

**COLUMBIA COUNTY
AMBULANCE SERVICE PLAN**

June 7, 1989

COLUMBIA COUNTY AMBULANCE SERVICE

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Attachments:

Columbia County Ambulance Service Ordinance

COLUMBIA COUNTY AMBULANCE SERVICE

I. Definitions

Administrator - means the person designated by resolution of the Columbia County Board of Commissioners to administer the Ordinance.

Advanced Life Support (ALS) Units - means those ambulances staffed by an Oregon-certified Emergency Medical Technician (EMT) III or IV and an EMT I.

Ambulance - means any privately or publicly owned motor vehicle, aircraft, or marine craft that is regularly provided or offered to be for both emergent and non-emergent transportation of a person suffering from illness, injury, or disability. (This plan only pertains to ground ambulances.)

Ambulance Services - means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County; provided, however, that the provision of this definition shall not apply to any ambulance which shall pass through the County in the delivery of patients picked up at points outside the County.

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

Ambulance Service Plan - means a plan which describes the need for and coordination of ambulance services and establishes ambulance service areas.

A.P.C.O. - means the Associated Public-Safety Communications Officers, Inc.

Basic Life Support (BLS) Units - means those ambulances staffed by an Oregon-certified Emergency Medical Technician I or II.

Communication System - means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed.

Dispatch Center - means any dispatch, communications, PSAP or Information receiving area, including but not limited to any fire, police, hospital, or private facility, that is responsible for any request for emergency medical care and the dispatching or tap-out of ambulances or emergency medical services.

COLUMBIA COUNTY AMBULANCE SERVICE

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.

Emergency Medical Service (EMS) - means those pre-hospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation and public education.

Emergency Medical Technician I (EMT I) - means a person certified by the Oregon State Health Division to attend any ill, injured, or disabled person in connection with his/her transportation by an ambulance and in accordance with ORS 820.310, 820.330, 820.350, and 823.010 to 823.990.

Emergency Medical Technician II (EMT II) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610 (3).

Emergency Medical Technician III (EMT III) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610 (4).

Emergency Medical Technician IV (EMT IV) - means a person certified by the Board of Medical Examiners as defined in ORS 677.610 (5).

Emergency Operations Plan (EOP) - means the Columbia County Emergency Operations Plan adopted by the Columbia County Board of Commissioners.

Frontier - means the areas of the state that are not urban, suburban or rural.

Health Officer - means the County Health Officer.

License - means the document issued by the Oregon State Health Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 823.010 to 823.990 and Oregon Administrative Rules 333-28-000 through 333-28-130.

Major Emergency - means an incident that requires the coordinated response of all levels of government to save the lives and property of the population. This may cause a need for sheltering or relocation of a majority of the affected population. Under such conditions the County EOP will be implemented.

Ordinance - means the Columbia County Ambulance Service Ordinance adopted by the Columbia County Board of Commissioners.

COLUMBIA COUNTY AMBULANCE SERVICE

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.

Patient - means an ill, injured, or disabled person who may be transported in an ambulance.

PSAP - Public Safety Answering Point

Response Time - means the length of time between notification of the ambulance and arrival of the ambulance at the incident scene.

Rural - means an unincorporated area which is not urban or suburban, and the area is within a radius of 10 miles of an urban or suburban community's center.

Special Emergency - means an incident that has special or unusual characteristics requiring response by more than one emergency response agency and which may require partial implementation of the County EOP.

Suburban - means an area which is:

- a) within a five mile radius of an urban community's center, or
- b) has a population density of 1,000 or more per square mile, or
- c) incorporated communities of 9,999 or less population.

Supervising Physician - means a medical or osteopathic physician licensed under ORS Chapter 677, and actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of medical accountability and pre-hospital emergency medical care education.

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

COLUMBIA COUNTY AMBULANCE SERVICE

II. Boundaries

The ASAs have been adopted in accordance with Section 7 of the Columbia County Ambulance Service Ordinance by the Board of Commissioners. Boundaries of the ASAs can be modified as dispatch equipment, roads, populations and providers, etc., change

Boundaries for Ambulance Service Areas (ASA) in Columbia County, which have been defined by population density, transport time, telephone prefix, and are designed to promote cooperation and coordination with 9-1-1 areas, fire districts and incorporated city boundaries; as well as minimize the effects of artificial and geographical barriers on response times, are discussed below.

- SA-1 Sauvie Island Area: This includes all of that portion of Sauvie Island which is within Columbia County. It will be included in the Multnomah County ASA Plan. Assignment of ambulance service will be made by Multnomah County.
- SA-2 Scappoose Area: This includes the City of Scappoose, the communities of Chapman and Spitzenberg, and the Columbia County portion of the Scappoose Rural Fire Protection District and all of the Chapman Rural Fire Protection District.
- SA-3 St. Helens Area: This includes the Cities of St. Helens and Columbia City, the communities of Warren, Yankton, Deer Island, Canaan and Trenholm, and all of the St. Helens Rural Fire Protection District.

COLUMBIA COUNTY AMBULANCE SERVICE

II. Boundaries, continued

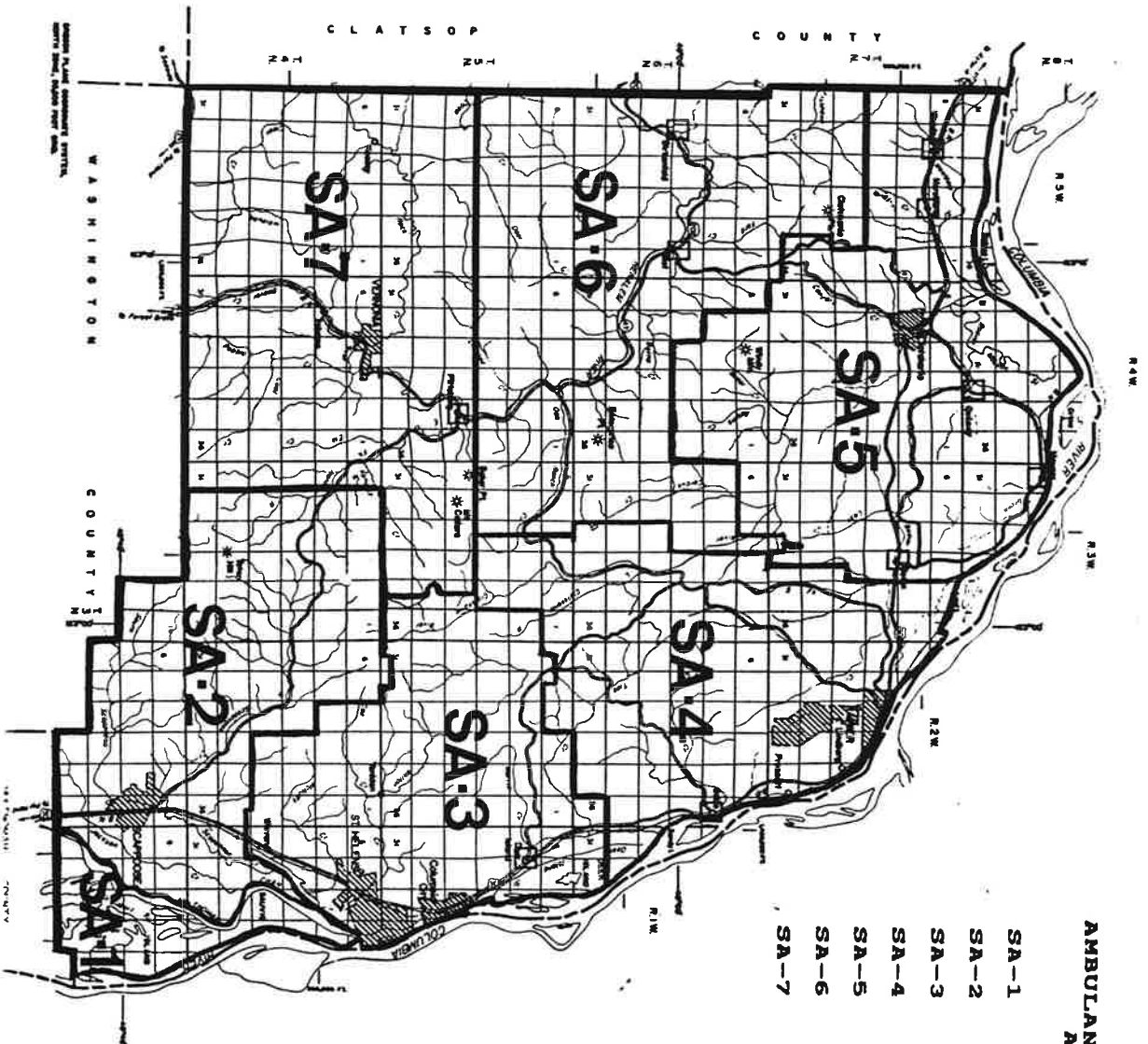
- SA-4 Rainier Area: This includes the Cities of Rainier and Prescott, the communities of Goble, Lindberg, Shiloh Basin, Apiary and Fern Hill, and all of the Rainier Rural Fire Protection District.
- SA-5 Clatskanie Area: This includes the City of Clatskanie, the communities of Alston, Delena, Mayger, Quincy, Marshland and Woodson, and all of the Clatskanie Rural Fire Protection District.
- SA-6 Mist-Birkenfeld Area: This includes the communities of Mist, Birkenfeld and Natal, and all of the Mist-Birkenfeld Rural Fire Protection District.
- SA-7 Vernonia Area: This includes the City of Vernonia, the communities of Pittsburg, Keasey, Treharne and Clear Creek, and all of the Vernonia Rural Fire Protection District.

The map on page 8 shows the boundaries of the ASAs.

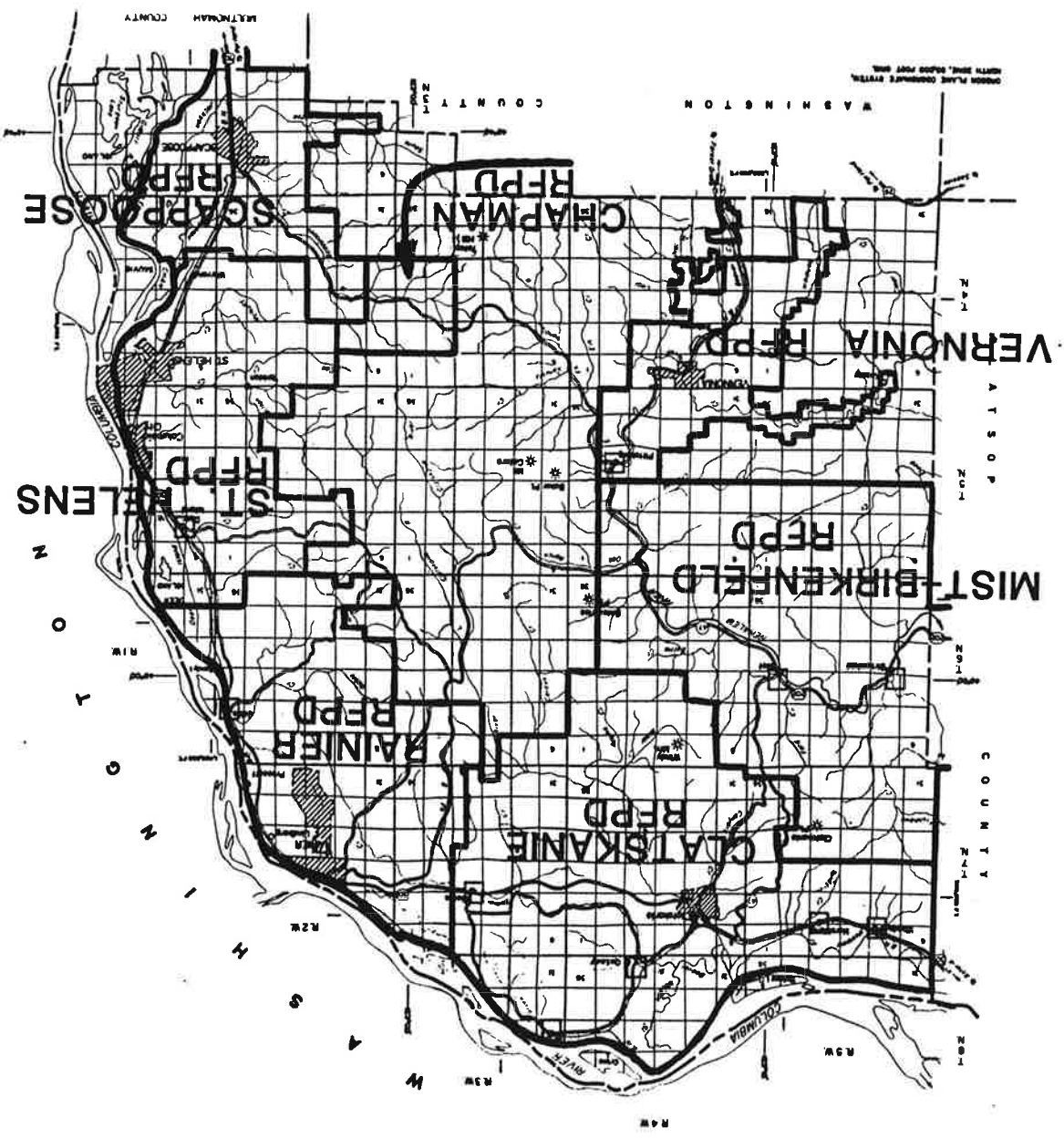
The map on page 9 shows the boundaries of the rural fire protection districts and cities.

**AMBULANCE SERVICE
AREAS**

- SA-1 Sauvie Island Area
- SA-2 Scappoose Area
- SA-3 St. Helens Area
- SA-4 Rainier Area
- SA-5 Clatskanie Area
- SA-6 Mist-Birkenfeld Area
- SA-7 Vernonia Area



Source: Clatsop County Health Department
Map Date: 1988



COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards

A. Communications

1. Current Situation

a. Columbia County is served by two 9-1-1 PSAPs: one in the Columbia County Courthouse in St. Helens, serving telephone prefixes 543, 397, 556, 728, and 429; the other in the Astoria Police Department serving the telephone prefix of 755. All emergency services are obtained by dialing 9-1-1 and processed by these PSAPs. The Columbia County portion of Sauvie Island has no telephone service. See the map on page 11.

b. All EMS calls come through one of the PSAPs first and then are dispatched for the ambulance service areas:

SA-2, SA-3, SA-4, SA-7: direct dispatched by the PSAP which answered the EMS call.

SA-5, SA-6: the EMS call is transferred by the PSAP to the Clatskanie Rural Fire District which then dispatches the call.

SA-1: an EMS call for service on the Columbia County portion of Sauvie Island will be received by the Multnomah County PSAP. It would be dispatched by Multnomah County.

c. No dispatch point or PSAP does triage. They obtain basic information from the caller, such as name, address, age, and nature of the complaint. All dispatch centers and PSAPs will provide triage once the EMS Dispatch Training Standard is implemented.

2. Ambulance Notification Procedures

a. Ambulance responders are notified by dispatch centers or PSAPs (tap-out) by radio within two minutes of receipt of a life threatening call.

b. The dispatcher will obtain from the caller and relay to responders the following information:

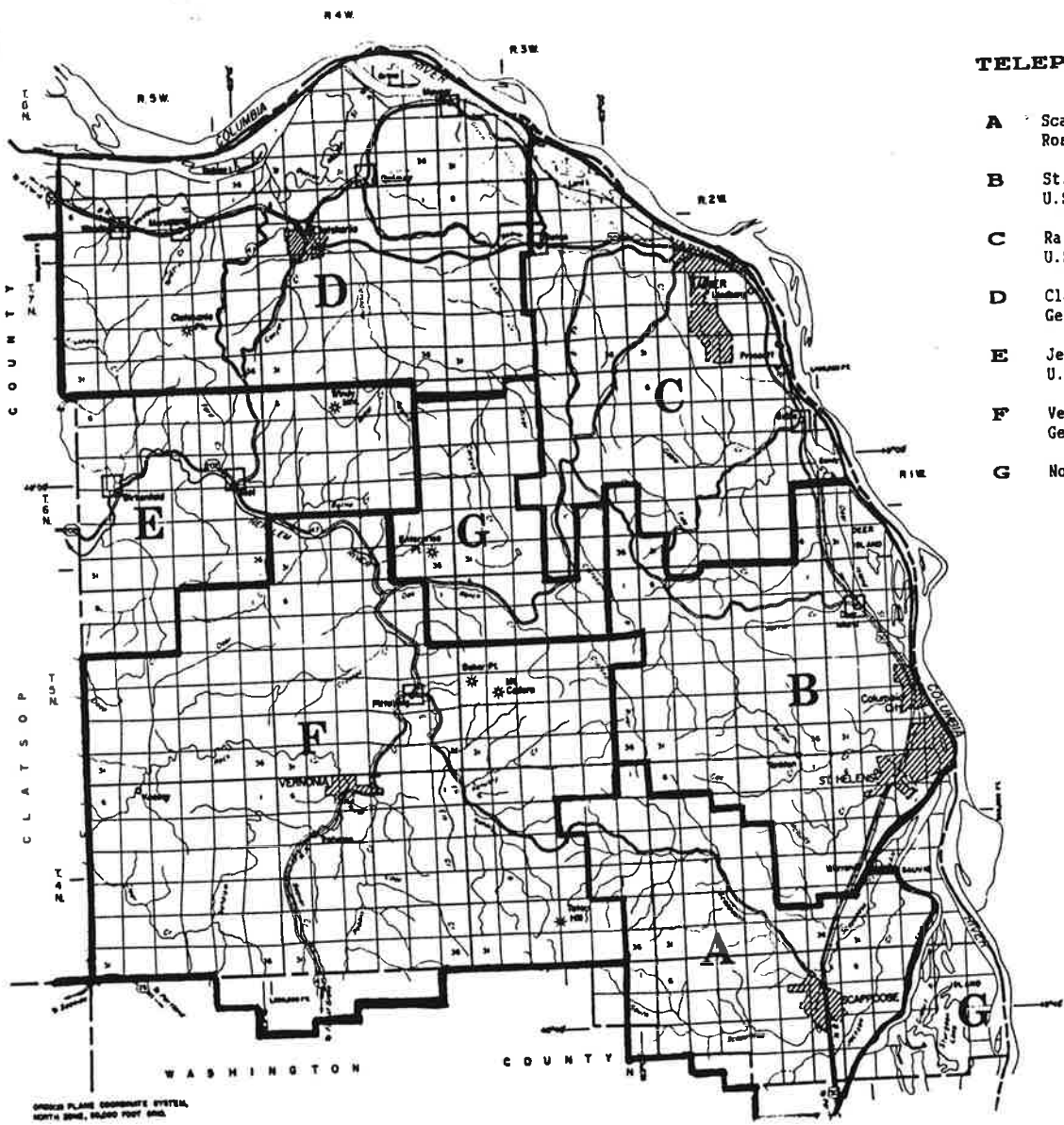
(1) Location of the emergency.

(2) Nature of the emergency.

(3) Any specific instructions or information that may be pertinent for the emergency (additional agencies needed, hazards, treatment in progress, etc.).

TELEPHONE EXCHANGES

- A** Scappoose Telephone Exchange
Rose Valley Telephone Company
- B** St. Helens Telephone Exchange
U.S. West Communications
- C** Rainier Telephone Exchange
U.S. West Communications
- D** Clatskanie Telephone Exchange
General Telephone Company
- E** Jewell Telephone Exchange
U.S. West Communications
- F** Vernonia Telephone Exchange
General Telephone Company
- G** No Telephone Service



SPHERICAL PLANE COORDINATE SYSTEM,
NORTH ZONE, 8400 FOOT GMD.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

A. Communications, continued

3. Emergency Radio Communications System Standards

- a. Communication/Dispatch Centers and/or PSAPs shall be restricted to authorized persons only.
- b. Communication/Dispatch Centers and/or PSAPs shall meet State Fire Marshal standards and any future State or County standards.
- c. Radio consoles shall have the capability to communicate on frequency 155.340 MHz.
- d. Ambulances:
 - (1) All ambulances shall be equipped with an 80 watt, or greater, multi-channel mobile radio.
 - (2) Each ambulance crew shall have one 5-watt portable hand-held radio with a minimum of two radio frequency channels.
 - (3) Each radio, mobile or hand-held, shall have the frequency of 155.340 MHz installed.

4. Radio Communications Procedures

- a. Ambulance responders shall inform the dispatch center of any changes in status by radio. Plain English or 10-code will be used.
 - (1) In service.
 - (2) Enroute to scene or destination and type of response.
 - (3) Arrival at scene or destination.
 - (4) Transporting patient(s) to hospital or medical facility. The number of patients, types of response, and name of the facility will be given.
 - (5) Out of service.
- b. Ambulance responders shall, when conditions permit, inform receiving hospital of the following:
 - (1) Unit radio number.
 - (2) Age and sex of patient(s).
 - (3) Condition and chief complaint of patient(s).
 - (4) Vital signs of patient(s).
 - (5) Care rendered at scene and enroute.
 - (6) Estimated time of arrival.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

A. Communications, continued

5. EMS Dispatcher Training Standards

- a. All Communications/Dispatch and PSAP personnel will successfully complete the Emergency Medical Dispatch Course (16 hours) that meets the U.S. Department of Transportation standards by 1995, or sooner if mandated by appropriate law.
- b. All Communications/Dispatch and PSAP personnel will meet all standards which may be adopted by the State or County in the future.
- c. Communications/Dispatch and PSAP personnel will be encouraged to attend any course, conference, or workshop that directly relates to their work and will enhance their skills.
- d. One of the primary goals of training for Communications/Dispatch and PSAP personnel is to do triage.

B. Response Times

1. Standards for Ambulance Response Times

- a. Components monitored and standards for response: ambulance responders will notify Dispatch Centers by radio or telephone that they are responding within five minutes of dispatch tone out.
- b. Ambulance responders shall meet the following ambulance arrival response times for potentially life threatening emergencies:

(1) Urban	8 minutes at 80%
(2) Suburban	15 minutes at 80%
(3) Rural	45 minutes at 80%
(4) Frontier	60+ minutes

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

B. Response Times, continued

2. Explanation of Dispatch Response Time terminology:

PSAP Handling _____ minutes

Phone ringing in PSAP

|
Answer the phone

|
Call transfer (if appropriate)

Dispatch Process _____ minutes

Receipt of call transfer (if appropriate)

|
Call interrogation

|
Gathering information

|
Pre-alert tone out

Response _____ minutes

Receipt of pre-alert tone out

|
Response of staff to ambulance

|
Dispatch tone out of detailed information

|
Departure of ambulance

Total Time _____ minutes

"Placement of call" to "ambulance departure from ambulance headquarters."

3. Maximum Dispatch Response Times

SA-1 Sauvie Island Area

To be developed by Multnomah County ASA Plan.

SA-2 Scappoose Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	5.00 minutes
Total Time:	7.25 minutes

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

B. Response Times, continued

3. Maximum Dispatch Response Times, continued

SA-3 St. Helens Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	2.00 minutes
Total Time:	4.25 minutes

SA-4 Rainier Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	5.00 minutes
Total Time:	7.25 minutes

SA-5 Clatskanie Area

PSAP Handling:	0.75 minutes
Dispatch Process:	2.00 minutes
Response:	5.00 minutes
Total Time:	7.75 minutes

SA-6 Mist-Birkenfeld Area

PSAP Handling:	0.75 minutes
Dispatch Process:	2.00 minutes
Response:	10.00 minutes
Total Time:	12.75 minutes

SA-7 Vernonia Area

PSAP Handling:	0.25 minutes
Dispatch Process:	2.00 minutes
Response:	10.00 minutes
Total Time:	12.25 minutes

4. Response Time Monitoring Process

The monitoring process will be conducted by the Ambulance Service Advisory Committee. Information and any complaints will be obtained from the public, EMS providers, patient care information, radio logs/transmission tapes, trauma registry forms, etc.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards

1. All ambulance service providers in Columbia County shall operate in an effective and efficient manner.
 - a. Effectiveness of service is demonstrated by complying with requirements for ASA boundaries, coordination and service standards, ie., maximum dispatch response times (III, B), and minimum standards for ambulance service provider response (III, C, 3), as well as other standards or requirements adopted by the ASA Committee.
 - b. Efficiency of service is demonstrated by complying with the following effectiveness standards at a reasonable cost to the consumer.
 - (1) Information which shall be provided is as follows:
 - (a) network
 - (b) projected versus actual cashflow
 - (c) detailed list of assets and liabilities
 - (d) billing and collection practices
 - (e) personnel management practices
 - (f) clinical performance
 - (g) number of transports
 - (h) medical accountability
 - (i) staff training
 - (j) average total bill
 - (2) In addition to the above, an audited or reviewed operating statement for the last two years and the most recent balance sheet (within the last 12 months) will be submitted to the Administrator upon request.
 - (3) Demonstrated billing experience to include billing practices with no less than 60% collection rate will be the standard with the ability to work with third party payers such as Medicare and Medicaid.
2. All ambulance service providers shall submit documentation annually to the Administrator showing that their staff and equipment meet State and Federal standards. The submission will be on forms provided by the Administrator.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards, continued

3. Minimum Standards for Ambulance Service Provider Response

a. SA-1 Sauvie Island Area: To be developed by Multnomah County ASA Plan.

b. SA-2 Scappoose Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

c. SA-3 St. Helens Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 2 EMT-1s

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

d. SA-4 Rainier Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards, continued

3. Minimum standards, continued

e. SA-5 Clatskanie Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

f. SA-6 Mist-Birkenfeld Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

g. SA-7 Vernonia Area:

Level of response: Ambulance with EMTs

Level of care: ALS and BLS

Staffing: ALS: 1 EMT-3 and 1 EMT-1
BLS: 1 EMT-1 and first aid
trained driver

Vehicles: 1 ALS certified ambulance and
1 BLS certified ambulance

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

C. Provider Standards, continued

4. Training currently available for ambulance service providers is as follows:
 - a. Portland Community College offers initial and continuing training for First Responders and EMT 1 through EMT 4.
 - b. Inservice training for initial and continuing education for EMT 1 through EMT 4 is offered by St. Helens Hospital (St. Helens, Oregon), St. John's Hospital (Longview, Washington), Tuality Hospital (Hillsboro, Oregon), and St. Vincent Hospital (Beaverton, Oregon).
 - c. Paramedic Training Institute (Portland, Oregon) offers Oregon recognized EMT training in conjunction with PCC.
 - d. Each ambulance service provider conducts their own in-house training.

D. Disaster Response

1. During a Major Emergency the EMS/Ambulance Service response will be coordinated by the Fire Service. At the scene of the emergency the agency/person in charge will be the Incident Command Agency/Incident Commander (ICA/IC). If the ICA/IC is a Fire Service agency/person the EMS/Ambulance Service response will be coordinated directly with the ICA/IC; if the ICA/IC is an agency/person other than from the Fire Service the EMS/Ambulance Service response will be coordinated with the ICA/IC through the ranking Fire Service Officer on-scene.
2. The County's Emergency Operations Plan may be activated at a Special Emergency and will be at a Major Emergency. Refer to the County EOP for specific information about emergency operations.
3. The Fire/Ambulance Service Annex to the County EOP will be utilized to ensure effective and efficient EMS/ambulance service response when the County EOP is activated.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

D. Disaster Response, continued

4. General response guidelines for Special or Major Emergencies:

a. First EMS unit on-scene:

- (1) Assess nature and severity of incident.
- (2) Advise appropriate 9-1-1 PSAP of situation.
- (3) Request appropriate fire and/or police services.
- (4) Request initiation of EMS mutual aid, if needed.

b. Initial EMS responders upon call-out:

- (1) Check in with the Incident Commander.
- (2) Implement needed rescue, if trained and equipped to do so.
- (3) Establish triage area, teams and system.
- (4) Establish and organize transportation for all injured, ill or evacuated.
- (5) Alert area hospitals of situation.
- (6) Monitor and reassess situation periodically considering:
 - weather
 - topography
 - exposures
 - life hazards
 - fire hazards

5. Resources will be coordinated through the EMS responder's agency, the ranking Fire Service Officer on-scene, the Communications/Dispatch Center or PSAP, or the EOC if activated.

COLUMBIA COUNTY AMBULANCE SERVICE

III. Standards, continued

D. Disaster Response, continued

6. Additional resources are as follows:

a. Hazardous Materials:

- (1) O.E.R.S. provides notification and activation of State agencies: 1-800-452-0311
- (2) U.S. Coast Guard for response on navigable waters (Columbia River): 1-240-9300

b. Search and Rescue:

- (1) Columbia County Sheriff's Office: 9-1-1 or 397-2511
- (2) U.S. Coast Guard: 1-240-9301

c. Specialized Rescue:

- (1) U.S. Coast Guard: 1-240-9300
- (2) 304th M.A.S.T.: 1-288-5611, ext. 315

d. Extrication:

- (1) Fire Districts within Columbia County: 9-1-1

E. Mutual Aid

All ambulance service providers in Columbia County will be required to be a party to and sign the Columbia County Fire Defense Board's Fire and Ambulance/EMS Mutual Aid Agreement. A copy of that Mutual Aid Agreement is attached to and made a part of this Plan.

MUTUAL ASSISTANCE AGREEMENT

BETWEEN THE

PUBLIC FIRE AND AMBULANCE AGENCIES OF COLUMBIA COUNTY

1985 THIS AGREEMENT ENTERED INTO THIS 15 DAY OF MARCH,
~~1984~~ AMONG AND BETWEEN THE UNDERSIGNED PARTIES IS FOR THE
PURPOSE OF SECURING FOR EACH THE BENEFITS OF MUTUAL ASSISTANCE IN
ORDER TO ENHANCE THE PROTECTION OF LIFE AND PROPERTY IN COLUMBIA
COUNTY.

NOW, THEREFORE, THE PARTIES HERETO DO AGREE AS FOLLOWS:

ARTICLE I
DEFINITIONS

- 1.01 "ASSISTANCE" MEANS EQUIPMENT AND PERSONNEL.
- 1.02 "CHIEF OFFICER" MEANS THE OFFICIAL IN CHARGE OF EACH AGENCY OR HIS AUTHORIZED REPRESENTATIVE.
- 1.03 "EQUIPMENT" MEANS THE PHYSICAL EQUIPMENT OF EACH AGENCY.
- 1.04 "PERSONNEL" MEANS THE PERSONS DESIGNATED BY EACH AGENCY TO TAKE PART IN FIRE OR LIFE EMERGENCY INCIDENTS.

ARTICLE II
MUTUAL ASSISTANCE

- 2.01 COOPERATION: EACH OF THE PARTIES HERETO AGREE TO FURNISH TO EACH OTHER SUCH ASSISTANCE AS THE CHIEF OFFICER OF A REQUESTING AGENCY REQUIRES, PROVIDED, HOWEVER, NO AGENCY SHALL BE REQUESTED TO FURNISH ANY ASSISTANCE WHICH IT CANNOT REASONABLY BE EXPECTED TO FURNISH. THE AGENCY FURNISHING ASSISTANCE RESERVES THE RIGHT TO PROVIDE ONLY SUCH ASSISTANCE AS ITS CHIEF OFFICER DETERMINES TO BE REASONABLY AVAILABLE.
- 2.02 PROMPT DISPATCH: EACH OF THE PARTIES HERETO AGREE TO PROMPTLY DISPATCH ASSISTANCE REQUESTED IN ACCORDANCE WITH PARAGRAPH 2.01 HEREOF OR TO NOTIFY THE REQUESTING AGENCY OF ITS INABILITY SO TO DO.
- 2.03 EMERGENCY CONFLAGRATION ACT: EACH OF THE PARTIES HERETO AGREE THAT ASSISTANCE GIVEN UNDER THE PROVISIONS OF THE EMERGENCY CONFLAGRATION ACT SHALL BE GOVERNED BY THE PROVISIONS OF THIS AGREEMENT.

ARTICLE III
SUPERVISION

- 3.01 SUPERVISION: EACH AGENCY SHALL BE RESPONSIBLE FOR THE DIRECTION OF ACTIVITIES AT INCIDENTS WITHIN ITS JURISDICTION. INITIAL ACTIVITIES TAKEN BY AN ASSISTING AGENCY, PRIOR TO THE ARRIVAL OF THE REQUESTING AGENCY, SHALL BE UNDER THE SUPERVISION OF THE ASSISTING AGENCY ONLY UNTIL THE ARRIVAL OF THE REQUESTING AGENCY.
- 3.02 SITUATIONS OF EXTREME DANGER: NOTHING IN THIS AGREEMENT SHALL PREVENT THE CHIEF OFFICER OF AN ASSISTING AGENCY FROM REFUSING, IN THE EXERCISE OF THEIR BEST JUDGEMENT AND DISCRETION, TO COMMIT ASSISTANCE TO A POSITION OF EXTREME DANGER. THE CHIEF OFFICER OF AN ASSISTING AGENCY SHALL BE THE SOLE JUDGE OF THE EXTENT AND IMMINENCE OF SUCH DANGER.

ARTICLE IV
COSTS AND CLAIMS

- 4.01 COSTS: EACH OF THE PARTIES HERETO AGREE TO ASSUME ANY AND ALL COSTS THEY INCUR AS A RESULT OF THE IMPLEMENTATION OF THE TERMS OF THIS AGREEMENT.
- 4.02 CLAIMS: EACH OF THE PARTIES HERETO WAIVE ALL CLAIMS FOR ANY AND ALL LOSS, DAMAGE, PERSONAL INJURY OR DEATH THEY INCUR AS A RESULT OF THE IMPLEMENTATION OF THE TERMS OF THIS AGREEMENT.

ARTICLE V
GENERAL PROVISIONS

- 5.01 PREVIOUS AGREEMENTS: THIS AGREEMENT IS IN LIEU OF ALL PREVIOUS MUTUAL ASSISTANCE AGREEMENTS AMONG AND BETWEEN THE PARTIES HERETO.
- 5.02 LIMITATIONS: NO PARTY HERETO SHALL BE BOUND BY THIS AGREEMENT BEYOND ITS LAWFUL AUTHORITY AND APPROPRIATIONS AVAILABLE.
- 5.03 LAWS AND REGULATIONS: EACH PARTY HERETO AGREES TO COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS PERTAINING TO THIS AGREEMENT INCLUDING, BUT NOT LIMITED TO, INDUSTRIAL ACCIDENT AND WORKER'S COMPENSATION LAWS OF THE STATE OF OREGON.

ARTICLE VI
DURATION AND TERMINATION

- 6.01 DURATION: IT IS THE INTENT OF THE PARTIES HERETO THAT THIS AGREEMENT SHALL REMAIN IN CONTINUOUS EFFECT UNTIL

TERMINATED PURSUANT TO PARAGRAPH 6.02 HEREIN.

6.02 TERMINATION: ANY PARTY HEREOF MY WITHDRAW FROM THIS AGREEMENT AT ANY TIME BY MUTUAL CONSENT OF THE OTHER PARTIES OR BY GIVING THE OTHER PARTIES NOT LESS THAN THIRTY (30) DAYS PRIOR WRITTEN NOTICE OF THEIR INTENT SO TO DO. IN THE EVENT OF SUCH WITHDRAWAL OF ONE OR MORE PARTIES, THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT AS TO ALL REMAINING PARTIES.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT ON THE DATE FIRST HEREINABOVE STATED.

CHAPMAN RURAL FIRE PROTECTION DISTRICT:

Ed Rie
CHAIRMAN

Joyanna Terrenburg
SECRETARY

CLATSKANIE RURAL FIRE PROTECTION DISTRICT:

Lewis J. Nott
CHAIRMAN

Jean M. Kukland
SECRETARY

MIST-BIRKENFELD RURAL FIRE PROTECTION DISTRICT:

Arthur C. Leback
CHAIRMAN

Jack W. Bass
SECRETARY + Treas.

OREGON DEPARTMENT OF FORESTRY:

D. Mathick
STATE FORESTER

Ed Johnson

RAINIER RURAL FIRE PROTECTION DISTRICT:

[Signature]
CHAIRMAN

[Signature]
SECRETARY

ST. HELENS RURAL FIRE PROTECTION DISTRICT:

[Signature]
CHAIRMAN

[Signature]
SECRETARY

SCAPPOOSE RURAL FIRE PROTECTION DISTRICT:

[Signature]
CHAIRMAN

[Signature]
SECRETARY

CITY OF VERNONIA:

[Signature]
MAYOR

VERNONIA AMBULANCE ASSOCIATION:

Gregory D. ...

CHAIRMAN

Agnes Lee West

SECRETARY

VERNONIA RURAL FIRE PROTECTION DISTRICT:

Duane P. Garrison

CHAIRMAN

Richard M. Dutton

SECRETARY

COLUMBIA COUNTY AMBULANCE SERVICE

IV. Quality Assurance Program

The Ambulance Service Advisory Committee shall be in charge of Quality Assurance Program. The Committee may request and shall receive Quality Assurance conclusions from all agencies dealing with pre-hospital care. All information received shall be kept confidential.

The Quality Assurance Program has three goals:

1. Assure prompt appropriate level of care to persons in need of emergency medical care.
2. Assure proper emergency medical care for the patient.
3. Assure transport of patient to the proper hospital.

The Committee will achieve these goals by conducting case reviews, call screens and reviewing complaints. The focus will be both educational and to identify system problems, ie, need for protocol change or education. Individual EMT problems will be referred to respective physician advisors.

V. Assignment of Ambulance Service Areas

The procedures for assignment of ASAs are set forth in Sections 9, 11, and 12 of the Columbia County Ambulance Service Ordinance. The Ambulance Service Advisory Committee's role in the assignment process is set forth in Section 11 of the Ambulance Service Ordinance. To assist the reader of this Plan in discovering what the procedures are, refer to Ordinance No. 89-5, Sections 9, 11 and 12.

VI. Columbia County Ambulance Service Ordinance and Rules

The Columbia County Ambulance Service Ordinance is attached to this Plan.

Any additional ordinances, or resolutions or orders regulating ambulance service or implementing the Ordinance will also be attached to this Plan.

COLUMBIA COUNTY AMBULANCE SERVICE

VII. Plan changes

The initial adoption of this Plan will be by Order of the Board of County Commissioners. Changes to the Plan may be made by the Board on its own motion or upon the recommendation of the Ambulance Service Advisory Committee or upon the recommendation of the administrator or of any other person.

VIII. Authentication

This Plan, written and adopted pursuant to ORS 823.220, is in compliance with local statutes/ordinances and Oregon Administrative Rules 333-28-000 through 333-28-130.

Dated this 7th day of June, 1989.

BOARD OF COUNTY COMMISSIONERS
FOR COLUMBIA COUNTY, OREGON

By: J. L. R. Peterson
Chairman

By: May W. Dillard
Commissioner

By: Michael J. Sykes
Commissioner