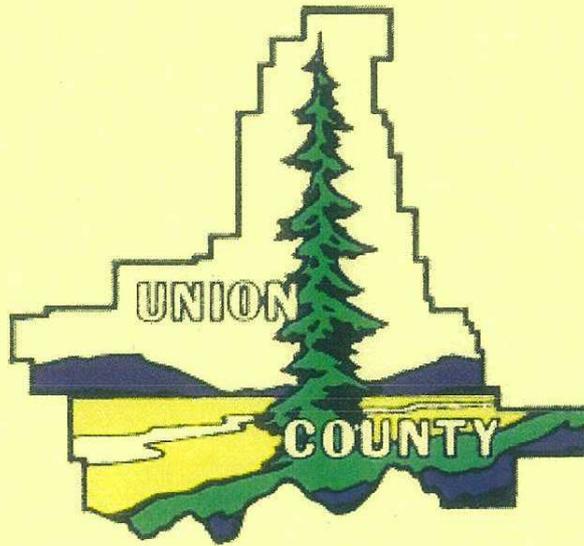


UNION COUNTY

Emergency Medical Services



Ambulance Service Area Plan

Union County

Emergency Medical Services / Ambulance Service Area Plan

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Union County Demographic and Geographic Overview

Located along the Interstate 84 corridor in northeast Oregon, Union County is approximately 250 miles east of Portland, Oregon and 160 miles northwest of Boise, Idaho. Union County lies in the Grande Ronde and Powder River Valleys in the Blue Mountains, and the county's total area is 2,038 square miles.

The Grande Ronde Valley includes six of the county's eight incorporated communities, and most of the county's population. According to the Union County Population Analysis, Union County's year 2010 population was 25,495 people.¹ See Table 2-1 for individual community populations.

Table 2-1 Union County Community Populations

Community	PSU Estimate July 1, 2010	Census April 1, 2000	Population Change 2000-2010	Percent Change 2000-2010
Cove	640	594	46	7.7%
Elgin	1,705	1,654	51	3.1%
Imbler	295	284	11	3.9%
Island City	1,065	916	149	16.3%
La Grande	13,085	12,327	758	6.1%
North Powder	520	489	31	6.3%
Summerville	120	117	3	2.6%
Union	1,960	1,926	34	1.8%
Union County	25,495	24,530	965	3.9%
Incorporated	19,390	18,307	1,083	5%
Unincorporated	6,105	6,223	-118	-1%

Source: Portland State University 2010 Annual Population Report

Principal industries include public employment (government and education), healthcare, agriculture, manufacturing and timber.² Timber played a key role in Union County's early economic development but has steadily declined in stature since the late 1970s. The rest of the county's economy is diversified and covers many areas.

With the floor of the Grande Ronde Valley at approximately 2,750 feet and surrounding mountains rising to over 7,500 feet, the weather differences can be extreme. Union County experiences four distinct seasons annually.

Interstate Highway 84 (I-84) enters Union County at its southern border in North Powder and traverses about 50 miles of the county, passing into Umatilla County near Meacham at an elevation of 4,200 feet. Weather conditions from mid-October to the end of March can make highway conditions very slow or

impassable. At times, I-84 may close to all traffic for limited periods due to winter storms or hazardous materials spills.

The Union Pacific Railroad mainline also runs through the county, roughly paralleling I-84. State, county, U.S. Forest Service and private road systems serve the remainder of the county. The Union County airport is 4 miles east of La Grande and has approximately 18,000 operations per year.

Extreme eastern Union County is designated wilderness and much of it is roadless. This is a small portion of the county, representing 4% of the total land area.

There are two major river systems in Union County; the Grande Ronde River and Catherine Creek. The Grande Ronde flows from the southwestern part of the county in a northeasterly direction where it exits into Wallowa County. Catherine Creek flows from the southeasterly part of the county in a northwesterly direction where it flows into the Grande Ronde River in central Union County.

County population is relatively stable, though it does experience temporary population influxes due to Eastern Oregon University, agricultural harvest and tourist activities like rafting, fishing, and hunting.

Definitions

Advanced Emergency Medical Technician (AEMT or Advanced EMT) – a person who is certified by the Division as an Advanced Emergency Medical Technician.

Air Ambulance – an aircraft used for emergency medical assistance in situations where either a traditional ambulance cannot reach the scene easily or quickly enough, or the patient needs to be transported over a distance or terrain that makes air transportation the most practical transport.

Advanced Life Support (ALS) Units – those ambulance units staffed and equipped for advanced life support activities in accordance with current Oregon Administrative Rules.

Ambulance – any privately or publicly owned motor vehicle, air or water craft that is regularly provided or offered for the emergency transportation of persons suffering from illness, injury, or disability.

Ambulance Service Area (ASA) – a geographic area that 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.

Ambulance Service Area Plan – a written document which outlines a process for establishing a county emergency medical services system. An ASA plan addresses the need for a coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open market system.

Basic Life Support (BLS) Units – those units staffed and equipped for basic life support activities in accordance with current Oregon Administrative Rules.

Communication System – two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel, multi-frequency capacity is minimally required.

Division – the Health Division of the Oregon Department of Human Services, and its authorized representatives.

Effective Provision of Ambulance Services – ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.

Efficient Provision of Ambulance Services – effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

Emergency – any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.

Emergency Medical Responder – has the same meaning as **First Responder**.

Emergency Medical Service (EMS) – those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and evaluation.

Emergency Medical Technician Basic (EMT-B) - a person certified by the Division as defined in current Oregon Administrative Rules.

Emergency Medical Technician Intermediate (EMT-I) – a person certified by the Division as defined in current Oregon Administrative Rules.

Emergency Medical Technician Paramedic (EMT-P) – a person certified by the Division as defined in current Oregon Administrative Rules.

First Responder – first aid provider with 40 hours of training in CPR and basic care.

Flight Nurse – registered nurse (RN) trained in critical care/ACLS certified.

Health Officer – the medical doctor identified in the Union County Emergency Operations Plan as the County Health Officer.

License – the documents issued by the Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS and current Administrative Rules.

Medical Director - a licensed physician who serves as a supervising physician and provides direction of emergency and non-emergency care provided by EMTs. The medical director must meet the qualifications of a supervising physician as defined in OAR 847.035.0020.

Notification Time – length of time between the initial receipt of the request for emergency medical service by either a provider or a Public Safety Answering Point (PSAP, which is the 911 Center), and the notification of all responding emergency medical service personnel.

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 persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of ten or more successive days.

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

Provider – any public, private or volunteer entity providing EMS.

Provider Selection Process – the process established by the county for selecting an ambulance service provider or providers.

Rescue Unit – any unit equipped for use in rescue/extrication, which may or may not be staffed with a first aid provider.

Response Time – the length of time between the notification of each provider and the arrival of the provider's emergency medical service unit(s) at the incident scene.

Plan Administration and Revision

The following language describes the procedure for updates to this plan, reassignment of ambulance service areas, requests for assignment by new providers, or requests for revocation of a service area assignment.

1. The Union County Emergency Manager receives or initiates a request.
2. In matters relating to assignment or reassignment of ambulance services areas, a Provider Selection Subcommittee, to consist of five at-large, non-providers or persons who will not benefit from the decision will be appointed by the Union County Board of Commissioners. The subcommittee's duty will be to review a specific service area assignment and make a recommendation to the Board of Commissioners. Appointment to the subcommittee shall be for the duration of the specific task.
3. In cases other than service area assignment or reassignment, the Union County Ambulance District Advisory Committee shall review all pertinent information and assist the Emergency Manager in developing a recommendation to the Board of Commissioners.
4. The Emergency Manager shall present a recommendation to the Board of Commissioners for consideration.
5. The Board of Commissioners shall conduct a public hearing and take action on the request.

In developing their recommendations, the Ambulance District Advisory Committee shall comply with applicable Oregon Revised Statutes.

Ambulance District Advisory Committee Acceptance

March 5, 2013

Union County Board of Commissioners
1106 K Avenue
La Grande, OR 97850

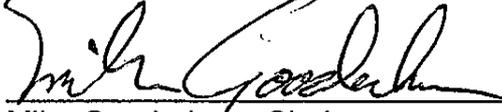
Dear Commissioners:

This letter hereby transmits the approval of the Union County Ambulance District Advisory Committee regarding the updated Union County Emergency Medical Services/Ambulance Service Area Plan.

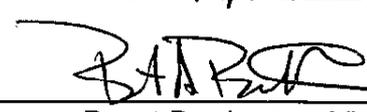
Key changes include:

- Updated definitions to ensure compliance with the statutes and administrative rules pertaining to county ambulance service area plans
- Updated provider profiles, including vehicles, special equipment and staffing

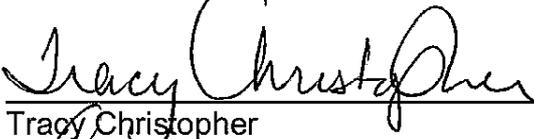
The undersigned hereby approve the Emergency Medical Services/Ambulance Service Area Plan Update, dated this 17th day of April, 2013.



Mike Gooderham, Chair

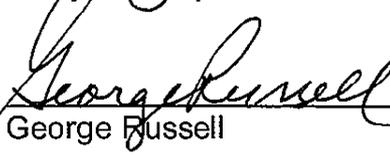


Brent Brotherton, Vice-Chair



Tracy Christopher

Pam Forrest

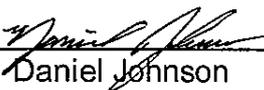


George Russell



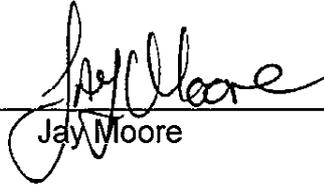
Steve Henderson

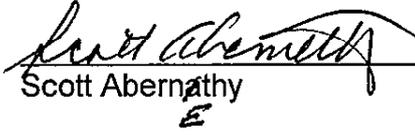
Rob Shanks



Daniel Johnson

Carrie Crook


Jay Moore


Scott Abernathy
E

Governing Body Certification

The Union County Board of Commissioners certifies pursuant to Oregon Administrative Rule (OAR) 333-260-0050(2)(a)(b)(c) that:

1. Each subject or item contained in the Union County Emergency Medical Services/Ambulance Service Area Plan has been addressed and considered in the adoption of the plan update.
2. In this governing body's judgment, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services.
3. To the extent they are applicable, the county has complied with Oregon Revised Statute (ORS) 682.205 (2)(3) and 682.335, and existing local ordinances and rules.

Dated this 3rd day of August, 2016.



Jack Howard, Chair



Steve McClure, Commissioner



Mark D. Davidson, Commissioner

Provider Selection

Authority for Ambulance Service Area Assignment

The Union County Board of Commissioners has the authority to assign ambulance service areas in compliance with Oregon Revised Statutes. 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.

Ambulance Service Area History

Voters formed the Union County Ambulance District on May 20, 1986. During the same election, voters declined to establish a tax base for funding the district. In November of 1986 another tax base ballot measure was submitted to the voters based on the financial information gathered during the bid process for countywide ALS service providers. The tax base failed again.

Grande Ronde Hospital emerged from the bidding process as the ALS provider in Union County and remained the ALS service provider from 1986 until 2002. Union County received written notification from Grande Ronde Hospital on November 13, 2001 stating their intention to vacate the ALS service area effective January 13, 2002. Per the process identified in this plan, bids were solicited and on January 2, 2002, the Union County Board of Commissioners established the City of La Grande Fire Department as the new ALS service provider for the Union County service area effective February 1, 2002.

BLS ambulance service is provided in Union and Elgin by municipally financed services. No providers other than those currently offering the service have expressed any desire to offer such a service, and based on the limited number of runs it is very unlikely that such a request will be received.

Ambulance Service Area Application and Reassignment

The following procedure describes the process for reassignment and application for ambulance service areas.

1. The Union County Emergency Manager shall cause notice of the availability of a service area to be published under either of the following conditions.
 - a. Upon notification of at least 60 days that a current provider will no longer be providing service; or
 - b. Upon notice by the District that service area assignment will be revoked.
2. The publicized notice shall set a deadline by which applications must be submitted for a new assignment of the Ambulance Service Area.

3. A RFP document developed by the Emergency Manager and Ambulance District Advisory Committee with legal counsel for guidance shall be the method of recruitment and basis for decisions.
4. A Provider Selection Subcommittee to consist of five at-large, non-providers or persons who will not benefit from the decision will be appointed by the Union County Board of Commissioners. The duty of the subcommittee will be to review a specific area assignment and make a recommendation to the County Board of Commissioners. Appointment of the subcommittee shall be for the duration of a specific task.
5. A recommendation is presented to the Union County Board of Commissioners for consideration.
6. The Union County Board of Commissioners conducts a public hearing and takes action on the request.

Notification of ASA Vacation

Provider agreements and contracts shall call for a 60 day written notice of intent to vacate service of an ASA (See Appendix C Provider Contract).

Level of Service Maintenance

If notice of ASA vacation is received, the Union County Ambulance Service District will make every effort to secure replacement services in a timely manner to insure uninterrupted ambulance service to the citizens of Union County. Possible funding sources may be a countywide operating levy or tax base. Another potential revenue source may be a membership program, which charges subscriber fees. Another option could be solicitation of a replacement service to be completely funded by user fees, as is the current situation.

County Approval of the Multi Patient Incident Plan

July 25, 2016

To Whom It May Concern:

This office has reviewed the Multi Patient Incident Plan (MPIP) for the Advanced Life Support Provider which is a part of the Union County Emergency Medical Services/Ambulance Service Area Plan.

The MPIP will integrate well with the Union County Emergency Operations Plan (EOP) Annex H entitled *Health and Medical Services*, and will be integrated into the Emergency Operations Plan.

This office approves the Multi Patient Incident Plan.

Regards,



J.B. Brock
Emergency Services Manager

Ambulance Service Area Description

BLS Service Area Boundaries

Elgin Volunteer Ambulance Service Area

Beginning at the Union-Umatilla County line at milepost 20 on Highway 204 thence north and east on the Union County boundary line to Bear Canyon thence south on Union-Wallowa County line to its intersection with U.S. Forest Service Road 62 thence south and west on U.S. Forest Service Road 62 to its intersection with Mt. Harris Loop and west to its intersection with Grays Corner Road thence west and north on Grays Corner Road to McKinnon Lane, thence north on Imbler Road, thence west on Woodell Corner Road to McKinnon Lane, thence north on Imbler Road, thence west on Woodell Lane to Highway 82 then from Highway 82 to Imbler city limits and west and north on Imbler city limits to Highway 82, thence north along Highway 82 to Courtney Lane thence west on Courtney Lane to Summerville Road thence northwest on Summerville Road to Sanderson Springs, then northeast on Summerville Road to Highway 204 then west to the Union-Umatilla County line, follow the line north to Milepost 20 (the beginning).

La Grande Fire Department Ambulance Service Area

Beginning at Milepost 20 on Highway 204 to Summerville Road then south and west to Summerville to Courtney Lane then east on Courtney Lane to Highway 82 then south on Highway 82 to Imbler-North city limits then west and south on Imbler city limits to Highway 82 then south on Highway 82 to Woodell Lane then east on Woodell Lane to Imbler Road, then south on Imbler Road to McKinnon Lane, then east on McKinnon Lane to Grays Corner Road and south and east on Gray Corner Road to Mt. Harris Loop thence east on Forest Service Road 62 thence east and north on Forest Service Road 62 to the Union-Wallowa County line and then east and south on Union-Wallowa County line to Union-Baker County line then west on Union-Baker County line then north and west on Eagle Cap Wilderness Boundary to Forest Service Road 6220 then west on Forest Service Road 6220 to Mill Creek Road to the Cove city limits then south and west on Cove city limits to Highway 237 Milepost 13.07 then west on Woodruff Lane to Hawkins Road then north on Hawkins Road to Wilkinson Lane, then west on Wilkinson Lane to Peach Road, then south on Peach Road to Highway 203 then west on Highway 203 to Hot Lake Lane at milepost 10.75, then west on Hot Lake Lane to I-84 interchange 268, thence south on I-84 to North Powder north city limits then east and south and west along North Powder city limits to Union-Baker County line, then west and north along Union County boundary line to milepost 20 on Highway 204 (the beginning). *(Note: In this service area BLS service is provided by an ALS provider with ALS capabilities.)*

Union Ambulance Service Area

Beginning at section line just south of Overpass 268 on I-84 thence due east on section line just south of Hot Lake Lane to the western most boundary of Union

Rural Fire District (section line just east of RV Park). Follow rural boundary north to Hot Lake Lane, thence east on Hot Lake Lane to Peach Road then north on Peach Road to Wilkinson Lane, then east on Wilkinson Lane to Hawkins Road, then south on Hawkins Road to section line (Union rural north boundary), thence east on section line to Godley Road, then north on Godley Road to Gekeler Lane, then east on Gekeler Lane to but not including Phys Point Road, then south to Highway 237, then east on section line just south of Highway 237 to section line parallel with Conley Road, thence south two sections, thence east on said section to Wallowa County boundary line, thence south and east along the Wallowa-Union County boundary to the Baker-Union County boundary, thence along with Baker-Union boundary to Powder River thence west and north along the Powder River to section line just east of Jimmy Creek thence north on section line to the fourth section line, thence west to I-84, thence along the east side of I-84 North to section line just south of Overpass 268 (the beginning).

ALS Service Area Boundaries

La Grande Fire Department Ambulance Service Area

The La Grande Fire Department Ambulance Service provides ALS service to all of Union County.

In addition to covering all of Union County, the La Grande Fire Department ALS service will respond on Interstate 84 West to Meacham (Milepost 238) and from Meacham (Milepost 238) East on Interstate 84 (Milepost 285). Response will also be provided on Highway 244 (toward Ukiah) to Lehman Hot Springs (Milepost 17).

Response Time Reduction Alternatives

Union County is unusual in that one ALS provider serves the entire county and two providers offer BLS transport service. This situation provides for the most efficient and timely response to emergency calls.

Quick Response/Rescue Teams in North Powder, Cove, Imbler, and Island City provide added coverage and reduce response times.

The centralization of all dispatch to one 911 PSAP, effective January 1, 1991 facilitates optimum response times.

Quick Response Teams

Cove Quick Response Team

The Cove Quick Response Team service area includes all of the Cove Rural Fire Department Service Area and: North on Lower Cove Road, and Grays Corner Road to Mt. Harris Loop, then southwest on Market Lane to Hamilton Road (but includes residences at 66905 Market Lane and 66876 Market Lane), from Hamilton Road to Booth Lane, west on Booth to Carter Road, south on Carter

Road to Highway 237, east on Highway 237 to Red Pepper, south on Red Pepper to Gekeler and east on Gekeler to Phys Point, meeting with the existing boundary. Also Hwy 237 south to Royals rock pit, High Valley Road to the Peterson residence, and east up Mill Creek Road to the Union County line. Cove will respond anywhere as requested.

Imbler Quick Response Team

The Imbler Quick Response Team service area shall be the Imbler Rural Fire Protection District area.

North Powder Quick Response Team

The North Powder Quick Response Team service area shall be the North Powder Rural Fire Protection District area.

La Grande Rural Quick Response Team

The La Grande Rural Quick Response Team service area shall be the La Grande Rural Fire Protection District area.

Rescue Teams

Imbler Rural Fire Department – Jaws-of-Life

The Imbler Rural Fire Department will respond with their Jaws-of-Life to the Elgin Ambulance Response Area. If the call is outside the Imbler Rural Fire area, they will request an extrication team from the Elgin Fire Department.

City of La Grande Fire Department

The City of La Grande Fire Department provides advanced life support ambulance service to Union County. The La Grande Fire Department also provides extrication/rescue services countywide. They are able to be dispatched appropriately with services having jurisdiction possessing the ability to turn them around.

La Grande Rural Fire Department

The La Grande Rural Fire Department will respond to rescue or extrication incidents inside the La Grande Rural Fire Protection District boundaries.

North Powder Rural Fire Department

The North Powder Rural Fire Department will respond to rescue or extrication incidents on I-84 from milepost 276 to mile post 293, and on Hwy. 237 to Union ½ mile past Telocaset bridge, and on Hwy. 30 to Haines 3.5 miles past North Powder.

Union Fire Department – Jaws-of-Life

If requested to do so, the Union Jaws-of-Life will respond to the Cove Quick Response Team area and Union Ambulance Service area.

Quality Assurance

The Union County Ambulance District Advisory Committee shall serve as the quality assurance committee. The Advisory Committee membership is dictated by the Union County Ambulance District Bylaws (See Appendix A). One member of the committee shall be selected to act as the QA coordinator and shall provide reports to appropriate groups. Records of the committee's deliberations and recommendations shall be kept.

Quality Assurance Committee Responsibilities

1. Review relevant documents (data) for exemplary performance as well as problems.
2. Investigate complaints and referrals.
3. Interface with local health care providers, regional and state QA bodies.
4. Approves screens to audit problem areas.
5. Provide written statement of findings recognizing excellence or the problem(s) identified.
6. Assign responsibility for oversight of problem resolution.
7. Recommend appropriate action, i.e. develop changes as needed to meet quality assurance goals (see goals below).
8. Follow recommendations to assure problem resolution; and
9. Provide annual report of all action taken and outcomes to the governing body.

Quality Assurance Goals

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

Quality Assurance Process

Components of quality assurance program which monitor efficiency and effectiveness of system elements, system coordination and providers involved in pre-hospital EMS.

1. Potential Problem Identification & Information Sources:
 - a. Public Complaint
 - b. Dispatch Report Form, Communications Center Tapes
 - c. Pre-hospital Care Report Forms
 - d. Emergency Department Charts and Records
 - e. Other EMS Providers and Professional Organizations
 - f. Trauma Registry Form
 - g. County EMS Administration

2. EMS Information Groups:
 - a. 9-1-1 Dispatch Committee
 - b. Imbler Quick Response Team
 - c. Cove Quick Response Team
 - d. Elgin Ambulance Service
 - e. La Grande Rural Fire Department
 - f. Union Ambulance Service
 - g. Grande Ronde Hospital
 - h. North Powder Quick Response Team
 - i. La Grande Fire Department
 - j. La Grande ALS Ambulance
 - k. Other Receiving Hospitals Outside Union County

3. County EMS Administration Functions:
 - a. Receive written complaint
 - b. Obtain relevant documents for review
 - c. Take testimony by deposition (if necessary)
 - d. Review EMS system policies and procedures (i.e. county prehospital & dispatch protocols)
 - e. Report system recommendations when necessary
 - f. Assure confidentiality and protection from disclosure
 - g. Assure due process to avoid anti-trust issues

4. Procedures According to Problem Identification:
 - a. Problem Type – Individual

- i. Medical protocol deviation; standard of care; lack of or inappropriate training
 - ii. Medical director or agent provides written statement on corrective measures taken
 - iii. Dispatch supervisor provides written statement on corrective measures taken
 - b. Problem Type – Provider:
 - i. Standard of care; response times; equipment failure; staffing problems
 - ii. Provider provides a written statement on corrective measures taken
 - c. Problem Type – System (i.e. county EMS ordinances, rules and protocols)
 - i. County EMS administration shall introduce to the county Ambulance District Advisory Committee a given EMS system problem. The Advisory Committee shall develop recommendations, which meet quality assurance goals, to correct the potential problem.
 - ii. The EMS Administration then introduces the recommendations to the Union County Board of Commissioners.
- 5. Quality assurance will be routinely inspected by each provider's medical director or his agent. An annual written report from each provider's physician supervisor will be submitted to the Quality Assurance Committee stating that the service is meeting all state and local guidelines for quality.
- 6. The Quality Assurance Committee will only review performance annually or as complaints or concerns are presented from Problem Identification & Information Sources.

Quality Assurance Problem Resolution

- 1. The Quality Assurance Committee shall send letters to entities responsible for identified problems stating the problem and recommended action. A follow up report of the outcome will be requested within a specified period of time.

2. System problems identified by the Quality Assurance Committee will be communicated to the Union County Ambulance Service District Board of Directors along with recommendations, which meet quality assurance goals, to correct the potential problem.

Sanctions for Non-Compliant Personnel or Providers

The Board of Commissioners will review the recommendations of the Advisory Committee and have the authority to establish appropriate sanctions for violations to the plan. Sanctions may include, but are not limited to, time-specific notification of needed response, fines or withdrawal of provider designation.

Provider Training

Blue Mountain Community College is the primary institution of learning that is used by individuals in Union County for initial EMT Basic, EMT Intermediate and First Responder training. Re-certification and continuing medical education is maintained through in-house training programs and seminars, many of which are sponsored by Grande Ronde Hospital.

The Union County Ambulance District provides continuing ongoing education through a video subscription program and special training events. The Ambulance District Advisory Committee has an Education Chairman who tracks the need for specific education and works to make that training available.

All providers in the county maintain continuing education and re-certification standards as identified by the Oregon Health Division.

Dispatcher Training

The City of La Grande Police Department is responsible for training all 911 PSAP Dispatchers. Training is provided in accordance with the "Dispatch Training Manual" (See Appendix B). Training begins with an initial six-month period followed by eighteen months of probationary training. Dispatcher trainees are not assigned to regular duties until all training is completed.

Provider Profiles

The provider profiles capture key information regarding ambulance and Quick Response Team service areas, and special equipment within Union County.

Provider Profile: Cove Rural Fire Protection District – Quick Response Team

Cove Fire Department is made up of entry-level firefighters and Cove Quick Response is made up of BLS emergency providers. This department is made up of strictly volunteers, responding from their homes 90% of the time. Dispatch is made through pagers that all members carry, from 911 systems in La Grande. Cove Fire is funded by taxes and Cove QRT is funded strictly through donations. All vehicles and supplies are housed at the Cove Fire Department.

Responding Units

Vehicles

- Truck 10 (2012 Ford F550 brush truck, 4 wheel drive, type 6, 400 gallon tank, Elkhart remote front monitor).
- Truck 12 (1970 International, 2 wheel drive, 1000 gallon brush truck with front automatic nozzle and pump and roll, 500 gpm pump).
- Truck 15 (2007 Chevy 5500 brush truck, 4 wheel drive, type 4, 800 gallon tank, PTO pump and rear mount pump, Elkhart remote front monitor).
- Engine 16 (1980 Spartan, 1600 gallon structure tank truck equipped with Class A foam generator, deck gun, lights and 1000 feet of 5 inch hydrant hose, 1200 gpm pump).
- Engine/Tender 17 (2008 Kenworth T800, 2500 gallon tank with 1000 gpm pump, deck gun, Elkhart remote front monitor, generator, lights and a porta tank).
- Tender 18 (1988 Ford, 1800 gallon tank with 500 gpm pump, Elkhart remote front monitor, Automatic front nozzle, tanker and pump and roll).
- Unit 19 (1988 Ford Ambulance, high lift air bags, BLS medical supplies and equipment).
- Trucks 10, 16, 17, and Unit 19 all contain SCBA's

Vehicles are inspected and certified by the Oregon Health Division and contain all supplies and equipment required by the Oregon Revised Statutes.

Special Equipment

High Lift Airbags

These air bags are designed for higher lifting with the lift capacity of approximately 24 inches and around 4000 pounds each. These airbags are carried on Unit 19 at the present time, and are always available with this unit. These bags are also available for mutual aid.

Horses, Snowmobiles and 4 Wheelers

Four members of the Cove QRT and Fire, have access to horses, snowmobile, and 4x4 four wheelers. At any time these could be utilized within approximately 15 minutes.

Staffing

Type of Technician	In House	On Call	Paid	Volunteer
1 st Responder	0	5	0	5
EMT-B	0	0	0	1
EMT-I	0	3	0	2

Staffing levels listed are current upon plan revisions. Updated listings of staff certified to provide care and ambulances licensed for operation are on file at the Oregon State Health Division EMS section and the Oregon State Board of Nursing.

Supervision/Continuing Education

Meetings with training are held once a month on the second Wednesday of each month. Continuing Education and case reviews is held. Much of our continuing education is provided through La Grande Fire Department. With their assistance, Cove Quick Response team is able to more than meet the need for education.

Cove QRT maintains a high quality of training for the department. All personnel are current in CPR, EMT hours or First Responder hours in accordance to their requirements.

Recertification and continuing medical education is maintained through in-house training programs once a month. Other education opportunity come from the La Grande Fire Department, Grande Ronde Hospital, and distance education from other agencies or Blue Mountain Community College. La Grande Fire has been instrumental in helping to maintain education and a supervising physician.

All Providers for Cove maintain certification and continuing education standards as identified through the Oregon State Health Division.

Provider Profile: Elgin Ambulance Service

Elgin Ambulance service is a municipal volunteer BLS service. Staffing is provided by EMT-Basics and EMT-Intermediates. Dispatch is handled through pagers by the Union County 911 Center, and 75% of the time volunteers respond from their homes. Funding for the service is provided by municipal tax dollars, user fees and donations. The service also utilizes four CPR trained drivers.

Responding Units

Vehicles

- 2008 Ford F-350 4x4 located at 155 North 10th, Elgin.

All vehicles are inspected and certified by the Oregon Health Division and contain all supplies and equipment required by Oregon Revised Statutes.

Special Equipment

Defibrillator – Lifepack 12

Staffing

Type of Technician	In House	On Call	Paid	Volunteer
Quick Responder	0	0	0	0
EMT-B	0	2	0	2
EMT-I	0	2	0	2

Staffing levels listed are current upon plan revision. Updated listings of staff certified to provide care and ambulances licensed for operation are on file at the Oregon State Health Division EMS section.

Supervision/Continuing Education

Monthly trainings are held on the first Sunday of each month and monthly business meetings are held on the third Sunday of every month, which also includes training.

Provider Profile: Imbler Fire Department/Imbler Quick Response Team

Imbler Fire Department is made up of entry level firefighters, Fire Fighter I's and Imbler QRT is made up of BLS emergency service providers. This department is made up of strictly volunteers, responding from home 90% of the time. Dispatch is made through pagers that all members carry, from the 911 system in La Grande. Imbler Fire and Imbler QRT are funded by taxes.

Responding Units

Vehicles

- Unit 31 (2007 International 4x4 Pumper, 5 man cab, 750 gallon tank, 1000 gallon per minute pump) located at 310 Patton Street, Summerville.
- Unit 32 (2009 Ford 550 Brush Truck, 500 gallon tank, 200 gallon per minute pump) located at 160 Ruckman Ave., Imbler.
- Unit 34 (1981 International 4x4 Pumper, 750 gallon tank, 1000 gallon per minute pump) located at 160 Ruckman Ave., Imbler.
- Unit 35 (1997 ¾ ton Chevy, Secondary Medical Emergency Responding Vehicle) located at 310 Patton Street, Summerville.
- Unit 37 (1981 Mack, tandem Tender, 2500 gallon tank, 200 gallon per minute pump) located at 160 Ruckman Ave., Imbler.
- Unit 38 (1971 Mack, tandem Tender, 3000 gallon tank, 200 gallon per minute pump) located at 310 Patton Street, Summerville.
- Unit 39 (1978 Chevrolet ¾ Ton, 4x4 Pickup, Primary Medical Emergency Responding Vehicle) located at 160 Ruckman Ave., Imbler.

Special Equipment

Extrication Tools

These tools are with Elgin Fire now, who is automatic mutual aid to Imbler for all extrication requests.

- Homatro combi-tool (spreader and cutter) and Homatro Cutter with gas powered hydraulic unit for the tools. This tool is shared with the Elgin

Fire Department. Imbler Quick Response Team with Unit 39 responds to the Elgin Ambulance District for extrication when requested.

Airbags

These air bags are designed for lifting extremely heavy objects. They require approximately 1 inch clearance for insertion under an object. These air bags are carried on Unit 39 at this present time, so are always available with the Primary Medical Vehicle.

- Airbag #1 (15"x15", 12 ton capacity, 8" lift height)
- Airbag #2 (20"x20", 20 ton capacity, 12" lift height)
- Airbag #3 (24"x24", 32 ton capacity, 17" lift height)

Staffing

Type of Technician	Volunteer
Firefighters	12
Emergency Medical Responders (EMR)	6
EMT-B	1
EMT-I	1
EMT Paramedic	0

Staffing levels listed are current upon plan revision. Updated listings of staff certified to provide care are on file at the Oregon State Health Division EMS Section.

Supervision/Continuing Education

Monthly meetings for EMS continuing education and case reviews are held in house at the Imbler Fire Department. Meetings for Fire Training are held twice monthly at the Imbler Fire Department. Additional continuing education and case reviews are through La Grande Fire Department and Grande Ronde Hospital. With their help we are able to meet our needed education for both fire and medical.

Imbler Fire Department maintains a high quality of training for the department. All personnel are current in CPR, EMT or First Responder hours, for whichever they may be.

Recertification and continuing medical education is maintained through in-house training programs. Other education opportunity comes from La Grande Fire Department and Grande Ronde Hospital. They also receive education through

the video subscription program that the Ambulance Advisory Committee makes available. Other education opportunities arise from other departments inviting them to attend, and from NEOAHEC, which makes education available to the whole country through ed-net programs, etc. La Grande Fire Department has been very helpful with a countywide quarterly case review with a Supervising Physician.

All providers for Imbler Fire Department maintain certification and continuing education standards as identified through the Oregon State Health Division.

Provider Profile: City of La Grande Fire Department

The City of La Grande Fire Department provides ALS response and patient transport services to all of Union County and has mutual aid agreements with agencies in three bordering counties. We provide primary EMS response and patient transport in areas within the county that do not have designated BLS ambulance services. We also provide entrapment extrication services in areas not covered by an EMS agency or Fire District and respond as a primary responder.

The Fire Department is staffed 24 hours per day 365 days a year by career personnel, and at times, with a combination of part-time and career. A municipal tax base, user fees, and donations fund the service.

Responding Units

Vehicles

- 2, 4x4 type III ambulances
- 1, 4x4 type I ambulance
- 1, 2 wheel drive type I ambulance
- 1, 4x4 1-ton rescue truck

All vehicles are located at 1806 Cove Avenue, La Grande

All vehicles are inspected and certified by the Oregon Health Division and contain all supplies and equipment required by Oregon Revised Statutes.

Special Equipment

- Hydraulic Holmatro extrication tools; cutters, rams, spreaders and combination tools
- Air bag lift system
- Full set of stabilization jacks
- Extensive set of shoring blocks and wedges
- Portable scene lighting
- Rope rescue equipment
- Life jackets/throw ropes
- Air reciprocating saw
- SCBAs
- High pressure air bag system
- One 101 foot ladder apparatus
- Three type I structure engines

Staffing

Type of Technician	In House	On Call	Career	Part-Time
EMT-B	2	4	2	4
EMT-I	5	1	5	1
EMT-P	9	0	9	0
RN/EMT-P	1	0	1	0

*All of our responders are paid when on duty; the paid column was substituted with the career column.

Staffing levels listed are current upon plan revision. Updated listings of staff certified to provide care and ambulance licensed for operation are on file at the Oregon State Health Division EMS section.

Supervision/Continuing Education

Each 24-hour shift operates with a shift officer in charge, who reports directly to the Fire Chief. EMS personnel function within this chain-of-command structure. In addition, the department has individuals designated to provide internal system, training/certification and EMS equipment/consumables oversight.

The fire department contracts with a local doctor to provide Medical Director Services as required by State statute for agencies providing ALS response and patient transport. The Medical Director provides oversight of the Union County EMS Protocols, and the quality of patient care provided by all EMTs in Union County. He reviews patient care report (PCR) forms, and provides feedback accordingly. The medical director or his designee conducts countywide quarterly educational case reviews.

EMS continuing education is provided by the department on a monthly basis (every 3rd Thursday). All Union County EMS responders are invited to attend this training.

Provider Profile: La Grande Rural Fire Protection District Fire and Rescue

The La Grande Rural Fire Protection District is a volunteer department-based fire and rescue service. As EMS Responders, we provide emergency medical treatment at a BLS level to aid ALS ambulance. We provide extrication and rescue within the district and throughout the county as per the Mutual Aid Agreements. Two engines and two rescue vehicles are equipped with medical equipment, in addition, the two rescues combined contain mass casualty equipment to provide Basic Life Support for up to 20 patients.

Responding Units

Vehicles

- Engine 58
- Engine 51
- Rescue 57 (4x4 Vehicle with Jaws of Life, medical)
- Rescue 5 (4x4 vehicle with Jaws of Life, air bags, medical, scene lighting)

All vehicles are located at 10200 S McAlister Road, Island City.

Special Equipment

- Emergency Incident Scene Lighting
- Rope Rescue Equipment
- Breathing Apparatus (SCBA) and air trailer
- Photography
- Air Bag System (60 Ton)

Staffing

Type of Technician	In House	On Call	Paid	Volunteer
1 st Responders	0	0	0	3
EMT-B	0	0	0	7

EMT-I	1	0	0	0
Rope Rescue Trained	1	0	0	6

Staffing levels are current upon plan revision. Updated listings of staff certified to provide care and ambulances licensed for operation are on file at the Oregon State Health Division EMS section.

Supervision/Continuing Education

Meetings are held on Wednesday of each month as well as the third Monday for rope rescue team members. Yearly training for CPR and 1st Aid are done in-house. In addition, 12 training sessions per year are conducted for first responders and EMTs, plus other training as available.

Provider Profile: North Powder Quick Response

North Powder Quick Responders are all volunteers, we respond in both Union and Baker Counties. Interstate 84, from mile post 276 to 293 is the area covered by North Powder Quick Response. Motor vehicle accidents are down, medical remains steady, as many North Powder residents are elderly. We continue to be a large part of this community with open house activities and continuing education for the school and donation of our time.

Responding Units

Vehicles

- #65 1990 Ford E-350 XL Ambulance (non-transporting)
- #63 1983 Chevrolet 4x4 custom deluxe 30 (MVAs)
- #68 1995 Ford Ambulance (non-transporting)

Vehicles located at 340 E Street, North Powder.

Special Equipment

- Holmatro Extrication Tool
- 1 Air Bag

All vehicles are inspected and certified by the Oregon Health Division and contains all supplies and equipment required by Oregon Revised Statutes.

Staffing

Type of Technician	In House	On Call	Paid	Volunteer
Quick Responder	0	0	0	3
EMT-B	0	0	0	1
EMT-I	0	0	0	0

Staffing levels listed are current upon plan revision. Updated listings of staff certified to provide care and ambulances licensed for operation are on file at the Oregon State Health Division EMS section.

Provider Profile: Union Emergency Services

Union Fire is made up of entry level firefighters and Union Ambulance is made up of BLS and ILS emergency service providers. This department is made up of strictly volunteers, responding from home 90% of the time. Dispatch is made through pagers that all members carry, from the 911 system in La Grande. Union Fire is funded by taxes and Union Ambulance is funded by a levy and self-supporting. All vehicles and supplies are housed at 570 E. Beakman.

Responding Units

Vehicles

- Truck 70 (Pumper, 750 gallon, generator, fans, tarps, deck gun, fire tools, 6 each. SCBA step blocks)
- Truck 80 (Pumper, 750 gallon, generator, portable foam tool, pump & drive capabilities, 1500 gallon port-a-pond, 6 SCBA units, fire shelters)
- Truck 72 (Pumper, 750 gallon, 4 SCBA units, generator, chainsaw, deck gun)
- Truck 83 (Pumper, 750 gallon, generator, wildland water packs, 4 SCBA units, 1500 gallon, port-a-pond)
- Truck 85 (Tanker, 1500 gallon, 10" quick dump, front spray nozzles, pump and drive, 100' 1-inch rubber hose)
- Truck 84 (Brush Truck, 250 gallon, GMC 1 ton 4x4, bladder bags, portable pump, foam capabilities, axes, shovels, toy hose, EMS supplies, fire shelters, 1500 gallon port-a-pond)
- Truck 74 (Rescue Truck, 4x4 Explorer, portable AED, Jaws of Life, combi cutter, cutter, portable hydraulic pump, 50' hose, EMS supplies, chock blocks, GPS)
- Truck 87 (Brush Truck, 1 ton Dodge crew cab 4x4, 350 gallon water, 50 gallon foam, pump & drive, portable pump, deck gun, 1000 ft. toy hose, fire shelters, bladder bags, EMS bag, 350 ft. 1.5" hose, axes, shovels)
- Medic 9 (transport ambulance, 4x4 type III BLS, 5000 lb. winch)
- Medic 8 (transport ambulance, 4x4 F-350 BLS Medtec)

Vehicles are inspected and certified by the Oregon Health Division and contain all supplies and equipment required by Oregon Revised Statutes.

Special Equipment

- Holmatro combi tool
- Jaws of Life (portable hydraulic pump, cutter tool, 50' hydraulic hose, windshield cutter)
- 2) 1200 gallons/min. deck guns (truck mount or portable)

Staffing

Type of Technician	In House	On Call	Paid	Volunteer
EMT-B	0	1	0	1
EMT-I	0	2	0	2
EMT-P	0	1	0	1

Union Ambulance also has five volunteer drivers for the ambulances. Of these five, three are also volunteer firemen.

Staffing levels listed are current upon plan revision. Updated listings of staff certified to provide care and ambulances licensed for operation are on file at the Oregon State Health Division EMS section.

Supervision/Continuing Education

Meetings are held two times a month, on the first and third Tuesdays. Continuing education, case reviews and fire training are held. Much of our continuing education is through the La Grande Fire Department and Grande Ronde Hospital. With their help we are able to more than meet our needed education for both fire and medical.

Union Emergency Services maintains a high quality of training for the department. All personnel are current in CPR, EMT hours or fire training, for whichever they may be.

Recertification and continuing medical education is maintained through in-house training programs twice a month. Other education opportunity comes from La Grande Fire Department and Grande Ronde Hospital. They also receive education through the video subscription program that the Ambulance Advisory Committee makes available. La Grande Fire Department has been very helpful with a countywide quarterly case reviews with our supervising physician.

All providers for Union Emergency Services maintain certification and continuing education standards as identified through the Oregon State Health Division.

Trauma System Minimum Standards

OAR 333-200-0080(2)(b)(A-E) – Standards for Area Trauma System Plans

Areas	Definitions	Response Times
<i>Urban</i>	An incorporated community of 50,000 or more population	8 minutes
<i>Suburban</i>	An area which is not urban and which is contiguous to an urban community. It includes areas within a 10-mile radius of that community's center. It also includes areas beyond the 10-mile radius, which are contiguous to the urban community and have a population density of 1,000 or more per square mile.	15 minutes
<i>Rural</i>	A geographic area 10 or more miles from a population center of 50,000 or more, with a population density of greater than 6 persons per square mile	45 minutes
<i>Frontier</i>	The areas of the state with a population density of 6 or fewer persons per square mile and are accessed by paved roads	2 hours
<i>Search and Rescue</i>	The areas of the state that are primarily forest, recreational, or wilderness lands that are not accessible by paved roads or not inhabited by 6 or more persons on a year round basis	No established response time

Trauma system patients shall receive pre-hospital emergency medical care within the following response time parameters 90% of the time.

Vehicle Equipment Standards

Each ambulance shall be equipped, at minimum, in accordance with Oregon Revised Statutes and Administrative Rules.

Equipment Checklists – Each licensee shall maintain an equipment checklist for each vehicle. The crew shall use this checklist to verify that all required equipment is on the vehicle and in proper working order.

Equipment On Basic Life Support Ambulances – Each basic life support (BLS) ambulance shall be equipped, at minimum, in accordance with the requirements of the Office of Emergency Medical Services, Oregon Health Division.

Equipment on Advanced Life Support Vehicles – Each advanced life support (ALS) vehicle shall be equipped, at minimum, in accordance with the requirements of the Office of Emergency Medical Services, Oregon Health Division.

Additional State Standards – The standards contained in these rules shall be considered to be minimum standards. In the event additional (i.e., more strict) standards are required by State Law those standards shall also be met by licensees.

Service Area Adherence

April 17, 2013

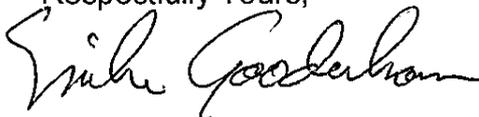
To Whom It May Concern:

This is to substantiate the following EMS providers in Union County's service area district mutually comply with service area boundaries, mutual response agreements and type of care needed, i.e. Basic Life Support, Advanced Life Support, Quick Response Team(s), etc.

- ❖ City of La Grande Fire Department (ALS)
- ❖ Union Volunteer Ambulance (BLS)
- ❖ Elgin Volunteer Ambulance (BLS)
- ❖ Imbler Quick Response Team
- ❖ Cove Quick Response Team
- ❖ North Powder Quick Response Team

All EMS providers work, train (to meet new state standards) and perform together. The excellent quality of care, which is a product of this environment, results in timely and excellent care given to those in need.

Respectfully Yours,



Mike Gooderham, Chair
Union County Ambulance District Advisory Committee

Response Time Monitoring Process

The following shall be sources of information types used to monitor response.

Information Levels:

- Public
- Dispatch
- Pre-hospital care
- Emergency department
- Other EMS providers
- County EMS administration

Generated Information Types:

- Complaints
- Patient care reports
- EMS dispatch
- Receiving hospital(s)
- Radio transmission tapes
- Trauma registry form

Notification and Response Time Screens:

- System entered by EMS dispatch number(s)
- Correct response level initiated
- Appropriate response time
- Medical problem properly identified by dispatcher

See also the "Quality Assurance" section for additional monitoring provisions

Notification and Response Times

Component Review – Ground Ambulance

	ALS	BLS
Call received to notification time:	2 Minutes	2 Minutes
Roll-out Time:		
08:00 – 22:00 hours	3 Minutes	5 Minutes
22:00 – 08:00 hours	3 Minutes	7 Minutes
Notification time to arrival time:		
<u>First Responders (BLS)</u>		
Suburban	11 Minutes at 90%	
Rural	45 Minutes at 90%	
Frontier	46 + Minutes	
<u>ALS Providers</u>		

Urban	8 Minutes at 90%
Suburban	11 Minutes at 90%
Rural	45 Minutes at 90%
Frontier	46+ Minutes

County providers shall meet the above response time standards. System response times are inclusive.

Complaint Review Process

The following procedure describes the process for receipt of input from pre-hospital care consumers, providers and the medical community.

1. The Union County Emergency Manager or designee receives written comments or complaints.
2. The Union County Ambulance District Advisory Committee shall review all pertinent information and assist the Emergency Manager or designee in developing a response or recommendation as appropriate.

A recommendation is presented to the Union County Board of Commissioners if appropriate.

Multi Casualty Incident Response Plan

Table of Contents

- Goals and Objectives
- Vulnerability Analysis
- General Guidelines
- MCI Response
- Emergency Communications
- Definitions
- Triage System – Start/Jump Start

Multi Casualty Incident Response Plan

Union County recognized a need for a standard approach to incidents involving multiple patients. The goal is to insure that victims of such incidents are transported as quickly as possible to appropriate facilities for definitive care.

The National Incident Management Systems Incident Command System (NIMS ICS) is a modular flexible system that allows for the integration of facilities, equipment, pre and post hospital staff and includes standard terminology, common operating and coordinated response.

A field guide is included for standard terminology, communications and preplan.

Goals and Objectives

Union County's Multi Casualty Incident Response Plan ensures patients' receive rapid medical assistance through coordinated efforts to minimize loss of life, injuries, and suffering. Rapid coordinated response is achieved through deploying appropriate overhead personnel, county resources and employing mutual aid agreements. The National Incident Management System (NIMS) Incident Command System (ICS) will be utilized to manage the incident. Periodic training and drills will ensure the efficacy of the MCI Plan. To evaluate the MCI Plan, After Action Reports (AAR's) are suggested as necessary after drills or actual events.

Vulnerability Analysis

Union County is subject to many natural and human caused emergencies. This directly correlates to vulnerability for a MCI. Many emergencies identified in the Union County Hazard Vulnerability Analysis would cause significant stress to the local Emergency Medical System (EMS) and Grande Ronde Hospital. Additionally, Union County's relative geographic isolation further stresses EMS and Grande Ronde Hospital in that there are few outside resources available within a reasonable distance and time period. While major emergencies are always a potential MCI cause, regular travel and commerce on the interstate, highways and rail lines also result in MCI potential. This is especially true during

the severe driving conditions present through much of the year. These weather conditions not only increase the potential for a MCI but serve to further isolate the county from both ground and air ambulance causing the potential for outside assistance to be questionable.

General Guidelines

1. Implement the Incident Command Structure
2. Implement the Union County MCI Plan
3. Use the MCI Field Guide (Appendix E)

Responding Units

1. Units responding to the scene should get directions from dispatch. If possible, responding units should review the MCI Field Guide while en route. Primary incident communication should move to Tac 4, or other available tactical channel.
2. Additional responding units should be assigned to Tac 5 by dispatch. When possible responding units will contact the Staging Area Manager for staging location, directions or assignment on Tac 5. All radio traffic should be to the Staging Officer on Tac 5, or other established available tactical frequency. Report to staging as "available" for assignment.
3. Responding units shall stay with their unit until assigned a task by command.
4. Incident resources should be tracked using approved County wide passport system.

On the Scene

1. The EMS Branch Officer and the Transport Group Supervisor will be responsible for communications with receiving facilities. All communications to the Resource Hospital (Grande Ronde) should be on the **HEAR** frequency or by cell phone.

Ambulances are not to communicate directly with hospitals unless absolutely necessary.

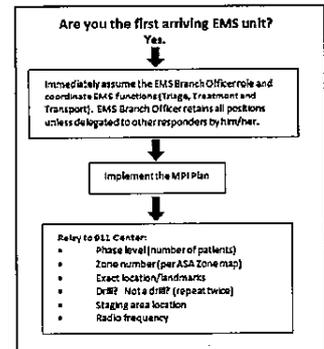
2. Notify the Resource Hospital (Grande Ronde) as soon as possible of a MCI. It is easier to cancel a MCI than initiate one.

MCI Response

1st Alarm 5-10 patients or 3 critical

1. Respond to the scene (see flowcharts to the right)
Contact dispatch for 1st Alarm response, which include:

- 5-6 ambulances
- 2 rescues
- 1 engine
- Air service placed on stand by
- 2 overhead personnel
- Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area. Move to tactical channel.

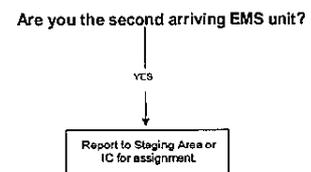


2. Advise the resource hospital to implement the MCI Plan.
3. Request mutual aid early in incident as necessary.
4. Assign one crewmember to the role of PRIMARY TRIAGE using the S.T.A.R.T. system (see appendix). Perform field triage and attach MET TAG to each patient.
5. Treat life-threatening injuries (TREAT SIMPLE AIRWAY PROBLEMS, CORRECT SEVERE BLEEDING, TAG PATIENT AND MOVE ON).
6. Transport to the hospital in order of priority. Consider transport to neighboring facility depending on geographic location.
7. All reference to the patient will be by the last 2 digits of the MET TAG number (i.e. #34) and priority (0, 1, 2 or 3).
8. When all patients have been transported, assist in the local emergency room as available.

2nd Alarm 11-20 patients

Contact dispatch for 2nd Alarm response, which will add resources to a 1st Alarm response to total:

- 8-10 ambulances total
- 3 rescues total
- 2 engines total
- 3 overhead personnel total
- **PIO** (law enforcement and EMS)
- **EOC** to be opened at dispatch center
- Air service placed on stand by
- Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area.



3rd Alarm 21 or more patients

Contact dispatch for 3rd Alarm response, which will add resources to a 2nd Alarm response to total:

- 13-20 ambulances total

- 3 rescues total
- 2 engines total
- Countywide emergency tone page to man stations
- Activate search and rescue
- Chief law enforcement officer to scene
- PIO to EOC
- Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area additional resources through state, i.e. National Guard.

Termination

1. When the MCI is terminated, it is essential to give the Staging Area Manager the following information:
 - Personnel and units that will remain on the scene
 - Estimated time for returning units to be back in service

This will enable the Staging Officer to make a coordinated deployment of ambulances and personnel back to their districts, while simultaneously maintaining available units in the districts needing continued resources.

Emergency Communications

The first responding emergency agency on scene will establish the Incident Command System. The Incident Commander should establish an EMS Branch Officer to manage the emergency medical aspect of the emergency. Primary incident communications will be conducted on TAC 4, or other available tactical frequency.

1. The **EMS Branch Officer** should be the most experienced and qualified EMT on scene. They will disseminate EMS radio communications.
2. The **EMS Branch Officer** may designate the TAC 4 frequency as the Emergency Medical Service (EMS) frequency to be used for all incident communications. They will notify Dispatch of the frequency change.
3. **Dispatch will notify all initial responding EMS personnel to move to TAC 4.** If Staging Area Manager has been established, **Dispatch** will notify secondary responding EMS units to operate on OP 5 and to report to Staging Area Manager for assignment. If a staging officer has not been assigned, then the **EMS Branch Officer** retains that function and may keep all radio traffic on TAC 4.
4. The **EMS Branch Officer** should notify the resource hospital (Grande Ronde), and give them all pertinent information as soon as possible.
5. The **EMS Branch Officer** will be the person that should update medical

scene status, order EMS equipment, request additional ambulances, etc., from **Incident Command**.

6. The resource hospital (Grande Ronde) should landline area hospitals to determine their receiving capabilities for Priority 1 (immediate) and Priority 2 (delayed) patients.

The hospital should determine the locations of clinics or other medical facilities that can provide first aid and stress debriefing for Priority 3 (hold) patients. This information should be relayed to the **Transport Group Supervisor** at the incident scene on the HEAR frequency or by cell phone.

If **EOC** is open, the hospital **Liaison** should communicate with the **EOC** regarding area hospital receiving capabilities. The **EOC** will relay information to the on scene **Transport Group Supervisor**.

7. If the **Transport Group Supervisor** cannot contact area receiving hospitals to inform them of the ETA of ambulances to their facilities using the HEAR frequency, the **Transport Group Supervisor** should use the HEAR frequency to contact the resource hospital (Grande Ronde) and the resource hospital can relay that information to the appropriate receiving hospital.

8. Receiving hospitals should be informed of only the following information on ambulances en route to their facility:

- Ambulance identification
- Number and priority of patients in the ambulance
- Estimated time of arrival

9. Radio call names:

Incident Commander (IC)	-----	Command
Operations Chief	-----	Operations
Staging Area Officer/Manager	-----	Staging
EMS Branch Officer/Director	-----	EMS
Triage Group Supervisor	-----	Triage
Treatment Group Supervisor	-----	Treatment
Transport Group Supervisor	-----	Transport
Extrication Group Supervisor	-----	Extrication

Definitions

Air Ambulance Landing Zone (LZ) – area where air ambulances are loaded with patients from the treatment area. The landing zone (LZ) should be positioned in an area where tight security can be maintained. At the same time, patients should be able to be carried by stretcher to the LZ. If this is not possible, an ambulance may be needed to shuttle patients to the air ambulance loading zone. The Transport Group Supervisor and EMS Branch Officer should work together on designating the location for the LZ. The Transport Group Supervisor should appoint an Air Ambulance Landing Zone Officer to land and supervise the loading and departure of air ambulances. The Air Ambulance LZ Officer should have experience in setting up LZs and landing air ambulances.

Ambulance Loading Zone – area where patients are transferred from the Treatment Area into ambulances for transport. When possible, it should be arranged so ambulances can drive through, without backing up. The Staging Area Officer/Manager should direct incoming ambulances that are to be used for transport to the Ambulance Loading Zone and advise them to contact the Transportation Group Supervisor when they reach the zone.

Command Post (CP) – the command post may vary in size and type depending on the incident size. The command post function is to provide a central stationary location to assist the IC in incident command and control. The CP is the field office for management functions, such as logistics, planning and finance. In small incidents the CP may be placed within sight of the incident. In larger incidents the CP may be remote from the incident in a command trailer or fixed facility. The CP should provide a place where the IC and the IC's staff can be isolated from the noise and confusion associated with the incident. The CP should have the communications capabilities appropriate for the incident size. Initially, the IC and possibly an assistant should staff the CP. The Command Staff may be located at the CP. Depending on the incident size, General Staff Officers may also work at the CP.

Disaster – an unforeseen, unplanned for emergency, which exceeds day-to-day local government capabilities.

EMS Branch Officer/Director – an official assigned to oversee all emergency medical service functions during implementation of a Multiple Patient Injury Plan (MPIP). The EMS Branch Officer/Director functions as a member of the Operations Section and may have 3 direct subordinates: Triage Group Supervisor, Treatment Group Supervisor, and Transport Group Supervisor. The EMS Branch Officer/Director should be the individual that has the most knowledge of EMS capabilities. S/he should formulate a plan of action for the incident, relay this to subordinates, and troubleshoot any problems. S/he should keep the Incident Commander advised of any changes, and depending on the incident size, this person may act in the capacity of other needed roles.

EMT Crew – a response team in a non-transporting vehicle consisting of five to six EMTs with appropriate equipment and supplies for treatment area use.

Evacuation – moving immobilized patients from the field to the triage corridor.

Evacuation Team – team of two rescuers that evacuate immobilized patients to the triage corridor with a stretcher.

Extrication – removing patients from entanglements that hinder their evacuation.

Immobilization – strapping patients to a backboard in the HAINES modified recovery position or using Prehospital Trauma Life Support (P.H.T.L.S) standard spinal immobilization precautions.

Immobilization Team – team of two rescuers that carry back boards to patients on a stretcher and immobilize them.

Incident Command System (ICS) - a standardized approach to incident management that establishes common processes for planning and managing resources.

Incident Commander (IC) – agreed upon coordinator of the incident.

Mass Casualty Incident (MCI) – a situation that occurs in which the total number of patients from a single incident, or a combination of incidents exceeds the capabilities of the EMS agency who has jurisdiction.

Medical Supply Cache – a storage location in the treatment area for medical supplies that are acquired from ambulances, disaster kits or deliveries from resource hospitals (MCI Trailer).

Multi Casualty Incident Plan (MCIP) – a plan that coordinates the response of multiple EMS agencies in order to assure the delivery of adequate prehospital care and orderly distribution of patients to appropriate hospitals. The MPI Plan is implemented on the following incidents:

1. Total patients exceed five, four who must be stretcher patients, or
2. Three Priority 1 (Immediate) patients, or
3. Any incident or combination of incidents, which will exceed the resources of the local EMS agency.

MCIP Personnel Ratio Matrix – a worksheet for planning the number of personnel and ambulances.

MCI Alarms^{1st} through 3rd – the pre-planned response of ambulances, rescues, helicopters, and other equipment and personnel that is needed to deliver

adequate prehospital care in a multiple patient incident. Criteria for the correct alarm selection is listed below:

MCI 1st Alarm 5-10 patients or 3 critical

1. Upon arriving on scene, establish command and implement necessary ICS positions
Contact dispatch and request MCI 1st Alarm, which includes:
 - 4 ambulances
 - 2 rescues
 - 1 engine
 - 1 LEO
 - Air service placed on standby or staged
 - 2 overhead personnel
 - Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area
 - Move to tactical channel
2. Advise the resource hospital to implement the MCI Plan.
3. Request mutual aid early in incident as necessary.
4. Assign one crewmember to the role of PRIMARY TRIAGE (Triage). Using the S.T.A.R.T. system (see appendix 2). Perform field triage and attach MET TAG to each patient.
5. Transport to the hospital in order of priority. Consider transport to neighboring facility depending on geographic location.
6. All reference to the patient will be by the last 2 digits of the MET TAG number (i.e. #34) and priority (0, 1, 2 or 3).
7. When all patients have been transported, assist in the local emergency room as available.

MCI 2nd Alarm 11-20 patients

MCI 2nd Alarm response, which will add resources to a 1st Alarm response to total:

- 10 ambulances total
- 3 rescues total
- 2 engines total
- 3 overhead personnel total
- 2 LEO's
- PIO (law enforcement and EMS)
- EOC to be opened at dispatch center.
- Air service placed on standby or staged,
- Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area.

MCI 3rd Alarm 21 or more patients

MCI 3rd Alarm response, which will add resources to a 2nd Alarm response to total:

- 20 ambulances total
- 3 rescues total
- 2 engines total
- 5 LEO's
- Countywide emergency tone page to man stations
- Activate search and rescue
- Chief law enforcement officer to scene
- PIO to EOC
- Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area additional resources through state, i.e. National Guard.

MCI Overhead Team – a team of specially trained individuals formed to manage an incident. These individuals may form one or more agencies, and may be utilized when an incident overwhelms an agency's ability to assign personnel to staff MCI Plan management areas. These individuals may be chiefs, captains, or other qualified personnel.

National Incident Management System (NIMS) - identifies concepts and principles that answer how to manage emergencies from preparedness to recovery regardless of their cause, size, location or complexity.

Primary Triage – a rapid initial treatment and triage of patients where they are found. Using the Simple Triage and Rapid Treatment (S.T.A.R.T.) system, first responders provide for the correction of simple airway and circulation problems, and the initial classification of the severity of patient injuries.

Public Safety Answering Point (PSAP) – 911 dispatch center.

Receiving Hospital – any hospital that will be receiving patients from the incident.

Resource Hospital – the hospital that incident officials will coordinate with to determine the receiving capabilities of area hospitals. All trauma hospitals should have the necessary communications capabilities to determine area hospital receiving capabilities and to inform them of the number and severity of patients.

Secondary Triage – a more in-depth triage of patients to be performed at the entrance to the treatment area. Secondary triage will use the ATAB 9 anatomic and physiologic criteria to determine and classify patient severity.

Secondary Triage Corridor – corridor leading to treatment area. It should be staffed by the **most experienced** EMTs available. Secondary triage is performed in the corridor. After secondary triage is performed patients are then carried to the appropriate section of the treatment area, according to the assigned triage priority.

Stretcher – army style stretchers made of canvas stretched between 2 poles with handles. Designed for 2 rescuers to carry injured patients.

Transport Group Supervisor – a person assigned to coordinate the distribution of patients to available and appropriate hospitals. The Transport Group Supervisor should communicate with their Resource Hospital to obtain receiving capabilities of area hospitals. As patients are ready for transport, the Transport Group Supervisor should assign the ambulance destination (based on availability and suitability), and relay patient information to that hospital, or have that information relayed through the Resource Hospital. The Transport Group Supervisor should be a very experienced officer and have a thorough knowledge of the MCI Plan. The prompt completion of assignments by the Transport Group Supervisor will be **key** to efficiently and effectively managing the incident.

Treatment Group Supervisor – an EMT assigned to coordinate and oversee the incident treatment areas. The Treatment Group Supervisor should assign patients to the various treatment areas upon patient arrival, and may re-triage if

necessary. The Treatment Group Supervisor may assign arriving personnel to the treatment areas as manpower permits. The Treatment Group Supervisor communicates with the Transport Group Supervisor, as patients are ready for transport. When possible, the Treatment Group Supervisor should be selected on experience and EMT certification level.

Triage Group Supervisor – an EMT assigned to make determinations on prioritization of victims and may head up a team to accomplish this task on larger incidents. This is usually one of the first assigned roles. The Triage Group Supervisor should coordinate with the Extrication Group Supervisor (if assigned) to oversee the movement of patients to the treatment areas. When possible, the Triage Group Supervisor and the EMTs assigned to the Triage Group should be the most experienced and possess the highest EMT certification level available.

Triage Tag (MET TAG) – a tag used to prioritize the need for transport. ATAB 9, Union County, will use the MET TAG as a standard triage tag. All first responders and ambulance services should use MET TAG. Patients will be prioritized as follows:

****Priority 0 (dead, non-salvageable)** – a patient who is dead on arrival or, who, due to the severity of their injuries, cannot be salvaged. These patients will be identified with a black triage tag.

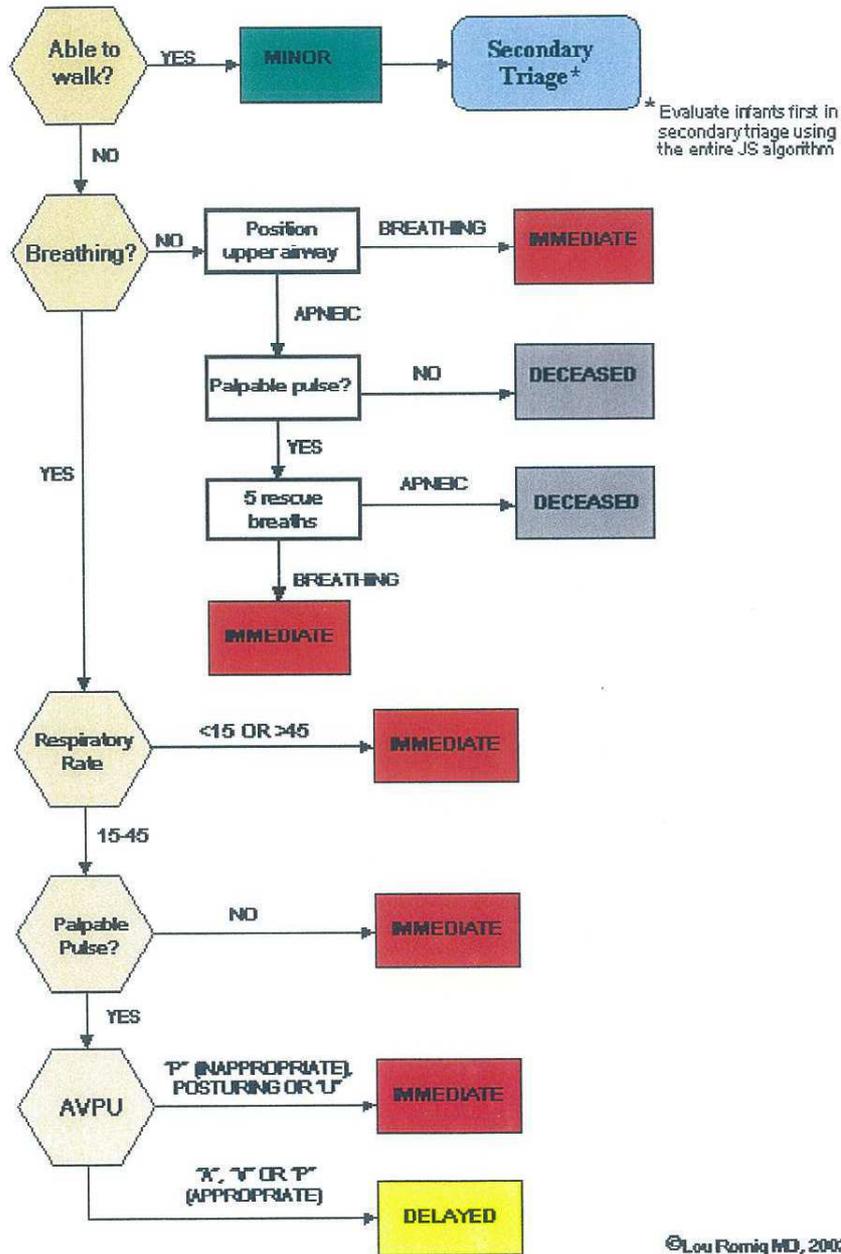
****Priority 1 (immediate)** – a patient who meets ATAB 9 anatomic or physiologic criteria for trauma severity. These patients will be identified with a red triage tag.

****Priority 2 (delayed)** – a patient who does not meet ATAB 9 anatomic or physiologic criteria for injury severity, but does have injuries that have rendered them non-ambulatory. These patients will require ambulance transportation and will be identified with a yellow triage tag.

****Priority 3 (hold)** – a patient who is not classified Priority 1 or 2. These patients may have no injuries. Priority 3 patients should be ambulatory and should not require ambulance transportation or hospitalization. These patients should be transported using buses or vans. They will be identified with a green triage tag.

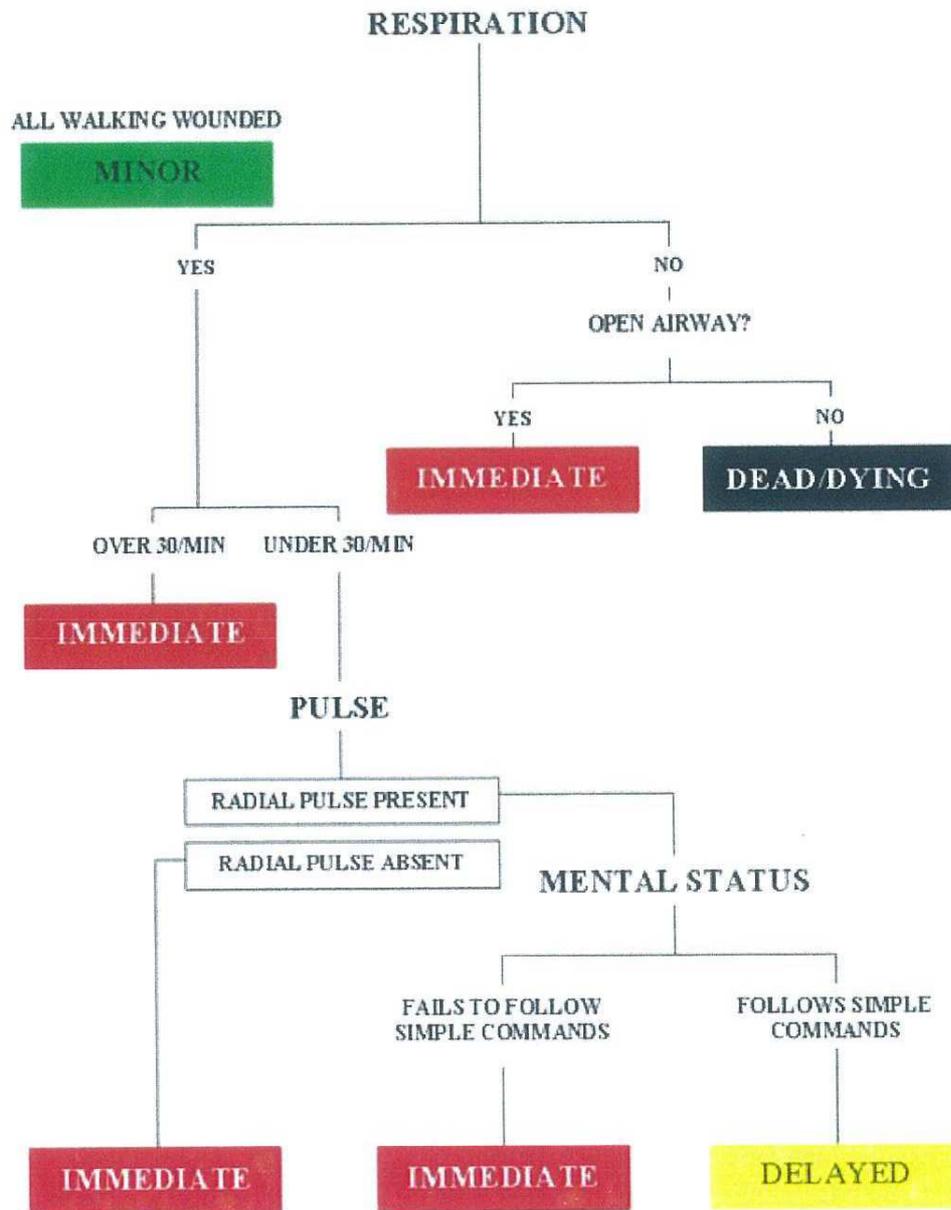
Zone – a geographic area used for pre-planning the response to a MCI.

JumpSTART Pediatric MCI Triage®



©Lou Romig MD, 2002

START Triage



Ambulance Service Provider Mutual Aid Agreements

The Union County ambulance providers and EMS providers in peripheral counties recognize the possibility that numerous medical response or disaster conditions in one provider's area could create insufficient resources to allow for the effective and efficient operation of emergency medical services in the respective jurisdiction. To accommodate those times when one Ambulance Service Area is in need of emergency assistance, ambulance provider and first response agencies of Union County agree to furnish personnel and equipment to any other provider when requested by competent authority and when personnel and equipment are available to respond. The Incident Command System found in this plan shall be used as the procedure for controlling personnel, facilities, equipment and communication.

All ambulance providers and first response agencies will maintain compatible radio communication capabilities with the other county ambulance providers and first response agencies to facilitate communications when mutual aid is requested.

All county ambulance providers and EMS first response agencies maintain written mutual aid pacts and agreements.

Fire and Ambulance agencies located in Union County are currently in the process of developing an updated Mutual Aid Agreement. Upon completion, the document will be added to this Plan as an Appendix.

Available Special Assistance

HAZARDOUS MATERIAL	LOCATION	SPECIAL CAPABILITIES	BUSINESS #
La Grande Fire Department	La Grande	HAZMAT Operations Level	963-3123
La Grande Rural Fire	Island City	HAZMAT Operations Level	963-6895
Union Emergency Services (Fire)	Union	HAZMAT Operations Level	562-5197
Imbler Fire Department	Imbler	HAZMAT Operations Level	534-6351
Cove Fire Department	Cove	HAZMAT Operations Level	568-4867
North Powder Fire Department	North Powder	HAZMAT Operations Level	898-2520
Elgin Fire Department	Elgin	HAZMAT Operations Level	437-2253
Oregon State Police	La Grande	HAZMAT Operations Level	963-7174
Oregon State Police	La Grande	Clandestine Drug & Explosives	963-7174
Union County Emergency Services	La Grande	Resources	963-1009

SPECIALIZED RESCUE	LOCATION	SPECIAL CAPABILITIES	BUSINESS #
La Grande Fire Department	La Grande	Rope Rescue	963-3123
La Grande Fire Department	La Grande	Water Rescue	963-3123
La Grande Fire Department	La Grande	Confined Space Rescue	963-3123
Anthony Lakes Ski Patrol	Anthony Lakes Resort	Winter Emergency Rescue/Avalanche Control; Rope/High Angle Rescue; Automatic External Defibrillator	856-3277
Spout Springs Ski Patrol	Spout Springs Resort	Winter Emergency Rescue	566-2015
La Grande Rural Fire	Island City	Rope Rescue	963-6895
La Grande Rural Fire	Island City	Confined Space	963-6895
La Grande Rural Fire	Island City	Mass Casualty Trailer (30 patient BLS capability)	963-6895
La Grande Rural Fire	Island City	Rehab Trailer – Food, Rest, Lighting, Air Supply; incident lighting	963-6895
Union Emergency Services (Fire)	Union	Confined Space Rescue	562-5197
Union Emergency Services (Fire)	Union	Rope Rescue	562-5197
Cove Fire Department	Cove	Water Rescue (limited)	568-4867

EXTRICATION	LOCATION	SPECIAL CAPABILITIES	BUSINESS #
La Grande Fire Department	La Grande	Hydraulic Holmatro extrication tools; rams; spreaders and combination tools	963-3123
La Grande Fire Department	La Grande	101foot ladder apparatus truck; ground ladders	963-3123
Union Emergency Services (Fire)	Union	Holmatro hydraulic cutting; spreading equipment; other extrication equipment	562-5197
Imbler Fire Department	Imbler	Air bags – low lift, 12-32 tons	534-6351
Imbler Fire Department	Imbler	Holmatro hydraulic combi-tool for cutting and spreading; other extrication equipment	534-6351
Cove Fire Department	Cove	Air bags – high lift (18-24 inches), 2 tons	568-4623

North Powder Fire Department
La Grande Rural Fire

North Powder
Island City

Holmatro extrication tool; one set airbags – low lift
Jaws of Life; air bags – low lift, 60 tons

898-2520
963-6895

QUICK RESPONSE TEAMS	LOCATION	SPECIAL CAPABILITIES	BUSINESS #
La Grande Quick Response	La Grande	EMS-equipped; semi-auto defibrillator	963-3123
Cove Quick Response	Cove	EMS-equipped	568-4044
Imbler Quick Response	Imbler	EMS-equipped	534-6351
North Powder Quick Response	North Powder	EMS-equipped	898-2520
La Grande Rural Quick Response	Island City		

SEARCH & RESCUE	LOCATION	SPECIAL CAPABILITIES	BUSINESS #
Union County Search & Rescue	La Grande	Personnel & Equipment; wilderness rescue, rope/high angle rescue, back country rescue	963-1017

Disclaimer

Union County is not responsible for the funding of any of the activities described in this plan. The Union County Emergency Medical Services Ambulance Service Area Plan is intended to regulate ambulance services and to set standards for the delivery of such services. In no way does the plan obligate Union County to fund ambulance services in this county.

Appendix A – Ambulance Service District Bylaws

Revised December 1988

UNION COUNTY AMBULANCE DISTRICT
BYLAWS

ARTICLE I: OFFICE

Section 1. Principal Office

The principal office of the District shall be located in La Grande, Oregon. The District may have such other offices within Union County as the County Court may determine.

Section 2. Registered Office

The District shall have and continuously maintain in Oregon a registered office and a registered agent whose office shall be identical with the registered office. The address of the registered office may be changed from time to time by the County Court.

ARTICLE II: PURPOSE AND CORPORATE NATURE

Section 1. Purpose

This County service district shall provide an ambulance service to residents of Union County.

Section 2. Corporate Nature

This County service district is formed as a municipal corporation pursuant to Chapter 451, ORS, and Chapter 198, ORS.

ARTICLE III: GOVERNING BODY OF DISTRICT

Section 1. Management

1. The County Court shall be the governing body of the district.
2. The County Court shall appoint an Advisory Committee of eleven (11) members who are electors and residents of Union County. The County Court shall advertise for applicants for the Advisory Committee by two insertions in a newspaper of local circulation, one month prior to making the appointments to the committee.
3. The Advisory Committee shall advise the County Court in setting up and operating the Ambulance Service District. The committee shall meet with the County Court at times and places determined by the committee and County Court jointly.

Section 2. Term of Office for Advisory Committee Members
Members of the Advisory Committee shall serve for a three (3) year term. Consecutive terms for Advisory Committee members shall not be limited. Initial appointments of Committee Members shall be staggered as such: 4 one-year terms, 4 two-year terms, and 3 three-year terms. All re-appointments and new appointments after formation will be for three-year terms.

Section 3. Removal

A member of the Advisory Committee may be removed:

1. If a committee member does not attend three consecutive regular meetings due to unexcused absences. The Advisory Committee may by action taken at that meeting during which the third absence occurs declare the absent committee member's position to be vacant.
2. Any Advisory Committee member may be removed upon a unanimous vote of all other members whenever in its judgment the best interest of the corporation would be served.

Section 4. Vacancy

If any vacancy shall occur on the Advisory Committee, it shall be filled by appointment by the County Court, maintaining the composition set forth in Article XI, Section 4.

Section 5. Voting

1. Each member of the Advisory Committee shall have one vote when voting on how to advise the County Court.
2. No vote by proxy will be allowed.

Section 6. Power of the Advisory Committee

1. The Advisory Committee shall only have power to make recommendations to the County Court. These recommendations are not binding upon the County Court regarding the operation and management of the Ambulance District but are advisory only in nature.
2. The Advisory Committee shall have the power to appoint sub-committees as necessary for completion of duties.
3. The Advisory Committee shall prepare and recommend to the County Court an annual budget.
4. The Advisory Committee shall have the power to recommend amendments to the bylaws except for provisions listed under Article XI of these bylaws.

Section 7. Officers

At the first meeting the Advisory Committee shall elect from among its members a Chairperson to conduct the meetings and lead the discussion. The Committee shall also elect a Vice Chairperson who will serve in the absence of the Chairperson and perform all of his assigned duties. A Secretary/Treasurer shall also be elected. Officers will be elected for one-year terms with re-election possible.

Section 8. Meetings

The Advisory Committee shall meet as necessary but not less than quarterly with an annual meeting held in the first quarter of the fiscal year to elect officers.

All meetings of the Advisory Committee will be governed by ORS 192.690(4), Open Meeting Laws, and shall be conducted and publicized as required under ORS 192.640(1).

ARTICLE IV: POWERS OF THE AMBULANCE SERVICE DISTRICT

Section 1. Specific Powers

This Ambulance Service District shall have the following powers:

1. Supervise, manage, control, and maintain ambulance service facilities.
2. Acquire by purchase, gift, devise, condemnation proceedings, or by any other means, such real and personal property and rights of way, either within or without the County as in the judgment of the County Court are necessary and proper in the exercise of the powers of the district, and to pay for and hold same.
3. Make and accept contracts, deeds, leases, and documents which in the judgment of the County Court, are necessary or proper in the exercise of the powers of the district.
4. Employ and pay necessary agents, employees, and assistants. The Ambulance Service District shall have the power to appoint an agent(s) in an ambulance provider agreement thereby conferring upon the agent(s) the limitations of liability as specified in the Oregon Tort Claims act, ORS 30.26 et seq, however, the District shall not agree to indemnify or defend the agent in any lawsuit arising from the agent's performance of an ambulance provider agreement.

Section 2. Residual Powers

The Ambulance Service District shall have the power to do any act necessary or proper to the complete exercise and effect of any of its powers under ORS 451.010 to 451.600.

Section 3. Statutory Revisions

The Advisory Committee shall biannually review and update these bylaws in accordance with any changes in Oregon Law.

ARTICLE V: PRELIMINARY ORDER

Prior to providing ambulance services the County Court, after receiving input from the Advisory Committee, shall make an order:

1. Determining the type of ambulance services to be provided.
2. Determining the manner of financing the purchase, maintenance and operation of the ambulance services.
3. Determining the method by which the district is to bear the share of the cost of the service which is to be apportioned to the district.

ARTICLE VI: METHODS OF FINANCING

The Ambulance Service District may in accordance with the Order adopted under ORS 451.485, finance the construction, purchase, operation, or maintenance of service facilities by:

1. Use of funds from a fund established under ORS 280.055 or 451.540 to be repaid by the District without interest.
2. Assessment against property in the District with or without issuance of bonds or warrants authorized under ORS 451.530.
3. Service or user charges in the District.
4. District ad valorem taxes.
5. Sale of bonds.
6. Funds obtained under ORS 280.040, 280.050, 280.060, 280.140.
7. Any combination of the provision of subsections 1-6 of this section.

The service district shall comply with the provision of ORS 451 regarding implementing the above financing methods.

ARTICLE VII: ANNUAL AUDIT

The books and the account of this Ambulance Service District and all contractors with the District shall be reviewed annually by a certified public accountant and or licensed accountant in accordance with Oregon Revised Statutes. The resulting reports shall be presented to an annual meeting of the County Court and the Advisory Committee.

ARTICLE VIII: BOOKS AND RECORDS

The Ambulance Service District shall keep correct and complete books and records of account, and shall also keep the minutes of the proceedings of County Court meetings and Advisory Committee meetings with regard to the operation of the District, and shall keep at the principal office a record giving the names and addresses of the members of the Advisory Committee. The minutes shall include the following information: time and place of meeting, whether regular or special meeting, whether due notice thereof was given, the names of all persons in attendance, and the proceedings of the meeting.

ARTICLE IX: FISCAL YEAR

The fiscal year of the Ambulance Service District shall be determined by the County Court.

ARTICLE X: AGREEMENTS FOR COOPERATIVE FINANCING OF SERVICE FACILITIES OR FOR USE, LEASE OR JOINT OPERATION OF SERVICE FACILITIES:

The district may enter into agreements for a period not to exceed 30 years for the cooperative financing and joint operation of an ambulance service district.

ARTICLE XI: MANDATED REQUIREMENTS

The following items are mandated requirements of the Ambulance Service District:

Section 1. Scope of Services

The county-wide district will provide an advanced life support service, on a competitive bid public contract, and basic life support services located in Union and Elgin, with such services subject to all requirements specified under Oregon Law.

Section 2. Competitive Bidding for Advanced Life Support Services

The contract for advanced life support services shall be awarded based upon the following minimum eligibility criteria:

1. Quality: The quality of services shall take priority over the cost of services. Every effort shall be made to maintain the highest quality of services possible.
2. Cost: The cost analysis of proposals shall consider all direct and indirect costs to the citizens of the County.
3. Supervising Physician: Any provider submitting a bid must show evidence of a contractual agreement with a qualified emergency services physician, who is an active member of the Grande Ronde Hospital Medical Staff, adequately insured, and experienced as an ambulance Supervising Physician.
4. Air Ambulance Service: Providers capable of furnishing air ambulance services as an adjunct to their proposal, shall be given preference as a bidder.
5. Personnel: The qualifications of personnel shall be submitted as part of any proposal, and those providers dominated by EMT IV's as opposed to EMT III's shall be favored.
6. Continuing Education: Providers must have the ability to provide routine exposure to medical problems and have access to continuing education and training.
7. Provider Qualifications: The experience, reputation and financial stability of providers bidding for the service shall be considered.
8. Credit and Collection Policies: Providers must be willing to accept third party assignment, including Medicare and Medicaide; they must be willing to provide uncompensated care to the indigent, in accordance with federal poverty guidelines; and they must establish reasonable credit and collection policies.

Section 3. Contracts

Contracts for ALS and BLS ambulance services shall be for fixed annual sums over a five year period subject to public contracting law.

The municipalities of Elgin and Union will have the first right to contract for district funded basic life support services in their areas.

Section 4. Ambulance District Advisory Committee Representation

Representation on the Ambulance District Advisory Committee shall be three (3) representatives from the 437 telephone

prefix area, three (3) representatives from the 562 telephone prefix area, and five (5) representatives from the 963, 962, 898, 568, or 534 telephone prefix area, for a total of eleven (11) members.

ARTICLE XII: AMENDMENTS:

Any amendments to Article XI, Sections 3 & 4 of these bylaws or change of organization of the District must be approved by a County-wide election. The procedure set forth in Chapter 198, ORS must be followed by circulating a petition and filing it with the County Clerk prior to such an election to approve an amendment of Article XI of the bylaws or change in the organization of the District. All other amendments to these bylaws may be proposed by either the Advisory Committee or the governing body and shall be effective when they receive a two-thirds vote of those present and voting at an advisory committee meeting with an appropriate quorum, and are subsequently approved by the governing body.

ADOPTED this 7th day of December, 1988.



COUNTY JUDGE



COMMISSIONER

COMMISSIONER

12/6/88 sab

Appendix B – Dispatch Training Manual

Demonstrated in and/or Date/Initials	Knowledge or Ability has been demonstrated By Trainee	Part I - Orientation
		A. Communications Technicians shall have an understanding of the organization and operation of all the agencies involved in the 911 PSAP.
		1. A tour of the La Grande Police Department facility will be given to the trainee, including introductions to the various dept members and their respective offices.
		2. A tour of the Court buildings, Juvenile Dept., and Parole & Probation shall be given the trainee.
		3. The trainee shall visit all Fire Dept's, Ambulance services, and Union & Elgin Police Departments. Log in VII.
		4. An appointment shall be made for the trainee to visit City Hall and make payroll and insurance arrangements.
		5. A picture will be taken and an employee ID card made.
		6. Uniforms will be ordered for the trainee.
		7. Departmental keys shall be issued to the trainee.
		8. 3 sets of fingerprints will be taken and sent in for a DPSST # to be issued.
		9. The following practices & policies will be explained and understood by the trainee:
		a. Departmental Chain of Command
		b. Standards of conduct and performance.
		c. Scheduling/briefing/shift hours/timesheet
		d. Meals/breaks/overtime.
		e. Time off requests/Holiday/Vacation/Comp
		f. Sick time use/reporting/recording
		g. Outside employment.
		h. Duty uniform/dress regulations
		i. Various departmental bulletin boards and their purposes.
		j. Press releases/media relations
		k. Personnel complaints and/or Harassment complaint procedure
		l. Public image and expectations of public safety employees
		m. Trainee evaluation

		n. Probationary status
		o. Shift Briefing
		p. Cleanliness of communications center
		q. Building access and security
		r. Parking
		s. Local government and Agencies role in structure
		10. The trainee will be made aware of the potential hazards peculiar to his /her work environment.
		a. Electrical hazards associated with spilled liquids on or in console or computer keyboards.
		b. Location of and directions for using the fire extinguisher.
		c. Reporting hazards: broken equipment, lighting malfunctions, etc.
		d. Location of on/off switches on all equipment in case of emergency.
		11. The trainee will be instructed in the operating procedures of the jail.
		a. Door security/Jail Control responsibilities.
		b. Use of intercom system
		c. Camera operation
		d. Requests from jail personnel
		e. Emergency situations
		f. Dedicated jail phone
		12. The trainee shall be issued a mail box and locker.
		13. The trainee shall be issued a current employee list.
		14. The trainee shall be issued an employee number.
		15. An SOP Manual shall be made available for the trainee to read and become familiar with.
		a. An SOP Manual Quiz will be given during the training period. The trainee will be given at least 1 weeks notice.
		16. The trainee will spend several hours with a La Grande City Police Officer on the streets. They will become familiar with the duties of a police officer, and the police vehicle equipment. Log in VII
		17. The trainee will be aware of confidentiality issues associated with the position.
		18. The trainee will identify actions required under the following circumstances:

		a. Loss of phone service to dispatch
		b. Loss of electrical power to dispatch
		c. Loss of radio contact in dispatch
		19. The trainee will know the location and understand the purpose, and/or demonstrate the ability to operate the following equipment:
		a. Airport Beacon Monitor
		b. LEDS Printer - Paper/Ink Ribbon
		c. Computer Printer - Paper/Ink
		d. Civil Defense Phone (NAWAS)
		e. Watershed/Intake Phone
		f. Electric Typewriter - Ink/Eraser Ribbons
		g. Copy Machine
		h. Fax Machine
		i. Dictaphone Recorder (Little John)
		j. Paper Shredder
		k. Coffee Maker
		l. Portable Radio
		m. Dispatch Calendar
		n. Cassette Tape Recorder
		o. Tape Demagnetizer
		p. Computer Scanner
		q. Radio Scanner
		20. The trainee shall be aware of what information can be obtained from each reference manual located in dispatch.
		a. LEDS Manual, when received, shall be completed in a timely manner
		b. Policies and Procedures Manual
		c. DMV Vehicle Registration Manual
		d. DMV Drivers License Manual
		e. NATB Books
		f. City Ordinances
		g. NCIC Code Manual
		h. Polk Cross Directory
		i. DOT Hazardous Materials Reference
		j. Ambulance/Fire Procedure Notebook (<i>The Gray Book</i>)

		k. Emergency Flip Chart
		l. Computer Reference Flip Chart
		m. Rook Handbook for Police Officers
		n. NCIC ORI Directory/Computer Version
		o. Oregon Criminal Code Book
		p. Oregon Vehicle Code Book
		q. Dispatch Manual
		r. Local Maps/Map Indexes
		s. MSDS Manual

Employee/s Attending: NEW HIRE *Check if no cost

Date/s: 2 WEEK RANGE Location: MONMOUTH, OR

Class Name or Purpose: BASIC TELECOMMUNICATOR ACADEMY

Reason for Request: MANDATORY TRAINING

Registration Cost: -0-

How many overnights? 12 Lodging Provided? YES Estimated Hotel Cost: \$ -0- Estimated Meal Cost \$ 42.00

Employee Signature: TRAINEE SIGN Date:

Supervisor Signature: Approved: Denied: Date:

Lt. or Comm. Mgr: Approved: Denied: Date:

Travel time approved X yes no

Chief's Signature: Approved: Denied: Date:

City Mgr's Signature: Approved: Denied: Date:
(Department Head travel/train)

Orig: Finance if \$'s
Requester
Request File
Bills if \$'s
Scheduling Ofcr
Training Ofcr
Travel File

COMPLETE BELOW WHEN APPROVED AND USE ACTUAL ADVANCE AMOUNTS

Date	MEALS		
	\$6.00 Breakfast	\$7.00 Lunch	\$14.00 Dinner
<u>TRAVEL DAY OVER</u>	<u> </u>	<u>X</u>	<u>X</u>
<u>TRAVEL DAY BACK</u>	<u> </u>	<u>X</u>	<u>X</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Sub totals	<u> </u>	<u>14.00</u>	<u>28.00</u>
MEALS TOTAL \$ <u>42.00</u>			

MOTEL (ASK FOR GOVT RATE)

Name:

Phone:

Date/s:

Type of Room:

Conf. #:

Late arrival?

Daily rate w/tax: \$

MOTEL TOTAL \$

Date of Request: DATE OF REQUEST Date Needed: PUT A WEEK IN ADVANCE HER

NEEDED FOR TRIP: Check X Cash Visa (PD) Gas Card X (PD)

Account/s to charge: 001-132, 1628400 \$ 25.20

001-139, 1628400 \$ 16.80

Amount Requested: \$ 42.00

Check Payable to: TRAINEE

Vendor Number:

* NOTE: No cost or no cost to La Grande Police Department

filename: wpdoc\pdtrain

→ COMMUNICATIONS BUDGET PICKS UP 60% OF DISPATCH TRAINING; 9-1-1 PICKS UP 4

ER New Hire

TRAVEL EXPENSE REPORT

DATE

	DATE		DATE		DATE		DATE		DATE		DATE		DATE		
	TRAVEL DATE		-		-		-		-		-		TRAVEL BACK DATE		
	CASH	CHARGE	CASH	CHARGE	CASH	CHARGE	CASH	CHARGE	CASH	CHARGE	CASH	CHARGE	CASH	CHARGE	TOTAL
S & TIPS	21.00												21.00		42.00
DGING															
EPHONE															
GAS		<u> </u>											<u> </u>		
STRATION															
Y TOTAL															

* PLEASE FILL IN ABOVE COLUMNS WITH \$ AMOUNTS

TOTAL GAS CHARGES \$

~~PERSONAL VEHICLE MILEAGE as per labor contract/admin policy #09.1)~~

~~TOTAL MILES _____ MILES X RATE _____ = TOTAL \$ _____~~

DESTINATION AND PURPOSE OF TRIP

Monmouth FOR Academy

TRAINING

SIGNATURE OF TRAVELER & TITLE _____

SUPV. HEAD/SUPERVISOR SIGNATURE _____

NOTE: MUST ATTACH ALL RECEIPTS OR COPIES
RETURN EXPENSE REPORTS TO FINANCE OFFICE

OFFICE USE ONLY: DATE IN _____

1. CITY VISA CHARGES \$
2. CITY GAS CHARGES \$
3. CASH EXPENSES - CITY (if cash advance) \$ 42.00
4. CASH EXPENSES - PERSONAL \$
5. PERSONAL VEHICLE EXPENSES \$
6. TOTAL EXPENSES (add 1 thru 5) \$ 42.00
7. TOTAL CASH OUTLAY (add 3, 4 & 5) \$ 42.00
8. ADVANCE: CASH _____ CHECK \$ 42.00
9. BALANCE DUE EMPLOYEE (if line 7 larger than 8) \$ - 0 -
10. BALANCE DUE TO CITY (if line 8 larger than 7) \$ - 0 -

ACCOUNT TO BE CHARGED (total #6)
001 - 132 - 628400 \$ 25.20
001 - 139 - 628400 \$ 16.80

Communications picks up 60% of DISPATCH TRAINING; 9-1-1 BUDGET PICKS UP 40%.

Conducted in and/or Demonstrated by: Date/Initials	Knowledge or Ability has been demonstrated By Trainee	Part II - Call Taker Skills
		A. TELEPHONIC COMMUNICATIONS: The Trainee will understand the importance and necessity for the proper use of interpersonal communication skills.
		1. Given stressful situations of interaction with the public, the trainee will communicate properly and effectively with the following types of calling parties who are:
		a. Hostile
		b. Angry
		c. Hysterical
		d. Intoxicated
		e. Mentally Unstable
		f. Minority - with limited English capability
		g. Directing profanity at call-taker
		h. Very Young
		i. Very Old
		j. Seeking non-police related information or assistance
		k. Suicidal
		l. Speech Impaired
		m. Hearing Impaired - TDD/Trace
		2. The trainee will identify and perform what must be accomplished by the call-taker in a telephonic public contact which will result in a positive Police Department image and effective communication including:
		a. Prompt answering
		b. Appropriate Greeting
		c. Courteous Listening
		d. Appropriate questions for the type of call
		e. Accurate and clear verification of information received
		f. Demonstrate interest and sincerity
		g. Rapid and accurate routing of calls to the appropriate officer/agency
		h. Provision of service or information requested
		i. Courteous termination of calls
		j. Appropriate prioritization
		k. Responder safety information (if warranted)

		l. Provide accurate and appropriate information to the caller
		m. If unable to assist, provide reasonable alternative to caller
		n. Assertive control of conversation
		o. Address and telephone number repeated for accuracy
		p. Critical in-progress calls kept on line until arrival of public safety units (if safe to do so)
		q. Proper determination of injury (if warranted)
		r. Accurate and complete descriptions obtained (Persons, vehicles, etc)
		s. Information obtained about possible weapon(s) involved
		t. Report of another/similar incident at the same address
		u. Report of another/similar incident at the same area
		v. Properly classify a complaint/incident by type/code (civil,criminal, etc)
		w. Properly classify a complaint/incident by type (law enfrc, fire medic,etc)
		x. In-progress calls
		y. Recognize when communications are futile and some kind of action must be taken
		z. Situation where a person cannot, or will not give address
		aa. Caller who wishes to remain anonymous
		bb. Caller who calls back to 911 to check the status of their original call
		cc. Caller requesting information on what actions to take during a crime or fire in progress
		dd. Caller requesting information on what actions to take during a non- emergency crime/fire situation
		ee. Caller requesting information on what actions to take during/after a traffic accident
		ff. Caller requesting information on what actions to take during hazardous situations (chemical spill, severe weather, earthquake, etc)
		gg. Caller requesting street directions
		hh. Officer Down (Police/Fire/EMS)
		ii. Rescue of trapped or pinned person
		3. The trainee will identify the questions and types of information to be obtained for the following types of calls:

		ALARM ACTIVATION
		a. Burglar, Silent and Audible
		b. Fire
		c. Smoke Detector
		d. Medical
		e. Trouble Alarm
		f. Other
		g. Vehicle Alarm
		h. Varda Alarm
		i. Alarm Companies/Responsible
		PERSON CRIMES
		a. Harassment
		b. Telephonic Harassment
		c. Misuse of 911 Lines
		d. Intimidation
		e. Trespassing
		f. Panhandling
		g. Illegal Burning/Arson
		h. Intoxicated Subject
		i. Mental Subject; contact CHD during & after hours
		j. Suicidal Subject
		k. Suspicious Subject
		l. Suspicious Circumstances/Conditions
		m. Suspicious Vehicle
		n. Open Door/Window/Gate
		o. Prowler
		p. Armed Subject
		q. Menacing
		r. Recklessly Endangering
		s. Shots Fired
		t. Illegal Discharge of a Firearm
		u. Explosion

	v. Unknown Problem
	w. Disorderly Subject
	x. Disorderly Juvenile
	y. Dispute vs Fight
	z. Family Dispute
	aa. Neighborhood Dispute
	bb. Assault
	cc. Violation of Restraining/Protective/Stalking Order
	dd. Standby Request
	ee. Kidnap/Custodial Interference
	ff. Rape
	gg. Sexual Abuse
	hh. Sexual Misconduct
	ii. Indecent Exposure/Nude Subject
	jj. Child Neglect/Abuse
	1. Unattended Child
	2. Child Abandonment
	3. Endangering the Welfare of a Minor
	4. Found/Missing Child(ren)
	5. SCF - After Hours
	kk. Missing Person
	ll. Walkaway From Nursing Home/Care Facility
	mm. Elderly Abuse
	nn. Criminal Mistreatment
	oo. Welfare Check
	pp. 911 Medical
	qq. 911 Fire
	rr. Disabled/Elderly person requesting assistance
	ss. Dead Body

		PROPERTY CRIMES
		a. Theft I
		b. Theft II
		c. Theft III
		d. Theft of Services
		e. Theft by Extortion
		f. Theft by Deception
		g. Theft by Receiving
		h. Theft of Rental Property
		i. Shoplifting
		j. Purse Snatch vs Robbery
		k. Robbery III
		l. Robbery II
		m. Robbery I
		n. Burglary, Hot - In progress
		o. Burglary, Cold - Already occurred
		p. Forgery
		q. Fraudulent Use of Credit
		r. Forged Prescription
		s. NSF/ACCOUNT Closed Checks
		t. Criminal Mischief
		u. Graffiti Removal
		v. Littering
		w. Illegal Dumping
		x. Location of Stolen Property
		y. Found/Abandoned Property
		z. 911 jurisdiction calls/non emergency/dispatch handled
		VEHICLES
		a. Traffic Complaints
		b. Speeding Vehicles
		c. Reckless Driving
		d. ATL Possible Drunk Driver
		e. Loud Vehicles
		f. Continual Traffic Problems

		g. Illegal Motorcycle or Dirt Bike
		h. Suspicious Vehicles
		i. Switched Plates
		j. Traffic Hazard
		k. Disabled Vehicles
		l. Blocked Sidewalks
		m. Blocked Alleys
		n. Parking control Procedure
		o. Semi-Trucks in Residential Area
		p. Repossessed Vehicles
		q. Private tows - Preference/Non-Preference/County vs City
		r. City Ordinance Tows
		s. Towing Ordinance
		t. Locked Vehicles - occupied by a child/un-occupied
		u. Abandoned Vehicles
		v. Boot Removal
		w. UUMV vs Theft of Vehicle
		x. Stolen Vehicle Procedure
		y. Lost/Stolen License Plate
		z. Obstruction on street or highway
		aa. Motor vehicle accident
		1. Non-injury and/or crime involved
		2. Injury/unknown injury
		3. With subject trapped or pinned
		4. Fatality
		5. Hit and Run
		6. With Hazardous materials involved
		7. Farm machinery accident
		8. DMV Reporting Requirements
		9. Bicycle Accident
		10. Damage to City Property

		WEAPONS
		a. Pointing Firearm at Another
		b. Unlawful use of a Weapon
		c. Ex-Felon in Possession of a Weapon
		d. Carrying a Concealed Weapon
		e. Illegal Hunting
		f. Game Violations
		g. Found Explosives/Ammunition
		h. Found firearm
		i. Bomb Threat
		j. Hostage Situation
		k. Concealed Weapons Permit
		l. Barricaded Subject
		m. Homicide
		n. Escaped prisoner
		1. Teletypes
		2. Temporary Warrants
		HAZARDS/NUISANCE
		a. Safety/Hazards
		b. Stop Sign Down/Missing
		c. Traffic Signal Malfunction
		d. Street Signs Missing
		e. Street Lights Out
		f. Icy Streets
		g. Flooded Streets
		h. Park Problem-Sprinklers
		i. Junk Accumulation
		j. Ruptured Water Line/line to meter/meter to residence
		k. Electrical/phone/ ^{cable} cable wires down
		l. Damaged/leaking fire hydrants
		m. Gas Leaks

		NOISE COMPLAINTS
		a. Loud Party
		b. Disorderly Party
		c. MIP Party
		d. Loud Subject
		e. Loud Music
		f. Loud Stereo in Vehicle
		g. Loud Vehicle
		h. Loud Construction
		i. Illegal Fireworks
		ANIMAL COMPLAINTS
		a. Barking Dog
		b. Vicious Dog
		c. Dog Bite
		d. Dog/Animal at Large
		e. Animals at Large-Traffic Hazard
		f. Found/Lost Animal
		g. Abandoned Animal
		h. Animal Cruelty/Neglect/Abuse
		i. Injured Animal-Domestic
		j. Injured Animal-Wildlife
		k. Dead Animal-Domestic
		l. Dead Animal-Wildlife
		m. Animal theft (including: livestock rustling)
		WANTED SUBJECTS
		a. Location of Wanted Subject
		b. Warrant Hit
		c. Warrant Near Hit
		d. Warrant Confirmation
		1 Local Warrants - including OSP

		2. Outside Warrants
		e. Juvenile/Child
		1. Runaway
		2. Truancy
		3. Contributing to the delinquency of a minor
		4. Abuse/Neglect
		5. Curfew Violation
		6. Other Complaint/disturbance
		7. Child Custody
		f. Stolen Vehicle Traffic Stop
		g. Three-time Felony Offender Hit (Habitual Offender)
		h. Gang Member Hit/Motorcycle Gang Affiliate
		i. Corrections Client Hit/Sex Offender Registration AND Hit
		1. Officer Notification
		2. Probation Officer Notification by phone
		3. Probation Officer notification by teletype
		j. CWP (Concealed Weapons Permits) Hit
		k. Protective Order Hit
		l. Deported Felon Hits
		m. Search Warrants
		n. Drug Information
		o. Drug Activity
		p. Radio Silence Requests
		q. Outside Agency Assists
		r. Requests for Cover
		s. Pursuits
		ATTEMPT TO LOCATE
		a. Unsigned Stolen Vehicle
		b. DUII Driver
		c. Walkaway from Nursing Home
		d. Missing child
		e. Suicidal Subject

	f. Disabled Subject
	g. Officer Safety
	h. Wanted Subject
	I. General Broadcast
	j. Cancel ATL
	ALCOHOL RELATED CALLS
	1. Drunk in Public
	2. Consumption complaint
	3. Sales to Minor
	4. Minor in possession/alcohol/tobacco
	MISCELLANEOUS SUBJECT CONTACTS
	1. Disoriented Subject
	2. Welfare Check
	3. Public Assist
	4. Emergency/death/message delivery
	5. Mental Transports
	6 Civil dispute (landlord tenant)
	7. Prostitution
	8. Lock-out residence
	9. Citizen holding Suspect
	10. Parol & Probation Violation
	11. Impersonating Public Safety Officer
	12. Building/Code Violation
	13. Deceptive Business Practice
	14. Management - Labor dispute (includes strike-picket line)
	15. Throwing objects at moving vehicle(s)
	16. Man/Person down
	17. Extra patrol/Vacation Check
	18. Violation of court order

		19. Follow up investigation
		20. Fish & Game Violation
		21. Civil Rights Violation
		22. Gambling
		23. Immigration violation/Illegal alien
		24. Loitering
		25. Complaint regarding government
		a. Public employee
		b. Public Safety Officer
		c. Public Safety Service
		SPECIAL INCIDENTS
		a. Aircraft Problems
		b. HAZMAT
		c. Water Rescue
		d. Helicopter Rescue
		e. Flood
		f. Blizzard
		g. Freeway Closure
		h. Damaged Hydrant
		i. Controlled Burn Information
		j. Out of Area Calls
		B.TELEPHONE EQUIPMENT: The Trainee will be able to properly use all the available telephone equipment
		1. Identify Phone Lines on the Screen
		a. Business Lines
		b. Extensions
		c. 911 Cell Phone lines
		d. 911 Regular Phone lines
		2. Determine that an incoming call needs to be answered
		3. Determine which line of a multiple system is receiving the call
		4. Establish priority calls (Agency guidelines)
		5. Use the Call Control Buttons to:
		a. Answer a call within a reasonable length of time
		b. Terminate a call

		c. Place a call
		1. From an extension
		2. From an in-house business line
		d. Transfer a call
		1. Transfer from extension to extension
		2. Transfer from extension to outside line
		3. Transfer 911 lines using auto and manual dial
		e. Place a call on Hold
		f. Create a Conference Call
		g. Receive, prioritize, & handle multiple phone calls for assist at one time
		h. Relay telephone contact information to a field unit
		6. Identify ANI and ALI Information
		a. Recall 911 using ANI callback
		b. Log inaccurate or missing ALI
		c. Incomplete 911 call
		d. Misuse of 911
		7. Speed Dials
		8. Instant Recall Recorder Module
		9. TTY Module
		10. Headset Volume Adjustment
		11. Phone Failure Procedures
		12. Weekly Reboot of Phones
		13. GTE Trace of 911 lines
		14. The trainee will be aware of confidentiality issues associated with enhanced 911 information
		C. The Trainee shall be familiar with Agency responsibilities, identifiers, types of assistance provided, Jurisdictions, Mutual Aid and Paging procedures of the following agencies
		1. The trainee will identify the types of assistance rendered, Jurisdictions, Identifiers, times kept and Paging Procedures for these agencies
		a. The Oregon State Police (46)
		1 Patrol
		2 Criminal Investigation

		3 Identification
		4 Regional Dispatch Centers
		5 Fish and Game
		b. The Union County Sheriffs Office (360)
		1. Sheriff
		2. Road Deputies
		3. Civil Deputies
		4. Dare Program
		5. K-9 Officer
		6. Domestic Violence Deputy
		7. Animal Enforcement Officer
		8. Union county correctional Facility
		9. Search and Rescue
		c. The La Grande Police Department (100)
		1. Chief of Police
		2. Patrol Officers
		3. K-9 Officer
		4. Detectives
		5. Community Policing Officer
		6. School Resource Officer
		7. Parking Enforcement Officer
		8. Secretaries
		9. Administration
		10. 911 Communication Center
		d. The Elgin Police Department (33)
		1. Emergency calls
		2. Routine calls for service
		3. Traffic
		e. The Union Police Department (35)
		1. Emergency calls
		2. Routine calls for service
		3. Traffic
		f. Grande Ronde Ambulance (Med 1-4)
		1. ALS/BLS

		2. Motor Vehicle Accidents
		3. Structure Fires
		4. Standby
		5. Transports
		g. Union Ambulance (Med 8,9)
		1. ALS/BLS
		2. Motor Vehicle Accidents
		3. Structure Fires
		4. Standby
		h. Elgin Ambulance (Med 7)
		1. ALS/BLS
		2. Motor Vehicle Accidents
		3. Structure Fires
		4. Standby
		i. La Grande Fire Department (40-49)
		1. Still Alarm
		2. General Alarm
		3. Extrication
		4. Accidents
		5. Hazardous Materials Unit
		6. Medical Assists
		7. Standby crew
		8. Automatic Mutual Aid
		(a) Boise Cascade Sawmill
		(b) US Forestry Department
		(c) Wastewater Treatment Plant Structure and Grass Fires
		(d) Union County Airport Structure Fire
		9. Mutual Aid
		j. Island City Fire Department (50-59)
		1. Fires
		2. Accidents
		3. Medical Assists
		4. Extrication
		5. Portable Pond

		6. Automatic Mutual Aid
		(a) Boise Cascade Sawmill
		(b) US Forestry Department
		(c) Wastewater Treatment Plant Structure and Grass Fires
		(d) Union County Airport Structure Fire
		7. Mutual Aid
		8. Portable SCBA refill
		k. Cove Fire and QRT (10-19)
		1. Fires
		2. Accidents
		3. Medical
		4. Extrication (air bags)
		5. Mutual Aid
		l. Elgin City and Rural Fire Department (20-29)
		1. Fires
		2. Extrication
		3. Mutual Aid
		m. Imbler Fire and QRT (30-39)
		1. Fires
		2. Extrication (tools)
		3. Medical
		4. Mutual Aid
		n. North Powder Fire and QRT (60-69)
		1. Fires
		2. Extrication
		3. Medical
		4. Mutual Aid
		5. Do not activate Siren
		6. Baker Ambulance
		o. Union Rural and City Fire (70-79 and 80-89)
		1. Fires
		2. Accidents
		3. Extrication
		4. Mutual Aid

		5. Siren
		p. Meacham Fire and QRT
		1. Fires
		2. Accidents
		3. Medical
		q. US Forest Service/Oregon State Forestry
		1. Fires
		2. Forest Patrol
		r. Union County Mental Health, CHD
		1. On call personnel
		2. Dog Bite Reports
		s. Union County Medical Examiner
		t. Union County District Attorney
		u. Oregon State Highway Division
		v. Oregon Division of Motor Vehicles (DMV)
		w. Oregon Department of Corrections (DOC)
		x. Law Enforcement Data System (LEDS)
		y. Oregon Department of Justice (DOJ)
		z. Federal Bureau of Investigation (FBI)
		aa. Alcohol Tobacco and Firearms (ATF)
		bb. Parole and Probation Office
		1. Probation Officers
		2. Notification Requirements
		cc. Juvenile Department
		1. On call personnel
		2. Runaway and other Report requirements
		dd. Postal Inspection Service
		2. The trainee will identify the concepts of mutual aid and backup for Fire, Police, and Ambulance situations:
		a. How fire/rescue mutual aid requests from other agencies are handled
		b. Chain of command used to initiate mutual aid
		1. When request for backup is recvd by a Police Officer in LaGrande
		2. When request for backup is recvd by OSP outside the city limits
		3. When request for backup is recvd by Elgin or Union Police Depts

		4. When request for backup is recvd by the Union Co Sheriffs Office
		5. When request for police assistance is recvd from an Ambulance service (Code-13)
		6. When request for Mutual Aid is recvd from any of the Fire Depts
		7. When someone is trapped/pinned in a vehicle or structure
		3. The trainee will be familiar with the circumstances for which the following agencies could be contacted for assistance:
		a. Poison Control
		b. Search and Rescue - including helicopter rescue
		c. Ameerican Red Cross
		d. FBI (Crime Lab)
		e. Shelter from the Storm
		f. Fish and Game Department (ODFW)
		g. Alcoholics Anonymous
		h. Neighbor to Neighbor (Transient Aid)
		i. GTE (Phone Trace Procedures/Traps)
		j. National Guard Armory
		k. La Grande City Shops (Public Works)
		l. Union County Public Works
		m. Water Rescue/Dive Team
		n. Heavy Rescue/Confined Space Rescue Teams
		o. Oregon State Police-Arson Investigation Unit
		p. Office of the State Fire Marshal (OSFM)
		q. Oregon Office of EMS & Trauma Systems (OR-EMS)
		r. Bureau of Land Management (BLM)
		s. National Inter-Agency Fire Coordination Center (Boise,ID)
		t. Oregon Critical Response Team
		u. Oregon Health Sciences University
		v. Services for Children and Families (SCF)

Structured in and/or Demonstrated by: Date/Initials	Knowledge or Ability has been demonstrated By Trainee	PART II-A Computer Skills
		A. The Trainee shall have a working knowledge of The CADS Computer System, and the areas of data entry/recall, error recovery and maintenance.
		1. Printer Maintenance: Paper/Ink Cartridge Changing
		2. Sign on/Sign off/Login
		3. Taking a Call Screen and filling in the appropriate information
		a. Address/Business/intersection/Phone number entry/Geo file
		b. Nature
		c. How Received
		d. Jurisdiction
		e. Activity Code
		f. Reporting Party
		g. District
		h. Summary/Disposition
		4. Dispatching an additional unit by Command Line or mouse
		5. Arriving and clearing a Unit
		6. Issuing a Case Number
		7. Revising in progress or previous Calls
		8. Enter and update field unit and incident status on all types of calls
		9. Name Search/Property Search
		10. Use Geosearch/Alerts/Special Names/locations and other information
		11. Shift Breifing/Press Logs
		12. Use a Misc Call Screen for for LGP/LGS/Elgin/Union Misc Activities
		13. Search for and reactivate calls by Number, Case Number, Date, etc.
		14. Use of M095-Activity Code
		15. The Trainee shall demonstrate the understanding of case numbers and if one should be issued:
		a. When an arrest is made on a report that was previously given a case number.
		b. When an arrest is made on a PD warrant by PD officer
		c. When an arrest is made on a PD warrant by an SO officer (or visa-versa)

		d. When an arrest is made by an outside agency on an SO or PD warrant
		e. When PD or SO arrests on a warrant from another agency
		f. When PD, SO or outside agency arrests on an OSP warrant
		g. When an officer takes a report & requests a case number.
		16. Enter an EMS Call
		a. Location
		b. Nature
		c. How Received
		d. Jurisdiction
		e. Activity Code
		f. Appropriate Times Kept
		17. Enter a Traffic Screen
		a. Location
		b. Unit
		c. License Plate
		18. Search for:
		a. Case Number
		b. Activity Number
		c. Location
		d. Date
		e. Name
		f. Other Search Items
		19. Run an Activity/Press Report
		20. Search in Geofile
		21. Logout
		B. The trainee shall have a working knowledge of the records computer system in the areas of maintenance, records research, entry, recall of: names/property/vehicles, and reports. (RMS)
		1. Sign on/Sign off
		2. Searches - Names/Property/Vehicles
		3. Accessing case number info - General/Individuals/Property/Vehicles
		4. Reporting duplicate name entries

		5. Traffic Infraction Citation/Warning Processing
		6. Traffic Crime Processing/Major Traffic
		7. Recalling Citations
		8. Back-up
		9. Switching Windows from Records System to other Software Programs
		10. Enter a subject in the Warrant Module
		C. The trainee shall have a working knowledge of the Law Enforcement Data System (LEDS), (LINXX) in the areas of maintenance, data entry/recall and clearance.
		1. Login
		2. Clear Screen
		3. Change Windows
		4. Find an entry in the log and print it
		5. Use the Edit capabilities
		6. Use the menus
		7. Use the Various "F" keys or programmed keys
		8. Orientation to Masks
		9. Use the "Macro" buttons
		10. Run a vehicle status and registration; in-state and out-of-state
		11. Run a D07
		12. Run a wanted person/drivers license check in and out of state
		13. Know how and when to run a QMEN and who they can be run for
		14. Check an article for stolen
		15. Check a gun for stolen
		16. Enter and clear stolen articles/guns/vehicles
		17. Send an AM message
		18. Send a Corrections client hit
		19. Enter and clear a runaway
		20. LEDS/Dept Warrant Procedures: Confirmations (Phone/YR/YQ) Locate, and Clearance
		21. Enter an impounded vehicle
		22. Send an APB; know criteria
		23. Printer Maintenance - Ribbon/Paper Changing

	24. LEDS Procedure regarding checking TTY' every 10 minutes
	25. Introduction to LEDS cheat-sheet
	26. T-type formats
	27. Trouble-shooting LEDS-LINXX System; RESET, on/off switch,modem
	How to report problems and repair procedures
	28. Ordering LEDS paper
	29. Understand the CCH policy and know how to run one
	30. Logout
	D. The trainee shall have a working knowledge of the Law Enforcement Management System (LEMS) in the areas of maintneance and data recall.
	1. Login
	2. Search: Names, Businesses, Property, Vehicles
	3. Incident Processing/Search, Browse and Reports
	4. Searching Citations
	5. Crime Analysis Reports
	6. Logout
	E. The trainee shall have a working knowledge and be able to perform the following basic functions in WORD
	1. Login
	2. Open a new file and type a basic memo or message
	3. Open a saved file (I.e. Restraining Order File) and add to/delet from
	4. Save a file
	5. Print a file
	6. Use Spell and Grammar check
	7. Logout

Instructed in and/or	Knowledge or Ability	Part III - Field Resources
Demonstrated by:	Has Been Demonstrated	The trainee shall demonstrate the proper utilization and
Date/Initials	By Trainee	notification of the following:
		1. Law Enforcement Resources:
		a. Patrol/LGP/LGS/UNP/ENP
		b. Detectives/LGP/LGS
		c. Traffic
		d. Field Supervisors
		e. Administration
		f. Bomb Disposal
		g. SWAT
		h. K-9/LGP/LGS
		i. Search & Rescue
		j. Other
		2. Fire/Rescue Resources:
		a. Air Ambulance
		b. Water Supply Unit/Water Tender
		c. Brush Unit
		d. Fire Prevention (Fire Inspector/Marshal)
		e. Fire Inspector
		f. Fire Command Officers
		g. Hazardous Materials Team
		h. Other
		3. Other Resources:
		a. Gas Company
		b. Power Company
		c. Phone Company
		d. Water Authority
		e. Sewer Authority
		f. Tow Truck/Preference/Non-Preference

		g. Traffic Maintenance/Signal repair/Street Department
		h. Chemtrec
		i. Health/Welfare/Social Service Agencies
		j. Building/Inspector/Code Enforcement Departments
		k. Taxi Service
		l. Animal Control Agency/Humane Society
		m. Alcohol & Drug Abuse Agencies/Services
		n. Alarm Companies
		o. City/County/State Offices
		p. Parks & Recreation Department
		q. Food & Shelter Assistance
		r. Hospital
		s. Oregon Poison Center/hot line number
		t. OERS & Emergency Management (Local, County, State)
		u. Language Translation (Interpreters etc.)
		v. Locksmith
		w. Family Counseling Services
		x. Crisis Intervention "Help Line"

Instructed in and/or	Has Been Demonstrated	PART IV - EQUIPMENT AND SUPPLIES
Instructed by:	By Trainee	<p>The trainee is familiar with the operation, maintenance emergency back-up procedure, and emergency repair notification and documentation of the various equipment used in the communications center. The trainee shall demonstrate the ability to use and/or operate the following equipment:</p>
Date/Initials	Knowledge or Ability	
		1. 911 Telephone
		2. Business Telephone
		3. Telecommunications Device for the Deaf (TDD)
		4. Base station radio
		5. Microphone/Headset
		6. Emergency power supply (generator, UPS, etc.)
		7. Call - check (instant playback recorder)
		8. Alarm Monitor (Fire, Burglar, other alarms in the building)
		9. Computer
		a. Computer keyboard
		b. Computer printer
		c. Computer aided dispatch
		10. Radio Scanner
		11. Unit/Resource tracking system (manual or electric)

Completed in and/or	Knowledge or Ability	PART V - DISPATCHING/RADIO CONSOLE
Demonstrated by: Date/Initials	Has Been Demonstrated By Trainee	A. The trainee can demonstrate the ability to use the radio equipment & perform the following skills utilizing the agencies radio equipment
		1. Determine that a radio transmission is being received at the console.
		2. Adjust the volume of an incoming transmission/select and unselect
		3. Respond to an incoming radio transmission via "soft button", foot pedal and standard transmit button
		4. Select an appropriate frequency for message transmission
		a. Primary
		b. Tri-County
		c. OPEN (Oregon Police Emergency Network)
		d. TAC
		e. County Fire
		f. SAR
		g. EMT
		h. HEAR
		i. OSP
		j. Emergency Services
		k. Alternate Channel
		5. The trainee will know and demonstrate the use of all Radio Codes in dispatching calls to all agencies served by the 911 Center
		a. The 10 Codes
		b. Where the 12 Codes can be found
		c. Which agencies use plain language only.
		d. Code-13 for Grande Ronde Ambulance
		e. Local jargon and terminology used
		f. Phonetic alphabet
		g. Code 5
		6. Identify which agencies are assigned to, and/or operate on each frequency in the communications center
		7. Identify which agencies are capable of utilizing each frequency if necessary (police, fire, adjoining cities or counties)

	8. Determine if other transmissions are taking place on a channel before transmitting.
	9. Understand and use proper radio transmission procedures, (i.e. voice modulation, VU meter, Keying-up transmitter site locations). Activate the transmitter so that a message is broadcast
	a. Transfer back and forth from one frequency to another and utilize the Simul/R2 functions.
	b. Dispatch multiple agencies via radio
	c. Use the Mute button
	d. Use the Automatic Radio recall function
	e. Use simul select to alert all frequencies
	10. Receive and properly handle a complaint/incident initiated by a field unit. (Citizen flag down, etc.)
	11. Start processing a new incident while another is pending and another is being referred or processed.
	12. Summarize an incident for broadcast purposes
	13. Monitor pending complaints and incidents
	14. Record and update status of field units and incidents
	15. Monitor, coordinate and update status information from multiple field units for multiple incidents
	16. Determine appropriate personnel & resources to dispatch to an incident
	17. Dispatch incident to field unit by radio
	18. Broadcast All Point Bulletin (APB)
	19. Coordinate communications between field units.
	20. Advise a field unit of updated incident information
	21. Be aware of status of all units. Be able to show/know the location of all units-officers, medical & fire personnel - timely status check requirements
	22. Paging capabilities
	a. Initiate a page broadcast
	b. Dispatch multiple agencies via page
	c. Use the Automatic page buttons
	d. Use the Manual page capability
	e. Page Tone Tests 1700 and 1800 hrs.
	23. Radio failure procedure

		24. FCC Rules and Regulations/Our Call Sign KOB617
		a. Only trained and authorized personnel are permitted to operate equip.
		b. Provision for access to remote radio sites & base radio equipment shall be maintained.
		c. The station call sign shall be broadcast in accordance with FCC rules
		d. Transmission of false or deceptive information is prohibited.
		e. Disclosure of radio messages monitored or intercepted to any uninvolved third party is prohibited.
		f. The radio station license shall be displayed at the control points and transmitter location:
		g. Radio equipment shall be maintained @ required technical standards
		h. Users shall take reasonable precautions to avoid causing harmful interference, including monitoring prior to transmission, if possible
		i. FCC personnel are authorized to inspect communication records and transmitter equipment at reasonable times with proper identification and notice
		B. Computer Skills: The trainee can demonstrate the ability to use the computer equipment and perform the following skills utilizing the agencies computer equipment:
		1. Obtain information from a video display terminal while monitoring radio traffic
		2. Obtain information from an audio source while operating a video display terminal
		3. Enter information via keyboard while listening to a person & watching video display
		4. Transmit complaint information to radio dispatcher

		PART VI - CRITICAL INCIDENTS
Completed in and/or demonstrated by:	Knowledge or Ability Has Been Demonstrated	A: The trainee shall demonstrate and be familiar with procedures related to emergency phone calls or radio traffic by properly monitoring & controlling the following:
Signature/Initials	By Trainee	
		1. Pursuit
		a. Foot
		b. Vehicle
		2. Officer needs assistance (Police/Fire/EMS)(Code 13)
		a. Officer down
		b. Urgent request for help (backup).
		c. Request additional unit (non-emergency)
		d. Officer unable to be contacted via radio
		e. Resisting arrest
		3. Vehicle stop
		a. Routine
		b. High Risk/Felony Stop
		c. Stolen Vehicle Stop
		4. Officer involved shooting
		5. Officer involved in an accident
		6. Hostage situation
		7. Other agency requests for assistance
		8. Burglary in progress
		a. Perimeter control
		b. Incident Commander
		c. Callout procedures
		9. Hazardous Materials Incident
		a. Protocols for dispatch/notification
		b. Identifier
		c. Base & zone of operation
		d. Location
		e. Map coordinates
		f. Phone number/dispatch frequencies
		g. Unit radio capabilities/frequencies
		h. Equipment carried on unit

		i. Certification/staffing levels
		j. Capabilities & limitations
		k. Notification to OERS
		l. Local weather
		m. Local HAZ-MAT Resources
		n. CHEMTREC
		10. Citizen flag down of public safety officer
		11. Warrant Service
		12. Sniper Situation
		13. Surveillance
		14. Notification
		a. Notification parents/relatives of those involved in an incident
		b. Death notification
		c. Emergency message delivery
		15. Major Incident in progress
		16. Unknown Trouble
		17. Search & Rescue
		a. Call out procedure
		b. Paper log
		c. Radio & phone routing
		d. Resources
		1. People
		2. Equipment/snowmobiles etc
		3. Dog teams
		4. Air Rescue/straight wing/helicopter/private/military
		5. Trackers
		18. 911 Evacuation Box
		a. What to put in it
		b. When to fill it
		c. Where to go with it
		B. The trainee will understand the services provided by various EMS resources, where they are located and how/why they are dispatched/notified and the Mutual Aid policies of those services.
		1. Criteria for ALS
		a. Heart/Chest Pains
		b. Difficulty Breathing
		c. Seizure Activity

	d. Unconscious or varied levels of consciousness
	e. Multiple Victims
	f. Serious Trauma
	g. Imminent Delivery (childbirth)
	h. Overdose
	2. Hospital/Grande Ronde
	a. Location/address
	b. Map coordinates
	c. Phone numbers/Hot Lines
	d. Radio capabilities/frequencies
	e. Hours of operation
	f. Emergency Department capacity
	g. Emergency Department capabilities
	h. Emergency Department Staffing (DAY)
	i. Emergency Department Staffing (NIGHT)
	j. Specialized treatment facilities
	k. Hospital trauma level designations
	C. The Trainee will demonstrate knowledge and use of the EMD Cards (COMED)
	1. Abdominal pain/problems
	2. Allergies/hives/medical reactions/stings
	3. Animal bites
	4. Assault/rape
	5. Back pain
	6. Bleeding wounds
	7. Breathing problems
	8. Burns
	9. Carbon monoxide/inhalation/Haz Mat
	10. Cardiac respiratory arrest
	11. Chest Injuries
	12. Chest pain
	13. Choking
	14. Convulsions/seizure
	15. Diabetic problem

	16. Drowning/diving accident
	17. Electrocution
	18. Eye problem
	19. Falls
	20. Fractures
	21. Headache
	22. Head/neck/spine injury
	23. Heart problem
	24. Heat/cold exposure
	25. Hemorrhage
	26. Industrial/machinery accident
	27. Multiple complaints/injuries
	28. Non-specific complaint/illness
	29. Overdose/poisoning
	30. Pregnancy/childbirth
	31. Psychiatric/behavioral problems
	32. Sick Person
	33. Stab/gunshot wound
	34. Stroke/CVA
	35. Suicide/suicide threat
	36. Traffic injury accident
	37. Traumatic injuries
	38. Unconscious
	39. Unknown problem (person down)
	40. Mouth-to-mouth
	41. Compression
	42. CPR
	a. Infant
	b. Child
	c. Adult

		43. Choking
		a. Infant
		b. Child
		c. Adult
		44. Childbirth sequence card
		45. ABC's card
		46. Dispatch policy card
		47. Invisible card
		48. Terminology card
		D. The Trainee shall identify and perform what must be accomplished by a 911 call taker/dispatcher in handling the following emergency calls
		1. Construction site accident
		2. Aircraft
		a. Accident
		b. In distress
		c. Low flying
		3. Industrial/Logging Accident
		4. Water/Marine Incident
		a. Boat Accident
		b. Drowning
		c. Diving incident
		d. Boat Fire
		e. Reckless Operation of Boat
		5. Electrocutation
		6. Railroad Incident
		a. Train Accident
		b. Train Collision
		c. Derailment
		d. Crossing arm down blocking traffic
		e. Auto vs Train Accident
		f. Haz-Mat Spill

	E. The Trainee shall have an understanding of the operation of the various Fire Departments and the importance of speed in a fire situation
	1. Primary questions to ask in all reported fires
	a. Where is the fire?
	b. How big is the fire?
	c. What is burning?
	d. Is anyone inside/in danger?
	e. Are Hazardous Materials involved?
	2. Unique fires and emergencies
	a. Structure Fire anywhere in our service area
	b. Electrical Fire
	c. Wildland Fire (brush, forest, field, etc)
	d. Chimney fire
	e. Pipeline Fire
	f. Smoke
	1. Odor of Smoke
	2. Smoke Investigation
	3. Smoke Sighted in Distance
	4. Activation of Smoke Detector
	g. Alternatives in the event of page failure
	h. Request for JAWS/Extracation
	1. Protocols for dispatch
	2. Identifier(s)
	3. Jurisdiction and base of operation
	4. Locations(s)
	5. Map coordinates
	6. Phone number(s)/dispatch frequencies
	7. Unit radio capabilities/frequencies
	8. Equipment carried on unit(s)
	9. Certification/staffing levels
	10. Capabilities & limitations
	i. Request for personal page or announcement

		F. The Trainee will become familiar with the agency's MCI plan(s) and the resources that may be needed during these incidents (Mass Casualty Incident)
		1. Agency definition of a MCI
		2. Causes of Mass Casualty Incident
		3. Review agency plan for MCI
		a. MCI Communications Procedures
		b. EMS Procedures
		c. Fire Service plan(s)
		d. Law Enforcement plan(s)/procedures
		e. Mutual Aid Plans/Procedures
		f. Plan for dealing with media
		g. Hospital notification plan(s)
		h. Non-Public Safety Agency Specialized Equipment/Resources
		i. Non-Governmental Agency Specialized Equipment/Resources
		4. National Disaster Medical System (NDMS)
		5. Local Emergency Management plans

		PART VII - RIDE - A - LONG
long explained Date/Initials	Date and time/agency	A. The trainee shall be assigned to a ride-a-long with law enforcement providers. Selected field personnel will make this a valid training experience in both learning the jurisdictional boundaries & diversities and exposure to the complex issues confronted by public safety providers in the field. Each ride-a-long shall be a minimum of four hours.
		B. The trainee shall be assigned to a ride-a-long with fire rescue providers. Selected field personnel will make this a valid training experience in both learning the jurisdictional boundaries & diversities and exposure to the complex issues confronted by public safety providers in the field. Each ride-a-long shall be a minimum of four hours.

Instructed in and/or Demonstrated by: Date/Initials	Knowledge or Ability Has Been Demonstrated By Trainee	PART VIII - PAPERWORK HANDLING A. Warrants
		1. The trainee shall be instructed in the types/styles of warrants
		a. State Courts
		b. Parole & Probation
		c. Secret Indictment
		d. Felony Warrant
		e. Misdemeanor Warrant
		f. Cite/Rélease
		g. Restricted Service Warrant
		h. OSP Warrant
		i. Temporary Warrant
		2. The Trainee shall be instructed in the necessary information that must be available to process a warrant
		a. Signature of the Judge
		b. Date the warrant was signed
		c. Bail amount and whether 10% is authorized
		d. Transport/Extradition limitations
		1. Nationwide
		2. Northwest States Only (WA, OR, ID, MT & Nor CA)
		3. Statewide
		4. Issuing County Only
		e. Originating Agency and Case Number
		f. What the warrant is for and the original charge if applicable
		g. Writing a Warrant Supplemental
		3. The Trainee shall be instructed and demonstrate knowledge regarding the actions taken when a warrant is received in dispatch
		a. Stamp & date the warrant
		b. Pull the original case, if applicable
		c. Local and CCH check for identifiers
		d. Case number issued
		e. LEDS/NCIC Computer entry
		f. Warrant Supplemental

		g. Copies of the Warrant Supplemental
		h. Outside Agency notification
		i. Compiling a warrant folder
		4. The Trainee shall be instructed in the procedure for processing OSP Warrants
		a. Signing in newly received warrants
		b. LGPD Case number when arrest is made
		c. Clearance of the Warrant
		d. Teletype confirmation if necessary
		e. Teletype to the La Grande OSP Office
		f. Return of Warrant to the Court
		g. Return of warrant packet to OSP
		5. The Trainee shall demonstrate the knowledge and ability to confirm, and request confirmation on warrants.
		a. Confirmation via telephone
		b. Confirmation via teletype YQ/YR
		c. 10 minute deadline
		d. Locating a warrant
		e. Clearing a warrant
		f. Writing a Supplemental custody report
		B. Restraining Orders
		1. The trainee shall be instructed and demonstrate knowledge regarding the actions taken when a restraining order is received in dispatch
		a. Determine that all four parts are included:
		1. Petition for Restraining Order
		2. The Restraining Order
		3. Request for service
		4. Return of Service on the Restraining Service
		b. Assign a UCSO Case number
		c. Run a CCH and Locals Check for identifiers
		d. Enter the Restraining order in LEDS/NCIC
		e. Compile a restraining order folder
		f. Copy the entry form for the report/file drawer

		g. Enter the Restraining Order on the list in WORD
		h. Cancel the Restraining Order when it expires or is cancelled by court
		C. Copying
		1. Juvenile Reports
		a. Without Citation
		b. With Citation-under 16
		c. With Citation-over 16
		d. 17 1/2 and older
		2. Bad Check reports.
		3. Accident Reports
		4. DUII Reports
		5. DWS Felony Arrests
		6. Arrests/Booked Subjects
		7. Arrests with citations
		8. Impounded Vehicles
		9. SAR Reports
		10. Dog Bites
		11. Crimes
		12. Information Reports
		E. Backup
		1. Daily
		2. Weekly

Appendix C – Ambulance Provider Agreements / Contracts

Provider Agreement

The undersigned, as providers of ambulance service, agree to the following:

1. To provide ambulance service to the area assigned by the Union County Emergency Medical Services / Ambulance Service Area Plan, and to meet or exceed the standards established by the Plan and Oregon Law.
2. To cooperate with other emergency service providers, the County 911 Center, the State, and local governmental bodies to further improve the delivery of efficient and effective ambulance service to the County's residents and visitors.
3. Provide the County Commissioners a 60-day notice on decision of discontinuation of service.

Deborah A. Hull
Union Ambulance Service

Merle D. Laci
Elgin Ambulance Service

Ambulance Provider Contract

DATED: January 22, 2003

BETWEEN: City of La Grande
an Oregon Municipal Corporation
PO Box 670
La Grande, Oregon 97850 ("City of La Grande")

AND: Union County Ambulance Service District
an Oregon Municipal Corporation
1106 K Avenue
La Grande, Oregon 97850 ("District")

1. RECITALS

1.1 The La Grande Fire Department, a department of the City of La Grande, currently operates an ambulance service in La Grande, Oregon, and has significant experience, trained personnel and facilities for provision of ambulance and emergency medical services.

1.2 District wishes to assure continued availability of the services of the City of La Grande's ambulance services to the public in Union County.

1.3 The City of La Grande is willing to commit to continue such services for a period of time in Union County, without charges directly to the District, on the terms set forth in this contract.

In consideration of the mutual covenants, representations and promises contained herein, District and the City of La Grande agree:

2. DISTRICT'S REPRESENTATIONS AND RESPONSIBILITIES

2.1 District represents that:

(a) It is a municipal corporation duly formed and existing under the laws of the State of Oregon (including ORS Chapters 451), for the purpose of providing ambulance service to the residents of Union County;

(b) It is duly authorized to enter into contracts with emergency care providers in furtherance of that purpose.

2.2 District further represents that:

(a) Upon formation of the District, it duly conducted all statutorily required processes for selection of a provider of Advanced Life Support ambulance services (ALS) for Union County and Basic Life Support ambulance services (BLS) in the La Grande area and those areas in the County not served by an ambulance service provider.

(b) Only the City of La Grande submitted a proposal;

(c) Notwithstanding the proposal, the District is presently without a tax base or other funds to acquire equipment or to hire and compensate personnel needed to maintain ambulance services in Union County;

(d) The City of La Grande is the only provider willing to provide Advanced Life Support ambulance services in Union County and Basic Life Support ambulance services in the La Grande area, and those areas in the County not served by an ambulance service provider, without direct financial support from the District.

2.3 District is in the process of updating and obtaining approval of an updated Emergency Medical Services Ambulance Service Area Plan pursuant to ORS 682.205 to coordinate emergency response services of available providers within Union County, and warrants that the Plan, as finalized, will be consistent with the terms of this contract, including designation of the City of La Grande as the exclusive authorized provider of services in the service categories specified herein.

2.4 District hereby designates the City of La Grande as its agent to provide Advanced Life Support ambulance and emergency medical service throughout Union County and Basic Life Support ambulance services in the La Grande area and those areas in the County not served by an ambulance service, (as defined in Exhibit A). In performing duties pursuant to this contract the City of La Grande and the employees, officers and agents through which it carries out the contract shall be entitled to all statutory protections available to the District and its agents, including limitation of liability as specified in the Oregon Tort Claims Act [ORS 30.260 to 30.400] on the same basis as would be applicable if the services were provided by compensated employees of the District. However, the District shall not agree to indemnify or defend the City of La Grande in any lawsuit arising from the La Grande's performance under the terms of this agreement.

2.5 District agrees to advise the City of La Grande of the content of any proposed change to the County Plan for Ambulance and Emergency Services which would affect La Grande's obligations or rights in any way, not less than 60 days before taking any formal action toward adoption or approval of the amendment.

2.6 District agrees to notify the City of La Grande promptly upon any event triggering the Union County Emergency Operations Plan and to provide all available pertinent information.

3.

CITY OF LA GRANDE'S RESPONSIBILITIES

3.1 License: The City of La Grande represents that it is and will take steps to remain licensed to operate an ambulance during the term of this contract in accordance with Oregon Administrative Rule 333-250-000 through 333-250-0100.

3.2 Equipment: The City of La Grande agrees during the period this contract is in force to have the following ground ambulance vehicles which are based in La Grande, Oregon generally available for service in Union County, Oregon:

2 Four-wheel drive vehicles,

1 Two-wheel drive vehicle,

3.3 The vehicles shall be inspected and certified by the Oregon Health Division of the Oregon Department of Human Services, and contain all supplies and equipment required by ORS 682.015 through 682.991, Oregon Administrative Rule 333-255-0000 through 333-255-0090 [regarding advanced life support ground ambulance units]. The City of La Grande agrees to periodically provide District with a list of its ambulances licensed for operation.

3.4 The City of La Grande expressly retains the right to delete any vehicle from service or otherwise change the configuration of its ambulance vehicles, without approval of District, but shall give District 30 days' advance notice of any such change planned by the City of La Grande.

3.5 Personnel: The City of La Grande agrees to provide sufficient numbers of well-trained and certified ALS and BLS personnel to staff one ALS ambulance 24 hours per day, 365 days per year, and the ability to staff a second ALS ambulance greater than 90% of the time. The City of La Grande will, upon request, provide the District with a list of its certified staff.

3.6 The District delegates to the City of La Grande sole authority for selection, evaluation and training of ambulance personnel to staff La Grande's ambulances and the City of La Grande will be responsible for monitoring the maintenance of appropriate state licenses, registrations or certificates for those of its ambulance personnel who are required to be licensed, registered or certified.

3.7 Service Area: La Grande agrees to have advanced life support equipment and personnel generally available for response to any point within Union County upon request.

3.8 Response Time: The Parties recognize that response time in an individual case is highly variable due to circumstances prevailing at the time; the provisions of this contract shall not be construed as a warranty of response time in any individual case. La Grande agrees, however, that it shall be grounds for District to terminate this contract, for cause or to authorize additional providers in the areas designated for La Grande, if La Grande's cumulative annual performance of services under this contract fails to meet each of the following time standards:

Ground Ambulances

Call received/to notification of crew	3 minutes
Roll-out-time [notification of crew until ambulance underway]	
For requests received between 0800-2200	3 minutes
For requests received between 2200-0800	5 minutes
Notification of crew/to arrival time	
In La Grande	8 minutes
In Suburban area [contiguous to La Grande which has either a population density of 1,000 or more people per square mile or is within a 10-mile radius of La Grande's center]	
	15 minutes
In Rural area [10 or more miles from La Grande's center, with a population density of 6 or more people per square mile]	45 minutes
In Frontier area [population density of 6 or fewer people per square mile and accessed by paved roads]	
	4 1/2 hours
In Search and Rescue Area	No established response time

3.9 Coordination with Receiving Facility: The City of La Grande agrees that its responding ambulance units will provide the following information to the receiving medical facility prior to arrival with the emergency patient:

- (a) Ambulance unit number;

- (b) Age and sex of patient;
- (c) Condition (mild, moderate, severe, arrest) and perceived nature of case (medical, surgical, obstetric, psychiatric);
- (d) Vital signs;
- (e) Treatment rendered at the scene and en route;
- (f) Estimated time of arrival.

3.10 Disaster Coordination: When a disaster declaration is made by the County, The City of La Grande agrees that its ambulance units will respond in accordance with the Union County Emergency Operations Plan under the direction of the Incident Commander or, if established, the Operations Chief.

3.11 Medical Director: The City of La Grande shall contract with a licensed Medical Doctor to serve as Medical Director of EMS services. The Medical Director will meet the requirements and will perform duties as prescribed in OAR 847-035-0020 through 847-035-0030, and shall, on request, furnish District with his/her name and qualifications. The Medical Director shall submit an annual Quality Assurance report to the Ambulance District Advisory Committee and shall affirm therein that the City of La Grande's ambulance service is meeting all state and local protocols and regulations. If requested, he/she will meet with the Committee to discuss the report. He/she shall not, however, discuss individual medical cases, or otherwise compromise patient confidentiality or peer review privileges.

3.12 Medical Director for County EMTs: The Medical Director, under contract with the City of La Grande, shall serve as Medical Director for all Union County EMTs (per individual jurisdiction choice) at no cost to the other EMS agencies operating in the County. As the Medical Director for all Union County EMTs, he/she will provide direction and medical oversight for pre-hospital medical treatment and patient transports performed by all County EMS agencies.

3.13 Non-patient Records: La Grande agrees to maintain the following information and to make it available to District on its request:

- (a) Personnel training records,
- (b) Ambulance procedural manuals,
- (c) Equipment inventories.

3.14 Patient Records: The City of La Grande will be responsible for maintaining accurate and complete Patient Care Reports. The City's Patient Care Report form will contain all of the elements found in the State of Oregon Health Division's Pre-hospital Care Report Form. Patient Care Reports

will be retained by the City of La Grande, and, in order to maintain patient confidentiality as required by law, shall not be disclosed in patient-identifiable form to District personnel.

3.15 Statistical Data: The City of La Grande shall be responsible for maintaining accurate and sufficient statistical information in a mutually acceptable non-patient specific form to enable District to assess the City of La Grande's compliance with this contract, and will provide District with such information upon request.

3.16 Cooperation: The City of La Grande agrees, as feasible within its budgeted resources, to cooperate with other emergency providers in Union County, the Union County 911 Center, the state, and local government bodies, to further improve the system for delivery of efficient and effective ambulance service in Union County.

3.17 The City of La Grande will be responsible for establishing and maintaining a quality assurance program with respect to its ambulance services which will monitor the efficiency and effectiveness of the ambulance services it provides.

4. DISPATCH

4.1 Reliance on Dispatch: The Union County 911 Center may cancel or revise a dispatch order. The City of La Grande shall rely on directions from the Union County 911 Center, including but not limited to the type of emergency, patient condition, incident address information, directions to the scene, turn-back directions, and/or special conditions associated with the incident. District will hold the City of La Grande harmless from any claim arising from such reliance. If a unit voluntarily continues to a scene after being cancelled by the 911 Center, it will be up to the discretion of the ambulance crew, based on their proximity to the incident and their understanding of the dispatch information received, whether or not to cancel or modify the level of their response.

4.2 Communication with Dispatch: A radio message between dispatch and an ambulance unit shall not be deemed received until acknowledged by the intended recipient. Acknowledgment shall be in the form of identification of the dispatch or unit receiving the message, and dispatch will indicate the time of day the message was received/transmitted. 4.3 The City of La Grande agrees that the EMT's staffing its units will provide the following status report regarding each unit's current status to the 911 Center:

- En route to an emergency scene; if units are responding from a location other than the La Grande fire station, the crew will identify the location from which it is responding.
- Arrived on site at an emergency scene;
- En route to a medical facility from an emergency [with information concerning the number of patients in transport, their condition, and destination];
- Arrived at a medical facility from an emergency scene;
- Returned to service;
- Out of service [unable to respond to dispatch orders].

5. MUTUAL AID AGREEMENT

5.1 The City of La Grande agrees during the term of this agreement to maintain mutual aid agreements with all other authorized ambulance service providers in Union County in the form attached as Exhibit B, pursuant to which it will seek to accommodate requests from Elgin and Union for use of its ALS and BLS ambulance units (to the extent they are reasonably available), in response to basic life support dispatch requests throughout Union County, notwithstanding the BLS service districts set forth in the County Plan, in order to try to accommodate periods when such other area's BLS units are out of service, insufficient to respond, or not in the best position to respond.

6. BILLING

6.1 The City of La Grande confirms that it is willing to accept Medicare assignment and must accept Medicaid payment as well as necessary uncompensated care to indigents for ambulance services provided by the units subject to this agreement, and agrees to furnish District with copies of its credit, collection and uncompensated care policies as they relate to ambulance services subject to this agreement.

Until such time as the District has a tax base, the City of La Grande shall be compensated for its services by directly billing and collecting from the individuals to whom service is rendered, or any other person or entity legally responsible for payment for services to that person. The City of La Grande shall not bill District for any service based on this contract.

7.
TERMINATION

7.1 This contract shall have a duration of three years and shall renew automatically for additional three-year periods thereafter unless either party gives written notice to the other of non-renewal, such notice to be given not less than 60 days before the renewal date. Six months prior to the end of the contract, the Ambulance District Advisory Committee will conduct a mandatory review of the contract. Notwithstanding the foregoing, this contract may be cancelled effective immediately by either party for material breach of its terms or for La Grande's failure to conform to the standards in paragraph 3.8.

8.
MISCELLANEOUS

8.1 Integration; No Third-Party Beneficiaries: It is the intention of the Parties to set forth in this document their full and complete agreement on the subjects contained herein. This contract shall supersede all prior contracts, discussions, representations, warranties, and agreements, whether written or oral, express or implied. It is further the intent of the parties that this agreement serve solely to set forth and regulate their obligations to each other; it is expressly not the intent of the Parties to create any third-party beneficiary rights in any person or entity who is not a signatory to this agreement.

8.2 Non-waiver: A waiver or breach of any of the terms of this contract will not be construed as a waiver by the City of La Grande of any subsequent breach.

8.3 Modifications: This contract may not be modified or amended except by a written agreement executed and delivered by the party against whom enforcement of such amendment or modification is sought.

8.4 Governing Law: This contract will be governed, and construed in accordance with, the laws of the State of Oregon.

8.5 Attorneys' Fees: If any dispute arises between the City of La Grande and District concerning this contract, the prevailing party shall recover all costs, including reasonable attorneys' fees, if a court proceeding is filed, including costs and fees incurred during arbitration (if any is consented to or imposed by court rule or otherwise) at trial, on appeal or petition for review or in connection with enforcement of any award of judgment.

8.6 Non-assignment: Neither party may assign any of its rights or duties under this contract, except upon prior written approval of both Parties.

8.7 Notice: Written notice will be deemed served when actually received or when sent by certified mail or registered mail, return receipt requested, to the business address of the party to whom it is intended.

Union County/
Union County Ambulance Service District:

By Steve McClure
Steve McClure, Chair
Union County Board of Commissioners

City of La Grande:

By Wes Hare
Wes Hare, City Manager
City of La Grande

Exhibit A

City of La Grande Fire Department Assigned Basic Life Support Service Area

Northwest on Interstate Highway 84 to mile post 238 (Meacham), southeast on Interstate Highway 84 to North Powder mile post 285 (the Union-Baker County line), north on Highway 82 to Imbler mile post 11, east to Cove on Highway 237 to mile post 13, southeast toward Union on Highway 203 to mile post 10, southwest on Highway 244, mile post 17 (Lehman Hot Springs).

City of La Grande Fire Department Assigned Advanced Life Support Service Area

All of Union County.

Exhibit B

La Grande Fire Department Ambulance Service 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 the assisting Party has available adequate personnel and equipment to reasonably provide assistance.
2. The Parties agree to maintain compatible radio communication capabilities with each other
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse the other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each Party shall be at the risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate worker'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 insurance to cover claims for injury to persons for damage to property arising for such Party's performance of this agreement and waives all right and subrogation right against each other, and against the agents and employees of each other for liability and damages, unless to do so would void its insurance coverage.
5. This agreement shall be and remain in full force and effect from and after the date of execution by all parties until terminated or modified. This agreement may be modified at any time by

mutual consent of the Parties, and terminated by either Party upon reasonable notice of not less than 30 days.

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 otherwise available to them.

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.

CITY OF LA GRANDE FIRE DEPARTMENT AMBULANCE SERVICE:

Signature	Title	Date
-----------	-------	------

UNION AMBULANCE SERVICE:

Signature	Title	Date
-----------	-------	------

ELGIN AMBULANCE SERVICE:

Signature	Title	Date
-----------	-------	------

COVE RURAL FIRE PROTECTION DISTRICT:

Signature	Title	Date
-----------	-------	------

IMBLER RURAL FIRE PROTECTION DISTRICT:

Signature	Title	Date
-----------	-------	------

LA GRANDE RURAL FIRE PROTECTION DISTRICT:

Signature	Title	Date
-----------	-------	------

CITY OF NORTH POWDER FIRE/QUICK RESPONSE TEAM:

Signature	Title	Date
-----------	-------	------

CITY OF BAKER CITY FIRE/AMBULANCE SERVICE:

Signature	Title	Date
-----------	-------	------

CITY OF PENDLETON FIRE/AMBULANCE SERVICE:

Signature	Title	Date
-----------	-------	------

WALLOWA MEMORIAL HOSPITAL:

Signature	Title	Date
-----------	-------	------

WALLOWA FIRE DEPARTMENT:

Signature	Title	Date
-----------	-------	------

ALS SERVICE AREA BOUNDARIES

La Grande Fire Department Ambulance Service

The La Grande Fire Department Ambulance Service provides ALS service to all of Union County.

In addition to covering all of Union County, La Grande Fire Department ALS Ambulance service will respond on Interstate 84 West to Meacham (Milepost 238) and from Meacham (Milepost 238) East on Interstate 84. Response will also be provided on Highway 244 (toward Ukiah) to Lehman Hot Springs (Milepost 17).

Appendix D – Incident Command System & Multi Patient Incident
Field Guide

THE INCIDENT COMMAND SYSTEM (ICS)

The ICS consists of procedures for controlling personnel, facilities, equipment, and communications. This is a common system that can be utilized at the local, state, and federal levels. The ICS organizational structure develops in a modular fashion based upon the kind and size of the incident.

Components:

* **Incident Commander (IC)** - individual responsible for the management of all incident operations. Responsible for and performs any function of the ICS that isn't delegated to someone else. Agreed upon coordinator of the incident.

Section Chiefs - report directly to the incident commander. (Operations, Planning, Logistics, Finance). Branch or Division/Group leaders report to Section Chiefs.

* **Operations Chief** - assists in developing and *implementing* incident *strategy* and is responsible for the direct management of all incident *tactical* activities. In larger incidents, the IC or Unified Commander may appoint an Operations Chief to be in charge of the overall incident operations. The Operations Chief should be well trained in the Incident Command System and have a thorough knowledge of an MPI plan.

* **Logistics Chief** - manages those units which provide all support needs for an incident, including personnel, ambulances, apparatus, equipment, facilities, etc.

* **Planning Chief** - responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and the status of resources. (documentation)

* **Finance Chief** - responsible for all costs and financial considerations of the incident. (time unit, claims unit, etc)

* **Branch Supervisor/Officer** - command and supervise major segments of incident operations. The Branch level is organizational between Section and Division/Group.

* **Division Supervisor** - command and supervise geographical divisions within a defined area.

* **Group Supervisor** - command and supervise a functional group with an assigned task.

* **Staging Officer/Manager** - A person assigned the various tasks related to the arrival of emergency vehicles and personnel. This person will work directly with the Incident Commander or Operations Chief. The tasks might include: establishing a staging area for incoming emergency vehicles and personnel; directing emergency response vehicles to the staging area; stockpiling equipment; informing the IC, OPS Chief, or EMS Branch Officer of the EMT levels of arriving personnel; and directing ambulances, that will be transporting patients, to the Ambulance Loading Zone.

* **Integrated communications** - communications at incidents are managed through the use of a *common communications plan* and an *incident based communications center*. All communications at an incident should be conducted in plain English.

* **Unified command structure** - When there is an overlap of jurisdiction for the incident or there is more than one agency sharing the management responsibility, officials from EMS, Fire, Police, and other agencies may serve in a Unified Command. A Unified Command structure should consist of all the involved agency officials contributing to the command process, but there should be one key official that is recognized as the Incident Commander for communications purposes.

* **Consolidated action plans** - for small incidents of short duration the consolidated action plan generally does not need to be written down. In the case of a Unified Command, the incident objectives must adequately reflect the policies and needs of all jurisdictional agencies. The consolidated action plan should cover all tactical and support activities required for the operational period.

* **Span of control** - is the manageable number of emergency personnel under that immediate supervisor. Responsibility should range from 3 to 7 individuals, with 5 being the ideal number.

Predesignated incident facilities:

** **Command Post (CP)** - It can be as simple as the first arriving unit with a portable radio at an incident, or it can be as complex as an activation of the emergency operations center (EOC). The first arriving unit should immediately establish a command post and implement the

Incident Command System. There should only be one command post(stationary). The command post can be relocated and the new location should be announced to all involved. The CP is the field office for management functions, such as logistics, planning and finance. In small incidents the CP may be remote from the incident in a command trailer or a fixed facility. The CP should provide a place where the IC and staff can be isolated from the noise and confusion associated with the incident. The CP should have the communications capabilities appropriate for the size of the incident. Initially the CP should be staffed by the IC and possibly an assistant. The Command Staff may be located at the CP. Depending on the size of the incident General Staff officers may also work at the CP.

** **Staging area** - staging areas are safe havens for personnel and equipment, allowing a 3 minute response to the scene while providing protection, should the incident suddenly escalate. 2500 feet is a general staging area distance.

** **Incident base** - this would house all uncommitted equipment and personnel, ready to support operations, and are not expected to respond within 3 minutes of notification. There should only be one incident base established.

** **Camps** - on major, long-term incidents, camps are established to provide essential support operations such as feeding, sleeping, sanitation, minor equipment maintenance and servicing.

** **Air Ambulance Landing Zone (LZ):** Area where air ambulances are loaded with patients from the treatment area. The landing zone (LZ) should be positioned in an area where tight security can be maintained. At the same time, patients should be able to be carried by stretcher to the LZ. If this is not possible, an ambulance may be needed to shuttle patients to the air ambulance loading zone. The Transport Group Supervisor and EMS Branch Officer should work together on designating the location for the LZ. The Transport Group Supervisor should appoint an Air Ambulance Landing Zone Officer to land and supervise the loading and departure of air ambulances. The Air Ambulance LZ Officer should have experience in setting up LZs and landing air ambulances. Consider rotor wash.

COMPREHENSIVE RESOURCE MANAGEMENT :

Resources

single resources - individual units that will be assigned as primary tactical units and include the required personnel to properly utilize it. (an example: Ambulance or Fire Engine)

task force - task forces should be established to meet specific tactical needs. (an example, A group: Rescue unit, Ambulance unit, Search unit)

strike teams - strike teams are resources made up of the same kind or type. (an example, A group: 5 transporting ambulances) On an MPI, 2 ALS and 3 BLS is preferred. This team should stage at a designated location and respond to the scene or the staging site together.

Both task forces and strike teams will have common radio frequencies and a leader.

STATUS CONDITIONS:

" assigned " - units performing an active assignment.

" available " - units available for assignment.
(resources in the staging areas would be available for assignment)

" out of service " - all resources not ready for either available or assigned status are considered to be out of service.

MAJOR FUNCTION AREAS:

The ICS system has five major sectional areas:

Command (IC)

Operations	Planning	Logistics	Finance
Functional Units	Functional Units	Functional Units	Functional Units

Model ICS structures: see diagrams

Union County
Mass Casualty Incident
Field Guide



May 2016

FIRST ARRIVING UNIT

Checklist

- Established Command and Command Post
 - Scene Size Up
 - Declare MCI
- Evaluate Alarm
 - Alarm – Tab 2
- Evaluate Scene Safety
 - Law Enforcement
 - Hazmat
 - Secondary IED
- Assign Triage
 - Utilize Triage Tags
- Notify Grande Ronde Hospital – External Triage
 - Contact GRH on HEAR to notify
- Setup Scene
 - Staging Area
 - Treatment Area
 - Transport Area
 - Landing Zone
- Assign Incoming Units
 - Staging Area Manager
 - Triage Group
 - Transport Group
 - Treatment Group
 - Rescue Branch Director
 - EMS Branch
 - Scene Security(LEO)

BOX ALARM

MCI 1st Alarm 5-10 patients or 3 critical

1. Upon arriving on scene, establish command and implement necessary ICS positions
Contact dispatch and request **MCI 1st Alarm**, which includes:
 - 4 ambulances
 - 2 rescues
 - 1 engine
 - 1 LEO
 - Air service placed on standby or staged -
 - 2 overhead personnel
 - Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area
 - Move to tactical channel
2. Advise the resource hospital to implement the MCI Plan.
3. Request mutual aid early in incident as necessary.
4. Assign one crewmember to the role of PRIMARY TRIAGE (Triage). Using the S.T.A.R.T. system (see appendix 2). Perform field triage and attach MET TAG to each patient.
5. Transport to the hospital in order of priority. Consider transport to neighboring facility depending on geographic location.
6. All reference to the patient will be by the last 2 digits of the MET TAG number (i.e. #34) and priority (0, 1, 2 or 3).
7. When all patients have been transported, assist in the local emergency room as available.

MCI 2nd Alarm 11-20 patients

MCI 2nd Alarm response, which will add resources to a 1st Alarm response to total:

- 10 ambulances total
- 3 rescues total
- 2 engines total
- 3 overhead personnel total
- 2 LEO's
- **PIO** (law enforcement and EMS)
- **EOC** to be opened at dispatch center.
- Air service placed on standby or staged,
- Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area.

MCI 3rd Alarm 21 or more patients

MCI 3rd Alarm response, which will add resources to a 2nd Alarm response to total:

- 20 ambulances total
- 3 rescues total
- 2 engines total
- 5 LEO's
- Countywide emergency tone page to man stations
- Activate search and rescue
- Chief law enforcement officer to scene
- PIO to EOC
- Other incident specific specialty resources, i.e. high angle, HAZMAT, warming area additional resources through state, i.e. National Guard.

AMBULANCE RESPONSE WORKSHEET

Incident: _____

Date: _____

Area Services:

• La Grande	Union	Elgin
Available Units	_____	_____
ETA	_____	_____

• Baker City	(541) 523-6415 Baker County Dispatch
Available Units	_____
ETA	_____

• Pendleton	(541) 966-3651 Umatilla County Dispatch
Available Units	_____
ETA	_____

• Hermiston	(541) 966-3651 Umatilla County Dispatch
Available Units	_____
ETA	_____

• Walla Walla	(509) 527-1960 WESCOM
Available Units	_____
ETA	_____

• Wallowa County	(541) 426-3131 Wallowa County Dispatch
Available Units	_____
ETA	_____

HOSPITAL RECEIVING CAPABILITY WORKSHEET

INCIDENT:

DATE:

Grande Ronde Hospital	(541) 963-1550										
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10
Baker - St Alphonsus	(541) 523-8123										
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10
Pendleton – St. Anthony	(541) 276-5121										
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10
Hermiston – Good Shepard	(541) 667-3400										
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10
Walla Walla – Providence	(509) 526-8441										
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10
Wallowa Memorial Hospital	(541) 426-3111										
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10
Walla Walla General	(509) 525-0480										
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10
Other:											
Red:		1	2	3	4	5	6	7	8	9	10
Yellow:		1	2	3	4	5	6	7	8	9	10

1. **Circle** the number of beds available at each hospital after contacting the transfer center.
2. **Mark an X** through the number of patients that have been transported to that hospital.

**MASS CASUALTY INCIDENT
FIELD GUIDE**

TRANSPORTATION LOG

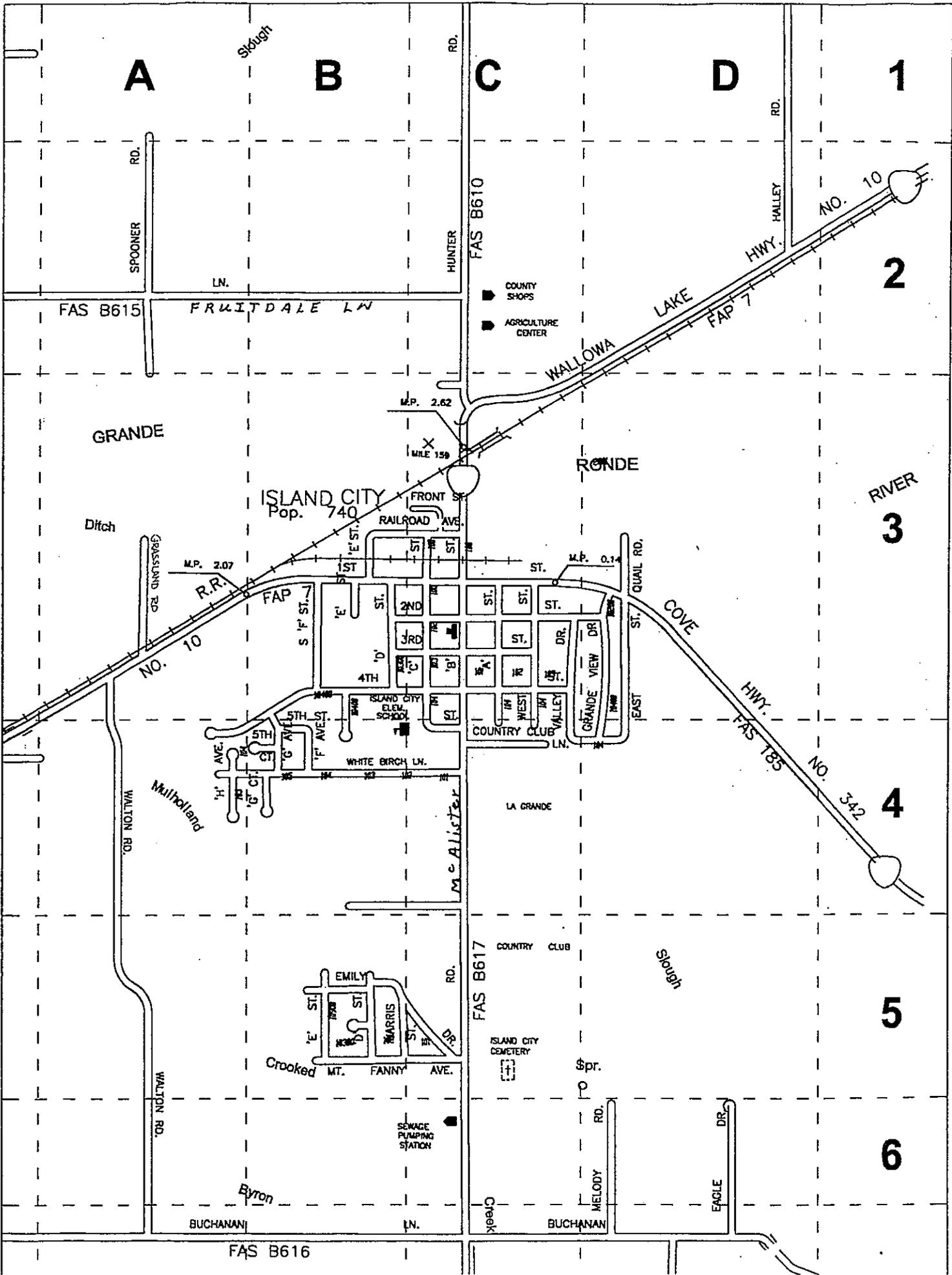
INCIDENT:		DATE:			Page:	of
Triage Tag # (Last 4)	Triage Level	Destination	Unit #	Time Enroute	ETA	Notified <input type="checkbox"/>
1	R Y G					
2	R Y G					
3	R Y G					
4	R Y G					
5	R Y G					
6	R Y G					
7	R Y G					
8	R Y G					
9	R Y G					
10	R Y G					
11	R Y G					
12	R Y G					
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14	R Y G					
15	R Y G					
16	R Y G					
17	R Y G					
18	R Y G					
19	R Y G					
20	R Y G					

Appendix E – Maps
Incorporated City Maps
Fire Protection District Map

Map Availability

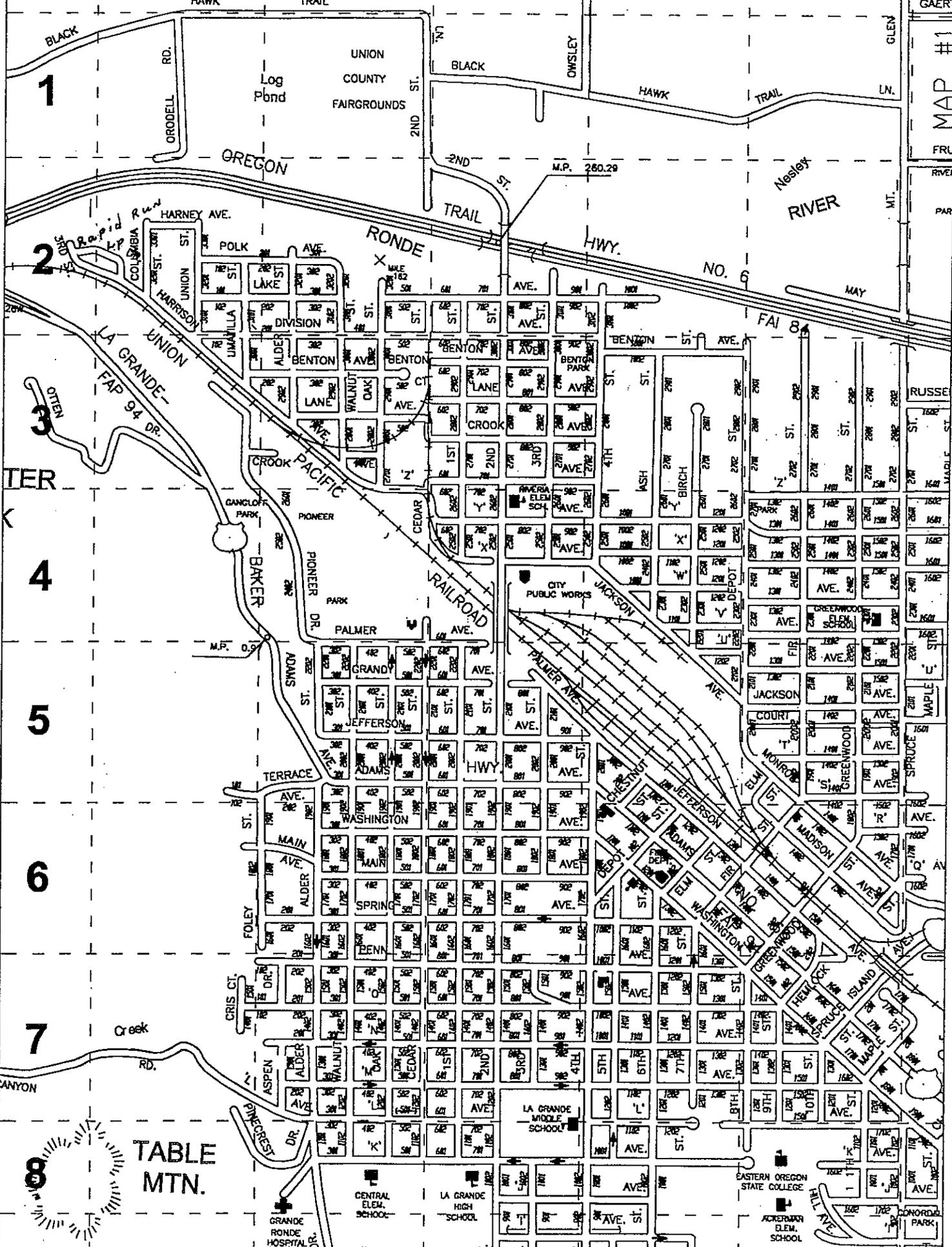
Rural Fire Protection District Maps

Maps of the rural fire protection districts in Union County are available at each district's office for viewing. Large detailed maps are also on display in the 911 Center. Due to the difficulty in scaling down these maps, copies have not been included in this document.



A B C D E F G

GAERI
MAP #1



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TABLE MTN.

GRANDE RONDE HOSPITAL

CENTRAL ELEM. SCHOOL

LA GRANDE HIGH SCHOOL

LA GRANDE MIDDLE SCHOOL

EASTERN OREGON STATE COLLEGE

ACKERMAN ELEM. SCHOOL

RUSSE

ST.

MAPLE

ST.

1600

1500

1400

1300

1200

1100

1000

900

800

700

600

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100

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21100

21200

21300

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21500

21600

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21800

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22100

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22500

22600

22700

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22900

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23200

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25900

26000

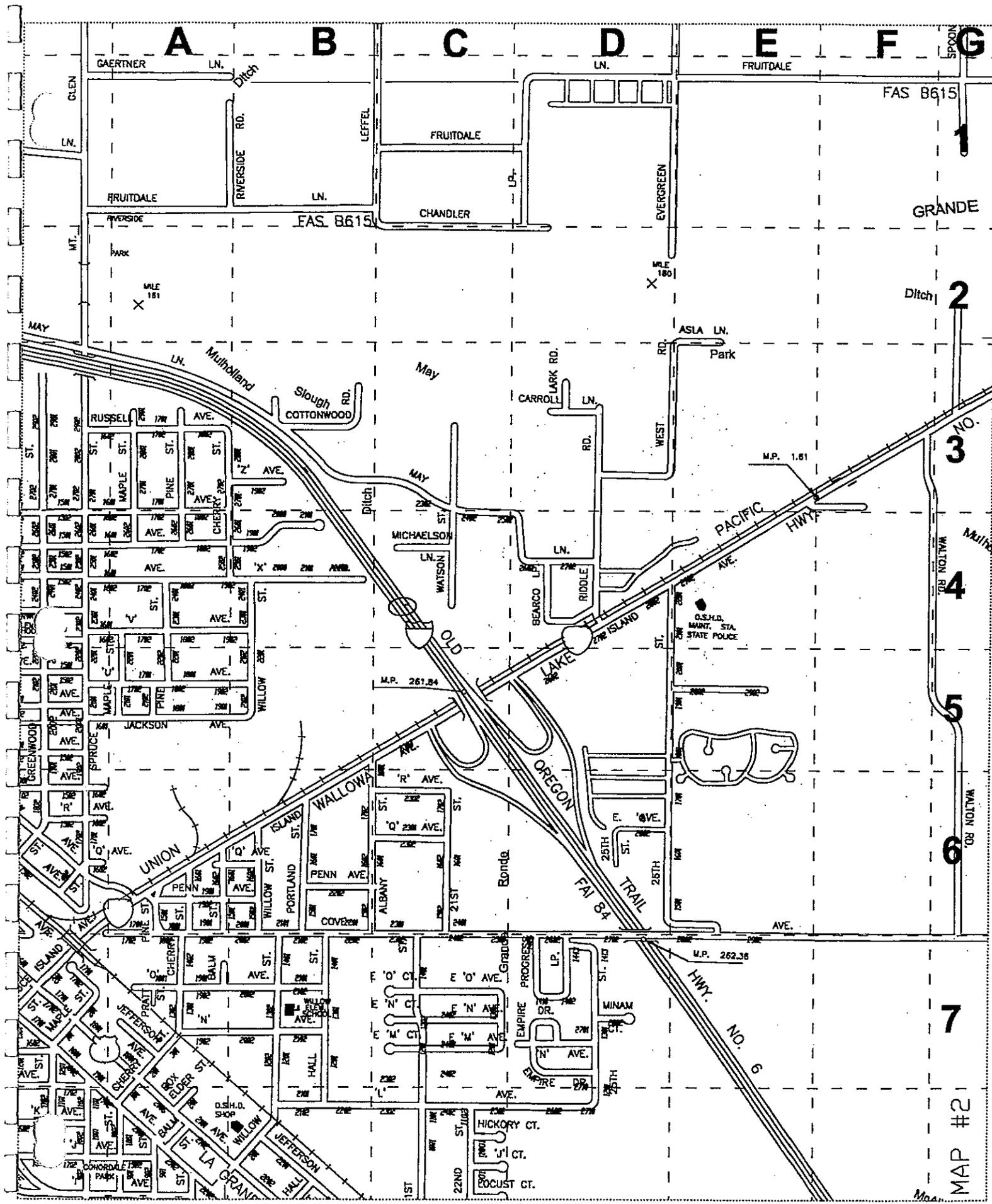
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26200

26300

26400

265



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D

E

F

G

GAERTNER LN.

LN.

FRUITDALE

FAS B615

GRANDE

MILE 181

X 165

Ditch

Mulholland LN.

Slough RD.
COTTONWOOD

May

CARROLL LN.

ASLA LN.

M.P. 1.61

PACIFIC HWY

WALTON RD.

G.S.H.D. MOUNT STA. STATE POLICE

M.P. 261.84

LAKE OREGON

Ronde

FAI 84 TRAIL

M.P. 262.36

HWY. NO. 6

7

MAP #2

Moa

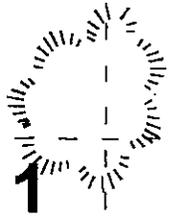


TABLE MTN.

1

2

3

4

5

6

7

A

B

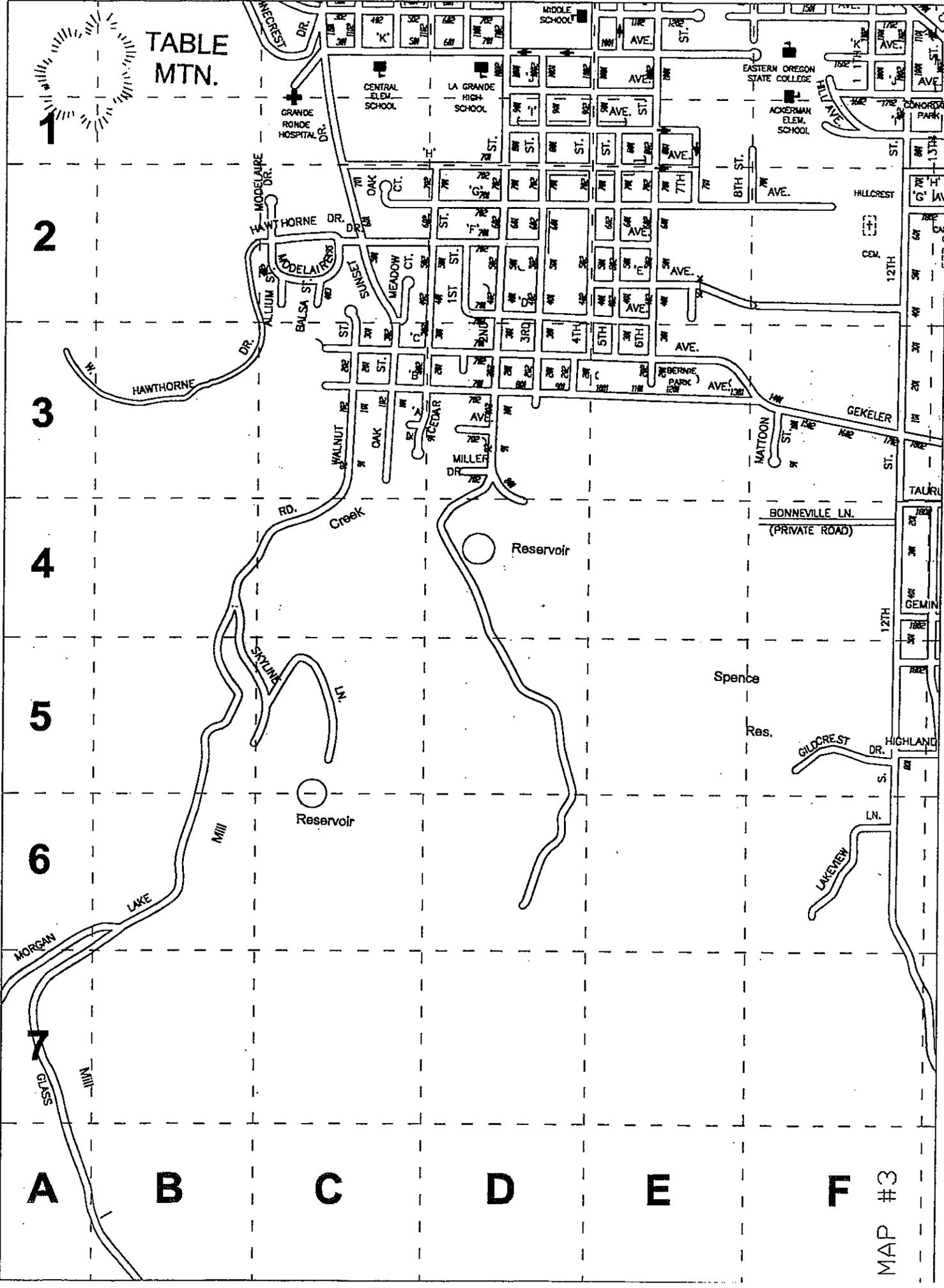
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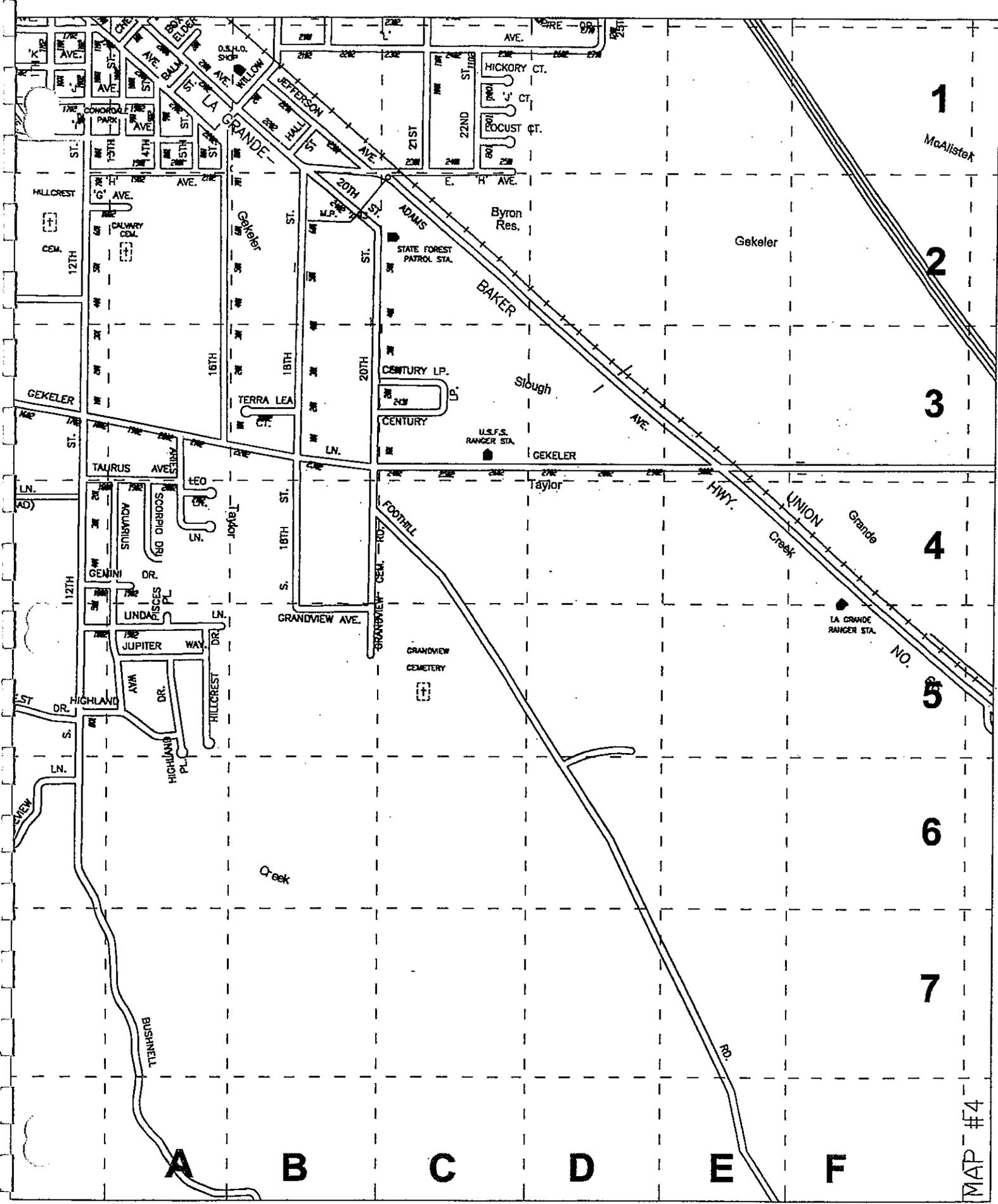
D

E

F

MAP #3





1

MaAlister

2

3

4

5

6

7

A

B

C

D

E

F

MAP #4

INDEX

- Alder St.
- Antles Ln.
- Ash St.
- St.
- e St.
- h St.
- Conklin Ln.
- Elm St.
- Foster St.
- French St.
- Grove St.
- Hibbler St.
- Hill St.
- Jasper St.
- Main/Mills/Hafer Ln.
- Hill St.
- Orchard St.
- Poplar St.
- Rose St.
- Water St.
- 1st St.
- 2nd St.

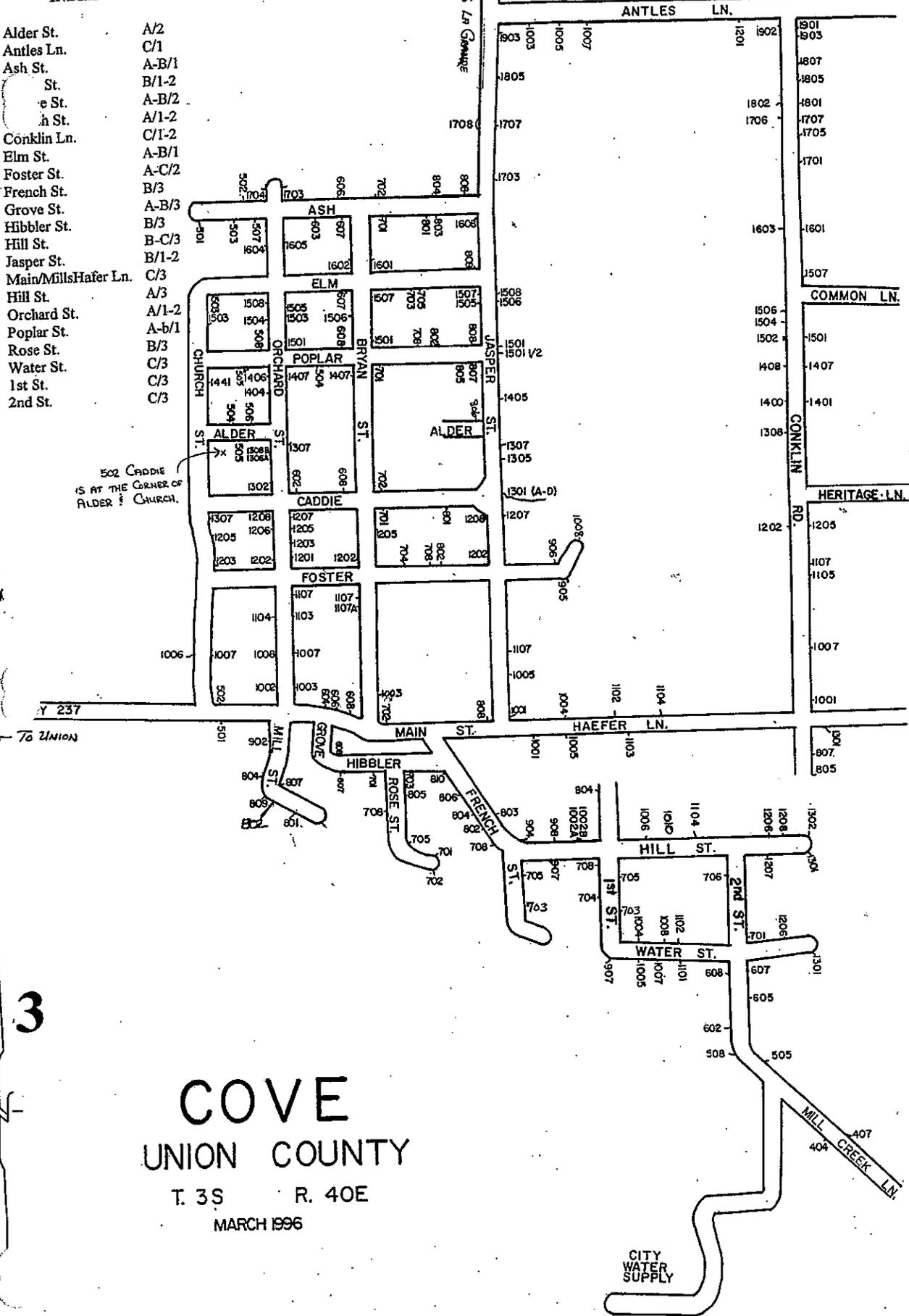
- A/2
- C/1
- A-B/1
- B/1-2
- A-B/2
- A/1-2
- C/1-2
- A-B/1
- A-C/2
- B/3
- A-B/3
- B/3
- B-C/3
- B/1-2
- C/3
- A/3
- A/1-2
- A-b/1
- B/3
- C/3
- C/3
- C/3

502 CADDIE IS AT THE CORNER OF ALDER & CHURCH.

COVE
 UNION COUNTY
 T. 3S R. 40E
 MARCH 1996

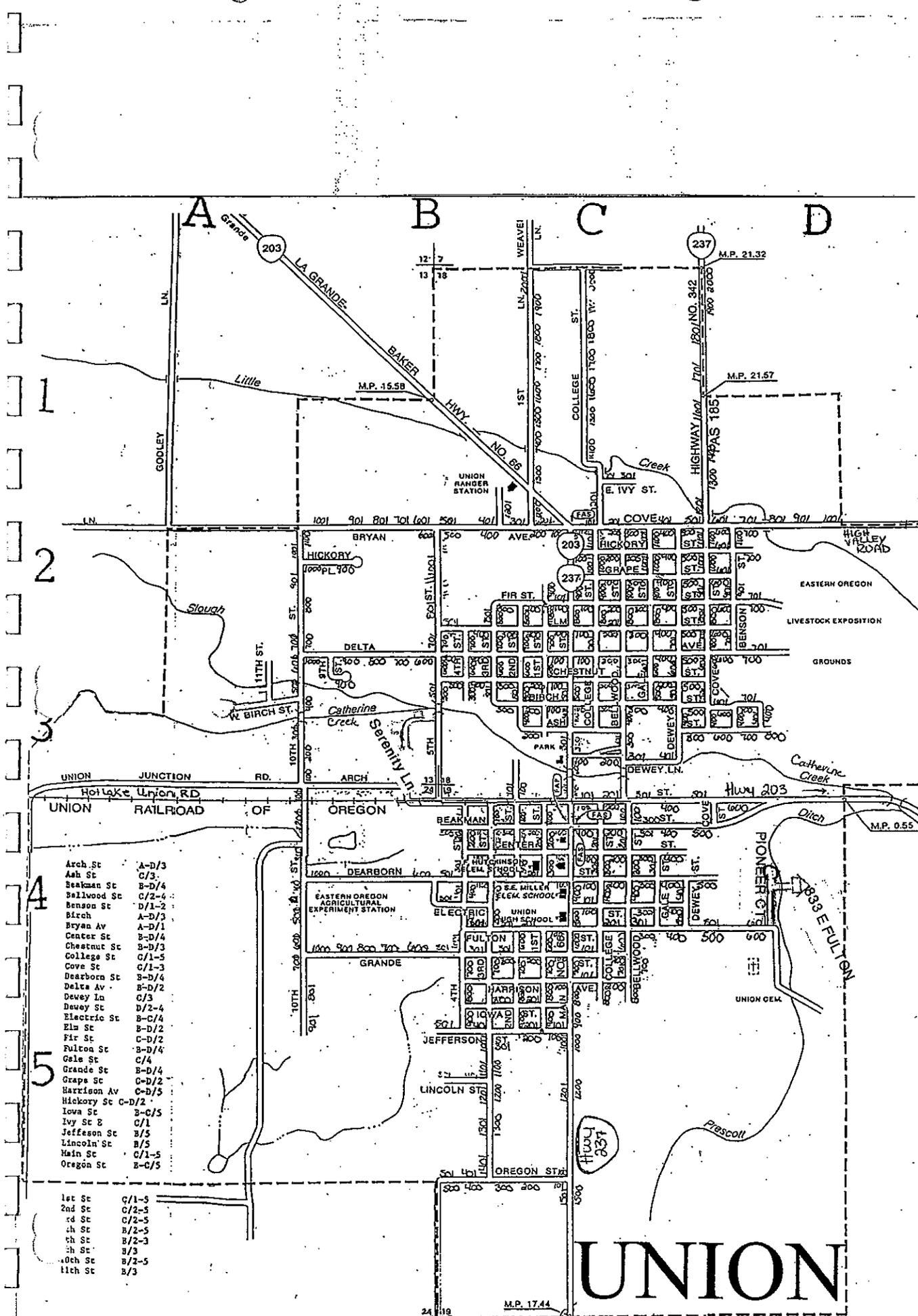
CITY WATER SUPPLY

A B C



2

3

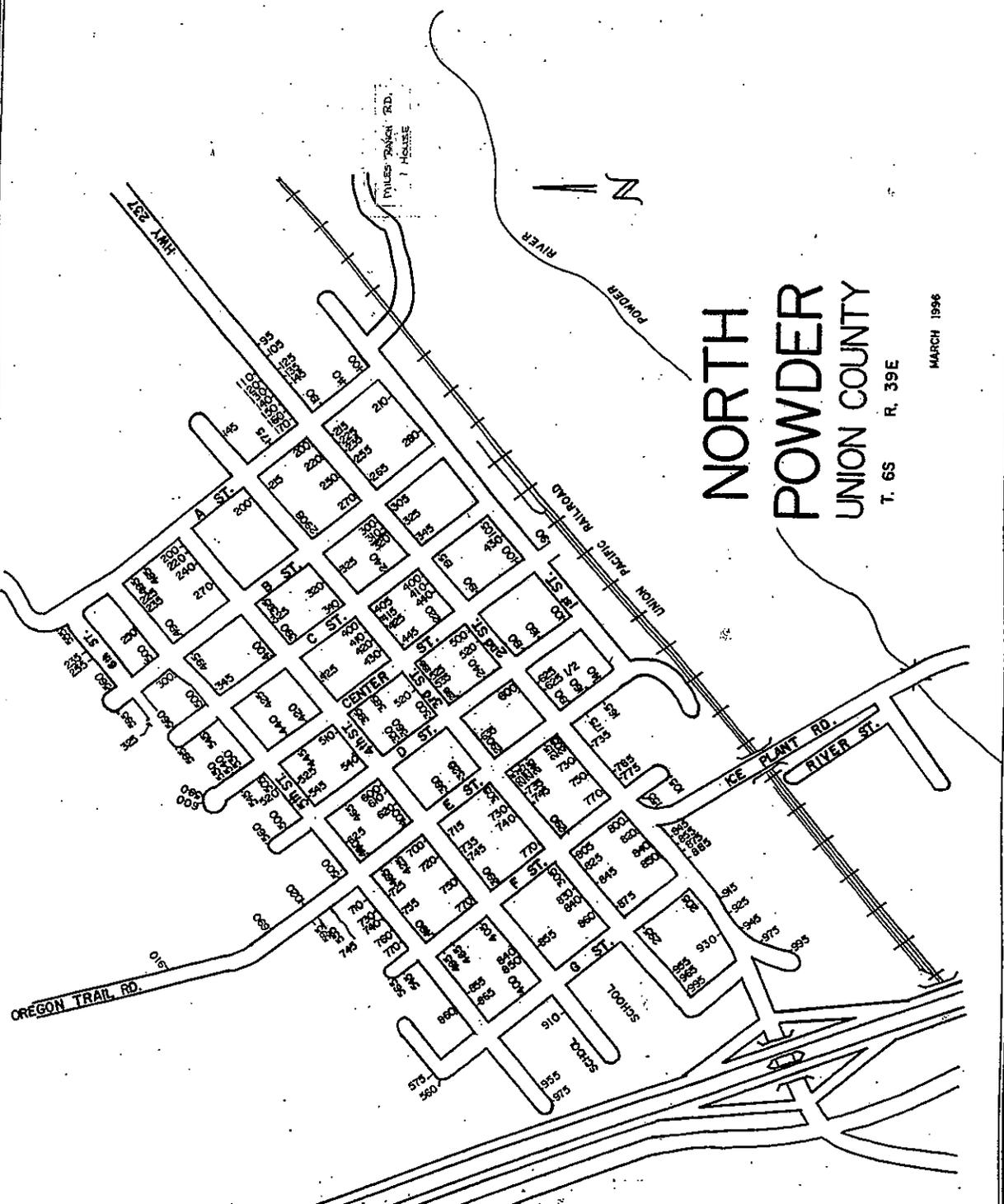


- Arch St A-D/3
- Ash St C/3
- Beekman St B-D/4
- Baldwood St C/2-4
- Benson St D/1-2
- Birch A-D/3
- Bryan Av A-D/1
- Center St B-D/4
- Chestnut St B-D/3
- College St C/1-5
- Cove St C/1-3
- Dearborn St B-D/4
- Delta Av B-D/2
- Dewey Ln C/3
- Dewey St D/2-4
- Electric St B-C/4
- Elm St B-D/2
- Fir St C-D/2
- Fulton St B-D/4
- Gale St C/4
- Grande St B-D/4
- Grape St C-D/2
- Harrison Av C-D/5
- Hickory St C-D/2
- Iowa St B-C/5
- Ivy St E C/1
- Jefferson St B/5
- Lincoln St B/5
- Main St C/1-5
- Oregon St B-C/5

- 1st St C/1-5
- 2nd St C/2-5
- 3rd St C/2-5
- 4th St B/2-5
- 5th St B/2-3
- 6th St B/3
- 10th St B/2-5
- 11th St B/3

UNION

C
P
A



NORTH POWDER UNION COUNTY

T. 6S R. 39E

MARCH 1996

OREGON TRAIL RD.

INTERSTATE 84
COUGHANOUR LN.

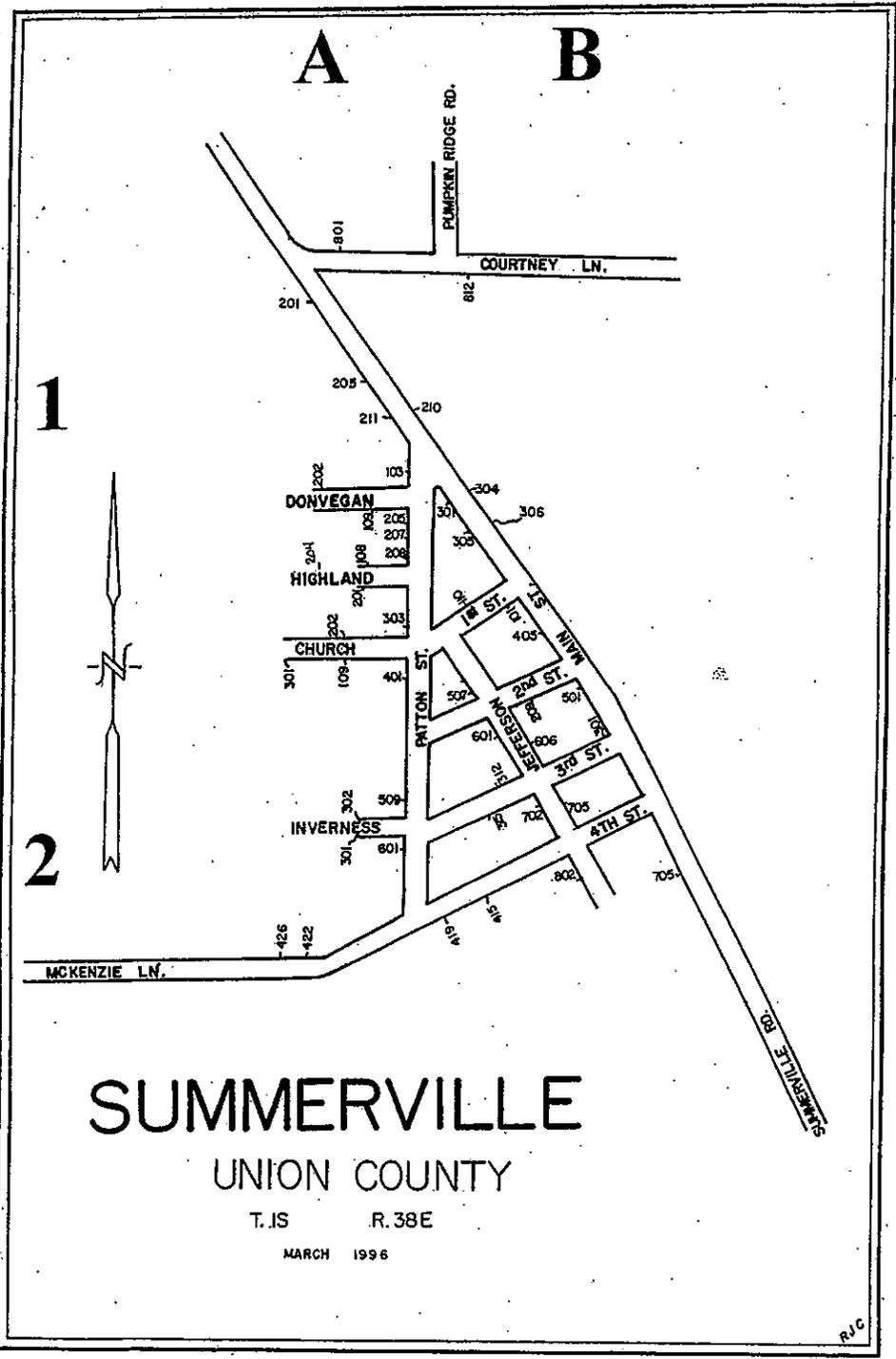
INDEX

- A St.
- B St.
- C St.
- Center
- D St.
- E St.
- F St.
- G St.
- Ice Plant Rd.
- Oregon Trail Rd.
- River St.
- 1st St.
- 2nd St.
- 3rd St.
- 4th St.
- 5th St.
- C/1-3
- B/1-2
- B/1-3
- B/2-3
- A/1-3
- A/2-3
- A/2
- A/3-5
- A/1
- B/4
- B-C/2-3
- A-C/1-3
- A-B/2-3
- A-B/1-2
- A-B/1-2

1

2

3



INDEX

Church St.	A/1
Courtney Ln.	A-B/1
Donvegan St.	A/1
Highland St.	A/1
Inverness St.	A/2
Jefferson St.	B/2
Main/Summerville Rd	B/1-2
McKenzie Ln	A-B/2
Patten St.	B/1-2
1st St.	A/1
2nd St.	B/2
3rd St.	B/2
4th St.	B/2

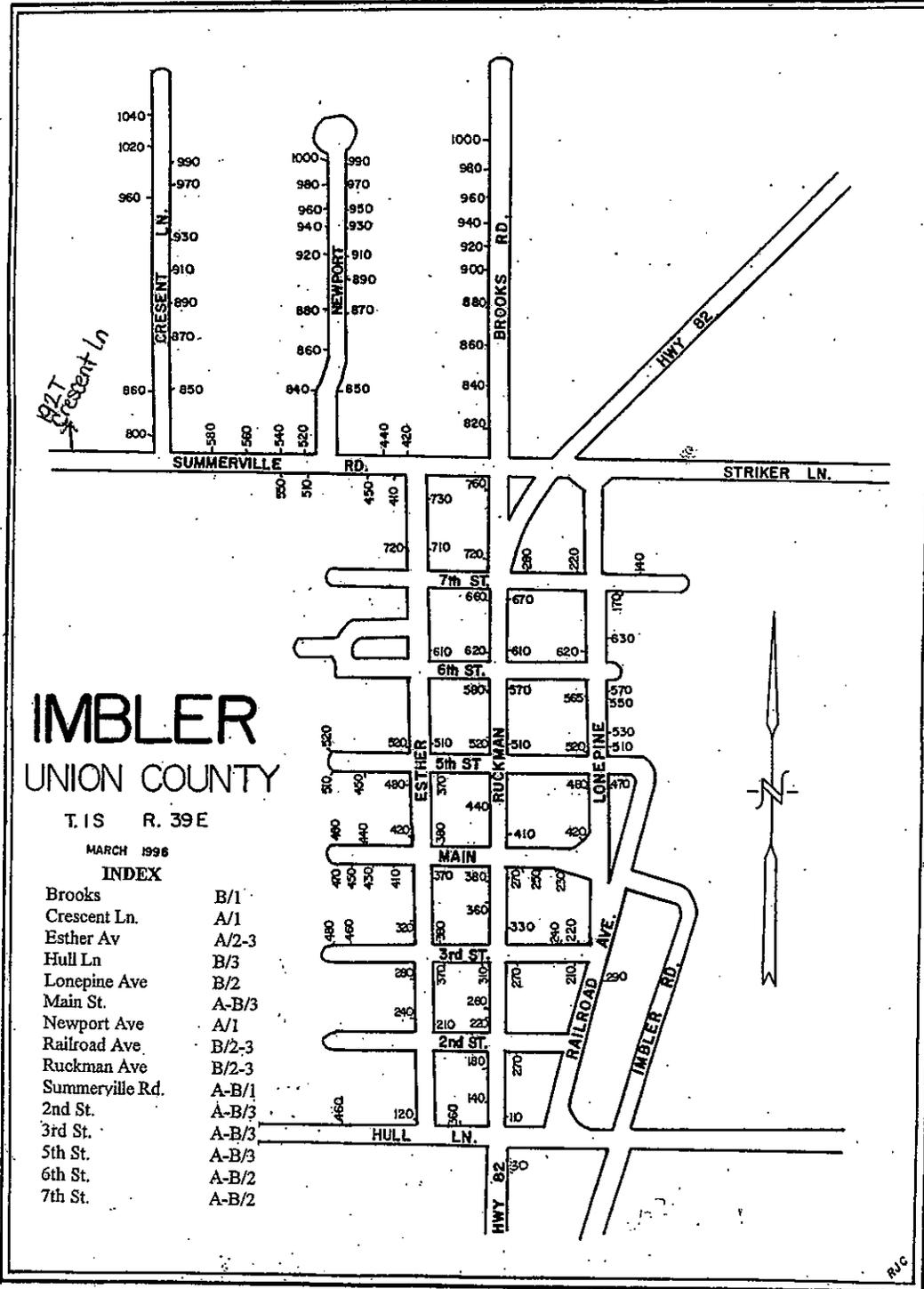
A

B

1

2

3



IMBLER
UNION COUNTY

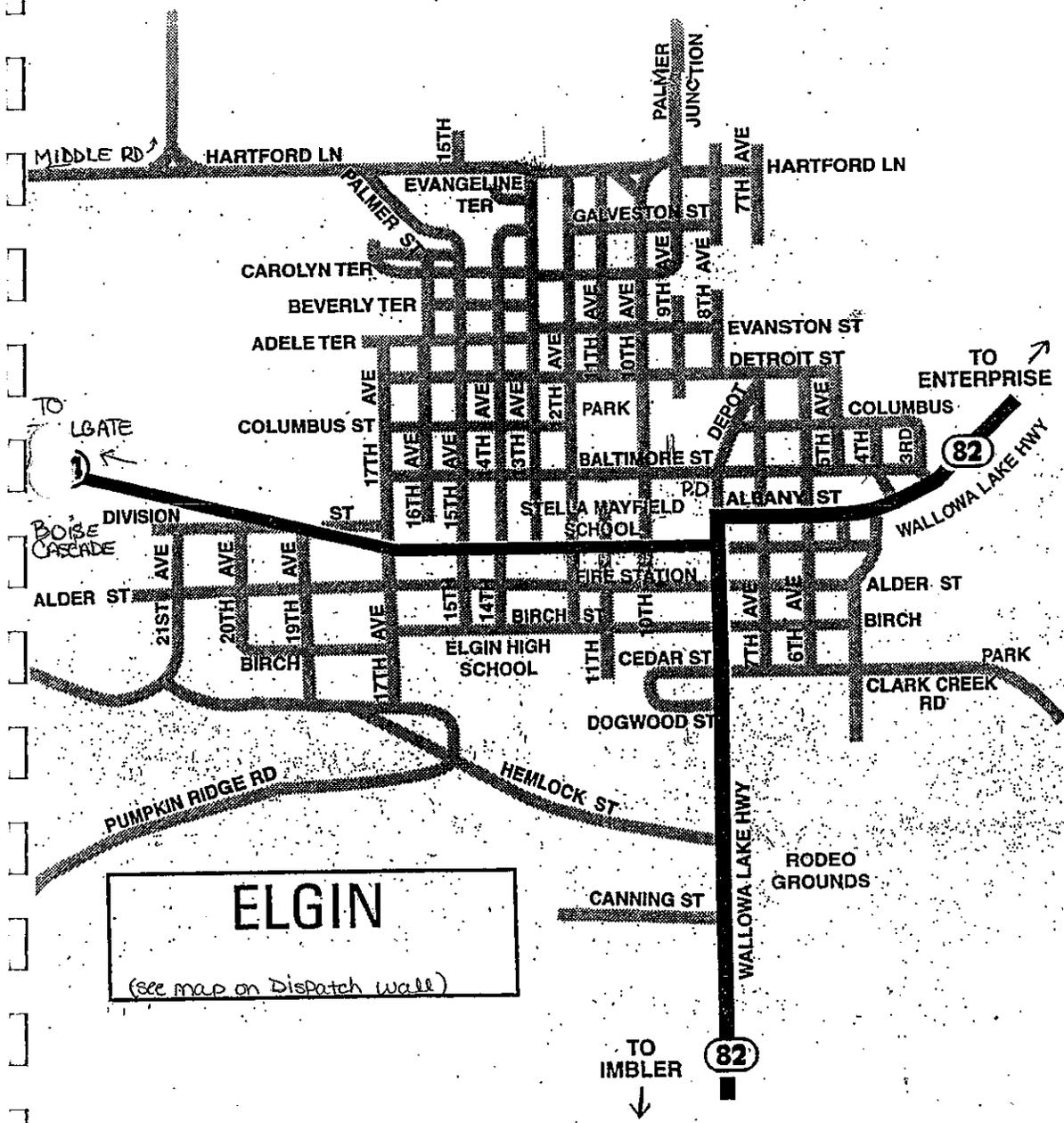
T. 1S R. 39E

MARCH 1998

INDEX

- | | |
|-----------------|-------|
| Brooks | B/1 |
| Crescent Ln. | A/1 |
| Esther Av | A/2-3 |
| Hull Ln | B/3 |
| Lonepine Ave | B/2 |
| Main St. | A-B/3 |
| Newport Ave | A/1 |
| Railroad Ave. | B/2-3 |
| Ruckman Ave | B/2-3 |
| Summerville Rd. | A-B/1 |
| 2nd St. | A-B/3 |
| 3rd St. | A-B/3 |
| 5th St. | A-B/3 |
| 6th St. | A-B/2 |
| 7th St. | A-B/2 |

R/C



MIDDLE RD

HARTFORD LN

15TH

EVANGELINE TER

PALMER JUNCTION

HARTFORD LN

GALVESTON ST

CAROLYN TER

BEVERLY TER

ADELE TER

EVANSTON ST

DETROIT ST

TO ENTERPRISE

COLUMBUS ST

PARK

BALTIMORE ST

COLUMBUS

82

WALLOWA LAKE HWY

TO LGATE

BOISE CASCADE DIVISION

ALDER ST

21ST AVE

20TH AVE

19TH AVE

18TH AVE

17TH AVE

16TH AVE

15TH AVE

14TH AVE

13TH AVE

12TH AVE

11TH AVE

10TH AVE

9TH AVE

8TH AVE

7TH AVE

6TH AVE

5TH AVE

4TH AVE

3RD AVE

BIRCH

BIRCH

BIRCH

BIRCH

BIRCH

PARK

PUMPKIN RIDGE RD

HEMLOCK ST

ELGIN HIGH SCHOOL

DOGWOOD ST

ALGANY ST

CLARK CREEK RD

RODEO GROUNDS

ELGIN
(see map on Dispatch wall)

TO IMBLER

82

WALLOWA LAKE HWY

