY

As it is necessary for the health, safety, comfort and convenience of the people of Morrow County that this Ordinance have immediate effect, an emergency is hereby declared to exist and this Ordinance shall be in full force and effect from and after its passage and approval by unanimous vote of the County Court.

ADOPTED by the Morrow County Court this 15 day of April, 1998.

ATTEST:

The seal of the Morrow County Court is circular with the text "MORROW COUNTY COURT" around the top and "STATE OF OREGON 1859" around the bottom. In the center is a smaller seal with a tree and the text "MORROW COUNTY".
Barbara [Signature]
County Clerk

Louis A. Carlson
Louis A. Carlson, Judge

APPROVED AS TO FORM.
Will. [Signature]
County Counsel

R. J. French
R. J. French, Commissioner

John Wenzholz
John Wenzholz, Commissioner

Roberta Lutcher

From: Justin Nelson
Sent: Tuesday, February 21, 2023 1:20 PM
To: Roberta Lutcher; Roberta Vanderwall
Subject: FW: Letter for inclusion in BOC packet
Attachments: Letter to BOC - 02-20-23.pdf

Noticed that you were not included in this email.
-Justin

Justin W. Nelson
Morrow County District Attorney
Morrow County Counsel
100 S. Court St.
P.O. Box 664
Heppner, OR 97836
Office: (541) 676-5626
Fax: (541) 676-5660
Email: jnelson@co.morrow.or.us

From: Emily Roberts <emilyr@moco hd.org>
Sent: Tuesday, February 21, 2023 1:16 PM
To: David Sykes <dsykes@co.morrow.or.us>; Jeff Wenholz <jwenholz@co.morrow.or.us>
Cc: Justin Nelson <jnelson@co.morrow.or.us>; 'Troy S. Bundy' <TSB@hartwagner.com>
Subject: Letter for inclusion in BOC packet

STOP and VERIFY This message came from outside of Morrow County Gov

Good afternoon,

We are respectfully requesting to be officially added to the agenda for tomorrow following Chief Hughes with the attached document included in the packet.

Best,

Emily Reynolds Roberts
Chief Executive Officer
Morrow County Health District
564 E Pioneer Drive
Heppner, OR 97836
Phone: 541-676-2915
Website: www.healthymc.org
Strengths: • Input • Strategic • Relator • Achiever • Activator



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

02/20/2023

Morrow County Board of Commissioners
Bartholomew Building
110 N. Court Street
Heppner, OR 97836

Dear Morrow County Commissioners,

I respectfully request that this letter and the attached documents be placed in the public meeting packet for the February 22, 2023 Board of Commissioners meeting. I further request to be added to the agenda following Chief Hughes' presentation concerning Ordinance MC-C-4-98.

The cover sheet for Chief Hughes' presentation states the ASA Plan must be submitted to and approved by the Oregon Health Authority every five years. This is correct. The ASA Plan was most recently approved by OHA on March 24, 2022 (see attached). Prior to this, the ASA Plan has been approved by OHA every five years per Oregon Administrative Rules. There is no requirement for the BOC to periodically amend MC-C-4-98 unless the BOC chooses to do so. The ASA Plan is in and of itself an Ordinance approved by the BOC (see page 6 of the currently approved ASA Plan). The ASA Plan Chief Hughes included in his packet is not the current ASA Plan. See attached ASA Plan approved by OHA on March 24, 2022.

The ASA Plan specifically tasks the Morrow County EMS Advisory Committee with administering and enforcing the ASA Plan. Proposed modifications to the ASA Plan are to be referred to the Committee. In March of 2022, Chief Hughes requested that the Committee support his requested modifications to the ASA Plan. The Committee issued a determination (attached) declining to amend the ASA Plan.

In September of 2022, MCHD made a good faith effort to mediate with BFRD to reach agreement about the provision of EMS services in Boardman. When these efforts did not resolve the issue, MCHD called a hearing for January of 2023 as required by the ASA Plan to attempt to resolve BFRD's non-compliance with the ASA Plan. (See attached notice of hearing.) After receiving the notice of hearing, BFRD again agreed to engage in mediation. At BFRD's request, MCHD postponed the hearing to allow for mediation to proceed. Mediation is currently scheduled for April 17, 2023.

MCHD strongly desires to resolve BFRD's concerns in a mutually beneficial manner. MCHD has provided ambulance service to the entire county as one ambulance service area for over 30 years. Because the District operates a critical access hospital, we are eligible for enhanced federal funding, which is not accessible to any other entity in the region. This funding model makes the District the most fiscally prudent option to provide ambulance services in Morrow County.

A competing service in Boardman would impact the District's eligibility for enhanced federal funding and would eliminate that funding across the District's entire ambulance service.



**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

The District currently subsidizes EMS services to cover a loss of **\$550,000 per year** per staffed location. If the District loses the enhanced federal funding, the annual deficit increases to **\$900,000 per year** per staffed location for a **total deficit of \$2,700,000 per year** across the county.

The purpose of a health district is to provide medical services to communities that otherwise could not support such services as in the case of EMS in Morrow County. Tax dollars are used to provide these health services to help our communities stay vital and healthy. MCHD does not have sufficient funds to subsidize EMS services at \$2,700,000 per year and as such, that financial burden would fall to Morrow County, who ultimately has the legal responsibility to provide ambulance services to **all** of Morrow County.

BFRD has **not** put forth a financial model showing they can support EMS services in Boardman nor has BFRD demonstrated a need for increased EMS services in Boardman. MCHD has consistently outperformed all measures outlined in the ASA Plan and provides more ambulances per capita than all surrounding licensed service providers (two in Boardman, two in Irrigon, one in Lone, and two in Heppner).

BFRD approaching the BOC at this point in time is an attempt to circumvent the established legal processes for amendment to the ASA Plan. Additionally, BFRD has agreed to engage in mediation (scheduled for April 17, 2023) with the goal of entering into an Intergovernmental Agreement, which would allow BFRD's ambulances to operate as part of MCHD's team. This would increase the available ambulances to four versus the two which would be available if BFRD were the sole provider of ambulance services in Boardman. (Under the OARs, each ambulance service area may have only one ambulance service provider.)

We respectfully ask the BOC to refer BFRD back to the mediation process to resolve their concerns. To do otherwise presents a serious risk to the financial stability and availability of ambulance services in Morrow County.

Sincerely,

Emily Roberts
Chief Executive Officer

MORROW COUNTY BOARD OF COMMISSIONERS MEETING AGENDA

Wednesday, April 19, 2023 at 9:00 a.m.

Bartholomew Building, Upper Conference Room

110 N. Court St., Heppner, Oregon

See Zoom Meeting Info on Page 2

1. **Call to Order and Pledge of Allegiance - 9:00 a.m.**
2. **City/Citizen Comments**
3. **Open Agenda:** The Board may introduce subjects not already on the agenda
4. **Consent Calendar**
 - a. Minutes: April 5th
 - b. CAFFA Program Grant (County Assessment Function Funding Assistance) Resolution No. R-2023-6
 - c. Letter in Support of House Bill 3205
 - d. Letter in Support of Boardman Fire Rescue District Applying for an Ambulance License
 - e. Amendment to Oregon Department of Human Services Intergovernmental Grant Agreement #178249, Water Deliveries
 - f. Resolution No. R-2023-5: In the Matter of Applying for a Local Government Grant from the Parks & Recreation Department, Heritage Trail
 - g. Partition Plat, Jody L. Marston, Public Dedication Acceptance
5. **Business Items**
 - a. Stepping Stones Alliance Presentation (Jesalyn Cole, Executive Director)
 - b. Vietnam War Memorial Presentation (Steve Bates, President, Vietnam War Memorial Fund)
 - c. 9:45 a.m.: Columbia Development Authority Update (Greg Smith, Exec. Dir.)
 - d. Funding Request from South Morrow County Seniors Matter (Jerry Conklin)
 - e. Letter of Support to Oregon Broadband Office (Aaron Moss, Broadband Action Team)
 - f. Discuss Process and Timeline for Creation of New Ambulance Service Area Plan (Roberta Vanderwall, Interim Administrator)
 - g. Review Flyer on Nitrate-Related Activities (Roberta Vanderwall)
 - h. Report on Land Purchased for Transit Facility (Roberta Vanderwall)
 - i. Water Advisory Committee Appointments (Tamra Mabbott, Planning Director)
 - j. Amendment 1 to Intergovernmental Agreement with the City of Boardman for Building Department Services (Tamra Mabbott)
 - k. Code Enforcement Abatement Funds; Approve Committee (Tamra Mabbott)
 - l. Award Contract, Supply, Delivery & Application of Liquid Asphalt Emulsion (Eric Imes, Public Works Director)
 - m. Intent to Award, Labor Attorney Legal Services & Letter of Engagement (Lindsay Grogan, HR Director)
 - n. Award Contract, Audit Services (Kevin Ince, Finance Director)
 - o. Meeting Schedule to Discuss Relocation of the Oregon-Idaho State Border: May 3rd, August 16th & November 1st
6. **Department Reports**
 - a. Surveyor's Quarterly Report (Matt Kenny, Contracted Surveyor)
 - b. Treasurer's Monthly Report (Jaylene Papineau)
 - c. Planning Department Monthly Report (Tamra Mabbott)



AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 1 of 2)

(For BOC Use)
Item #

Please complete for each agenda item submitted for consideration by the Board of Commissioners
(See notations at bottom of form)

Presenter at BOC: Justin Nelson
Department: County Counsel
Short Title of Agenda Item:

Date submitted to reviewers:
Requested Agenda Date: 4-19-2023

(No acronyms please)

Letter in Support of Boardman Fire Rescue District Applying for an Ambulance License

This Item Involves: (Check all that apply for this meeting.)
Order or Resolution
Ordinance/Public Hearing:
1st Reading 2nd Reading
Public Comment Anticipated:
Estimated Time:
Document Recording Required
Contract/Agreement
Appointments
Update on Project/Committee
Consent Agenda Eligible
Discussion & Action
Estimated Time:
Purchase Pre-Authorization
Other Letter

N/A
Purchase Pre-Authorizations, Contracts & Agreements
Contractor/Entity:
Contractor/Entity Address:
Effective Dates - From: Through:
Total Contract Amount: Budget Line:
Does the contract amount exceed \$5,000? Yes No

Reviewed By:

Department Director Required for all BOC meetings
County Administrator Required for all BOC meetings
County Counsel *Required for all legal documents
Finance Office *Required for all contracts; other items as appropriate.
Human Resources *If appropriate

*Allow 1 week for review (submit to all simultaneously). When each office has notified the submitting department of approval, then submit the request to the BOC for placement on the agenda.

Note: All other entities must sign contracts/agreements before they are presented to the Board of Commissioners (originals preferred). Agendas are published each Friday afternoon, so requests must be received in the BOC Office by 1:00 p.m. on the Friday prior to the Board's Wednesday meeting. Once this form is completed, including County Counsel, Finance and HR review/sign-off (if appropriate), then submit it to the Board of Commissioners Office.

AGENDA ITEM COVER SHEET
Morrow County Board of Commissioners
(Page 2 of 2)

1. ISSUES, BACKGROUND, DISCUSSION AND OPTIONS (IF ANY):

On April 5, 2023, a majority of the Morrow County Board of Commissioners voted to direct staff to draft a Letter in Support of Boardman Fire Rescue District application to OHA for ambulance license. The letter is strictly in support for application to OHA and does not grant ambulance services by BFRD in Morrow County at this time.

2. FISCAL IMPACT:

3. SUGGESTED ACTION(S)/MOTION(S):

Motion to approve the signing of the Letter of Support.

Attach additional background documentation as needed.



BOARD OF COMMISSIONERS

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

David Sykes, Chair
Jeff Wenzholz, Commissioner
Roy Drago Jr., Commissioner

April 19, 2023

Oregon Health Authority
Veronica Seymour
Professional Standards Representative
EMS & Trauma Systems
800 N. E. Oregon Street, Suite 465
Portland, OR 97232

Via Email: veronica.seymour@state.or.us

Dear Ms. Seymour,

The Morrow County Board of Commissioners supports Boardman Fire Rescue District in its quest to seek licensing for its agency and ambulances.

Sincerely,

David Sykes
Chair

Jeff Wenzholz
Commissioner

Roy Drago Jr.
Commissioner

Roberta Lutcher

From: Michael Hughes <MHughes@boardmanfd.com>
Sent: Tuesday, April 18, 2023 3:07 PM
To: David Sykes; Roberta Vanderwall
Cc: Roberta Lutcher
Subject: Letter of Support

STOP and VERIFY This message came from outside of Morrow County Gov

Chair Sykes and Administrator Vanderwall,

I forwarded the draft letter from the board packet to an OHA contact. His legal department requested that this sentence be added as not to create a delay. I'm respectfully requesting the letter be amended with this added language. Again, this language is addition to the language already on the letter.

"If Boardman Fire Rescue District is granted an Oregon ambulance service license, Morrow County shall ensure Boardman Fire Rescue District complies with Morrow County's Ambulance Service Plan"

Please feel free to contact me with any questions.

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



BOARD OF COMMISSIONERS

110 N Court St. • P.O. Box 788
Heppner, OR 97836
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David Sykes, Chair
Jeff Wenholz, Commissioner
Roy Drago Jr., Commissioner

April 19, 2023

Oregon Health Authority
Veronica Seymour
Professional Standards Representative
EMS & Trauma Systems
800 N. E. Oregon Street, Suite 465
Portland, OR 97232

Via Email: veronica.seymour@state.or.us

Dear Ms. Seymour,

The Morrow County Board of Commissioners supports Boardman Fire Rescue District in its quest to seek licensing for its agency and ambulances.

If Boardman Fire Rescue District is granted an Oregon ambulance service license, Morrow County shall ensure Boardman Fire Rescue District complies with Morrow County's Ambulance Service Plan.

Sincerely,

David Sykes
Chair

Jeff Wenholz
Commissioner

Roy Drago Jr.
Commissioner



Morrow County

P.O. Box 788 • 110 N. Court St.
Heppner, OR 97836 • (541) 676-5613
www.co.morrow.or.us

*****PRESS RELEASE*****

April 13, 2023

Ambulance Services Review Under Way

The Morrow County Board of Commissioners has authorized the updating and modernizing of the County's Ambulance Service Area Plan and designation of Ambulance Service Area Providers. In this process, the County will be working with the Oregon Health Authority, all parties providing or interested in providing ambulance services, and all parties who wish to be consulted or provide advice regarding the Plan and the boundaries of ambulance service areas.

While the County is working on that update, ambulance services continue to be provided by the Morrow County Health District under the 1998 Ambulance Service Providers Ordinance, so the public should not see any change in services.

Direct inquiries to:

Roberta Vanderwall, Interim Administrator
rvanderwall@co.morrow.or.us
541-676-2529

AMBULANCE SERVICE PLAN PROCESS

Morrow County is currently operating under the 1998 ASA Plan and Ordinance No. MC-C-4-98

Morrow County located at 110 N. Court, Heppner, OR 97836, 541-676-5316 is the responsible agency for implementing an Ambulance Service Plan.

Morrow County is holding Public Hearings to propose the adoption of the new Ambulance Service Plan and Boundaries/Ordinance. Public testimony will be taken and comments will be received and compiled.

Please limit comments to three minutes.

- 1 - PUBLIC HEARING - **Wednesday, May 3 @ 3:00 PM** in the Bartholomew Building in Heppner to receive testimony and take input.
- 2- PUBLIC HEARING - **Wednesday, May 3 @ 6:00 PM** in the Bartholomew Building in Heppner to receive testimony and take input.
- 3- PUBLIC HEARING – **Wednesday, May 10th @ 3:00 PM**, location to be announced
- 4- PUBLIC HEARING – **Wednesday, May 10th @ 6:00 PM** The Morrow County Government Building in Irrigon to receive testimony and take input.

Current committee: Justin Nelson, Morrow County Legal Counsel, Bob Blackmore, Legal Counsel retained by the County for his expertise in ASA Plans and Ordinances, Paul Gray, Emergency Manager and Roberta Vanderwall, Interim County Administrator. We will be adding interested members to the committee such as BFRD, MCHD, Good Shephard Group, etc.

Bob Blackmore, Justin Nelson, Paul Gray and I have started the process to update the Ambulance Service Plan and Ordinance. Roberta Lutcher, Executive Assistant to the BOC has begun the process of updating the original document into a Word document.

Once the Public Hearings have closed, County staff will compile the comments for Bob Blackmore and BOC to review and take into consideration.

Morrow County may want to retain an engineering firm specializing in maps and boundaries. Bob B will get further information for us. This is an option the Commissioners may want to consider.

Once the committee has a Plan, the County will adopt an ordinance and the ASA Plan.

Oregon Health Authority (OHA) adopts Morrow County's Plan within 60 days of receipt of Plan, shall approve the Plan if it complies with the rules or disapprove the Plan.

BOC Approves final ASA Plan approved by the State