

# **AMBULANCE SERVICE AREA PLAN**

**CLATSOP COUNTY OREGON**

**Adopted March 14, 2012**

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## **OVERVIEW OF CLATSOP COUNTY**

(Demographic and Geographic Description)

Clatsop County is located at the northwest corner of state at the mouth of the Columbia River, with a population of 37,039 (2010) and an area of 1,085 square miles comprised of 873 square miles of land and 212 square miles of water. The economy is based mainly on fishing, lumber and tourism. There are many historical sites located in and around Astoria, which was founded in 1811 as the first American city west of the Rocky Mountains.

Elevations range from 19 feet in Astoria to 2500 feet in the Coast Range. Three major highways run through Clatsop County: U.S. Highway 101, U.S. Highway 30 and U.S. Highway 26. Clatsop County is connected to Washington State by the Astoria-Megler Bridge. The bridge span stretches 4.1 miles from Astoria, Oregon across the mouth of the Columbia River, to Point Ellice, Washington.

A good portion of the geographical area of Clatsop County can be characterized as “rural” or “frontier” under the guidelines of the Oregon State Trauma Plan (ORS 431.607).

Clatsop County recognizes that the delivery of pre-hospital emergency medical care to its residents is independent of having access to quality pre-hospital services. This Ambulance Service Area Plan (ASA) was developed by Clatsop County to comply with ORS 823.180. Clatsop County shall consist of one (1) ambulance service area. Mutual aid agreements with ambulance service providers from adjoining counties as well as services located in the State of Washington will be negotiated by the Franchise Ambulance Company of record. The ASA Plan is designed to establish minimum standards and provide the framework for ongoing system development and quality assurance of pre-hospital EMS (Emergency Medical Service) in Clatsop County.

## DEFINITIONS

1. **ADVANCED EMERGENCY MEDICAL TECHNICIAN - (AEMT or Advanced EMT)** a person who is certified by the authority as an Advanced Emergency Medical Technician (AEMT).
2. **ALS – “Advanced Life Support”** those medical services that may be provided in the scope of practice of a person certified as an Emergency Medical Technician, AEMT, EMTI, Paramedic or Registered Nurse as defined in ORS Chapter 823.
3. **AMBULANCE ORS 682.025 – “Ambulance” or “ambulance vehicle”** means any privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.
4. **AMBULANCE SERVICE ORS 682.025 – “Ambulance service”** means any person, governmental unit, corporation, partnership, sole proprietorship or other entity that operates ambulances and that holds itself out as providing pre-hospital care or medical transportation to persons who are ill or injured or who have disabilities.
5. **AMBULANCE SERVICE PLAN (ASP) -** A written document, which outlines a process for establishing a County Emergency Services Ambulance Service System. A plan that addresses the need for and coordination of ambulance services by establishing ambulance service areas for Clatsop County, and by meeting requirements established by the State of Oregon under ORS rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. A plan may substitute a Franchise agreement for an open market system.
6. **AUTHORITY –** The Oregon Health Authority
7. **BLS “Basic Life Support” –** Those medical services that may be provided within the scope of practice of a person certified as an EMT or EMR.
8. **CLATSOP COUNTY BOARD OF COMMISSIONERS – (Board)** The elected body consisting of five Commissioners.
9. **COMMUNICATION SYSTEM –** Two way radio communications between Ambulances, dispatchers, Fire, Hospitals and other agencies as needed. A two channel multi-frequency capacity is the minimal requirement.
10. **DIVISION –** The Oregon Health Authority, Department of Health and Human Services
11. **EFFECTIVE PROVISION OF AMBULANCE SERVICES –** Ambulance Services provided in compliance with the Clatsop County Ambulance Service Plan.
12. **EMERGENCY CARE ORS 682.025 –** The performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill, injured or with disabilities, in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in pre-hospital emergency care. Emergency care does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.
13. **EMERGENCY MEDICAL TECHNICIAN (EMT) –** A person who has received formal training in pre-hospital and emergency care and is state certified to attend any

person who is ill, injured or who has a disability. Police Officers, Firefighters, Funeral Home employees, and other personnel serving in a dual capacity one of which meets the definition of EMT are Emergency Medical Technicians. ORS 682.025

14. EMERGENCY MEDICAL TECHNICIAN BASIC (EMT Basic) – A person who is certified by the Authority as an EMT Basic.
15. EMERGENCY MEDICAL TECHNICIAN INTERMEDIATE (EMT Intermediate) – A person who is certified by the Authority as an EMT Intermediate.
16. EMERGENCY MEDICAL TECHNICIAN PARAMEDIC (EMT Paramedic) – A person who is certified by the Authority as an EMT Paramedic.
17. EMERGENCY MEDICAL RESPONDER (EMR Emergency Medical Responder) – A person certified by the Authority.
18. EMD – Emergency Medical Dispatch.
19. FRONTIER – Rural areas with a population density of six (6) or fewer people per square mile and isolated from population centers and services.
20. HEALTH OFFICER – Designated Clatsop County Health Officer.
21. HEAR RADIO SYSTEM – Hospital Emergency Ambulance Radio System.
22. LICENSE – Those documents issued by the Division to the owner of an Ambulance Service and Ambulance.
23. MASS CASUALTY INCIDENT (MCI) – An emergency medical incident with five (5) or more injured or ill persons to meet the requirements for scene and medical management as defined in EMS administrative rules MCI plan.
24. MEDICAL DIRECTOR PHYSICIAN ADVISOR – Supervision Physician for EMS responders.
25. NOTIFICATION TIME – The length of time between the initial receipt of request for emergency medical service by either a provider or a PSAP and the notification of all responding emergency medical service personnel.
26. OWNER – The Person having all the incidents of ownership in an Ambulance Service or Ambulance vehicle or where the incidents of ownership are in different person, the person, other than a security interest holder or lessor, entitled to the possession of an Ambulance vehicle or operation of Ambulance service under the security agreement or a lease for a term of ten (10) or more consecutive days. ORS 682.025(12)
27. PATIENT – An ill, injured, psychiatrically unstable, pregnant, disabled person or any individual asking for medical assistance who may be transported to a hospital or treated on scene.
28. PRE-HOSPITAL CARE – Care rendered by EMTs as an incident of the operation of an Ambulance prior to transport of the patient to a receiving hospital.
29. PROVIDER – Any public, private or volunteer entity providing EMS.
30. PROVIDER SELECTION PROCESS – The process established by Clatsop County for selecting an Ambulance Service provider or providers.
31. PUBLIC SAFETY ANSWERING POINT (PSAP – 911 CALL CENTER) – An agency that answers calls from citizens for emergencies involving request for Fire, Police, Coast Guard Rescue, or medical assistance.

- 32. RESPONSE TIME – The length of time between the notification of each provider and the arrival of each provider’s emergency medical service units at the incident scene.
- 33. RFPD – Rural Fire Protection District.
- 34. RN – Registered Nurse
- 35. RURAL – Those areas outside urban growth boundary of the cities located in Clatsop County.
- 36. SYSTEM RESPONSE TIME – The elapsed time from when the PSAP receives the call until the arrival of the appropriate provider unit(s) on scene.

## **BOUNDARIES**

### **ASA NARRATIVE DESCRIPTION**

Clatsop County shall consist of a single ASA

### **ASA MAP WITH RESPONSE TIME ZONES (Attachment)**

This map represents 'System Response Time' which includes notification time, roll out time and provider response time.

### **911 MAP (Attachment)**

The 911 boundaries can be described as encompassing all of Clatsop County. There are two PSAP 911 dispatch centers serving Clatsop County that are located in Astoria and Seaside.

## **FIRE DEPARTMENTS / DISTRICTS**

Fire Departments and Fire Districts that have authority, responsibility and either complete or partial bound areas within the boundaries of Clatsop County:

1. City of Astoria Fire Department
2. City of Gearhart Fire Department
3. City of Seaside Fire Department
4. City of Warrenton Fire Department
5. Cannon Beach RFPD
6. Clatskanie RFPD
7. Elsie – Vinemaple RFPD
8. Gearhart RFPD (Contracts with Gearhart Fire Department)
9. Hamlet RFPD
10. John Day – Fern Hill RFPD
11. Knappa – Svensen – Burnside RFPD
12. Lewis & Clark RFPD
13. Mist – Birkenfeld RFPD
14. Nehalem Bay RFPD
15. Olney – Walluski RFPD
16. Seaside RFPD (Contracts with Seaside Fire Department)
17. Warrenton RFPD (Contracts with Warrenton Fire Department)
18. Westport – Wauna RFPD

## ALTERNATIVES TO REDUCE RESPONSE TIME

Methods of cooperation and coordination to ensure timely and appropriate responses are thoroughly described throughout this plan.

Heavily forested, mountainous terrain, winter weather conditions, Zone 6 boundaries or Frontier areas of Clatsop County present difficult access and long response times for ground ambulances. In those situations, when an urgent response is needed, the on scene incident commander may elect to call the nearest appropriate ground ambulance, rotary, air ambulance, or Coast Guard.

A potential increase in response time to the Frontier areas is due to the limited number of locations where ambulances are located within Clatsop County. If existing Ambulances in Clatsop County are already responding to an incident, response times to subsequent incidents may be delayed.

Significant population growth in Frontier areas should trigger consideration of placement of remote ambulance and mutual aid agreement contracts.

## SYSTEM ELEMENTS

### NOTIFICATION / RESPONSE TIMES

Response time levels, barring inclement weather or extraordinary conditions:

| SERVICE           | NOTIFICATION              | RESPONSE TIME                       |
|-------------------|---------------------------|-------------------------------------|
| Ambulance Service | Included in Response Time | By Zone for 90% of calls as follows |

### ON SCENE

| ZONE    | 0  | 1  | 2  | 3  | 4  | 5  | 6  |
|---------|----|----|----|----|----|----|----|
| MINUTES | 10 | 15 | 20 | 25 | 30 | 40 | 60 |

Monitoring of notification and response times shall be accompanied by the following:

1. Information received from the public, dispatch center, pre-hospital care providers, hospitals or County EMS Administration.
2. Types of information received are written or verbal feedback, patient care reports, radio transmissions tapes, notification and response time incident reports and trauma registry forms.

## LEVEL OF CARE

The designated Ambulance franchise holder operating in Clatsop County shall be staffed as follows:

| LEVEL                     | DRIVER         | CARE PROVIDER         |
|---------------------------|----------------|-----------------------|
| Basic Life Support        | EMR, or higher | EMT or Paramedic      |
| Intermediate Life Support | EMT, or higher | EMTI, AEMT, Paramedic |
| Advanced Life Support     | EMT, or higher | Paramedic / or RN     |

## PERSONNEL

When operating an ambulance in Clatsop County all personnel must meet the requirements of ORS 682.204 and ORS 682.208. The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not constitute a requirement that the ambulance provide the same level of care on a regular basis.

## MEDICAL SUPERVISION

Each EMS agency utilizing EMTs shall be supervised by a Physician Advisor / Supervisor licensed by the State of Oregon, registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). The Physician must also be approved by the Oregon Medical Board as a Medical Doctor.

Each EMS agency or Ambulance service may have its own Medical Director. The Medical Director shall comply with OAR requirements. Columbia Memorial Hospital, Astoria (CMH) is the level IV Trauma Center for Clatsop County as designated by the State of Oregon. All trauma patients meeting trauma system entry criteria for either mandatory or discretionary entry into the Oregon trauma system will be taken to CMH. A patient may be transported from East of Hwy 26 mile post marker 18 to Legacy Emanuel Hospital for stabilization or treatment, unless life threatening injuries require the services of the closest Emergency Department.

In the event of an MCI, patients will be divided equally among hospitals in North and South counties or closest hospital as indicated for treatment and stabilization. A MCI declaration will be used at the discretion of the on scene Incident Commander. MCI patients will be triaged on scene and sent to hospitals in an equal division of patient care "load" in order to not cause the hospitals to surge unless volumes of patients involved in the MCI exceed Emergency Department bed and staffing capacity.

## PATIENT CARE EQUIPMENT

Patient Care Equipment used by Ambulance Services must meet or exceed OHA requirements. The Ambulance Service provider shall maintain a list of equipment for their ambulance which shall be submitted to the Committee upon request.

## VEHICLES

All Ambulances must either be a Type I, II or III and be licensed by the Oregon Health Division ORS 682.041. All Ambulances must meet or exceed the requirements as set forth in OAR 333.255.0070. A list of each provider's Ambulances shall be furnished to the county upon request.

## **TRAINING**

EMT recertification and continuing medical education shall be obtained through in-house training programs and seminars that are sponsored by local or State EMS agencies or teaching institutions.

All EMT training must meet or exceed the requirements as set forth in OAR 333-265-000. All EMTs employed by the Ambulance Service Franchise owner shall be trained in Incident Command System (ICS) with levels 100-200 or higher for disaster preparedness. All EMTs employed by the Ambulance Service Franchise owner shall be trained in National Incident Management System (NIMS) for Disaster Response.

## **STRUCTURE**

The Committee shall review the ASA Plan every five (5) years or sooner if State regulatory rules have changed. The Committee shall also review applications from Ambulance Service providers; provide information to the Board from pre-hospital care consumers, providers and the medical community; and perform such other duties related to the Clatsop County Ambulance Service District as directed by the Board.

The ASA Advisory Committee shall be comprised of the following recommended members:

1. County Health Officer or Public Health Director
2. A Physician familiar with EMS
3. Fire Department representative
4. ASA Franchise agreement representative
5. Registered Nurse who has worked in the Emergency Department
6. Four (4) citizens not associated with the EMS system.

## **QUALITY ASSURANCE**

This Committee will meet at least quarterly. The primary responsibility for maintaining a high standard of quality emergency medical service is assigned to the Franchised Ambulance provider, which shall establish and conform to standard operating procedures and medical protocols set by the State of Oregon. The Franchise Ambulance service provider shall establish a written procedure for addressing questions or complaints (QA) about delivery of service. The procedure shall require that issues presented to the provider be addressed at the appropriate level: supervising Physician and or Ambulance Service Manager or the providers' governing body. Any issue not resolved to the satisfaction of the presenter by the Ambulance Service provider or governing body may then be submitted to the ASA advisory committee which after preliminary review may conduct an investigation. The Franchise owner shall provide to the Committee twice yearly statistical data pertinent to Franchise Holders compliance with response guidelines as outlined in the County ASA Plan.

## **SANCTIONS FOR PROVIDERS**

Whenever the Committee finds a provider in violation of the plan, Oregon Administrative Rules or Oregon law, it shall provide written notice to the provider who shall have thirty (30) days to comply. If the Committee thereafter finds the violation continuing, it shall notify the Clatsop County Board of Commissioners with its findings and recommendations for corrective action. Corrective action may include termination of the provider's authority to operate within the County.

## **COORDINATION**

The Board has the authority to assign an ASA within Clatsop County in compliance with ORS 682.041. Applications by new providers and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, safety and welfare. Cities have the authority to develop and apply Ambulance licensing ordinances within their jurisdictional boundaries and nothing in this plan is intended to supersede that authority.

Revisions to this plan and proposals for assignment changes are the responsibility of the Clatsop County Board of Commissioners. The County Board shall receive all requests for changes and forward the requests to the Committee for review and recommendations. The Board has the authority to review service provider records and initiate an assignment, change of service area, and revocation of the franchise. The complaint review procedure is contained in the Quality Assurance narrative.

## **MUTAL AID AGREEMENTS**

The Ambulance Service provider may sign Mutual Aid Agreements with providers in adjoining counties and the State of Washington to respond with needed personnel, medical transport and equipment in accordance with the agreement.

All requests for Mutual Aid shall be made through the appropriate PSAP or in the case of an MCI the Incident Commander on scene can request additional services.

All Mutual Aid agreements will be reviewed and modified as needed by mutual consent of all parties. All Mutual Aid agreements will be filed with the County Manager's Office.

## **DISASTER RESPONSE**

The Director of the County Emergency Management office shall coordinate the EMS medical function of disaster planning with the providers. Ambulance provider personnel faced with an MCI shall examine the situation in terms of its potential or actual magnitude of disaster and request any appropriate additional resources that may be available.

## **RESOURCES OTHER THAN AMBULANCES AND OUT OF COUNTY RESOURCES**

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. The Director of the County Emergency Management Office shall be responsible for locating and coordinating all County EMS resources in collaboration with the Franchise holder of the ASA any time that the Clatsop County Disaster Management plan is implemented.

## **MASS CASUALTY INCIDENT (MCI) PLAN**

The director of the County Emergency Management Division will include Clatsop County emergency plan in the coordination of response activities relating to mass casualty incidents within Clatsop County.

The holder of the Ambulance Franchise for Clatsop County ASA shall maintain a current MCI plan submitting a copy to the County. This Ambulance MCI plan shall be reviewed

and updated every five (5) years or more often as indicated. Ambulance Franchise holder will also have EMTs / Paramedics maintain NIMS training and ICS 100-200 training for MCI and Disaster response. 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 or at the request of the County Health Officer.

## **PERSONNEL AND EQUIPMENT RESOURCES (Attachment)**

### **EMERGENCY COMMUNICATION AND SYSTEMS ACCESS**

#### **TELEPHONE ACCESS**

All of Clatsop County has 911 emergency telephone access. All Calls are answered at the designated PSAP. Medical calls are transferred to the providers dispatch center where pre-arrival instructions are given and the Ambulance is dispatched.

#### **DISPATCH AND RADIO PROCEDURES**

The County ASA Franchise provider will establish and maintain standard radio operating procedures that are compatible with PSAP procedures. Transport communications with hospitals in Clatsop County and Pacific County are done via the HEAR (Hospital Emergency Ambulance Radio) System. Clatsop County will maintain communications with Ambulance provider, Fire, Police and Hospitals via VHF radio system 155.340 inter op radio. In the instance of a disaster and radio systems become inoperable, HAM radio communications are utilized or any other means of communication.

#### **EMERGENCY MEDICAL SERVICES DISPATCHER TRAINING**

All EMS dispatchers shall successfully complete an Emergency Medical Dispatch (EMD) training course as provided by law and provider policies.

## **PROVIDER SELECTION**

### **INITIAL ASSIGNMENT OF EXISTING AMBULANCE SERVICE PROVIDER(S)**

The initial assignment under the Clatsop County Ambulance Service agreement plan is made to: MEDIX AMBULANCE SERVICE INC. Medix Ambulance Service Inc. is required to meet the standards contained in this plan, specifically those standards outlining efficiency and effectiveness, within six (6) months of the date of implementation of this plan.

### **REASSIGNMENT OF AN ASA**

In the event that a reassignment of an ASA is necessary, a written recommendation shall be made to the Board. The Committee shall develop appropriate criteria utilizing the selection process described in this plan to be presented to the Board for consideration and or action by the Board.

### **APPLICATION PROCESS FOR APPLYING FOR AN ASA**

Application for an ASA shall be made in writing to the County Board or Committee in the form of a RFP (Request for Proposal). The ASA Advisory Committee shall establish a fair and neutral selection process to be presented to the Board for consideration and or action by the Board. Any ASA Committee member who may have a conflict of interest in this process shall declare such conflict and abstain from voting in the selection process. The ASA will be assigned to the provider who demonstrates that the proposal is the most financially practical and is likely to deliver the best quality of service. This process will be done via a submission by applicants for the Franchise via an RFP with public notice given that the RFP process has begun ninety (90) days prior to acceptance of applications for the ASA Franchise contract.

MINMUM CRITERIA FOR AN APPLICATION FOR AN ASA SHALL INCLUDE THE FOLLOWING:

1. Name and address of the person or organization applying for the assignment of an ASA.
2. Statement of which ASA the person or Corporation desires to serve and the location from where the Ambulances will be provided.
3. A list of vehicles to be used in providing Ambulance services, including year, make and model and verification that the Ambulances are licensed by the Oregon Health Authority.
4. A current list of EMT / Paramedic certificate numbers and certification levels of those persons staffing Ambulances for Basic, Intermediate and Advanced Life Support transport.
5. Proof of liability insurance.
6. Documentation of probability of doing business in Clatsop County for the duration of the ASA agreement terms.
7. Sufficient additional information as deemed necessary by the Committee or the Board to allow for review of the application in light of the review criteria established by the Committee.

### **NOTIFICATION OF VACATING AN ASA**

In the event that the ASA Franchise holder MEDIX AMBULANCE SERVICE, INC., WISHES TO VACATE THEIR ASA Franchise agreement, the provider shall provide at least ninety (90) days written notice to the Clatsop County Board of Commissioners.

### **MAINTENANCE OF LEVEL OF SERVICE**

In the event that an ASA provider is unable to comply with the standards promulgated for the ASA by this plan, the provider MEDIX AMBULANCE SERVICE, INC. will notify the Board of Commissioners in writing of its inability to comply, identifying which standards are involved. The Board will determine if other qualified and compliant providers are available. If the Board determines there are no other qualified providers, it will apply to the Oregon Health Authority for a variance from the standards allowing Ambulance service by the existing provider.

### **CLATSOP COUNTY ORDINANCE (Attachment)**

The Clatsop County Board of Commissioners shall adopt an Emergency Medical Services ordinance. The ordinance shall include criteria for administering the Clatsop County Ambulance Service Area plan; limiting Ambulance services that may operate in the county; establish an application process; Ambulance Franchise Terms; enforcement; prevention of service interruption; appeals abatement and penalties; Franchisee duties; and establishing membership and duties of the ASA Advisory Committee.

## **ATTACHMENTS**

|              |   |
|--------------|---|
| Attachment A | Personnel and Equipment Resources and Location and Boundary Zones |
| Attachment B | Response Time Maps  |
| Attachment C | Fire District Maps  |
| Attachment D | Mass Casualty Incidents (MCI) Policy                              |
| Attachment E | Mutual Aid Agreements   |
| Attachment F | County Ordinance and Resolution and Order extending Franchise     |

## PERSONNEL AND EQUIPMENT RESOURCES

The following additional personnel and equipment resources are available to support the Ambulance Service provider:

### A) ADDITIONAL AMBULANCES

| <b>ROTARY<br/>AIR AMBULANCE</b>   | <b>PHONE</b> | <b>LOCATION</b>  |
|---|--------------|--|
| 1042 <sup>nd</sup> AIR AMBULANCE (TRANSPORT ONLY OREGON NATIONAL GUARD) | 911 DISPATCH | SALEM OR.<br>WILL PICK UP 304 <sup>th</sup> FOR PATIENT CARE |
| AIR LINK  | 541.382.4321 | BEND OR  |
| EMERGENCY AIR LIFT  | 800.804.4911 | NORTH BEND OR.   |
| LIFE FLIGHT   | 800.452.7434 | LONGVIEW, PORTLAND, OR.<br>VANCOUVER WA.                     |
| REACH AIR MEDICAL   | 800.338.4045 | CORVALLIS OR   |
| US COAST GUARD, STATION ASTORIA   | 503.861.6211 | AIR STATION ASORIA   |

| <b>FIXED WING AIR AMBULANCE</b>   | <b>PHONE</b> | <b>LOCATION</b>  |
|---|--------------|--|
| 1042 <sup>nd</sup> AIR AMBULANCE (TRANSPORT ONLY OREGON NATIONAL GUARD) | 911 DISPATCH | SALEM OR.<br>WILL PICK UP 304 <sup>th</sup> FOR PATIENT CARE |
| AIR LINK  | 541.382.4321 | BEND OR  |
| EMERGENCY AIR LIFT  | 800.804.4911 | NORTH BEND OR.   |
| LIFE FLIGHT   | 800.452.7434 | PORTLAND, HILLSBORO OR.                                      |
| MERCY FLIGHT  | 800.786.3729 | MEDFORD OR.  |
| PREMIER JETS – LIFE GUARD AIR AMBULANCE                                 | 503.681.8510 | HILLSBORO OR.  |
| US COAST GUARD, STATION ASTORIA   | 503.861.6211 | AIR STATION ASTORIA OR                                       |

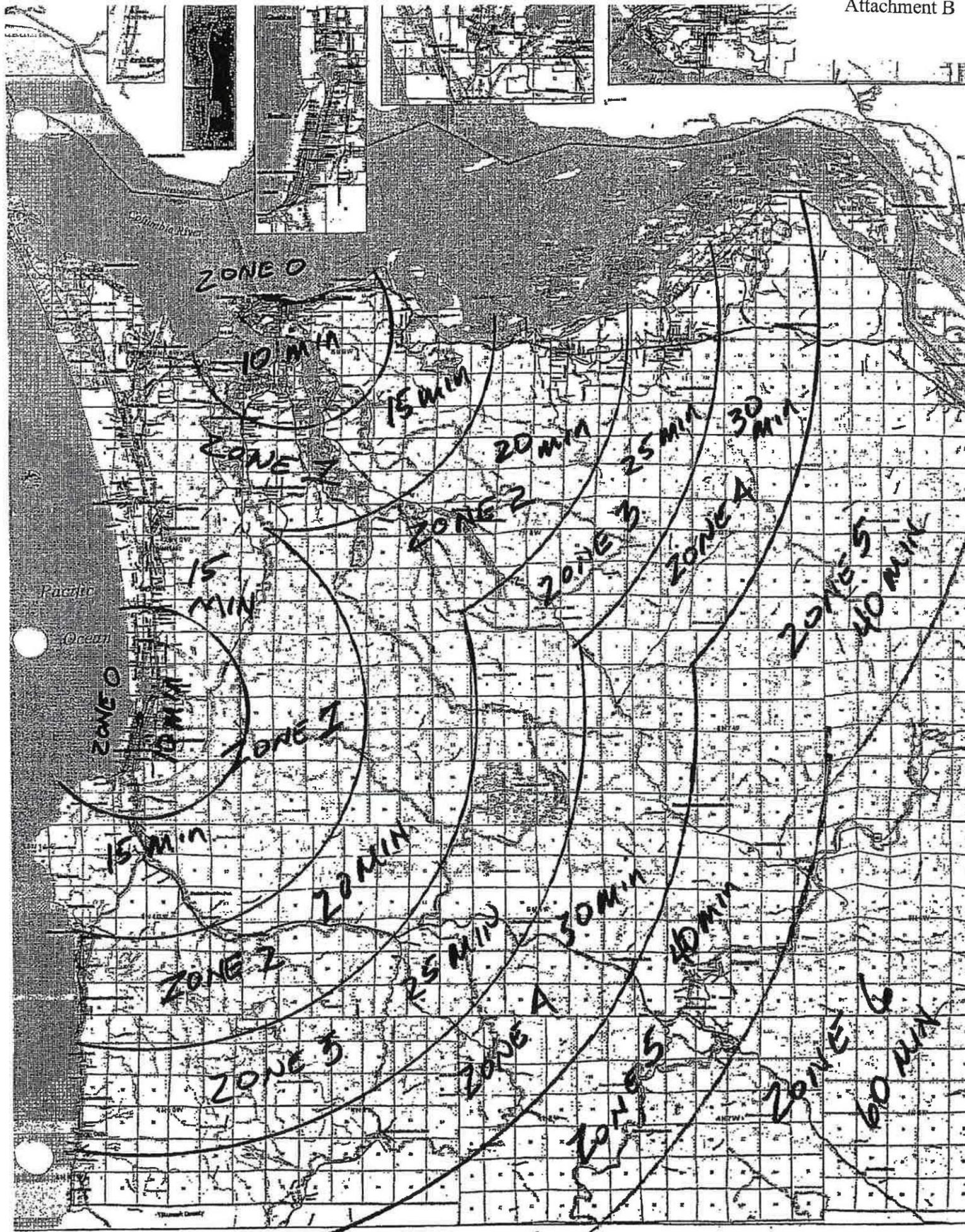
| <b>GROUND ONLY AMBULANCE</b>                 | <b>PHONE</b>        | <b>LOCATION</b>                          |
|--|---------------------|--|
| CLATSKANIE RFPD                              | 503.728.2025<br>911 | CLATSKANIE OR                            |
| COLUMBIA RIVER FIRE AND RESCUE               | 503.556.3672        | RAINIER OR                               |
| GRAYS RIVER AMBULANCE                        | 911                 | GRAYS RIVER WA. (MOU)                    |
| KNAPPA, SVENSEN, BURNSIDE FIRE DISTRICT      | 911                 | KNAPPA OR                                |
| METRO WEST AMUBLANCE                         | 503.648.6657        | HILLSBORO OR.                            |
| MIST – BERKENFELD RFPD                       | 503.755.2710        | MIST OR.                                 |
| NASELLE AMBULANCE                            | 911                 | NASELLE WA. (MOU)                        |
| PACIFIC COUNTY FIRE DISTRICT 1               | 911                 | NASELLE WA. (MOU)                        |
| TILLAMOOK COUNTY GENERAL HOSPITAL. AMBULANCE | 503.842.4444        | TILLAMOOK OR<br>HOSPITAL BASED AMBULANCE |

| <b>HAZARDOUS MATERIALS<br/>RESPONSE (HAZMAT)</b>   | <b>PHONE</b> | <b>LOCATION</b>  |
|--|--------------|--|
| CHEMTREC – CHEMICAL EMERGENCIES                    | 800.424.9300 | PORTLAND OR.   |
| OREGON STATE FIRE MARSHAL REGION II (ASTORIA FIRE) | 911          | ASTORIA OR.<br>NOTIFICATION AND ACTIVATION OF STATE AGENCIES |

| <b>SEARCH AND RESCUE</b>        | <b>PHONE</b>        | <b>LOCATION</b>                      |
|---------------------------------|---------------------|--------------------------------------|
| CLATSOP COUNTY SHERIFFS OFFICE  | 911<br>503.325.8635 | ASTORIA OR.                          |
| OREGON CIVIL AIR PATROL         | 888.407.4193        | PORTLAND OR.<br>24/7 CALL CENTER     |
| US COAST GUARD, STATION ASTORIA | 503.861.6211        | ASTORIA OR.<br>SECTOR COLUMBIA RIVER |

| <b>SPECIALIZED RESCUE</b>       | <b>PHONE</b> | <b>LOCATION</b>   |
|---------------------------------|--------------|---|
| HART- HIGH ANGLE RESPONSE TEAM  | 911          | ASTORIA OR.   |
| UNDER- WATER RECOVERY TEAM      | 911          | ASTORIA OR<br>CLATSOP COUNTY SHERIFFS OFFICE  |
| US COAST GUARD, STATION ASTORIA | 503.861.6211 | ASTORIA OR.<br>THE COLUMBIA RIVER AND PACIFIC OCEAN FALL UNDER THE JURISDICTION OF THE USCG STATION ASTORIA. THEY WILL PROVIDE SPECIALIZED AIRCRAFT AND WATERCRAFT FOR RESCUE OPERATIONS. |

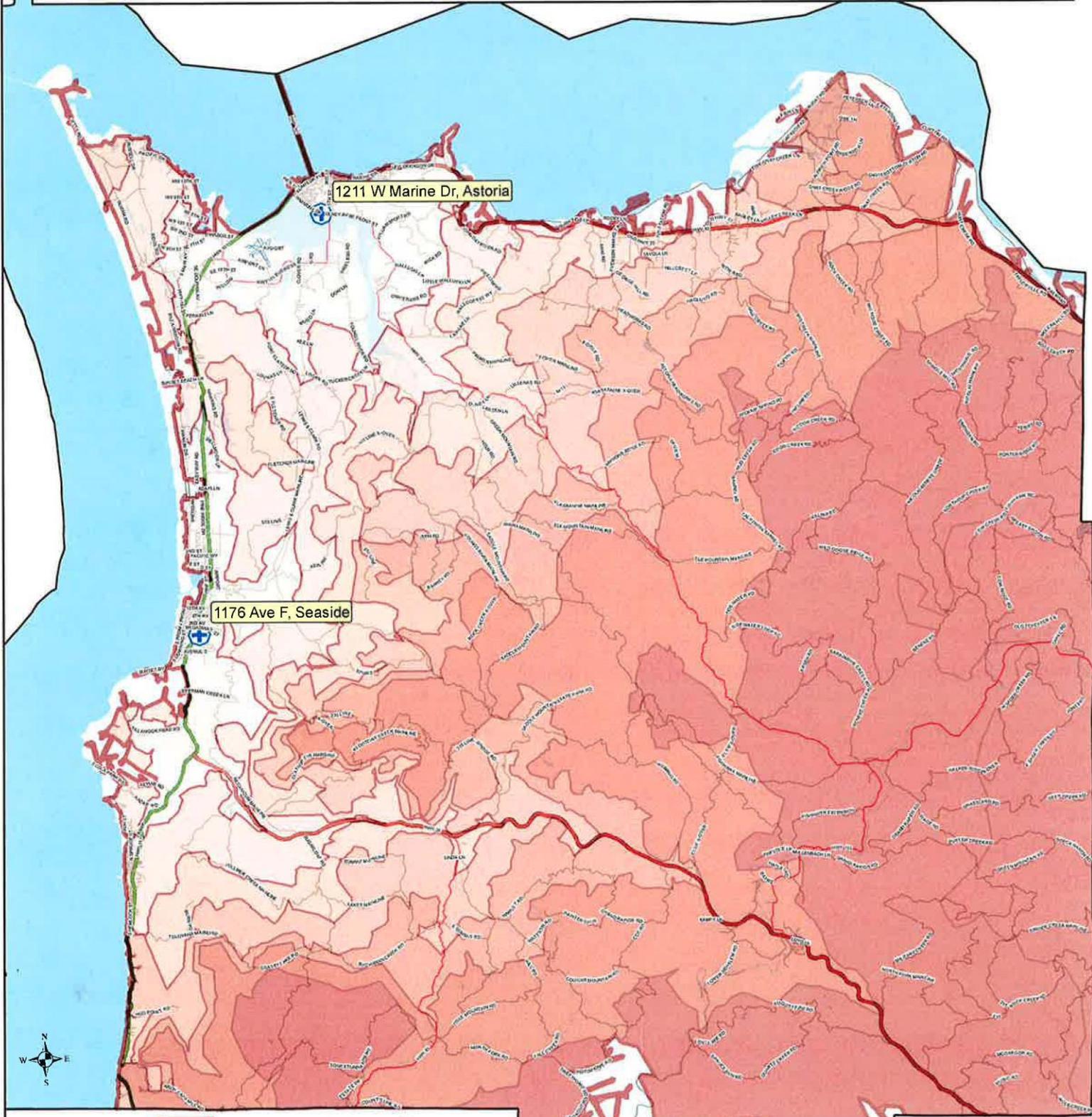
| <b>EXTRICATION TOOLS</b>       | <b>PHONE</b> | <b>LOCATION</b>                                      |
|--------------------------------|--------------|--|
| ASTORIA FIRE DEPARTMENT        | 911          | ASTORIA OR.<br>HEAVY EXTRICATION TOOL                |
| CANNON BEACH FIRE DEPARTMENT   | 911          | CANNON BEACH OR<br>HEAVY EXTRICATION TOOL            |
| CLATSOP COUNTY ROAD DEPARTMENT | 503.325.8631 | ASTORIA OR.<br>HEAVY EQUIPMENT – ACCESS THIS VIA 911 |
| ELSIE – VINEMAPLE RFPD         | 911          | ELSIE OR.<br>HEAVY EXTRICATION TOOL                  |
| GEARHART FIRE DEPARTMENT       | 911          | GEARHART OR<br>MEDIUM EXTRICATION TOOL               |
| HAMLET RFPD                    | 911          | HAMLET OR<br>HEAVY EXTRICATION TOOL                  |
| KNAPPA –SVENSON- BURNSIDE RFPD | 911          | KNAPPA OR<br>HEAVY EXTRICATION TOOL                  |
| LEWIS AND CLARK RFPD           | 911          | ASTORIA OR<br>HEAVY EXTRICATION TOOL                 |
| OLNY – WALLUSKI RFPD           | 911          | OLNEY OR<br>MEDIUM EXTRICATION TOOL                  |
| SEASIDE FIRE DEPARTMENT        | 911          | SEASIDE OR<br>HEAVY EXTRICATION TOOL                 |
| WARRENTON FIRE DEPARTMENT      | 911          | WARRENTON OR.<br>HEAVY EXTRICATION TOOL              |
| WESTPORT RFPD                  | 911          | WESTPORT OR<br>HEAVY EXTRICATION TOOL                |



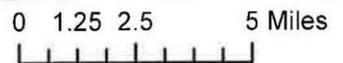


# Clatsop County Ambulance Response Time Map

Please Note: This map does not take into consideration notification time or role out time. This map is based solely off of the ambulance base locations shown, and the assumption that the ambulance is traveling at the MPH of roads in the ESRI road shapefile.



|               |         |                |
|---------------|---------|----------------|
| Response Time | 25 min  | Ambulance Base |
| 10 min        | 30 min  | +              |
| 15 min        | 40 min  |                |
| 20 min        | 60+ min |                |



This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.

## **Locations and boundaries to Zones 0 – 6**

**Zone 0** includes Most of Astoria, Seaside, Gearhart and extends to the following mile marks.

**Allow 10 minutes**

**North core to-**

**Hwy. 30 - to Emerald Heights-Tongue Point Junction**

**Hwy. 101- to Warrenton end of Bridge (MP 6.5)**

**Hwy. 202- - TO- MP 6 (just past Greenwood Cemetery)**

**Alt. Hwy 101 – all of wireless Rd –TO - Fort Clatsop/Airport cut-off**

- **Lewis & Clark Rd to MP 2.5 (Seppa Lane)**
- **Youngs River Rd. to MP 2.5 (Binder Slough Ln.)**

**South core to –**

**Hwy 101 N. – TO – MP 17 (Highlands Rd. Gearhart)**

**Hwy 101 S. – TO – MP 24 (Johnson Rock pit)**

**Lewis & Clark Road –TO - MP 10 (just past chlorine station)**

## Zone 1

Zone 1 includes most of Warrenton, Lewis & Clark, Walluski, John Day, Fernhill, Emerald Heights, Tongue Point.

Allow 15 minutes in the following areas-

Hwy. 30 - Emerald Heights to MP 86.5 (Burnside exit)

Hwy. 101N - MP 6.5 (Warrenton side of Youngs Bay Bridge) to MP 17 (Highlands Rd.)

Hwy. 101S - MP 24 (Johnson rock pit) to MP 28 (Old Hwy. 101- Just before 1<sup>st</sup> Cannon Beach exit)

Hwy. 26 - MP 0 to MP 4

Hwy. 202 - MP 6 (just past cemetery) to MP 11 (Lillenas Rd. Near Klaskanie Fish Hatchery)

Alt. Hwy 101 – Fort Clatsop turn off to Lewis & Clark mainline (gravel road) at the chlorine station.

Alt. Hwy 101 Warrenton Airport turn off

Lewis & Clark/ Logan Road MP 2.5 (Seppa Ln) to MP 10 (chlorine station)

Youngs River Road MP 2.5(Binder Slough Ln.) to MP 6 (end of L&C Fire Dist.)

All beach accesses

## **Zone 2**

**Allow 20 minutes for areas in zone 2.**

**Hwy. 30 – MP 86.5 ( Burnside exit) –TO- MP 83 ( D&D,  
Koppish Rd.)**

**Hwy. 101 –MP 28 (just before 1<sup>st</sup> Cannon Beach entrance)  
TO - MP 31 ( Silver Point)**

**Hwy. 202 –MP 11 (Lillenas Rd.) – TO – MP 14.5 (near  
Simmons Field) and TO - Youngs River Road at  
Green Mountain, Youngs River intersection.**

**Hwy. 26 – MP 4 - TO - MP 9 (HWY. 53 Junction)**

### **Zone 3**

**Allow 25 minutes for this area.**

**Hwy. 30 MP 83 ( D&D, Koppish Rd.) - TO – MP 80.5  
( Valley Creek Rd.)**

**Hwy. 202 MP 14.5 ( near Simmons Field) – TO – MP 17.5  
( just past California Barrel Rd.)**

**Hwy. 101 MP 31 (Silver Point) – TO – MP 34 (Arch Cape)**

**Hwy. 26 MP 9 ( Hwy. 53 junction) – TO – MP 13 (David  
Douglas Park)**

**Hwy. 53 Junction – TO – MP 4.5**

## **Zone 4**

**Allow 30 minutes for this area**

**Hwy. 30 MP 80.5 ( Valley Creek Rd.) - TO – MP 76.5 (near fish hatchery)**

**Hwy. 202 MP 18.5 (just past California Barrel Rd.) - TO – MP 24.5 (Fish Hawk Falls)**

**Hwy 101 MP 34 ( Arch Cape) - TO – MP 38.8 ( Oswald State Park)**

**Hwy. 26 MP 13 ( David Douglas State Park) - TO – MP 17.5 ( bottom of hill) Saddle Mountain State Park is in this allowable area.**

**Hwy. 53 MP 4.5 – TO – MP 12.8**

## **Zone 5**

**Allow 40 minutes for this area**

**Hwy. 30 MP 76.5 (near fish hatchery) – TO – 69.5 ( county line)**

**Hwy. 202 MP 24.5 ( Fish Hawk Falls) – TO –Jewell, MP 29.8**

**Hwy. 101 MP 38.8 (Oswald State Park) – TO – MP 45.5 (county boat launch)**

**Hwy. 26 MP 17.5 (bottom of hill) - TO – MP 22 (Elderberry Inn)**

**Hwy. 53 MP 12.8 - TO – MP 17.8**

## **Zone 6**

**Allow 60 minutes for this area**

**Hwy. 30 MP 69.5 (county line) →**

**Hwy. 202 MP 29.8 (Jewell) →**

**Hwy. 101 MP 45.5 (boat launch) →**

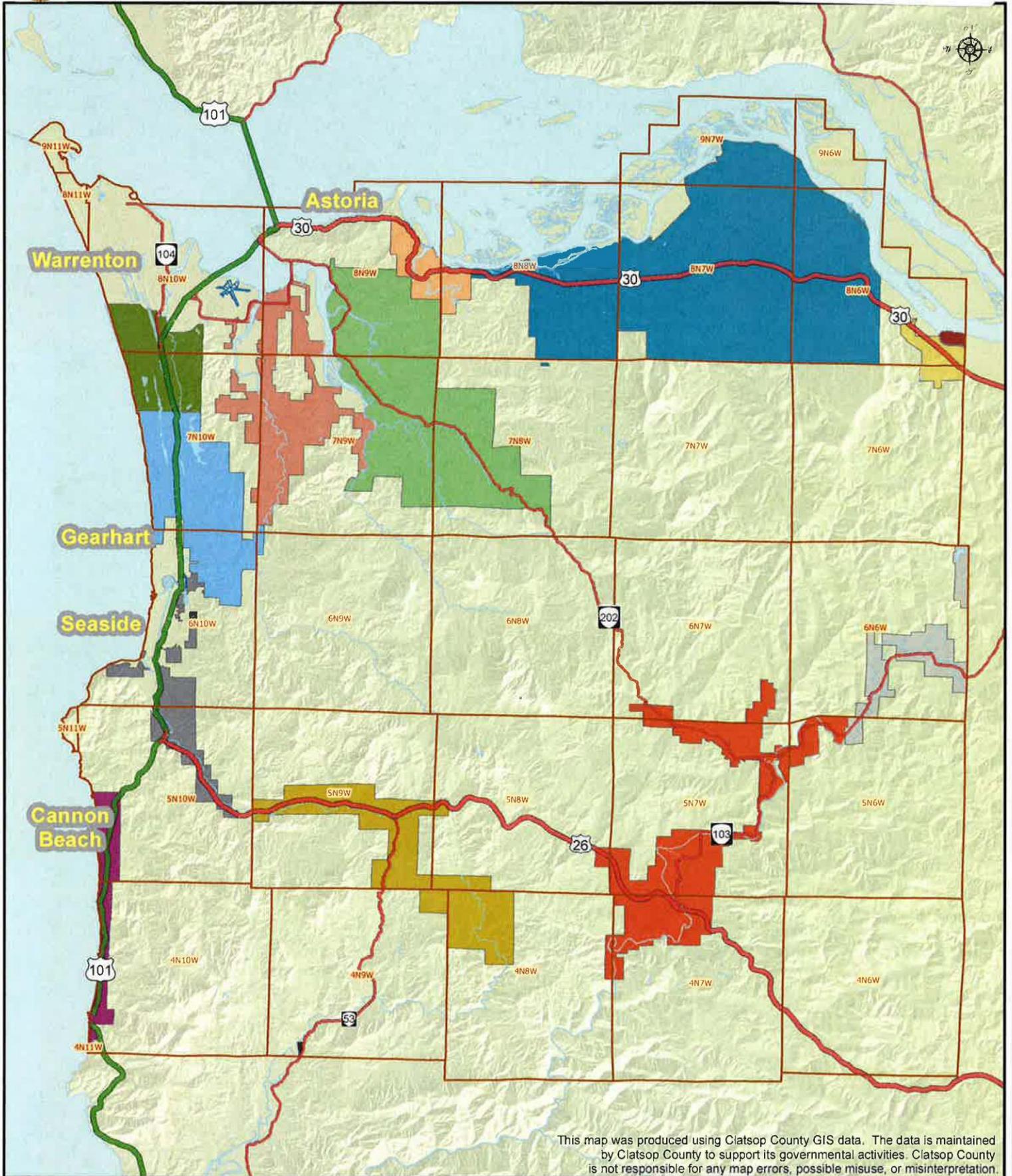
**Hwy. 26 MP 22 (Elderberry Inn) →**

**Hwy. 103 Junction →**

**Hwy. 53 MP 17.8 →**



# Clatsop County Fire Districts 2011



This map was produced using Clatsop County GIS data. The data is maintained by Clatsop County to support its governmental activities. Clatsop County is not responsible for any map errors, possible misuse, or misinterpretation.

- Cannon Beach RFPD
- John Day-Fernhill RFPD
- Olney-Walluski Fire & Rescue
- Clatskanie RFPD
- Knappa-Svensen-Burnside RFPD
- Seaside RFPD
- Elsie-Vinemaple RFPD
- Lewis & Clark RFPD
- Warrenton RFPD
- Gearhart RFPD
- Mist-Birkenfeld RFPD
- Westport-Wauna RFPD
- Hamlet RFPD
- Nehalem Bay Fire And Rescue District



Produced by Clatsop County GIS  
 Krysta Houseknecht  
 503-325-8662  
 Date Saved: 9/13/2011

## **MASS CASUALTY INCIDENTS (MCI)**

### **Trauma System Does Not Apply**

#### **PURPOSE:**

The Mass Casualty Incident (MCI) Protocol outlines the response policies and procedures for Medix Ambulance Service Operations and Com-Center in the event of a disaster or accident; natural or manmade, that creates a large influx of patients and/or has the potential to overwhelm available resources.

#### **CRITERIA:**

A Mass Casualty Incident is a condition that exists when an extraordinary demand is placed upon Medix Ambulance that cannot be met with available resources. The response to a MCI requires a plan for providing care to a large number of persons in order to enhance the preservation of life and limb. Criteria for utilization of the MCI protocol must not only be the number of patients, but also the type and extent of injuries anticipated compared to the immediate resources available at area hospitals or Medix Ambulance.

The MCI Protocol will be used to coordinate incidents involving:

**3 OR MORE CRITICAL PATIENTS**

**5 OR MORE COMBINATION OF CRITICAL AND NONCRITICAL PATIENTS**

**8 OR MORE NONCRITICAL PATIENTS**

**ANY INCIDENT THAT HAS THE POTENTIAL TO OVERWHELM AVAILABLE RESOURCES**

**\*Patients declared or triaged dead should not be counted.**

#### **FIRST UNIT ON SCENE**

Identify your unit and inform dispatch of the following:

1. Size-up of the incident
2. The exact location of the incident.
3. Potential hazards and identifiable danger zones.
4. Recommended routes to and from the scene.
5. Estimated potential number of victims and MCI Level.
6. Establish command or pass command to another unit.

#### **HAZARDOUS MATERIALS EXPOSURE**

Follow Multiple Toxic Exposure Protocol. *(on page 24)*

#### **LATE ARRIVING EMS UNITS**

- Go to the EMS Assembly Area
- Report arrival on assigned channel. **Radio traffic is restricted**
- **STAY WITH YOUR UNIT!** -- Wait for instructions.
- Provide BLS care. ALS care will be provided when resources and personnel are available.

**- Continued Next Page -**

## **MASS CASUALTY INCIDENTS (MCI) Continued**

### **TRAUMA SYSTEM**

Entry of patients into the trauma system is suspended during an MCI. Only patients transported by helicopter shall be entered into the trauma system. Local hospitals must be notified so they can make the necessary arrangements to receive trauma patients.

### **PATIENT HOSPITAL PREFERENCE**

The patient's right to choose the hospital they wish to be transported to is suspended during an MCI. Patients are to be transported to the nearest hospital(s). (Hospital Diversion System Guidelines in Attachment 2.)

### **POSITION ASSIGNMENTS**

If resources are limited, positions should be combined. Do not assign too many tasks to one individual.

### **INCIDENT COMMAND SYSTEM (ICS)**

- Incident Command (IC) is the responsibility of the responding public safety agency.
- Each emergency agency shall retain full authority within its jurisdiction.
- Agencies that are assisting in the support of a single jurisdiction will function under the direction of that jurisdiction's designated Unified Incident Command.
- Incident Command of a multi-agency event should be predicated on the "Primary Hazard" of the event.
- In a Unified Command, the "Lead Agency" may change as priorities change.

## MUTUAL AID AGREEMENT

Between Elsie-Vinemaple R.F.P.D. (Elsie Rescue) No. 0434 and Medix Ambulance Service, Inc.

### Routine response

It is understood and agreed that the Elsie-Vinemaple R.F.P.D. will initially respond with Medix in the performance of their mission and duties or respond to assist Medix for the benefit of the citizens of their fire district in the following situations and as described in the EMS response agreement with Medix Ambulance:

All emergency medical requests within their district.

Medix agrees to respond to any requests for emergency or non-emergency ambulance service as stated in it's contract with the Clatsop County Ambulance Service District.

### Mutual response

Medix agrees to initiate a request for Elsie-Vinemaple R.F.P.D. on each EMS call situation which is described in the "Dispatch upon request criteria" section. Medix also agrees to attempt to monitor the application of the "Automatic dispatch criteria" by the 911 dispatcher for the timely dispatch of Elsie-Vinemaple and other Clatsop County Fire Depts. to EMS calls. Elsie-Vinemaple R.F.P.D. agrees to initiate the dispatch of Medix to all EMS calls to which it responds, and assist in the monitoring of mutual response between Medix and other fire depts. dispatched by the Astoria 911 center.

### Scene communications

When the first response team from Elsie-Vinemaple R.F.P.D. arrives at the scene of an EMS call, a primary patient/scene survey will be done and a "size up" report will be radioed to the Medix Comm-Center or the responding Medix unit. Medix will advise the ETA to the scene following this report. A more detailed report will be given later, if time permits, or when the Medix unit arrives at the scene.

### Prehospital care reports

Elsie-Vinemaple R.F.P.D. agrees to use the state uniform report form to record patient information. The yellow copy will be given to Medix personnel at the scene to provide for information and patient care continuity. Included on the report should be:

- \* Patient's chief complaint.
- \* Findings of the primary survey/how patient was found.
- \* Treatment before Medix arrival.
- \* Which personnel provided the care to the patient.
- \* Vitals recorded in flow chart.

It is anticipated that when the EMT-Defibrillation program is implemented, all Clatsop County EMS agencies will use the state Pre-Hospital Care Report Form.

Trauma System Patients

Activation of the trauma system will be communicated to Medix' Operations Supervisor.

Mass Casualty Incident/Disaster-Special Request (EMS mutual aid)

In the event of a mass casualty incident, first response teams may be requested to respond to other areas of the county outside their district, at the request of Medix. Elsie-Vinemapple R.F.P.D. also agrees to respond with the "Jaws" to mile post 10 on Hwy 26, and to the county line on Hwy 26.

Automatic/Semiautomatic defibrillation program

By mutual intra-agency agreement, an EMT who is certified by their agency (Fire Department), may operate the automatic/semiautomatic defibrillator. Any EMT or other fire personnel who are not certified by their agency may not operate a defibrillator either in-district or out-of-district.

Physician Advisor

The Clatsop County Ambulance Service District will operate under one Physician Advisor, who is contracted to oversee all pre-hospital care in the service district.

Fire Standby

Elsie-Vinemapple R.F.P.D. agrees to develop and maintain a written protocol with the Astoria 911 center for the standardized dispatch of Medix to all "working" structure fires in the fire district. Medix will provide medical coverage and any other assistance possible at the fire scene until released by the fireground commander.

Supplies

Medix agrees to restock all disposable supplies used by Elsie-Vinemapple R.F.P.D. on any patients Medix treats and/or transports. Restocking is to be done on a call-by-call basis or by a single representative of the Elsie-Vinemapple R.F.P.D. on a routine and timely basis.

Brian Henney  
General Chairman of the Board of Directors  
Elsie-Vinemapple R.F.P.D.

[Signature]  
President  
Medix Ambulance Service, Inc.

Date 12/28/90

## MUTUAL AID AGREEMENT

Hamlet Rural Fire Department - Medix Ambulance Service, Inc.  
"Hamlet Rescue" - "Medix"

### Routine Response

It is understood and agreed that the Hamlet Rural Fire Department will initially respond with Medix in the performance of their duties or respond to assist Medix for the benefit of the citizens of and in their fire district for all emergency medical requests within their district. IE:

- \* Between milepost 5 and 11 on Hwy. 26.
- \* Between milepost 0 to 3 on Hwy. 53.
- \* Between milepost 0 -8 on Hamlet Road.

### Mutual Response

Medix Agrees to attempt to monitor the application of the "Automatic Dispatch Criteria" by the 911 dispatcher for the timely dispatch of Hamlet Rescue and other Clatsop County Fire Agencies, as needed to EMS calls. Hamlet Rescue agrees to initiate the dispatch of Medix to all EMS calls to which it responds, and to assist in the monitoring of the mutual response between Medix and other agencies dispatched through Seaside 911.

### Scene Communications

When the first response team from Hamlet Rescue arrives at the scene of an EMS call, a primary patient/scene survey will be done and a "size-up" report will be radioed to the Medix Comm-Center or the responding Medix unit. Medix will advise the ETA to the scene following this report, or discontinue response if canceled and to report rationale for cancellation, ie: No patient, non-injury, patient refusal, etc. A more detailed report will be given later, if time permits, or when the Medix unit arrives at the scene.

### Prehospital Care Reports

Hamlet Rescue agrees to use a uniform report form to record patient information which will be given to Medix personnel at the scene and, in turn given to the hospital personnel to provide for the information and patient care continuity. Included in the report should be:

- \* Patients chief complaint.
- \* Findings of the primary survey/how patient was found.
- \* Treatment before Medix arrival.
- \* Which personnel provide the care to the patient.

It is anticipated that when the EMT-D program is implemented, all Clatsop County EMS agencies will use the state Pre-Hospital Care Report Form.

Mass Casualty Incident/Disaster-Special Request (EMS Mutual Aid)

In the event of a mass casualty incident, first response teams may be requested to respond to other areas of the county outside their district. A specific plan for this will be developed.

Physician Advisor

The Clatsop Fire Ambulance Service District will operate under one Physician Advisor, who is contracted to oversee all prehospital care in the service district.

Supplies

Medix agrees to restock all disposable supplies used by Hamlet Rescue at cost. A supply order may be submitted to Medix who will invoice and ship supplies in a timely manner.

William Bone 9-9-92  
Chief  
Hamlet Rural Fire Department

[Signature] 9-14-92  
President  
Medix Ambulance Service, Inc.

Date 9-14-92

## MUTUAL AID AGREEMENT

### Cannon Beach Fire Department - Medix Ambulance Service

#### Routine Response

It is understood and agreed that the Cannon Beach Fire Department will initially respond with Medix in the performance of their duties or respond to assist Medix for the benefit of the citizens of their fire district in the following situations and as described in the EMS response agreement with Medix Ambulance:

- \* All emergency medical requests within their district

#### Mutual Response

Medix agrees to attempt to monitor the application of the "Automatic Dispatch Criteria" by the 911 dispatcher for the timely dispatch of the Cannon Beach Fire Department and other Clatsop County Fire Agencies, as needed to EMS calls. Cannon Beach agrees to initiate the dispatch of Medix to all EMS calls to which it responds, and to assist in the monitoring of the mutual response between Medix and other agencies dispatched thru Seaside 911.

#### Scene communications

When the first response team from the Cannon Beach Fire Dept. arrives at the scene of an EMS call, a primary patient/ scene survey will be done and a "size up" report will be radioed to the Medix Comm-Center or the responding Medix unit. Medix will advise the ETA to the scene following this report, or discontinue response if cancelled and to report rationale for cancellation, ie: No pt., non-injury, pt. refusal, etc. A more detailed report will be given later, if time permits, or when the Medix unit arrives at the scene.

#### Prehospital Care Reports

Cannon Beach Fire Department agrees to use a uniform report form to record patient information which will be given to Medix personnel at the scene and, in turn given to the hospital personnel to provide for the information and patient care continuity. Included in the report should be:

- \* Patients chief complaint.
- \* Findings of the primary survey/how patient was found.
- \* Treatment before Medix arrival.
- \* Which personnel provide the care to the patient.

It is anticipated that when the EMT-D program is implemented, all Clatsop County EMS agencies will use the state Pre-Hospital Care Report Form.

Mass Casualty Incident/Disaster-Special Request (EMS mutual aid)

In the event of a mass casualty incident, first response teams may be requested to respond to other areas of the county outside their district. A specific plan for this will be developed.

EMT-D Defibrillation program

By mutual intra-agency agreement, an EMT who is certified by their agency (Fire Department), may operate the automatic/semiautomatic defibrillator. Any EMT or other fire personal who are not certified by their agency may not operate a defibrillator either in-district or out of district.

Physician Adviser

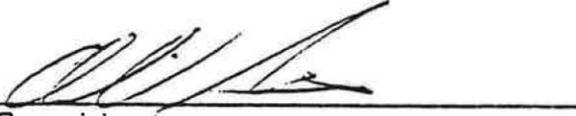
The Clatsop Fire Ambulance Service District will operate under one Physician Advisor, who is contracted to oversee all pre-hospital care in the service district.

Supplies

Medix agrees to restock all disposable supplies used by Cannon Beach Fire Department on any patients Medix treats and or transports. Restocking is to be done on a call-by-call basis or by a single representative of the Cannon Beach Fire Department on a routine and timely basis.



Chief  
Cannon Beach Fire Dept.



President  
Medix Ambulance Service, Inc.

Date 12-13-90



## MUTUAL AID AGREEMENT

### Seaside Fire Dept. - Medix Ambulance Service

#### Routine response

It is understood and agreed that the Seaside Fire Dept. will initially respond with Medix in the performance of their mission and duties or respond to assist Medix for the benefit of the citizens of their fire district in the following situations as described in the EMS response agreement with Medix Ambulance:

Multiple vehicle MVA's  
Rollover MVA's  
Known or suspected need for heavy extrication  
Rescue situations other than MVA's  
Fire hazard or other hazardous situations

First response to emergency calls when Medix will be delayed  
Suspected cardiac arrest

Need for additional medical help  
Standby for fire hazard, extrication, or other hazardous situation  
Specialized assistance

Medix agrees to respond to any requests for emergency or non-emergency ambulance service as stated in it's contract with the Clatsop County Ambulance Service District.

#### Fire Department transport

Seaside Fire Dept. and Medix agree that in the following situations where an unreasonable delay will occur before Medix can arrive with the needed ambulance(s) to transport (a) patient(s), Seaside will transport patients with concurrence from Medix Operations Supervisor:

- \* Mass casualty incidents
- \* Situations where the time to wait for the first or additional Medix units is unreasonable relative to patient(s) condition
- \* Occasions when there is not an available ambulance for off-duty Medix personnel who are responding with Seaside Fire Dept. to use for transport

Transport by the Seaside Fire Dept. will be to either

Seaside General Hospital or to a meeting point in the City of Seaside (i.e. Seaside will not transport out of their response area).

It is also agreed that when transport is performed by Seaside, a Medix EMT or paramedic will attend or help attend the patient during each transport, except in mass casualty incidents.

Medix will charge patients treated and/or transported in this manner for a First Aid call (and supplies used) but not base fees or transport mileage.

#### Mutual response

Medix agrees to initiate a request for Seaside (and Gearhart) Fire Depts. on each EMS call situation which is described in the "Dispatch upon request criteria" section. Medix also agrees to attempt to monitor the application of the "Automatic dispatch criteria" by the 911 dispatcher for the timely dispatch of Seaside, Gearhart, and Cannon Beach Fire Depts. to EMS calls.

#### Fire Standby

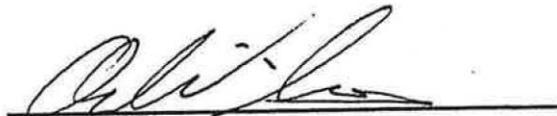
Seaside Fire Dept. agrees to develop and maintain a written protocol with Seaside 911 for the standardized dispatch of Medix to all "working" structure fires in the fire district.

#### Supplies

Medix agrees to restock all disposable supplies used by Seaside Fire Dept. on any patients Medix treats and/or transports. Restocking is to be done on a call-by-call basis or by a single representative of the Seaside Fire Dept. on a routine and timely basis.



Chief  
Seaside Fire Dept.



President  
Medix Ambulance Service, Inc.

Date 7/15/91

## MUTUAL AID AGREEMENT

### Gearhart Fire Department - Medix Ambulance Service

#### Routine Response

It is understood and agreed that the Gearhart Fire Department will initially respond with Medix in the performance of their duties or respond to assist Medix for the benefit of the citizens of their fire district in the following situations and as described in the EMS response agreement with Medix Ambulance:

Multiple vehicle MVA's  
Rollover MVA's  
Known or suspected need for heavy extrication  
Rescue situations other than MVA's (life threatening scenario, MEDIX request)  
Fire hazard or other hazardous situations

First response to emergency calls when Medix will be delayed  
Suspected cardiac arrest

Need for additional medical help  
Standby for fire hazard, extrication, or other hazardous situation  
Specialized assistance

Medix agrees to respond to any requests for emergency or non-emergency ambulance service as stated in its contract with the Clatsop County Ambulance Service District.

#### Mutual Response

Medix agrees to attempt to monitor the application of the "Automatic Dispatch Criteria" by the 911 dispatcher for the timely dispatch of the Gearhart Fire Department and other Clatsop County Fire Agencies, as needed to EMS calls. Gearhart agrees to initiate the dispatch of Medix to all EMS calls to which it responds, and to assist in the monitoring of the mutual response between Medix and other agencies dispatched thru Seaside 911.

#### Scene communications

When the first response team from the Gearhart Fire Dept. arrives at the scene of an EMS call, a primary patient/scene survey will be done and a "size up" report will be radioed to the Medix Comm-Center or the responding Medix unit. Medix will advise the ETA to the scene following this report, or discontinue response if cancelled. A more detailed report will be given later, if time permits, or when the Medix unit arrives at the scene.



## EMS RESPONSE AGREEMENT

Gearhart Fire Dept. - Medix Ambulance Service

### Seaside 911 Dispatch Medix Dispatch Interface

Upon receipt of a call for medical assistance, the call should be transferred to Medix Dispatch for gathering of information and issuance of pre-arrival instructions. The 911 dispatcher should stay on the line to monitor for any of the automatic dispatch criteria listed below. After the caller is off the line ( or by ring back ) the 911 dispatcher and the Medix dispatcher should mutually advise each other of their intended response to the incident.

### Automatic dispatch criteria

The 911 dispatcher will automatically dispatch the Gearhart Fire Department to any of the following types of EMS calls:

- \* Any multiple vehicle MVA with reported injuries
- \* Rollover MVA's
- \* Known or suspected need for heavy extrication  
(i.e. report of person pinned, etc.)
- \* Rescue situations other than MVA's.  
(i.e. life threatening scenario, MEDIX request)
- \* Fire hazard or other hazardous situations

### Automatic dispatch criteria

The 911 dispatcher will dispatch the Seaside Fire Dept. to assist Gearhart Fire and Medix Ambulance for the following:

- \* Initial triage reveals need for heavy extrication. (ie Jaws of Life).
- \* Mass Casualty Incident.

### Dispatch upon request criteria

Seaside and/or Gearhart Fire Dept. units are to be dispatched upon request of Medix, and Medix agrees to initiate this request, under each of the following situations:

#### Before Medix arrival

- \* Emergency ambulance request when Medix will be delayed
- \* Suspected cardiac arrest
- \* At the discretion of the MEDIX Operations Supervisor

After Medix arrival

- \* Need for additional medical help (i.e. cardiac arrest, multiple patients, etc.) hazardous situation discovered after arrival at the scene
- \* Standby for fire hazard, extrication, or other hazardous situation discovered after arrival at the scene.
- \* Specialized assistance (i.e. moving of patients which cannot be done safely by the Medix crew without help (i.e. large patients, inaccessible location, etc.)

MEDIX is to mutually and simultaneously respond on all EMS calls.

*Robert D. [Signature]* 12-12-90  
Chief  
Gearhart Fire Dept.

*[Signature]*  
President  
Medix Ambulance Service, Inc.

*James M. Smith* 12-12-90  
Dispatch Supervisor  
Seaside Police Dept.

Date 12-13-90

## MUTUAL AID AGREEMENT

Between Warrenton Fire Department (Warrenton Rescue) No. 0427 and Medix Ambulance Service, Inc.

### Routine response

It is understood and agreed that the Warrenton Fire Dept. will initially respond with Medix in the performance of their mission and duties or respond to assist Medix for the benefit of the citizens of their fire district in the following situations and as described in the EMS response agreement with Medix Ambulance:

1. All MVA's not reported as non-injury
2. Known or suspected need for heavy extrication
3. Rescue situations other than MVA's
4. Fire hazard or other hazardous situations
5. First response to emergency calls when Medix will be delayed, or when response is in an outlying area, i.e. Fort Stevens Park, Smith Lake area, etc. (requested by Medix Med-Com)
6. Suspected cardiac/respiratory arrest
7. Need for additional medical help
8. Standby for fire hazard, extrication, or other hazardous situation
9. Specialized assistance

Medix agrees to respond to any requests for emergency or non-emergency ambulance service as stated in its contract with the Clatsop County Ambulance Service District.

### Equal response

Medix agrees to initiate a request for Warrenton Fire Dept. on each EMS call situation which is described in the "Dispatch upon request criteria" section. Medix also agrees to attempt to monitor the application of the "Automatic dispatch criteria" by the 911 dispatcher for the timely dispatch of Warrenton and other Clatsop County Fire Depts. to EMS calls. Warrenton Fire Dept. agrees to initiate the dispatch of Medix to all EMS calls to which it responds, and assist in the monitoring of mutual response between Medix and other fire depts. dispatched by the Astoria 911 center.

### Scene communications

When the first response team from Warrenton Fire Dept. arrives at the scene of an EMS call, a primary patient/scene survey will be done and a "size up" report will be radioed to the Medix Med-Com or the responding Medix unit. Medix will advise the ETA to the scene following this report. A more detailed report will be given later, if time permits, or when the Medix unit arrives at the scene.

### Prehospital care reports

Warrenton Fire Dept. agrees to use the state uniform report form to record patient information. The yellow copy will be given to Medix personnel at scene to provide for information and patient care continuity. Included in the report should be:

- \* VITALS RECORDED IN FLOW CHART.
- \* Patient's chief complaint.
- \* Findings of the primary survey/how patient was found.
- \* Treatment before Medix arrival.
- \* Which personnel provided the care to the patient.

It is anticipated that when the EMT-Defibrillation program is implemented, all Clatsop County EMS agencies will use the state Pre-Hospital Care Report Form.

Mass Casualty Incident/Disaster-Special Request (EMS mutual aid)

In the event of a mass casualty incident, first response teams may be requested to respond to other areas of the county outside their district, at the request of Medix.

Automatic/Semiautomatic defibrillation program

By mutual intra-agency agreement, an EMT who is certified by their agency (Fire Department), may operate the automatic/semiautomatic defibrillator. Any EMT or other fire personnel who are not certified by their agency may not operate a defibrillator either in-district or out-of-district.

Physician Advisor

The Clatsop County Ambulance Service District will operate under one Physician Advisor, who is contracted to oversee all pre-hospital care in the service district.

Fire Standby

Warrenton Fire Dept. agrees to develop and maintain a written protocol with the Astoria 911 center for the standardized dispatch of Medix to all "working" structure fires in the fire district. Medix will provide medical coverage and any other assistance possible at the fire scene until released by the fireground commander.

Supplies

Medix agrees to restock all disposable supplies used by Warrenton Fire Dept. on any patients Medix treats and/or transports. Restocking is to be done on a call-by-call basis or by a single representative of the Warrenton Fire Dept. on a routine and timely basis.

  
 \_\_\_\_\_  
 Mayor of Warrenton  
 City Manager

  
 \_\_\_\_\_  
 Chief  
 Warrenton Fire Dept.

  
 \_\_\_\_\_  
 President  
 Medix Ambulance Service, Inc.

Date 10/29/90

## MUTUAL AID AGREEMENT

Between Lewis & Clark R.F.P.D. (Lewis & Clark Rescue) No. 0426 and Medix Ambulance Service, Inc.

### Routine response

It is understood and agreed that the Lewis & Clark R.F.P.D. will initially respond with Medix in the performance of their mission and duties or respond to assist Medix for the benefit of the citizens of their fire district in the following situations and as described in the EMS response agreement with Medix Ambulance:

All emergency medical requests within their district.

Medix agrees to respond to any requests for emergency or non-emergency ambulance service as stated in it's contract with the Clatsop County Ambulance Service District.

### Mutual response

Medix agrees to initiate a request for Lewis & Clark R.F.P.D. on each EMS call situation which is described in the "Dispatch upon request criteria" section. Medix also agrees to attempt to monitor the application of the "Automatic dispatch criteria" by the 911 dispatcher for the timely dispatch of Lewis & Clark and other Clatsop County Fire Depts. to EMS calls. Lewis & Clark R.F.P.D. agrees to initiate the dispatch of Medix to all EMS calls to which it responds, and assist in the monitoring of mutual response between Medix and other fire depts. dispatched by the Astoria 911 center.

### Scene communications

When the first response team from Lewis & Clark R.F.P.D. arrives at the scene of an EMS call, a primary patient/scene survey will be done and a "size up" report will be radioed to the Medix Comm-Center or the responding Medix unit. Medix will advise the ETA to the scene following this report. A more detailed report will be given later, if time permits, or when the Medix unit arrives at the scene.

### Prehospital care reports

Lewis & Clark R.F.P.D. agrees to use the state uniform report form to record patient information. The yellow copy will be given to Medix personnel at the scene to provide for information and patient care continuity. Included on the report should be:

- \* Patient's chief complaint.
- \* Findings of the primary survey/how patient was found.
- \* Treatment before Medix arrival.
- \* Which personnel provided the care to the patient.
- \* Vitals recorded in flow chart.

It is anticipated that when the EMT-Defibrillation program is implemented, all Clatsop County EMS agencies will use the state Pre-Hospital Care Report Form.

Mass Casualty Incident/Disaster-Special Request (EMS mutual aid)

In the event of a mass casualty incident, first response teams may be requested to respond to other areas of the county outside their district, at the request of Medix.

Automatic/Semiautomatic defibrillation program

By mutual intra-agency agreement, an EMT who is certified by their agency (Fire Department), may operate the automatic/semiautomatic defibrillator. Any EMT or other fire personnel who are not certified by their agency may not operate a defibrillator either in-district or out-of-district.

Physician Advisor

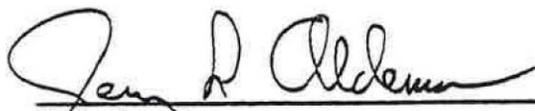
The Clatsop County Ambulance Service District will operate under one Physician Advisor, who is contracted to oversee all pre-hospital care in the service district.

Fire Standby

Lewis & Clark R.F.P.D. agrees to develop and maintain a written protocol with the Astoria 911 center for the standardized dispatch of Medix to all "working" structure fires in the fire district. Medix will provide medical coverage and any other assistance possible at the fire scene until released by the fireground commander.

Supplies

Medix agrees to restock all disposable supplies used by Lewis & Clark R.F.P.D. on any patients Medix treats and/or transports. Restocking is to be done on a call-by-call basis or by a single representative of the Lewis & Clark R.F.P.D. on a routine and timely basis.

  
\_\_\_\_\_  
Chief  
Lewis & Clark R.F.P.D.

  
\_\_\_\_\_  
President  
Medix Ambulance Service, Inc.

Date 5-8-91

## MUTUAL AID AGREEMENT

Astoria Fire Dept. - Medix Ambulance Service

### Routine response

It is understood and agreed that the Astoria Fire Dept. will initially respond with Medix in the performance of their mission and duties or respond to assist Medix for the benefit of the citizens of their fire district in the following situations and as described in the EMS response agreement with Medix Ambulance:

All MVA's not reported as non-injury  
Known or suspected need for heavy extrication  
Rescue situations other than MVA's  
Fire hazard or other hazardous situations

First response to emergency calls when Medix will be delayed  
Suspected cardiac arrest

Need for additional medical help  
Standby for fire hazard, extrication, or other hazardous situation  
Specialized assistance

Medix agrees to respond to any requests for emergency or non-emergency ambulance service as stated in its contract with the Clatsop County Ambulance Service District.

### Mutual response

Medix agrees to initiate a request for Astoria Fire Dept. on each EMS call situation which is described in the "Dispatch upon request criteria" section. Medix also agrees to attempt to monitor the application of the "Automatic dispatch criteria" by the 911 dispatcher for the timely dispatch of Astoria and other Clatsop County Fire Depts. to EMS calls. Astoria Fire Dept. agrees to initiate the dispatch of Medix to all EMS calls to which it responds, and assist in the monitoring of mutual response between Medix and other fire depts. dispatched by the Astoria 911 center.

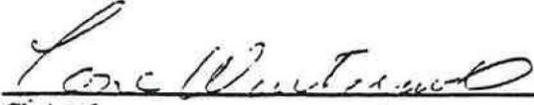
### Fire Standby

Astoria Fire Dept. agrees to develop and maintain a written protocol with the Astoria 911 center for the standardized dispatch of Medix to all "working" structure fires in the fire district.

Medix

Supplies

Medix agrees to restock all disposable supplies used by Astoria Fire Dept. on any patients Medix treats and/or transports. Restocking is to be done on a call-by-call basis or by a single representative of the Astoria Fire Dept. on a routine and timely basis.



Chief  
Astoria Fire Dept.



President  
Medix Ambulance Service, Inc.

Date 1/3, 190

## EMS RESPONSE AGREEMENT

Astoria Fire Dept. - Medix Ambulance Service

### Astoria 911 Dispatch/Medix Dispatch interface

Upon receipt of a call for medical assistance, the call should be transferred to Medix dispatch for interrogation and pre-arrival instructions. The 911 dispatcher should stay on the line to monitor for any of the automatic dispatch criteria listed below. After the caller is off the line (or by ring-back) the 911 dispatcher and the Medix dispatcher should mutually advise each other of their intended response to the incident.

### Automatic dispatch criteria

The 911 dispatcher will automatically dispatch the Astoria Fire Department to any of the following types of EMS calls:

- \* Any MVA within the city which is not reported as non-injury
- \* Known or suspected need for heavy extrication (i.e. report of person pinned, etc.)
- \* Rescue situations other than MVA's
- \* Fire hazard or other hazardous situations

The 911 dispatcher will automatically dispatch the following departments to first respond on all emergency medical requests within their district:

- \* Knappa-Svensen-Burnside
- \* Lewis & Clark
- \* Hammond
- \* Elsie-Vinemaple
- \* Wauna-Westport

Medix is to mutually and simultaneously respond on all EMS calls. The only present exception is the area east of Bradley Park where ALS ambulance service is provided by Clatskanie Fire Dept. under a sub-contract with Medix.

### Dispatch upon request criteria

Astoria Fire Dept. units are to be dispatched upon request of Medix, and Medix agrees to initiate this request, under each of the following situations:

#### Before Medix arrival

- \* Emergency ambulance request when Medix will be delayed
- \* Suspected cardiac arrest

Medix

After Medix arrival

- \* Need for additional medical help (i.e. cardiac arrest, multiple patients, etc.)
- \* Standby for fire hazard, extrication, or other hazardous situation discovered after arrival at the scene
- \* Specialized assistance (i.e. moving of patients which cannot be done safely by the Medix crew without help (i.e. large patients, inaccessible location, etc.)

Chief  
Astoria Fire Dept.

President  
Medix Ambulance Service, Inc.

Captain / Dispatch Supervisor  
Astoria Police Dept.

Date 1/31/90

RECEIVED MAR 3 1 2000

**AMBULANCE SERVICE  
MUTUAL AID AGREEMENT**

Between Medix Ambulance Service, Inc. and Knappa-Svensen-Burnside RFPD

This agreement is entered into by and between Medix Ambulance Service, Inc., herein "Medix" and Knappa Svensen Burnside Rural Fire Protection District, herein "Knappa" for the sole purpose of mutual aid for ambulance services.

WHEREAS the parties recognize the possibility that numerous medical responses, rescues, and/or disaster conditions 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 district 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, 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 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 further agreed that both Parties will only dispatch the other Party to Emergency Medical incidents in Clatsop County in conjunction with MEDIX Ambulance Service, Inc. Incidents outside of Clatsop County will follow Mutual aid and MCI protocols.
5. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof between the Parties, and that neither Party shall be obligated to reimburse the other for use of equipment, supplies, 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.

6. Nothing in this agreement shall preclude either Party from billing any patient treated or transported according to that Party's current adopted billing schedule.

7. 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 either Party upon thirty (30) days notice.

8. 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.



Medix Ambulance Service, Inc.

3/17/00

Date



Knappa Svensen Burnside Rural Fire Protection District

3/21/00

Date

# METRO WEST AMBULANCE

232 S.E. 8th Avenue  
Hillsboro, Oregon 97123-4218  
648-6658 639-6210

4-4-88

Medix Ambulance  
P.O. Box 424  
Astoria, Oregon 97103

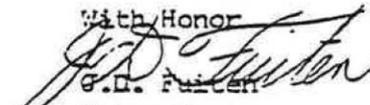
Mark:

Per our phone conversation we here at Metro-West Ambulance do in fact agree on mile-post thirty as being a division line of our districts.

Also, please note we are willing to respond to any mutual aid or mass casualty incident, per your request in clatsop county with at least four advanced life support ambulances.

If any further questions or any further help required, please feel free to contact me.

With Honor



G.D. Frazier  
Metro-West

# MEDIX\*

AMBULANCE SERVICE, INC.

P.O. BOX 424  
240 14TH STREET  
ASTORIA, OREGON 97103

April 6, 1988

Mutual Aid Between:

Medix Ambulance Service, Inc. and  
Metro West Ambulance

Medix Ambulance Service, Inc. and Metro West Ambulance agree to provide mutual aid during an emergency crisis or mass casualty incident to each other, including but not limited to manpower and equipment. The Clatsop County Ambulance Service District Directors will be appraised of activation of mutual aid.



U. David Dickson  
President  
Medix Ambulance Service, Inc.



Richard M. Bishop  
Vice President  
Medix Ambulance Service, Inc.

# MEDIX\*

AMBULANCE SERVICE, INC.

P.O. BOX 424  
240 14TH STREET  
ASTORIA, OREGON 97103

MUTUAL AID AGREEMENT TO PROVIDE SUPPLEMENTAL  
ALS CARE IN CONJUNCTION  
WITH GRAYS RIVER, WASHINGTON AMBULANCE

Effective date: February 1, 1988

MEDIX Ambulance Service, Clatsop County, Oregon, agrees to supplement ALS ambulance care in conjunction with the Grays River, Washington ambulance in the following manner:

This supplement is intended to be used only when Grays River is transporting to Columbia Memorial Hospital in Astoria, Oregon.

When needed, Grays River dispatch will call MEDIX to initiate a response.

MEDIX will respond to meet the Grays River ambulance at some designated point enroute. This emergency call will receive the same priority as all emergency calls received by MEDIX relative to pending non-emergent transfers, etc.

MEDIX personnel will typically get into Grays River's ambulance and provide ALS care as needed while transporting in that vehicle. The MEDIX vehicle will follow the Grays River unit to the hospital. All subsequent care will be in accordance with MEDIX standing orders and operating procedures and policies. If the MEDIX senior technician feels that circumstances dictate the need to move the patient to the MEDIX vehicle, the attending Grays River EMT will accompany the patient with MEDIX to the hospital. If this vehicle transfer is needed, the Grays River vehicle will follow the MEDIX unit to the hospital.

MEDIX will directly bill each patient for services provided.

[Signature]  
Grays River Ambulance

2-25-88  
Date

[Signature]  
Medix Ambulance Service, Inc.

1-26-88  
Date

OFFICE (503) 325-3315  
EMERGENCY (503) 325-3313  
(503) 738-6373

Grays River

TILLAMOOK COUNTY EMS  
MUTUAL AID AGREEMENT

1. Purpose and Intent--

In order to provide optimum pre-hospital care to all citizens in need of Emergency Medical Services, it is the intent of the signing parties to share available resources, when requested, from one provider service to another provider service.

2. Agreement--

In consideration of the mutual covenants contained herein, each signing party agrees as follows:

- a. My intent is to be available to a community larger than my service area when the community requires my services outside of my service area. I enter into this agreement with full intent to provide mutual aid to other services and to receive the same when I am the requestor.
- b. My service will respond to a call for aid from any other service so long as it is prudently feasible to do so, and so long as my designated service area is not left unprotected during the time mutual aid might be rendered. For the purposes of this agreement, "designated service area" shall mean areas of service prescribed by law or custom which are currently being served by a party.
- c. In any instance where an incidence is declared a "disaster" situation, that has occurred in a service area other than my own, I will respond to that disaster as requested by another service area and/or by the designated disaster control center.

- d. As a provider of Emergency Medical Services I will agree to enter into planning for the implementation of a system for response to a call for aid from other agencies. I, however, agree that until such planning is formulated that I will respond as described in paragraphs 1 and 2.
3. Claims arising as the result of the operation of this agreement shall be resolved as follows:
    - a. Each party waives all claims against any other party for any personal injury or property damage resulting from the negligent performance of this agreement.
    - b. All services performed under this agreement shall be rendered without reimbursement to any other party or parties to this agreement.
  4. Command of the scene shall remain with the initiating agency.
  5. This agreement becomes effective upon execution by two or more of the parties to this agreement and is obligatory upon the other parties named from and after the date of execution by such parties. The original agreements shall be deposited with the County Clerk of the County of Tillamook. Certified copies shall be transmitted to each of the parties.
  6. This agreement shall continue in full force and effect until and unless terminated by all parties. Any party may withdraw by giving thirty (30) days written notice of intention to withdraw to all of the other parties. Any party may initiate a change to this agreement by presenting and processing the change through the Tillamook County EMS Board or its successor.

7. Any party which fails or refuses to render services called for by this agreement may, by majority vote of a quorum of the Tillamook County EMS Board or its successor, be deemed to have withdrawn from this agreement. Notice of any such action shall be given in writing to such party, including a specification of such failure or refusal. Such party shall be given ten days to respond to the specification, and may request a hearing before the EMS Board. A decision of the EMS Board may be appealed to the Tillamook County Board of Commissioners, whose decision shall be final. Upon failure to respond to a specification or upon failure to appeal, or upon an adverse decision upon appeal, such party shall no longer receive mutual aid under this agreement.

DATED this 17 day of March, 1989.

(Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

(Agency) \_\_\_\_\_

**SERVICES UNDER THIS AGREEMENT:**

1. Manzanita Fire Department QRT
2. Nehalem Bay Medics
3. Garibaldi Fire Department Ambulance
4. Tillamook County General Hospital Ambulance
5. Nestucca Rural Fire Protection District QRTs
6. Nestucca Valley Ambulance Service

7. Pacific City-Woods Ambulance
8. Bay City Fire Department QRT
9. Tillamook Fire Department QRT
10. US Coast Guard Station Tillamook Bay
11. Lincoln City Ambulance
12. Rinehart Hospital Ambulance
13. Netarts Fire Department QRT
14. Medix Ambulance

CLATSOP COUNTY  
AMBULANCE SERVICE AREA  
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;

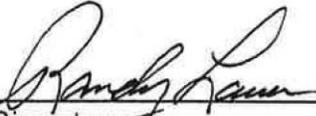
NOW THEREFORE, it is agreed as follows:

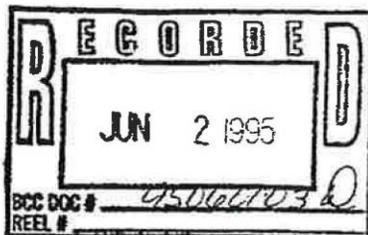
1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with 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 cove 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.

|  |                               |                 |
|--|-------------------------------|-----------------|
|   | <u>DIRECTOR OF OPERATIONS</u> | <u>10/15/96</u> |
| Signature  | Title                         | Date            |
|  | <u>President</u>              | <u>10-17-96</u> |
| Signature  | Title                         | Date            |



IN THE BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY, OREGON

ORDINANCE ) In the Matter of establishing an Ambulance  
No. 95-6 ) Service Area; assigning an Emergency Ambulance  
) Provider; creating an Ambulance Service Area  
) Advisory Committee; providing penalties; and  
) prescribing effective dates.

The Clatsop County Board of Commissions ordains as follows:

**SECTION 1.**        **TITLE**

This Ordinance shall be known as the Clatsop County Ambulance Service Ordinance, and may be so cited and plead.

**SECTION 2.**        **AUTHORITY**

This Ordinance is enacted pursuant to ORS 823.180, 823.220 and ORS 203.035.

**SECTION 3.**        **POLICY AND PURPOSE**

The Clatsop County Board of Commissioners finds:

1. That ORS 823.180 requires Clatsop County to develop and adopt a plan for the county relating to the need for a coordination of emergency ambulance services and to establish an Ambulance Service Area (ASA) consistent with the plan to provide efficient and effective emergency ambulance services.
2. That this Ordinance, together with the document known as the Clatsop County Ambulance Service Area Plan (ASA Plan), attached hereto, and incorporated herein by this reference, make up the complete plan for emergency ambulance services for Clatsop County.
3. That the provisions of ORS 221.485 and 221.495, 478.260(3), and 823.020 through 823.320 requires Clatsop County to develop and adopt a plan for emergency ambulance services that recognizes the authority of cities and rural

AMBULANCE SERVICE ORDINANCE  
Page 1 of 14

fire protection districts to operate and regulate emergency ambulance services within their own territories subject to the ASA Plan. That the provision of effective and efficient emergency ambulance services pursuant to the Clatsop County ASA Plan within cities and rural fire protection districts must be accomplished primarily on a cooperative basis. Clatsop County will employ formal sanctions and litigation to enforce the provisions of the Clatsop County ASA Plan when voluntary compliance cannot be obtained.

#### **SECTION 4. DEFINITIONS**

The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 823 and OAR Chapter 333, Divisions 250, 255, 260 and 265 unless specifically defined herein to have a different meaning.

Other specific definitions include:

- a. "Administrator" means a person designated by order of the Board to administer this Ordinance and the duly authorized deputy or assistant of such person.
- b. "Ambulance Service Area (ASA)" means a geographical 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.
- c. "Ambulance Service Area Advisory Committee (Committee)" means the group that will advise the Board as it pertains to the ASA Plan.
- d. "Board" means the Clatsop County Board of Commissioners for Clatsop County, Oregon.
- e. "Franchise" means a franchise to provide emergency ambulance service issued by the Board pursuant to this Ordinance.
- f. "Persons" means and includes individuals, corporations, associations, firms, partnerships, joint stock companies, cities, rural fire protection districts, and special service districts formed and existing pursuant to Oregon Revised Statute.

#### **SECTION 5. EXEMPTIONS**

This Ordinance shall not apply to:

AMBULANCE SERVICE ORDINANCE  
Page 2 of 14

Apdx#6-2

1. ambulances owned or operated under the control of the United States Government;
2. vehicles and aircraft being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance services 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; or
4. 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.**            **ADMINISTRATION**

The administrator, under the supervision of the Board and with the assistance of the Committee, shall be responsible for the administration of this Ordinance. In order to carry out the duties imposed by this Ordinance, the administrator, or persons authorized by the administrator, are hereby authorized to enter on the premises of any person regulated by this Ordinance at reasonable times and in a reasonable manner to determine compliance with this Ordinance and regulations promulgated pursuant thereto. The administrator shall also have access to records pertaining to ambulance service operations of any person regulated by this Ordinance. These records shall be made available within five (5) working days to the administrator at the person's place of business, or copies made and provided as requested by the administrator.

**SECTION 7.**            **AMBULANCE SERVICE AREA**

For the efficient and effective provision of emergency ambulance services in accordance with the ASA Plan, the ASA shown on the map attached as Appendix #1, and incorporated herein by this reference, is hereby adopted as the ASA for Clatsop County. The Board, after notice to the affected ASA providers and by the adoption of an order, may adjust the boundaries of an ASA from time to time as necessary to provide efficient and effective emergency ambulance services.

**SECTION 8.                    AMBULANCE SERVICE PROVIDERS REGULATED**

Effective July 1, 1995, no person shall provide emergency ambulance service in Clatsop County, Oregon, unless such person is franchised in accordance with the applicable provisions of this Ordinance.

**SECTION 9.                    APPLICATION FOR AMBULANCE SERVICE FRANCHISE**

1. Applications for franchises shall be on forms provided by the administrator. In addition to information required on the forms, the Board may require additional information it deems necessary to insure compliance with this Ordinance.
2. The applicant shall provide the following information:
  - a. The name and address of the person or agency applying.
  - b. The ASA the person desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.
  - c. A statement as to whether or not the person will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that proposed subcontract shall be provided.
  - d. A list of vehicles to be used in providing emergency ambulance services including year, make and model, and verification that each vehicle is or can be licensed as a basic life support and/or advance life support ambulance by the Oregon Health Division.
  - e. A statement that all equipment and supplies in each ambulance will conform to Oregon Health Division standards.
  - f. A list of personnel to be used in providing emergency ambulance service and their current Emergency Medical Technician level and certificate number, or other appropriate certification.
  - g. Proof of financial ability to operate, including an operating budget for public bodies or financial statement for private entities, references and/or statement of past ambulance service. Private companies must include a profit and loss statement in addition to the above materials. Other appropriate financial information, such as income, tax returns, or

reports by governmental authorities shall also be submitted upon request. Public bodies must provide information regarding the sources and amounts of funding for emergency ambulance services.

- h. Proof of public liability insurance in the amount of not less than \$100,000 per person and \$500,000 per accident for bodily injury, and not less than \$100,000 for property damage, in the form of a certificate of insurance or letter from the carrier; and \$500,000 because of injury arising from the negligent provision of prehospital care to any individual. Applicants may be self-insured. All policies shall be in a form satisfactory to the administrator and name Clatsop County as an additional insured.
- i. A statement of experience in providing emergency ambulance service of a comparable quality and quantity to insure compliance with this Ordinance, regulations promulgated thereunder, any franchise issued, and the ASA Plan.
- j. Proof of ability to comply with the terms and conditions of the ASA Plan and applicable county ordinances, in the form of a narrative summary.
- k. A description of any prepaid ambulance service plan, including number of members, number of years of operation, funding and term.
- l. Information, in the form of run logs, medical records, supervising physician correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.
- m. In the case of an application to transfer or take over an already assigned franchise:
  - (1) A detailed summary of how the proposed change will improve emergency ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
  - (2) Evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.
  - (3) Information, in the form of run logs, medical records, supervising physician correspondence, audit reports, training records, policy

and procedure manuals and equipment records and inventories, and any other records or materials requested.

3. The Board may from time to time, by order, adopt fees to defray the actual reasonable costs incurred by Clatsop County in processing applications, and adopt annual franchise fees to defray the reasonable costs of Clatsop County in administering this Ordinance.

**SECTION 10.            EXISTING AMBULANCE SERVICE PROVIDERS**

Persons who meet the application requirements of Section 9 and who were providing service on the effective date of this Ordinance shall be franchised to provide emergency ambulance service for the ASA they were serving on the effective date of this Ordinance.

**SECTION 11.            REVIEW OF APPLICATION FOR FRANCHISE**

1. Applications shall be reviewed by the administrator, who shall make such investigation as he or she deems appropriate, and who may request assistance of other persons as necessary.
2. The administrator shall notify the holder of a franchise for providing emergency ambulance service to an ASA of any applications by another person to take over that franchise.
3. Unless the time is extended by the Board for good cause, the administrator shall make his or her recommendation to the Board to grant, deny, modify or attach appropriate conditions to the application. The administrator shall transmit his or her recommendation within ninety (90) days after the application and any required supplemental information has been received.

**SECTION 12.            BOARD ACTION ON APPLICATION FOR FRANCHISE**

Upon receipt of the administrator's recommendation, the Board:

1. Shall publish notice of its intent to hold a public hearing on the application and recommendations at least ten (10) days, but not later than thirty (30) days following publication of notice.

2. May require additional investigation by the administrator if it finds that there is insufficient information on which to base its action.
3. Shall, upon the basis of the application, the administrator's recommendation, such other information as is permitted by this Ordinance, and such information as is presented to the Board at the public hearing make an order granting, denying or modifying the application or attaching conditions thereto.
4. Shall not make an order adverse to the applicant or to the holder of, or applicant for, another franchise effective less than 30 days after the date of such order and shall notify such persons in writing of the order. The Board may suspend operation of this subsection and enter an emergency order if it finds that there is an immediate and serious danger to the public or that a health hazard or public nuisance would be created by a delay.
5. After the Board makes an order granting an emergency ambulance service franchise, with or without conditions, and the franchisee finds he/she is unable to provide a particular service, the administrator may permit the franchisee to subcontract such service to another person if the administrator finds that the quality and extent of the service would not be jeopardized. The administrator may require the filing of such information as he or she deems necessary.

**SECTION 13. FRANCHISE TERMS AND RENEWALS**

1. The initial ambulance service franchise in an ASA shall be valid for a period of seven years from the date of issuance.
2. Thereafter, unless the Board finds that a longer or shorter term is required in the public interest, the term of an ambulance service franchise shall be five (5) years.
3. Unless grounds exist for refusal to renew a franchise under provisions for suspension or revocation as set forth in Section 16, or unless the franchise is to be given to a new person, franchises shall be renewable. Application for renewal shall be made on forms provided by the administrator.
4. Not more than one hundred eighty (180) days and not less than one hundred twenty (120) days prior to the expiration of the franchise, a franchisee wanting to renew the franchise and any person desiring to take over the franchise shall submit an application to the administrator.

5. Review of all applications for renewal or take over of a franchise shall be conducted in the same manner as for an application pursuant to Sections 9, 11 and 12 of this Ordinance.

**SECTION 14. EARLY DISCONTINUANCE OF SERVICE BY FRANCHISEE**

1. If a franchisee discontinues service before the expiration of his/her franchise, the Board shall set a time by which applications must be submitted for a new franchise in the ASA.
2. The administrator shall develop an interim plan for coverage of the ASA, using existing franchisees and/or other available resources until the ASA can be reassigned.
3. The administrator shall issue a temporary certificate valid for a stated period not to exceed six (6) months, entitling a person to provide emergency ambulance service in all or part of the ASA. The administrator may renew a temporary certificate for one additional six (6) month period.

**SECTION 15. TRANSFER OF FRANCHISES**

A franchisee may transfer his/her franchise to another person only upon written notice to and approval by the Board. Review of an application for transfer of a franchise shall be conducted in the same manner as for an application pursuant to Sections 9, 11, and 12 of this Ordinance.

**SECTION 16. ENFORCEMENT OF FRANCHISE PROVISIONS**

1. Subject to the policies stated in Section 3, and in addition to the remedy provided in Section 17, and penalties provided elsewhere in this Ordinance or at law, the administrator shall, upon reasonable cause, make an investigation to determine if there is sufficient reason and cause to suspend, modify, revoke or refuse to renew a franchise as provided in this Subsection.

If in the judgment of the administrator, there is sufficient evidence to constitute a violation of applicable local, state or federal law, this Ordinance, ORS Chapter 823 or the Rules promulgated thereunder, the ASA Plan, or if the franchisee has materially misrepresented facts or information given in the application for the franchise, the administrator shall notify the franchisee in

writing, by certified mail, return receipt requested, or by personal service, as is provided by law for the service of a summons, of the violation and what steps he must take to cure the violation. The administrator shall send a copy of the notice to the Board and to the Committee.

Ten (10) days following the receipt of notice of violation, the Board may enter its order of revocation, modification, suspension or non-renewal, and may thereby revoke, modify, suspend, or not renew the franchise, unless prior thereto the franchisee shall file with the Board his request for a hearing on the administrator's notice of violation. If said request is timely filed, or if the Board so moves on its own, revocation, modification, suspension, or non-renewal will be stayed until the Board can, at its earliest convenience, hold a public hearing thereon. Notice of said hearing shall be given to the franchisee by mail and to all others by publication in a newspaper of general circulation in the county or the ASA at least ten (10) days prior to such hearing. The burden of proof at the hearing held hereunder shall be upon the franchisee.

2. In lieu of the suspension or revocation of the franchise, the Board 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 Board action shall be provided by mail to the franchisee. The notice shall specify the violation, the action necessary to correct the violation, and the date by which the action must be taken. The franchisee shall notify the Board of the corrective action taken. If the franchisee fails to take corrective action within the time required, the Board shall notify the franchisee by certified mail, return receipt requested, or by personal service that the franchise is suspended or revoked upon service of the notice.
3. Should the franchisee fail to comply with the Board's order, then the Board may take any steps authorized by law to enforce its order.

## **SECTION 17. PREVENTING INTERRUPTION OF SERVICE**

Whenever the Board finds that the failure of service or threatened failure of service would adversely impact the health, safety or welfare of the residents of this county, the Board shall, after reasonable notice, but not less than twenty-four (24) hours notice to the franchisee, hold a public hearing. Upon appropriate findings after the hearing, the Board shall have the right to authorize another franchisee or other person to provide services.

**SECTION 18.            APPEALS, ABATEMENT AND PENALTIES**

1. All the decisions of the Board under this Ordinance shall be reviewable by the Circuit Court of the State of Oregon for the County of Clatsop, only by way of writ of review.
2. The provision of emergency ambulance service by any person in violation of this Ordinance, or regulations promulgated thereunder, is a nuisance and the Board may, in addition to other remedies provided by law or by this Ordinance, institute injunctive abatement or other appropriate legal proceedings to temporarily or permanently enjoin or abate such emergency ambulance service.
3. 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 these provisions shall be a separate offense for each day. Failure to comply with any provision shall be a separate offense for each such provision.
4. Violations of these provisions are punishable, upon conviction, by a fine of not more than five hundred (\$500) dollars for a non-continuing offense, i.e., an offense not spanning two (2) or more consecutive 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 is punishable by a fine of not more than five hundred (\$500) dollars per day up to a maximum of one thousand (\$1,000) dollars as provided by law.

**SECTION 19.            DUTIES OF AMBULANCE SERVICE FRANCHISEE**

The Franchisee:

1. Shall conduct its operation in compliance with all applicable state and federal laws, rules and regulations, the terms of this Ordinance and the Clatsop County ASA Plan;
2. Shall not fail or refuse to respond to an emergency call for service when an ambulance is available for service;
3. Shall not respond to a medical emergency located outside its assigned ASA except:

- a. When a request for specific emergency ambulance service is made by the person calling for the ambulance and the call does not dictate an emergency response;
  - b. When the franchisee assigned to the ASA is unavailable to respond and the franchisee is requested by another franchisee or 9-1-1 dispatch to respond; or
  - c. When the response is for supplemental assistance or mutual aid.
4. Shall not voluntarily discontinue service to his/her assigned ASA until he/she has:
- a. Given ninety (90) days written notice to the administrator, or
  - b. Obtained written approval of the Board.
5. Subsection 4 of this Section shall not apply to:
- a. Change, restriction or termination of service when required by any public agency, public body or court having jurisdiction; or
  - b. Transfer of franchises pursuant to Section 15 of this Ordinance

**SECTION 20.            AMBULANCE SERVICE AREA (ASA) ADVISORY COMMITTEE**

- 1. There is hereby created an Ambulance Service Area (ASA) Advisory Committee.
- 2. Members shall be appointed by and serve at the pleasure of the Board. The Board may appoint additional persons to the Committee to serve as ex-officio members or advisors. The Board may appoint or approve designation of alternates to serve in the absence of persons appointed to the Committee.
- 3. Except for the ASA administrator and other Clatsop County staff, appointments shall be for staggered terms on the initial Committee for a term not to exceed three (3) years. Subsequent appointments shall be for two (2) year terms. Members shall serve until their successors are appointed and qualified. Vacancies shall be filled by the Board for the balance of the unexpired term. Persons may be appointed to successive terms.

4. The Committee shall elect a chairperson. The Committee shall meet at such times as it deems necessary or as called by the Administrator or the Board. The chairperson or any of the seven members of the Committee may call a special meeting with five (5) days notice to other members of the Committee; provided however, that members may waive such notice.
5. Fifty percent plus one constitute a quorum for the transaction of business. A majority vote of those present and voting is required to pass motions.
6. In addition to other duties prescribed by this Ordinance the Committee shall:
  - a. Review and make recommendations to the Board regarding the selection criteria for determining a franchise to provide emergency ambulance service.
  - b. Regularly provide information to the Board from prehospital care consumers, providers and the medical community.
  - c. Periodically review the ASA Plan and make recommendations to the Board including, but not limited to:
    - (1) Review the standards established in the Plan and make recommendations regarding improvement of or new standards as required by OAR 333-260-050;
    - (2) Monitor the coordination between emergency medical service resources;
    - (3) Review dispatch procedures and compliance; and
    - (4) Review the effectiveness and efficiency of the ASA boundaries.
  - d. Implement the quality assurance program outlined in the ASA Plan to insure compliance with the ASA Plan.
  - e. Perform such other duties as directed by the Board.
7. Committee members shall avoid acting in any matters where a conflict of interest may arise. Any Committee member having a direct or indirect financial or pecuniary interest in any matter before the Committee for consideration shall withdraw from participation in any action by the Committee in said matter.

Nothing in this Section shall limit the ability of any person to provide testimony to the Committee.

**SECTION 21.**            **REGULATIONS OF AMBULANCE SERVICE**

Upon its own motion or upon a recommendation of the Committee, the Board may adopt ordinances, resolutions or orders regulating emergency ambulance service or implementing this Ordinance. Such regulations shall not conflict with ORS 823 and rules promulgated pursuant thereto.

**SECTION 22.**            **INITIAL RESPONDER**

Nothing in these provisions 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 emergency ambulance service provider.

**SECTION 23.**            **CONFORMANCE WITH STATE LAW**

This ordinance shall in no way be a substitute for, nor eliminate the necessity of conforming with any and all laws and rules of the State of Oregon, or its agencies, or any ordinance, rule or regulation of Clatsop County.

**SECTION 24.**            **INCONSISTENT PROVISIONS**

This ordinance shall supersede, control and repeal any inconsistent provisions of any County ordinance as amended or any other regulations made by Clatsop County.

**SECTION 25.**            **SEPARABILITY**

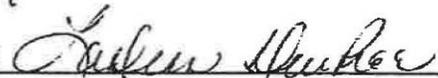
If any section, subsection, sentence, clause, phrase or portion of this ordinance is for any reason held invalid or unconstitutional by a Court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not effect the validity of the remaining portion of this ordinance.

**SECTION 26.      EFFECTIVE DATE**

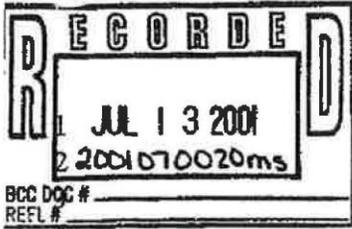
This ordinance shall take effect on the 30th day following adoption by the Board of Commissioners as provided in Chapter III, Section 12(3) of the Home Rule Charter for the Government of Clatsop county.

BOARD OF COUNTY COMMISSIONERS FOR  
CLATSOP COUNTY, OREGON

By   
Joe E. Bakkenesen, Chair

By   
Recording Secretary

Effective Date: 6/24/95  
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IN THE BOARD OF COUNTY COMMISSIONERS  
FOR CLATSOP COUNTY

4  
5 EXTENDING AMBULANCE SERVICE )  
6 FRANCHISE AGREEMENT ) RESOLUTION AND ORDER  
7  
8

9 WHEREAS, Clatsop County Ordinance 95-6 establishing an ambulance service area requires  
10 this Board to determine whether an ambulance service franchise term in excess of five years is in the  
11 public interest; and  
12

13 WHEREAS, Medix Ambulance Service, Inc. is the franchise ambulance service provider for  
14 the Clatsop County ambulance service area; and  
15

16 WHEREAS, Section 8 of the County agreement with Medix Ambulance Service, Inc. requires  
17 Medix to show satisfactory proof of long term financing to own a building to serve as its operating  
18 headquarters; and  
19

20 WHEREAS, Medix Ambulance has represented to this Board as follows:  
21

22 In 1994, Medix Ambulance purchased property at 2325 S.E. Dolphin Avenue,  
23 Warrenton, which serves as its headquarters housing its administrative and  
24 dispatch services;  
25

26 In April of 1999, Medix refinanced the mortgage on the Warrenton  
27 headquarters with a 15 year contract which will mature in 2014;  
28

29 In April of 1999, Medix entered into an additional 15 year mortgage contract to  
30 purchase property at 1176 Avenue F, Seaside, for its South Station crew  
31 quarters;  
32

33 Medix Ambulance also owns property at 1211 W. Marine Drive, Astoria, which  
34 houses its North Station crew; and  
35

36 Medix is currently negotiating terms to purchase property to relocate and expand its  
37 North Station crew quarters which will also require long term financing.  
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39 WHEREAS, Ordinance 95-6 requires this Board to hold a public hearing on renewal of the  
40 franchise agreement, which was held this date and no unfavorable comments were heard; and  
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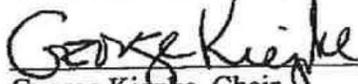
42 WHEREAS, the Board believes ambulance service will be enhanced by the extension of the  
43 contract and it is in the public interest to extend the renewal term for the Medix franchise agreement  
44 to 15 years.  
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NOW THEREFORE, IT IS HEREBY RESOLVED AND ORDERED that the renewal term for the Medix franchise agreement shall be extended to fifteen (15) years.

Dated this 11th day of July, 2001.

BOARD OF COMMISSIONERS FOR  
CLATSOP COUNTY, OREGON

  
George Kiepke, Chair



# EXHIBIT A

## AGREEMENT

This Agreement is entered into this 1st day of July, 1995 by and between MEDIX Ambulance Service, Inc. hereinafter referred to as "MEDIX", and the Clatsop County, a municipal of the State of Oregon, hereinafter referred to as "COUNTY".

## WITNESETH:

Whereas MEDIX has previously provided ambulance service to the residents of Clatsop County pursuant to an agreement with the Clatsop County Ambulance Service District which in part regulated the fees charged by MEDIX in exchange for financial subsidies, and

Whereas the Clatsop County Ambulance Service District serial levy has now expired, leaving the District without funds to provide a subsidy to MEDIX and, consequently, without a basis for regulating fees charged by MEDIX, and

Whereas the Clatsop County Service Ordinance and the Clatsop County Ambulance Service Area Plan adopted by Clatsop County pursuant to ORS 823.180 establish certain levels of ambulance service which are to be provided to the residents of Clatsop County and envision that the COUNTY shall authorize one provider to provide ambulance service in Clatsop County at those levels, and

Whereas MEDIX represents that it is familiar with the Ambulance Service Area Plan and represents that it is able and willing to provide ambulance services in compliance with the criteria set out therein, now therefore

IN CONSIDERATION OF THE covenants terms and conditions set out herein the parties agree as follows:

1. Clatsop County authorizes MEDIX Ambulance to provide ambulance services to the residents of Clatsop County pursuant to the Clatsop County Ambulance Service Area Plan and the Clatsop County Ambulance Service Ordinance, and as amended, which by this reference is incorporated herein as a part of this agreement. Hereinafter, Clatsop County agrees that it shall not authorize any other provider to provide such ambulance services during the term of this agreement.

2. MEDIX shall provide ambulance services to the residents of Clatsop County to the levels and standards set out in the Clatsop County Ambulance Service Area Plan and Clatsop County Ambulance Service Ordinance and in full compliance with all provisions therein, as exist now or as hereinafter amended.

3. MEDIX shall obtain and maintain insurance coverage satisfactory to COUNTY, naming COUNTY as an insured party and in amounts set out below:

- A. \$50,000 to any claimant for any number of claims or damages to or destruction of property, including consequential damages, arising out of a single accident or occurrence.
- B. \$100,000 to any claimant for all other claims arising out of a single claim or occurrence.
- C. \$500,000 for any number of claims arising out of a single accident or occurrence.

Should the requirements of ORS 30.270 ever be amended, MEDIX will, if necessary, alter its insurance to be consistent with any such amendments.

4. Contractor will be working as an independent contractor and will be responsible for any federal or state taxes applicable to services rendered by Contractor. Its employees and agents will not be eligible for any benefits as a result of payments pursuant to this agreement for federal Social Security, State Workers' Compensation, unemployment insurance or Public Employees' Retirement System benefits. Contractor shall provide County with satisfactory written proof of coverage under Oregon's Workers' Compensation laws and unemployment insurance laws within seven (7) days of a request by County.

5. The Contractor acknowledges that it is aware and fully understands and shall fully comply with all applicable wage, hour and labor standards required by State or Federal law for this project. To the extent required by Oregon Law, Contractor shall comply with the provisions of ORS 279.350: Prevailing Wage Rates.

6. Except for claims arising solely from the negligence of the County, its employees or its agents, the Contractor agrees to forever indemnify and hold the County harmless from and against all actions, suits, claims and demands for loss or damage, including property damage, personal injury and wrongful death, arising out of or in connections with the Contractor's activities under this Agreement, including any claims for attorney fees and costs.

The Contractor further agrees to defend the County, its agents and employees against any such claims and to further reimburse the County for its reasonable expenses, costs and attorney fees associated with defending any such claims, even though no suit or action is instituted.

7. The Contractor waives any claims it may have against Clatsop County, its commissioners, officers, agents and employees, arising out of the County's failure to seek

bids prior to entering into this agreement and further shall defend Clatsop County, its commissioners, officers, agents and employees from any liability therefore to third parties alleging harm therefrom.

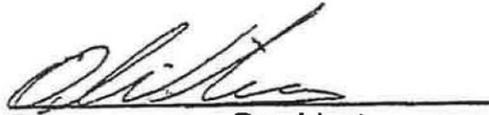
8. Term: The term of this agreement shall run from July 1, 1995 to June 30, 2002, provided however that the COUNTY may terminate this agreement upon MEDIX's failure to comply with the terms of the Ambulance Service Area Plan and Ambulance Service Ordinance, and as amended, provided the County first gives MEDIX a thirty (30) day written notice describing the failure and MEDIX has failed to remedy the failure within the thirty (30) day period following mailing of the Notice. This Agreement may be extended for an additional eight (8) year term for a total of fifteen (15) years upon a showing, to the satisfaction of the County Commissioners, that MEDIX has entered into long term financing to continue service through the ownership of a building in Clatsop County to serve as its operating headquarters.

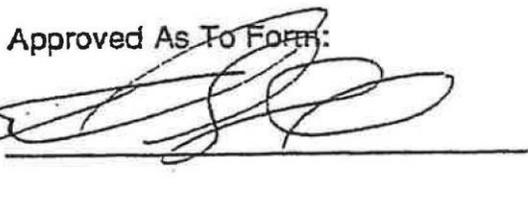
IN WITNESS WHEREOF, the parties hereto have executed this Agreement effective the date first set out above.

BOARD OF COUNTY COMMISSIONERS  
CLATSOP COUNTY

Medix Ambulance Service, Inc.

  
By Joe Bakkensen, Chair

  
By \_\_\_\_\_, President

Approved As To Form:  


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