

ANNOTATED MINUTES

*Tuesday, July 13, 1993 - 9:30 AM
Multnomah County Courthouse, Room 602*

BOARD BRIEFING

- B-1 Update on the 1993 Oregon Legislative Session. Presented by Fred Neal and Howard Klink.*

FRED NEAL PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

*Tuesday, July 13, 1993 - 1:30 PM
Multnomah County Courthouse, Room 602*

PLANNING ITEMS

Acting Chair Henry C. Miggins convened the meeting at 1:33 p.m., with Vice-Chair Gary Hansen, Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.

The Following June 21, 1993 Decision of the Planning and Zoning Hearings Officer is Reported to the Board for Review:

- P-1 LE 14-92/LD 49-92 Approve Request of a 9.92 Acre Lot of Exception through a Property Line Adjustment to Transfer .05 Acre Lot of Record to an Adjoining 35.39 Acre Lot of Record, Plus Approval of a Type I Land Division, All for Property Located at 12937 NW NEWBERRY ROAD.*

DECISION READ, NO APPEAL FILED, DECISION STANDS.

The Following June 22, 1993 Decision of the Planning and Zoning Hearings Officer is Reported to the Board for Review:

- P-2 CU-18-93/HV 13-93 Approve Conditional Use Request for a Maximum of Five Years for a Temporary Staging Yard During Construction of the Mid-County Sewer; Approve Variance to the 200 Foot Setback Requirement from the North, East and South Property Lines and Elimination of the Two Inch Paving Requirement; Deny Reduction of the 15% Landscaping Requirement, All for Property Located at 4620 SE 174TH AVENUE.*

DECISION READ, NO APPEAL FILED, DECISION STANDS.

- P-3 C 9-92a PUBLIC HEARING, ON THE RECORD, 30 MINUTES PER SIDE. Review the May 17, 1993 Planning Commission Decision Recommending Adoption of the Goal 5 Inventory Worksheet for Bridal Veil as a Supplemental Document to the Comprehensive Framework Plan and Support the Task Force Recommendations and Preservation Process, All for Property Located at BRIDAL VEIL ROAD AND CROWN POINT HIGHWAY.*

PLANNING DIRECTOR SCOTT PEMBLE EXPLAINED THAT PASSAGE OF SENATE BILL 96 WILL EXCLUDE THE NATIONAL SCENIC AREA FROM COMPLIANCE WITH STATEWIDE PLANNING GOALS, AND REQUIRE COMPLIANCE WITH FEDERAL LAND USE MANDATES. MR. PEMBLE SUGGESTED THAT IN LIGHT OF IMPLICATIONS TO BRIDAL VEIL AND COUNTY'S GOAL 5 PROCESS REGARDING GORGE AREA, THE BOARD COULD EITHER CONDUCT THIS SCHEDULED HEARING, CONTINUE THE HEARING TO A FUTURE DATE, OR TAKE TESTIMONY TODAY, WITH UNDERSTANDING THAT ANY DECISIONS MADE BY COUNTY MAY NOT BE APPLICABLE UPON IMPLEMENTATION OF SB 96. ACTING CHAIR MIGGINS SUBMITTED EX PARTE MATERIALS RECEIVED BUT NOT READ, TO BE PLACED WITH THE RECORD. BOARD DISCUSSION. COUNTY COUNSEL JOHN DuBAY AND MR. PEMBLE RESPONSE TO BOARD QUESTIONS AND DISCUSSION. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, TO CONTINUE HEARING PENDING SECRETARY OF AGRICULTURE ACTION ON THE COUNTY'S ORDINANCE. AT BOARD INVITATION, ATTORNEY STEVE ABEL TESTIFIED IN SUPPORT OF A 30 DAY CONTINUANCE. BOARD DISCUSSION. COMMISSIONER SALTZMAN MOVED, SECONDED BY COMMISSIONER HANSEN, THAT THE PREVIOUS MOTION BE AMENDED TO STATE THAT HEARING BE CONTINUED TO AUGUST 10, 1993. BOARD DISCUSSION. MOTION UNANIMOUSLY APPROVED TO CONTINUE HEARING TO 1:30 P.M., TUESDAY, AUGUST 10, 1993. COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, TO HEAR TESTIMONY TODAY REGARDING APPEAL ISSUE. BOARD COMMENTS AND DISCUSSION. MOTION UNANIMOUSLY APPROVED. MR. ABEL ADVISED HE WILL RESERVE TESTIMONY FOR AUGUST 10. CATHY GALBRAITH ADVISED SHE WILL RESERVE TESTIMONY FOR AUGUST 10. MS. GALBRAITH EXPLANATION IN RESPONSE TO QUESTION OF COMMISSIONER KELLEY. COMMENTS FROM CHUCK ROLLINS, LAUREL SLATER, MIKE BYRNES, ALFRED STAEHLI AND CHRISTAN STRICKLAND, WITH TESTIMONY TO BE RESERVED FOR AUGUST 10. ACTING CHAIR MIGGINS ADVISED HEARING WILL BE HELD IN BRIDAL VEIL AREA.

P-4

ORDERS in the Matter of Multnomah County Appointing Planning and Zoning Hearings Officers for Fiscal Year 1993/94

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF THE APPOINTMENTS OF PHILLIP GRILLO, LARRY EPSTEIN AND ROBERT

LIBERTY. MR. PEMBLE EXPLANATION IN RESPONSE TO BOARD QUESTIONS. BOARD COMMENTS AND DISCUSSION. STAFF DIRECTED TO LOOK INTO WAYS TO DEVELOP DIVERSITY IN PROCESS. ORDERS 93-249, 93-250 AND 93-251 UNANIMOUSLY APPROVED.

There being no further business, the meeting was adjourned at 2:35 p.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**

Deborah L. Bogstad
Deborah L. Bogstad

*Wednesday, July 14, 1993 - 8:30 AM - 3:30 PM
Multnomah County Expo Center, VIP Room
2060 North Marine Drive*

BOARD RETREAT

BR-1 Board Discussion of County Functions and Mission.

CANCELLED. TO BE RESCHEDULED IN AUGUST.

*Thursday, July 15, 1993 - 9:30 AM
Multnomah County Courthouse, Room 602*

REGULAR MEETING

Acting Chair Henry C. Miggins convened the meeting at 9:32 a.m., with Vice-Chair Gary Hansen, Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-14) WAS UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

C-1 Application for Business Certificate Renewal [Wrecker's License] Submitted by Sheriff's Office with Recommendation for Approval, for R.S. DAVIS RECYCLING, INC., 28425 SE ORIENT DRIVE, GRESHAM

DEPARTMENT OF HEALTH

C-2 Ratification of Intergovernmental Agreement Contract #200604, Between Multnomah

County Education Service District and Multnomah County, Providing Immunization and Tuberculosis Liaison Services During the 1993/1994 School Year, for the Period November 2, 1993 through May 15, 1994

- C-3 *Ratification of Amendment No. 1 to Intergovernmental Agreement Contract #200284, Between Multnomah County and Oregon Department of Education, Providing Reimbursement for Increased Number of County Inspections Under the USDA Summer Food Service Program, for the Period Upon Execution through June 30, 1994*

DEPARTMENT OF SOCIAL SERVICES

- C-4 *Ratification of Intergovernmental Agreement Contract #102864, Between Multnomah County and Oregon Health Sciences University, Providing Emergency Psychiatric Hold Services to Clients of the Mental Health, Youth, and Family Services Division's Mental and Emotional Disabilities Program Office, for the Period July 1, 1993 through June 30, 1994*
- C-5 *Ratification of Intergovernmental Agreement Contract #102744, Between the Oregon Department of Human Resources and Multnomah County, Providing Funding for the Service Integration Program, a Family Oriented Service Center at Roosevelt High School, for the Period Upon Execution through June 30, 1995*

NON-DEPARTMENTAL

- C-6 *In the Matter of the Appointment of Nancy Conrath to the METROPOLITAN ARTS COMMISSION*
- C-7 *In the Matter of the Appointment of Gail Shibley to the MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION*
- C-8 *Ratification of Intergovernmental Agreement Contract #500034, Between the Oregon Department of Forestry and Multnomah County, Providing County "Shadow Team" Participation and Training in the Regional Incident Command System, for the Period July 1, 1993 through July 1, 1994*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-9 *Ratification of Intergovernmental Agreement Contract #300124, Between Multnomah County and the City of Portland, Providing Copier Services for the Period July 1, 1993 through June 30, 1998*
- C-10 *ORDER in the Matter of the Execution of Deed D930893 Upon Complete Performance of a Contract to Larry Burright*

ORDER 93-252.

- C-11 *ORDER in the Matter of the Execution of Deed D930900 Upon Complete Performance of a Contract to Larry Burright*

ORDER 93-253.

- C-12 *ORDER in the Matter of the Execution of Deed D930901 Upon Complete Performance of a Contract to Mary Nolan and Mark S. Gardiner*

ORDER 93-254.

- C-13 *ORDER in the Matter of the Execution of Deed D930903 Upon Complete Performance of a Contract to the Estate of Nova B. Harp, Robert J. Groce, Personal Representative*

ORDER 93-255.

- C-14 *ORDER in the Matter of the Execution of Deed D930904 Upon Complete Performance of a Contract to Rodger Evenson*

ORDER 93-256.

REGULAR AGENDA

- R-1 *Presentation on the Opening of the 1993 MULTNOMAH COUNTY FAIR*

MARIA ROJO de STEFFEY AND RICK SANDERS PRESENTATION. PRESENTATION BY FAIR PARTICIPANTS REBECCA STOUTEN, KATIE PAUL, KELLY NIMER, MEGANNE HOPPER, KAITLIN SANDERS, CASEY FETTERO, DAVID SANDERS, LYNN JOHNSON WILTSHIRE, LUCY FLECK, MORGAN WILLIAMS, SIERRA ROWE AND SHANNON WILCOX. MS. ROJO de STEFFEY AND MR. SANDERS COMMENTS.

- R-2 *ORDER in the Matter of the Grant of a Sewer Easement on County Land at Gilbert Heights Park, SW1/4, S11, T2S, R2E, WM, Multnomah County, Oregon [to City of Portland for Powell Village 341 Sanitary Sewer System Project]*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, ORDER 93-257 WAS UNANIMOUSLY APPROVED.

- R-3 *ORDER in the Matter of the Quitclaim of Surplus County Land, Tax Lot 247, Section 30, Township 1 North, Range 3 East, W.M., Multnomah County, Oregon [0.17 Acre to Hospitality Investments Limited Partnership]*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER COLLIER, ORDER 93-258 WAS UNANIMOUSLY APPROVED.

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract

Review Board)

- R-4 *ORDER in the Matter of a Sole Source Exemption to Contract with Portland General Electric for the Purchase of Street Lighting*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, ORDER 93-259 WAS UNANIMOUSLY APPROVED.

- R-5 *ORDER in the Matter of an Exemption from Public Bidding a Contract with IBM for the Purchase of an IBM RS 6000 Computer*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, ORDER 93-260 WAS UNANIMOUSLY APPROVED.

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

NON-DEPARTMENTAL

- R-6 *RESOLUTION in the Matter of Adopting and Defining Various County Funds*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-6. JEAN UZELAC TO FURNISH COMMISSIONER KELLEY WITH SPECIFIC INFORMATION. RESOLUTION 93-261 UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-7 *First Reading of an ORDINANCE Amending MCC 8.10 Relating to Animal Control, Clarifying the Status of an Infraction Based on Non-Payment of the Potentially Dangerous Dog (PDD) Annual License Fee, Raising the Fee and Creating Separate Fees Based on the Level of Classification of the Dog*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER HANSEN MOVED, AND COMMISSIONER COLLIER SECONDED, APPROVAL OF FIRST READING. ANIMAL CONTROL MANAGER MIKE OSWALD AND COUNTY COUNSEL MATT RYAN IDENTIFIED TECHNICAL CHANGES TO PAGES 2, 4 AND 5, ADVISING THEY ARE GRAMMATICAL AND NON-SUBSTANTIVE. MR. OSWALD RESPONSE TO BOARD QUESTIONS. HEARING HELD, NO ONE WISHED TO TESTIFY. FIRST READING UNANIMOUSLY APPROVED. SECOND READING SCHEDULED FOR 9:30 AM, THURSDAY, JULY 22, 1993.

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, CONSIDERATION OF THE

FOLLOWING UNANIMOUS CONSENT ITEM WAS UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

UC-1 *Oregon Liquor Control Commission Class A Dispenser/Retail Malt Beverage/New Outlet License Application Submitted by Sheriff's Office with Recommendation for Approval, for THE BANK, DIVISION BRANCH, 15920 SE DIVISION*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, UC-1 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF HEALTH

R-8 *Second Reading and Possible Adoption of an ORDINANCE to Adopt an Ambulance Service Area (ASA) Plan for Multnomah County*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER COLLIER DECLARED A POTENTIAL CONFLICT OF INTEREST IN THAT HER HUSBAND'S LAW FIRM REPRESENTS THE FIRE FIGHTERS AND AMALGAMATED TRANSIT UNION. COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF THE SECOND READING. COMMISSIONERS COLLIER AND SALTZMAN ADVISED THEY HAVE PROPOSED AMENDMENTS. COUNTY COUNSEL JACQUELINE WEBER RESPONSE TO BOARD DISCUSSION, ADVISING MOTIONS SHOULD BE TAKEN SEPARATELY PRIOR TO TESTIMONY. COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF AMENDMENT TO PAGE 13 (AMENDMENT NO.1). COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF AMENDMENT TO PAGE 15 (AMENDMENT NO. 2). COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT TO PAGE 27 (AMENDMENT NO. 3). COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT TO PAGE 29 (AMENDMENT NO. 4). COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF AMENDMENT TO PAGE 18 (AMENDMENT NO. 5). COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, AMENDMENT TO ATTACHMENT A WHICH ESTABLISHES TWO PRIVATE TRANSPORT PROVIDERS FOR COUNTY (AMENDMENT NO. 6). COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, AMENDMENT TO ATTACHMENT A WHICH SETS AN ANNUAL COMPENSATION RATE FOR

FIRE BUREAU TRANSPORT (AMENDMENT NO. 7). BOARD QUESTIONS AND DISCUSSION. BILL COLLINS COMMENTS AND RESPONSE TO BOARD QUESTIONS. COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF AMENDMENT TO PAGE 8 (AMENDMENT NO. 8). BOARD COMMENTS AND DISCUSSION. MR. COLLINS RESPONSE TO BOARD QUESTIONS. COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF AMENDMENT TO PAGE 16 (AMENDMENT NO. 9). COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, AMENDMENT TO PAGE 28 (AMENDMENT NO. 10).

OPPOSITION TESTIMONY FROM RON McCLURE, JEFF LAWRENCE, JUNITA KAUBLE, WARREN ANDREWS, CHUCK COLEMAN, JAY FUSTON, ERIC PEDERSEN, TERRY MARSH, WALLACE FEIST, JOHN CUTRIGHT, CARL LEMMON, GARETH STORER, BETH MURPHY, RICK CHERRY, MARK WEBSTER, GARY McLEAN, AL BACON, MICHELLE BLANK, SEAN RILEY, MARY ANN MORRISON, RYAN ROY, RON HEINTZMAN AND RICHARD LAZAR. SUPPORT TESTIMONY FROM TRACE SKEEN, ED SNYDER, KEVIN SHANDERS, JOHN HARKNESS AND TOM LINDLEY.

MR. COLLINS AND MS. WEBER RESPONSE TO BOARD QUESTIONS. BOARD COMMENTS AND DISCUSSION.

The Board recessed at 12:45 p.m., and reconvened at 1:29 p.m.

COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT TO PAGE 22 (AMENDMENT NO. 11). COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT TO PAGE 21 (AMENDMENT NO. 12). COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT TO PAGE 13 (AMENDMENT NO. 13). COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT TO PAGE 5 (AMENDMENT NO. 14). MR. COLLINS AND DR. GARY OXMAN RESPONSE BOARD QUESTIONS. COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT TO PAGE 27 (AMENDMENT NO. 3-1). DR. OXMAN AND MR. COLLINS RESPONSE TO BOARD QUESTIONS. BOARD DISCUSSION AND COMMENTS. COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, AMENDMENT TO PAGE 11. BOARD COMMENTS AND DISCUSSION. MR. COLLINS COMMENTS.

COMMISSIONERS KELLEY AND SALTZMAN WITHDREW PRIOR AMENDMENT AND COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, AMENDMENT TO PAGE 28 (AMENDMENT NO. 15). BOARD REQUESTED CHAIR TO DIRECT EMS TO CHANGE ADMINISTRATIVE RULES PERTAINING TO DISPATCH. MR. COLLINS AND DR. OXMAN RESPONSE TO BOARD QUESTIONS, DISCUSSION AND COMMENTS. COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF AMENDMENT TO PAGE 16 (AMENDMENT NO. 16). BOARD DISCUSSION, COMMENTS AND VOTE ON FOLLOWING AMENDMENTS: AMENDMENT NO. 1 UNANIMOUSLY APPROVED. AMENDMENT NO. 2 UNANIMOUSLY APPROVED. AMENDMENT NO. 3-1 UNANIMOUSLY APPROVED. AMENDMENT NO. 3 UNANIMOUSLY APPROVED. AMENDMENT NO. 4 UNANIMOUSLY APPROVED. AMENDMENT NO. 5 UNANIMOUSLY APPROVED. AMENDMENT NO. 6 FAILED WITH COMMISSIONERS SALTZMAN AND MIGGINS VOTING AYE AND COMMISSIONERS KELLEY, HANSEN AND COLLIER VOTING NO. AMENDMENT NO. 7 APPROVED WITH COMMISSIONERS KELLEY AND SALTZMAN VOTING AYE AND COMMISSIONERS HANSEN, COLLIER AND MIGGINS VOTING NO. AMENDMENT NO. 8 UNANIMOUSLY APPROVED. AMENDMENT NO. 9 UNANIMOUSLY APPROVED. AMENDMENT NO. 16 UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, REVISION TO AMENDMENT NO. 10 (NO. 10-REV) UNANIMOUSLY APPROVED. AMENDMENT NO. 10 AS AMENDED UNANIMOUSLY APPROVED. AMENDMENT NO. 11 UNANIMOUSLY APPROVED. AMENDMENT NO. 12 UNANIMOUSLY APPROVED. AMENDMENT NO. 13 APPROVED WITH COMMISSIONERS KELLEY, HANSEN, COLLIER AND SALTZMAN VOTING AYE AND COMMISSIONER MIGGINS VOTING NO. UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, REVISION TO AMENDMENT NO. 14 (NO. 14-REV) WAS UNANIMOUSLY APPROVED. AMENDMENT NO. 14 AS AMENDED UNANIMOUSLY APPROVED. AMENDMENT NO. 15 UNANIMOUSLY APPROVED. COMMISSIONER SALTZMAN MOVED AND AFTER PASSING THE GAVEL TO VICE-CHAIR HANSEN, COMMISSIONER MIGGINS SECONDED, APPROVAL OF SINGLE PROVIDER PROVISION (AMENDMENT NO. 17). BOARD COMMENTS. MOTION FAILED WITH COMMISSIONERS SALTZMAN AND MIGGINS VOTING AYE AND COMMISSIONERS KELLEY, HANSEN AND COLLIER VOTING NO. BOARD COMMENTS. VOTE ON ORDINANCE 772 AS AMENDED APPROVED WITH

**COMMISSIONERS KELLEY, HANSEN, COLLIER AND
MIGGINS VOTING AYE AND COMMISSIONER SALTZMAN
VOTING NO.**

PUBLIC COMMENT

**R-9 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to
Three Minutes Per Person.**

There being no further business, the meeting was adjourned at 3:30 p.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**


Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR • 248-3308
DAN SALTZMAN • DISTRICT 1 • 248-5220
GARY HANSEN • DISTRICT 2 • 248-5219
TANYA COLLIER • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
CLERK'S OFFICE • 248-3277 • 248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FOR THE WEEK OF

JULY 12 - 16, 1993

Tuesday, July 13, 1993 - 9:30 AM - Board BriefingPage 2
Tuesday, July 13, 1993 - 1:30 PM - Planning ItemsPage 2
Wednesday, July 14, 1993 - 8:30 - 3:30 - Board Retreat. . . .Page 3
Thursday, July 15, 1993 - 9:30 AM - Regular MeetingPage 3

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Thursday, 10:00 PM, Channel 49 for Columbia Cable (Vancouver) subscribers
Friday, 6:00 PM, Channel 22 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222 OR MULTNOMAH COUNTY TDD PHONE 248-5040 FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, July 13, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

BOARD BRIEFING

- B-1 Update on the 1993 Oregon Legislative Session. Presented by Fred Neal and Howard Klink. 9:30 AM TIME CERTAIN, 30 MINUTES REQUESTED.
-

Tuesday, July 13, 1993 - 1:30 PM

Multnomah County Courthouse, Room 602

PLANNING ITEMS

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CONSENT CALENDAR

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- C-7 In the Matter of the Appointment of Gail Shibley to the MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION
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REGULAR AGENDA

DEPARTMENT OF ENVIRONMENTAL SERVICES

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- R-2 ORDER in the Matter of the Grant of a Sewer Easement on County Land at Gilbert Heights Park, SW1/4, S11, T2S, R2E, WM, Multnomah County, Oregon [to City of Portland for Powell Village 341 Sanitary Sewer System Project]
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PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as

the Public Contract Review Board)

R-4 ORDER in the Matter of a Sole Source Exemption to Contract with Portland General Electric for the Purchase of Street Lighting

R-5 ORDER in the Matter of an Exemption from Public Bidding a Contract with IBM for the Purchase of an IBM RS 6000 Computer

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

NON-DEPARTMENTAL

MANAGEMENT SUPPORT

R-6 RESOLUTION in the Matter of Adopting and Defining Various County Funds

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-7 First Reading of an ORDINANCE Amending MCC 8.10 Relating to Animal Control, Clarifying the Status of an Infraction Based on Non-Payment of the Potentially Dangerous Dog (PDD) Annual License Fee, Raising the Fee and Creating Separate Fees Based on the Level of Classification of the Dog

DEPARTMENT OF HEALTH

R-8 Second Reading and Possible Adoption of an ORDINANCE to Adopt an Ambulance Service Area (ASA) Plan for Multnomah County

PUBLIC COMMENT

R-9 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

0266C/4-8/db



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS

GLADYS McCOY •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222

Thursday, July 15, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

UNANIMOUS CONSENT ITEM

SHERIFF'S OFFICE

UC-1 Oregon Liquor Control Commission Class A Dispenser/Retail Malt Beverage/New Outlet License Application Submitted by Sheriff's Office with Recommendation for Approval, for THE BANK, DIVISION BRANCH, 15920 SE DIVISION

DATE SUBMITTED: June 28, 1993

(For Clerk's Use)
Meeting Date JUL 15 1993
Agenda No. C-1

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: WRECKER'S LICENSE

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Sheriff's Office DIVISION _____

CONTACT Sergeant Kathy Ferrell TELEPHONE 251-2431

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Sergeant Kathy Ferrell

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Please place on the Board's Consent Agenda the renewal Application For Business Certificate from R. S. Davis Recycling, Inc. located at 28425 SE Orient Drive.

R. S. Davis Recycling, Inc. has no taxes owing according to Assessment and Taxation, and corporate officers have no pertinent criminal histories.

The Sheriff's Office recommends approval.

ACTION REQUESTED:

(☐) INFORMATION ONLY (☐) PRELIMINARY APPROVAL (☐) POLICY DIRECTION (☒) APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA Consent Agenda

IMPACT:

PERSONNEL

(☐) FISCAL/BUDGETARY

(☐) GENERAL FUND

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, OR COUNTY COMMISSIONER: K. Ferrell

BUDGET / PERSONNEL _____ / _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, Etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

KF/jlz/1130-AINT

CLERK OF
MULTNOMAH COUNTY
OREGON
1993 JUL - 15 11 59 26



OREGON MOTOR VEHICLES DIVISION
1905 LANA AVE., NE, SALEM OR 97314

APPLICATION FOR BUSINESS CERTIFICATE

AS A DEALER OR REBUILDER OF VEHICLES

INSTRUCTIONS:

Please read all parts of this application before completing it. DMV will not issue or renew the certificate if the application is incomplete. All of the following must be submitted to Motor Vehicles Division, Business Regulation Section, 1905 Lana Avenue, Salem OR 97314:

- The application. Be sure to sign line 14.
- The "Location Approval" section of this form must be completed by your local city or county.
- A surety bond. Be sure to sign the bond.
- A certificate of liability insurance, or an exemption.
- A supplemental application for each additional location from which you operate.
- If this is a renewal, you must also return the enclosed billing list.
- All fees.

RECEIVED

MAY 27 1993

PRESENTED TO ASSOCIATES

EFFECTIVE DATE 6/1/93	EXPIRATION DATE 5-94	DEALER NUMBER 1108	<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> RENEWAL
--------------------------	-------------------------	-----------------------	--

If this is a renewal, do not complete the fee information. Use the attached billing list to calculate your fees. The billing list MUST be submitted with your renewal application.

Original Certificate (Includes one plate)	\$ 110.50	FEE SCHEDULE	CERTIFICATE FEE
Additional Locations _____ @ \$30.00 each	\$ _____		SUPPLEMENTAL LOCATIONS @ \$30.00 EACH =
(See attached Supplemental Applications)			RENEWAL PLATES @ \$10.00 EACH =
Additional plates _____ @ \$11.50 each	\$ _____		ADDITIONAL PLATES @ \$11.50 EACH =
TOTAL _____	\$ 110.50		TEMPORARY PLATE

BUSINESS NAME AND ADDRESS

NAME (CORPORATION AND/OR ASSUMED BUSINESS NAME) 1 RS Davis Recycling Inc. DBA Orient Auto Parts			BUSINESS TELEPHONE 503-663-1909
MAIN BUSINESS LOCATION (STREET AND NUMBER) 2 28425 SE Orient Drive		CITY Gresham	ZIP CODE 97080
MAILING ADDRESS 3 28425 SE Orient Drive		CITY Gresham	STATE Or
		ZIP CODE 97080	COUNTY Multnomah

A SEPARATE SUPPLEMENTAL APPLICATION (FORM 372) MUST BE COMPLETED FOR EACH ADDITIONAL LOCATION FROM WHICH YOU OPERATE YOUR BUSINESS.

TYPE OF OPERATION

4 I/we primarily sell <input type="checkbox"/> New Vehicles <input checked="" type="checkbox"/> Used Vehicles
5 I/we are a franchise dealer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," name the makes ►
6 I/we sell manufactured homes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

OWNERSHIP

CHECK ORGANIZATION TYPE: 7 <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION	IF CORPORATION, LIST THE STATE UNDER WHOSE LAW BUSINESS IS INCORPORATED: Oregon
--	--

List the name and residence address of this owner, all partners or the Corporate President and Secretary.

8 NAME	TITLE	RESIDENCE TELEPHONE
9 DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUE
10 RESIDENCE ADDRESS	CITY	STATE AND ZIP CODE
11 NAME	TITLE	RESIDENCE TELEPHONE
12 DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUE
13 RESIDENCE ADDRESS	CITY	STATE AND ZIP CODE

ACTING AS A DMV AGENT

All dealers are designated DMV agents

The dealer is granted the following options as a DMV Agent and must comply with all applicable laws and administrative rules. The dealer is not obligated to perform any of these options; except by law **Snowmobile and Class I and III ATV dealers must comply with item 1. below.**

1. Accept applications and fees for titles and registrations of vehicles they sell. The dealer is subject to the motor vehicle code and OAR 735-150-050.
2. Perform vehicle identification number inspections on vehicles they sell, except a dealer may not perform an inspection under those situations described in OAR 735-22-070.
3. Issue temporary registration permits for unregistered vehicles they sell. The dealer is subject to the motor vehicle code and OAR 735-150-060.
4. Issue trip permits for unregistered vehicles they sell. The dealer is subject to the motor vehicle code and OAR 735-150-070 and 080.
5. Issue mobile home trip permits for mobile homes they sell. The dealer is subject to the motor vehicle code and OAR 735-140-140 and 735-150-090.

DEALER CERTIFICATION

False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$1,000 or both. In addition, a civil penalty of up to \$1,000 and DMV sanctions against you or your dealer certificate may be imposed. With the above penalties in mind, I CERTIFY:

- I am an owner, partner or corporate officer of this dealership.
- All information on this application is accurate.
- The applicant is or will be a dealer in vehicles who has established or will establish a vehicle business at the location given.
- The dealership will comply with all applicable laws and administrative rules.
- The dealership will hold DMV harmless from any loss or expense resulting from any acts, representations or omissions made while acting as an Agent for DMV.
- The dealership will hold DMV harmless from any expenses incurred in the termination of the dealership's ability to act as an Agent of DMV.

SIGNATURE OF CERTIFYING OWNER/PARTNER/OFFICER

DATE

14

X

Dale Gabe

5/24/93

LOCATION APPROVAL

Instructions to the local city or county regulatory office: By signing this approval you are authorizing dealer activities to occur at the location given on line two of this application. Do not add stipulations as this may cause us to reject the application. If dealer activities cannot be conducted at this address do not sign the location approval.

I CERTIFY that a vehicle dealer business at the location specified on line two of this application complies with land use and business regulatory ordinances. I am authorized to sign this application and as evidence of such authority do affix hereon the seal or stamp of the city or county.



CITY OF:



COUNTY OF: Multnomah, Division
of Planning and Development

TELEPHONE NUMBER

248-3043

PRINTED NAME

Hank Miggins

Multnomah County Board of Commissioners

TITLE

Acting Chair

SIGNATURE

DATE

17

X

Hank Miggins

July 15, 1993

▽ Place stamp or seal here ▽

SURETY BOND▼ **BOND NUMBER** ▼

806990

NOTE: PLEASE READ INSTRUCTIONS ON PAGE ONE BEFORE COMPLETING THIS FORM.
FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY.
PLEASE TYPE OR PRINT LEGIBLY WITH INK.

LET IT BE KNOWN:THAT R.S. Davis Recycling, Inc

(OWNER, PARTNERS, CORPORATION NAME)

DOING BUSINESS AS Orient Auto Parts

(ASSUMED BUSINESS NAME, IF ANY)

HAVING PRINCIPAL PLACE OF BUSINESS AT 28425 SE Orient Dr Gresham, Or 97080

(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____

(ADDRESS, CITY, STATE, ZIP CODE)

(ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND CONTRACTORS BONDING AND INSURANCE COMPANY

(SURETY NAME)

1827 NE 44th Ave, Suite 100Portland, Or 97213287-6000

(ADDRESS, CITY, STATE, ZIP CODE)

TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF Washington, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$15,000 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGN, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

A CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS AS A DEALER OR REBUILDER OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.030(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 743.755.

THIS BOND IS EFFECTIVE June 1 1993 AND EXPIRES May 31 1994

(BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH)

-- ANY ALTERATION VOIDS THIS BOND --

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS 19th DAY OF May 1993.

SIGNATURE (OWNER/PARTNER/CORPORATE OFFICER)

X Dale Jackson

TITLE

SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)

X Jane Morsen

TITLE

Attorney-in-Fact**SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:****PLACE SURETY SEAL BELOW**

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME

CBIC

TELEPHONE NUMBER

287-6000

ADDRESS

PO Box 12053

CITY, STATE, ZIP CODE

Portland, Or 97212

APPROVED BY ATTORNEY GENERAL'S OFFICE

DEALER LIABILITY INSURANCE

General Information

WHAT IS NEEDED: ORS 822.033 requires a dealer to carry vehicle liability insurance coverage for their dealership. A Certificate of Insurance must be filed with DMV each time a dealer applies for a new or renewal business certificate.

AMOUNTS OF COVERAGE: ORS 806.070 requires the policy to provide coverage in the amounts of \$25,000 for each person, \$50,000 for each accident and \$10,000 for property damage. ORS 806.040 requires the policy to provide for the payment of judgements.

ADDITIONAL STIPULATIONS: ORS 822.033 requires that the coverage provide each of the following:

- The policy must cover ALL MOTOR VEHICLES manufactured, owned, operated, used or maintained by, or under the control of the named insured.
- The policy must cover ALL PERSONS who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured.
- The insurer must give written notice of ANY CANCELLATION of the policy to the Business Regulation Section of the Motor Vehicles Division.
- The insurer shall CONTINUE TO BE LIABLE under the policy until the division receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later.

TERM OF COVERAGE: The dealer must maintain coverage throughout the one-year period covered by their business certificate. If the policy *lapses* for any reason, the dealer must file a new Certificate of Insurance providing continuous coverage with DMV or the dealer's business certificate will be cancelled.

EXEMPTION: ORS 822.033(3) states a dealer is exempt from the requirement to file a *Certificate of Insurance* if they deal exclusively in certain types of vehicles, or if they never have ownership, possession or control of any vehicles. To get the exemption, a dealer must file a *Certificate of Exemption*, Form 735-7024. To receive a Form 735-7024, call DMV Business Regulation Section at 373-1007. All Certificates of Exemption are subject to approval upon review by DMV.

CERTIFICATE OF INSURANCE

TO BE COMPLETED BY INSURANCE COMPANY LICENSED TO DO BUSINESS IN OREGON

VEHICLE LIABILITY INSURANCE POLICY NUMBER ▶			
A BINDER IS NOT ACCEPTABLE ▶ CP 65747			
EFFECTIVE DATE	EXPIRATION DATE	INSURANCE COMPANY NAME (NOT AGENT)	PHONE NUMBER
07-01-92	07-01-94	Valley Insurance Company	503-926-2344
INSURANCE COMPANY ADDRESS		CITY, STATE, ZIP CODE	
P. O. Box 1119		Albany, OR 97321	
THIS POLICY IS ISSUED TO (NAME OF DEALER, PARTNERS, OR CORPORATION NAME)			
RS Davis Recycling Inc.			
DEALER'S ASSUMED BUSINESS NAME (IF ANY)			
Orient Auto Parts			

I CERTIFY THAT THE FOLLOWING IS TRUE AND CORRECT. The above described policy has been issued and provides liability limits of coverage required under ORS 806.070; provides for payment of judgements of the type described in ORS 806.040; covers all motor vehicles manufactured, owned, operated, used or maintained by, or under the control of the named insured; covers all persons who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured; the insurer shall give written notice of any cancellation of the policy to the Business Regulation Section of the Motor Vehicles Division; the insurer shall continue to be liable under the policy until the division receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later.

It is a crime, under ORS 162.085 to certify the truth of a statement when you know it is not true. Such a crime is a Class B misdemeanor and is punishable by a jail sentence of up to six months, a fine of up to \$1,000 or both.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER	DATE
Robert C. Briscoe, Briscoe and Associates	503-926-7791	5-27-93
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE	INSURER'S STAMP OR SEAL	
X R.C. Briscoe		

SURETY BOND

▼ BOND NUMBER ▼

NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

LET IT BE KNOWN:

THAT _____
(OWNER, PARTNERS, CORPORATION NAME)

DOING BUSINESS AS _____
(ASSUMED BUSINESS NAME, IF ANY)

HAVING PRINCIPAL PLACE OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

(ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND _____
(SURETY NAME)

(ADDRESS, CITY, STATE, ZIP CODE)

TELEPHONE NUMBER _____

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF _____, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$15,000 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGN, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS AS A DEALER OR REBUILDER OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.030(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELLED PURSUANT TO ORS 742.366.

THIS BOND IS EFFECTIVE _____ 19 ____ AND EXPIRES _____ 19 ____ (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH)

-- ANY ALTERATION VOIDS THIS BOND --

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS _____ DAY OF _____ 19 ____.

SIGNATURE (OWNER/PARTNER/CORPORATE OFFICER)

X

TITLE

SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)

X

TITLE

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:

PLACE SURETY SEAL BELOW

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME

TELEPHONE NUMBER

ADDRESS

CITY, STATE, ZIP CODE

APPROVED BY ATTORNEY GENERAL'S OFFICE

cc of ok
Jones paid up
current per A

Corporate Officers R.S. Davis Recycling Inc.

Dale Jackson	Vice. Pres.	12-23-45	503-663-6769
33150 SE Bluff Rd. Boring, Or 97009			
ODL# 202010			
Rex Davis	Vice. Pres.	5-25-55	503-663-7466
391931 SE Hudson Rd. Sandy, Or 97055			
ODL# 1784307			
Richard Davis	President	10-5-35	503-655-5483
10105 SE Mather Rd. Clackamas, Or 97015			
ODL# 77411			
June Davis	Secretary	6-22-37	503-655-5433
10105 SE Mather Rd. Clackamas, Or 97015			
ODL# 984691			
Michael Doane	Vice. Pres.	10-22-56	503-665-6425
1570 SE 9th Gresham, Or 97080			
ODL# 1956775			

MEETING DATE: JUL 15 1993

AGENDA NO: C-2

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of intergovernmental agreement with Multnomah Education Service District

BOARD BRIEFING **Date Requested:** _____

Amount of Time Needed: 5 minutes or less

REGULAR MEETING: **Date Requested:** _____

Amount of Time Needed: 5 minutes or less

DEPARTMENT: HEALTH **DIVISION:** _____

CONTACT: Tom Fronk **TELEPHONE #:** x4274
BLDG/ROOM #: 160/7

PERSON(S) MAKING PRESENTATION: Tom Fronk

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of intergovernmental agreement with Multnomah Education Service District in which county will pay contractor to provide Immunization and TB Liaison Services during the 1993/1994 school year as required by the Oregon Health Division.

7/20/93 originals to Herman Brame

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Tom Fronk

CLERK OF
COUNTY COMMISSIONERS
1993 JUL - 6 AM 9:57
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63

6/93



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3674
FAX (503) 248-3676 TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: H. C. Miggins
Acting County Chair

VIA: Billi Odegaard, Director *Billi*
Health Department *Taf*

FROM: Tom Fronk, Business Services Manager
Health Department *Tom*

DATE: June 16, 1992

SUBJECT: Agreement with Multnomah Education Service District (MESD)

Recommendation: The Health Department recommends County Chair approval and Board ratification of this intergovernmental agreement with the Multnomah Education Service District for the period November 2, 1993, to and including May 15, 1994.

Analysis: The County will pay the Metropolitan Education Service District a maximum of \$7,250 for the provision of immunization and TB liaison services during the 1992-93 school year. The services will be provided for 22 days during January, February, and March. Schools are required by the Oregon Health Division to provide assistance in compiling data regarding school/facility compliance.

Background: This contract was in effect for school year 1992-93 and is being renewed for 1993-94.

**CONTRACT APPROVAL FORM**

(See Administrative Procedure #2106)

MULTNOMAH COUNTY OREGON

Contract # 200604
Amendment # _____

CLASS I	CLASS II	CLASS III
<input type="checkbox"/> Professional Services under \$25,000	<input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	<input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>C-2</u> DATE <u>7/15/93</u> <u>DEB BOGSTAD</u> BOARD CLERK

Department Health Division _____ Date _____Contract Originator K Brame Phone x2670 Bldg/Room 160/2Administrative Contact Fronk Phone x4274 Bldg/Room 160/7Description of Contract Provision of Immunization and TB Liaison Services during 1993/94 school year.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is ☐ MBE ☐ WBE ☐ QRFContractor Name Multnomah Education Service DistrictMailing Address 11611 N.E. Ainsworth Circle
Portland, Oregon 97220Phone 255-1841Employer ID# or SS# N/AEffective Date November 2, 1993Termination Date May 15, 1994Original Contract Amount \$ 7,250

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ _____

Remittance Address _____
(If Different)

Payment Schedule

Terms

- ☐ Lump Sum \$ _____ ☐ Due on receipt
☐ Monthly \$ _____ ☐ Net 30
☐ Other \$ _____ ☐ Other _____
☐ Requirements contract - Requisition required.

Purchase Order No. _____

☐ Requirements Not to Exceed \$ _____**REQUIRED SIGNATURES:**Department Manager Tom Horn ACWAPurchasing Director
(Class II Contracts Only)

County Counsel

County Chair / Sheriff

Contract Administration

(Class I, Class II Contracts Only)

Encumber: Yes ☐ No ☐Date 6/21/93

Date _____

Date 6-28-93Date July 15, 1993

Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT \$		
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.	156	015								\$7,250	
02.											
03.											
* If additional space is needed, attach separate page. Write contract # on top of page.											

INSTRUCTIONS ON REVERSE SIDE

WHITE - CONTRACT ADMINISTRATION

CANARY - INITIATION

PINK - FINANCE

AGREEMENT

This Agreement is made and entered into by MULTNOMAH EDUCATION SERVICE DISTRICT (MESD) and MULTNOMAH COUNTY, OREGON (County).

W I T N E S S E T H

The parties agree that County will pay for and MESD will provide Immunization and TB Liaison Services during the 1993/1994 school year.

SECTION I MESD agrees to:

- A. Provide assistance to the County in orienting and training temporary County staff regarding school district primary review process and secondary review activities.
- B. Provide input regarding development and coordination of computer printouts and exclusion materials/activities among schools, County and MESD.
- C. Provide consultation to the County on recommended changes in rules and regulations by the Oregon Health Division.
- D. Provide assistance in compiling data regarding school/facility compliance as required by the Oregon Health Division.
- E. Evaluate computer programs to process Multnomah County immunization and tuberculosis exclusion letters.
- F. Print from computer database all exclusion orders and other necessary documents for Multnomah County public school students who are in non-compliance with state or county immunization or tuberculosis rules or statutes.
- G. Provide consultation and assistance to County staff responding to inquiries from parents, school/facility personnel, and community health care providers relating to exclusion process.

SECTION II The County agrees to pay to MESD a maximum of \$7250 for the performance of those services provided for hereunder for 22 days during January, February and March, which payment shall be based upon the following applicable terms:

- A. \$5,500 to furnish services mentioned above
- B. \$1,350 in printing and Data Processing personnel costs
- C. Maximum of \$400 for reimbursement of mailing costs

Said sum shall be paid to MESD within thirty(30) days of invoice. The term of this agreement shall be from November 2, 1993 through and including May 15, 1994.

SECTION III Parties agree to the "Standard Provisions" which are listed below and incorporated into this Agreement.

STANDARD PROVISIONS

Both parties to the AGREEMENT of which these standard provisions are a part do promise and mutually agree as follows:

- A. Both parties agree that neither party shall be held responsible for delay or failure to perform hereunder when such delay or failure is due to fire, flood, epidemic, acts of God or public enemy, unusually severe weather, strikes, legal acts of public authorities or delays or defaults caused by public carriers, which cannot reasonably be forecast or provided against.
- B. Each party affirms that it will not discriminate in any way against any person who is an employee or applicant for employment, and will not limit, segregate or classify such person in any way which would deprive or tend to deprive such person of employment opportunities because of such person's race, religion, color, sex, marital status, national origin or age.
- C. This AGREEMENT may be terminated in whole or in part by mutual agreement of both parties. Furthermore, either party may terminate this AGREEMENT in whole or in part because of the failure of the other party to fulfill any provision of this AGREEMENT and such termination is effective when the other party receives written notice of the termination at its principle office.
- D. Any alteration, variation, modification or waiver of any provisions of this AGREEMENT shall have effect at the time it has been reduced to writing, duly signed and attached to this AGREEMENT.
- E. This AGREEMENT contains all the terms and conditions agreed upon by the parties regarding the subject matter of this AGREEMENT. No other understanding, oral or otherwise, shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS THEREOF, the parties have executed this Agreement.

MULTNOMAH EDUCATION SERVICE DISTRICT

MULTNOMAH COUNTY, OREGON

Dr. Jerry Shiveley
Deputy Superintendent

H.C. Miggins
ACTING County Chair
H.C. Miggins

Date: _____

Date: July 15, 1993

~~Approved as to form:~~ *Reviewed*

County Counsel H. H. Lazenby, Jr.
Date: 6-28-93

(CON002.93)

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-2 DATE 7/15/93
DEB BOGSTAD
BOARD CLERK

MEETING DATE: JUL 15 1993

AGENDA NO: C-3

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of intergovernmental agreement with Oregon Department of Education

BOARD BRIEFING **Date Requested:** _____

Amount of Time Needed: 5 minutes or less

REGULAR MEETING: **Date Requested:** _____

Amount of Time Needed: 5 minutes or less

DEPARTMENT: HEALTH **DIVISION:** _____

CONTACT: Tom Fronk **TELEPHONE #:** x4274
BLDG/ROOM #: 160/7

PERSON(S) MAKING PRESENTATION: Tom Fronk

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of amendment to intergovernmental agreement with Oregon Department of Education in which county will perform evaluation of food preparation facilities and meal-serving sites operating under the U.S. Department of Agriculture (USDA) Summer Food Service Program (SFSP) during the summer of 1993. This amendment will increase the number of inspections from (29) to (35). The county will be paid for the service.

*7/20/93 Originals to Herman
Brame*

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Tom Fronk *ACTING*

CLERK OF
COUNTY COMMISSIONERS
1993 JUL - 6 AM 9:57
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63

6/93



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3674
FAX (503) 248-3676 TDD (503) 248-3816

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: H. C. Miggins
Acting County Chair

VIA: Billi Odegaard, Director *Billi*
Health Department *mf*

FROM: Tom Fronk, Business Services Manager
Health Department *Tom*

DATE: June 10, 1993

SUBJECT: Amendment to Intergovernmental Agreement with Oregon Department of Education

Recommendation: The Health Department recommends County Chair approval and Board ratification of this amendment to Intergovernmental Revenue Agreement #200284 with the Oregon Department of Education for the period upon execution to and including June 30, 1994.

Analysis: The amendment will increase the number of health and sanitation evaluations of summer school food preparation facilities and meal serving sites operating under USDA's Summer Food Service Program from ~~twenty-nine~~ to thirty-five (35). The county will be paid an additional \$30 per inspection. Total revenue is expected to be \$1,050 for FY 93-94.

Background: Multnomah County sanitarians have been inspecting school food service operations on a contract basis since 1988.

**CONTRACT APPROVAL FORM**

(See Administrative Procedure #2106)

MULTNOMAH COUNTY OREGON

Contract # 200284Amendment # 1

CLASS I <input type="checkbox"/> Professional Services under \$25,000	CLASS II <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	CLASS III <input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>C-3</u> DATE <u>7/15/93</u> <u>DEB BOGSTAD</u> BOARD CLERK
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Department HEALTH Division _____ Date _____Contract Originator Brame Phone x2670 Bldg/Room 160/2Administrative Contact Fronk Phone x4274 Bldg/Room 160/7Description of Contract The amendment will increase the number of inspections performed by the county from (29) to (35).

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is ☐ MBE ☐ WBE ☐ QRFContractor Name Oregon Department of Education
Food Service ProgramMailing Address 700 Pringle Parkway, S.E.
Salem, Oregon 97310-0290Phone 378-3569Employer ID# or SS# N/AEffective Date Upon ExecutionTermination Date June 30, 1994Original Contract Amount \$ 870.00

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ 180.00Total Amount of Agreement \$ 1,050.00Remittance Address _____
(If Different) _____

Payment Schedule _____ Terms _____

☐ Lump Sum \$ _____ ☐ Due on receipt☐ Monthly \$ _____ ☐ Net 30☐ Other \$ _____ ☐ Other _____☐ Requirements contract - Requisition required.

Purchase Order No. _____

☐ Requirements Not to Exceed \$ _____**REQUIRED SIGNATURES:**Department Manager Tom FronkPurchasing Director
(Class II Contracts Only) [Signature]County Counsel [Signature]County Chair / Sheriff [Signature]Contract Administration
(Class I, Class II Contracts Only) _____Encumber: Yes ☐ No ☐Date 6/21/93

Date _____

Date 6-28-93Date July 15, 1993

Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT		
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.	156	015	0232			2799		0399		\$180.00	
02.											
03.											
* If additional space is needed, attach separate page. Write contract # on top of page.											

SUMMER FOOD SERVICE PROGRAM
SANITATION INSPECTIONS
1993 AGREEMENT

Agreement between Multnomah County Environmental Health
County or State Health Department
and OREGON DEPARTMENT OF EDUCATION:

Said Health Department agrees to perform, at the following rate(s), periodic health and sanitation inspections, as determined by the Health Department. These inspections will be of food service management companies (vendors) and/or sponsor food preparation facilities and meal sites operating a Summer Food Service Program under agreement with the Oregon Department of Education (ODE) during the summer of 1993 in said Health Department's jurisdiction. The Health Department shall furnish all labor and material to perform the inspections which shall be conducted in accordance with applicable local Health Department rules and regulations.

A maximum of -35- inspections will be conducted at the following rate(s):

Vended Meal Site @ \$ _____ per inspection

On-Site Preparation @ \$ _____ per inspection

Preparation Only @ \$ 30.00 per inspection

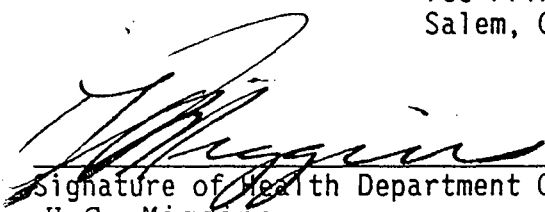
TOTAL PAYMENTS ON THIS AGREEMENT SHALL NOT EXCEED \$1,050.

This Agreement may be amended subject to the availability of funds by contacting ODE not later than July 1, 1993.

ODE will provide the Health Department with a list of approved sponsors, food preparation facilities and meal sites that will be operating in the 1993 SFSP. ODE will report to the Health Department any health-related problems discovered on routine visits conducted by our site monitors for Health Department follow-up, if necessary.

Method of Payment - The Health Department shall submit to ODE an invoice not later than September 30, 1993, for those sanitation inspections actually performed for the SFSP. Invoices received after that date **CANNOT NOT BE PAID**. All reports generated as a result of Health Department's SFSP evaluations shall be subject to review by ODE and should be kept on file. The invoice shall be sent to:

Oregon Department of Education
Child Nutrition Program, Summer Food Service
700 Pringle Parkway SE
Salem, OR 97310-0290


Signature of Health Department Official
H.C. Miggins

Acting County Chair

Title

July 15, 1993

Date

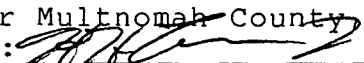
kb/NUTR3330
032393

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-3 DATE 7/15/93
DEB BOGSTAD
BOARD CLERK

Signature of ODE Child Nutrition
Program Official

Title

Date

REVIEWED:
LAURENCE KRESSEL, County Counsel
for Multnomah County, Oregon
By: 
Date: 6.28.93

MEETING DATE: JUL 15 1993

AGENDA NO: C-4

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ratification of an Agreement with University Hospital

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: 5 Minutes

REGULAR MEETING: Date Requested: _____

Amount of Time Needed: _____

DEPARTMENT: Social Services **DIVISION:** Mental Health, Youth, and Family Services

CONTACT: Kathy Tinkle **TELEPHONE #:** 248-3691
BLDG/ROOM #: 160/6th floor

PERSON(S) MAKING PRESENTATION: Gary Nakao/Gary Smith

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Ratification of an agreement between the Multnomah County, Mental Health, Youth, and Family Services Division's Mental and Emotional Disabilities Program Office and the University Hospital effective July 1, 1993 through June 30, 1994. The document attached renews the annual agreement for Emergency Holds (E-Holds) at pre-set rates for the requirements of the contract.

Contract #: 102804

7/20/93 originals to Kathy Tinkle

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

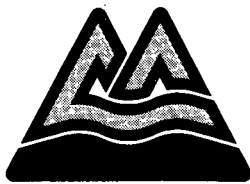
OR

DEPARTMENT MANAGER: Gary Nakao

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

1993 JUL - 6 AM 9:57
MULTNOMAH COUNTY
OREGON
COUNTY COMMISSIONER



MULTNOMAH COUNTY OREGON

DEPARTMENT OF SOCIAL SERVICES
MENTAL HEALTH, YOUTH AND FAMILY SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK ST., 6TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3691 / FAX (503) 248-3379
TDD (503) 248-3598

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

M E M O R A N D U M

TO: Henry C. Miggins
Acting Multnomah County Chair

VIA: Gary Nakao, Director
Department of Social Services *[Signature: Gary Nakao]*

FROM: Gary Smith, Director *[Signature: Gary Smith]*
Mental Health, Youth, and Family Services Division

DATE: June 23, 1993

SUBJECT: Approval of an Intergovernmental Agreement with University Hospital

RETROACTIVE STATUS: This contract is retroactive to July 1, 1993 because negotiations with University Hospital Contract Administration staff were not completed in time to prepare and process this agreement with the annual renewals processed earlier this month.

RECOMMENDATION: The Mental Health, Youth, and Family Services Division recommends Chair and Board approval of an Intergovernmental Agreement between the Mental and Emotional Disabilities (MED) Program office and the Oregon Health Sciences University, University Hospital for the period July 1, 1993 through June 30, 1994.

ANALYSIS/BACKGROUND: The document attached continues the agreement reached this spring which identifies University Hospital as a qualified vendor to accept Crisis/Acute Care patients for E-Holds (involuntary, emergency psychiatric hospital holds). Additionally, this agreement represents a welcome savings to Multnomah County by providing the services at pre-agreed, pre-set rates.

The 1989 Legislature approved the establishment of a Crisis/Acute Care program of services in Multnomah County. The SMHD 1991-93 Biennial Agreement with Multnomah County has provided for the continuation of the Crisis/Acute Care Program.

Funding is available via the State Mental Health Grant and University Hospital is exempt from RFP requirements as a government agency.

(CWMEDGGRAM.83)



MULTNOMAH COUNTY OREGON

CONTRACT APPROVAL FORM

(See Administrative Procedure #2106)

RETRO

Rev. 5/92

Contract # 102804

Amendment #

<p>CLASS I</p> <p><input type="checkbox"/> Professional Services under \$25,000</p>	<p>CLASS II</p> <p><input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption)</p> <p><input type="checkbox"/> PCRB Contract</p> <p><input type="checkbox"/> Maintenance Agreement</p> <p><input type="checkbox"/> Licensing Agreement</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Revenue</p>	<p>CLASS III</p> <p><input checked="" type="checkbox"/> Intergovernmental Agreement</p> <p>APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS</p> <p>AGENDA # <u>C-4</u> DATE <u>7/15/93</u></p> <p>DEB BOGSTAD</p> <p>BOARD CLERK</p>
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Department SOCIAL SERVICES Division MHYESD Date JUNE 14, 1993

Contract Originator [Signature] Phone Bldg/Room

Administrative Contact KATHY TINKLE Phone 248-3691 Bldg/Room 160/6

Description of Contract The IGA attached renews the annual agreement for E-Hold Services on a per-diem basis effective July 1, 1993 through June 30, 1994.

RFP/BID # N/A IGA Date of RFP/BID Exemption Exp. Date

ORS/AR # Contractor is ☐ MBE ☐ WBE ☐ QRF

Contractor Name UNIVERSITY HOSPITAL mail code FS

Mailing Address 3181 SW SAM JACKSON PK RD
PORTLAND OR 97201

Phone 494-8548

Employer ID# or SS# 93-6001786W

Effective Date July 1, 1993

Termination Date June 30, 1994

Original Contract Amount \$

Total Amount of Previous Amendments \$

Amount of Amendment \$

Total Amount of Agreement \$ Requirements

REQUIRED SIGNATURES:

Department Manager [Signature]

Purchasing Director (Class II Contracts Only) [Signature]

County Counsel [Signature]

County Chair / Sheriff [Signature]

Contract Administration (Class I, Class II Contracts Only)

Remittance Address
(If Different)

Payment Schedule Terms

☐ Lump Sum \$ ☐ Due on receipt

☐ Monthly \$ ☐ Net 30

☒ Other \$ Fee for Service Other

☐ Requirements contract - Requisition required.

Purchase Order No.

☐ Requirements Not to Exceed \$

Encumber: Yes ☐ No ☐

Date 24 June 93

Date

Date 6-28-93

Date July 15, 1993

Date

VENDOR CODE			VENDOR NAME							TOTAL AMOUNT	\$	
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND	
01.	156	010	1390			6060				Requirements		
02.												
03.												
* If additional space is needed, attach separate page. Write contract # on top of page.												

INSTRUCTIONS ON REVERSE SIDE

WHITE - CONTRACT ADMINISTRATION

CANARY - INITIATION

PINK - FINANCE

INTERGOVERNMENTAL AGREEMENT
PSYCHIATRIC HOLDS

THIS AGREEMENT is made and entered into by and between MULTNOMAH COUNTY, a home rule political subdivision of the State of Oregon (hereinafter referred as "COUNTY"), and State of Oregon acting by and through the State Board of Higher Education for and on behalf of the Oregon Health Sciences University, UNIVERSITY HOSPITAL, (hereinafter referred to as "HOSPITAL").

WITNESSETH:

WHEREAS, COUNTY's Mental Health, Youth and Family Services Division (MHYFSD) requires services which HOSPITAL is capable of providing, under terms and conditions hereinafter described, and

WHEREAS, HOSPITAL is able and prepared to provide such services as COUNTY does hereinafter require, under those terms and conditions set forth; now, therefore,

IN CONSIDERATION of those mutual promises and the terms and conditions set forth hereafter, the parties agree as follows:

I. TERM.

The term of this Agreement shall be from July 1, 1993 to and including June 30, 1994 unless sooner terminated under the provisions hereof.

II. SERVICES AND COMPENSATION.

Services under this Agreement shall consist of the following:

A. County Obligations. The COUNTY agrees as follows:

1. Payment will be made for care provided during the time period when the person is lawfully detained in the hospital in precommitment status. COUNTY or designees will notify the HOSPITAL in person or by phone that an order of dismissal has been initiated by the court. COUNTY ceases payment at this point. Last day room charges shall not be paid unless duration of hospitalization is only one day.

2. Payment will be made by COUNTY for those services which the COUNTY agrees constitute emergency psychiatric care, custody, and treatment related to or resulting from such psychiatric condition for those persons who are held pursuant to the requirements of ORS 426.

3. For eligible patients admitted from July 1, 1993 through June 30, 1994, COUNTY will pay HOSPITAL \$560 per day for these services. Medicaid payment will constitute full payment for Medicaid eligible patients.

4. For patients diverted from pre-commitment hospitalization from July 1, 1993 through June 30, 1994: Patients who have been evaluated in the emergency room by a physician for "dangerousness" may be diverted in the emergency room, in consultation with a quadrant mental health worker, to the Special Care Facility, crisis respite, community treatment services/adults/acute care, or non-hospital crisis services, in lieu of pre-commitment hospitalization. In these cases, COUNTY will pay HOSPITAL \$128 per encounter per patient, less the amount of payments received for the same services by first or third party payors; except that Medicaid payment will constitute full payment for Medicaid eligible patients.

5. COUNTY agrees to pay HOSPITAL within 30 days of receipt of billings received on the County billing form.

6. Any appeals concerning denied claims shall be directed to the Division Director, Multnomah County (or designee) who shall resolve the dispute within 30 days.

7. Inpatient services are one component of a larger system of acute care services, herein referred to as the PROGRAM. COUNTY will, through participation in the ACUTE CARE SYSTEMS REVIEW GROUP or successor advisory committee, assist in the development of appropriate measures for monitoring contract performance and for assessing overall PROGRAM efficiency; and shall review these data sources as a means of monitoring the HOSPITAL contract and evaluating the overall PROGRAM. Retrospective reviews may be conducted for the purpose of evaluation of clinical components, but will not result in a negative financial ruling to the Hospital.

B. Hospital Obligations. The HOSPITAL agrees as follows:

1. The HOSPITAL shall provide administrative and direct patient care services for PROGRAM patients meeting the admission criteria defined by the Multnomah County ACUTE CARE

SYSTEM REVIEW GROUP. The HOSPITAL will provide these services on a 24-hour-per-day, 7-day-per-week, continuous basis. This Agreement is for hospital services only. Professional physicians services are not included in this agreement.

2. HOSPITAL agrees to provide Community Hospital Services in compliance with administrative rules OAR 309-33-100 through -170, Involuntary Commitment Proceedings.

3. HOSPITAL will maintain State certificate of compliance with the administrative rules cited above, as required by the State Office of Mental Health Services and as determined through the site review process.

4. For all persons hospitalized under the terms of this Agreement, a physician shall have examined the patient and documented clear evidence on the Notice of Mental Illness that the patient is in need of emergency psychiatric care, custody, and treatment for mental illness AND is currently dangerous to self or others.

5. At the point in time when the patient no longer meets the conditions specified above, HOSPITAL agrees to withdraw the Notice of Mental Illness and notify the Court and COUNTY.

6. HOSPITAL agrees to cooperate with the COUNTY and community mental health agencies who contract with the COUNTY to promote and utilize all alternatives to involuntary hospitalization under ORS 426 and for whom payment would be sought under this Agreement.

7. HOSPITAL is not required to deliver nor shall any reimbursement be made for services which do not meet the criteria according to both HOSPITAL and COUNTY for emergency psychiatric care, custody, and treatment related to or resulting from such psychiatric condition for those persons who are held pursuant to the requirements of ORS 426.

8. HOSPITAL will aggressively pursue all avenues to obtain Medicare, Medicaid, Veterans Administration, insurance and client payment for care provided to patients served under this contract, as it does for all other patients, and will bill the COUNTY only after all other sources have been exhausted. HOSPITAL will maintain documentation of uncollectability for a minimum of three years.

9. Billing procedures:

(a) Effective date of this agreement is July 1, 1993, for all holds initiated on or after that date.

(b) HOSPITAL agrees to submit billings within twelve months of the services performed unless other collection efforts are still in process and HOSPITAL notifies COUNTY in writing of the exception.

10. HOSPITAL agrees to reimburse COUNTY in the amount of any payments received at HOSPITAL by or on behalf of patients for whose care COUNTY has paid.

11. HOSPITAL agrees to release allegedly mentally ill persons upon notification that an order of dismissal has been initiated by the court, unless the allegedly mentally ill person agrees to remain in the hospital voluntarily.

12. HOSPITAL will provide such billing and service documentation as the COUNTY may reasonably require.

13. HOSPITAL agrees to maintain Medicare and Medicaid certification and eligibility to participate in the Medicare and Medicaid reimbursement program for psychiatric services in a general hospital.

14. HOSPITAL will participate in scheduled meetings of the COUNTY Psychiatric Emergency Operations Team.

15. Patient Care Program

(a) HOSPITAL will develop and implement, with the active participation of the ACUTE CARE SYSTEMS REVIEW GROUP, the philosophy of treatment and the treatment model used in providing psychiatric hospital services for severely mentally ill individuals in the PROGRAM.

(b) HOSPITAL shall administer and schedule all patient services and coordinate these activities with required PROGRAM services.

(c) HOSPITAL will operate the patient data collection and program evaluation system consistent with its mission, developed by the ACUTE CARE SYSTEMS REVIEW GROUP and approved by the COUNTY. This system defines program objectives and patient outcome objectives and the criteria used to measure them.

16. Emergency Room Assessment and Pre-Admission Services

(a) HOSPITAL shall provide and staff an area to hold consumers presenting at the emergency room who are at risk of an involuntary hold.

(b) HOSPITAL, through its medical staff, shall assess consumers presented at the emergency room who are at risk of an involuntary hold with the consultation of mental health professionals on contract with the COUNTY.

17. Hospital Holding Services

(a) HOSPITAL shall provide sufficient capacity to maintain four (4) patients in a secure setting. HOSPITAL staff and physicians will move patient to less restrictive settings as soon as appropriate.

(b) HOSPITAL shall hire an adequate number of employees for the various hospital tasks. HOSPITAL shall assign tasks and schedule and supervise (including evaluate, train, discipline and terminate) an adequate number of nurses, technicians, office and other employees for the various hospital tasks.

(c) HOSPITAL shall provide direct patient services for PROGRAM patients.

18. Physician Services

(a) HOSPITAL shall designate a hospital representative with administrative expertise to oversee the patient care program and serve as a liaison between the HOSPITAL and county mental health personnel.

(b) HOSPITAL shall maintain a sufficient number of psychiatrists and other physicians, as are necessary and desirable, to adequately support the operations of the PROGRAM, and who will see each patient within 12 hours of admission and perform a history and physical within 24 hours of admission. Professional physician payment of services are not included in this Agreement.

19. Continuity of Care

(a) HOSPITAL agrees to comply with policies and procedures governing admission and discharge of patients to and from the PROGRAM that are ACUTE CARE SYSTEMS REVIEW GROUP and approved by SSD.

(b) HOSPITAL shall, as a member of the ACUTE CARE SYSTEMS REVIEW GROUP, propose and develop a utilization control and review process for the PROGRAM, which conforms to all state and federal laws, regulations or guidelines. Policies and procedures shall be approved and administered by MHYFSD.

(c) HOSPITAL shall, as a member of the ACUTE CARE SYSTEMS REVIEW GROUP, propose and develop, consistent with its mission, a quality assurance and peer review process for the PROGRAM, which conforms to all state and federal laws, regulations and guidelines and is approved by MHYFSD. HOSPITAL shall administer the program in its facility.

(d) Given that the PROGRAM is a multi-agency service, HOSPITAL shall, as a member of the ACUTE CARE SYSTEMS REVIEW GROUP, cooperate with the COUNTY in developing transportation policies and procedures and scheduling and planning for transportation of patients.

20. Minimum Qualifications for Emergency Room Assessment and Pre-admission Services:

(a) HOSPITAL shall hold a hospital license as a general hospital, psychiatric hospital or special health care facility.

(b) HOSPITAL shall operate a 24 hours-per-day, 7 days-per-week physician staffed emergency room and provide all ancillary services required for a general hospital.

(c) HOSPITAL shall maintain a state certified holding room.

III. LIABILITY.

HOSPITAL and COUNTY recognize that each is a public body governed by the Oregon Tort Claims Act and subject to the limits and liabilities therein.

A. HOSPITAL is an independent contractor and is solely responsible for the conduct of its programs. HOSPITAL, its employees and agents shall not be deemed employees or agents of COUNTY. COUNTY is an independent contractor and is solely responsible for the conduct of its programs. Neither COUNTY, nor COUNTY's employees or agents shall be deemed employees or agents of HOSPITAL.

B. HOSPITAL shall defend, indemnify, hold and save harmless the COUNTY its officers, agents and employees from damages arising out of the tortious acts of the HOSPITAL or its officers, agents, and employees acting within the scope of their employment and duties in performance of this contract subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the Oregon Constitution, Article XI, Section 7.

C. COUNTY shall defend, indemnify, hold and save harmless HOSPITAL, its officers, agents, and employees from damages arising out of the tortious acts of COUNTY, or its officers, agents and employees acting within the scope of their employment and duties in performance of this contract subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the Oregon Constitution, Article XI, Section 9.

D. HOSPITAL is an agency of the State of Oregon. The State of Oregon is self-insured under the provisions of ORS 278.425 and 278.435 for tort liability, including personal injury and property damage. The limits of liability for this coverage are established by ORS 30.270.

IV. WORKERS' COMPENSATION INSURANCE.

A. Each party shall maintain Workers' Compensation insurance coverage for all non-exempt workers, employees, and subcontractors either as a carrier insured employer or a self-insured employer and shall comply with ORS 656.017. A certificate evidencing current Workers' Compensation insurance shall be provided upon request to the other party.

V. ADHERENCE TO LAW.

A. HOSPITAL shall adhere to all applicable laws governing its relationship with its employees, including but not limited to laws, rules, regulations and policies concerning workers' compensation, and minimum and prevailing wage requirements.

B. Unless exempted under the rules, regulations and relevant orders of the Secretary of Labor, 41 CFR, Ch. 60, HOSPITAL agrees to comply with all provisions of Executive Order No. 11246 as amended by Executive Order No. 11375 of the President of the United States dated September 24, 1965, Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 as implemented by 45 CFR 84.4, which states, "No qualified person shall, on the basis of handicap, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance." HOSPITAL will also comply with all applicable rules, regulations and orders of the Secretary of Labor concerning equal opportunity in employment and the provisions of ORS Chapter 659.

VI. MODIFICATION.

Any modification of the provisions of this Agreement shall be reduced to writing and signed by the parties.

VII. INTEGRATION.

This Agreement contains the entire agreement between the parties and supersedes all prior written or oral discussions or agreements as they relate to Psychiatric Holds.

VIII. EARLY TERMINATION.

A. Violation of any of the terms of the Agreement shall, at the option of either party, be cause for termination of the Agreement and unless and until corrected, of funding support by the COUNTY and services by the HOSPITAL or be cause for placing conditions on said funding and/or services, which may include withholding of funds. Waiver by either party of any violation of this Agreement shall not prevent said party from invoking the remedies of this paragraph for any succeeding violations of the Agreement.

B. This Agreement may be terminated prior to the expiration of the agreed-upon term:

1. Immediately upon mutual written consent of the parties, or at such time as the parties agree; or

2. By either party upon 30 days' written notice to the other, delivered by certified mail or in person.

C. Termination under any provision of this paragraph shall not affect any right, obligation or liability of HOSPITAL or COUNTY which accrued prior to such termination.

IX. DISCRIMINATION.

Neither COUNTY nor HOSPITAL shall unlawfully discriminate against any individual with respect to hiring, compensation, terms, conditions or privileges of employment, nor shall any person be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity because of such individual's race, color, religion, sex, national origin, age, or handicap. In that regard, each party must comply with all applicable provisions of Executive Order Number 11246 as amended by Executive Order Number 11375 of the President of the United States dated September 24, 1965, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and Section 504 of the Rehabilitation Act of 1973 as implemented by 45 C.F.R. 84.4. Each party will also comply with all applicable rules, regulations and orders of the Secretary of Labor concerning equal opportunity in employment and the provisions of ORS Chapter 659.

X. RECOVERY OF FUNDS.

Expenditures of the HOSPITAL may be charged to this contract only if they are: 1) in payment for services performed under this contract; 2) performed in conformance with applicable state and federal regulations and statutes; 3) are in payment of an obligation incurred during the contract period; and 4) are not in excess of 100% of allowable program costs. Recovery of funds will be made in the event of unauthorized expenditures, non-performance of contract conditions, excess payments, payment withholding, or contract termination. Any refunds to the federal government resulting from federal audits of HOSPITAL's program and due solely as a result of HOSPITAL's actions shall be the sole responsibility of HOSPITAL. HOSPITAL agrees to make such payments within twenty (20) working days of formal notice of disallowance of contract expenditures.

Any COUNTY funds paid to HOSPITAL for purposes not authorized by this contract shall be deducted from future payments made by COUNTY to HOSPITAL or refunded to COUNTY by HOSPITAL no later than thirty (30) days after: 1) the contract's expiration; or 2) notification by COUNTY. HOSPITAL shall be responsible for prior contract period overpayments and unrecovered advances provided by COUNTY. Repayment of prior period obligations shall be made by HOSPITAL in a manner specified by COUNTY.

XI. AUDITS.

A. The HOSPITAL agrees to permit authorized representatives of COUNTY, State Mental Health Division, State of Oregon Division of Audits and/or the applicable audit agency of the United States Department of Health and Human Services (DHHS) to make such review of the records of the HOSPITAL as COUNTY, State Mental Health Division or auditor or DHHS may deem necessary to satisfy audit and/or program evaluation purposes related to the services provided under the terms of this agreement. HOSPITAL shall permit authorized representatives of COUNTY Mental Health, Youth, and Family Services Division and State Mental Health Division to site visit all programs covered by this contract. Contract costs disallowed as a result of such audits, review or site visits will be the sole responsibility of the HOSPITAL. If a contract cost is disallowed after reimbursement has occurred, the HOSPITAL will make prompt repayment of such costs.

B. HOSPITAL is a state agency and such audit will be performed in conformity with the Federal Single Audit Act of 1984. Public Law 98-502, Title 31, Section (2), V, Chapter 75, U.S.C.

C. Audit will be made available by HOSPITAL to the COUNTY Mental Health, Youth, and Family services Division upon written request.

XII. WITHHOLDING OF CONTRACT PAYMENTS.

Notwithstanding any other payment provision of this contract, failure of the HOSPITAL to submit required reports when due, or failure to perform or document the performance of contracted services, may result in the withholding of payments under this contract. Such withholding shall begin thirty (30) days after written notice is given by COUNTY to the HOSPITAL. Such withholding of payment for cause, may continue until the HOSPITAL submits required reports, submits executed contract, amendment or change order, performs required services, or establishes, to COUNTY's satisfaction, that such failure arose out of causes beyond the control, and without the fault or negligence of the HOSPITAL.

XIII. DISPUTES.

In the event of a dispute, the parties agree to attempt resolution at the lowest level and to strive for mutual agreement prior to taking other action.

XIV. NON-VIOLATION OF TAX LAWS.

Both parties hereby certify under penalty of perjury that to the best of their knowledge, they are not in violation of any Oregon tax laws described in ORS 305.380(4).

XV. NOTICES.

All notices, certificates, or communications shall be delivered or mailed postage prepaid to the parties at their respective places of business as identified below, unless otherwise designated in writing.

HOSPITAL

Contract Manager, Mail code FS
University Hospital
Oregon Health Sciences University
3181 SW Sam Jackson Park Road
Portland, OR 97201-3098

COUNTY

Contract Manager
Multnomah County
Mental Health, Youth, and Family Services Division
426 SW Stark St., 6th Floor
Portland, OR 97204

XVI. MERGER.

THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES FOR PSYCHIATRIC HOLDS. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. THE PARTIES, BY THE SIGNATURE HERETO OF THEIR AUTHORIZED REPRESENTATIVE, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THE CONTRACT AND THE PARTIES AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

State of Oregon Acting by and
Through the State Board of Higher
Education on Behalf of University
Hospital of the Oregon Health
Sciences University

Multnomah County, Oregon

3181 SW Sam Jackson Park Road
Portland, OR 97201-3098
(503) 648-9565

By: _____
Thomas G. Fox, Ph.D. Date
Vice President for Development
and Public Affairs

By: Rex Surface 6/14/93
Rex Surface Date
MED Program Manager
By: Gary W. Smith 6/24/93
Gary W. Smith Date
Division Director
By: Henry C. Miggins 7/15/93
Henry C. Miggins Date
Acting County Chair

REVIEWED:

LAURENCE KRESSEL, County
Counsel for Multnomah County,
Oregon

By: H. H. Lazenby, Jr.
Assistant County Counsel
H. H. Lazenby, Jr.

MEETING DATE: JUL 15 1993

AGENDA NO: C-5

(Above space for Board Clerk's Use Only)

AGENDA PLACEMENT FORM

SUBJECT: FY 1993-95 Revenue Contract Between Oregon Department of Human Resources and Housing and Community Services Division, for Service Integration Center at Roosevelt High School

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR BRIEFING Date Requested: _____

Amount of Time Needed: 5 minutes

DEPARTMENT: Social Services **DIVISION:** Housing & Community Svcs

CONTACT: Rey España **TELEPHONE:** 248-5464
BLDG/ROOM: B161/2nd

PERSON(S) MAKING PRESENTATION: Norm Monroe/Rey España

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

The Housing and Community Services Division has received a \$48,000 revenue contract for the 1993-95 biennium from the Oregon Department of Human Resources, to pay for a service integration coordinator at Roosevelt High School.

The County Board approved a Memorandum of Understanding in early 1993, which authorized a partnership among the State, County, and Portland Public Schools to set up a family-oriented service center at Roosevelt High School designed to coordinate services and reduce barriers to successful student participation in school. This revenue contract follows up on that Memorandum of Understanding by providing half the funds to pay for the coordinator for each year of the project. The Housing and Community Services Division is picking up the other half.

7/20/93 originals to
Cilla Murray

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Gary Nakao/DB

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

1993 JUL 15 AM 9:57
MULTNOMAH COUNTY
OREGON
JUL 15 1993
JUL 15 1993



MULTNOMAH COUNTY OREGON

DEPARTMENT OF SOCIAL SERVICES
HOUSING AND COMMUNITY SERVICES DIVISION (503) 248-3339
COMMUNITY ACTION PROGRAM OFFICE (503) 248-5464
421 S.W. FIFTH, SECOND FLOOR
PORTLAND, OREGON 97204-2221
FAX # (503) 248-3332

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: H.C. Miggins, Acting County Chair

VIA: Gary Nakao, Director
Department of Social Services

FROM: Norm Monroe, Director
Housing and Community Services Division

DATE: June 17, 1993

SUBJECT: 1993-95 Revenue Contract for Service Integration Program at
Roosevelt High School

Recommendation: The Housing and Community Services Division recommends Board of County Commissioner approval of the attached revenue contract from the Oregon Department of Human Resources, for the period upon execution through June 30, 1995.

Analysis: The Housing and Community Services Division has received a revenue agreement from the Oregon Department of Human Resources, to pay its share of a two-year service integration program housed at the Roosevelt High School. The contract is for \$48,000, with \$24,000 allocated each fiscal year.

The Board of County Commissioners approved during the winter of 1992-93, a memorandum of understanding which authorized the development of this service integration project. This revenue contract is the follow up to that memorandum of understanding.

The project involves the placement of a service integration coordinator, hired by Multnomah County Housing and Community Services Division, at Roosevelt High School, who will establish a family-centered, collaborative agency referral office at the high school. The service center will coordinate and increase access to human services which address family and community barriers to successful student participation in school.

Background: These state funds are being included in the Housing and Community Services Division budget during the technical amendment process.

dhr94z

**CONTRACT APPROVAL FORM**

(See Administrative Procedure #2106)

MULTNOMAH COUNTY OREGON

Contract # 103744Amendment # -

CLASS I <input type="checkbox"/> Professional Services under \$25,000	CLASS II <input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	CLASS III <input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED BY MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>C-5</u> DATE <u>7/15/93</u> <u>DEB BOGSTAD</u> BOARD CLERK
---	---	--

Department Social Services Division HCSD Date June 18, 1993Contract Originator Cilla Murray Phone 248-5464 Bldg/Room B161/2ndAdministrative Contact Cilla Murray Phone 248-5464 Bldg/Room B161/2ndDescription of Contract Funds Service Integration Program at Roosevelt High School.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is ☐ MBE ☐ WBE ☐ ORFContractor Name Oregon Department of Human ResourcesMailing Address 318 Public Service Bldg
Salem, OR 97310Phone (503) 378-3033

Employer ID# or SS# _____

Effective Date Upon ExecutionTermination Date June 30, 1995

Original Contract Amount \$ _____

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ 48,000**REQUIRED SIGNATURES:**Department Manager Gary AdamsPurchasing Director (Class II Contracts Only) Matthew O. RyanCounty Counsel M. Higgins

County Chair / Sheriff _____

Contract Administration (Class I, Class II Contracts Only) _____

Remittance Address _____
(If Different) _____

Payment Schedule _____ Terms _____

☐ Lump Sum \$ _____ ☐ Due on receipt☐ Monthly \$ _____ ☐ Net 30☒ Other \$ Per Contract ☐ Other _____☐ Requirements contract - Requisition required.

Purchase Order No. _____

☐ Requirements Not to Exceed \$ _____Encumber: Yes ☐ No ☐Date 22 June 93

Date _____

Date June 28, 1993Date July 15, 1993

Date _____

VENDOR CODE				VENDOR NAME						TOTAL AMOUNT	\$	
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT		INC/ DEC IND
01.	156	010	1730						DHR	\$48,000		
02.												
03.												
* If additional space is needed, attach separate page. Write contract # on top of page.												

INSTRUCTIONS ON REVERSE SIDE

WHITE - CONTRACT ADMINISTRATION

CANARY - INITIATION

PINK - FINANCE

RECEIVED

JUN - 2 1993

MULTI COUNTY

INTERGOVERNMENTAL AGREEMENT HOUSING & COMMUNITY SERV.
Agreement #20345

103744
Oregon

DEPARTMENT OF
HUMAN
RESOURCES

OFFICE OF THE
DIRECTOR

This agreement is between the Department of Human Resources, Office of the Director, hereinafter called DHR, and Multnomah County, hereinafter called the Contractor.

I. BACKGROUND

In response to the Governor's request for consolidation of services between the Department of Human Resources and local governments and school districts, DHR is establishing ten (10) service integration projects. The goals included in this project are finding better ways to keep students in school, increase successful employment, and identify more effective means to serve people in their communities to promote sustained self-sufficiency for all Oregonians.

The purpose of this project is to establish a family-centered, collaborative agency referral office at Roosevelt High School where families and children can access the human services provided by the State, County and private agencies. This integrated Service Center will coordinate and increase access to human service resources which address family/community barriers to successful student participation in school.

The approaches and goals used will ultimately be tied to the Oregon Benchmarks. The Benchmarks applicable to this project are Access to Health Care, Drug Free Teens, Teen Pregnancy, High School Graduation Rate and Basic Student Skills.

II. TERM

This agreement begins July 1, 1993, or when signed by all parties, whichever date is later, and ends June 30, 1995, unless otherwise terminated or extended in writing.

III. PURPOSE/STATEMENT OF WORK

The purpose of this agreement is to define the roles and responsibilities of each of the project participants. To that end, it is mutually agreed that the parties shall participate fully and zealously to achieve the objectives listed in the attached Memorandum of Agreement.

A. RESPONSIBILITIES OF EACH PARTY

1. Contractor SHALL:

- a. Hire one person to provide administrative support to the program. The Contractor shall develop job duties corresponding to the objectives, and shall provide all

Barbara Roberts
Governor



318 Public Service Building
Salem, Oregon 97310
(503) 378-3033
TDD-Nonvoice (503) 378-8313
0101A

supervisory duties for the individual. The Contractor shall pay all costs associated with employing the individual over the term of the contract. This shall include salary and benefits. The individual shall be an employee of the Contractor and shall be subject to all Contractor personnel policies and procedures.

- b. Explore funding options available to the Contractor and develop long term strategic and fiscal plans for integrated services to at-risk students and/or their families.

2. DHR agrees to:

- a. Coordinate and hold regular status meetings or exchanges by conference call or other appropriate communication systems to ensure adequate communications to identify barriers and to provide adequate support.
- b. Provide status reports on the project to the 1993 Oregon Legislative Session.

3. MUTUALLY, THE PARTIES agree to:

- a. Conduct regular meetings, to be scheduled at a time convenient to all parties, to work on project objectives and responsibilities.
- b. Provide leadership in removing barriers to service.
- c. Assist in evaluating the project.

IV. CONSIDERATION

- A. DHR agrees to pay CONTRACTOR an amount not to exceed \$24,000 in each year, for a contract maximum of \$48,000, ~~which is one half of the amount of the anticipated costs to support the activities described in III., Statement of Work.~~ This amount is funding for the full two years of the contract period, however CONTRACTOR and DIVISION agree to diligently pursue alternative funding sources for the 1994-95 fiscal year that is intended to replace the second year funding described here.

- B. Payment shall be made to the Contractor upon receipt of a detailed budget with projected personnel, service and supply, and capital outlay costs. Payment shall be made in four payments on the following payment schedule:

\$24,000 upon execution of the contract
(2,400) less 10% hold back for settlement
\$21,600 payable for 1993-94

\$24,000 July 30, 1994, unless alternate funding is found
(2,400) less 10% hold back for settlement
\$21,600 payable for 1994-95

Payment adjustments at the end of each of the two years shall be made based on actual expenditures upon receipt of a final expense statement no later than 60 days following the end of the fiscal year. The Contractor shall reimburse DHR for any funds not expended, or additional funds shall be paid to the Contractor from the hold back.

- C. ~~Contractor shall not exceed, and~~ DHR shall not ~~pay~~ any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this contract, the amendment must be fully effective before Contractor performs work subject to the amendment. Contractor shall notify DHR's Supervising Representative (to be named at the beginning of the contract) in writing thirty (30) days before this contract expires, of the upcoming expiration of the contract. No payment will be made for any services performed before the beginning date or after the expiration date of this contract. This contract will not be amended after the expiration date.

V. DESIGNATED LIAISONS

Liaisons for the term of this agreement shall be as follows:

Multnomah County

Norm Monroe

Department of Human Resources:

Victor Merced
500 Summer Street
Salem, OR 97310

Any correspondence or notices shall be directed to their attention.

VI. GENERAL PROVISIONS

A. Effective Date and Duration

It is provided that the passage of the contract expiration date shall not extinguish or prejudice the DHR's right to enforce this contract with respect to any default in performance that has not been cured.

B. Subcontracts and Assignments

This contract is not assignable by the contractor, either in whole or in part, without the prior written consent of the DHR. Contractor shall not enter into any subcontracts without obtaining prior written approval from the DHR.

C. Funds Available and Authorized

The DHR certifies at the time the contract is written that sufficient funds are available and authorized for expenditure to finance costs of this contract within the DHR's appropriation or limitation. Contractor understands and agrees that DHR's payment of amounts under this contract attributable to work performed after June 30, 1993 is contingent on DHR receiving from the Oregon Legislative Assembly sufficient appropriations, limitations, or other expenditure

authority to make payments as required under this contract. In the event the Oregon Legislative Assembly fails to approve sufficient appropriations, limitations or other expenditure authority, DHR may terminate this contract, effective upon the delivery of written notice to contractor with no further liability to Contractor.

D. Termination

1. This contract may be terminated by either party upon 30 days notice in writing, and delivered by certified mail or in person.
2. The DHR may terminate this contract, effective immediately upon delivery of written notice to the Contractor, or at such later date as may be established by the DHR, under any of the following conditions:
 - a. If DHR funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services. When possible, and when agreed upon, the contract may be modified to accommodate a reduction in funds.
 - b. If federal or state regulations or guidelines are modified or changed in such a way that the services are no longer allowable or appropriate for purchase under this contract.
 - c. If any license or certificate required by law or regulation to be held by the Contractor to provide the services required by this contract is for any reason denied, revoked, or not renewed.

Any such termination of this contract shall be without prejudice to any obligations or liabilities of either party already accrued prior to such termination.

3. The DHR, may terminate the whole or any part of this contract effective immediately upon delivery of a written notice of default (including breach of contract) to the Contractor:
 - a. If the Contractor, through its own fault, fails to provide services called for by this contract within the time specified herein or any extension thereof; or
 - b. If the Contractor fails to perform any of the other provisions of this contract, or so fails to pursue the work as to endanger performance of this contract in accordance with its terms, and after receipt of written notice from the DHR, fails to correct such failures within 10 days or such longer period as the DHR may authorize.

The rights and remedies of the DHR provided in the above clause related to defaults (including breach of contract) by the contractor shall not be exclusive and are in addition to any other rights and remedies provided by law or under this contract.

E. Access to Records

The DHR, the Secretary of State's Office of the State of Oregon, the Federal Government, and all duly authorized representatives shall have access to the books, documents, papers, and records of the Contractor which are directly pertinent to the specific contract for the purpose of making audit, examination, excerpts, and transcripts.

F. State Tort Claims Act

Both the State and Contractor are subject to the liability limitations of ORS 30.165, et seq., the Oregon Tort Claims Act. All activities conducted under this contract are subject to these provisions.

G. Conflict of Laws

This contract shall be construed in accordance with the laws of the State of Oregon without resort to any jurisdiction's conflict of law rules or doctrine. Any suit or action involving this contract shall be filed and tried in Multnomah County, Oregon.

H. Compliance with Applicable Law

Contractor agrees to comply with all federal, state, county, and local laws, ordinances and regulations applicable to work performed under this contract.

1. 279.312 Conditions of public contracts concerning payment of laborers and materialmen, contributions to Industrial Accident Fund, liens and withholding taxes. Contractor shall:
 - a. Make payment promptly, as due, to all persons supplying to such contractor labor or material for the prosecution of the work provided for in such contract.
 - b. Pay all contributions or amounts due the Industrial Accident Fund from such contractor or subcontractor incurred in the performance of the contract.
 - c. Not permit any lien or claim to be filed or prosecuted against the state, county, school district, municipality, municipal corporation or subdivision thereof, on account of any labor or material furnished.
 - d. Pay to the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.
 - e. Comply with 279.314, concerning payment of claims by public officers.

If the contractor fails, neglects or refuses to make prompt payment of any claim for labor or services furnished to the contractor or a subcontractor by any person in connection with the public contract as such claim becomes due, DHR may pay such claim to the person furnishing the labor or services and charge the amount of the payment against funds due or to become due the contractor by reason of such contract.

The payment of a claim in the manner authorized in this section shall not relieve the contractor or the contractor's surety from obligation with respect to any unpaid claims.

2. Contractor shall comply with 279.316, concerning hours of labor. No person shall be employed for more than eight hours in any one day, or 40 hours in any one week, except in cases of necessity, emergency, or where the public policy absolutely requires it. Any person employed for more than 40 hours in any one week shall be paid at least time and a half for all overtime worked in excess of 40 hours in any one week, except for individuals who are excluded under ORS 653.010 to 653.261 or under 29 U.S.C. sections 201 to 209 from receiving overtime.
3. Contractor shall comply with 279.320, concerning payment for medical care. Contractor shall promptly, as due, make payment to any person, copartnership, association or corporation, furnishing medical, surgical and hospital care or other needed care and attention, incident to sickness or injury, to the employees of such contractor, of all sums which the contractor agrees to pay for such services and all moneys and sums which the contractor collected or deducted from the wages of employees pursuant to any law, contract or agreement for the purpose of providing or paying for such service.
4. Contractor and any subcontractors shall comply with ORS 656.017, requiring employers to maintain workers' compensation insurance. Employers with one or more employees, are subject employers.

I. Indemnity

Contractor shall indemnify, defend and hold harmless the State of Oregon and its Department of Human Resources, its officers, divisions, agents, and employees, from all claims, suits or actions of any nature arising out of the activities of the Contractor, its officers, subcontractors, agents or employees under this contract.

DHR shall indemnify, defend and hold harmless the Contractor, its officers, divisions, agents, and employees, from all claims, suits or actions of any nature arising out of the activities of the Contractor, its officers, subcontractors, agents or employees under this contract.

J. Amendment

The terms of this contract may not be waived, altered, modified, supplemented or amended, except by written agreement signed by the parties.

K. Nondiscrimination

Contractor agrees to comply with Title VI of the Civil Rights Act of 1964, with Section V of the Rehabilitation Act of 1973, and with all applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations. Contractor shall also comply with the Americans with Disabilities Act of 1990, ORS

659.425, and all regulations and administrative rules established pursuant to those laws.

L. Successors in Interest

The provisions of this contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and assigns.

M. Force Majeure

Contractor will not be held responsible for delay or default caused by fire, civil unrest, labor unrest, acts of God, and war which is beyond the contractor's reasonable control. Contractor shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under the contract.

N. Severability

The parties agree that if any term or provision of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular term or provision held to be invalid.

O. Confidentiality:

CONTRACTOR and its agents, employees, and subcontractors shall maintain confidentiality of client records. Confidential status shall be in compliance with the requirements stated in applicable federal and state laws and rules.

P. Recordkeeping

Contractor agrees to maintain detailed, complete, and accurate fiscal records and other records pertinent to this contract, including but not limited to records of the services provided and the costs of the service. All fiscal records shall be maintained pursuant to accepted accounting standards and other records shall be maintained to the extent necessary to clearly reflect the extent of actions taken. Records of services and costs will be made available to the Department, the Secretary of State, Federal Officials and others authorized by the Department upon request, including information requested by telephone. The Department's representative has the right to photocopy any records, deemed by the Department necessary to carry out state and federal statutes and rules. The CONTRACTOR shall retain records for a minimum of three years following the date of final payment or from the date all audit questions have been resolved, whichever period is the longest. All subcontracts shall also comply with these provisions. In addition, CONTRACTOR and its agents, employees, and subcontractors shall maintain confidentiality of client records. Confidential status shall be in compliance with the requirements stated in applicable federal and state laws and rules.

Q. Recycling:

As required by Oregon statute, in the performance of this contract the CONTRACTOR shall use, to the maximum extent economically feasible, recycled paper.

R. Insurance Requirements:

During the term of this contract CONTRACTOR shall maintain in force at its own expense, Workers' Compensation insurance in compliance with ORS 656.017, which requires subject employers to provide Oregon workers' compensation coverage for all their subject workers (contractors with one or more employees, and as defined by ORS 656.027);

Notice of cancellation or change. There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without 30 days written notice from the CONTRACTOR or its insurer(s) to the DHR.

As evidence of the insurance coverage required by this contract, the CONTRACTOR shall, upon request, furnish acceptable insurance certificates to the DHR prior to beginning work under this contract. The certificate will specify all of the parties who are Additional Insured. Insuring companies or entities are subject to state acceptance. If requested, complete policy copies shall be provided to the state. The CONTRACTOR shall be financially responsible for all pertinent deductibles, self-insured retention and/or self-insurance.

S. Compliance with Tax Laws:

ORS 305.385(6) states:

No contract or other agreement for the purpose of providing goods, services or real estate space to any agency shall be entered into, renewed or extended with any person, unless the person certifies in writing, under penalty of perjury, that the person is, to the best of the person's knowledge, not in violation of any tax laws described in ORS 305.380(4).

By signature on this contract, CONTRACTOR hereby swears/affirms, under penalty of perjury as provided in ORS 350.385(6), that to the best of CONTRACTOR's knowledge CONTRACTOR is not in violation of any of the tax laws described in ORS 305.380(4).

T. Waiver

The failure of the DHR to enforce any provision of a contract does not waive the DHR's right to enforce any other provision.

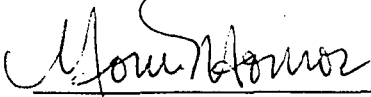
U. Merger Clause

THIS CONTRACT CONSTITUTES THE ENTIRE CONTRACT BETWEEN THE PARTIES. NO WAIVER, CONSENT, MODIFICATION OR CHANGE OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY BOTH PARTIES. SUCH WAIVER, CONSENT, MODIFICATION OR CHANGE, IF MADE, SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE

GIVEN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. CONTRACTOR, BY THE SIGNATURE BELOW OR ITS AUTHORIZED REPRESENTATIVE, HEREBY ACKNOWLEDGES THAT IT HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

VII. Signatures

I, the undersigned, agree to perform work outlined in this contract in accordance to the terms and conditions listed herein and made a part of this contract by reference.

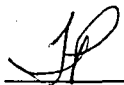
BY:  6/18/93
Norm Monroe
Multnomah County DATE

BY:  7/15/93
Chair, Multnomah County Commission DATE

BY: Victor Merced, Adult and Family Services DATE
Department of Human Resources

BY: Kevin W. Concannon, Director DATE
Department of Human Resources

Reviewed by DHR Contracts Officer DATE

Reviewed by DHR Integration Coord.  5-27-93
DATE

Reviewed by:  6/28/93
Lawrence Kressel
Multnomah County Counsel DATE

Cost Center Code: _____

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-5 DATE 7/15/93
DEB BOGSTAD
BOARD CLERK

MEMORANDUM OF AGREEMENT

The State of Oregon through its Department of Human Resources, county governments, school districts and other local agencies want to test concepts to enable them to integrate social services. The goals include finding better ways to keep students in school, increasing successful employment, and identifying more effective means to serve people in their communities to promote sustained self sufficiency for all Oregonians.

To test service-integration ideas, the Department is entering into memorandums of agreement for cooperative work on demonstration sites to test specific proposals. This memorandum is intended to give all parties a formal understanding of each participant's responsibilities in successfully completing the project goals. A more formal document will govern specific exchanges of resources such as money, property or services in kind.

This memorandum is agreed to by the Department of Human Resources, Portland School District No. 1J and Multnomah County to meet the objectives of a demonstration site at Roosevelt High School, 6941 N. Central St. The purpose of the project is to assist children to stay in school by providing them and their families with better access to necessary social services. This project will establish a family-centered, collaborative agency referral office at Roosevelt High School where families and children can access the human services provided by the state, county, and private agencies. This Integrated Service Center will coordinate and increase access to human service resources which address family/community barriers to successful student participation in school.

Goal: To engage the entire Roosevelt High School attendance area in providing accessible, needed services for families and children aimed at building a self-reliant community.

Priorities: 1) Families with school aged children who are "at-risk" of not completing school;
2) Other families of school-age children who need help in becoming self sufficient.

Objectives: Year 1

1. Establish Integrated Service Center at Roosevelt High School.
 - A. Secure adequate state, county, and other funding and in-kind to support center (January 1993).
 - B. Renovate office facilities at Roosevelt High School (February 1993).
 - C. Select service coordinator and clerical support (February 1, 1993).
 - D. Train service coordinator and clerical support (March 1, 1993).
 - E. Install DHR terminal and other office equipment (March 1, 1993).

2. Establish collaborative relationships necessary to ensure single entry access to service network.
 - A. Form Advisory Committee composed of stakeholders in the Center (January 1993)
 - B. Inventory resources in service network (January 1993)
 - C. Develop agreements for outstationing staff at the center on a rotating basis (February 1993)
 - D. Establish agreements for exchange of information between agencies (February 1993)
3. Create referral network between and among schools, the center, and health and social service agencies.
 - A. Establish referral process from the schools to the center (February 1993)
 - B. Establish referral process from the Center to health and social service agencies (February 1993)
 - C. Train key personnel from the eight Roosevelt Cluster Schools and health and social service agencies in the use of the referral processes (March 1, 1993)
 - D. Streamline and integrate state, county and other agency intake procedures to improve access to services (March 1993).
4. Provide access to state, county and private services for Roosevelt attendance area youth and their families who are in need of social services to remain in school. (March 1, 1993)
 - A. Assess needs and determine eligibility for services for children and families referred to the Center.
 - B. Provide information and referral, resource coordination and advocacy services to families.
 - C. Provide direct support services on site as available and appropriate.
 - D. Follow-up to ensure that services are provided and students remain in school.
5. Evaluate the performance of the project in accomplishing the project purpose and objectives.
 - A. Develop the evaluation design including a listing of data needs, outcome measures, and needed evaluation resources (March 1993)
 - B. Acquire resources to conduct the evaluation (e.g. graduate students to conduct interviews).
 - C. Provide ongoing feedback of project performance to Service Coordinator and Advisory Committee through project meetings and bi-annual status reports.
 - D. Use formative evaluation information to plan for and adjust Year 2 of this project.

Benchmarks:

The approaches and goals of this project will ultimately be tied to the Oregon Benchmarks, with the Department, the School District, and the County having joint responsibility for evaluating outcomes related to those benchmarks. The Benchmarks applicable to this demonstration site are:

Access to Health Care (geographic)
Drug Free Teens
Teen Pregnancy
High School Graduation Rate
Basic Student Skills

Responsibilities:

The agencies have agreed to their mutual responsibilities which are listed below:

Department of Human Resources

1. Share funding for project services coordinator.
2. Provide a DHR computer terminal, furnishings, office equipment (including personal computer) and phones.
3. Assist in project oversight and evaluation.
4. Give priority for project referrals to the appropriate Department of Human Resource service(s).
5. Develop and deliver training to project participants.
6. Provide leadership in the removal of barriers to service (e.g. confidentiality).
7. Participate in developing and implementing service plans for students and their families.
8. Improve access to services by locating DHR staff at the Integrated Service Center.

Portland Public Schools District No. 1J

1. Provide space for the Integrated Services Center at Roosevelt High School.
2. Provide utilities and janitorial services for the Center.
3. Identify and refer children appropriate to this project.
4. Provide leadership and support as necessary to accomplish the goals and objectives of this project.
5. Provide leadership in the removal of barriers to service (e.g. confidentiality).
6. Participate in developing and implementing service plans for students and their families.
7. Assist in the evaluation of the project.

Multnomah County

1. Develop plans for the supervision and work of the service coordinator, to be employed and supervised by Multnomah County.

2. Share in the funding for the service coordinator.
3. Give priority for project referrals to the appropriate county and county contracted service(s).
4. Develop and deliver training to project participants.
5. Provide leadership and support as necessary to accomplish the goals and objectives of this project.
6. Provide leadership in the removal of barriers to service (e.g. confidentiality).
7. Participate in developing and implementing service plans for students and their families.
8. Improve access to services by locating county and county contracted staff at the Integrated Service Center.


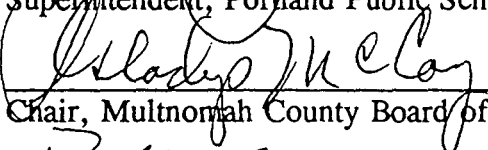
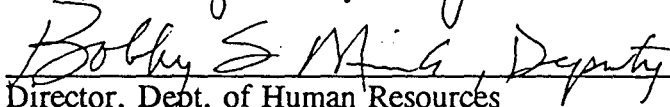
Agency Representatives:

Each agency has designated a representative who will manage its part of the project to ensure that the objectives are met. These representatives are:

Department of Human Resources:	Victor Merced
Portland School District No. 1J:	Ronald Reilly
Multnomah County:	Norm Monroe

Summary:

Project participants agree to conduct regular, conveniently scheduled meetings to work on project objectives and responsibilities. Progress reports will be made to the Department's steering committee and appropriate school district and county authorities. The Department will assume leadership in providing status reports to the 1993 Oregon Legislature.

	1/25/93
Superintendent, Portland Public School District No. 1J	Date
	1/25/93
Chair, Multnomah County Board of Commissioners	Date
	1/25/93
Director, Dept. of Human Resources	Date

dhragree

MEETING DATE: JUL 15 1993

AGENDA NO: C-6

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: APPOINTMENTS

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 15, 1993

Amount of Time Needed: Consent Calendar

DEPARTMENT: Non-departmental DIVISION: Chair's Office

CONTACT: Kathy Millard TELEPHONE #: 248-3308
BLDG/ROOM #: 101/1310

PERSON(S) MAKING PRESENTATION: _____

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Appointment to: Metropolitan Arts Commission

Nancy Conrath, new appointment, term expires 6/30/95

CLERK OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1993 JUL - 7 AM 8:51

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Hank Higgins #7

OR

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63

6/93



JUN 23 1993

KML

INTEREST FORM FOR BOARDS AND COMMISSIONS

In order for the County Chair to more thoroughly assess the qualifications of persons interested in serving on a Multnomah County board or commission, you are requested to fill out this interest form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume which further details your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

- A. Please list, in order of priority, any Multnomah County boards/commissions on which you would be interested in serving. (See attached list.)

METROPOLITAN ARTS COMMISSION

- B. Name Nancy L. Conrath

Address Post Office Box 267

City Gresham State OR Zip Code 97030

Do you live in _____ unincorporated Multnomah County or x a city within Multnomah County.

Home Phone (503) 661-8929

- C. Current Employer Self-Employed (Part-Time); Retired

Higher Education Institutional Research Services (HEIRS)

Address Currently on assignment with Mt. Hood Community College

City Same as home address State _____ Zip Code _____

Your Job Title Research Consultant (I also substitute in area schools)

Work Phone Same as home phone (Ext) _____

Is your place of employment located in Multnomah County? Yes x No _____

- D. Previous Employers _____ Dates _____ Job Title _____

Los Angeles Community College District 1977-91 Research Director

Mt. Hood Community College 1965-75 Art Instructor; Administrator

David Douglas High School 1960-65 Art and humanities teacher

Crater High School 1955-56 English teacher

Newport High School 1953-55 Art teacher; counselor

(See enclosed resume)

E. Please list all current and past volunteer activities.

<u>Name of Organization</u>	<u>Dates</u>	<u>Responsibilities</u>
American Assoc. of Community & Junior Colleges,		
National Council of Research & Planning	1979-85	Southwestern Regional Director
Southern California Community College Inst. Research Assoc -	1978-lifetime	- member
Californis Association of Community Colleges Commission on Research -	83-88	- Chair
		84-85
Gresham Art Committee	1982-83	Member
(Mayor's representative to MAC Task Force)		

F. Please list all post-secondary school education.

<u>Name of School</u>	<u>Dates</u>	<u>Responsibilities</u>
Willamette University	1949-53	BA, cum laude, Art
Reed College	1960-65 (part-time)	MAT, Liberal Arts
Stanford University	1976-77	MA, Administration & Policy Analysis (School of Education)

G. Please list the name, address, and telephone numbers of two people who may be contacted as references who know about your interests and qualifications to serve on a Multnomah County board/commission.

Betty Schedeen, 1612 N. W. Division, Gresham, OR 97030

Mayor Gussie McRoberts, 1333 N. W. Eastman Parkway, Gresham OR 93030

H. Please list potential conflicts of interest between private life and public service which might result from service on a board/commission.

None

I. Affirmative Action Information

F, White

sex/racial ethnic background

Birth date: Month 6 Day 6 Year 31

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature

Nancy L. Conrath

Date

6/21/93

RESUME

October, 1992

Nancy L. Conrath
Post Office Box 267
Gresham, Oregon 97030
(503) 661-8929

Current Status:

*Self-Employment as an Educational Research Consultant,
Higher Education Institutional Research Services (HEIRS)*

Employment History:

<u>1977-1991</u>	<u>Los Angeles Community College District</u>
1983-1991	Director, Office of Research, Planning and Analysis Educational Services Division Los Angeles Community College District 617 West Seventh Street Los Angeles, CA 90017 (213) 891-2056 or (213) 891 2095
1981-1983	Coordinator, Research and Planning, Office of Educational Planning and Development
1978-1981	Consulting Instructor for Research, Office of Educational Planning and Development
1977-1978	Consulting Instructor for Research, Office for New Dimensions
<u>1975-1977</u>	<u>Graduate Student/Research Consultant</u> Administration and Policy Analysis Program, School of Education, Stanford University, Palo Alto, California
1975-1977	Research Consultant, San Mateo Community College District
1976	Research Assistant, Dr. Lewis Mayhew, Chair, Administration and Policy Analysis Program at Stanford
Summer 1976	Graduate Research Intern, California Postsecondary Education Commission, Sacramento, California.

1965-1975 Mt. Hood Community College, Gresham, Oregon

1974-1975 Associate Dean of Student Affairs

1973-1974 Associate Dean of Community Education

1972-1973 Assistant Dean of Academic Affairs for Personnel

1971-1972 Assistant Dean of Academic Affairs for Arts and
Humanities

1970-1971 Division Chair, Creative Arts

1965-1970 Instructor, arts and humanities

1953-1965 Teaching at the high school level

1960-65 Teacher, arts and humanities
David Douglas High School, Portland, Oregon

1957-1960 Substitute teacher, Portland, Oregon
(note: children were of pre-school age)

1955-1956 Teacher, English
Crater High School, Central Point, Oregon

1953-1955 Teacher, art, and girls' counselor
Newport High School, Newport, Oregon

Educational History:

1977 Admission to doctoral candidacy, completion of doctoral
coursework, Administration and Policy Analysis, Stanford
University, Palo Alto, California

1976 MA, Administration and Policy Analysis, Stanford
University

1965 MAT, Liberal Arts, Reed College, Portland, Oregon

1953 BA, cum laude, Art, Willamette University, Salem, Oregon

1949 High School Diploma, Salutatorian
Burlington-Edison High School, Burlington, Washington

Personal History:

Born June 6, 1931, Mt. Vernon, Washington

Health Good

Community Activities Portland Art Museum
Portland Symphonic Choir and Chorale
Parkrose Heights Methodist Church Choir Director
Multnomah County Democratic Central Committee
Irvington Community Association
National Organization for Women
Portland Chapter, Experiments in Art and Technology
World Affairs Council
Soroptimists
Oregon Community Education Association
American Association of Community and Junior Colleges
National Council of Research and Planning,
Southwestern Regional Director
Southern California Community College Institutional
Research Association
California Association of Community Colleges,
Commission on Research, Chair (1984-85)

Honors and Awards:

1989 Recognition of Service Award, California Association of
Community Colleges

1976 Ford Foundation research grant through Stanford
University

1971 EDPA Institute on the Status of Women; full stipend,
while a Mt. Hood Community College administrator

1966 Danforth Fellowship, Four Arts Today Institute,
Reed College

1953 Alpha Kappa Nu (scholarship honorary),
Willamette University

1951 Collins Scholarship, full upper-division tuition,
Willamette University

Transcripts and references available upon request.

MEETING DATE: JUL 15 1993

AGENDA NO: C-7

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: APPOINTMENTS

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 15, 1993

Amount of Time Needed: Consent Calendar

DEPARTMENT: Non-departmental DIVISION: Chair's Office

CONTACT: Kathy Millard TELEPHONE #: 248-3308
BLDG/ROOM #: 101/1310

PERSON(S) MAKING PRESENTATION: _____

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Appointment to: Multnomah County Community Action Commission

Representative Gail Shibley, public sector, term expires 6/30/94

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Hank Higgins

OR

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

BOARD OF
COUNTY COMMISSIONERS
1993 JUL - 7 AM 8 51
MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

421 SW Fifth #200

Portland OR 97204

(503) 248-5464
FAX (503) 248-3332



Kathy
RECEIVED

June 22, 1993

JUN 24 1993

[Signature]
GLADYS MCCOY
MULTNOMAH COUNTY CHAIR

Acting Chair Hank Miggins
Board of County Commissioners
106/1410

Dear Acting Chair Miggins:

At its meeting on June 9, 1992, the Multnomah County Community Action Commission voted to recommend Rep. Gail Shibley for membership in the public sector. She is being recommended for the seat vacated by former-representative Bev Stein who was no longer able to continue as a member of the Commission's public sector when she stepped down from public office. The term for this seat expires June 30, 1994.

Rep. Gail Shibley, through her staffperson Kristin Reece, has expressed her strong desire to serve on the Commission. Rep. Shibley's work in the state legislature on housing and homeless issues will make her an excellent addition to the Commission. She plans to represent herself on the Commission for the time being.

According to County Ordinance 665, the Board of County Commissioners appoints members in the private and public sectors of the Community Action Commission.

The next meeting of the Commission is on Wednesday, July 7, 1993. Upon action by the Board, the Commission would like to seat Rep. Shibley at that time.

Thank you for your attention to this matter.

Sincerely,

[Signature of Bill Muir]

Bill Muir, Chair
MCCAC

RECEIVED

JUN 07 1993

Meeting Date: JUL 15 1993

GLADYS McCOY
MULTNOMAH COUNTY CHAIR

Agenda No.: C-8

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: PARTICIPATION IN ICS SHADOW TEAM PROGRAM

BCC Informal (date)

BCC Formal 7-15-93 (date)

DEPARTMENT NON

DIVISION EMERGENCY MANAGEMENT

CONTACT PENNY MALMQUIST

TELEPHONE 251-2466

PERSON(S) MAKING PRESENTATION PENNY MALMQUIST

ACTION REQUESTED:

☐ INFORMATIONAL ONLY

☐ POLICY DIRECTION

☒ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 5 MIN

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: XX

BRIEF SUMMARY (include statement of rationale for action requested, as well as personnel and fiscal/budgetary impacts, if applicable):

THIS IS AN AGREEMENT BETWEEN THE STATE FORESTRY AND US FOREST SERVICE AND MULTNOMAH COUNTY THAT ALLOWS COUNTY EMPLOYEES TO PARTICIPATE IN THE SHADOW TEAM PROGRAM. THIS PROGRAM HELPS COUNTY EMPLOYEES GAIN EXPERIENCE IN THE USE OF THE INCIDENT COMMAND SYSTEM.

7/20/93 originals to
PENNY MALMQUIST

CONSENT CALENDAR

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL

OC

DEPARTMENT MANAGER

Ardep Craghead

(All accompanying documents must have required signatures)

BOARD OF
COUNTY COMMISSIONERS
1993 JUL -6 AM 9:58
MULTNOMAH COUNTY
OREGON

**CONTRACT APPROVAL FORM**

(See Administrative Procedure #2106)

MULTNOMAH COUNTY OREGON

Contract # 500034

Amendment # _____

CLASS I	CLASS II	CLASS III
<input type="checkbox"/> Professional Services under \$25,000	<input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	<input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>C-8</u> DATE <u>7/15/93</u> <u>DEB BOGSTAD</u> BOARD CLERK

Department EMERGENCY MANAGEMENT Division EMERGENCY MANAGEMENT Date 6-4-93Contract Originator PENNY MALMQUIST Phone 251-2466 Bldg/Room 313/100

Administrative Contact _____ Phone _____ Bldg/Room _____

Description of Contract AGREEMENT BETWEEN STATE FORESTRY AND THE USFS AND MULTNOMAH COUNTY
TO PARTICIPATE IN THE ICS OVERHEAD TEAM PROGRAM (SHADOW)

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is ☐ MBE ☐ WBE ☐ QRF

Contractor Name _____

Mailing Address _____

Phone _____

Employer ID# or SS# _____

Effective Date 7-1-93Termination Date 7-1-94

Original Contract Amount \$ _____

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ _____

Remittance Address _____
(If Different) _____

Payment Schedule _____ Terms _____

☐ Lump Sum \$ _____ ☐ Due on receipt☐ Monthly \$ _____ ☐ Net 30☐ Other \$ _____ ☐ Other _____☐ Requirements contract - Requisition required.

Purchase Order No. _____

☐ Requirements Not to Exceed \$ _____**REQUIRED SIGNATURES:**Department Manager *Candace Craighead*Purchasing Director
(Class II Contracts Only) *Matthew O. Ryan*County Counsel *Matthew O. Ryan*County Chair / Sheriff *Matthew O. Ryan*Contract Administration
(Class I, Class II Contracts Only) _____Encumber: Yes ☐ No ☐Date 6-9-93

Date _____

Date 6/29/93Date July 15, 1993

Date _____

Date _____

VENDOR CODE				VENDOR NAME					TOTAL AMOUNT \$		
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.											
02.											
03.											
* If additional space is needed, attach separate page. Write contract # on top of page.											

INSTRUCTIONS ON REVERSE SIDE

WHITE - CONTRACT ADMINISTRATION

CANARY - INITIATION

PINK - FINANCE

REGIONAL ICS "SHADOW TEAM" AGREEMENT-1993

During the past six fire seasons, the Oregon Department of Forestry(ODF) has entered into a training agreement with the local governments and agencies participating in the Regional ICS Steering Committee. Under this agreement, representatives from participating local governments, who have received training in the Incident Command System, visit "project" wildfires and "shadow " their counterparts. The exposure to the fully expanded ICS and the opportunity to question and work with experienced personnel has been of great value to local efforts to implement NIIMS-ICS.

Under this agreement, participating local governments/agencies agree to:

- 1) Absorb all costs and liability associated with participation of their personnel.
- 2) Ensure that all participating personnel meet the minimum qualifications , as defined in the attached "Guidelines for the 'Shadow Team Agreement".
- 3) Provide their own logistical coordination and transportation to and from the incident.
- 4) Limit visiting personnel to one per each Command and General Staff position, and visits to 24-48 hours. Additional personnel and longer visits may be negotiated on a case-by-case basis.
- 5) Abide by all rules, regulations and restrictions imposed by the host agency or overhead team.


In return, the ODF and its overhead teams agree to:

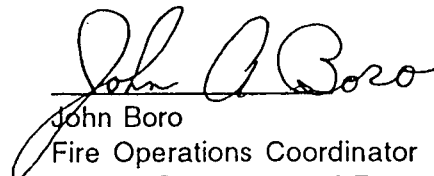
- 1) Host, by invitation, ICS teams from participating local governments/agencies.
- 2) Allow visiting teams to observe planning and shift meetings and briefings.
- 3) Allow visiting team members to observe their counterparts during the duration of the visit.

Additional participation and hands-on experience may be granted at the discretion of the host organization, and commensurate with the skills, training and abilities of the visitors. In addition, visiting teams agree to make available to their host organizations, any specialized skills in liaison, law enforcement, or structural fire suppression which may be of value to the incident.

This program is voluntary. Neither party is under obligation to participate on any given incident.

Wildfire overhead management teams at the State and Federal level represent the state of the art in the application of NIIMS ICS. The Regional ICS Steering Committee appreciates the willingness of wildfire agencies to assist in ICS implementation at the local level.


Sherry Grandy
Regional ICS Training Committee


John Boro
Fire Operations Coordinator
Oregon Department of Forestry

5/18/93

Guidelines for 1993 "Shadow Team" Agreement

1. The Oregon Department of Forestry(ODF) and the Pacific Northwest Wildfire Coordination Group(PNWCG)have requested the Regional ICS Training Committee(RICSTC) designate one point of contact for the 'shadow team' program.The 'shadow team'coordinator for 1993 is Sherry Grandy. The 'shadow team' coordinator will be the only point of contact for the program. Individual RICSTC agencies will not contact ODF, local dispatch offices or Incident Commanders on their own. Unauthorized contacts will be denied.
2. Participating agencies of RICSTC are responsible for developing a list of qualified potential participants, and their contact numbers. In addition, each RICSTC agency must provide the program coordinator with a point of contact for their agency.

Qualified participants are defined as those meeting the minimum requirements established by RICSTC.

Completion of "Introduction to Incident Command" (2 day class)

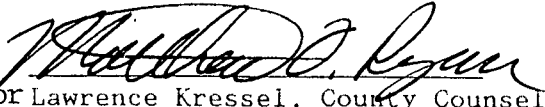
A full understanding of the position they are shadowing; RICSTC strongly encourages participants to complete the ICS course for their Command or General staff position.

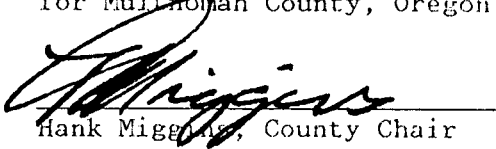
Identification as part of their agency's ICS staffing pattern for incident management.

3. Each participating RICSTC agency contact person is responsible for contacting their personnel in the event of a 'shadow team' invitation.
4. When the 'shadow team' coordinator receives an invitation, all participating agencies will be contacted. Positions will be filled on a first-come, first served basis.

Multnomah County through its Board of County Commissioners and its Office of Emergency Management acknowledges, and will abide by the guidelines and agreements outlined in this 1993 Regional ICS "Shadow Team" Agreement.

REVIEWED:


for Lawrence Kressel, County Counsel
for Multnomah County, Oregon


Hank Miggall, County Chair
for Multnomah County, Oregon

Penny Malmquist
Multnomah County Emergency
Management

July 15, 1993
Date

Date

**APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS**
AGENDA # C-8 DATE 7/15/93
DEB BOGSTAD
BOARD CLERK

MEETING DATE: JUL 15 1993

AGENDA NO: C-9

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Intergovt. Agrmt. with City of Portland providing for Copier Svcs.

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: As soon as possible

Amount of Time Needed: 5 minutes

DEPARTMENT: Environmental Services DIVISION: F.R.E.D.S.

CONTACT: Tom Guiney TELEPHONE #: 248-5353

BLDG/ROOM #: #425/Yeon

PERSON(S) MAKING PRESENTATION: Dwight Wallis

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Intergovernmental Agreement with the City of Portland for the continuation of the provision of copier services to Multnomah County for the period July 1, 1993, to June 30, 1998.

7/20/93 originals to Tom Guiney

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Betsy H. Willia

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

BOARD OF
COUNTY COMMISSIONERS
1993 JUL - 7 PM 1:21
MULTNOMAH COUNTY
OREGON

**CONTRACT APPROVAL FORM**

(See Administrative Procedure #2106)

MULTNOMAH COUNTY OREGON

Contract # 300124

Amendment # _____

CLASS I	CLASS II	CLASS III
<input type="checkbox"/> Professional Services under \$25,000	<input type="checkbox"/> Professional Services over \$25,000 (RFP, Exemption) <input type="checkbox"/> PCRB Contract <input type="checkbox"/> Maintenance Agreement <input type="checkbox"/> Licensing Agreement <input type="checkbox"/> Construction <input type="checkbox"/> Grant <input type="checkbox"/> Revenue	<input checked="" type="checkbox"/> Intergovernmental Agreement APPROVED MULTNOMAH COUNTY BOARD OF COMMISSIONERS AGENDA # <u>C-9</u> DATE <u>7/15/93</u> <u>DEB BOGSTAD</u> BOARD CLERK

Department DES Division FREDS Date 05/28/93Contract Originator Tom Guiney Phone 5353 Bldg/Room 425/FREDSAdministrative Contact Dwight Wallis Phone 3741 Bldg/Room 421/2ndDescription of Contract Intergovernmental agreement with City of Portland for the provision of copier services to Multnomah County.

RFP/BID # _____ Date of RFP/BID _____ Exemption Exp. Date _____

ORS/AR # _____ Contractor is ☐ MBE ☐ WBE ☐ QRFContractor Name City of Portland Bureau of General ServicesMailing Address Building 124124 SW Madison Portland, OR 97204-3204Phone 823-4444

Employer ID# or SS# _____

Effective Date July 1, 1993Termination Date June 30, 1998Original Contract Amount \$240,000 annual estimate

Total Amount of Previous Amendments \$ _____

Amount of Amendment \$ _____

Total Amount of Agreement \$ 240,000 annual estimateRemittance Address _____
(If Different) _____

Payment Schedule _____ Terms _____

☐ Lump Sum \$ _____ ☐ Due on receipt☐ Monthly \$ _____ ☐ Net 30☐ Other \$ _____ ☐ Other _____☐ Requirements contract - Requisition required.

Purchase Order No. _____

☐ Requirements Not to Exceed \$ _____**REQUIRED SIGNATURES:**Department Manager Betsy H. WilliaPurchasing Director (Class II Contracts Only) [Signature]County Counsel [Signature]County Chair / Sheriff [Signature]

Contract Administration (Class I, Class II Contracts Only) _____

Encumber: Yes ☐ No ☒Date 6/18/93

Date _____

Date 7/7/93Date July 15, 1993

Date _____

VENDOR CODE			VENDOR NAME						TOTAL AMOUNT		
LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	OBJECT/ REV SRC	SUB OBJ	REPT CATEG	LGFS DESCRIPTION	AMOUNT	INC/ DEC IND
01.	ALL	ALL	ALL								
02.											
03.											
* If additional space is needed, attach separate page. Write contract # on top of page.											

INSTRUCTIONS ON REVERSE SIDE

INTERGOVERNMENTAL AGREEMENT

COPIER SERVICES

THIS CONTRACT, made and entered into as of the ____ day of _____, 1993, by and between MULTNOMAH COUNTY, a home rule political subdivision of the State of Oregon (hereinafter referred to as "County"), and the City of Portland Bureau of General Services (hereinafter referred to as the Bureau),

The parties agree as follows:

1. Term:

The term of this Agreement shall be from July 1, 1993 to and including June 30, 1998, unless sooner terminated under the provisions hereof.

2. Services:

A. The Bureau shall provide copy machines to the County at two levels of service:

1. FULL SERVICE: The Bureau provides the copier, paper, all supplies, vendor maintenance, and key operator services (minor maintenance, upkeep, cleaning, supplying, etc.).
2. PARTIAL SERVICE: The Bureau provides the copier and vendor maintenance only.

B. Level of service will be determined by consultation between the Bureau and any County organization requesting copier(s) or a change in level of service.

1. Upon request, the Bureau will consult with County organizations requesting a copier(s) or changed level of service. On the basis of this consultation, the Bureau will complete evaluation forms recommending appropriate copiers or service levels.
2. If the County organization and the Bureau do not agree on the kind of copier that is appropriate, the Bureau will forward the evaluation forms and the Bureau's recommendation to the County Records Administrator.
3. After review of the evaluation forms and the Bureau recommendation, the County may choose to purchase a copier the Bureau does not recommend. In such cases, the Bureau may choose not to provide service to the copier.

4. Other situations may occur in which the Bureau will provide no service to copiers, such as:
 - a. Copiers in remote, low volume areas where services would be cost ineffective,
 - b. Copiers installed before the start of the copier services where no replacement has been necessary.
- C. The Bureau may upgrade the level of service or substitute different copiers that contain similar features at any time during the fiscal year after providing notification to the County Records Administrator, as outlined in Subsection 2D below. The Bureau will upgrade level of service or add copiers for organizations that notify the Bureau by May 15th that such upgrades have been budgeted for the following fiscal year.
 1. County organizations may request cost estimates for new or upgraded copier services by January 15th.
 2. The Bureau will provide County organizations with cost estimates, when requested, by February 1st for inclusion in the following year's budget.
- D. The Bureau shall notify the County Records Administrator of new installations of copy machines, relocations of existing machines, changes to existing copier configurations, changes to service levels, machine replacements, and installations of new copy machine models at least one week prior to the change being made. Notification shall include the County agency involved, a description of the change, and a list of any costs or savings associated with the change.
- E. The Bureau will provide quarterly to the County Records Administrator a copy machine inventory, sorted by machine number, of all copiers at County locations, key operator contacts, copy machine service levels, the model of copier, all additional features, original cost, replacement cost, current meter reading, replacement volume, remaining volume, monthly usage volume, and remaining life in years. This list will be updated quarterly and will be sent to the County Records Administrator within 30 days of the close of the quarter.

3. Compensation:

- A. The County agrees to pay the Bureau for copier services according to the rates established by Attachment A, which rates shall be recalculated annually and sent to the County Records Administrator prior to December 1st of each year. This notification of rates shall include a breakdown of the rates for administrative, maintenance, capital recovery, and supply costs, as well as an explanation of any changes in the above rate components.
- B. Billings shall be sent by the Bureau to the County Records Administrator within 30 days following the close of each quarter accompanied by the copy machine inventory described in Subsection 2E.
 - 1. The billing shall be sorted by organization code. It shall indicate for each machine or auditron key the machine or auditron key number, the county account code (consisting of fund, agency, organization, activity code, object code, and reporting category), total charge for the quarter, the per copy rate, total copies used for the machine or key during the quarter, and any additional charges. The billing shall also provide a total charge for the quarter for all County users.
 - 2. The County will pay such billings within 30 days.
 - 3. The County will not pay billings that fail to include the complete and accurate information described in Subsection 2E and Subsection 3B1.
- C. If the cost of operating the copier services described in Section 2 for any fiscal year is greater or less than the income generated, the County Records Administrator shall be notified of the differences. Rates for the succeeding fiscal year shall be adjusted to offset these differences.

4. Early Termination:

- A. This agreement may be terminated prior to the expiration of the agreed-upon term:
 - 1. By both parties upon mutual written consent of the parties;
 - 2. By the County upon repeated failure to provide the services listed in Section 2, Services, of this agreement;
 - 3. Upon failure of the Bureau to provide rates by December 1st for the following fiscal year; and
 - 4. By the Bureau upon failure to pay undisputed amounts within the terms herein set forth.

- B. Either party may terminate this agreement by sending written notification by December 31st of its intent to terminate effective July 1st of the following fiscal year.
- C. Termination under any provision of this paragraph will not affect any right, obligation or liability of the Bureau or the County which accrued prior to such termination.

5. Access to Records:

The County will have access to such books, documents, papers and records of the Bureau as are directly pertinent to this Agreement for the purpose of making audits, examination, excerpts, and transcripts.

6. Modification:

Any modification of the provisions of this Agreement will be reduced to writing and signed by the County Director of the Department of Environmental Services and the City Director of the Bureau of General Services.

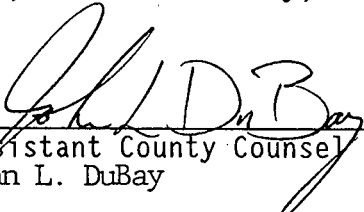
7. Integration:

This Agreement contains the entire agreement between the parties and supersedes all prior written or oral discussions or agreements.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly appointed officers the date first written above.


REVIEWED:

LAWRENCE KRESSEL
County Counsel
For, Multnomah County, Oregon


Assistant County Counsel
John L. DuBay

By 
City Attorney

MULTNOMAH COUNTY, OREGON

By 
Henry C. Miggins, Acting Chair

CITY OF PORTLAND, OREGON
Bureau of General Services

By _____
Gretchen Kaufory, Commissioner

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-9 DATE 7/15/93
DEB BOGSTAD
BOARD CLERK

Intergovernmental Agreement
Copier Services
Contract No.

Attachment A

CITY OF PORTLAND
BUREAU OF GENERAL SERVICES
PRINTING AND DISTRIBUTION DIVISION

COPIER SERVICES
PROPOSED PRICING SCHEDULE

Copy Service Charges

Full Service - \$.033 per copy
Partial Service - \$.025 per copy

Replacement Service - no initial charge.

New placement or upgrade of copier features (two-sided, reduction, etc.)
requires an initial on-time payment. Amount varies by feature; type of
machine.

COPCONT

ORDINANCE No. 166659

- * Accept Intergovernmental Agreement with Multnomah County to provide copy machines to the County. (Ordinance)

The City of Portland ordains:

Section 1. The Council finds:

1. The Bureau of General Services, Printing & Distribution Division, has been providing copy machines to Multnomah County under a current contract dated July 1, 1988.
2. Standardization of equipment allows improved operator training and purchasing of supplies.
3. Printing & Distribution can provide its customers with greater savings by expanding its customer service base.
4. The County has now offered the Agreement to the City for formal signing and approval. The Agreement will be in effect upon signing and continue through June 30, 1998.
5. As this is an Intergovernmental Agreement, it is appropriate that it should be approved and signed by the Commissioner of Public Affairs.

NOW, THEREFORE, the Council directs:

- a. The City is hereby authorized to enter into an Intergovernmental Agreement with Multnomah County to provide copy machines to the County.
- b. The Commissioner of Public Affairs is authorized to sign the attached Intergovernmental Agreement with Multnomah County to provide copy machines to the County, in substantially the form set forth in Exhibit A, attached to this Ordinance.

Section 2. The Council declares that an emergency exists because the services described in Section 1 herein are required immediately, and the current contract expires June 30, 1993; therefore, this Ordinance shall be in force and effect from and after its passage by Council.

Passed by the Council, JUN 23 1993

Commissioner Kafoury
Mike Huff:gk
June 15, 1993

BARBARA CLARK
Auditor of the City of Portland

By

 Deputy

INTERGOVERNMENTAL AGREEMENT

COPIER SERVICES

THIS CONTRACT, made and entered into as of the ____ day of _____, 1993, by and between MULTNOMAH COUNTY, a home rule political subdivision of the State of Oregon (hereinafter referred to as "County"), and the City of Portland Bureau of General Services (hereinafter referred to as the Bureau),

The parties agree as follows:

1. Term:

The term of this Agreement shall be from July 1, 1993 to and including June 30, 1998, unless sooner terminated under the provisions hereof.

2. Services:

A. The Bureau shall provide copy machines to the County at two levels of service:

1. FULL SERVICE: The Bureau provides the copier, paper, all supplies, vendor maintenance, and key operator services (minor maintenance, upkeep, cleaning, supplying, etc.).
2. PARTIAL SERVICE: The Bureau provides the copier and vendor maintenance only.

B. Level of service will be determined by consultation between the Bureau and any County organization requesting copier(s) or a change in level of service.

1. Upon request, the Bureau will consult with County organizations requesting a copier(s) or changed level of service. On the basis of this consultation, the Bureau will complete evaluation forms recommending appropriate copiers or service levels.
2. If the County organization and the Bureau do not agree on the kind of copier that is appropriate, the Bureau will forward the evaluation forms and the Bureau's recommendation to the County Records Administrator.
3. After review of the evaluation forms and the Bureau recommendation, the County may choose to purchase a copier the Bureau does not recommend. In such cases, the Bureau may choose not to provide service to the copier.

4. Other situations may occur in which the Bureau will provide no service to copiers, such as:
 - a. Copiers in remote, low volume areas where services would be cost ineffective,
 - b. Copiers installed before the start of the copier services where no replacement has been necessary.
- C. The Bureau may upgrade the level of service or substitute different copiers that contain similar features at any time during the fiscal year after providing notification to the County Records Administrator, as outlined in Subsection 2D below. The Bureau will upgrade level of service or add copiers for organizations that notify the Bureau by May 15th that such upgrades have been budgeted for the following fiscal year.
 1. County organizations may request cost estimates for new or upgraded copier services by January 15th.
 2. The Bureau will provide County organizations with cost estimates, when requested, by February 1st for inclusion in the following year's budget.
- D. The Bureau shall notify the County Records Administrator of new installations of copy machines, relocations of existing machines, changes to existing copier configurations, changes to service levels, machine replacements, and installations of new copy machine models at least one week prior to the change being made. Notification shall include the County agency involved, a description of the change, and a list of any costs or savings associated with the change.
- E. The Bureau will provide quarterly to the County Records Administrator a copy machine inventory, sorted by machine number, of all copiers at County locations, key operator contacts, copy machine service levels, the model of copier, all additional features, original cost, replacement cost, current meter reading, replacement volume, remaining volume, monthly usage volume, and remaining life in years. This list will be updated quarterly and will be sent to the County Records Administrator within 30 days of the close of the quarter.

3. Compensation:

- A. The County agrees to pay the Bureau for copier services according to the rates established by Attachment A, which rates shall be recalculated annually and sent to the County Records Administrator prior to December 1st of each year. This notification of rates shall include a breakdown of the rates for administrative, maintenance, capital recovery, and supply costs, as well as an explanation of any changes in the above rate components.
- B. Billings shall be sent by the Bureau to the County Records Administrator within 30 days following the close of each quarter accompanied by the copy machine inventory described in Subsection 2E.
 - 1. The billing shall be sorted by organization code. It shall indicate for each machine or auditron key the machine or auditron key number, the county account code (consisting of fund, agency, organization, activity code, object code, and reporting category), total charge for the quarter, the per copy rate, total copies used for the machine or key during the quarter, and any additional charges. The billing shall also provide a total charge for the quarter for all County users.
 - 2. The County will pay such billings within 30 days.
 - 3. The County will not pay billings that fail to include the complete and accurate information described in Subsection 2E and Subsection 3B1.
- C. If the cost of operating the copier services described in Section 2 for any fiscal year is greater or less than the income generated, the County Records Administrator shall be notified of the differences. Rates for the succeeding fiscal year shall be adjusted to offset these differences.

4. Early Termination:

- A. This agreement may be terminated prior to the expiration of the agreed-upon term:
 - 1. By both parties upon mutual written consent of the parties;
 - 2. By the County upon repeated failure to provide the services listed in Section 2, Services, of this agreement;
 - 3. Upon failure of the Bureau to provide rates by December 1st for the following fiscal year; and
 - 4. By the Bureau upon failure to pay undisputed amounts within the terms herein set forth.

- B. Either party may terminate this agreement by sending written notification by December 31st of its intent to terminate effective July 1st of the following fiscal year.
- C. Termination under any provision of this paragraph will not affect any right, obligation or liability of the Bureau or the County which accrued prior to such termination.

5. Access to Records:

The County will have access to such books, documents, papers and records of the Bureau as are directly pertinent to this Agreement for the purpose of making audits, examination, excerpts, and transcripts.

6. Modification:

Any modification of the provisions of this Agreement will be reduced to writing and signed by the County Director of the Department of Environmental Services and the City Director of the Bureau of General Services.

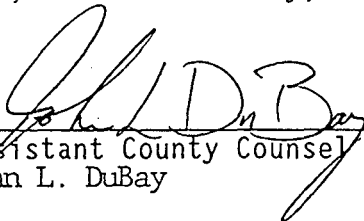
7. Integration:

This Agreement contains the entire agreement between the parties and supersedes all prior written or oral discussions or agreements.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly appointed officers the date first written above.


REVIEWED:

LAWRENCE KRESSEL
County Counsel
For, Multnomah County, Oregon


Assistant County Counsel
John L. DuBay

By 
City Attorney

MULTNOMAH COUNTY, OREGON

By 
Henry C. Higgins, Acting Chair

CITY OF PORTLAND, OREGON
Bureau of General Services

By _____
Gretchen Kaufory, Commissioner

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-9 DATE 7/15/93
DEB BOGSTAD
BOARD CLERK

Intergovernmental Agreement
Copier Services
Contract No.

Attachment A

CITY OF PORTLAND
BUREAU OF GENERAL SERVICES
PRINTING AND DISTRIBUTION DIVISION

COPIER SERVICES
PROPOSED PRICING SCHEDULE

Copy Service Charges

Full Service - \$.033 per copy
Partial Service - \$.025 per copy

Replacement Service - no initial charge.

New placement or upgrade of copier features (two-sided, reduction, etc.) requires an initial on-time payment. Amount varies by feature; type of machine.

COPCONT

MEETING DATE: JUL 15 1993

AGENDA NO: C-10

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Request Approval of Deed to contract purchaser for completion of contract

BOARD BRIEFING: Date Requested: _____.

Amount of Time Needed: _____.

REGULAR MEETING: Date Requested: _____.

Amount of Time Needed: 5 MINUTES.

DEPARTMENT: Environmental Services DIVISION: Facilities & Property Management

CONTACT: Larry Baxter TELEPHONE #: 248-3590.
BLDG/ROOM #: 421/Second Floor.

PERSON(S) MAKING PRESENTATION: Bob Oberst.

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Request approval of Deed to contract purchaser for completion of Contract #15338.

Deed D930893 and Board Orders attached.

7/19/93 originals to Larry Baxter

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Robert Chess BH Wallis

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

1993 JUL - 17 AM 8:51
MULTNOMAH COUNTY
OREGON
CLERK OF BOARD

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the matter of the Execution of)	
Deed D930893 upon Complete Performance of)	ORDER
a Contract to)	
LARRY BURRIGHT)	93-252

It appearing that heretofore on March 7, 1986, Multnomah County entered into a contract with LARRY BURRIGHT for the sale of the real property hereinafter described; and

That the above contract purchaser has fully performed the terms and conditions of said contract and is now entitled to a deed conveying said property to said purchaser;

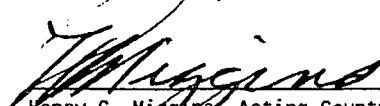
NOW THEREFORE, it is hereby ORDERED that the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the contract purchaser the following described real property, situated in the county of Multnomah, State of Oregon:

JOHNSON CREEK PARK
TL #26 OF LOT 17 AS DESCRIBED IN ATTACHED EXHIBIT A

Dated at Portland, Oregon this 15th day of July, 1993.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON


Henry C. Higgins, Acting County Chair
Multnomah County

REVIEWED:
Laurence Kressel, County Counsel
for Multnomah County, Oregon

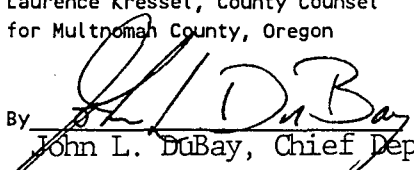
By 
John L. DuBay, Chief Deputy

EXHIBIT A

(43110-4820)

A portion of Lot 17, JOHNSON CREEK PARK, in the County of Multnomah and State of Oregon, described as follows:

Beginning at a point on the West line of said Lot 17, which is 795.68 feet Northerly from the Southwest lot corner of the tract of land conveyed to Raymond W. Downs, et ux, by deed recorded July 13, 1959, Book 1964, page 326, Deed Records; thence North 58° 24' East along the Northwestern line of said Raymond W. Downs tract and continuing along the Northwestern line of the tract of land conveyed to Leonard M. Haynes, et ux, by deed recorded March 4, 1952, Book 1524, page 383, Deed Records, a distance of 283.94 feet to the Southwesterly line of S.E. Barbara Welch Road; thence North 31° 36' West along said Southerly road line to a point 245.00 feet; thence Southwesterly South 58° 24' West to a point 137 feet; thence Southeasterly South 1° 02' East to a point 282.02 feet to the place of beginning.

DEED D930893

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to LARRY BURRIGHT, Grantee, the following described real property, situated in the County of Multnomah, State of Oregon:

JOHNSON CREEK PARK
TL #26 OF LOT 17 AS DESCRIBED IN ATTACHED EXHIBIT A

The true and actual consideration paid for this transfer, stated in terms of dollars is \$6,278.92.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

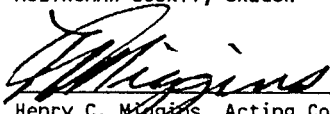
Until a change is requested, all tax statements shall be sent to the following address:

8740 SE 155TH AVE
PORTLAND, OR 97236

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 15th day of July, 1993, by authority of an Order of the Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

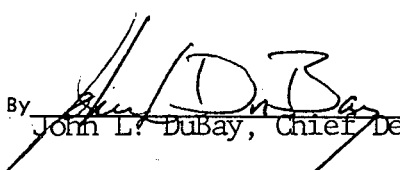

Henry C. Higgins, Acting County Chair
Multnomah County

REVIEWED:

Laurence Kressel, County Counsel
for Multnomah County, Oregon

DEED APPROVED:

F. Wayne George, Director
Facilities and Property Management

By 
John L. DuBay, Chief Deputy

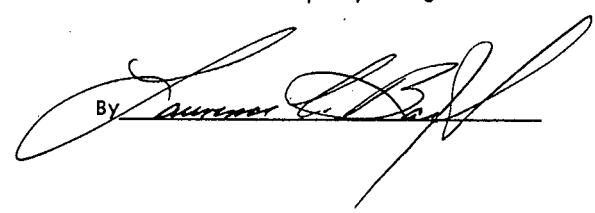
By 

EXHIBIT A

(43110-4820)

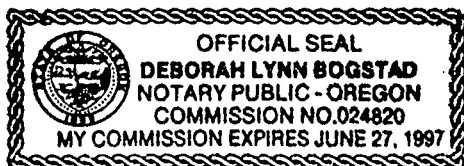
A portion of Lot 17, JOHNSON CREEK PARK, in the County of Multnomah and State of Oregon, described as follows:

Beginning at a point on the West line of said Lot 17, which is 795.68 feet Northerly from the Southwest lot corner of the tract of land conveyed to Raymond W. Downs, et ux, by deed recorded July 13, 1959, Book 1964, page 326, Deed Records; thence North $58^{\circ} 24'$ East along the Northwesternly line of said Raymond W. Downs tract and continuing along the Northwesternly line of the tract of land conveyed to Leonard M. Haynes, et ux, by deed recorded March 4, 1952, Book 1524, page 383, Deed Records, a distance of 283.94 feet to the Southwesterly line of S.E. Barbara Welch Road; thence North $31^{\circ} 36'$ West along said Southerly road line to a point 245.00 feet; thence Southwesterly South $58^{\circ} 24'$ West to a point 137 feet; thence Southeasterly South $1^{\circ} 02'$ East to a point 282.02 feet to the place of beginning.

STATE OF OREGON)
) ss
COUNTY OF MULTNOMAH)

On this 15th day of July, 1993, before me, a Notary Public in and for the County of Multnomah and State of Oregon, personally appeared Henry C. Miggins, Acting Chair, Multnomah County Board of Commissioners, to me personally known, who being duly sworn did say that the attached instrument was signed and sealed on behalf of the County by authority of the Multnomah County Board of Commissioners, and that said instrument is the free act and deed of said County.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed by official seal the day and year first in this, my certificate, written.



Deborah Lynn Bogstad
Notary Public for Oregon
My Commission expires: 6/27/97

MEETING DATE: JUL 15 1993

AGENDA NO: C-11

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Request Approval of Deed to contract purchaser for completion of contract

BOARD BRIEFING: Date Requested: _____.

Amount of Time Needed: _____.

REGULAR MEETING: Date Requested: _____.

Amount of Time Needed: 5 MINUTES.

DEPARTMENT: Environmental Services DIVISION: Facilities & Property Management

CONTACT: Larry Baxter TELEPHONE #: 248-3590.

BLDG/ROOM #: 421/Second Floor.

PERSON(S) MAKING PRESENTATION: Bob Oberst.

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Request approval of Deed to contract purchaser for completion of Contract #15353.

Deed D930900 and Board Orders attached.

7/19/93 Originals to Larry Baxter

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

DEPARTMENT MANAGER: Robert Chertoff July BH Willis

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

6/93

BOARD OF
COUNTY COMMISSIONERS
1993 JUL - 7 PM 11:21
MULTNOMAH COUNTY
OREGON

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the matter of the Execution of)	
Deed D930900 upon Complete Performance of)	ORDER
a Contract to)	93-253
LARRY BURRIGHT)	

It appearing that heretofore on May 22, 1986, Multnomah County entered into a contract with LARRY BURRIGHT for the sale of the real property hereinafter described; and

That the above contract purchaser has fully performed the terms and conditions of said contract and is now entitled to a deed conveying said property to said purchaser;

NOW THEREFORE, it is hereby ORDERED that the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the contract purchaser the following described real property, situated in the county of Multnomah, State of Oregon:

SEC 23, 1S 2E
TL #52 AS DESCRIBED IN ATTACHED EXHIBIT A

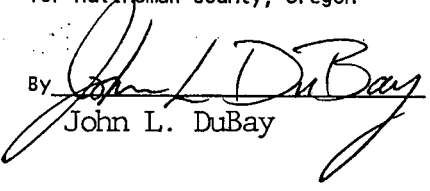
Dated at Portland, Oregon this 15th day of July, 1993.



REVIEWED:

Laurence Kressel, County Counsel
for Multnomah County, Oregon

By


John L. DuBay

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON


Henry C. Higgins, Acting County Chair
Multnomah County

EXHIBIT A

(99223-0520)

Beginning at the point of intersection of the south line of Johnson Creek with the easterly line of tract described in deed to Geo. E. and Tena L. Dick recorded June 4, 1910 (Book 499, Page 324); thence in an easterly direction 126' to a point on the north or right bank of Johnson Creek; thence up Johnson Creek with the meanders thereof and along the right bank of said creek to a point of intersection of the right bank of said creek with the westerly line of Deardorff Road No. 1259; thence in a general southerly direction along the westerly line of said road to a point in the south line of the Jacob Johnson DLC; thence westerly along the southerly line of said DLC to point of intersection of east line of the tract described in the above deed extended south; thence northerly along the east line of tract described in said deed and the southerly extension thereof to a point 432.4' north of the southeast corner of tract described in said deed; thence N 11 1/2° W to the place of beginning.

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to LARRY BURRIGHT, Grantee, the following described real property, situated in the County of Multnomah, State of Oregon:

SEC 23, 1S 2E
TL #52 AS DESCRIBED IN ATTACHED EXHIBIT A

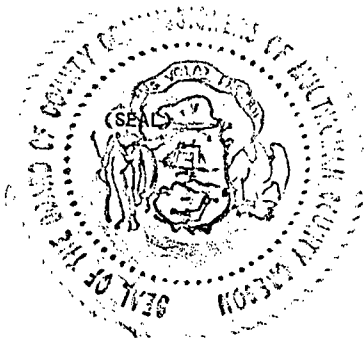
The true and actual consideration paid for this transfer, stated in terms of dollars is \$11,851.34.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Until a change is requested, all tax statements shall be sent to the following address:

8740 SE 155TH AVE
PORTLAND, OR 97236

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 15th day of July, 1993, by authority of an Order of the Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

Henry C. Higgins
Henry C. Higgins, Acting County Chair
Multnomah County

REVIEWED:

Laurence Kressel, County Counsel
for Multnomah County, Oregon

DEED APPROVED:

F. Wayne George, Director
Facilities and Property Management

By

John L. DuBay
John L. DuBay

By

EXHIBIT A

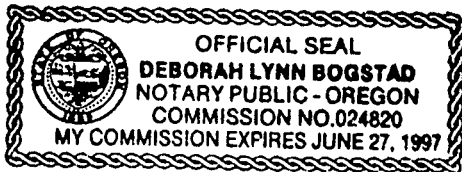
(99223-0520)

Beginning at the point of intersection of the south line of Johnson Creek with the easterly line of tract described in deed to Geo. E. and Tena L. Dick recorded June 4, 1910 (Book 499, Page 324); thence in an easterly direction 126' to a point on the north or right bank of Johnson Creek; thence up Johnson Creek with the meanders thereof and along the right bank of said creek to a point of intersection of the right bank of said creek with the westerly line of Deardorff Road No. 1259; thence in a general southerly direction along the westerly line of said road to a point in the south line of the Jacob Johnson DLC; thence westerly along the southerly line of said DLC to point of intersection of east line of the tract described in the above deed extended south; thence northerly along the east line of tract described in said deed and the southerly extension thereof to a point 432.4' north of the southeast corner of tract described in said deed; thence N 11 1/2° W to the place of beginning.

STATE OF OREGON)
) ss
COUNTY OF MULTNOMAH)

On this 15th day of July, 1993, before me, a Notary Public in and for the County of Multnomah and State of Oregon, personally appeared Henry C. Miggins, Acting Chair, Multnomah County Board of Commissioners, to me personally known, who being duly sworn did say that the attached instrument was signed and sealed on behalf of the County by authority of the Multnomah County Board of Commissioners, and that said instrument is the free act and deed of said County.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed by official seal the day and year first in this, my certificate, written.



Deborah Lynn Bogstad
Notary Public for Oregon
My Commission expires: 6/27/97

MEETING DATE: JUL 15 1993

AGENDA NO: C-12

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Request Approval of Deed to contract purchaser for completion of contract

BOARD BRIEFING: Date Requested: _____.

Amount of Time Needed: _____.

REGULAR MEETING: Date Requested: _____.

Amount of Time Needed: 5 MINUTES.

DEPARTMENT: Environmental Services DIVISION: Facilities & Property Management

CONTACT: Larry Baxter TELEPHONE #: 248-3590.

BLDG/ROOM #: 421/Second Floor.

PERSON(S) MAKING PRESENTATION: Bob Oberst.

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Request approval of Deed to contract purchaser for completion of Contract #15461.

Deed D930901 and Board Orders attached.


7/19/93 originals to Larry Baxter

1993 JUL - 7 AM 8:54
MULTI-NOAH COUNTY
OREGON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER:  BH Willis

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the matter of the Execution of)
Deed D930901 Upon Complete Performance of) ORDER
a Contract to) 93-254
MARY NOLAN)
and MARK S. GARDINER)

It appearing that heretofore, on August 9, 1989, Multnomah County entered into a contract with MARY NOLAN and MARK S. GARDINER for the sale of the real property hereinafter described; and

That the above contract purchasers have fully performed the terms and conditions of said contract and are now entitled to a deed conveying said property to said purchasers;

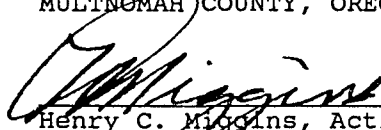
NOW THEREFORE, it is hereby ORDERED that the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the contract purchasers the following described real property, situated in the county of Multnomah, State of Oregon:

SECTION 9, 1S 1E
TAXLOT #137 0.23 ACRES AS DESCRIBED IN ATTACHED EXHIBIT A

Dated at Portland, Oregon this 15 day of July, 1993.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON


Henry C. Higgins, Acting County Chair
Multnomah County

REVIEWED: 10/22/93
Laurence Kressel, County Counsel
for Multnomah County, Oregon

By

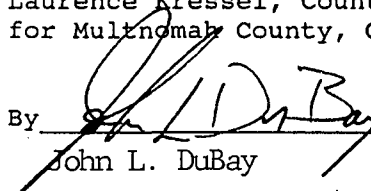

John L. DuBay

EXHIBIT A

(99109-1370)

A TRACT OF LAND SITUATED IN THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 1 SOUTH, RANGE 1 EAST OF THE WILLAMETTE MERIDIAN, MULTNOMAH COUNTY, OREGON, AND BEING A PART OF THAT CERTAIN TRACT OF LAND CONVEYED TO NAT COSTANZO BY DEED RECORDED FEBRUARY 8, 1922, IN BOOK 874, PAGE 318, DEED RECORDS, MULTNOMAH COUNTY, OREGON, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT;

BEGINNING AT THE NORTHWEST CORNER OF SAID NAT COSTANZO PROPERTY WHICH NORTHWEST CORNER IS IN THE SOUTHERLY RIGHT-OF-WAY LINE OF S. W. CANNING STREET AND 100.00 FEET EAST OF THE FINICE CARUTHERS DONATION LAND CLAIM. FROM SAID PLACE OF BEGINNING: THENCE NORTH 89 DEGREES, 42' 15" EAST ALONG THE SOUTH LINE OF SAID S. W. CANNING STREET 176.57 FEET TO AN IRON PIPE AT THE NORTHWEST CORNER OF THE H. SCHOLOMITI TRACT AS RECORDED IN BOOK 1029, PAGE 554, DEED RECORDS; THENCE LEAVING SAID SOUTHERLY RIGHT-OF-WAY LINE OF S. W. CANNING STREET SOUTH 0 DEGREES 18' 40" EAST ALONG THE WESTERLY LINE OF SAID SCHOLOMITI TRACT AND THE SOUTHERLY EXTENSION OF SAID LINE, 113.27 FEET TO AN IRON ROD; THENCE NORTH 89 DEGREES 42' 15" WEST PARALLEL WITH SAID SOUTHERLY RIGHT-OF-WAY LINE OF S. W. CANNING STREET 177.70 FEET TO AN IRON ROD IN THE WESTERLY LINE OF SAID NAT CONSTANZO PROPERTY; THENCE NORTH 0 DEGREES 15' 45" EAST PARALLEL WITH AND 100.00 FEET EAST OF SAID FINICE CARUTHERS DONATION LAND CLAIM, 113.27 FEET TO THE PLACE OF BEGINNING. EXCEPT THEREFROM THAT TRACT OF LAND DESCRIBED IN BOOK 887 ON PAGE 1118 RECORDED OCTOBER 12, 1972 IN SAID COUNTY'S DEED RECORDS.

DEED D930901

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to MARY NOLAN and MARK S. GARDINER, Grantees, the following described real property, situated in the County of Multnomah, State of Oregon:

SECTION 9, 1S 1E

TAXLOT #137 0.23 ACRES AS DESCRIBED IN ATTACHED EXHIBIT A

The true and actual consideration paid for this transfer, stated in terms of dollars is \$27,000.00.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Until a change is requested, all tax statements shall be sent to the following address:

910 SW CANNING ST.
PORTLAND, OR 97201

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 15 day of July, 1993, by authority of an Order of the Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

Henry C. Miggins, Acting County Chair
Multnomah County

REVIEWED: NOTED
Laurence Kressel, County Counsel
for Multnomah County, Oregon

DEED APPROVED:
F. Wayne George, Director
Facilities and Property Management

John L. DuBay

EXHIBIT A

(99109-1370)

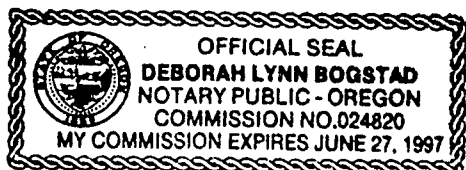
A TRACT OF LAND SITUATED IN THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 1 SOUTH, RANGE 1 EAST OF THE WILLAMETTE MERIDIAN, MULTNOMAH COUNTY, OREGON, AND BEING A PART OF THAT CERTAIN TRACT OF LAND CONVEYED TO NAT COSTANZO BY DEED RECORDED FEBRUARY 8, 1922, IN BOOK 874, PAGE 318, DEED RECORDS, MULTNOMAH COUNTY, OREGON, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT;

BEGINNING AT THE NORTHWEST CORNER OF SAID NAT COSTANZO PROPERTY WHICH NORTHWEST CORNER IS IN THE SOUTHERLY RIGHT-OF-WAY LINE OF S. W. CANNING STREET AND 100.00 FEET EAST OF THE FINICE CARUTHERS DONATION LAND CLAIM. FROM SAID PLACE OF BEGINNING: THENCE NORTH 89 DEGREES, 42' 15" EAST ALONG THE SOUTH LINE OF SAID S. W. CANNING STREET 176.57 FEET TO AN IRON PIPE AT THE NORTHWEST CORNER OF THE H. SCHOLOMITI TRACT AS RECORDED IN BOOK 1029, PAGE 554, DEED RECORDS; THENCE LEAVING SAID SOUTHERLY RIGHT-OF-WAY LINE OF S. W. CANNING STREET SOUTH 0 DEGREES 18' 40" EAST ALONG THE WESTERLY LINE OF SAID SCHOLOMITI TRACT AND THE SOUTHERLY EXTENSION OF SAID LINE, 113.27 FEET TO AN IRON ROD; THENCE NORTH 89 DEGREES 42' 15" WEST PARALLEL WITH SAID SOUTHERLY RIGHT-OF-WAY LINE OF S. W. CANNING STREET 177.70 FEET TO AN IRON ROD IN THE WESTERLY LINE OF SAID NAT CONSTANZO PROPERTY; THENCE NORTH 0 DEGREES 15' 45" EAST PARALLEL WITH AND 100.00 FEET EAST OF SAID FINICE CARUTHERS DONATION LAND CLIAM, 113.27 FEET TO THE PLACE OF BEGINNING. EXCEPT THEREFROM THAT TRACT OF LAND DESCRIBED IN BOOK 887 ON PAGE 1118 RECORDED OCTOBER 12, 1972 IN SAID COUNTY'S DEED RECORDS.

STATE OF OREGON)
) ss
COUNTY OF MULTNOMAH)

On this 15th day of July, 1993, before me, a Notary Public in and for the County of Multnomah and State of Oregon, personally appeared Henry C. Miggins, Acting Chair, Multnomah County Board of Commissioners, to me personally known, who being duly sworn did say that the attached instrument was signed and sealed on behalf of the County by authority of the Multnomah County Board of Commissioners, and that said instrument is the free act and deed of said County.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed by official seal the day and year first in this, my certificate, written.



Deborah Lynn Bogstad
Notary Public for Oregon
My Commission expires: 6/27/97

MEETING DATE: JUL 15 1993

AGENDA NO: C-13

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Request Approval of Deed to contract purchaser for completion of contract

BOARD BRIEFING: Date Requested: _____.

Amount of Time Needed: _____.

REGULAR MEETING: Date Requested: _____.

Amount of Time Needed: 5 MINUTES.

DEPARTMENT: Environmental Services DIVISION: Facilities & Property Management

CONTACT: Larry Baxter TELEPHONE #: 248-3590.

BLDG/ROOM #: 421/Second Floor.

PERSON(S) MAKING PRESENTATION: Bob Oberst.

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Request approval of Deed to contract purchaser for completion of Contract #15676.

Deed D930903 and Board Orders attached.

7/19/93 originals to Larry Baxter

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

6/93

1993 JUL - 1 AM 8:50
MULTI-ORIGIN COUNTY
OREGON

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the matter of the Execution of)
Deed D930903 Upon Complete Performance of) ORDER
a Contract to) 93-255
THE ESTATE OF NOVA B. HARP)
ROBERT J. GROCE, PERSONAL REPRESENTATIVE)
)

It appearing that heretofore, on April 8, 1992, Multnomah County entered into a contract with THE ESTATE OF NOVA B. HARP ROBERT J. GROCE, PERSONAL REPRESENTATIVE for the sale of the real property hereinafter described; and

That the above contract purchasers have fully performed the terms and conditions of said contract and are now entitled to a deed conveying said property to said purchasers;

NOW THEREFORE, it is hereby ORDERED that the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the contract purchasers the following described real property, situated in the county of Multnomah, State of Oregon:

ALAMEDA PARK
LOT 14, BLOCK 41

Dated at Portland, Oregon this 15 day of July, 1993.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

Henry C. Higgins

Henry C. Higgins, Acting County Chair
Multnomah County

REVIEWED: NOTED AND
Laurence Kressel, County Counsel
for Multnomah County, Oregon

By *John L. DuBay*
John L. DuBay

DEED D930903

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to THE ESTATE OF NOVA B. HARP ROBERT J. GROCE, PERSONAL REPRESENTATIVE, Grantees, the following described real property, situated in the County of Multnomah, State of Oregon:

ALAMEDA PARK
LOT 14, BLOCK 41

The true and actual consideration paid for this transfer, stated in terms of dollars is \$18,692.56.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSONS ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Until a change is requested, all tax statements shall be sent to the following address:

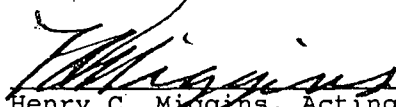
1075 NW MURRAY ROAD, #108
PORTLAND, OR 97229

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 15 day of July, 1993, by authority of an Order of the Board of County Commissioners heretofore entered of record.

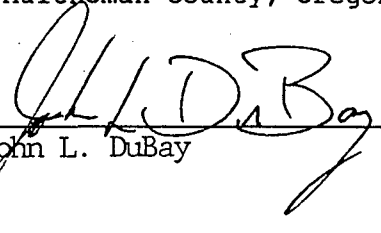


REVIEWED:
Laurence Kressel, County Counsel
for Multnomah County, Oregon

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON


Henry C. Miggins, Acting County Chair
Multnomah County

DEED APPROVED:
F. Wayne George, Director
Facilities and Property Management

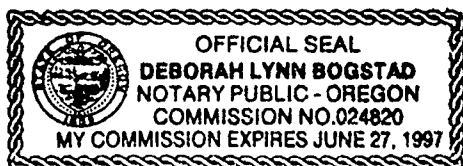
By 
John L. DuBay

By 
Robert Oberst

STATE OF OREGON)
) ss
COUNTY OF MULTNOMAH)

On this 15th day of July, 1993, before me, a Notary Public in and for the County of Multnomah and State of Oregon, personally appeared Henry C. Miggins, Acting Chair, Multnomah County Board of Commissioners, to me personally known, who being duly sworn did say that the attached instrument was signed and sealed on behalf of the County by authority of the Multnomah County Board of Commissioners, and that said instrument is the free act and deed of said County.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed by official seal the day and year first in this, my certificate, written.



Deborah Lynn Bogstad

Notary Public for Oregon
My Commission expires: 6/27/97

MEETING DATE: JUL 15 1993

AGENDA NO: C-14

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Request Approval of Deed to contract purchaser for completion of contract

BOARD BRIEFING: Date Requested: _____.

Amount of Time Needed: _____.

REGULAR MEETING: Date Requested: _____.

Amount of Time Needed: 5 MINUTES.

DEPARTMENT: Environmental Services DIVISION: Facilities & Property Management

CONTACT: Larry Baxter TELEPHONE #: 248-3590.

BLDG/ROOM #: 421/Second Floor.

PERSON(S) MAKING PRESENTATION: Bob Oberst.

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Request approval of Deed to contract purchaser for completion of Contract #15536.

Deed D930904 and Board Orders attached.

7/19/93 originals to Larry Baxter

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____.

OR

DEPARTMENT MANAGER: Robert Oberst BH Williams

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

1993 JUL - 7 AM 8:50
MULTNOMAH COUNTY
OREGON

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the matter of the Execution of)	
Deed D930904 upon Complete Performance of)	ORDER
a Contract to)	
RODGER EVENSON)	93-256

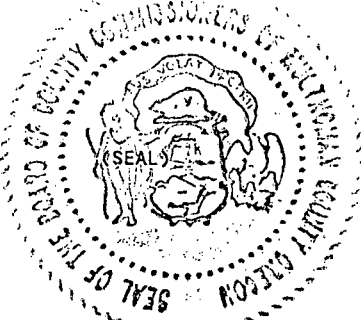
It appearing that heretofore on April 18, 1990, Multnomah County entered into a contract with RODGER EVENSON for the sale of the real property hereinafter described; and

That the above contract purchaser has fully performed the terms and conditions of said contract and is now entitled to a deed conveying said property to said purchaser;

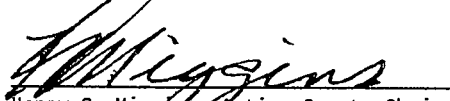
NOW THEREFORE, it is hereby ORDERED that the Chair of the Multnomah County Board of County Commissioners execute a deed conveying to the contract purchaser the following described real property, situated in the county of Multnomah, State of Oregon:

GLEN HARBOR
EXC PT IN ST, LOT 5, BLOCK 7

Dated at Portland, Oregon this 15th day of July, 1993.



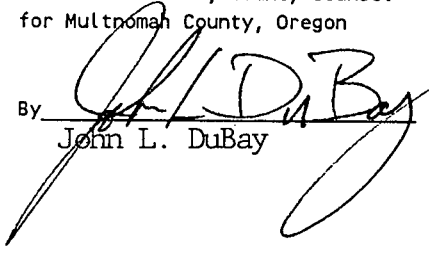
BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON


Henry C. Miggins, Acting County Chair
Multnomah County

REVIEWED:

Laurence Kressel, County Counsel
for Multnomah County, Oregon

By


John L. DuBay

MULTNOMAH COUNTY, a political subdivision of the State of Oregon, Grantor, conveys to RODGER EVENSON, Grantee, the following described real property, situated in the County of Multnomah, State of Oregon:

GLEN HARBOR
EXC PT IN ST, LOT 5, BLOCK 7

The true and actual consideration paid for this transfer, stated in terms of dollars is \$1,400.00.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

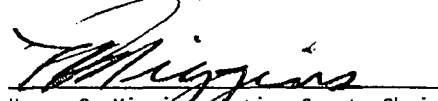
Until a change is requested, all tax statements shall be sent to the following address:

3535 SW CORBETT
PORTLAND OR 97201

IN WITNESS WHEREOF, MULTNOMAH COUNTY has caused these presents to be executed by the Chair of the Multnomah County Board of County Commissioners this 15th day of July, 1993, by authority of an Order of the Board of County Commissioners heretofore entered of record.



BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON


Henry C. Higgins, Acting County Chair
Multnomah County

REVIEWED:

Laurence Kressel, County Counsel
for Multnomah County, Oregon

DEED APPROVED:

F. Wayne George, Director
Facilities and Property Management

By


John L. DuBay

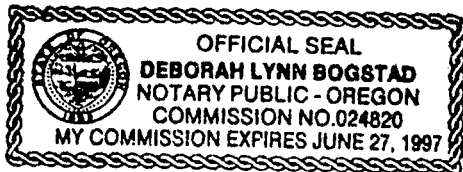
By



STATE OF OREGON)
) ss
COUNTY OF MULTNOMAH)

On this 15th day of July, 1993, before me, a Notary Public in and for the County of Multnomah and State of Oregon, personally appeared Henry C. Miggins, Acting Chair, Multnomah County Board of Commissioners, to me personally known, who being duly sworn did say that the attached instrument was signed and sealed on behalf of the County by authority of the Multnomah County Board of Commissioners, and that said instrument is the free act and deed of said County.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed by official seal the day and year first in this, my certificate, written.



Deborah Lynn Bogstad
Notary Public for Oregon
My Commission expires: 6/27/97

MEETING DATE: JUL 15 1993

AGENDA NO: R-1

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: 1993 Multnomah County Fair Opening

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 15, 1993

Amount of Time Needed: 15 Minutes (Time Certain, please)

DEPARTMENT: Environmental Services DIVISION: Expo/Fair

CONTACT: Maria Rojo de Steffey TELEPHONE #: 285-7756
BLDG/ROOM #: 375

PERSON(S) MAKING PRESENTATION: Maria Rojo de Steffey

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Presentation on the opening of the 1993 Multnomah County Fair

1993 JUL - 7 AM 8:51
CLERK OF COURT
MULTNOMAH COUNTY
OREGON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER:  Betsy H. Williams

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63

6/93

MEETING DATE: JUL 15 1993

AGENDA NO: R-2

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

Grant of Sewer Easement to City of Portland on County Land
Referred to as Gilbert Heights Park.

SUBJECT: _____

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: _____

Amount of Time Needed: 5 Minutes

DEPARTMENT: Environmental Services DIVISION: Facilities & Property Management

CONTACT: Bob Oberst TELEPHONE #: 248-3851
BLDG/ROOM #: 421/3rd

PERSON(S) MAKING PRESENTATION: Bob Oberst

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

The City of Portland's Powell Village #341 Sanitary Sewer Project contains a proposed sewer line in S.E. 127th Ave and S.E. Boise Street that must cross a corner of Gregory Heights Park which interrupts the continuity of the two streets. The requested easement will provide continuity for the proposed sewer line. The offered price is equal to \$0.32 per square foot which Property Management believes is reasonable for an easement on the land involved.

7/19/93 CERTIFIED true COPY of ORDER & ORIGINAL
SEWER EASEMENT & copy of all to Bob
Oberst

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: Betty H. Wallis

MULTI-NOAH COUNTY
OREGON
1993 JUL - 7 PM 1:21
COUNTY COMMISSIONER

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the Matter of the grant of a SEWER)
EASEMENT on County Land at Gilbert)
Heights Park, SW1/4, S11, T2S, R2E, WM,)
Multnomah County, Oregon.)

O R D E R

93-257

It appearing that the City of Portland, Oregon desires to construct the Powell Village 341 Sanitary Sewer System Project in order to serve present and future sanitary sewer service needs in the area of the County real property referred to as Gregory Heights Park; and

It appearing that the most suitable location for a portion of the Sewer System sewer line is on said parcel of said real property; and

It appearing that City of Portland has requested a SEWER EASEMENT totalling approximately 1,872 square feet upon said parcel upon which to locate a portion of the said sewer line and a temporary easement upon adjacent portions of the real property for construction use for a consideration of the sum of \$590.00; and

It being determined that the requested easement will have little or no effect upon the use or value of said parcel, that the requested easement will assist in maintaining sanitary sewer service provided to residents of the area of said real property and the Board being fully advised in the matter:

It is ORDERED that Multnomah County execute this SEWER EASEMENT before the Board this date and that the County Chair be, and he is hereby, authorized and directed to execute the same on behalf of Multnomah County.

Dated this 15th day of July, 1993.

REVIEWED

LAURENCE KRESSEL, County
Counsel for Multnomah
County, Oregon

By

John L. DuBay, Chief Deputy

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

By

Hank Miggins
Acting County Chair

SEWER EASEMENT

KNOW ALL PERSONS BY THESE PRESENTS, that Multnomah County, a home rule political subdivision, a duly organized and incorporated under the laws of the State of Oregon, in consideration of the sum of Five Hundred Ninety (\$590) Dollars, and other good and valuable consideration, to it paid by the City of Portland, a municipal corporation of the State of Oregon, do hereby grant unto said City of Portland, the right to lay down, construct, operate, and perpetually maintain a sewer or sewers through, under, and along the following described parcel:

R/W #4956

The north 72 feet of the west 26 feet of the following described property:

A tract of land located in the southwest 1/4 of Section 11, T1S, R2E, WM, Multnomah County, Oregon and being more particularly described as follows:

Beginning at the intersection of the south line of Tract 6 of the recorded subdivision of Linn Park and the west line of the right-of-way line of SE 130th Avenue; thence S 89°32'40" W along the south line of Tract 6 a distance of 622.80 feet to the southwest corner of said Tract 6; thence N 0°09'20" W along the west line of said Tract 6 a distance of 273.58 feet; thence N 89°32'40" E parallel to the south line of said Tract 6 a distance of 622.81 feet to a point on the west right-of-way line of SE 130th Avenue; thence S 0°09'10" E along the west right-of-way line of SE 130th Avenue a distance of 273.58 feet to the Point of Beginning.

Together with a temporary construction easement for the construction of the Powell Village No. 41 Sanitary Sewer Project described as follows:

A 30 foot strip of land lying adjacent to and measured east, southeasterly, and south of the described permanent easement area.

It is understood and agreed that the temporary construction easement shall terminate upon expiration of the maintenance period of the original construction contract.

After Recording Return to:

106/802/Shelley L. Wade

Tax Statement shall be sent to:

No Change

IT IS UNDERSTOOD and agreed that all sewer easements dedicated to the public are exclusive easements. No other utilities, facilities, or easements are to be located within the boundaries of public sewer easements without prior written consent of the Director of the Bureau of Environmental Services.

IT IS UNDERSTOOD and agreed that public sewer easements include the right of access for construction, inspection, maintenance, or other sewerage system activities.

IT IS UNDERSTOOD and agreed that no building construction, material storage, grade reduction, or tree planting shall be permitted within public sewer easements, without the prior written consent of the Director of the Bureau of Environmental Services. Landscaping which by its nature is shallow rooted and may be easily removed to permit access to the sewer lines, shall not require consent.

THIS INSTRUMENT does not grant or convey to the City of Portland any right or title to the surface of the soil along the route of said sewer except for the purpose of laying down, inspecting, restoring, and replacing the same.

IN WITNESS WHEREOF, Multnomah County, pursuant to the lawful authority given to the undersigned by its Commission, has caused these presents to be signed by its Chair this 15 day of July, 1993.



MULTNOMAH COUNTY, A HOME-RULE
POLITICAL SUBDIVISION

By:

Hank Miggins
Board of County Commissioners
for Multnomah County
Hank Miggins, Acting Chair

APPROVED:

By:

Hank Miggins
~~Glenn M. Miggins, County Chair~~
Hank Miggins, Acting Chair

Dated: July 15, 1993

REVIEWED:

LAURENCE KRESSEL, County Counsel
for Multnomah County, Oregon

By:

John L. DuBay
John L. DuBay, Chief Deputy

~~APPROVED:~~

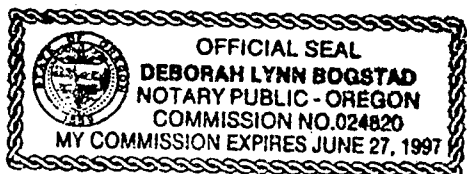
~~Paul Yarborough, Director~~
~~Department of Environmental Services~~

~~By:~~ _____

STATE OF OREGON)
)ss
County of Multnomah)

Personally appeared Hank Miggins, who being duly sworn, did say that he is the Chair of the Board of Commissioners of Multnomah County, and that said instrument was signed on behalf of Multnomah County by authority of its Board of Commissioners; and he acknowledged said instrument to be a voluntary act and deed.

Dated this 15th day of July, 1993.



Deborah Lynn Bogstad
Notary Public for Oregon

My Commission expires 6/27/97

Approved as to form:

City Attorney

Approved:

City Engineer

[4956]SE-Mult-Co

MEETING DATE: JUL 15 1993
AGENDA NO: R-3

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Quitclaim of Tax Lot 247, S30, T1N, R3E to Hospitality Investments Limited Partnership

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: _____

Amount of Time Needed: 5 Minutes

DEPARTMENT: Environmental Services **DIVISION:** Facilities & Property Management

CONTACT: Bob Oberst **TELEPHONE #:** 248-3851
BLDG/ROOM #: 421/3rd

PERSON(S) MAKING PRESENTATION: Bob Oberst

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

0.17 acre of land acquired for County road use in 1965 at cost of \$1,200. Land not used or held for future use by County. Land is isolated and not large enough to be improved, thus has little intrinsic value. Hospitality Investments is building a motel on adjacent land and has requested easement or quitclaim to build sewer line; it has longer alternate route. Quitclaim puts land on tax rolls and removes from County responsibility. \$500. revenue to road fund.

*7/19/93 Original Quitclaim Deeds x 2 & 2 certified
true copy ORDERS & 1 copy of all to Bob Oberst*

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

OR

DEPARTMENT MANAGER: *Robert J. Betsy Hubelia*

CLERK OF
COUNTY COMMISSIONERS
1993 JUL - 1 PM 3:29
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63

6/93

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

In the Matter of the Quitclaim of)
Surplus County Land, Tax Lot 247,)
Section 30, Township 1 North,)
Range 3 East, W.M., Multnomah)
County, Oregon.)

O R D E R

93-258

It appearing that the real property consisting of approximately 0.17 acre of land and described in the QUITCLAIM DEED before the Board this date is surplus to the needs of Multnomah County and is zoned by the City of Portland for General Commercial uses, thus constitutes an industrial facility as defined by ORS 271.510; and

It appearing that Hospitality Innvestments Limited Partnership, a Washington Partnership, is constructing a multiple unit commercial lodging facility on land adjacent to the said real property and desires to place a sewer line facility through said real property and has offered to pay \$500.00 for an easement or quitclaim of said real property; and

It appearing that said real property was acquired for road improvement in 1965, was not used and is not now held for such use and that said real property is landlocked and is of little value or use except for the proposed sewer line; and

It appearing that said offer price for quitclaim or easement is reasonable value for such use as determined by Multnomah County Transportation and Property Management; and

It appearing that the sale will benefit Multnomah County and the Board being fully advised in the matter:

It is ORDERED that Multnomah County execute this QUITCLAIM DEED before the Board this date and any other documents required for completion of this sale and that the County Chair be, and he is hereby, authorized and directed to execute the same on behalf of Multnomah County.

Date of this 15th day of July, 1993.

LAURENCE A. RESSEL, County
Counsel for Multnomah
County, Oregon

By John L. DuBay
John L. DuBay, Chief Deputy

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

By Hank Miggins
Acting County Chair Hank Miggins

NL

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That Multnomah County, a political subdivision of the State of Oregon, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto Investments Limited Partnership, a Washington Partnership, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of Multnomah, State of Oregon, described as follows, to-wit:

A parcel of land in Section 30, T-1-N, R-3-E.W.N., Multnomah County, Oregon, described as follows:

Commencing at the Southwest corner of Pullen Donation Land Claim; thence N. 85° 47' 13" W. along the center line of N.E. Wilkes Road, County Road No. 792, 314.64 feet to the northeast corner of that parcel of land described in Book 1359, Page 170, Deed Records of Multnomah County, Oregon; thence S. 1° 35' 17" W. along the east line of said parcel of land 20.02 feet to a point in the south line of said N.E. Wilkes Road and the true point of beginning of this description; thence N. 85° 47' 13" W. along said south line 322.00 feet to a point in the west line of said parcel of land; thence S. 1° 35' 17" W. along said west line 10.01 feet to a point; thence S. 85° 47' 13" E. parallel to and 30.00 feet south of the center line of N.E. Wilkes Road (when measured at right angles) 141.60 feet to a point; thence on a curve to the right having a radius of 256.48 feet, the chord of which bears S. 62° 52' 19" E. 199.73 feet, a distance of 205.15 feet to a point in the east line of said parcel of land; thence N. 1° 35' 17" E. along said east line 87.87 feet to the true point of beginning.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$500.00.

ⓐ However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). ⓑ (The sentence between the symbolsⓐ, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 15th day of July, 1993; if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized thereto by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Multnomah County

By Hank Miggins
County Chair Hank Miggins

STATE OF OREGON, County of Multnomah) ss.

This instrument was acknowledged before me on _____, 19____,

by _____

This instrument was acknowledged before me on July 15, 1993,

by Henry C. (Hank) Miggins

as Acting Chair

of Multnomah County Board of Commissioners

Deborah Lynn Royster
Notary Public for Oregon
OFFICIAL SEAL
DEBORAH LYNN ROYSTER
NOTARY PUBLIC - OREGON
COMMISSION NO. 024820
MY COMMISSION EXPIRES JUNE 27, 1997
6/27/97

Multnomah County
2505 S.E. 11th Avenue
Portland, Oregon 97202

Grantor's Name and Address
Hospitality Investments

E. 3009 South Mt. Vernon
C-1, Spokane, WA 99223

Grantee's Name and Address

After recording return to (Name, Address, Zip):
A & A Construction
P.O. Box 141701
Spokane, WA 99214

Until requested otherwise send all tax statements to (Name, Address, Zip):

Hospitality Investments
E. 3009 South Mt. Vernon C-1
Spokane, WA 99223

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said County.

Witness my hand and seal of County affixed.

NAME TITLE
By _____, Deputy

MEETING DATE: JUL 15 1993

AGENDA NO: R-4

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: PCRB EXEMPTION for the purchase of Street lighting

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 8, 1993

Amount of Time Needed: 5 - 10 MINUTES

DEPARTMENT: MSS DIVISION: Purchasing

CONTACT: Lillie Walker/Franna Hathaway TELEPHONE #: 248-5111

BLDG/ROOM #: Ford/421/1st

PERSON(S) MAKING PRESENTATION: John Dorst/Jan Thompson

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Request exemption from the formal competitive bid process to purchase street lighting for the Cornelius Pass Road project from PGE.

7/8/93 copies of application & notice of hearing to PCRB list, Lillie Walker & John Dorst. 7/16/93 copies of

SIGNATURE REQUIRED:

notice of approval & order to PCRB list, Lillie Walker & John Dorst

ELECTED OFFICIAL: _____

OR

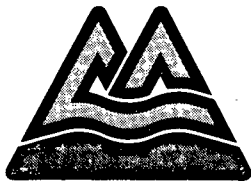
DEPARTMENT MANAGER: _____

Lillie M. Walker

CLERK OF
COUNTY COMMISSIONERS
1993 JUL - 7 AM 8:50
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222



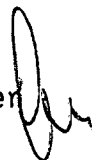
MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES
TRANSPORTATION DIVISION
1620 S.E. 190TH AVE.
PORTLAND, OREGON 97233
(503) 248-5050

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
DAN SALTZMAN • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
TANYA COLLIER • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

M E M O R A N D U M

TO: Lillie Walker/Purchasing Director
Bldg. 421/First Floor

FROM: Betsy Williams/Director, DES and
Larry F. Nicholas, P.E./County Engineer 

DATE: May 20, 1993

SUBJECT: Exemption Request for Sole Source Exemption

The DES Transportation Division is requesting a sole source exemption for street lighting in conjunction with the Cornelius Pass Road project. PGE is the sole source for this service and no other options are available to either bid on or provide the service. Attached for information is a copy of the PGE proposal. This project will be starting soon and your cooperation in processing this is appreciated.

If you have any questions or need further information regarding this, please call John Dorst at 248-3599.

JKD/js
Encls.

2742W

RECEIVED
PURCHASING SECTION
93 MAY 21 PM 3:55
MULTNOMAH COUNTY

RECEIVED
PURCHASING SECTION
93 MAY 21 PM 3:53
MULTNOMAH COUNTY



Portland General Electric Company

April 19, 1993

Mr. Gregory H. Kirby
Multnomah County Oregon
Department of Environmental Services
Transportation Division
1620 S.E. 190th Avenue
Portland, Or 97233

Re: Illumination Project on NW Cornelius Pass Road.

Greg,

As per your request, I have designed the facilities necessary to extend power to the area requiring light, and have established the associated costs. The costs are as follows:

Extension of 13KV line	=	\$10,533.89
8-200W Light Fixtures	=	
& mastarms	=	<u>2,696.15</u>
Total Cost	=	\$13,230.04
Tree trimming for 13kv		
line extension only		
(From tunnel-North)	=	\$ 700.00

Please feel free to call me at 671-1239, if you have any questions.

Sincerely,

Thomas E. Stephenson
Service and Design Consultant
Portland General Electric Co.



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS

GLADYS McCOY •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222


NOTICE OF HEARING

The Multnomah County Board of Commissioners, sitting as the Public Contract Review Board, will consider an application on **Thursday, July 15, 1993**, at 9:30 a.m. in Room 602 of the Multnomah County Courthouse, 1021 SW Fourth, Portland, Oregon, in the Matter of a Sole Source Exemption to Contract with Portland General Electric for the Purchase of Street Lighting.

A copy of the application is attached.

For additional information, please contact Multnomah County Purchasing Director Lillie Walker, 248-5111 or the Office of the Board Clerk, 248-3277.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON
PUBLIC CONTRACT REVIEW BOARD


Deborah Bogstad
Office of the Board Clerk

0044C/1/db
enclosure
cc: Lillie Walker
John Dorst
7/8/93

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

In the Matter of a Sole Source Exemption)
to contract with Portland General Electric)
for the purchase of street lighting.)

A P P L I C A T I O N

Application to the Public Contract Review Board on behalf of a request from the Department of Environmental Services, Transportation Division is hereby made pursuant to the Board's Administrative Rule AR 10.010, and AR 20.030 adopted under the provisions of ORS 279.015, for an order of exemption to purchase street lighting for the Cornelius Pass Road Project from PGE for \$13,930.04.

This Exemption Request is due to the facts that Portland General Electric is the sole source for this service.

Purchasing recommends approval of this exemption because PGE is a sole source provider.

The DES Transportation Division has funds to cover the cost of this project in its FY 1993-94 budget.

Dated this 24 day of June, 1993.


Lillie Walker, Director
Purchasing, Contracts, & Central Stores

Attachments



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

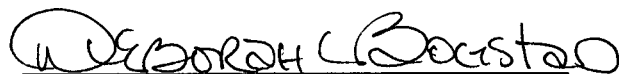
BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR • 248-3308
DAN SALTZMAN • DISTRICT 1 • 248-5220
GARY HANSEN • DISTRICT 2 • 248-5219
TANYA COLLIER • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
CLERK'S OFFICE • 248-3277 • 248-5222

NOTICE OF APPROVAL

The Multnomah County Board of Commissioners, sitting as the Public Contract Review Board, considered an application on Thursday, July 15, 1993, at 9:30 a.m. in Room 602 of the Multnomah County Courthouse, 1021 SW Fourth, Portland, Oregon, and approved Order 93-259 in the Matter of a Sole Source Exemption to Contract with Portland General Electric for the Purchase of Street Lighting.

A copy of the Order is attached.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON
PUBLIC CONTRACT REVIEW BOARD


Deborah Bogstad
Office of the Board Clerk

0044C/4/db
enclosure
cc: Lillie Walker
John Dorst
7/16/93

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

In the Matter of a Sole Source Exemption)
to contract with Portland General Electric) ORDER
for the purchase of street lighting.) 93-259

The above entitled matter is before the Board of County Commissioners, acting in its capacity as the Multnomah County Public Contract Review Board, to review, pursuant to ORS 279.015 and AR 10.010 and AR 20.030, a request from the Department of Environmental Service, Transportation Division to award a contract to Portland General Electric for the purchase of street lighting for the Cornelius Pass Road Project for \$13,930.04.

It appearing to the Board that the recommendation for a sole source exemption, as it appears in the application, is based upon the fact that PGE is the only provider of these services.

It appearing to the Board that this request for a sole source is in accord with the requirements of ORS 279.015 and PCRB Rules AR 10.010; it is therefore,

ORDERED that the purchase of street lighting be exempted from the requirement of the formal competitive bid process.

Dated this 15th day of July, 1993.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT
REVIEW BOARD:

By H.C. Miggins
H.C. Miggins, Acting County Chair

LAURENCE KRESSEL, County Counsel
for Multnomah County, Oregon

By John L. DuBay
Assistant County Counsel
John L. DuBay

MEETING DATE: JUL 15 1993

AGENDA NO: R-5

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: PCRB EXEMPTION REQUEST

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: JUNE 24

Amount of Time Needed: 5 - 10 MINUTES

DEPARTMENT: DES DIVISION: Fleet, Records, Electronic

Distribution Services (F.R.E.D.S.)

CONTACT: Tom Guiney/Franna Hathaway TELEPHONE #: 248-5353/ 248-5111

BLDG/ROOM #: 425/FREDS

PERSON(S) MAKING PRESENTATION: Tom Guiney

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Request from DES, F.R.E.D.S. for the exemption from the bidding process for the purchase of an IBM RS6000 Computer and related hardware and software since the required upgrade of the Mainstem Fleet Systems will only operate on this equipment.

7/8/93 copies of Notice of Hearing & application to PCRB list, Lillie Walker & Tom Guiney

7/16/93 copies of Notice of Approval & order to PCRB list, Lillie Walker & Tom Guiney

SIGNATURE REQUIRED:

ELECTED OFFICIAL: _____

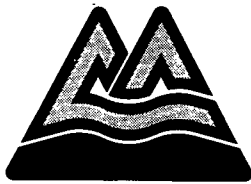
OR

DEPARTMENT MANAGER: BH Williams

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

BOARD OF
COUNTY COMMISSIONERS
1993 JUL - 6 AM 9:57
MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES
FLEET, RECORDS, ELECTRONIC & DISTRIBUTION
SERVICES DIVISION (F.R.E.D.S.)
1620 S.E. 190TH AVE.
PORTLAND, OREGON 97233-5999
(503) 248-5050

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GARY HANSEN • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Lillie Walker, Purchasing Manager
FROM: Tom Guiney, F.R.E.D.S. Manager *Tom DG*
RE: Sole Source Exemption Request
DATE: May 14, 1993

RECEIVED
PURCHASING SECTION
MAY 17 AM 8:45
MULTNOMAH COUNTY

We request that you seek a sole source exemption for the purchase of an IBM RS 6000 computer and related hardware and software.

We must update our existing fleet management information system because the support for the existing application software and hardware is being discontinued in the near future. The upgraded application software, Mainstem Fleet Command, operates on an AIX operating system. The AIX operating system requires the use of an IBM RS 6000 computer which is available only through IBM.

The alternative to the software upgrade and this exemption is to purchase a completely new application software, a different operating system, and other new hardware. The change to different application software would require retraining our staff, conversion of over 20 years of vehicle maintenance data, and operating two systems side by side for a period of time. The additional cost would be in the tens of thousands of dollars.

The exact specification is not yet complete, but the cost has been determined to be approximately \$36,000.

cc Elise Nicholson
Richard Payne

TGCK0374.MEM

RECEIVED
PURCHASING SECTION

93 MAY 17 AM 8:46

MULTNOMAH COUNTY




MULTNOMAH COUNTY OREGON

DEPARTMENT OF ENVIRONMENTAL SERVICES
INFORMATION SERVICES DIVISION
4747 EAST BURNSIDE
PORTLAND, OREGON 97215
(503) 248-3749

GLADYS McCOY
COUNTY CHAIR

MEMORANDUM

TO: Roger Bruno
Purchasing

FROM: Pam Brown, Network Services Manager 
Information Services Division

DATE: May 21, 1993

RE: DPMC REVIEW OF DATA PROCESSING ACQUISITION

In accordance with Multnomah County Ordinance 511, it is the responsibility of the Data Processing Management Committee:

To review and comment on all requests for data processing hardware, software or consulting with a total cost in excess of \$1,000 which occur in department or division budgets to ensure compliance with DPMC policies regarding equipment and applications acquisition and maintenance and to assess their future impact on ISD.

The Data Processing Management Committee has directed the Information Services Division to review all requests defined above and to provide a report to the DPMC at their quarterly meeting.

Under these guidelines, ISD staff has reviewed the proposed purchase of an IBM RS 6000 computer and related hardware and software for Fleet, Records, Electronic & Distribution Services Division. It is our opinion that the request is consistent with the policies identified by the Data Processing Management Committee.

cc: Tom Guiney

RECEIVED
INFORMATION SERVICES DIVISION
MAY 24 AM 9:36
MULTNOMAH COUNTY



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS

GLADYS McCOY •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222

NOTICE OF HEARING

The Multnomah County Board of Commissioners, sitting as the Public Contract Review Board, will consider an application on **Thursday, July 15, 1993, at 9:30 a.m.** in Room 602 of the Multnomah County Courthouse, 1021 SW Fourth, Portland, Oregon, in the Matter of an Exemption from Public Bidding a Contract with IBM for the Purchase of an IBM RS 6000 Computer.

A copy of the application is attached.

For additional information, please contact Multnomah County Purchasing Director Lillie Walker, 248-5111 or the Office of the Board Clerk, 248-3277.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON
PUBLIC CONTRACT REVIEW BOARD

Deborah Bogstad
Office of the Board Clerk

0044C/1/db
enclosure
cc: Lillie Walker
Tom Guiney
7/8/93

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

In the Matter of Exempting from public)
bidding a contract with IBM for the purchase)
of an IBM RS6000 Computer) A P P L I C A T I O N

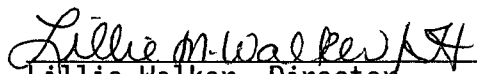
Application to the Public Contract Review Board on behalf of a request from the Department of Environmental Services, Fleet, Records, Electronic & Distribution Services Division (F.R.E.D.S.) is hereby made pursuant to the Board's Administrative Rule AR 10.010, AR 20.030 and AR 10.045, adopted under the provisions of ORS 279.015, for an order of exemption to purchase an IBM RS 6000 Computer and related hardware and software.

This Exemption Request is due to the following facts:

1. The attached memorandums from the DES, F.R.E.D.S. Division requests a sole source exemption to contract with IBM for the purchase of IBM hardware and software. This is necessary due to the required update of the fleet management information system. This upgrade will only operate on an AIX operating system which requires the use of an IBM RS 6000 computer.
2. The only alternative is to purchase a completely new system which would require retraining staff and conversion of over 20 years of data at a considerably higher cost to the County.
3. The total cost of this purchase is determined to be approximately \$36,000.
4. Purchasing has reviewed the information provided by the DES, F.R.E.D.S. Division and has found that an exemption for the purchase does not encourage favoritism and represents a cost savings to the County.
5. The Purchasing Section recommends approval of the requested sole source exemption.

The F.R.E.D. Division, has budgeted funds to cover the cost of the contract in the FY 1993-94 budget. The DPMC letter of approval is attached.

Dated this 14 day of June, 1993.


Lillie Walker, Director
Purchasing, Contracts, & Central Stores

Attachments



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS


GLADYS McCOY •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222

NOTICE OF APPROVAL

The Multnomah County Board of Commissioners, sitting as the Public Contract Review Board, considered an application on Thursday, July 15, 1993, at 9:30 a.m. in Room 602 of the Multnomah County Courthouse, 1021 SW Fourth, Portland, Oregon, and approved Order 93-260 in the Matter of an Exemption from Public Bidding a Contract with IBM for the Purchase of an IBM RS 6000 Computer.

A copy of the Order is attached.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON
PUBLIC CONTRACT REVIEW BOARD


Deborah Bogstad
Office of the Board Clerk

0044C/4/db
enclosure
cc: Lillie Walker
Tom Guiney
7/16/93

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT REVIEW BOARD

In the Matter of an Exemption from public)
bidding a contract with IBM for the) ORDER
purchase of an IBM RS 6000 Computer) 93-260

The above entitled matter is before the Board of County Commissioners, acting in its capacity as the Multnomah County Public Contract Review Board, to review, pursuant to ORS 279.015(3) (A) Through (5) (B) and PCRB Rules AR 10.010, AR 20.030, and AR 10.045, an exemption request from the Department of Environmental Service, F.R.E.D.S. Division to award a contract to IBM, the sole provider, of IBM RS 6000 Computer and related hardware and software. The cost of this purchase is determined to be approximately \$36,000.

It appearing to the Board that this request for exemption, as it appears in this order, is based upon the fact that IBM provides the only compatible hardware and software for the required upgrade of the Mainstem Fleet System.

It appearing to the Board that this exemption request is in accord with the requirements of ORS 279.015 and PCRB Rules AR 10.010, 20.030, 30,010 and AR 10.045; now therefore,

IT IS ORDERED that the purchase of the IBM RS 6000 Computer and related hardware and software be exempted from the requirement of the formal competitive bid process.

Dated this 15th day of July, 1993.



BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ACTING AS THE PUBLIC CONTRACT
REVIEW BOARD

By H.C. Miggins
H.C. Miggins, Acting County Chair

LAURENCE KRESSEL, County Counsel
for Multnomah County, Oregon

By John L. DuBay
Assistant County Counsel
John L. DuBay

MEETING DATE: JUL 15 1993

AGENDA NO: R-6

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Resolution Adopting and Defining Various Funds

BOARD BRIEFING Date Requested:

Amount of Time Needed:

REGULAR MEETING: Date Requested: July 15, 1993

Amount of Time Needed: 10 minutes

DEPARTMENT: MSS DIVISION: Finance

CONTACT: Jean Uzelac TELEPHONE #: x2766

BLDG/ROOM #: 106/1430

PERSON(S) MAKING PRESENTATION: Jean Uzelac

ACTION REQUESTED:

[] INFORMATIONAL ONLY [] POLICY DIRECTION [X] APPROVAL [] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Resolution adopts and defines policies and fund structure as the guidelines for accounting for County resources and expenditures. Replaces Resolution No. 91-124.

7/19/93 copies to Jean Uzelac

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Hank Higgins

OR

DEPARTMENT MANAGER: Paul A. Boyer

1993 JUL - 7 PM 1:21
CLINT COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63

BEFORE THE BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

In the Matter of Adopting)
and defining the various)
County Funds.)

RESOLUTION NO. 93-261

WHEREAS, the Board of County Commissioners of Multnomah County has the responsibility to ensure that the County's financial records are maintained; and

WHEREAS, the Chair, Board of County Commission is responsible under MCC 2.30.450 for the fiscal operations of the County; and

WHEREAS, the Board has established various funds in the County's budget.

THEREFORE, BE IT RESOLVED that the Multnomah County Board of Commissioners adopts and defines the following policies and fund structure as the guidelines for accounting for County resources and expenditures.

GOVERNMENTAL FUNDS

Basis of Accounting

The County maintains all Governmental Fund Types including: the General Fund, Special Revenue Funds, Debt Service Funds, and Capital Project Funds using the modified accrual basis of accounting. Under the modified accrual basis of accounting, revenues are recorded in the accounting period in which they become measurable and available, and expenditures are recorded at the time liabilities are incurred.

GENERAL FUND

General Fund (100) - Accounts for the financial operations of the County which are not accounted for in any other fund. The principal sources of revenue are property taxes, business income taxes, motor vehicle rental taxes, and interest income. Primary expenditures in the General Fund are made for general government, public safety, health services and social services.

The General Fund also accounts for the repayment of short-term debt interest expenses incurred through the sale of tax anticipation notes pursuant to ORS 287.435 and interest expenditures incurred from reverse repurchase agreement transactions.

SPECIAL REVENUE FUNDS

Special Revenue Funds are authorized for a specific purpose and generally operate on a year-to-year basis until the Fund is discontinued or revised by proper legislative authority. In the event the Fund is discontinued, any excess funds would be returned to the originating jurisdiction or the County General Fund.

Road Fund (150) - In accordance with ORS 366.524 - 366.542 and ORS 368.705, accounts for revenues primarily received from the State of Oregon motor vehicle fee apportionments, County gasoline taxes, federal reserve yield, and interest income. Expenditures are restricted by Article IX, Section 3A of the Constitution of the State of Oregon and consist of construction, repair, maintenance, and operations of public highways and roads.

Emergency Communications Fund (151) - Accounts for revenues received from the State Telephone Excise Tax. Expenditures are restricted for the Emergency Communication Network in conjunction with the City of Portland, pursuant to Multnomah County Code 5.90.060.

Natural Areas Acquisition and Protection Fund (153) - Accounts for the acquisition, protection and management of natural areas. Revenues are derived from the sale of property and interest income. Authorized by Resolution 90-57.

Bicycle Path Construction Fund (154) - Accounts for one percent of State of Oregon Motor Vehicle fees collected pursuant to ORS 366.514. Expenditures are restricted by ORS for bicycle path construction and maintenance.

Federal/State Program Fund (156) - Accounts for the majority of dedicated revenues and expenditures related to federal and state financial assistance programs (grants). Also accounts for General Fund contributions (match) and operational revenues.

County School Fund (157) - Accounts for funds transferred from General Fund and Forest Reserve yield revenues received from the State pursuant to ORS 328.005 - 328.035. Funds are distributed to the County School districts.

Tax Title Land Sales Fund (158) - Accounts for the receipt and sale of foreclosed properties. Under the provision of ORS 275.275, these revenues are distributed to the taxing districts in Multnomah County.

Animal Control Fund (159) - Accounts for revenues from dog and cat licenses, control fees. Cash transfers are made to the General Fund for animal control activities.

Serial Levy Fund (160) - Accounts for the collections of property taxes from a three-year special serial levy, fiscal years 1987-88, 1988-89, and 1989-90, for operating the Inverness Jail facility. Funds are transferred to the Capital Lease Retirement Fund for the annual certificate of participation debt payment. This Fund will be closed in Fiscal Year 1993-94 and excess funds transferred to the General Fund.

Willamette River Bridge Fund (161) - Accounts for State of Oregon Motor Vehicle fees and County gasoline taxes which are transferred from the Road Fund. Expenditures are made for inspections and maintenance of the Hawthorne, Morrison, Burnside, Sellwood, and Broadway bridges.

Library Fund (162) - Accounts for the Multnomah County Public Library operations. Property taxes from a three-year special serial levy and transfers from the General Fund are the principal sources of revenue. The Multnomah County Public Library was established by Ordinance 649 pursuant to ORS 357.400 - 375.610.

County Fair Fund (164) - In accordance with ORS 565.210 - 565.450, accounts for the revenues and expenditures of the annual County Fair.

Convention Center Fund (166) - Accounts for a portion of the County's transient lodging taxes collected from all hotels and motels in the County. Expenditures are to be used for Convention Center purposes pursuant to Multnomah County Code 5.50.

Corner Preservation Fund (167) - Accounts for the collection of recording fees on real property transactions and surveying activities. Expenditures are made for the establishment, re-establishment, and maintenance of public corners of government surveys pursuant to ORS 203.148 and Multnomah County Code 5.10.270.

Inmate Welfare Fund (168) - Accounts for the proceeds from the sale of commissary items. Purchases are made for supplies for inmates in County jails. Excess funds are used on inmate amenities such as recreation equipment for the institutions.

Jail Levy Fund (169) - Accounts for the three-year Inverness Jail levy approved by the voters in November 1989 and May 1993. Property taxes are the principal source of revenue. The Inverness Jail Operating expenditures are also recorded in this fund.

Assessment and Taxation Fund (175) - This fund was established as a result of the adoption of a statewide system aimed at assuring the quality and consistency of property assessment and tax collection of all counties, by the Oregon Legislature in 1989. This system involves State Department of Revenue examination of all Oregon counties' Assessment and Taxation budgets, includes a partial subsidy of those budgets based on recording fees imposed in 1989.

Justice Services Special Operations Fund (180) - This fund was established in the 1993-94 budget to account for revenues previously placed in the General Fund that are dedicated to Justice Services in the Community Corrections Department, the District Attorney's Office, and the Sheriff's Office. This fund accounts for probation fees, criminal processing assessment fees, conciliation court fees and marriage license fees for the Community Corrections Department. This fund accounts for revenues received from forfeitures and video lottery for the District Attorney's Office. This fund also accounts for the Sheriff's Office revenues received from forfeitures, alarm permits, concealed weapon permits, gun ordinance fees and liquor license fees collected for civil processing inspection.

Assessment District Operating Fund (251) - In accordance with ORS 223.285, accounts for revenues from special assessments levied to finance the construction of public improvements or services deemed to benefit the property owners against which the assessments are levied.

DEBT SERVICE FUNDS

Debt Service Funds exist until all long-term debt is repaid. Once the debt is repaid, any monies remaining in the fund are returned to the originating jurisdiction or County fund.

Capital Lease Retirement Fund (225) - Accounts for lease/purchase principal and interest payments for buildings and major pieces of equipment acquired by the issuance of Certificates of Participation or other lease/purchase arrangements. Revenues consist of service reimbursements and cash transfers from other County funds.

Library Bond Sinking Fund (226) - This fund accounts for the retirement of General Obligation Bonds approved in May 1993 to repair the Central Library and construction of the Midland Library. Proceeds are derived from property taxes.

Assessment District Bond Sinking Fund (252) - In accordance with ORS 223.285, accounts for the payment of principal and interest on special assessment improvement bonds. Revenues are received from the collection of Bancroft Assessment liens. The bonds have been paid and this fund will be closed in Fiscal Year 1993-94.

CAPITAL PROJECTS FUNDS

Capital Projects Funds operate until the capital project is completed. Upon completion, any remaining cash is transferred to the Debt Service Fund to retire debt associated with the construction or acquisition of designated fixed assets or to the originating source of the funds.

Lease/Purchase Project Fund (235) - Accounts for expenditures for long-term lease/purchases of equipment, property acquisitions, remodeling, and construction of County facilities. Resources are derived from certificates of participation proceeds and other lease/purchase agreements and General Fund service reimbursements.

Library Construction Fund (236) - This fund accounts for the expansion of the Midland Library and renovation of the Central Library. Proceeds are derived from the sale of General Obligation Bonds approved by the voters May 18, 1993.

Capital Improvement Fund (240) - Accounts for the proceeds derived from the sale of unrestricted property, interest income, and any service reimbursement or operating revenue from leased facilities. Expenditures are made for capital acquisitions or for the retirement of lease/purchases. Authorized by Resolution 90-57.

PROPRIETARY FUNDS

Basis of Accounting

The County maintains all Proprietary Fund Types including: Enterprise Funds using the full accrual basis of accounting. Under the accrual basis of accounting, revenues are recorded at the time they are earned, and expenses are recorded at the time liabilities are incurred.

Internal Service Funds are entirely or predominantly self-supporting by user charges, operating earnings, or transfers from other funds. These funds, authorized under ORS 294.470, are considered to have indefinite life. In the event the fund is discontinued, any excess funds would be returned to the originating jurisdictions or County Fund.

ENTERPRISE FUNDS

Recreation Fund (330) - Accounts for revenues and expenses associated with the parks program and Exposition Center operations. Prior to Fiscal Year 1991-92, parks revenue, including revenues from the Glendoveer Golf Course, were accounted for in the Recreational Facilities Fund, and the Exposition operations were accounted for in the General Fund.

INTERNAL SERVICE FUNDS

Insurance Fund (400) - Accounts for all internal service reimbursements, revenues, and expenses associated with the County's insurance requirements and administration of workers' compensation, general liability, tort, auto, property, employee medical, dental, vision, life and long-term disability claims and insurance, employee benefits, health promotion, post-retirement benefits, and unemployment insured and self-insured programs pursuant to Multnomah County Code 2.60.115 to 2.60.150.

Fleet Management Fund (401) - Accounts for internal service reimbursements from County organizational units using County vehicles to provide for the administration of all aspects of the County's motor vehicle fleet.

Telephone Fund (402) - Accounts for dedicated charges and operational costs of the County telephone system. Revenues are derived from internal service reimbursements and other non-County organizations.

Data Processing Fund (403) - Accounts for revenues received from internal service and other governmental organization reimbursements for data processing services and operations.

Mail Distribution Fund (404) - Accounts for internal service reimbursements for County organizational units for U.S. mail and internal distribution and delivery expenses.

FIDUCIARY (AGENCY) FUNDS

These agency funds account for resources received and held by the County in a fiduciary capacity. Disbursements are made in accordance with the agreement or applicable legislative enactment for each particular fund. The agency funds are as follows:

Public Guardian Fund (450) - Accounts for receipts and disbursements for individuals who are not capable of handling their own financial affairs.

Library Retirement Fund (480) - Accounts for the receipt and disbursement of funds for the Library Retirement Plan. The fund was established in Fiscal Year 1990-91 as a result of the Library merging with the County.

Sundry Taxing Bodies Fund (500) - Accounts for the collection of property taxes for all governmental entities located in Multnomah County and the disbursement of the collections to such entities.

Clearing Fund (503) - Accounts for Multnomah County checks outstanding, accrued payroll and payroll deductions payable and investments.

Deferred Compensation Fund (515) - Accounts for voluntary withholdings from employee's wages on which income taxes are deferred until the time of withdrawal.

Department and Offices Agency Fund (505) - Accounts for the collection and disbursement of various monies held. Multnomah County maintains several sub-funds which are used to account for the receipt of resources held by the County in a fiduciary capacity. Disbursements are made in accordance with the agreement or applicable legislative enactment for each particular fund.

Sheriff's Revolving (853) - Accounts for the costs of extraditing prisoners which are prepaid by the County. Reimbursement is received from the State of Oregon as specified in ORS 206.315.

Fair Apportionment (859) - Accounts for payments made to specified exhibitors at the Multnomah County Fair. Payments are made from the County's apportionment of State racing revenue as specified in ORS 565.280 and 565.290.

Tibbetts Flower (863) - Accounts for the donations received for the purchase of flowers to be placed on graves at County cemeteries on Memorial Day.

Medical Examiner (865) - Accounts for funds belonging to deceased persons. The County holds these funds until they are claimed by the deceased's heirs or, after five years, are transferred to the State Land Board.

Blue Lake Park Concert Stage (870) - Accounts for donations, held in trust by Multnomah County, for construction of a concert stage at Blue Lake Park.

Oxbow Park Nature Center (877) - Accounts for donations, held in trust by Multnomah County, for construction of a nature center at Oxbow Park.

MCSO Forfeitures (880) - Accounts for cash transactions subject to forfeiture under 1989 Oregon Law, Chapter 791.

Animal Control Grooming Area (887) - Accounts for donations held in trust to remodel the existing grooming area at Animal Control and for new equipment.

Willamina Farmer Fund (888) - Accounts for funds from the Willamina Farmer Estate for perpetual care and maintenance of the Farmer family plot.

This resolution replaces Resolution No. 91-124.

ADOPTED this 15th day of July, 1993.



By *Henry C. Miggins*
Henry C. Miggins, Acting Chair

REVIEWED

By *Laurence Kressel* for
Laurence Kressel, County Counsel
of Multnomah County, Oregon

MEETING DATE: JUL 15 1993

AGENDA NO: R-7

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Ordinance Amending Potentially Dangerous Dog Classification Fees

BOARD BRIEFING Date Requested:

Amount of Time Needed:

REGULAR MEETING: Date Requested: July 8, 1993

Amount of Time Needed: 10 minutes

DEPARTMENT: Environmental Services DIVISION: Animal Control

CONTACT: Mike Oswald TELEPHONE #: x4056
BLDG/ROOM #: 324

PERSON(S) MAKING PRESENTATION: Mike Oswald

ACTION REQUESTED:

[] INFORMATIONAL ONLY [] POLICY DIRECTION [X] APPROVAL [] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

The adopted FY 93/94 Animal Control Budget reflects the Board's decision to increase the annual classification fee for Potentially Dangerous Dogs. This ordinance amends M.C.C. 8.10 to raise fees and clarifies the status of an infraction based on non-payment of the fee.

SIGNATURES REQUIRED:

ELECTED OFFICIAL:

OR

DEPARTMENT MANAGER:

Ms Betty H. Wallis

BOARD OF
COUNTY COMMISSIONERS
1993 JUL - 6 AM 9:58
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

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6/93

ORDINANCE FACT SHEET

Ordinance Title: Potentially Dangerous Dog Fee Increase

Give a brief statement of the purpose of the ordinance (include the rationale for adoption of ordinance, description of persons benefited, other alternatives explored):

Pet owners who have their dogs classified as Potentially Dangerous are currently required to pay an annual classification fee of \$15. Due to declining General Fund support to the Animal Control Program, the Board adopted the FY 93/94 budget based upon these fees being increased.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

No other local jurisdiction have a similar program.

What has been the experience in other areas with this type of legislation?

Establishing annual fees for dangerous dog ownership is common. The fee amounts are consistent with similar programs.

What is the fiscal impact, if any?

Increase in operational revenue.

(If space is inadequate, please use other side)

SIGNATURES:

Person Filling Out Form: Mike Toward

Planning & Budget Division (if fiscal impact): _____

Department Manager/Elected Official: BH Willia

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ORDINANCE NO. _____

An ordinance amending MCC 8.10. relating to Animal Control, clarifying the status of an infraction based on non-payment of the Potentially Dangerous Dog (PDD) Annual License Fee, raising the fee and creating separate fees based on the level of classification of the dog.

(Language in brackets [] is to be deleted; shaded and underlined language is new)

Multnomah County ordains as follows:

Section I. Findings

A. MCC Chapter 8.10.280(G) presently provides that to obtain a license for a dog classified potentially dangerous, the party responsible for the dog must pay the regular license fee plus a \$15 "classified dog fee."

B. Multnomah County Animal Control recommends the classified dog fee system be amended. Animal Control is requesting a two-tiered system with larger fees for the higher classified animals.

C. The present code should be clarified with respect to the consequence of failure to pay the fee. This amendment makes the failure to pay the PDD fee a Class C Infraction and adds language to various sections of MCC 8.10 for internal consistency of the Chapter.

Section II. Amendment to MCC 8.10.191

MCC 8.10.191 is amended to read as follows:

06/02/93:1

(A) The failure to comply with any conditions or restrictions lawfully imposed pursuant to a notice of infraction or Director's decision not otherwise stayed under MCC 8.10.056 is a violation of this chapter. Failure to pay the civil fine shall be an infraction under this section. A notice of infraction issued under this section for failure to comply shall be of the same classification as the original infraction. The first notice of infraction issued under this section shall not be construed as a second offense under MCC 8.10.900(B).

(B) Except as provided in MCC 8.10.191(C), all enforcement actions under this section shall be brought before Hearings Officers.

(C) Any enforcement action for failure to comply wherein the circumstances of the failure to comply by the party in violation are determined by the Director to:

- 1) Be a substantial risk to public safety; or
- 2) Be a substantial risk to the care and treatment of the subject animal(s); or
- 3) Be a failure to pay past-due fines on three or more infractions within a 12-month period;

shall be brought in the State Court as provided under ORS 203.810 and ORS 30.315.

(D) Notwithstanding subsection (A) of this section, a notice of failure to comply issued under this section that is based solely on the failure to pay the annual classified dog fee under MCC 8.10.280(G), shall be a Class C infraction.

06/02/93:1

SECTION III Amendment to MCC 8.10.280

MCC 8.10.280 is amended to read as follows:

8.10.280 Regulation of potentially dangerous dogs. In addition to the other requirements of MCC Chapter 8.10, the owner or keeper of a potentially dangerous dog shall comply with the following conditions:

(A) Dogs classified as Level 1 dogs shall be restrained in accordance with MCC 8.10.010(B) by a physical device or structure, in a manner that prevents the dog from reaching any public sidewalk, or adjoining property and must be located so as not to interfere with the public's legal access to the owner's property, whenever that dog is outside the owner's home and not on a leash.

(B) Dogs classified as Level 2 dogs shall be confined within a secure enclosure whenever the dog is not on a leash or inside the home of the owner. The secure enclosure must be located so as not to interfere with the public's legal access to the owner's property. In addition, the Director may require the owner to obtain and maintain proof of public liability insurance. In addition, the owner may be required to pass a responsible pet ownership test administered by the Director.

(C) Dogs classified as Level 3 or Level 4 dogs shall be confined within a secure enclosure whenever the dog is not on a leash or inside the home of the owner. The secure enclosure must be located so as not to interfere with the public's legal access to the owner's property, and the owner shall post warning signs, which are provided by the Director, on the property where the dog is

06/02/93:1

1 kept, in conformance with rules to be adopted by the Director. In
2 addition, the Director may require the owner to obtain and maintain
3 proof of public liability insurance. The owner shall not permit
4 the dog to be off the owner's property unless the dog is muzzled
5 and restrained by an adequate leash and under the control of a
6 capable person. In addition, the Director may require the owner to
7 satisfactorily complete a pet ownership program.

8 (D) Dogs classified as Level 5 dogs as described in MCC
9 8.10.270 shall be euthanized. In addition, the Director may
10 suspend, for a period of time specified by the Director, that dog
11 owner's right to be the owner of any dog in Multnomah County,
12 including dogs currently owned by that person.

13 (E) All dogs classified as Level 5 potentially dangerous dogs
14 shall be euthanized at any time not less than twenty (20) days
15 after the date of classification. Notification to the Director of
16 any appeal to the Hearings Officer as provided for in MCC
17 8.10.054(A) or to any court of competent jurisdiction shall delay
18 destruction of the dog until a date not less than fifteen (15) days
19 after a final decision by the Hearings Officer of final judgment by
20 the court.

21 (F) To insure correct identification, all dogs that have been
22 classified as potentially dangerous may be marked with a permanent
23 identifying mark, photographed, or fitted with a special tag or
24 collar provided by the Director. The Director shall adopt rules
25 specifying the type of required identification.

26 (G) In addition to the normal licensing fees established by

06/02/93:1

MCC 8.10.220(A)(1) and (2), there shall be an annual fee of [~~\$15~~
~~for dogs that have been classified as potentially dangerous~~] \$25
for dogs classified at Level 1 and Level 2; and \$50 for dogs
classified at Level 3 and Level 4.

(H) The owner of a potentially dangerous dog shall not permit the warning sign to be removed from the secure enclosure, and shall not permit the special tag or collar from being removed from the classified dog. The owner of a potentially dangerous dog shall not permit the dog to be moved to a new address or change owners without providing the Director with ten (10) days prior written notification.

(I) Declassification of potentially dangerous dogs. Any owner of a classified potentially dangerous dog may apply to the Director or the hearings officer, in writing, to have the restrictions reduced or removed.

(1) The following conditions must be met:

(a) Level 1 or Level 2 dog has been classified for one year without further incident or two years for Level 3 or Level 4 dogs; and

(b) The owner provides the Director with written certification of satisfactory completion of obedience training for the dog classified; and

(c) There have been no violations of the specified regulations; and

(d) In addition, the Director may require the dog owner to provide written verification that the classified dog has

06/02/93:1

1 been spayed or neutered.

2 (e) Any reclassification request submitted under
3 this subsection must include \$25 review fee.

4 (2) When the owner of a potentially dangerous dog meets
5 all of the conditions in this subsection, the restrictions for
6 Level 1 and Level 2 classified dogs may be removed. Restrictions
7 for Level 3 and Level 4 dogs may be removed, with the exception of
8 the secure enclosure.

9 SECTION IV Amendment to MCC 8.10.900(A)

10 MCC 8.10.900(A) is amended to read as follows:
11 8.10.900 Penalties, generally.

12 (A) Violations of the provisions of this chapter shall be
13 classified as provided below.

14 (1) Class A Infractions. Violations of the following
15 sections or subsections shall be Class A infractions:

- 16 (a) MCC 8.10.030
- 17 (b) MCC 8.10.180
- 18 (c) MCC 8.10.190(B)(3)
- 19 (d) MCC 8.10.190(B)(8)
- 20 (e) MCC 8.10.190(B)(9)
- 21 (f) MCC 8.10.190(B)(10)
- 22 (g) MCC 8.10.190(B)(12)
- 23 (h) MCC 8.10.200)

24 (2) Class B Infractions: Violations of the following
25 sections or subsections of this chapter shall be Class B
26 infractions:

06/02/93:1

- (a) 8.10.150
- (b) 8.10.155
- (c) MCC 8.10.190(B)(4)
- (d) MCC 8.10.190(B)(5)
- (e) MCC 8.10.190(B)(6)
- (f) MCC 8.10.190(B)(7)
- (g) MCC 8.10.190(B)(11)

(3) Class C Infractions. Infractions of the following sections or subsections of this chapter shall be Class C infractions:

- (a) MCC 8.10.070
- (b) MCC 8.10.170
- (c) MCC 8.10.190(B)(1)
- (d) MCC 8.10.190(B)(2)
- (e) MCC 8.10.210

(4) Except as provided under MCC 8.10.191, any other violation of this chapter not listed in this subsection shall be a Class A infraction.

SECTION V. Adoption.

ADOPTED this _____ day of _____, 1993, being

06/02/93:1

1 the date of its _____ reading before the Board of County
2 Commissioners of Multnomah County, Oregon.

3 (SEAL)
4

5 _____
6 Hank Miggins, Acting Chair
Multnomah County, Oregon

7 REVIEWED:

8 LAURENCE KRESSEL, COUNTY COUNSEL
9 FOR MULTNOMAH COUNTY, OREGON

10 By Matthew O. Ryan
11 Matthew O. Ryan
Assistant County Counsel

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06/02/93:1

MULTNOMAH COUNTY COUNSEL
1120 S.W. Fifth Avenue, Suite 1530
P.O. Box 849
Portland, Oregon 97207-0849
(503) 248-3138

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

ORDINANCE NO. _____

An ordinance amending MCC 8.10. relating to Animal Control, clarifying the status of an infraction based on non-payment of the Potentially Dangerous Dog (PDD) Annual License Fee, raising the fee and creating separate fees based on the level of classification of the dog.

(Language in brackets [] is to be deleted; ~~shaded and underlined~~ language is new)

Multnomah County ordains as follows:

Section I. Findings

A. MCC Chapter 8.10.280(G) presently provides that to obtain a license for a dog classified potentially dangerous, the party responsible for the dog must pay the regular license fee plus a \$15 "classified dog fee."

B. Multnomah County Animal Control recommends the classified dog fee system be amended. Animal Control is requesting a two-tiered system with larger fees for the higher classified animals.

C. The present code should be clarified with respect to the consequence of failure to pay the fee. This amendment makes the failure to pay the PDD fee a Class C Infraction and adds language to various sections of MCC 8.10 for internal consistency of the Chapter.

Section II. Amendment to MCC 8.10.191

MCC 8.10.191 is amended to read as follows:

07/15/93:1

1 (A) The failure to comply with any conditions or restrictions
2 lawfully imposed pursuant to a notice of infraction or Director's
3 decision not otherwise stayed under MCC 8.10.056 is a violation of
4 this chapter. Failure to pay the civil fine shall be an infraction
5 under this section. A notice of infraction issued under this
6 section for failure to comply shall be of the same classification
7 as the original infraction. The first notice of infraction issued
8 under this section shall not be construed as a second offense under
9 MCC 8.10.900(B).

10 (B) Except as provided in MCC 8.10.191(C), all enforcement
11 actions under this section shall be brought before a Hearings
12 Officer.

13 (C) Any enforcement action for failure to comply wherein the
14 circumstances of the failure to comply by the party in violation
15 are determined by the Director to:

- 16 1) Be a substantial risk to public safety; or
17 2) Be a substantial risk to the care and treatment of
18 the subject animal(s); or
19 3) Be a failure to pay past-due fines on three or more
20 infractions within a 12-month period;
21 shall be brought in the State Court as provided under ORS 203.810
22 and ORS 30.315.

23 (D) Notwithstanding subsection (A) of this section, a notice
24 of failure to comply issued under this section that is based solely
25 on the failure to pay the annual classified dog fee under MCC
26 8.10.280(G), shall be a Class C infraction.

07/15/93:1

1 SECTION III Amendment to MCC 8.10.280

2 MCC 8.10.280 is amended to read as follows:

3 8.10.280 Regulation of potentially dangerous dogs. In addition to
4 the other requirements of MCC Chapter 8.10, the owner or keeper of
5 a potentially dangerous dog shall comply with the following
6 conditions:

7 (A) Dogs classified as Level 1 dogs shall be restrained in
8 accordance with MCC 8.10.010(B) by a physical device or structure,
9 in a manner that prevents the dog from reaching any public
10 sidewalk, or adjoining property and must be located so as not to
11 interfere with the public's legal access to the owner's property,
12 whenever that dog is outside the owner's home and not on a leash.

13 (B) Dogs classified as Level 2 dogs shall be confined within
14 a secure enclosure whenever the dog is not on a leash or inside the
15 home of the owner. The secure enclosure must be located so as not
16 to interfere with the public's legal access to the owner's
17 property. In addition, the Director may require the owner to
18 obtain and maintain proof of public liability insurance. In
19 addition, the owner may be required to pass a responsible pet
20 ownership test administered by the Director.

21 (C) Dogs classified as Level 3 or Level 4 dogs shall be
22 confined within a secure enclosure whenever the dog is not on a
23 leash or inside the home of the owner. The secure enclosure must
24 be located so as not to interfere with the public's legal access to
25 the owner's property, and the owner shall post warning signs, which
26 are provided by the Director, on the property where the dog is

07/15/93:1

1 kept, in conformance with rules to be adopted by the Director. In
2 addition, the Director may require the owner to obtain and maintain
3 proof of public liability insurance. The owner shall not permit
4 the dog to be off the owner's property unless the dog is muzzled
5 and restrained by an adequate leash and under the control of a
6 capable person. In addition, the Director may require the owner to
7 satisfactorily complete a pet ownership program.

8 (D) Dogs classified as Level 5 dogs as described in MCC
9 8.10.270 shall be euthanized. In addition, the Director may
10 suspend, for a period of time specified by the Director, that dog
11 owner's right to be the owner of any dog in Multnomah County,
12 including dogs currently owned by that person.

13 (E) All dogs classified as Level 5 potentially dangerous dogs
14 shall be euthanized at any time not less than twenty (20) days
15 after the date of classification. Notification to the Director of
16 any appeal to the Hearings Officer as provided for in MCC
17 8.10.054(A) or to any court of competent jurisdiction shall delay
18 destruction of the dog until a date not less than fifteen (15) days
19 after a final decision by the Hearings Officer of final judgment by
20 the court.

21 (F) To insure correct identification, all dogs that have been
22 classified as potentially dangerous may be marked with a permanent
23 identifying mark, photographed, or fitted with a special tag or
24 collar provided by the Director. The Director shall adopt rules
25 specifying the type of required identification.

26 (G) In addition to the normal licensing fees established by

07/15/93:1

MCC 8.10.220(A)(1) and (2), there shall be an annual fee of [~~\$15~~
~~for dogs that have been classified as potentially dangerous~~] \$25
for dogs classified at Level 1 and Level 2; and \$50 for dogs
classified at Level 3 and Level 4.

(H) The owner of a potentially dangerous dog shall not permit
the warning sign to be removed from the secure enclosure, and shall
not permit the special tag or collar [~~from being~~] to be removed
from the classified dog. The owner of a potentially dangerous dog
shall not permit the dog to be moved to a new address or change
owners without providing the Director with ten (10) days prior
written notification.

(I) Declassification of potentially dangerous dogs. Any
owner of a classified potentially dangerous dog may apply to the
Director or the hearings officer, in writing, to have the
restrictions reduced or removed.

(1) The following conditions must be met:

(a) Level 1 or Level 2 dog has been classified for
one year without further incident or two years for Level 3 or Level
4 dogs; and

(b) The owner provides the Director with written
certification of satisfactory completion of obedience training for
the dog classified; and

(c) There have been no violations of the specified
regulations; and

(d) In addition, the Director may require the dog
owner to provide written verification that the classified dog has

07/15/93:1

1 been spayed or neutered.

2 (e) Any reclassification request submitted under
3 this subsection must include \$25 review fee.

4 (2) When the owner of a potentially dangerous dog meets
5 all of the conditions in this subsection, the restrictions for
6 Level 1 and Level 2 classified dogs may be removed. Restrictions
7 for Level 3 and Level 4 dogs may be removed, with the exception of
8 the secure enclosure.

9 SECTION IV Amendment to MCC 8.10.900(A)

10 MCC 8.10.900(A) is amended to read as follows:

11 8.10.900 Penalties, generally.

12 (A) Violations of the provisions of this chapter shall be
13 classified as provided below.

14 (1) Class A Infractions. Violations of the following
15 sections or subsections shall be Class A infractions:

- 16 (a) MCC 8.10.030
- 17 (b) MCC 8.10.180
- 18 (c) MCC 8.10.190(B)(3)
- 19 (d) MCC 8.10.190(B)(8)
- 20 (e) MCC 8.10.190(B)(9)
- 21 (f) MCC 8.10.190(B)(10)
- 22 (g) MCC 8.10.190(B)(12)
- 23 (h) MCC 8.10.200)

24 (2) Class B Infractions: Violations of the following
25 sections or subsections of this chapter shall be Class B
26 infractions:

07/15/93:1

- (a) 8.10.150
- (b) 8.10.155
- (c) MCC 8.10.190(B)(4)
- (d) MCC 8.10.190(B)(5)
- (e) MCC 8.10.190(B)(6)
- (f) MCC 8.10.190(B)(7)
- (g) MCC 8.10.190(B)(11)

(3) Class C Infractions. Infractions of the following sections or subsections of this chapter shall be Class C infractions:

- (a) MCC 8.10.070
- (b) MCC 8.10.170
- (c) MCC 8.10.190(B)(1)
- (d) MCC 8.10.190(B)(2)
- (e) MCC 8.10.210

(4) Except as provided under MCC 8.10.191, any other violation of this chapter not listed in this subsection shall be a Class A infraction.

SECTION V. Adoption.

ADOPTED this _____ day of _____, 1993, being

07/15/93:1

the date of its _____ reading before the Board of County
Commissioners of Multnomah County, Oregon.

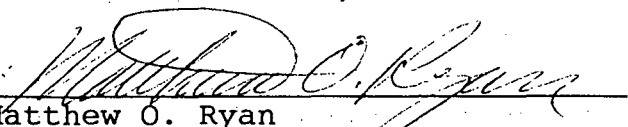
(SEAL)

Hank Miggins, Acting Chair
Multnomah County, Oregon

REVIEWED:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By


Matthew O. Ryan
Assistant County Counsel

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07/15/93:1

MULTNOMAH COUNTY COUNSEL
1120 S.W. Fifth Avenue, Suite 1530
P.O. Box 849
Portland, Oregon 97207-0849
(503) 248-3138

#1

PLEASE PRINT LEGIBLY!

MEETING DATE 7-15-93

NAME Ron McClure

ADDRESS 304 S.W. Birdsdate Dr

STREET Gresh. Or 97080

CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # R-8

SUPPORT **OPPOSE** X

SUBMIT TO BOARD CLERK

#2

PLEASE PRINT LEGIBLY!

MEETING DATE

7-15-93

NAME

TRALE Skeen

ADDRESS

1240 SE 12th

STREET

Portland, OR 97251

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

A-8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

X

#3

PLEASE PRINT LEGIBLY!

NAME JEFF LAWRENCE MEETING DATE 15 July 93

ADDRESS 3200 U.S. Bancorp Tower

STREET Portland

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # R-8

SUPPORT _____ OPPOSE _____
SUBMIT TO BOARD CLERK

#4

PLEASE PRINT LEGIBLY!

MEETING DATE 15 JULY 93

NAME

JANITA KAUBLE

ADDRESS

3419 SW MOODY

STREET

PORTLAND OR

97201

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#5

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Warren Andrews

ADDRESS

11811 NE Russell

STREET

Portland

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#6

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Chuck Coleman

ADDRESS

7880 Coon Spring Rd.

STREET

Midwood Dr. 97041

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#7

PLEASE PRINT LEGIBLY!

MEETING DATE 7/15/93

NAME Jay Fuston

ADDRESS 19445 SW Pomona Dr

STREET

Aloha OR

CITY

97007

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # R-8

SUPPORT Single Prov **OPPOSE** 2 Tiered

SUBMIT TO BOARD CLERK

#8

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

ERIC PEDERSEN

ADDRESS

3274 NE Prescott

STREET

PORTLAND OR 97211

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#9

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Terry Marsh

ADDRESS

1240 SE 12TH

STREET

Portland

CITY

97214

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

OPPOSE

X

SUBMIT TO BOARD CLERK

#10

PLEASE PRINT LEGIBLY!

MEETING DATE 7-15-93

NAME WALLACE FEIST

ADDRESS 1801 N.E. COUCH ST.

STREET

PORTLAND, OR

CITY

97232

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # 28

SUPPORT _____ OPPOSE ✓

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7-15-93

NAME

John Cutright

ADDRESS

780 SW Spring Lane

STREET

Portland

97225

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK



#12

PLEASE PRINT LEGIBLY!

MEETING DATE July 15, 1993

NAME Carl Lemmer

ADDRESS 2925 SE 50th #34

STREET

Portland OR 97206

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # R-8

SUPPORT _____ OPPOSE /
SUBMIT TO BOARD CLERK

#13

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Gareth L Store

ADDRESS

4136 N. Longview

STREET

Port

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

28

SUPPORT

OPPOSE

Ambulance

SUBMIT TO BOARD CLERK

#14

PLEASE PRINT LEGIBLY!

MEETING DATE

07/15/93

NAME

Beth Murray

ADDRESS

1800 Co SE Mill St

STREET

Gresham, Oregon 97233

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

Amulance

SUPPORT

OPPOSE

R-8

SUBMIT TO BOARD CLERK

#15

PLEASE PRINT LEGIBLY!

MEETING DATE 7-15-93

NAME ED SNYDER

ADDRESS 22881 SE 442nd Ave

STREET

SANDY OR

97055

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # R-8

SUPPORT

X

OPPOSE

SUBMIT TO BOARD CLERK

#16

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

RICK CHERRY

ADDRESS

3419 SW MOODY

STREET

PORTLAND OR 97201

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#17

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Kevin Shanders

ADDRESS

19539 SW Lisa CT

STREET

Aloha

OR

97006

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R8

SUPPORT



OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7-15-93

NAME

John M. Harkness

ADDRESS

18550 SW Forest Park rd.

STREET

Hillsboro, Ore.

CITY

97123

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

☒ **OPPOSE**

SUBMIT TO BOARD CLERK

#19

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Tom Lindley

ADDRESS

Suite 3400, 111 SW Fifth

STREET

Portland

CITY

OR

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8 Ambulance

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#20

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Mark Webster

ADDRESS

STREET

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R 8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#21

PLEASE PRINT LEGIBLY!

MEETING DATE 7/15/93

NAME GARY McLEAN

ADDRESS P.O. Box 1183

STREET SANDY, OR 97055

CITY ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # EMS-R8

SUPPORT _____ OPPOSE ✓
SUBMIT TO BOARD CLERK

#22

PLEASE PRINT LEGIBLY!

MEETING DATE 7-15-93

NAME AL Bacon

ADDRESS 10940 SW LANCASTER
STREET

Portland, Or
CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # R8

SUPPORT _____ **OPPOSE** ✓

SUBMIT TO BOARD CLERK

#23

PLEASE PRINT LEGIBLY!

MEETING DATE

7-15-93

NAME

Michelle Blank

ADDRESS

2950 NE 23rd

STREET

Gresham, OR 97030

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

P-8

SUPPORT

OPPOSE

X

SUBMIT TO BOARD CLERK

#24

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Sean Riley

ADDRESS

8818 NE Brazee St

STREET

Portland OR 97220

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#25

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Mary Ann Morrison

ADDRESS

STREET

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

~~✓~~ Lived

SUBMIT TO BOARD CLERK

Plan

#26

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

Ryan f. Roy

ADDRESS

8007 n.e. Siskiyou

STREET

Portland

CITY

97213

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

2-8

SUPPORT

OPPOSE

Ambulance

SUBMIT TO BOARD CLERK

#27

PLEASE PRINT LEGIBLY!

MEETING DATE 7-15-93

NAME Ron Heintzman

ADDRESS 1801 NE Couch St.

STREET

Portland

CITY

97232

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # R-8

SUPPORT

OPPOSE X

SUBMIT TO BOARD CLERK

#28

PLEASE PRINT LEGIBLY!

MEETING DATE

7/15/93

NAME

RICHARD A. LAZAR

ADDRESS

1400 SW Montgomery

STREET

PORTLAND OR 97201

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

R-8

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

MEETING DATE: ~~JUL 08 1993~~ JUL 15 1993

AGENDA NO: R-1 R-8

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Emergency Medical Services Ambulance Service Area Plan

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: July 8, 1993

Amount of Time Needed: 15 Minutes

DEPARTMENT: Health DIVISION: Regulatory Health

CONTACT: Bill Collins TELEPHONE #: 248-3220

BLDG/ROOM #: 160/9th Floor

PERSON(S) MAKING PRESENTATION: Bill Collins

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☒ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

First reading of an ordinance to adopt an Ambulance Service Area (ASA) Plan for Multnomah County.

The Ambulance Service Area Plan establishes a system to provide efficient and effective ambulance services in the County.

7/22/93 copy to Community Ambulance
7/23/93 copies to Ordinance Distribu-
tion List, Bill Collins & Roy O

SIGNATURES REQUIRED: EMS

ELECTED OFFICIAL: [Signature]

OR

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

0516C/63

6/93

CLERK OF BOARD OF
MULTNOMAH COUNTY
JUL 30 PM 12:51
OREGON

MEETING DATE: JUL 15 1993

AGENDA NO: R-8

(Above space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: EMERGENCY MEDICAL SERVICES AMBULANCE SERVICE AREA PLAN

BOARD BRIEFING Date Requested: _____

Amount of Time Needed: _____

REGULAR MEETING: Date Requested: JULY 15, 1993

Amount of Time Needed: 15 MINUTES

DEPARTMENT: HEALTH

DIVISION: REGULATORY HEALTH

CONTACT: BILL COLLINS

TELEPHONE #: 248-3220

BLDG/ROOM #: 160/9TH FLOOR

PERSON(S) MAKING PRESENTATION: BILL COLLINS

ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL ☐ OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Second reading and possible adoption of an ordinance to accept the Ambulance Service Area (ASA) plan for Multnomah County.

The Ambulance Service Area establishes a plan to provide efficient and effective provision of ambulance services in the County.

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

Billodegaard Tom

Or

DEPARTMENT MANAGER: _____

CLERK OF
SHERIFF
1993 JUL - 6 AM 9:57
MULTNOMAH COUNTY
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

Orig

ORDINANCE FACT SHEET

Ordinance Title: Adoption of
Ambulance Service Area Plan

Give a brief statement of the purpose of the ordinance (include the rationale for adoption of ordinance, description of persons benefited, other alternatives explored):

Pursuant to Oregon Administrative Rules 333-28-095 through 333-28-130, each county must have an Ambulance Service Area Plan in effect and filed with the State of Oregon.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

All other counties in the state have in place or are in the process of doing an Ambulance Service Area Plan.

What has been the experience in other areas with this type of legislation?

The Ambulance Service Area establishes a plan to provide efficient and effective provision of ambulance services in the county.

What is the fiscal impact, if any?

none

(If space is inadequate, please use other side)

SIGNATURES:

Person Filling Out Form: Bill Collins (SM)

Planning & Budget Division (if fiscal impact): _____

Department Manager/Elected Official: Billi Degeant

Public/Private Partnership Ambulance Compromise

- Reduce the number of multiple ambulance providers to the two existing companies who would participate equally in a master System Status Plan designed to meet the response times identified by the ASA plan, i.e., Urban Growth of 8:00/90% and Rural of 20:00 min/90%.
- Dispatch the closest ALS ambulance to all 9-1-1 requests
- Dispatch a single first responder unit to all 9-1-1 requests when appropriate.
- Use the formula for rate regulation as presented by Mr. Collins at the Tuesday work session.
- Establish uniform rates throughout the County.
- In addition to establishing the user fee based on cost recovery and reasonable return on investment, an additional transport fee may be assessed to support the following:
 - First Responder training and equipment
 - Accident prevention programs
 - County Medical Director
 - County EMS office
 - Rural and Wilderness Rescue
- Additional funding for the first responder program can be found in the equipment exchange program between the ambulance and first responder (estimated to be \$150,000 to \$200,000 per year).

R-1
SPEAKER #26
7/8/93

**Clackamas County
Fire District**



Kyle R. Gorman
EMS Project Manager

11300 S.E. Fuller Road
Milwaukie, OR 97222-1124

(503) 794-8022
FAX (503) 655-8538

TO REPLACE PARAGRAPH 2 ON PAGE 13:

IN ADDITION, THE EMS OFFICE WILL
COORDINATE PUBLIC EDUCATION PROGRAMS
DESIGNED TO REDUCE INJURIES, PROMOTE
WELLNESS, & ENHANCE 9-1-1 SYSTEM ACCESS.
THIS COORDINATION WILL TAKE PLACE BETWEEN
AMBULANCE SERVICES, HOSPITALS, LAW
ENFORCEMENT AGENCIES, OTHER AREA
EMS PROVIDERS, AND THE MEDICAL
COMMUNITY.

**ATTACHMENT A
TO MULTNOMAH COUNTY ORDINANCE
NO. _____**

**MULTNOMAH COUNTY, OREGON
AMBULANCE SERVICE PLAN**

JULY, 1993

MULTNOMAH COUNTY, OREGON AMBULANCE SERVICE PLAN CONTENTS

SUMMARY

CERTIFICATION BY THE GOVERNING BODY OF THE COUNTY AMBULANCE SERVICE PLAN

OVERVIEW OF COUNTY

GEOGRAPHY

POPULATION

EMERGENCY MEDICAL RESOURCES

DEFINITIONS

AMBULANCE SERVICE AREA BOUNDARIES

ASA DESCRIPTION

**ALTERNATIVES CONSIDERED TO REDUCE RESPONSE
TIMES**

RURAL CONSIDERATIONS

PREVENTION

SYSTEM ELEMENTS

RESPONSE TIMES

DISPATCH (NOTIFICATION)

STANDARDS

**LEVEL OF CARE
(EMS PROVIDER RESPONSE)**

PERSONNEL (STAFFING)

FIRST RESPONSE

AMBULANCE

MEDICAL SUPERVISION

EMS MEDICAL DIRECTOR
ON-LINE MEDICAL CONTROL
PATIENT CARE EQUIPMENT
FIRST RESPONDERS
AMBULANCES
VEHICLES
FIRST RESPONDERS
AMBULANCES
TRAINING AND EDUCATION
TECHNICIANS
CONTINUING EDUCATION
QUALITY ASSURANCE
STRUCTURE
PROCESS AND PROBLEM RESOLUTION
SANCTIONS

ADMINISTRATION AND COORDINATION

PLANNING AND ADMINISTRATION
RATE REGULATION
COMPLAINTS
MUTUAL AID AGREEMENTS
ROUTINE EMS SERVICE
UNUSUAL CIRCUMSTANCES
DISASTER RESPONSE
MASS CASUALTY INCIDENTS
DISASTERS
SPECIAL PERSONNEL AND EQUIPMENT

HAZARDOUS MATERIALS
SEARCH AND RESCUE
SPECIAL EMERGENCY RESPONSE TEAM (SERT)
SPECIALIZED RESCUE AND EXTRICATION
EMERGENCY COMMUNICATIONS AND SYSTEM ACCESS
TELEPHONE
DISPATCH
RADIO COMMUNICATIONS
RECEIVING HOSPITAL AVAILABILITY
EMERGENCY MEDICAL SERVICES DISPATCHER
TRAINING

WORKFORCE ISSUES

STABILITY
DIVERSITY
LABOR RELATIONS
ATTRITION
PREFERENCE

PROVIDER SELECTION AND EVALUATION

INITIAL ASSIGNMENT
REASSIGNMENT
APPLICATION FOR AN ASA
NOTIFICATION OF VACATING AN ASA
MAINTENANCE OF LEVEL OF SERVICE
CONTRACT EVALUATION

COUNTY ORDINANCE TO ADOPT THE AMBULANCE SERVICE PLAN

AMBULANCE SERVICE PLAN

SUMMARY

The Multnomah County Board of Commissioners, based on the findings, conclusions, system design options, and recommendations from participants in the ambulance service planning effort, have approved the following plan:

1. Multnomah County will comprise a single Ambulance Service Area.
2. First response to 9-1-1 medical calls will be provided by fire districts with a minimum staffing goal of defibrillator trained EMT-Basic personnel.
3. Ground ambulance transport for 9-1-1 emergency calls will be by fire EMT-Paramedic units (fire medic units) for critical patients and by private, contracted emergency ambulances for non-critical emergency patients.
4. All other ambulance service will be provided by private, non-emergency ambulances.
5. Air ambulance services will be provided by private helicopter and airplane providers.
6. Fire medic ambulances will be staffed by two EMT-Paramedics. Private, contracted ambulances will be staffed by one EMT-Paramedic and one EMT-Basic.
7. Dispatch for all 9-1-1 calls and ambulance move-ups will be provided by the City of Portland, Bureau of Emergency Communications (BOEC).
8. Primary radio communications will be on the 800Mhz system. Mobile Data Terminals (MDT) will be used for dispatch and communications with the BOEC dispatch computer.
9. Medical direction and supervision will be provided by an EMS Medical Director employed by the county.
10. The EMS Program Office in the Health Department will administer the ASA and the EMS system in Multnomah County.
11. EMS will maintain a pre-hospital patient care, dispatch, and hospital disposition data base for the use in monitoring performance.
12. The EMS system will use the Continuous Quality Improvement process to ensure quality and improvement of patient care.
13. The cost of transport by fire services and private ambulances, the EMS Medical Director, and EMS Program Office will be financed by fees charged to people receiving care through the 9-1-1 medical response system.
14. Multnomah County will work with other jurisdictions to move toward a regional approach to EMS.

**CERTIFICATION
OF THE
MULTNOMAH COUNTY
AMBULANCE SERVICE PLAN**

The undersigned certify that pursuant to Oregon Administrative Rules 333-28-095 through 333-28-130 that:

Each ambulance service plan element contained in these rules has been addressed and considered in the adoption of this plan by the Board of County Commissioners and,

In the Board's judgment, the ambulance service area established in the plan provides for the efficient and effective provision of ambulance services and,

To the extent they are applicable, the County has complied with ORS 823.180(2)(3) and 823.310 and existing local ordinances and rules.

Dated at Multnomah County, _____.

Hank Miggins
Chair, County Board of Commissioners

Approved:

Laurence Kressel
County Counsel

OVERVIEW OF MULTNOMAH COUNTY

GEOGRAPHY

Multnomah County is the most densely populated county in Oregon. It is a predominately urban area with approximately 97% of the population residing within the urban growth boundary established by METRO. The County extends from the junction of the Willamette and Columbia Rivers on the west to the foothills of the Cascade Mountains on the east. The County covers 465 square miles.

Because of the hills in various areas of the county snow and ice can cause problems with emergency response.

The large park, forest, and watershed areas in the county may be a barrier to access by emergency vehicles and special rescue resources may be needed. While these areas are hard to reach, fortunately there are few calls for service in these areas.

POPULATION.

1990 Census data shows the following populations:

Jurisdiction	Population	Per cent of county population
City of Portland	437,398	74.9
City of Gresham	68,235	11.7
City of Troutdale	7,852	1.3
City of Wood Village	2,814	0.5
City of Fairview	2,391	0.4
City of Maywood Park	794	0.1
Unincorporated Areas (by subtraction)	64,403	11.0
Total County	583,887	100.0

In addition to the population living in Multnomah County, a large influx of people occurs during the working day increasing the population by up to 25%

EMERGENCY MEDICAL RESOURCES

There are a number of organizations within Multnomah County currently providing emergency medical services.

Fire Departments are the first response providers for the entire county. They respond on essentially all of the 9-1-1 medical calls. There are three (3) fire departments that provide both BLS and ALS first response. There are five (5) fire departments that provide service at the BLS level only.

Four ambulance companies provide response for 9-1-1 emergency calls and provide non-emergency services as well. A fifth company provides non-emergency ambulance service only. All ambulances are licensed by Multnomah County EMS.

All hospitals, with the exception of one, provide emergency services and serve as receiving hospitals for the emergency ambulance services. There are two level-one trauma hospitals in the County. In addition, some patients are transported to hospitals in Washington County, Clackamas County, and Southwest Washington.

There is one air ambulance service serving the County, providing both emergency scene response and inter-facility transport.

DEFINITIONS

Definitions in italic are those found in OAR 333-28-100

"Advanced Life Support" (ALS) means those medical services that may be provided within the scope of practice of a person certified as an EMT-Paramedic as defined in ORS Chapter 823.

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

"Ambulance services" means the transportation of an ill, injured, or disabled individual in an ambulance and, in connection therewith, the administration of prehospital medical or emergency care, if necessary.

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

"Ambulance Service Plan" means a written document which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of the 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) means those medical services that may be provided within the scope of practice of a person certified as an EMT-Basic as defined in ORS Chapter 823.

"Bureau of Emergency Communications" (BOEC) means the Bureau within the City of Portland that maintains the 9-1-1 telephone answering system and the dispatch service for police and EMS for the County.

"CHORAL" means the on-line computer link among all of the receiving hospitals within Multnomah County that provides information on the status of those hospitals for receiving ambulance transports.

"County" means Multnomah County, Oregon.

"Division" means the Oregon Health Division, Department of Human Resources.

"Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination, and system elements.

"Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

"Emergency Medical Dispatcher" (EMD) means a person who is certified by the Board on Public Safety Standards and Training as defined in ORS 401.735.

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

"Emergency Medical Services" (EMS) means those prehospital 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 Services Medical Director" (EMSMD) means a physician employed by the County to provide medical direction to the EMS system and medical supervision to EMTs providing emergency services within the County.

"EMS Program Office" means that organizational division within the County Health Department responsible for the administration of the EMS system in the County.

"Emergency Medical Technician" (EMT) means a person certified at one of the levels of practice defined in ORS Chapter 823.

"Fire Medic Ambulance" means an ambulance, operated by a fire service, licensed for ALS service, that responds to emergency medical calls.

"First Responder" means an organization that provides fast response to emergency medical calls by EMTs prior to the arrival of an ambulance. These organizations are fire departments throughout the County.

"HEAR" means the radio frequency used for ambulance to hospital and hospital to hospital radio communications.

"Medical Advisory Board" means the advisory committee appointed by the Multnomah County Board of Commissioners as defined in Multnomah County Code.

"MCC 6.32" means the current Multnomah County Code cited as the Multnomah County Emergency Medical Services Code.

"Mass Casualty Incident" (MCI) means an emergency medical incident with a sufficient number of injured or ill persons to meet the requirements for scene and medical management as defined in the EMS Administrative Rules, MCI Plan.

"MED NET" means those radio frequencies used for EMS dispatch, on-line medical control, and MCI communications.

"Medical Resource Hospital" (MRH) means that hospital, contracted to EMS, to provide on-line medical advice and control to EMTs.

"Non-Emergency Ambulance" means an ambulance, licensed by the County, that provides routine transportation to patients who do not require emergency response. The level of care is dependent upon the patient's need.

"Notification time" means the length of time between the initial receipt off the request for emergency medical service by either a provider or an emergency dispatch center (9-1-1), and the notification of all responding emergency medical service personnel.

"On-line Medical Advice (Control)" means medical direction and advice given to an EMT, by a physician, via radio or telephone as a supplement to the written patient care protocols.

"Private Emergency Ambulance" means an ambulance, operated by a private company, and licensed by the County to respond to emergency medical calls.

"Provider" means any public, private, or volunteer entity providing EMS.

"Provider selection process" means the process established by the county for selection of an ambulance service provider(s).

"Public Safety, Answering Point" (PSAP)/ 9-1-1 means the organization that answers calls for police, fire, and emergency medical assistance that are received from persons dialing 9-1-1. This service is provided by BOEC.

"Response time" means the length of time between the notification of each provider and the arrival of each provider's EMS unit(s) at the incident scene.

AMBULANCE SERVICE AREA BOUNDARIES

DESCRIPTION.

All of Multnomah County comprises a single ambulance service area. There is concern that the portions of the county that are rural in nature and have a low population density cannot support the ground response time standard applicable for the urban areas.

The use of the Urban Growth Boundary, developed by METRO, as a demarcation between urban and rural ambulance response time zones in the County will provide for a more realistic application of response time standards. (Attachment A)

ALTERNATIVES FOR RESPONSE TIME REDUCTION

RURAL CONSIDERATIONS

Because of the need to provide the most efficient and effective service to citizens within Multnomah County, certain areas of the County have already been deemed better served by agencies responding from outside the County. These areas are considered to be within the County ambulance service area and intergovernmental agreements specify the details of service for each of these areas. (Attachment B) The areas affected are:

The community of Dunthorpe

Portions of Multnomah County located in Lake Oswego.

The Skyline area in the Northwest portion of the County.

The area adjacent to Columbia County served by Highway 30.

In addition, Multnomah County EMS serves areas in other jurisdictions by similar agreements. These areas are:

The North end of Sauvie Island located in Columbia County.

Portions of the City of Portland located in Washington County.

The eastern portion of the County now receives service from providers both in and outside the County, although no specific written agreements have been executed.

It is the intent of this plan to foster regional approaches to ambulance service area planning , management, and service in order to reduce any negative effects on service that may be caused by political boundaries.

Therefore, in order to maximize the effectiveness of the resources available to East County, within 90 days from the approval of this plan, the EMS office will bring together all current and potential parties involved in EMS in Multnomah County, Clackamas County, Hood River County, and the State Parks for the purpose of developing a regional plan and subsequent agreements for the provision of EMS services in this area.

A map showing the fire districts for first response, and city boundaries is included in Attachment C.

PREVENTION

Reducing the number of inappropriate 9-1-1 calls will allow for better utilization of resources and improve cost efficiencies. There will be a program, coordinated by the EMS program office, that will have as its goal the appropriate use of 9-1-1 for emergency medical requests. All providers will participate in this effort.

In addition, accident prevention education will be a focus for the EMS program in conjunction with first responders, ambulance services, hospitals, law enforcement, and other interested parties.

Some of the above effort can be financed from current resources. However, additional sources of financial support will be sought.

SYSTEM ELEMENTS

RESPONSE TIMES.

DISPATCH (NOTIFICATION)

At least ninety (90) per cent of responses to medical calls received by the Public Safety Answering Point (PSAP - 9-1-1) will be dispatched within eighty(80) seconds. The BOEC Fire/EMS dispatch will dispatch both fire first response and ambulances.

Medical call-taking and dispatch will continue to be governed through a performance contract between Multnomah County EMS and BOEC. This contract specifies the procedures to be used for dispatch, the triage requirements for calls, pre-arrival instructions to be given to callers and the review process to be used for the medical dispatch function. The development of these criteria is the responsibility of the EMS Medical Director.(Attachment D)

STANDARDS.

Response time will be measured from the time of the dispatched unit's acknowledgment of the call notification by BOEC until the time that unit reports arrival at the scene of the emergency. Response times shall be uniformly distributed throughout the zone. The following response time standards apply only to emergency calls. Non-emergency calls dispatched by BOEC, or turned over to non-emergency ambulances, will be run in an expeditious manner.

FIRST RESPONSE

Urban First Responders will respond to at least ninety (90) per cent of medical calls in four (4) minutes, zero (0) seconds or less.

Rural First responders will respond in an expeditious "best effort" as soon as dispatched.

AMBULANCE

Within the Urban Growth Boundary:

Fire medic ambulances will respond to at least ninety (90) per cent of critical medical calls in eight (8) minutes, zero (0) seconds or less.

Private ambulances will respond to ninety (90) per cent of non-critical medical calls in twelve (12) minutes, zero (0) seconds or less.

Outside the Urban Growth Boundary:

Fire medic ambulances will respond to at least ninety (90) per cent of critical medical calls in twenty (20) minutes, zero (0) seconds or less.

Private ambulances will respond to at least ninety (90) per cent of non-critical medical calls in twenty (20) minutes, zero (0) seconds or less.

Wilderness (frontier) calls will be responded to in an expeditious, "best effort" manner as soon as the unit(s) are dispatched. The important element for response into these areas is the immediate response to the dispatch to insure that help is moving toward the incident as soon as possible.

EMS PROVIDER RESPONSE LEVEL OF CARE

Multnomah County's emergency medical services will be provided using a public/private system of response. Emergency medical calls, when appropriate by protocol, will receive a first response. Based on the priority dispatch triage criteria employed by EMS Dispatch, a fire medic ambulance or a private ambulance will be dispatched to the incident. Upon the arrival of the first responder, (or ambulance, if first at the scene), a determination will be made as to the necessity and level of transport required.

The goal of EMS dispatch triage is to send to each medical call, the level and amount of service necessary to provide quality medical care. The avoidance of duplicated or unnecessary response will provide cost savings to the system and reduce risks of accidents.

Fire medic ambulances will transport those patients in need of critical care as defined in the treatment protocols and triage guide. All other patients will be transported by private ambulances. First responders will remain at the scene when a private ambulance is requested. Fire medic ambulances will return to service at the earliest opportunity, including those "canceled enroute", in order to maximize their availability and minimize emergency response resource requirements.

Fire medic services will be provided by Portland Fire (and Gresham Fire, if agreed).

Private ambulance service will be provided by two ambulance services operating with a single system status plan. Both will be held accountable for response times.

There will be a single dispatch plan for the entire ASA. The fastest responding first responder and appropriate ambulance will be dispatched to each call.

Dispatch and transport triage criteria will be developed by the EMS Medical Director. It is estimated that up to twenty (20) percent of 9-1-1 calls will be transported by fire medic units in Multnomah County.

PERSONNEL (STAFFING)

FIRST RESPONSE

RURAL CONSIDERATIONS

It is the goal of this system to have all first responders trained to the EMT-Basic level. It is recognized that because of the size and the volunteer nature of the Rural Fire Protection Districts serving parts of Multnomah County, this training level may not be feasible in the near future. The EMS program will assist rural providers in the development and provision of training necessary to meet this goal.

URBAN AREAS

Portland Fire and Gresham Fire currently have all response personnel trained to the EMT Basic level and provide many ALS first response units, with at least one (1) EMT-Paramedic responding on those units.

AMBULANCES

Fire Medic ambulances will be staffed with two (2) EMT-Paramedics.

Private Emergency ambulances will be staffed with one (1) EMT-Paramedic and one (1) EMT-Basic

Ambulances providing non-emergency services and inter-facility transfers will meet the staffing requirements necessary for the level services to be provided: BLS - two (2) EMT-Basic, ALS - one (1) EMT-Paramedic and one (1) EMT-Basic. Additional standards may be set by the EMS Medical Director for critical care transfers or other specialized services.

Ambulances providing transport services to hospital-based transport teams, but not providing direct patient care with the ambulance crew members, must meet the BLS standards.

MEDICAL SUPERVISION

EMS MEDICAL DIRECTOR

Multnomah County will employ an EMS Medical Director (EMSMD), through the Health Department, who will serve as the medical director for the EMS program and be the physician supervisor for all EMTs in the employ of providers of emergency medical services in the County. The EMSMD will provide medical input to all aspects of the EMS system and will have specific authority to set uniform standards of EMS patient care for the County. These standards will include, but not be limited to:

- Dispatch and pre-arrival protocols;

- Transport triage criteria and protocols;

- County specific EMT requirements;

- Approved equipment, supplies and drugs;

- Patient care protocols;

Medical criteria for response times; and

Patient transfer criteria.

The EMSMD will create policies for limiting the practice of EMTs if necessary, and will ensure that these policies are carried out with adequate due process protections.

The EMSMD will also set specific standards for training and continuing education for EMTs and EMDs.

The EMSMD will ensure that all providers within the system participate in a quality management program designed to provide for the continuous quality improvement in patient care and all other aspects of emergency medical services. This process will provide the basis for changes in medical care protocols and the educational and training standards set forth by the EMSMD.

The EMSMD may, at his or her discretion, and as funding allows, appoint assistants to help carry out the duties assigned to the EMSMD. The EMSMD however, retains the sole responsibility for all assigned duties.

The EMS program will provide office and administrative support to the EMSMD.

MEDICAL ADVISORY BOARD

An EMS Medical Advisory Board (MAB) will provide advice to the EMSMD. Other committees and groups may be formed to provide specific advice to the EMSMD or the EMS program.

The MAB will provide reports to the Board of County Commissioners on the effectiveness of medical care provided by the EMS system at least annually.

(see Attachment E - EMSMD position description)

ON-LINE MEDICAL CONTROL

On-line medical control will be provided by a Medical Resource Hospital (MRH). Standards for on-line medical control and MRH operations will be set forth by the EMSMD and implemented through a performance contract with the hospital. The EMSMD will monitor the performance of the MRH contract. (Attachment F)

PATIENT CARE EQUIPMENT

Requirements for equipment and supplies will be determined by the level of service (ALS, BLS, emergency, non-emergency) provided and will be set by the EMSMD.

FIRST RESPONDERS

All first response vehicles will be required to carry equipment and supplies appropriate to their level of service.

AMBULANCES

All ambulances will be required to maintain equipment, supplies, and drugs appropriate for their level of service (ALS, BLS) as required under OAR 333-28-050 and as required by the EMSMD. Ambulances will be inspected on a regular basis, by the EMS office to determine compliance with these requirements. (Attachment G)

RURAL CONSIDERATIONS

The EMS program will assist rural first responders in obtaining the necessary equipment to maximize their response capabilities. (e.g., automatic defibrillators)

VEHICLES

FIRST RESPONDERS

First response vehicle standards are the responsibility of the agency that operates them.

AMBULANCES

Ambulances will meet all relevant State and Federal statutes and rules and must meet any additional requirements of the EMSMD.

TRAINING AND EDUCATION.

EMERGENCY MEDICAL TECHNICIANS (EMT) LEVELS

Training and certification required for those technicians providing ALS care will be the level of EMT-Paramedic. In addition to the requirements for State certification, the EMSMD may require additional training or education.

Training and certification for other EMTs will be at the level of EMT-Basic. It is not anticipated that EMT-Intermediates will practice in Multnomah County. In addition to the requirements for State certification, the EMSMD may require additional training or education.

It is the intent of this plan to require at a minimum, EMT-Basic training and certification for all 9-1-1 medical call first responders at some point in the future.

CONTINUING EDUCATION.

All training and continuing education will be provided in a coordinated program with appropriate personnel participating. The offerings will be approved by the EMSMD and be organized to insure that all personnel receive appropriate and consistent training. Content will be offered that meets certification requirements and reflects the outcomes and findings of the quality improvement process.

The EMS Program will continue to provide periodic inservice sessions to introduce changes in patient care protocols, administrative rules, State requirements, and other pertinent information. All EMTs will be required to attend in order to maintain their credentials as approved by the EMSMD.

The EMSMD may require additional training and education. Provider agencies may offer training and education to their employees, however this training and/or education must be approved by the EMSMD and coordinated with other offerings in the County.

The EMS program will assist rural first responders in obtaining the training necessary to meet system goals.

QUALITY ASSURANCE

STRUCTURE

The basis for quality assurance in the County will be a Continuous Quality Improvement (CQI) process. This model, based on the Total Quality Management theory espoused by W. Edwards Deming, is currently employed in a number of service industries, including hospitals. The focus of this process is statistical quality sampling to improve uniformity in the delivery of patient care. It brings together all members in the EMS system to identify problems and work out solutions cooperatively. It involves standardization, measurement, testing, and inspection in a continuous process of improvement and training. When problems are identified, their resolution is accomplished within the involved system components, through participation by the people responsible for the operation of these components. The process employed may utilize peer review, problem solving groups, or other methods. Problems are addressed at the appropriate level within the organization with the end goal of improved service.

PROCESS AND PROBLEM RESOLUTION

Implementation of CQI will involve the education of EMS personnel in the process and the development of data sources.

The CQI process will analyze data on all aspects of the EMS system including dispatch, response times, medical supervision and control, patient care, EMT and EMD performance, and other components. The data will come from computer databases, patient care chart reviews and audits, complaint patterns, patient outcomes, and other relevant sources. The outcomes of the process are information, problem solving, and system improvement. These outcomes will serve as the basis for system change.

The EMS office will provide staff support for the CQI process. The CQI process is *not* oriented on fixing blame for mistakes, but on learning from the analysis and resolution of identified problems.

SANCTIONS

Contracts will specify fines or other remedies that will be imposed if certain conditions are not met. In addition, the contracts will identify those conditions

that will constitute a breach of the contract and the conditions for termination of the agreement.

The ordinance and administrative rules currently allow for sanctions for non-compliance. These remedies will continue as part of the licensing process for both emergency and non-emergency ambulances.

It is not the purpose of the CQI process to apply sanctions or other remedies to non-compliant providers. Any remedies employed will be identified in the contract or agreement with the provider. Any remedies directed to individual EMTs will be the responsibility of the EMSMD.

ADMINISTRATION AND COORDINATION

PLANNING AND ADMINISTRATION

MCC 6.32 establishes the authority of the Board of County Commissioners (BCC) to develop, approve, and administer the ambulance service plan. MCC 6.32 further defines the administration of the EMS system and the license requirements for ambulances providers (emergency and non-emergency) and first responder agencies.

Input into the planning process and into EMS system operations was received from the Medical Advisory Board (MAB) and the Provider Board as provided for in MCC 6.32. In addition, all interested parties were invited to participate in work groups that provided specific input and technical advice for the planning process.

Administration of the ambulance service plan and the EMS system will reside with the Multnomah County Health Department, EMS Program Office. All medical care components of the system will be under the authority of the EMS Medical Director.

Specific relationships with first responders, emergency ambulance providers, 9-1-1 dispatch, and MRH will be delineated in intergovernmental agreements and contracts. These documents will be performance based and will specify the duties, responsibilities, compensation, remedies, and other aspects of the relationship between the County and the contractor.

The EMS Program Office will administer and monitor these agreements and make recommendations to the BCC on the continuance, renewal, or termination of the agreements.

Non-emergency ambulances will be regulated through the licensing requirements specified by ordinance. No other agreements will be executed.

2. RATE REGULATION

The County Board of Commissioners will set all rates for emergency medical services provided under this plan.

There will be a single charge schedule for services provided to 9-1-1 callers and a single billing system for these charges.

Rates for emergency response ambulance service will be recommended by an EMS Rate Regulation Board (RRB) as part of the agreement and contracting process. The Board, comprised of EMS providers, business experts, and service users, will serve also as a rate review body to hear and recommend action concerning not only initial rate proposals, but any subsequent requests for rate adjustments. Formulas, such as the Consumer Price Index (CPI), may be applied to the rate adjustment process. Any formula used will be specified in the contracts and agreements. The RRB recommendations will be made to the EMS

Program and the Board of County Commissioners as part of the contract approval process.

The RRB will also review any system requirements that may have a significant financial impact on the providers. If the committee determines that such an impact is present, they may recommend a rate adjustment to compensate for the requirement.

Non-emergency ambulances will not be subject to the rate determination process. Fees charged for their services will be driven by the market for such services.

COMPLAINTS

Standards for the fair and equitable handling of complaints concerning EMS care and ambulance service will be adopted by the EMS Program Office and the Medical Director.

Complaints regarding EMS provider actions or services will be received by the EMS Program Office from any source. All information relevant to the complaint will be collected and reviewed by EMS staff. The information may include dispatch records, patient care reports, invoices for service, incident reports, hospital records, interviews, and other documents. Complaints will be resolved through three mechanisms:

a. Medical care complaints will be referred to the Medical Case Review for impartial review and recommendations. Disposition of these complaints will be handled by the EMS Medical Director.

b. Dispatch and system response complaints will be initially reviewed by EMS staff. Some complaints may be referred to the Dispatch Committee for review and recommendation. Individual case dispositions will be handled by the EMS Program Office.

c. Complaints about ambulance charges and other non-medical, provider-related complaints will be reviewed by the EMS Program staff who will be responsible for the disposition of each case.

If it is determined appropriate, complaints may be referred to other agencies for disposition (e.g., District Attorney for complaints that may be of a criminal nature).

All complaints that include medical or other sensitive information about identifiable patients will be considered a function of the Quality Assurance process. Confidentiality will be protected as required by relevant statutes.

Complaints and their resolutions will constitute a data source available to the Quality Improvement process. In addition, all complaint information will be available to the EMS Medical Director for use in the medical supervision of EMTs.

MUTUAL AID AGREEMENTS.

ROUTINE EMS SERVICES (AMBULANCE AND FIRST RESPONSE)

For certain portions of Multnomah County, intergovernmental agreements will allow for response from agencies outside of the County. Multnomah County agencies will respond into other jurisdictions under similar agreements. The areas are described earlier in this document.

UNUSUAL CIRCUMSTANCES (MCI, DISASTER)

Fire District mutual aid agreements are in place for events that overtax the resources of a given fire district. These will apply for fire EMS services in a disaster or other major incident.

Similar agreements will be executed on a regional basis to allow ambulances from outside the County to respond at the request of EMS Dispatch.

In addition, all ambulances, emergency and non-emergency, licensed in Multnomah County, are required to respond to disasters and MCI when requested to do so by the EMS Program Office through BOEC dispatch.

DISASTER RESPONSES.

MASS CASUALTY INCIDENT.

The County's Mass Casualty Incident (MCI) plan is developed by a multi-disciplinary, tri-county committee and adopted under County Ordinance (MCC 6.32). This plan, and similarly adopted plans used by the counties surrounding Multnomah County provide the direction for the organization and use of resources in the event of a MCI. This plan is also incorporated as an annex in the emergency management disaster plans of the County and other local jurisdictions. (Attachment H)

In an MCI, medical communication and patient destination is the responsibility of the Regional Hospital which maintains the HEAR radio network.

In the event that resources exceeding those normally available for EMS service to the County are needed, additional ALS and BLS ambulances and other resources within the County may be used. The EMS Administrator (or BOEC, per protocol) may request the use of out-of-county resources through those jurisdiction's emergency managers. A resource list is maintained at BOEC.

DISASTERS

Planning has started that will identify how medical resources will be used in the event of a disaster. For purposes of this planning, disasters are events that disrupt the normal infrastructure that is relied upon to provide daily EMS services. These could include earthquakes, floods, or other events that cause failure of communications, roads, power, medical care sites, overwhelming numbers of ill or injured, or similar problems. The plan will include initial assumptions on the availability of emergency medical care, immediate

operations, and recovery from the event. This planning is a cooperative regional activity.

SPECIAL PERSONNEL AND EQUIPMENT.

HAZARDOUS MATERIAL RESPONSE (HAZ-MAT)

HAZ-MAT response is the responsibility of the fire districts within Multnomah County. HAZ-MAT response plans include the determination of the hazard, its effect on people, and the appropriate neutralization, decontamination and medical care actions to take in the pre-hospital and hospital settings. (Attachment I)

Transport and receiving hospital standards for exposed patients and care givers are under development.

SEARCH AND RESCUE

Search and rescue operations are the responsibility of the Multnomah County Sheriff. The Sheriff's Office serves as incident commander for search and rescue operations. EMS and fire responders provide resources as required by the incident commander. In addition to the governmental and associated volunteer resources, there is a specialized team (Reach and Treat) available from one licensee. (Attachment J)

SPECIAL EMERGENCY RESPONSE TEAM (SERT)

In addition to the standard EMS response, specialized paramedics from the fire services provide emergency medical service to the Police SERT team members. This is a function controlled by the police and not part of the normal EMS response.

SPECIALIZED RESCUE

Multnomah County, through the fire districts, has the following specialized rescue abilities:

Extrication

High Angle Rescue

Trench Rescue

Dive rescue

There is no specialized medical component to these rescue services. Medical care is provided by Fire EMTs assigned to the rescue team. (Attachment I)

EMERGENCY COMMUNICATIONS AND SYSTEM ACCESS.

TELEPHONE

All of Multnomah County is served through a single Public Safety Answering Point (PSAP, 9-1-1 center) accessible by callers through Enhanced 9-1-1. (Note: the Port of Portland Airport is considered a secondary answering point). EMS contracts with the Portland City Bureau of Emergency Communications (BOEC) for emergency call answering, medical triage and pre-arrival instructions, and emergency ambulance dispatch. In addition BOEC provides the same service for all police departments in the county and will soon provide similar services for the fire departments.

DISPATCH

Current EMS call-taking and dispatch is governed by a set of protocols and procedures, developed by a committee of dispatchers, first responders, EMTs, providers, and physicians. With the proposed changes in the system, "criteria based dispatch" protocols and procedures will be recommended to the EMS Medical Director and promulgated through contracts and as formal County EMS administrative rules. EMS Dispatch at BOEC is required to use these protocols and procedures. (Attachment K -Current protocols)

BOEC will dispatch all first responders and emergency ambulances.

9-1-1 medical calls are initially processed by call-takers who use the EMS approved call triage guide to determine the nature of the call and the level of emergency or non-emergency response required. In addition, under County rules, if a person calls an ambulance company and needs emergency care, the company must triage that request using the same triage guide that is used at BOEC and then pass call information to BOEC.

Call information is then sent (via computer) to the dispatcher. Through a computer aided dispatch system (CAD) under development, the status of all fire units and ambulances is available to the dispatcher. The dispatcher sends fire and ambulance units as appropriate, depending on the nature and location of the call.

As dispatch is under way, the call-taker (who has remained on the line) may provide the caller with pre-arrival instructions for patient care as specified by the protocol.

Depending upon the location of the call and the availability of ambulances, an out-of-county unit may be dispatched. This is accomplished via direct radio contact or by telephone to the appropriate dispatch center.

RADIO COMMUNICATIONS

Current:

All dispatch is done on (UHF) MED NET 9 (462.950).

Medical direction from MRH is communicated on (UHF) MED NET 4 (463.075).

Ambulance to receiving hospital patient information is communicated on (VHF) HEAR (155.340 MHz)

MCI communication is done on (UHF) MED NET 1 (463.000)

Effective January 1, 1994:

All of the above communications will be done utilizing a "800 MHz trunked" radio system now being installed through out the County by the City of Portland. In addition each emergency unit will be equipped with a mobile data terminal (MDT) for communication with EMS dispatch and the CAD system. The ability to use the HEAR system will be maintained.

RECEIVING HOSPITAL AVAILABILITY

The availability of hospitals to receive ambulance patients is communicated on a computer network (CHORAL). This system displays a number of hospital status conditions that may result in the diversion of ambulances. (Attachment L)

EMERGENCY MEDICAL DISPATCHER TRAINING

All dispatchers and call takers at both BOEC and at the ambulance companies are trained to meet Emergency Medical Dispatcher EMD standards set forth by the State Board on Public Safety Standards and Training (BPSST). The EMS Medical Director is responsible for the medical protocols used by these dispatchers and for the medical supervision of their performance and may set forth additional requirements.

WORKFORCE ISSUES

STABILITY

All providers will be required to submit a plan, as part of the contracting process, that will specify their policies and methods to insure the minimal turnover of personnel providing patient care. This plan will become part of the evaluation for contract or agreement performance.

DIVERSITY

Each provider will submit evidence that they have in place a plan to promote diversity of personnel in their organization. Those providers that have a history of a lack of diversity in their organizations will submit a plan for corrective actions. Diversity in this context includes establishing opportunities for women and minority EMTs.

LABOR RELATIONS

EMS providers under contract to the County will have a workable plan to insure healthy labor relations in their organizations.

ATTRITION

It is anticipated that the changes implemented by this plan will cause a reduction in the number of EMT full time equivalents employed in the system. In order to minimize the effect on individuals now employed, providers will allow, when ever possible, for any reduction in workforce to be accomplished by attrition as opposed to termination. Evidence of this requirement will be considered in the evaluation of contract performance.

PREFERENCE

As required in ORS 823.250, should a provider, initially operating under this plan, be replaced by another provider, the replacement provider shall give preference to qualified employees of the previous provider for a period of six months following the date of replacement.

PROVIDER SELECTION AND EVALUATION

INITIAL ASSIGNMENT

The Board of County Commissioners designates the County Health Department as the party responsible for the provision of Emergency Medical Services in the ASA. The County intends to contract for services it deems necessary for the efficient and effective provision of EMS. All contracts will require the approval of the Board of Commissioners.

FIRST RESPONSE

The County will enter into agreements with all fire districts within the County interested in providing EMS first response.

The fire transport service will be assigned to the Portland Fire Bureau (PFB) (and to the Gresham Fire Department (GFD) if so requested) through intergovernmental agreements. PFB/GFD will provide service to all of Multnomah County.

AMBULANCE SERVICE

The private ambulance service component will be contracted to the current providers of emergency services. The County has determined that the experience and knowledge of these providers and the implementation of rate regulation through the County will provide for the best service available at the lowest appropriate price.

REASSIGNMENT

Should the PFB and/or GFD resign its interest in providing transport services, or should the County terminate the agreement for service, the County may require that the remaining providers service all 9-1-1 dispatches as required in their contracts.

Should either private provider resign its interest in the ASA or should the County terminate its agreement for service, the remaining provider will respond to all assigned calls.

Should both private providers resign their interest in the ASA or should the County terminate its agreements for service a replacement provider will be sought.

APPLICATION FOR AN ASA

Applications from prospective ambulance providers will be accepted in accordance with the provisions of the service contracts.

NOTIFICATION OF VACATING AN ASA

A notice of resignation of its interest in the ASA by either the PFB, GFD, or the private ambulance providers will be required in accordance with the provisions of the initial service agreement or contract.

MAINTENANCE OF LEVEL OF SERVICE

In order to insure that emergency medical services are uninterrupted should a provider vacate their interest in the ASA, a one year notice will be required in the intergovernmental agreement between PFB/GFD and the County. This will allow the County sufficient time to select another provider. The same notice will be required in the agreements with the private ambulance providers. Penalties for insufficient notice will be made part of the contract.

CONTRACT EVALUATION

Contracts and agreements for transporting ambulance services will be for a term of four (4) years, and renewable thereafter at the discretion of the Board of Commissioners. In addition to the sanctions tied to the performance conditions in the contract and the criteria for termination for cause, a contract or agreement may be terminated if the performance criteria have not been met as determined by the Board of Commissioners and/or if the financial considerations agreed to by the parties fail to meet the explicit expectations in the documents.

A complete review of the transporting ambulance agreements will be performed prior to the renewal of each agreement.

July 12, 1993

Tanya Collier
Multnomah County Commissioner
1120 S.W. Fifth Avenue, Suite 1500
Portland, OR 97204

RE: County Ambulance Service Area Plan

Dear Commissioner Collier:

AA and CARE Ambulance together, would like to thank you for all of your hard work and efforts in passing a comprehensive Ambulance Service Area(ASA) Plan that will improve the level of prehospital patient care delivered in Multnomah county.

The road to this end has been a long and hard one, but you are now on the final steps of achieving your goal of a long term stable EMS System for Multnomah county.

We also would like to take this opportunity to extend our appreciation for your staff, notably Dr. Gary Oxman and Bill Collins for their diligent efforts in working with all of the interested parties and developing a working plan for an EMS system.

An issue has recently been raised in the hearings process that AA/CARE would like to address. It was an allegation of personnel being threatened with a loss of employment if they testified. This is absolutely false and has no basis in truth. Neither the president of AA nor the president of CARE has ever threatened an employee with loss of employment over testifying at public hearings. This should be obvious, as employees have been testifying for years with out any repercussions.

We find these allegations in poor taste, and view them as coming from people who are opposed to the County plan, making desperate attempts to overturn the decision by the County Commissioners.

AA/CARE have taken the position that we sincerely hope that under the new system pay and benefits will improve for the Paramedics, which will result in less turnover and a more stable work force.

Both AA and CARE ambulance Companies look forward to working with the County to develop an EMS system that we can all be proud of.

It is time now for all interested parties to sit down together and make the system work as efficiently as possible.

Once again, thank you for all of your time and patience with all of us over the last few months, and do not hesitate to call us for any assistance that you might need.

Sincerely,

William Neibert
Vice President
CARE Ambulance

Sincerely,

Pete Robedeau
President
AA Ambulance

CARE CAR • CARE Ambulance

July 14, 1993

Tanya Collier
Multnomah County Commissioner
1120 S.W. Fifth Avenue, Suite 1500
Portland, OR 97204

1993 JUL 14 PM 1:59
MULTNOMAH COUNTY
OREGON

RE: County Ambulance Service Area Plan

Dear Commissioner Collier:

AA and CARE ambulance want to once again thank you for your work on the Ambulance Service Area(ASA) plan, that will go along way in improving Prehospital care in Multnomah County.

One issue has been raised that we would like to take just a minute more of your time to offer an explanation.

AA and CARE, based on the plan as presently written, are committed to maintaining our work force and not laying off any personnel as the result of this process. Through attrition, AA and CARE will gradually replace Paramedics with EMT Basics.

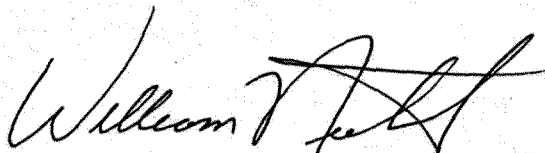
Both AA and CARE are committed to maintaining a strong and stable work force in Multnomah County and we are committed to insuring that our employees do not suffer under this plan.

If we can provide any further information, please do not hesitate to contact me at any time.


Sincerely,



Markley E. Drake
Administrative Manager



William Neibert
Vice President
CARE Ambulance



Pete Robedeau
President
AA Ambulance



Emergency Medical Services

Multnomah County

MEMORANDUM

TO: Hank Miggins, Chair, Board of County Commissioners
Commissioner Tanya Collier
Commissioner Gary Hansen
Commissioner Sharron Kelley
Commissioner Dan Saltzman

FROM: Bill Collins, EMS Director

VIA: Gary Oxman, MD, Health Officer

DATE: July 13, 1993

RE: Ambulance Service Planning Questions

=====

At the Board of Commissioners discussion on the adoption of an ambulance service plan on Thursday, July 8, 1993, there were some questions asked of staff in order to clarify the plan recommendations:

HOW IS CRITICAL DEFINED?

There are three categories of EMS calls; critical, non-critical and non-emergency. The determination of the category is a dispatch triage decision made by the BOEC dispatcher. Each call is subject to a question algorithm that first determines if the call is an emergency or non-emergency. If it is considered an emergency, further questions will determine if the call is critical or non-critical.

Critical calls are those in which the symptoms described to the dispatcher lead to the conclusion that there is an immediate risk to the patient. Specific criteria are used for each type of chief complaint. (e.g., Unconscious, Chest pain, Injury, etc.)

Health Department

426 S.W. Stark Street—9th Floor • Portland, Oregon 97204 • 248-3220 • Fax 248-5453

AN EQUAL OPPORTUNITY EMPLOYER

1993 JUL 14 PM 4:01
MULTNOMAH COUNTY
OREGON
CLERK OF
COUNTY COMMISSIONERS

This type of triage system is used to send the appropriate resources to each call. The system is a conservative methodology that will always send more than may be needed if the information provided the dispatcher does not lead to a clear decision.

HOW ARE UNITS DISPATCHED?

There are three types of EMS units available for response to a call; fire first response vehicles, fire medic ambulances, and private ambulances. These units are dispatched based on the triage decisions made by the dispatchers.

Fire first responders are sent on all calls for which the protocols require a first response. For some calls this may be the only initial response. For the majority of calls however, an ambulance will be dispatched at the same time.

If the call is considered critical, a fire medic ambulance will be sent. If it is expected that there will be a delay in patient care due to the projected response time of the fire medic unit, a private ambulance may be sent if that ambulance can arrive sooner.

If the call is considered non-critical, a private ambulance will be dispatched. Fire medic units will not be initially dispatched on non-critical calls.

Should the first responders arrive on a critical dispatched call and determine, based on certain criteria, that the call is non-critical, they may cancel the fire medic unit in favor of a private ambulance. (Note: Both types of ambulances are staffed with paramedics.) The specific criteria to be used by the first responders will be developed by the Medical Director and can not require decisions on the part of the EMTs that are beyond their training and scope of knowledge.

FINANCIAL CONSIDERATIONS

One of the stated goals of this planning process is the financial stability of the EMS system, over time, especially in light of health care reform. The question is not who can do it cheaper, fire or private, but which system design will allow us to obtain savings in the price of resources used in the system?

In looking at ways to reduce cost, and therefore the rates paid by patients, the only major savings available are in labor costs; the reduction of EMT positions. All of the proposed system designs before you will result in a

reduction in EMT positions. The problem to be solved is reducing the cost to patients while maintaining the level of service.

The attached spreadsheet shows an estimate of the position reductions under three options. The single (or two) provider option calls for two paramedics on each ambulance. It does not anticipate an ALS first response from the fire department. This option provides the least savings, with a reduction of 36 positions; \$1,143,936 .

The second option is a single (or two) provider with an all ALS first response. This will allow for staffing an ambulance with one paramedic and one EMT,; resulting in further position reductions of 39; \$1,239,264. This option however, will require the addition of up to 105 fire paramedics who must be firefighters. The training upgrade and premium pay would be approximately \$2,625,000 for initial training plus ongoing costs of \$367,00 per year. The funding of this increase would have to come from the fire department. The availability of ALS first response in the rural areas is not feasible at this time.

The third option is the public/private tiered system and does not require ALS first response. The split of critical and non-critical transporters allows for the reduction of paramedic positions both from the number needed to provide 9-1-1 service (36) and from the staffing change to one paramedic on the non-critical ambulances (39). This is an approximate total savings of \$2,383,200. In addition, because this option allows for a longer response time for non-critical units, further reductions may be expected. The financing of the additional fire paramedics required in this option is achieved through the transport fees. The option allows for some paramedics to move into the fire service which helps mitigate the private paramedic position reduction.

If there are any other questions or concerns for which we can provide information, please let me know.

**ESTIMATED PARAMEDIC POSITIONS
PRIVATE**

PROVIDERS	SINGLE (OR TWO)		TIERED
STAFFING	2 fte/hr	1 fte/hr	1 fte/hr
HOURS/FTE (12 HR SHIFT)	2190		
CURRENT HRS	125684		
ESTIMATED HRS	86476		
CURRENT FTE	115	115	115
ESTIMATED FTE	79	40	40
"+/ FTE"	-36	-75	-75
FIRE	(note 1)	(note 2)	9
NET	-36	-75	-66

note 1: This option and the tiered option do not require ALS first response

note 2: This option would require an all ALS first response

All of the above options are dedicated to 911

There will be additional paramedics for non-emergency transports

Post-It™ brand fax transmittal memo 7671 # of pages 2

To	Commissioner Salzman	From	J Dugeni MD
Co	Multnomah County	Co	PMC ED
Dept	Board of Commissioners	Phone #	230-6000
Fax #	248-5440	Fax #	230-6856

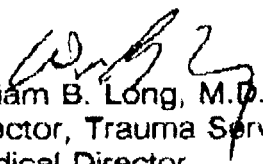
July 14, 1993

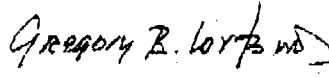
Multnomah County Board of Commissioners
1120 S.W. 5th Avenue, Room 1410
Portland, OR 97204

Dear Commissioners:

We represent the viewpoints of our respective hospitals and hospital systems regarding emergency medical services planning and delivery of care. We have reviewed the current plan tentatively approved by the County Commissioners and would like to support the alternative plan previously submitted to the County Commissioners. We feel this plan would offer the best opportunity for coordination of all pre-hospital care services in the most cost effective manner for the public.

Yours sincerely,


William B. Long, M.D.
Director, Trauma Services
Medical Director,
Life Flight
Legacy Portland Hospitals


Gregory B. Lorts, M.D.
Medical Director,
Emergency Services
Providence Medical Center
Sisters of Providence Healthcare System

July 13, 1993

Multnomah County Board of Commissioners
1120 S.W. 5th Avenue, Room 1410
Portland, OR 97204

Dear Commissioners:

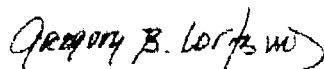
As the Multnomah County Board of Commissioners grapples with the arduous task of developing a comprehensive emergency medical services system, we request the Commissioners consider that the basic issue of most concern to the medical community are EMS provider accountability, effectiveness, and cost efficiency.

The current proposal under discussion allows all the current providers to implement a tiered system of response utilizing the Portland Fire Bureau as the EMS first responder and the transporting agency for ALS-paramedic emergency transports. This proposal offers only a minor improvement over the existing EMS system. The proposal does not address the problems of EMS inefficiency, provider redundancy, and inconsistent accountability. Under the current system with the same providers, problems identified by the quality assurance process are not resolved and we believe these same problems will continued under the proposed system.


We support the concept that a single provider system for pre-hospital advanced life support and transportation is the most efficient, effective, and easiest system to monitor and control from a medical standpoint. Medical supervision, quality assurance, and accountability of pre-hospital care activities are best accomplished by contracts with a single provider responsible to a single medical authority. We believe that a biannual review of the contracts will assure the provider and the medical authority's best efforts to assure an excellent pre-hospital emergency medical system.

We hope Multnomah County Board of Commissioners will pursue the development of an EMS system that functions without the intense political intrigue and inefficiency and lack of accountability that characterizes the current system. We highly recommend a single provider system for all advanced life support for the citizens of Multnomah County.

Yours sincerely,



Gregory B. Lorts, MD
Medical Director,
Emergency Services
Providence Medical Center



William B. Long, MD
Director, Trauma Services
Medical Director,
Life Flight
Legacy Portland Hospitals

Page 5 (fourth paragraph)

AMBULANCE SERVICE PLAN
SUMMARY

3. Ground ambulance transport for 9-1-1 emergency calls ~~will~~ **may** be by fire EMT-Paramedic units (fire medic units) for critical patients and by private, contracted emergency ambulances for **critical and** non-critical emergency patients.

Page 14 (sixth paragraph)

SYSTEM ELEMENTS

AMBULANCE

Within the Urban Growth Boundary:

Fire medic **and private** ambulances will respond to at least ninety (90) percent of critical medical calls in eight (8) minutes, zero (0) seconds or less.

Page 14 (eighth paragraph)

Outside the Urban Growth Boundary:

Fire medic **and private** ambulances will respond to at least ninety (90) percent of critical medical calls in twenty (20) minutes, zero (0) seconds or less.

Page 15 (fifth paragraph)

EMS PROVIDER RESPONSE
LEVEL OF CARE

~~Fire medic~~ Ambulances ~~will~~ **may** transport those patients in need of critical care as defined in the treatment protocols and triage guide. All other patients will be transported by private ambulances. First responders will remain at the scene when a private ambulance is requested. Fire medic ambulances will return to service at the earliest opportunity, including those "canceled enroute", in order to maximize their availability and minimize emergency response resource requirements.

Page 15 (ninth paragraph)

Dispatch and transport triage criteria will be developed by the EMS Medical Director **for life threatening and non-life threatening calls.** ~~It is estimated that up to twenty (20) percent of 9-1-1 calls will be transported by fire medic units in Multnomah County~~

POINTS OF INTEREST

- 51 existing Fire Bureau paramedic positions will be dedicated to transport. The first responder component of the Fire Bureau will suffer dramatically from the reassignment of such personnel to transport vehicles.
- No costs have been identified for replacing the first responder resources and personnel which will become dedicated to time-critical transports. In summary, the Bureau's first responder program has been gutted and no specific plan identified for restoring such services.

It may be suggested that transport capable vehicles will assist with first responder objectives and response time goals. However, where 51 paramedics had been previously distributed amongst 28 locations, now all 51 will operate from 10 ALS transport vehicles.

- If the closest unit is actually sent to a call, be the unit public or private, and that unit transports the patient, the result is a single provider system.

this Act to affirm the authority of counties, cities and rural fire protection districts to regulate ambulance services and areas and to exempt such regulation from liability under federal antitrust laws. [1989 c.722 §8]

823.305 Definition of "ambulance services" for ORS 823.180, 823.220 and 823.315. As used in ORS 823.180, 823.220 and 823.315, "ambulance services" includes the transportation of an ill, injured or disabled individual in an ambulance and, in connection therewith, the administration of pre-hospital medical or emergency care, if necessary. [1989 c.722 §5]

823.310 Requirements for adoption and review of ambulance service plan by counties. (1) In addition to the other requirements of ORS 823.180 and 823.220, when initially adopting a plan for ambulance services and ambulance service areas under ORS 823.180 or upon any subsequent review of the plan, a county shall:

(a) Consider any and all proposals for providing ambulance services that are submitted by a person or governmental unit or a combination thereof;

(b) Require persons and governmental units that desire to provide ambulance services under the plan to meet all the requirements established by the plan; and

(c) Consider existing boundaries of cities and rural fire protection districts when establishing ambulance service areas under the plan.

(2) Paragraphs (a) and (c) of subsection (1) of this section shall not apply to any county that, on or before the July 19, 1989, has initiated its bid process and solicited bids.

violation
(3) When determining the provider of ambulance services upon initial adoption or subsequent review of a plan under ORS 823.180, a county shall not grant preference under the plan to any person or governmental unit solely because that person or governmental unit is providing ambulance services at the time of adoption or review of the plan. [1989 c.722 §7]

823.315 Provision of ambulance services when county plan not adopted. When a county plan is not adopted for a county under ORS 823.180:

(1) A person or governmental unit may provide ambulance services within the county. A city or rural fire protection district may provide such services within and outside the city or district boundaries in accordance with policies adopted by the gov-

erning body of the city or district, including operation in other districts or cities by intergovernmental agreement under ORS chapter 190.

(2) A person or governmental unit that did not provide ambulance services prior to January 1, 1989, shall not commence the operation of such services under subsection (1) of this section until July 1, 1990, except within an area:

(a) That is otherwise not being served by any other provider of ambulance services; or

(b) For which the fees or other charges for ambulance services are increased between July 15, 1989, and July 1, 1990, by an existing provider of ambulance services. [1989 c.722 §6]

823.320 Exchange of services agreement for ambulance and emergency medical services. (1) A city, rural fire protection district or rural ambulance district providing transportation services through use of licensed ambulances that either individually or jointly accept prepayment from persons within their service areas for ambulance and emergency medical services, or ambulance services only, but not for other health care services, and a for-profit or not-for-profit corporation that accepts prepayment for ambulance and emergency medical services, or ambulance services only, but not for other health services, operating within this state or in another state, may enter into an exchange of services agreement for ambulance and emergency medical services.

(2) Any public entity described in subsection (1) of this section may enter into an exchange of services agreement with another comparable entity, operating within this state or in another state, for ambulance and emergency medical services. [1991 c.958 §1]

Note: ORS 823.320 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 823 by legislative action. See Preface to Oregon Revised Statutes for further explanation.

PENALTIES

823.990 Penalty for violation of chapter. (1) Violation of any provision of ORS 823.070 (5), 823.130 or 823.210 is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.

(2) Violation of any provision of this chapter is a misdemeanor. In any prosecution for such violation it shall be sufficient to sustain a conviction to show a single act of conduct in violation of any of the provisions of this chapter and it shall not be necessary to show a general course of such conduct. [Formerly 485.992; 1989 c.782 §25]

AMBULANCE SERVICE AREA BOUNDARIES

PREVENTION

Reducing the number of inappropriate 9-1-1 calls will allow for better utilization of resources and improve cost efficiencies. There will be a program, coordinated by the EMS program office, that will have as its goal the appropriate use of 9-1-1 for emergency medical requests. All providers will participate in this effort.

In addition, the EMS office will coordinate public education programs designed to reduce injuries, promote wellness, and enhance 9-1-1 system access. This coordination will take place between ambulance services, hospitals, law enforcement agencies, other area EMS providers, and the medical community.

Current resources can be used to promote the appropriate use of 9-1-1. However, additional sources of financial support will be sought for injury prevention and other aspects of the program.

SYSTEM ELEMENTS

EMS PROVIDER RESPONSE LEVEL OF CARE

Multnomah County's emergency medical services will be provided using a public/private system of response. Emergency medical calls, when appropriate by protocol, will receive a first response. Based on the priority dispatch triage criteria employed by EMS Dispatch, a fire medic ambulance or a private ambulance will be dispatched to the incident. Upon the arrival of the first responder, (or ambulance, if first at the scene), a determination will be made as to the necessity and level of transport required.

The goal of EMS dispatch triage is to send to each medical call, the level and amount of service necessary to provide quality medical care. The avoidance of duplicated or unnecessary response will provide cost savings to the system and reduce risks of accidents.

Fire medic ambulances will transport those patients in need of critical care as defined in the treatment protocols and triage guide. All other patients will be transported by private ambulances. First responders will remain at the scene when a private ambulance is requested. Fire medic ambulances will return to service at the earliest opportunity, including those "canceled enroute", in order to maximize their availability and minimize emergency response resource requirements.

Fire medic services will be provided by Portland Fire (and Gresham Fire, if agreed).

Private ambulance service will be provided by two ambulance services operating with a single system status plan. Both will be held accountable for response times.

There will be a single dispatch plan for the entire ASA. The fastest responding first responder and the closest ambulance, as recommended by the dispatch computer (CAD), will be dispatched to each critical call. This means that if dispatching a fire medic to a critical call would result in a delay in patient care, and if a private ambulance is available for a faster response, the private ambulance will be sent. In the case of non-critical calls, only private ambulances will be sent.

It is anticipated however, that the dispatch of private ambulances to critical calls will occur infrequently for two reasons:

1) Less than one quarter of the calls will be classified as critical.

2) Sufficient Fire Medic units will be deployed throughout the County.

WORKFORCE ISSUES

DIVERSITY

The diversity of personnel with regard to gender, race, and ethnicity in the EMS system in Multnomah County, and throughout the state leaves much to be desired. While there are many women working in the private ambulance sector, there are few in the fire services. Paramedics of African-American, Asian, Hispanic, Native American, or other minority backgrounds comprise an extremely low percentage of the EMS workforce. The State EMS division records do not contain any information on gender, racial, or ethnic background, but the State EMS Director felt that there were very few minority EMTs. To resolve this issue will take a long term commitment from the providers of EMS care, the County EMS system, and the EMT training programs.

First, each provider will submit evidence that they have in place a plan to promote diversity of personnel in their organization, including goals and objectives for meeting this need and the timelines anticipated. Diversity in this context includes establishing opportunities for women and minority EMTs. All provider plans will address access for minorities; fire providers will also focus on the inclusion of women as paramedics.

Second, the EMS Program will work with the EMS providers, the State EMS, and the training programs, both in Multnomah County, and in other areas, to recruit training candidates from diverse gender, ethnic and racial backgrounds.

TERMINATION

Termination of EMTs for retaliatory reasons or the "blacklisting" of EMTs seeking employment will be prohibited in the contracts with the County and will be cause for contract termination if it is found to have occurred.

EMPLOYEE ASSISTANCE PROGRAMS

All providers under contract to the County will be required to provide employee assistance programs (EAP).

CONTRACT EVALUATION

Contracts and agreements for transporting ambulance services will be for a term of four (4) years, and renewable thereafter at the discretion of the Board of Commissioners. Sanctions tied to the performance conditions in the contract and the termination of the contract for cause may be exercised at any time during the contract period. If the financial considerations agreed to by the parties fail to meet the explicit expectations in the documents, the contract may be terminated.

A complete review of the transporting ambulance agreements will be **required** prior to the renewal of each agreement. Each contract will include the specifics of the review process. This review will include, but not be limited to:

- Adherence to response time requirements.
- Compliance with other performance requirements.
- Meeting workforce goals such as diversity and labor priorities.
- Complaints concerning service.
- Meeting the financial goals of the agreement.
- "Street level" relationships of the provider to others in the system.
- Participation in the quality improvement program and an assessment of the quality of services performed.

AMENDMENT TO ATTACHMENT "A" TO THE
ORDINANCE TO ADOPT AN AMBULANCE SERVICE PLAN

[CHANGES ARE IN BOLD TYPE]

TRAINING AND EDUCATION

CONTINUING EDUCATION

All training and continuing education will be provided throughout the EMS system in a single, coordinated educational program. Resources now available and additional training resources identified will be "pooled" to allow for their maximum use. The EMSMD will establish system-wide criteria that meets the needs of all levels of EMTs in both the urban and rural settings. This will also insure that all personnel receive appropriate and consistent training. The content offered will meet certification requirements and will reflect the outcomes and findings of the quality improvement process.

The EMS Program will continue to provide periodic inservice sessions to introduce changes in patient care protocols, administrative rules, State requirements, and other pertinent information. All EMTs will be required to attend in order to maintain their credentials as approved by the EMSMD.

The EMSMD may require EMTs to obtain additional training and education. Provider agencies will offer training and education to their employees and other EMTs in the system, as approved by the EMSMD, and as part of the coordinated EMS educational program.

The EMS educational program will specifically assist rural first responders in obtaining the training necessary to meet system goals.

AMENDMENTS TO ATTACHMENT A,
ORDINANCE TO ADOPT AN AMBULANCE SERVICE PLAN

The following is an amendment to Attachment A.

Changes are identified by **bold type**.

3-2

RATE REGULATION

The County Board of Commissioners will set all rates for emergency medical services provided under this plan.

There will be a single charge schedule for services provided to 9-1-1 callers and a single billing system for these charges.

Rates for emergency response ambulance service will be recommended by an EMS Rate Regulation Board (RRB) as part of the agreement and contracting process. The Board, comprised of EMS providers, business experts, and service users, will serve also as a rate review body to hear and recommend action concerning not only initial rate proposals, but any subsequent requests for rate adjustments. Formulas, such as the Consumer Price Index (CPI), may be applied to the rate adjustment process. Any formula used will be specified in the contracts and agreements. The RRB recommendations will be made to the EMS Program and the Board of County Commissioners as part of the contract approval process.

Annual compensation to the Portland Fire Bureau will not exceed \$404 per transport, based on 4,500 transports per year.

The RRB will also review any system requirements that may have a significant financial impact on the providers. If the committee determines that such an impact is present, they may recommend a rate adjustment to compensate for the requirement.

Non-emergency ambulances will not be subject to the rate determination process. Fees charged for their services will be driven by the market for such services.

AMENDMENTS TO ATTACHMENT A,
ORDINANCE TO ADOPT AN AMBULANCE SERVICE PLAN

The following are amendments to the sections of attachment A that specify the ambulance transport provider. These amendments establish **two** private transport providers for the County.

Changes are identified by **bold type**.

SUMMARY

The Multnomah County Board of Commissioners, based on the findings, conclusions, system design options, and recommendations from participants in the ambulance service planning effort, have approved the following plan:

1. Multnomah County will comprise a single Ambulance Service Area.
2. First response to 9-1-1 medical calls will be provided by fire districts with a minimum staffing goal of defibrillator trained EMT-Basic personnel.
3. **Ground ambulance transport for 9-1-1 emergency calls will be by two emergency ambulance providers.**
4. All other ambulance service will be provided by private, non-emergency ambulances.
5. Air ambulance services will be provided by private helicopter and airplane providers.
6. Emergency ambulances will be staffed by two EMT- Paramedics.
7. Dispatch for all 9-1-1 calls and ambulance move-ups will be provided by the City of Portland, Bureau of Emergency Communications (BOEC).
8. Primary radio communications will be on the 800Mhz system. Mobile Data Terminals (MDT) will be used for dispatch and communications with the BOEC dispatch computer.
9. Medical direction and supervision will be provided by an EMS Medical Director employed by the county.
10. The EMS Program Office in the Health Department will administer the ASA and the EMS system in Multnomah County.
11. EMS will maintain a pre-hospital patient care, dispatch, and hospital disposition data base for the use in monitoring performance.
12. The EMS system will use the Continuous Quality Improvement process to ensure quality and improvement of patient care.
13. The cost of transport , the EMS Medical Director, and EMS Program Office will be financed by fees charged to people receiving care through the 9-1-1 medical response system.
14. Multnomah County will work with other jurisdictions to move toward a regional approach to EMS.

SYSTEM ELEMENTS

RESPONSE TIMES

STANDARDS.

Response time will be measured from the time of the dispatched unit's acknowledgment of the call notification by BOEC until the time that unit reports arrival at the scene of the emergency. Response times shall be uniformly distributed throughout the zone. The following response time standards apply only to emergency calls. Non-emergency calls dispatched by BOEC, or turned over to non-emergency ambulances, will be run in an expeditious manner.

FIRST RESPONSE

Urban First Responders will respond to at least ninety (90) per cent of medical calls in four (4) minutes, zero (0) seconds or less.

Rural First responders will respond in an expeditious "best effort" as soon as dispatched.

AMBULANCE

Within the Urban Growth Boundary:

Emergency ambulances will respond to ninety (90) per cent of medical calls in eight minutes (8) minutes, zero (0) seconds or less.

Outside the Urban Growth Boundary:

Emergency ambulances will respond to at least ninety (90) per cent of non-critical medical calls in twenty (20) minutes, zero (0) seconds or less.

Wilderness (frontier) calls will be responded to in an expeditious, "best effort" manner as soon as the unit(s) are dispatched

EMS PROVIDER RESPONSE LEVEL OF CARE

Multnomah County's emergency medical services will be provided by two private emergency ambulance providers. Emergency medical calls, when appropriate by protocol, will receive a first response by a fire unit.

The goal of EMS dispatch triage is to send to each medical call, the level and amount of service necessary to provide quality medical care. The avoidance of duplicated or unnecessary response will provide a cost savings to the system.

(DELETION)

Emergency ambulance providers will respond to, and transport to the hospital, all 9-1-1 medical callers.

There will be a single dispatch plan for the entire ASA. The fastest responding first responder and closest **ALS** ambulance will be dispatched to each call.

Dispatch and transport criteria will be developed by the EMS Medical Director.

PERSONNEL (STAFFING)

FIRST RESPONSE

RURAL CONSIDERATIONS

It is the goal of this system to have all first responders trained to the EMT-Basic level. It is recognized that because of the size and the volunteer nature of the Rural Fire Protection Districts serving parts of Multnomah County, this training level may not be feasible in the near future. The EMS program will assist rural providers in the development and provision of training necessary to meet this goal.

URBAN AREAS

Portland Fire and Gresham Fire currently have all response personnel trained to the EMT Basic level and provide many ALS first response units, with at least one (1) EMT-Paramedic responding on those units.

AMBULANCES

Emergency ambulances will be staffed with two (2) EMT-Paramedic .

Ambulances providing non-emergency services and inter-facility transfers will meet the staffing requirements necessary for the level services to be provided: BLS - two (2) EMT-Basic, ALS - one (1) EMT-Paramedic and one (1) EMT-Basic. Additional standards may be set by the EMS Medical Director for critical care transfers or other specialized services.

Ambulances providing transport services to hospital- based transport teams, but not providing direct patient care with the ambulance crew members, must meet the BLS standards.

PATIENT CARE EQUIPMENT

Requirements for equipment and supplies will be determined by the level of service (ALS, BLS, emergency, non-emergency) provided and will be set by the EMSMD.

FIRST RESPONDERS

All first response vehicles will be required to carry equipment and supplies appropriate to their level of service.

AMBULANCES

All ambulances will be required to maintain equipment, supplies, and drugs appropriate for their level of service (ALS, BLS) as required under OAR 333-28-050 and as required by the EMSMD. Ambulances will be inspected on a regular basis, by the EMS office to determine compliance with these requirements. (Attachment G)

RURAL CONSIDERATIONS

The EMS program will assist rural first responders in obtaining the necessary equipment to maximize their response capabilities. (e.g., automatic defibrillators)

EQUIPMENT EXCHANGE

There will be an equipment and supply exchange between the ambulance providers and the first responders. This will allow the first responders a method for recovering their costs in this area.

PROVIDER SELECTION AND EVALUATION

INITIAL ASSIGNMENT

The Board of County Commissioners designates the County Health Department as the party responsible for the provision of Emergency Medical Services in the ASA. The County intends to contract for services it deems necessary for the efficient and effective provision of EMS. All contracts will require the approval of the Board of Commissioners.

FIRST RESPONSE

The County will enter into agreements with all fire districts within the County interested in providing EMS first response.

AMBULANCE SERVICE

The emergency ambulance service component will be contracted to two private ambulance providers recommended by the Health Department through a procurement process and approved by the Board of Commissioners

REASSIGNMENT

Should the emergency ambulance providers resign their interest in the ASA, or should the County terminate its agreement for service, a replacement provider will be sought using the same methods as the initial assignment.

APPLICATION FOR AN ASA

Applications from prospective ambulance providers will be accepted in accordance with the provisions of the procurement process.

NOTIFICATION OF VACATING AN ASA

A notice of resignation of its interest in the ASA by the ambulance providers will be required in accordance with the provisions of the initial contract.

MAINTENANCE OF LEVEL OF SERVICE

In order to insure that emergency medical services are uninterrupted should a provider vacate its interest in the ASA, a one year notice will be required. Penalties for insufficient notice will be made part of the contract.

CONTRACT EVALUATION

The contracts and agreements for transporting ambulance services will be for a term of four (4) years, and renewable thereafter at the discretion of the Board of Commissioners. In addition to the sanctions tied to the performance conditions in the contract and the criteria for termination for cause, a contract or agreement may be terminated if the performance criteria have not been met as determined by the Board of Commissioners and/or if the financial considerations agreed to by the parties fail to meet the explicit expectations in the documents.

A complete review of the transporting ambulance agreements will be performed prior to the renewal of each agreement.

AMENDMENTS TO ATTACHMENT A,
ORDINANCE TO ADOPT AN AMBULANCE SERVICE PLAN

The following are amendments to the sections of attachment A that specify the ambulance transport provider. These amendments establish a **single** transport provider for the County.

Changes are identified by **bold type**.

SUMMARY

The Multnomah County Board of Commissioners, based on the findings, conclusions, system design options, and recommendations from participants in the ambulance service planning effort, have approved the following plan:

1. Multnomah County will comprise a single Ambulance Service Area.
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PROVIDER SELECTION AND EVALUATION

INITIAL ASSIGNMENT

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A complete review of the transporting ambulance agreements will be performed prior to the renewal of each agreement.

Potential Amendments

(1st) Page 5, item 6 [and each similar statement in the plan]

In referring to staffing levels for private ambulances,
substitute as follows:

"will be staffed by one EMT-Paramedic and
by one EMT-Basic or above"

(2nd) Throughout Plan, whenever there is a reference to training the first responder to EMT-Basic, add

"(defibrillator trained)". ~~the~~

after the word basic.

This will adjust Plan to meet the Summary set forth on page 5, item 2.

(3rd) In Commissioner Collier's "Diversity Amendment," at the end of the second full paragraph, add the sentence

"Further, each transport provider shall have an appropriate representation of women and minorities in its work force, as shown by not having an underutilization as defined by regulations under Executive Order 11246 of women or minorities in its EMT job positions (Basic through Paramedic, as applicable to the level of transport)."

(4th) Re page 21, item 2, Rate Regulation,

insert following the second sentence:

"This schedule shall not allow any transport provider to charge ~~any~~ a different rate for the same service provided where the difference reflects only that the ~~persons~~ persons treated or transported were inside or outside a political boundary."

**PRESTON
THORGRIMSON
SHIDLER
GATES & ELLIS**

ATTORNEYS AT LAW

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county counsel ✓
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111 S.W. Fifth Avenue
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Telephone: (503) 228-3200
Facsimile: (503) 248-9085

JEFFREY T. LAWRENCE

July 16, 1993

VIA FACSIMILE

248-5662, 248-3308

Original sent first class

Multnomah County Commissioners

1211 S.W. Fourth Avenue
Portland, Oregon 97204

*7/19/93
CALLED WITH
INFO ON CORRECT
ADDRESS & FAX #*

Acting Chair Hank Miggins
Commissioner Gary Hansen
Commissioner Sharron Kelley
Commissioner Dan Saltzman
Commissioner Tanya Collier

*1993 JUL 19 AM 9:43
MULTNOMAH COUNTY
OREGON
COUNTY COMMISSIONERS*

Re: 9-1-1 Ambulance Service Plan

Dear Mr. Miggins and Commissioners:

As you know, I represent Community Ambulance and have met with you and appeared on behalf of Community Ambulance during the past two weeks concerning the 9-1-1 Ambulance Service Plan that was adopted by the Commission yesterday, Thursday, July 15, 1993.

This letter seeks to confirm and discover your understanding of the Plan as it relates to Community Ambulance's possible participation in the selection process, if any, which will take place to determine who the private service providers will be. It was my understanding that although the Commission did not change its determination that there will be two private service providers in the Plan, it did, in fact, determine that those two should not be predetermined and that those contracts should not be pre-assigned.

It was my understanding that specific amendments were adopted for that purpose and that Community Ambulance would be allowed to apply for and participate in the selection process. Whether the adopted language actually accomplishes that

Acting Chair Hank Miggins
and Commissioners
July 16, 1993
Page 2

result is another question. I am writing, however, in regard to your understanding of the Commission's intent. My confusion arises because radio news and an article in the *Oregonian* this morning report that Buck and Care/AA are awarded the contracts outright.

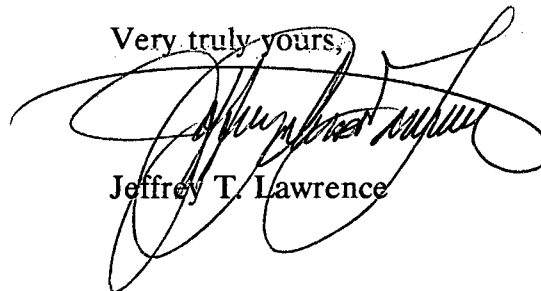
I would appreciate an immediate response to this question. I believe that an outright award, with no selection or bid process, is in direct violation of ORS 823.305(2), which explicitly contemplates a bid process, and ORS 823.305(3), which explicitly states:

When determining the provider of ambulance services upon initial adoption or subsequent review of a plan . . . a county shall not grant preference under the plan to any person or governmental unit solely because that person or governmental unit is providing ambulance services at the time of adoption or review of the plan.

My clients are considering their legal options at this time and would appreciate your individual understanding in this matter.

Thank you for your time and patience. I look forward to hearing from you today, if possible.

Very truly yours,

A large, stylized handwritten signature in black ink, appearing to read 'Jeffrey T. Lawrence', is written over the typed name.

Jeffrey T. Lawrence

JTL/lmd
20160-00.001\7MLCOMML0D1
cc: Ms. Junita Kauble

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
ORDINANCE NO. 772

An ordinance adopting an ambulance service plan for Multnomah County pursuant to ORS 823.180.

Multnomah County ordains as follows:

Section I. Findings.

1. ORS 823.180 requires that the County develop a plan relating to the coordination of ambulance services within the County.

2. In conformance with ORS 823.180, the Board of County Commissioners has consulted with and sought advice from interested persons, cities, and districts with regard to ambulance service planning.

3. The Board of County Commissioners has considered all proposals for providing ambulance services that have been submitted for consideration, and has considered existing boundaries of cities and rural fire protection districts in establishing the ambulance service area under the plan.

4. The Board of County Commissioners heard presentations of proposed ambulance service area plans on June 23, 1993; conducted

06/30/93:1

1 work sessions on June 29, 1993, June 30, 1993 and July 6, 1993 to
2 consider plan elements; and held a public hearing on July 1, 1993
3 to hear public testimony on submitted plans and plan elements.

4 5. After extensive discussion and consideration of various
5 policy options, the Board of County Commissioners has determined
6 that the ambulance service plan attached hereto as Exhibit A best
7 serves the public interest.

8 6. The ambulance service plan attached hereto as Exhibit A
9 meets the criteria set forth in OAR 333-28-100 thru 333-28-130
10 (Oregon State Health Division Administrative Rules).

11 7. The Board of County Commissioners recognizes that
12 amendments to the current EMS Code, or other actions, will be
13 necessary to fully implement the plan adopted by this ordinance.
14

15 Section II. Adoption of Plan.

16 The Ambulance Service Plan attached hereto as Exhibit A is
17 adopted. The Director of Emergency Medical Services shall promptly
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26 06/30/93:1
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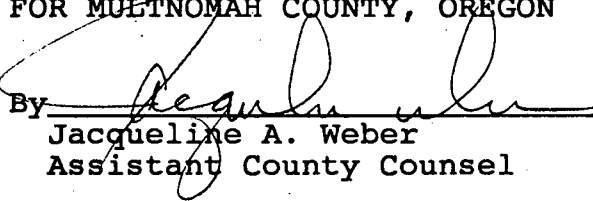
submit the adopted plan to the State Health Division as required by
ORS 823.180.

ADOPTED this 15th day of July, 1993, the
date of its second reading before the Board of County Commissioners.



By 
H. C. Miggins, Chair
Multnomah County, Oregon

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By 
Jacqueline A. Weber
Assistant County Counsel

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06/30/93:1

ATTACHMENT A
TO MULTNOMAH COUNTY ORDINANCE NO.772
ADOPTING AN AMBULANCE SERVICE PLAN

MULTNOMAH COUNTY, OREGON
JULY, 1993



Emergency Medical Services

Multnomah County Ambulance Service Plan

JULY

1993

MULTNOMAH COUNTY, OREGON

AMBULANCE SERVICE PLAN

CONTENTS

SUMMARY

CERTIFICATION BY THE GOVERNING BODY OF THE COUNTY AMBULANCE SERVICE PLAN

OVERVIEW OF COUNTY

GEOGRAPHY

POPULATION

EMERGENCY MEDICAL RESOURCES

DEFINITIONS

AMBULANCE SERVICE AREA BOUNDARIES

ASA DESCRIPTION

ALTERNATIVES CONSIDERED TO REDUCE RESPONSE
TIMES

RURAL CONSIDERATIONS

PREVENTION

SYSTEM ELEMENTS

RESPONSE TIMES

DISPATCH (NOTIFICATION)

STANDARDS

LEVEL OF CARE
(EMS PROVIDER RESPONSE)

PERSONNEL (STAFFING)

FIRST RESPONSE

AMBULANCE

MEDICAL SUPERVISION

EMS MEDICAL DIRECTOR
ON-LINE MEDICAL CONTROL
PATIENT CARE EQUIPMENT
FIRST RESPONDERS
AMBULANCES
VEHICLES
FIRST RESPONDERS
AMBULANCES
TRAINING AND EDUCATION
TECHNICIANS
CONTINUING EDUCATION
QUALITY ASSURANCE
STRUCTURE
PROCESS AND PROBLEM RESOLUTION
SANCTIONS

ADMINISTRATION AND COORDINATION

PLANNING AND ADMINISTRATION
RATE REGULATION
COMPLAINTS
MUTUAL AID AGREEMENTS
ROUTINE EMS SERVICE
UNUSUAL CIRCUMSTANCES
DISASTER RESPONSE
MASS CASUALTY INCIDENTS
DISASTERS
SPECIAL PERSONNEL AND EQUIPMENT

HAZARDOUS MATERIALS
SEARCH AND RESCUE
SPECIAL EMERGENCY RESPONSE TEAM (SERT)
SPECIALIZED RESCUE AND EXTRICATION
EMERGENCY COMMUNICATIONS AND SYSTEM ACCESS
TELEPHONE
DISPATCH
RADIO COMMUNICATIONS
RECEIVING HOSPITAL AVAILABILITY
EMERGENCY MEDICAL SERVICES DISPATCHER
TRAINING

WORKFORCE ISSUES

STABILITY
DIVERSITY
LABOR RELATIONS
ATTRITION
PREFERENCE

PROVIDER SELECTION AND EVALUATION

INITIAL ASSIGNMENT
REASSIGNMENT
APPLICATION FOR AN ASA
NOTIFICATION OF VACATING AN ASA
MAINTENANCE OF LEVEL OF SERVICE
CONTRACT EVALUATION

COUNTY ORDINANCE TO ADOPT THE AMBULANCE SERVICE PLAN

AMBULANCE SERVICE PLAN

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The Multnomah County Board of Commissioners, based on the findings, conclusions, system design options, and recommendations from participants in the ambulance service planning effort, have approved the following plan:

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3. Ground ambulance transport for 9-1-1 emergency calls will be by fire EMT-Paramedic units (fire medic units) for critical patients and by private, contracted emergency ambulances for non-critical emergency patients.
4. All other ambulance service will be provided by private, non-emergency ambulances.
5. Air ambulance services will be provided by private helicopter and airplane providers.
6. Fire medic ambulances will be staffed by two EMT- Paramedics. Private, contracted ambulances will be staffed by one EMT-Paramedic and one EMT-Basic at a minimum.
7. Dispatch for all 9-1-1 calls and ambulance move-ups will be provided by the City of Portland, Bureau of Emergency Communications (BOEC).
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13. The cost of transport by fire services and private ambulances, the EMS Medical Director, and EMS Program Office will be financed by fees charged to people receiving care through the 9-1-1 medical response system.
14. Multnomah County will work with other jurisdictions to move toward a regional approach to EMS.

**CERTIFICATION
OF THE
MULTNOMAH COUNTY
AMBULANCE SERVICE PLAN**

The undersigned certify that pursuant to Oregon Administrative Rules 333-28-095 through 333-28-130 that:

Each ambulance service plan element contained in these rules has been addressed and considered in the adoption of this plan by the Board of County Commissioners and,

In the Board's judgment, the ambulance service area established in the plan provides for the efficient and effective provision of ambulance services and,

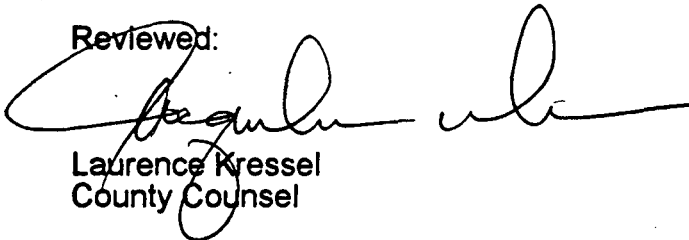
To the extent they are applicable, the County has complied with ORS 823.180(2)(3) and 823.310 and existing local ordinances and rules.

Dated at Multnomah County, July 22, 1993



Hank Miggins
Chair, County Board of Commissioners

Reviewed:



Laurence Kressel
County Counsel

OVERVIEW OF MULTNOMAH COUNTY

GEOGRAPHY

Multnomah County is the most densely populated county in Oregon. It is a predominately urban area with approximately 97% of the population residing within the urban growth boundary established by METRO. The County extends from the junction of the Willamette and Columbia Rivers on the West to the foothills of the Cascade Mountains on the East. The County covers 465 square miles.

Because of the hills in various areas of the county snow and ice can cause problems with emergency response.

The large park, forest, and watershed areas in the county may be a barrier to access by emergency vehicles and special rescue resources may be needed. While these areas are hard to reach, fortunately there are few calls for service in these areas.

POPULATION.

1990 Census data shows the following populations:

Jurisdiction	Population	Per cent of county population
City of Portland	437,398	74.9
City of Gresham	68,235	11.7
City of Troutdale	7,852	1.3
City of Wood Village	2,814	0.5
City of Fairview	2,391	0.4
City of Maywood Park	794	0.1
Unincorporated Areas (by subtraction)	64,403	11.0
Total County	583,887	100.0

In addition to the population living in Multnomah County, a large influx of people occurs during the working day increasing the population by up to 25%

EMERGENCY MEDICAL RESOURCES

There are a number of organizations within Multnomah County currently providing emergency medical services.

Fire Departments are the first response providers for the entire county. They respond on essentially all the 9-1-1 medical calls. There are three (3) fire departments that provide both BLS and ALS first response. There are five (5) fire departments that provide service at the BLS level only.

Four ambulance companies provide response for 9-1-1 emergency calls and provide non-emergency services as well. A fifth company provides non-9-1-1 ambulance service only. All ambulances are licensed by Multnomah County EMS.

All hospitals, with the exception of one, provide emergency services and serve as receiving hospitals for the emergency ambulance services. There are two level-one trauma hospitals in the County. In addition, some patients are transported to hospitals in Washington County, Clackamas County, and Southwest Washington.

There is one air ambulance service serving the County, providing both emergency scene response and inter-facility transport.

DEFINITIONS

Definitions in italic are those found in OAR 333-28-100

"Advanced Life Support" (ALS) means those medical services that may be provided within the scope of practice of a person certified as an EMT-Paramedic as defined in ORS Chapter 823.

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

"Ambulance services" means the transportation of an ill, injured, or disabled individual in an ambulance and, in connection therewith, the administration of prehospital medical or emergency care, if necessary.

"Ambulance Service Area" (ASA) means a geographic area that is served by one ambulance service provider and may include all or a portion of county, or all or portions of two or more contiguous counties.

"Ambulance Service Plan" means a written document that outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of the 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) means those medical services that may be provided within the scope of practice of a person certified as an EMT-Basic as defined in ORS Chapter 823.

"Bureau of Emergency Communications" (BOEC) means the Bureau within the City of Portland that maintains the 9-1-1 telephone answering system and the dispatch service for police and EMS for the County.

"CHORAL" means the on-line computer link among all the receiving hospitals within Multnomah County that provides information on the status of those hospitals for receiving ambulance transports.

"County" means Multnomah County, Oregon.

"Division" means the Oregon Health Division, Department of Human Resources.

"Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination, and system elements.

"Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

"Emergency Medical Dispatcher" (EMD) means a person who is certified by the Board on Public Safety Standards and Training as defined in ORS 401.735.

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

"Emergency Medical Services" (EMS) means those prehospital 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 Services Medical Director" (EMSMD) means a physician employed by the County to provide medical direction to the EMS system and medical supervision to EMTs providing emergency services within the County.

"EMS Program Office" means that organizational division within the County Health Department responsible for the administration of the EMS system in the County.

"Emergency Medical Technician" (EMT) means a person certified at one of the levels of practice defined in ORS Chapter 823.

"Fire Medic Ambulance" means an ambulance, operated by a fire service, licensed for ALS service, that responds to emergency medical calls.

"First Responder" means an organization that provides fast response to emergency medical calls by EMTs before the arrival of an ambulance. These organizations are fire departments throughout the County.

"HEAR" means the radio frequency used for ambulance to hospital and hospital to hospital radio communications.

"Medical Advisory Board" means the advisory committee appointed by the Multnomah County Board of Commissioners as defined in Multnomah County Code.

"MCC 6.32" means the current Multnomah County Code cited as the Multnomah County Emergency Medical Services Code.

"Mass Casualty Incident" (MCI) means an emergency medical incident with enough injured or ill persons to meet the requirements for scene and medical management as defined in the EMS Administrative Rules, MCI Plan.

"MED NET" means those radio frequencies used for EMS dispatch, on-line medical control, and MCI communications.

"Medical Resource Hospital" (MRH) means that hospital, contracted to EMS, to provide on-line medical advice and control to EMTs.

"Non-Emergency Ambulance" means an ambulance, licensed by the County, that provides routine transportation to patients who do not require emergency response. The level of care is dependent upon the patient's need.

"Notification time" means the length of time between the initial receipt off the request for emergency medical service by either a provider or an emergency dispatch center (9-1-1), and the notification of all responding emergency medical service personnel.

"On-line Medical Advice (Control)" means medical direction and advice given to an EMT, by a physician, through radio or telephone as a supplement to the written patient care protocols.

"Private Emergency Ambulance" means an ambulance, operated by a private company, and licensed by the County to respond to emergency medical calls.

"Provider" means any public, private, or volunteer entity providing EMS.

"Provider selection process" means the process established by the county for selection of an ambulance service provider(s).

"Public Safety, Answering Point" (PSAP)/ 9-1-1 means the organization that answers calls for police, fire, and emergency medical assistance that are received from persons dialing 9-1-1. This service is provided by BOEC.

"Response time" means the time between the notification of each provider and the arrival of each provider's EMS unit(s) at the incident scene.

AMBULANCE SERVICE AREA BOUNDARIES

DESCRIPTION.

All of Multnomah County comprises a single ambulance service area. There is concern that the portions of the county that are rural in nature and have a low population density cannot support the ground response time standard applicable for the urban areas.

The use of the Urban Growth Boundary, developed by METRO, as a demarcation between urban and rural ambulance response time zones in the County will provide for a more realistic application of response time standards. (Attachment A)

ALTERNATIVES FOR RESPONSE TIME REDUCTION

RURAL CONSIDERATIONS

Because of the need to provide the most efficient and effective service to citizens within Multnomah County, certain areas of the County have already been deemed better served by agencies responding from outside the County. These areas are considered to be within the County ambulance service area and intergovernmental agreements specify the details of service for each of these areas. (Attachment B) The areas affected are:

The community of Dunthorpe

Portions of Multnomah County located in Lake Oswego.

The Skyline area in the Northwest portion of the County.

The area adjacent to Columbia County served by Highway 30.

In addition, Multnomah County EMS serves areas in other jurisdictions by similar agreements. These areas are:

The North end of Sauvie Island located in Columbia County.

Portions of the City of Portland located in Washington County.

The eastern portion of the County now receives service from providers both in and outside the County, although no specific written agreements have been executed.

It is the intent of this plan to foster regional approaches to ambulance service area planning, management, and service to reduce any negative effects on service that may be caused by political boundaries.

Therefore, in order to maximize the effectiveness of the resources available throughout the region, within 90 days from the approval of this plan, the EMS office will bring together all current and potential parties involved in EMS in Multnomah County, Clackamas County, Washington County, Hood River County, and the State Parks to develop a regional plan and subsequent agreements for the provision of EMS services in the area.

(A map showing the fire districts for first response, and city boundaries is included in Attachment C.)

PREVENTION

Reducing the number of inappropriate 9-1-1 calls will allow for better utilization of resources and improve cost efficiencies. There will be a program, coordinated by the EMS program office, that will have as its goal the appropriate use of 9-1-1 for emergency medical requests. All providers will participate in this effort.

In addition, the EMS office will coordinate public education programs designed to reduce injuries, promote wellness, and enhance 9-1-1 system access. This coordination will take place between ambulance services, hospitals, law enforcement agencies, other area EMS providers, and the medical community.

Current resources can be used to promote the appropriate use of 9-1-1. However, additional sources of financial support will be sought for injury prevention and other aspects of the program.

SYSTEM ELEMENTS

RESPONSE TIMES.

DISPATCH (NOTIFICATION)

At least ninety (90) per cent of responses to medical calls received by the Public Safety Answering Point (PSAP - 9-1-1) will be dispatched within eighty(80) seconds. The BOEC Fire/EMS dispatch will dispatch both fire first response and ambulances.

Medical call-taking and dispatch will continue to be governed through a performance contract between Multnomah County EMS and BOEC. This contract specifies the procedures to be used for dispatch, the triage requirements for calls, pre-arrival instructions to be given to callers and the review process to be used for the medical dispatch function. The development of these criteria is the responsibility of the EMS Medical Director. (Attachment D)

STANDARDS.

Response time will be measured from the time of the dispatched unit's acknowledgment of the call notification by BOEC until the unit reports arrival at the scene of the emergency. Response times shall be uniformly distributed throughout the zone. The following response time standards apply only to emergency calls. Non-emergency calls dispatched by BOEC, or turned over to non-emergency ambulances, will be run in an expeditious manner.

FIRST RESPONSE

Urban First Responders will respond to at least ninety (90) per cent of medical calls in four (4) minutes, zero (0) seconds or less.

Rural First responders will respond in an expeditious "best effort" as soon as dispatched.

AMBULANCE

Within the Urban Growth Boundary:

Fire medic ambulances will respond to at least ninety (90) per cent of critical medical calls in eight (8) minutes, zero (0) seconds or less.

Private ambulances will respond to ninety (90) per cent of non-critical medical calls in twelve (12) minutes, zero (0) seconds or less.

Outside the Urban Growth Boundary:

Fire medic ambulances will respond to at least ninety (90) per cent of critical medical calls in twenty (20) minutes, zero (0) seconds or less.

Private ambulances will respond to at least ninety (90) per cent of non-critical medical calls in twenty (20) minutes, zero (0) seconds or less.

Wilderness (frontier) calls will be responded to in an expeditious, "best effort" manner as soon as the unit(s) are dispatched. The important element for response into these areas is the immediate response to the dispatch to insure that help is moving toward the incident as soon as possible.

EMS PROVIDER RESPONSE LEVEL OF CARE

Multnomah County's emergency medical services will be provided using a public/private system of response. Emergency medical calls, when appropriate by protocol, will receive a first response. On the basis of the priority dispatch triage criteria employed by EMS Dispatch, a fire medic ambulance or a private ambulance will be dispatched to the incident. Upon the arrival of the first responder, (or ambulance, if first at the scene), a determination will be made as to the necessity and level of transport required.

The goal of EMS dispatch triage is to send to each medical call, the level and amount of service necessary to provide quality medical care. The avoidance of duplicated or unnecessary response will provide cost savings to the system and reduce risks of accidents.

Fire medic ambulances will transport those patients in need of critical care as defined in the treatment protocols and triage guide. All other patients will be transported by private ambulances. First responders will remain at the scene when a private ambulance is requested. Fire medic ambulances will return to service at the earliest opportunity, including those "canceled enroute", to maximize their availability and minimize emergency response resource requirements.

Fire medic services will be provided by Portland Fire (and Gresham Fire, if agreed).

Private ambulance service will be provided by two ambulance services operating with a single system status plan. Both will be held accountable for response times.

There will be a single dispatch plan for the entire ASA. The fastest responding first responder, and the closest ambulance, as recommended by the dispatch computer (CAD), will be dispatched to each critical call. This means that if dispatching a fire medic to a critical call would result in a delay in patient care, if a private ambulance is available for a faster response, the private ambulance will be sent and will transport. In the case of non-critical calls, only private ambulances will be sent.

It is anticipated however, that the dispatch of private ambulances to critical calls will occur infrequently for two reasons:

- 1) Less than one quarter of the calls will be classified as critical.
- 2) Sufficient Fire Medic units will be deployed throughout the County.

Dispatch and transport triage criteria will be developed by the EMS Medical Director. It is estimated that up to twenty (20) percent of 9-1-1 calls will be transported by fire medic units in Multnomah County.

PERSONNEL (STAFFING)

FIRST RESPONSE

RURAL CONSIDERATIONS

It is the goal of this system to have all first responders trained to the EMT-Basic level. It is recognized that because of the size and the volunteer nature of the Rural Fire Protection Districts serving parts of Multnomah County, this training level may not be feasible soon. The EMS program will assist rural providers in the development and provision of training necessary to meet this goal.

URBAN AREAS

Portland Fire and Gresham Fire currently have all response personnel trained to the EMT Basic level and provide many ALS first response units, with at least one (1) EMT-Paramedic responding on those units.

AMBULANCES

Fire Medic ambulances will be staffed with two (2) EMT-Paramedics.

Private Emergency ambulances will be staffed with one (1) EMT-Paramedic and one (1) EMT-Basic at a minimum. Additional standards may be set by the EMSMD.

Additional standards may be set by the EMS Medical Director for critical care transfers or other specialized services.

MEDICAL SUPERVISION

EMS MEDICAL DIRECTOR

Multnomah County will employ an EMS Medical Director (EMSMD), through the Health Department, who will serve as the medical director for the EMS program and be the physician supervisor for all EMTs in the employ of providers of emergency medical services in the County. The EMSMD will provide medical advice to all aspects of the EMS system and will have specific authority to set uniform standards of EMS patient care for the County. These standards will include, but not be limited to:

- Dispatch and pre-arrival protocols;

- Transport triage criteria and protocols;

- County specific EMT requirements;

Approved equipment, supplies and drugs;

Patient care protocols;

Medical criteria for response times; and

Patient transfer criteria.

The EMSMD will create policies for limiting the practice of EMTs if necessary, and will ensure that these policies are carried out with adequate due process protections.

The EMSMD will also set specific standards for training and continuing education for EMTs and EMDs.

The EMSMD will ensure that all providers within the system participate in a quality management program designed to provide for the continuous quality improvement in patient care and all other aspects of emergency medical services. This process will provide the basis for changes in medical care protocols and the educational and training standards set forth by the EMSMD.

The EMSMD may, at his or her discretion, and as funding allows, appoint assistants to help carry out the duties assigned to the EMSMD. The EMSMD however, retains the sole responsibility for all assigned duties.

The EMS program will provide office and administrative support to the EMSMD.

MEDICAL ADVISORY BOARD

An EMS Medical Advisory Board (MAB) will provide advice to the EMSMD. Other committees and groups may be formed to provide specific advice to the EMSMD or the EMS program.

The MAB will provide reports to the Board of County Commissioners on the effectiveness of medical care provided by the EMS system at least annually.

(See Attachment E - EMSMD position description)

ON-LINE MEDICAL CONTROL

On-line medical control will be provided by a Medical Resource Hospital (MRH). Standards for on-line medical control and MRH operations will be set forth by the EMSMD and implemented through a performance contract with the hospital. The EMSMD will monitor the performance of the MRH contract. (Attachment F)

PATIENT CARE EQUIPMENT

Requirements for equipment and supplies will be determined by the level of service (ALS, BLS, emergency, non-emergency) provided and will be set by the EMSMD.

FIRST RESPONDERS

All first response vehicles will be required to carry equipment and supplies appropriate to their level of service.

AMBULANCES

All ambulances will be required to maintain equipment, supplies, and drugs appropriate for their level of service (ALS, BLS) as required under OAR 333-28-050 and as required by the EMSMD. Ambulances will be inspected on a regular basis, by the EMS office to determine compliance with these requirements. (Attachment G)

RURAL CONSIDERATIONS

The EMS program will assist rural first responders in obtaining the necessary equipment to maximize their response capabilities. (e.g., automatic defibrillators)

VEHICLES

FIRST RESPONDERS

First response vehicle standards are the responsibility of the agency that operates them.

AMBULANCES

Ambulances will meet all relevant State and Federal statutes and rules and must meet any additional requirements of the EMSMD.

TRAINING AND EDUCATION.

EMERGENCY MEDICAL TECHNICIANS (EMT) LEVELS

Training and certification required for those technicians providing ALS care will be the level of EMT-Paramedic. In addition to the requirements for State certification, the EMSMD may require additional training or education.

Training and certification for other EMTs will be at the level of EMT-Basic. It is not anticipated that EMT-Intermediates will practice in Multnomah County. In addition to the requirements for State certification, the EMSMD may require additional training or education.

It is the intent of this plan to require at a minimum, EMT-Basic training and certification for all 9-1-1 medical call first responders at some point in the future.

CONTINUING EDUCATION.

All training and continuing education will be provided throughout the EMS system in a single, coordinated educational program. Resources now available and additional training resources identified will be "pooled" to allow for their maximum use. The EMSMD will establish system-wide criteria that meet the needs of all levels of EMTs in both the urban and rural settings. This will also insure that all personnel receive appropriate and consistent training. The content offered will meet certification requirements and will reflect the outcomes and findings of the quality improvement process.

The EMS Program will continue to provide periodic inservice sessions to introduce changes in patient care protocols, administrative rules, State requirements, and other pertinent information. All EMTs will be required to attend to maintain their credentials as approved by the EMSMD.

The EMSMD may require EMTs to obtain additional training and education. Provider agencies will offer training and education to their employees and other EMTs in the system as approved by the EMSMD, and as part of the coordinated EMS educational program.

The EMS educational program will specifically assist rural first responders in obtaining the training necessary to meet system goals.

QUALITY ASSURANCE

STRUCTURE

The basis for quality assurance in the County will be a Continuous Quality Improvement (CQI) process. This model, based on the Total Quality Management theory espoused by W. Edwards Deming, is currently employed in a number of service industries, including hospitals. The focus of this process is statistical quality sampling to improve uniformity in the delivery of patient care. It brings together all members in the EMS system to identify problems and work out solutions cooperatively. It involves standardization, measurement, testing, and inspection in a continuous process of improvement and training. When problems are identified, their resolution is accomplished within the involved system components, through participation by the people responsible for the operation of these components. The process employed may use peer review, problem solving groups, or other methods. Problems are addressed at the appropriate level within the organization with the end goal of improved service.

PROCESS AND PROBLEM RESOLUTION

Implementation of CQI will involve the education of EMS personnel in the process and the development of data sources.

The CQI process will analyze data on all aspects of the EMS system including dispatch, response times, medical supervision and control, patient care, EMT and EMD performance, and other components. The data will come from computer databases, patient care chart reviews and audits, complaint patterns, patient outcomes, and other relevant sources. The outcomes of the process are information, problem solving, and system improvement. These outcomes will serve as the basis for system change.

The EMS office will provide staff support for the CQI process. The CQI process is *not* oriented on fixing blame for mistakes, but on learning from the analysis and resolution of identified problems.

SANCTIONS

Contracts will specify fines or other remedies that will be imposed if certain conditions are not met. In addition, the contracts will identify those conditions that will constitute a breach of the contract and the conditions for termination of the agreement.

The ordinance and administrative rules currently allow for sanctions for non-compliance. These remedies will continue as part of the licensing process for both emergency and non-emergency ambulances.

It is not the purpose of the CQI process to apply sanctions or other remedies to non-compliant providers. Any remedies employed will be identified in the contract or agreement with the provider. Any remedies directed to individual EMTs will be the responsibility of the EMSMD.

ADMINISTRATION AND COORDINATION

PLANNING AND ADMINISTRATION

MCC 6.32 establishes the authority of the Board of County Commissioners (BCC) to develop, approve, and administer the ambulance service plan. MCC 6.32 further defines the administration of the EMS system and the license requirements for ambulance providers (emergency and non-emergency) and first responder agencies.

Input into the planning process and into EMS system operations was received from the Medical Advisory Board (MAB) and the Provider Board as provided for in MCC 6.32. In addition, all interested parties were invited to participate in work groups that provided specific input and technical advice for the planning process.

Administration of the ambulance service plan and the EMS system will reside with the Multnomah County Health Department, EMS Program Office. All medical care components of the system will be under the authority of the EMS Medical Director.

Specific relationships with first responders, emergency ambulance providers, 9-1-1 dispatch, and MRH will be delineated in intergovernmental agreements and contracts. These documents will be performance based and will specify the duties, responsibilities, compensation, remedies, and other aspects of the relationship between the County and the contractor.

The EMS Program Office will administer and monitor these agreements and make recommendations to the BCC on the continuance, renewal, or termination of the agreements.

Non-emergency ambulances will be regulated through the licensing requirements specified by ordinance. No other agreements will be executed.

RATE REGULATION

The County Board of Commissioners will set all rates for emergency medical services provided under this plan.

There will be a single charge schedule, that will apply uniformly throughout the service area, for services provided to 9-1-1 callers and a single billing system for these charges.

Rates for emergency response ambulance service will be recommended by an EMS Rate Regulation Board (RRB) as part of the agreement and contracting process. The Board, composed of EMS providers, business experts, and service users, will serve also as a rate review body to hear and recommend action concerning not only initial rate proposals, but any subsequent requests for rate adjustments. Formulas, such as the Consumer Price Index (CPI), may be applied to the rate adjustment process. Any formula used will be specified in the

contracts and agreements. The RRB recommendations will be made to the EMS Program and the Board of County Commissioners as part of the contract approval process.

Annual compensation to the Portland Fire Bureau will not exceed \$404 per transport, based on 4,500 transports per year.

The RRB will also review any system requirements that may have a significant financial impact on the providers. If the committee determines that such an impact is present, they may recommend a rate adjustment to compensate for the requirement.

Non-emergency ambulances will not be subject to the rate determination process. Fees charged for their services will be driven by the market for such services.

COMPLAINTS

Standards for the fair and equitable handling of complaints concerning EMS care and ambulance service will be adopted by the EMS Program Office and the Medical Director.

Complaints regarding EMS provider actions or services will be received by the EMS Program Office from any source. All information relevant to the complaint will be collected and reviewed by EMS staff. The information may include dispatch records, patient care reports, invoices for service, incident reports, hospital records, interviews, and other documents. Complaints will be resolved through three mechanisms:

a. Medical care complaints will be referred to the Medical Case Review for impartial review and recommendations. Disposition of these complaints will be handled by the EMS Medical Director.

b. Dispatch and system response complaints will be initially reviewed by EMS staff. Some complaints may be referred to the Dispatch Committee for review and recommendation. Individual case dispositions will be handled by the EMS Program Office.

c. Complaints about ambulance charges and other non-medical, provider-related complaints will be reviewed by the EMS Program staff who will be responsible for the disposition of each case.

d. Complaints will be concurrently forwarded to the service provider on a timely basis.

If it is determined appropriate, complaints may be referred to other agencies for disposition (e.g., District Attorney for complaints that may be of a criminal nature).

All complaints that include medical or other sensitive information about identifiable patients will be considered a function of the Quality Assurance process. Confidentiality will be protected as required by relevant statutes.

Complaints and their resolutions will constitute a data source available to the Quality Improvement process. In addition, all complaint information will be available to the EMS Medical Director for use in the medical supervision of EMTs.

MUTUAL AID AGREEMENTS.

ROUTINE EMS SERVICES (AMBULANCE AND FIRST RESPONSE)

For certain portions of Multnomah County, intergovernmental agreements will allow for response from agencies outside the County. Multnomah County agencies will respond into other jurisdictions under similar agreements. The areas are described earlier in this document.

UNUSUAL CIRCUMSTANCES (MCI, DISASTER)

Fire District mutual aid agreements are in place for events that overtax the resources of a given fire district. These will apply for fire EMS services in a disaster or other major incident.

Similar agreements will be executed on a regional basis to allow ambulances from outside the County to respond at the request of EMS Dispatch.

In addition, all ambulances, emergency and non-emergency, licensed in Multnomah County, are required to respond to disasters and MCI when requested to do so by the EMS Program Office through BOEC dispatch.

DISASTER RESPONSES.

MASS CASUALTY INCIDENT.

The County's Mass Casualty Incident (MCI) plan is developed by a multi-disciplinary, tri-county committee and adopted under County Ordinance (MCC 6.32). This plan, and similarly adopted plans used by the counties surrounding Multnomah County provide the direction for the organization and use of resources if there is a MCI. This plan is also incorporated as an annex in the emergency management disaster plans of the County and other local jurisdictions. (Attachment H)

In an MCI, medical communication and patient destination is the responsibility of the Regional Hospital that maintains the HEAR radio network.

In the event that resources exceeding those normally available for EMS service to the County are needed, additional ALS and BLS ambulances and other resources within the County may be used. The EMS Administrator (or BOEC, per protocol) may request the use of out-of-county resources through those jurisdiction's emergency managers. A resource list is maintained at BOEC.

DISASTERS

Planning has started that will identify how medical resources will be used if there is a disaster. For purposes of this planning, disasters are events that disrupt the normal infrastructure that is relied upon to provide daily EMS services. These could include earthquakes, floods, or other events that cause failure of communications, roads, power, medical care sites, overwhelming numbers of ill or injured, or similar problems. The plan will include initial assumptions on the availability of emergency medical care, immediate

operations, and recovery from the event. This planning is a cooperative regional activity.

SPECIAL PERSONNEL AND EQUIPMENT.

HAZARDOUS MATERIAL RESPONSE (HAZ-MAT)

HAZ-MAT response is the responsibility of the fire districts within Multnomah County. HAZ-MAT response plans include the determination of the hazard, its effect on people, and the appropriate neutralization, decontamination and medical care actions to take in the pre-hospital and hospital settings. (Attachment I)

Transport and receiving hospital standards for exposed patients and care givers are under development.

SEARCH AND RESCUE

Search and rescue operations are the responsibility of the Multnomah County Sheriff. The Sheriff's Office serves as incident commander for search and rescue operations. EMS and fire responders provide resources as required by the incident commander. Along with the governmental and associated volunteer resources, there is a specialized team (Reach and Treat) available from one licensee. (Attachment J)

SPECIAL EMERGENCY RESPONSE TEAM (SERT)

In addition to the standard EMS response, specialized paramedics from the fire services provide emergency medical service to the Police SERT team members. This is a function controlled by the police and not part of the normal EMS response.

SPECIALIZED RESCUE

Multnomah County, through the fire districts, has the following specialized rescue abilities:

Extrication

High Angle Rescue

Trench Rescue

Dive rescue

There is no specialized medical component to these rescue services. Medical care is provided by Fire EMTs assigned to the rescue team. (Attachment I)

EMERGENCY COMMUNICATIONS AND SYSTEM ACCESS.

TELEPHONE

Multnomah County is served through a single Public Safety Answering Point (PSAP, 9-1-1 center) accessible by callers through Enhanced 9-1-1. (Note: the Port of Portland Airport is considered a secondary answering point). EMS contracts with the Portland City Bureau of Emergency Communications (BOEC) for emergency call answering, medical triage and pre-arrival instructions, and emergency ambulance dispatch. In addition, BOEC provides the same service for all police departments in the county and will soon provide similar services for the fire departments.

DISPATCH

Current EMS call-taking and dispatch is governed by a set of protocols and procedures, developed by a committee of dispatchers, first responders, EMTs, providers, and physicians. With the proposed changes in the system, "criteria based dispatch" protocols and procedures will be recommended to the EMS Medical Director and promulgated through contracts and as formal County EMS administrative rules. EMS Dispatch at BOEC is required to use these protocols and procedures. (Attachment K - Current protocols)

BOEC will dispatch all first responders and emergency ambulances.

9-1-1 medical calls are initially processed by call-takers who use the EMS approved call triage guide to determine the nature of the call and the level of emergency or non-emergency response required. In addition, under County rules, if a person calls an ambulance company and needs emergency care, the company must triage that request using the same triage guide that is used at BOEC and then pass the call information to BOEC.

Call information is then sent (via computer) to the dispatcher. Through a computer aided dispatch system (CAD) under development, the status of all fire units and ambulances is available to the dispatcher. The dispatcher sends fire and ambulance units as appropriate, depending on the nature and location of the call.

As dispatch is under way, the call-taker (who has remained on the line) may provide the caller with pre-arrival instructions for patient care as specified by the protocol.

Depending upon the location of the call and the availability of ambulances, an out-of-county unit may be dispatched. This is accomplished by direct radio contact or by telephone to the appropriate dispatch center.

RADIO COMMUNICATIONS

Current:

All dispatch is done on (UHF) MED NET 9 (462.950).

Medical direction from MRH is communicated on (UHF) MED NET 4 (463.075).

Ambulance to receiving hospital patient information is communicated on (VHF) HEAR (155.340 MHz)

MCI communication is done on (UHF) MED NET 1 (463.000)

Effective January 1, 1994:

All the above communications will be done using a "800 MHz trunked" radio system now being installed through out the County by the City of Portland. In addition each emergency unit will be equipped with a mobile data terminal (MDT) for communication with EMS dispatch and the CAD system. The ability to use the HEAR system will be maintained.

RECEIVING HOSPITAL AVAILABILITY

The availability of hospitals to receive ambulance patients is communicated on a computer network (CHORAL). This system displays a number of hospital status conditions that may result in the diversion of ambulances. (Attachment L)

EMERGENCY MEDICAL DISPATCHER TRAINING

All dispatchers and call takers at both BOEC and at the ambulance companies are trained to meet Emergency Medical Dispatcher EMD standards set forth by the State Board on Public Safety Standards and Training (BPSST). The EMS Medical Director is responsible for the medical protocols used by these dispatchers and for the medical supervision of their performance and may set forth additional requirements.

WORKFORCE ISSUES

STABILITY

All providers will be required to submit a plan, as part of the contracting process, that will specify their policies and methods to insure the minimal turnover of personnel providing patient care. This plan will become part of the evaluation for contract or agreement performance.

DIVERSITY

The diversity of personnel regarding gender, race, and ethnicity in the EMS system in Multnomah County, and throughout the state leaves much to be desired. While there are many women working in the private ambulance sector, there are few in the fire services. Paramedics of African-American, Asian, Hispanic, Native American, or other minority backgrounds comprise an extremely low percentage of the EMS workforce. The State EMS division records do not contain any information on gender, racial, or ethnic background, but the State EMS Director felt that there were very few minority EMTs. To resolve this issue will take a long term commitment from the providers of EMS care, the County EMS system, and the EMT training programs.

First, each provider will submit evidence that they have in place a plan, consistent with currently applicable Federal, State, and Local laws and regulations, to promote diversity of personnel in their organization, including goals and objectives for meeting this need and the timelines anticipated. Diversity in this context includes establishing opportunities for women and minority EMTs. All provider plans will address access for minorities; fire providers will also focus on the inclusion of women as paramedics.

Second, the EMS Program will work with the EMS providers, the State EMS, and the training programs, both in Multnomah County, and in other areas, to recruit training candidates from diverse gender, ethnic and racial backgrounds.

TERMINATION

Termination of EMTs for retaliatory reasons or the "blacklisting" of EMTs seeking employment will be prohibited in the contracts with the County and will be cause for contract termination if it is found to have occurred.

EMPLOYEE ASSISTANCE PROGRAMS

All providers under contract to the County will be required to provide employee assistance programs (EAP).

LABOR RELATIONS

EMS providers under contract to the County will have a workable plan to insure healthy labor relations in their organizations.

ATTRITION

It is anticipated that the changes implemented by this plan will cause a reduction in the number of EMT full time equivalents employed in the system. To minimize the effect on individuals now employed, providers will allow, whenever possible, for any reduction in workforce to be accomplished by attrition as opposed to termination. Evidence of this requirement will be considered in the evaluation of contract performance.

PREFERENCE

As required in ORS 823.250, should a provider, initially operating under this plan, be replaced by another provider, the replacement provider shall give preference to qualified employees of the previous provider for a period of six months following the date of replacement.

PROVIDER SELECTION AND EVALUATION

INITIAL ASSIGNMENT

The Board of County Commissioners designates the County Health Department as the party responsible for the provision of Emergency Medical Services in the ASA. The County intends to contract for services it deems necessary for the efficient and effective provision of EMS. All contracts will require the approval of the Board of Commissioners.

FIRST RESPONSE

The County will enter into agreements with all fire districts within the County interested in providing EMS first response.

The fire transport service will be assigned to the Portland Fire Bureau (PFB), (and to the Gresham Fire Department (GFD) if so requested), through intergovernmental agreements. PFB/GFD will provide service to all of Multnomah County.

AMBULANCE SERVICE

The private ambulance service component will be contracted to the current qualified providers of emergency services. The County has determined that the experience and knowledge of these providers and the implementation of rate regulation through the County will provide for the best service available at the lowest appropriate price.

REASSIGNMENT

Should the PFB and/or GFD resign its interest in providing transport services, or should the County terminate the agreement for service, the County may require that the remaining providers service all 9-1-1 dispatches as required in their contracts.

Should a private provider resign its interest in the ASA or should the County terminate its agreement for service, the remaining provider will respond to all assigned calls until an other provider is selected.

Should all private providers resign their interest in the ASA or should the County terminate its agreements for service, replacement providers will be selected.

APPLICATION FOR AN ASA

Applications from prospective ambulance providers will be accepted according to the provisions of the service contracts.

NOTIFICATION OF VACATING AN ASA

A notice of resignation of its interest in the ASA by either the PFB, GFD, or the private ambulance providers will be required in accordance with the provisions of the initial service agreement or contract.

MAINTENANCE OF LEVEL OF SERVICE

To insure that emergency medical services are uninterrupted should a provider vacate their interest in the ASA, a one year notice will be required in the intergovernmental agreement between PFB/GFD and the County. This will allow the County sufficient time to select another provider. The same notice will be required in the agreements with the private ambulance providers. Penalties for insufficient notice will be made part of the contract.

CONTRACT EVALUATION

Contracts and agreements for transporting ambulance services will be for a term of four (4) years, and renewable thereafter at the discretion of the Board of Commissioners. Sanctions tied to the performance conditions in the contract and the termination of the contract for cause, may be exercised at any time during the contract period. If the financial considerations, agreed to by the parties, fail to meet the explicit expectations in the documents, the contract may be terminated.

A complete review of the transporting ambulance agreements will be required before the renewal of each agreement. Each contract will include the specifics of the review process. This review will include, but not be limited to:

- Adherence to response time requirements.
- Compliance with other performance requirements.
- Meeting workforce goals such as diversity and labor priorities.
- Complaints concerning service.
- Meeting the financial goals of the agreement.
- "Street level" relationships of the provider to others in the system.
- Participation in the quality improvement program and an assessment of the quality of services performed.



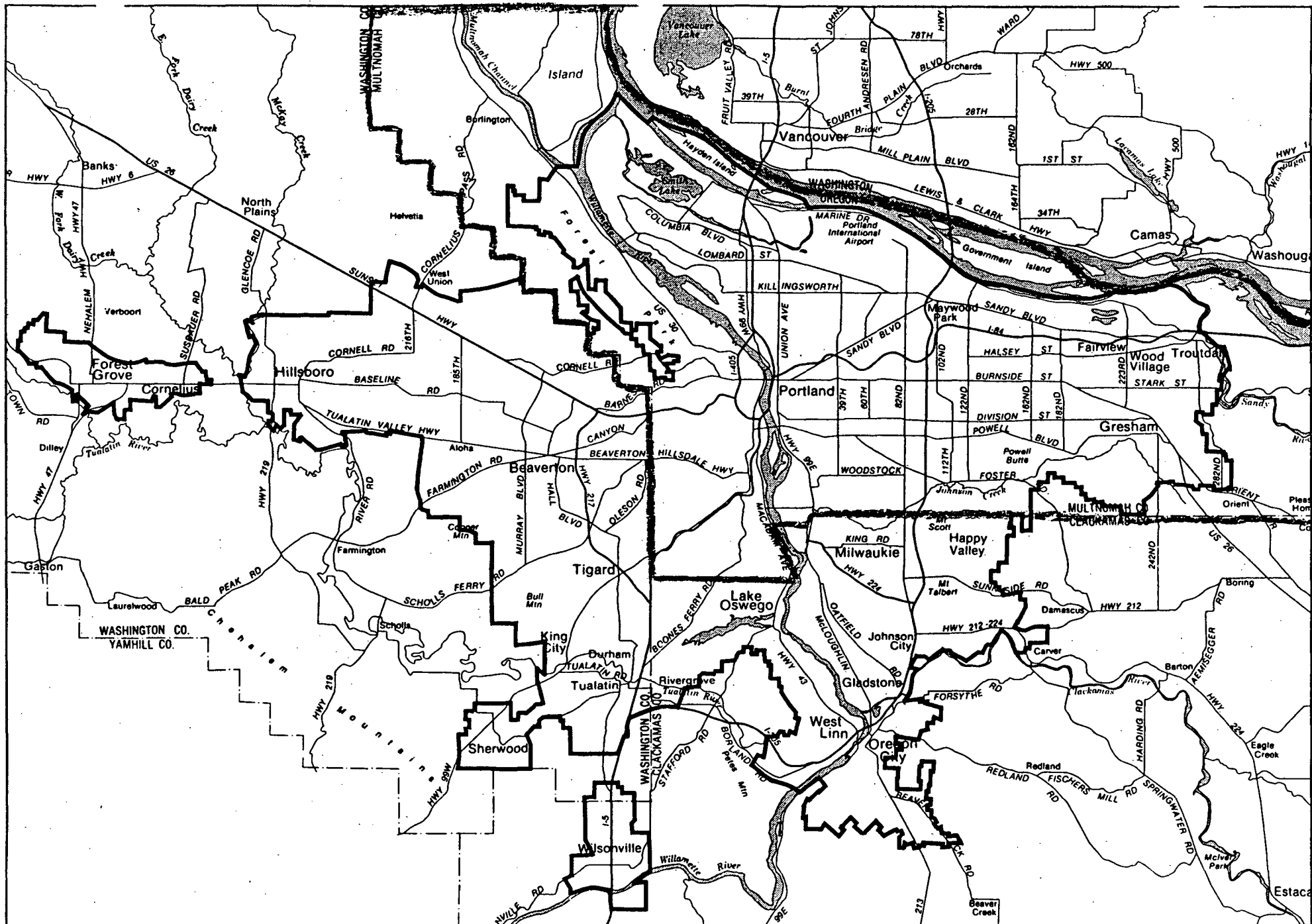
Emergency Medical Services

Attachments to the Multnomah County Ambulance Service Plan 1993

ATTACHMENTS

- A. ASA AND RESPONSE TIME ZONES**
- B. INTERGOVERNMENTAL AGREEMENT
RESPONSE TO MEDICAL CALLS**
- C. 9-1-1 FIRE DISTRICTS CITIES**
- D. BOEC CONTRACT**
- E. EMS MEDICAL DIRECTOR
POSITION DESCRIPTION**
- F. MEDICAL RESOURCE HOSPITAL CONTRACT**
- G. AMBULANCE EQUIPMENT
ALS
BLS**
- H. MASS CASUALTY INCIDENT PLAN**
- I. HAZ-MAT
SPECIALIZED RESCUE**
- J. SEARCH AND RESCUE PROTOCOL**
- K. DISPATCH PROCEDURES
TRIAGE GUIDE**
- L. CHORAL**

ATTACHMENT A
ASA MAP AND RESPONSE TIME ZONES



METRO

Urban Growth Boundary

2000 S.W. First Ave., Portland, OR 97201-5398, (503) 221-1646, 1" = 4 mi., 3-87-01

ATTACHMENT B
INTERGOVERNMENTAL AGREEMENT
RESPONSE TO MEDICAL CALLS
(EXAMPLE)

INTERGOVERNMENTAL AGREEMENT

Between
MULTNOMAH COUNTY
and
WASHINGTON COUNTY

Multnomah County and Washington County enter into this agreement pursuant to the authority granted in Oregon Revised Statutes 190.010 in order for Multnomah County to administer the regulation of emergency medical and ambulance services under the Multnomah County Code in the area of Washington County that is within the city limits of the City of Portland. Multnomah County is a political subdivision of the State of Oregon, organized and existing under the laws and Constitution of the State of Oregon. Washington County is a political subdivision of the State of Oregon, organized and existing under the laws and Constitution of the State of Oregon.

THE PARTIES AGREE THAT:

1. Effective upon passage of this agreement by both counties, Multnomah County shall administer the regulation of emergency medical and ambulance services under the Multnomah County Code in the area of Washington County that is within the city limits of the City of Portland.
2. Multnomah County shall comply with all applicable state and federal laws, rules and regulations that are now in effect regarding emergency medical and ambulance services.
3. Multnomah County shall defend, save harmless, and indemnify Washington County and any of its officers, employees, and agents to the extent obligated by the Oregon Tort Claims Act, where applicable, against any and all claims or demands arising out of any and all alleged acts or omissions by Multnomah County or any of its Officers, employees, or agents occurring during administration of emergency medical and ambulance services in the area of Washington County that is within the city limits of the City of Portland.
4. Washington County shall have no responsibility for the cost of administering emergency medical and ambulance services in the area covered by this agreement, and shall receive no portion of the franchise fees, if any, adopted and collected by Multnomah County.

5. This agreement shall continue indefinitely but may be terminated by either party with sixty (60) days written notice to the other party.

Donnie L. Hays
Chairman
Washington County
Board of Commissioners

10-30-89
Date

Attest:

Ram Rychart
Recording Secretary

Approved as to form:
[Signature]
Washington County Counsel

APPROVED WASHINGTON COUNTY
BOARD OF COMMISSIONERS
MINUTE ORDER # 89-285
DATE 8-8-89

RATIFIED
Multnomah County Board
of Commissioners

11/30/89
Gladys McCoy
Chair
Multnomah County
Board of Commissioners

12/4/89
Date

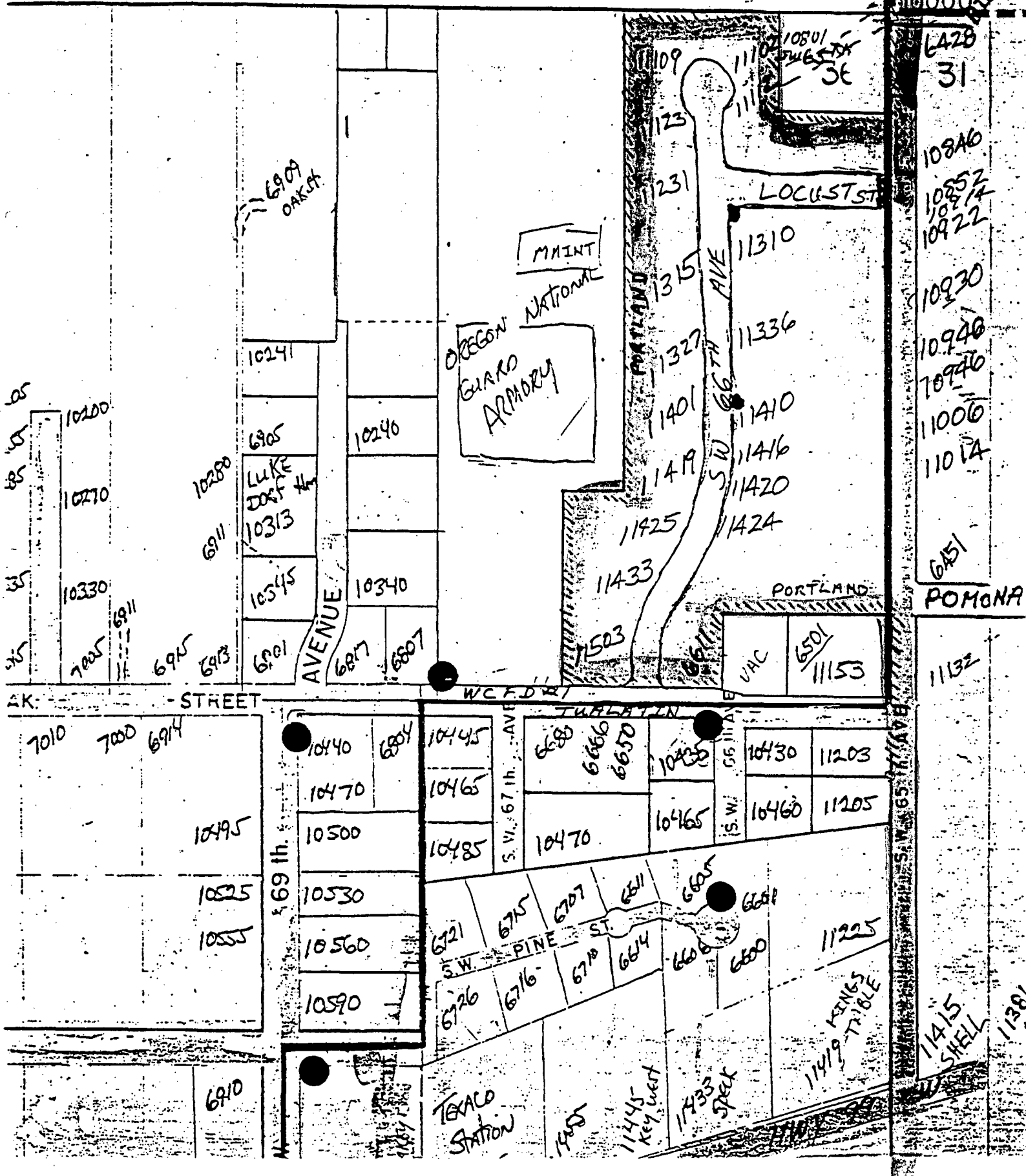
Attest:

Anna Mc Gowan
Recording Secretary

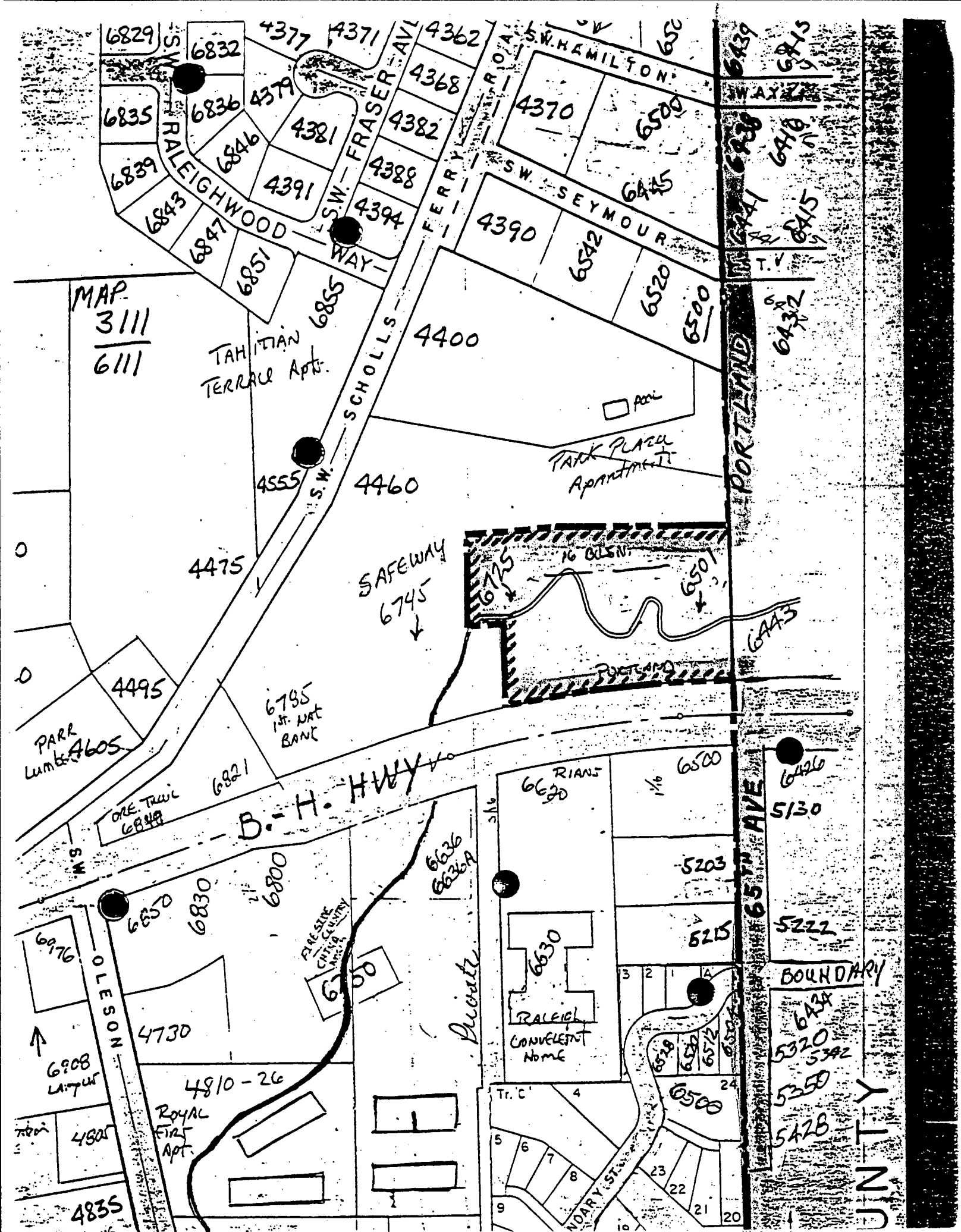
Approved as to form:
[Signature]
Multnomah County Counsel

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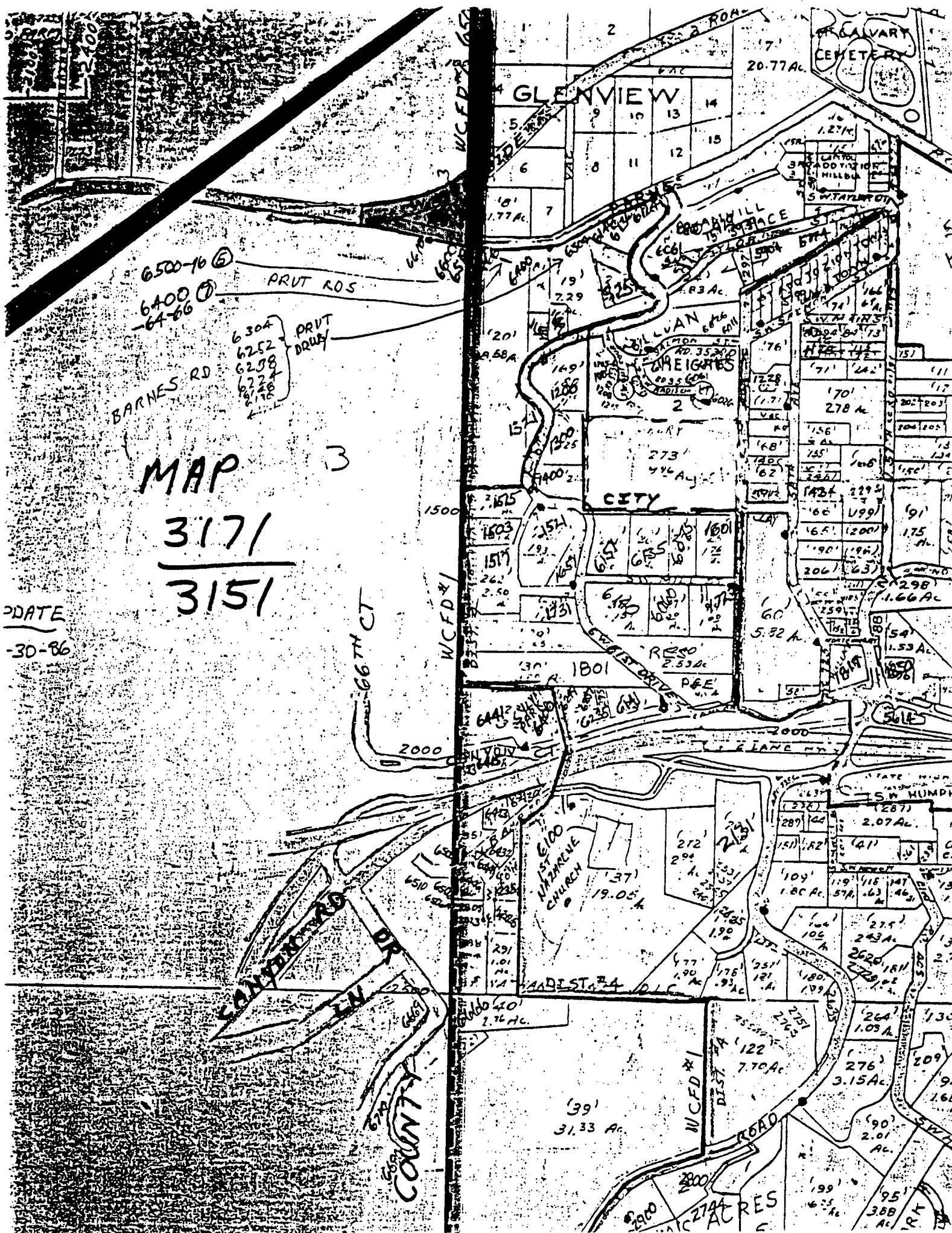


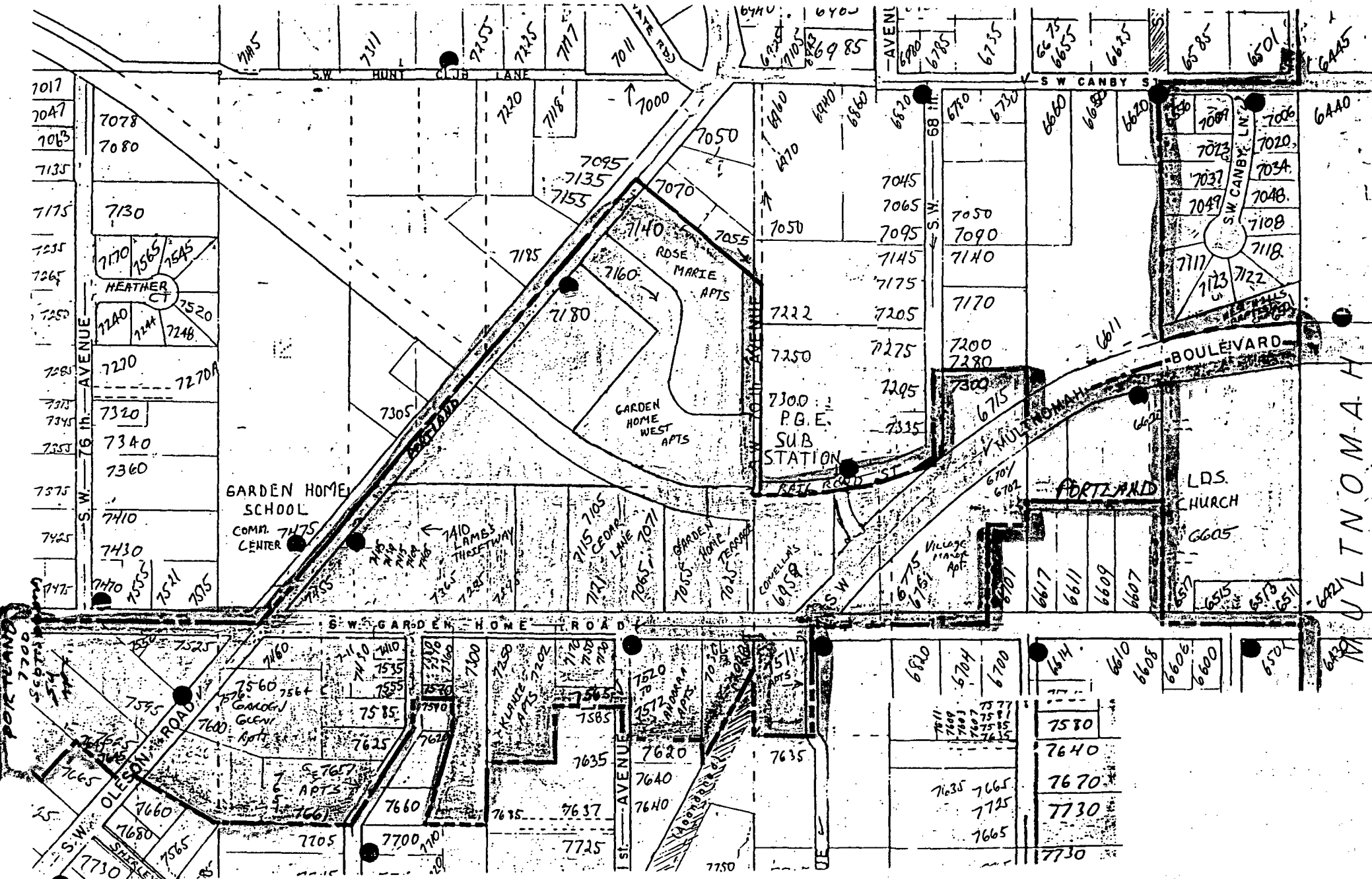
WATER
DIST.



315/

DATE
-30-86





INTERGOVERNMENTAL AGREEMENT

Between
MULTNOMAH COUNTY
and
WASHINGTON COUNTY

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2. Multnomah County shall comply with all applicable state and federal laws, rules and regulations that are now in effect regarding emergency medical and ambulance services.
3. Multnomah County shall defend, save harmless, and indemnify Washington County and any of its officers, employees, and agents to the extent obligated by the Oregon Tort Claims Act, where applicable, against any and all claims or demands arising out of any and all alleged acts or omissions by Multnomah County or any of its Officers, employees, or agents occurring during administration of emergency medical and ambulance services in the area of Washington County that is within the city limits of the City of Portland.
4. Washington County shall have no responsibility for the cost of administering emergency medical and ambulance services in the area covered by this agreement, and shall receive no portion of the franchise fees, if any, adopted and collected by Multnomah County.

5. This agreement shall continue indefinitely but may be terminated by either party with sixty (60) days written notice to the other party.

Bonnie L. Hays
Chairman
Washington County
Board of Commissioners

Chairman
Multnomah County
Board of Commissioners

8-8-89
Date

Date

Attest:

Attest:

Pam. Pichart
Recording Secretary

Recording Secretary

Approved as to form:

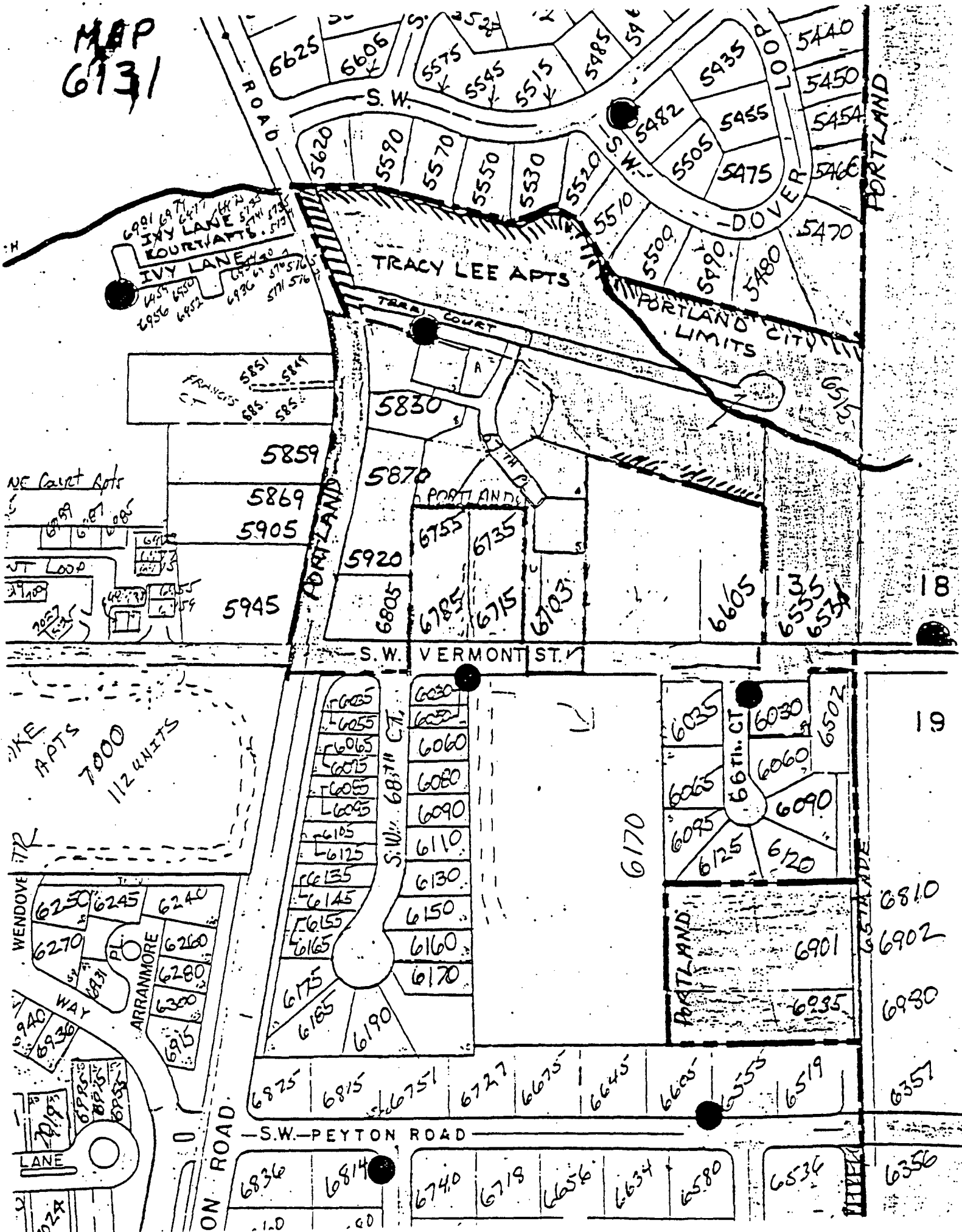
Approved as to form:

Cheryl Ann - Aguirre 8/21/4
Washington County Counsel

Multnomah County Counsel

APPROVED WASHINGTON COUNTY
BOARD OF COMMISSIONERS
MINUTE ORDER # 89-285
DATE 8-8-89

MAP
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MAP 6171

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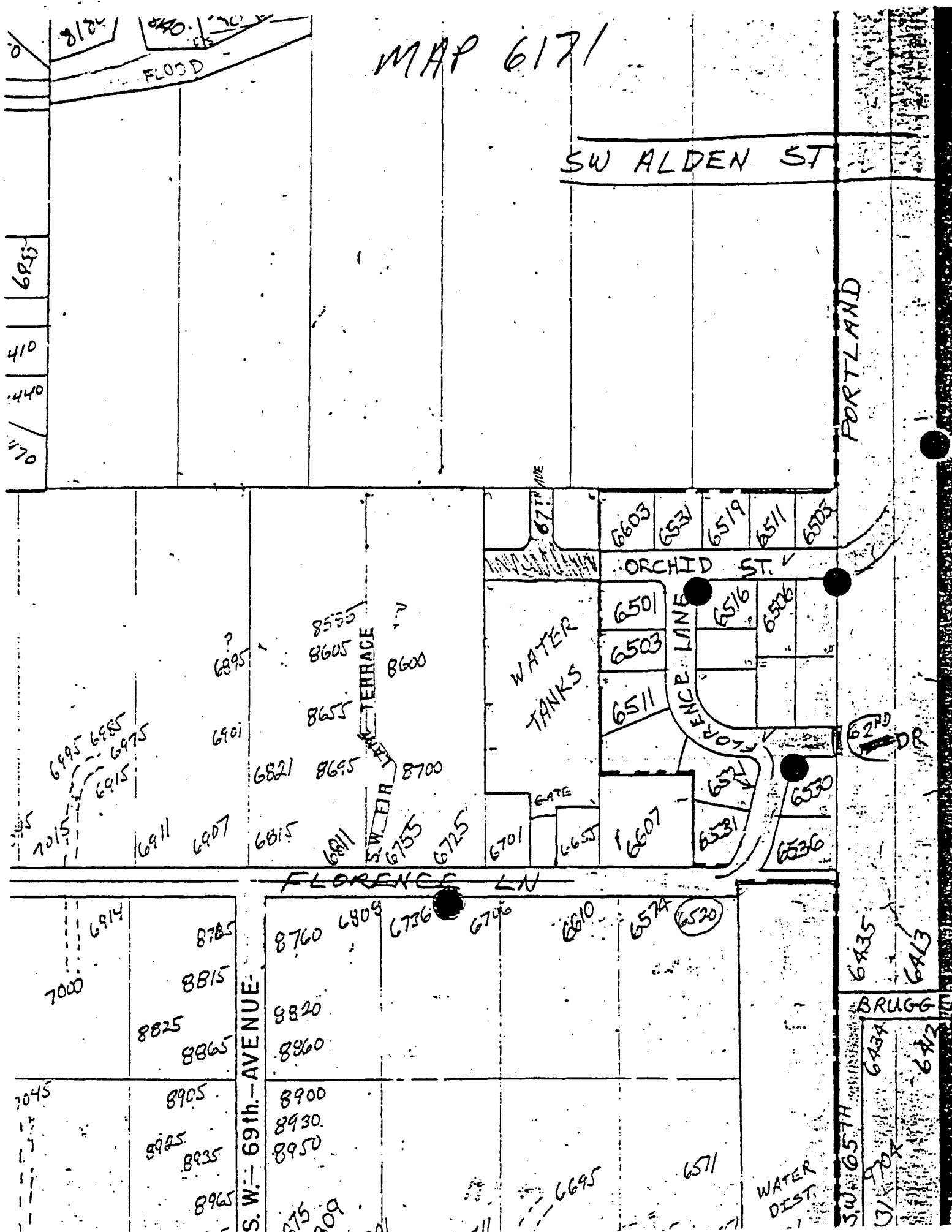
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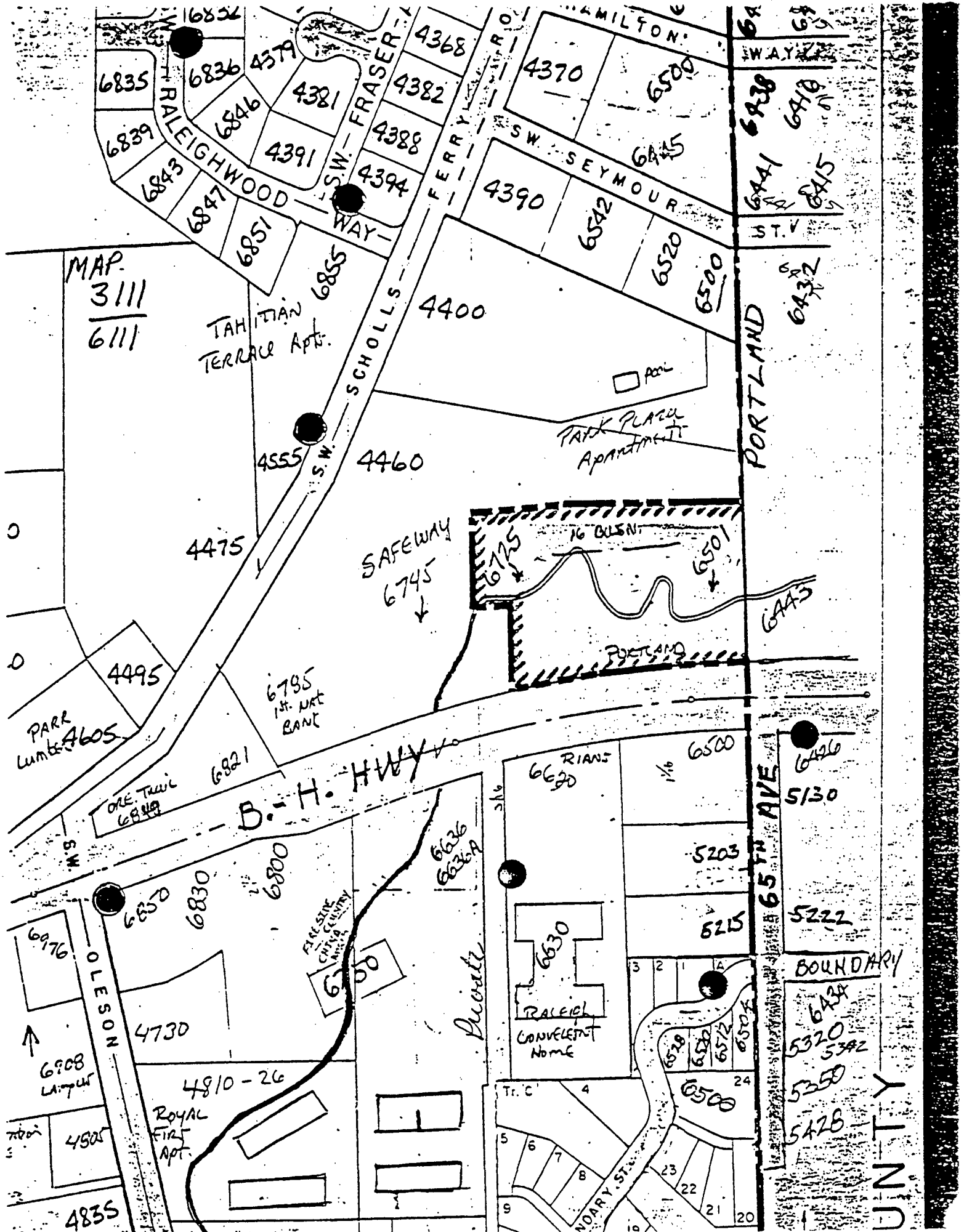
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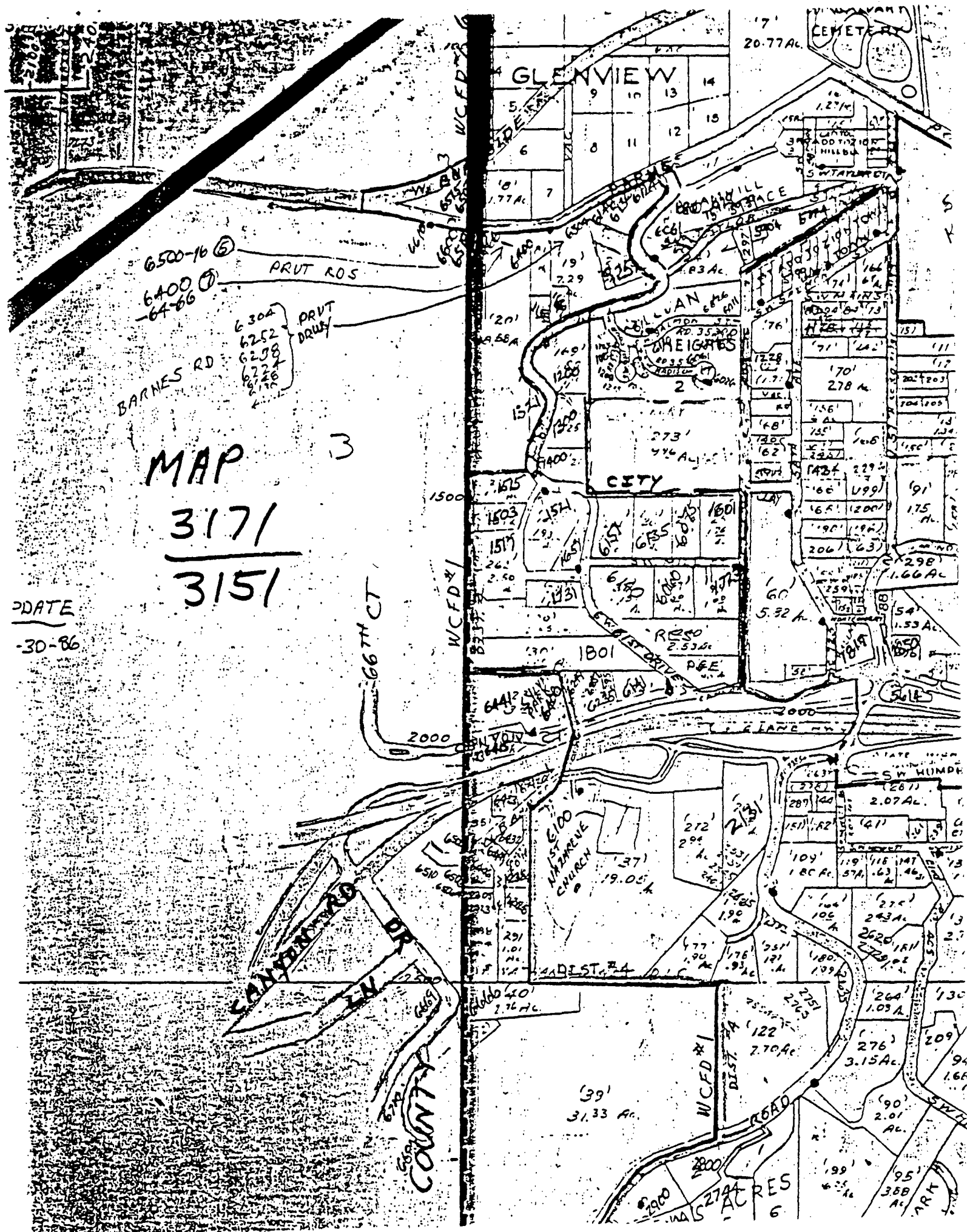
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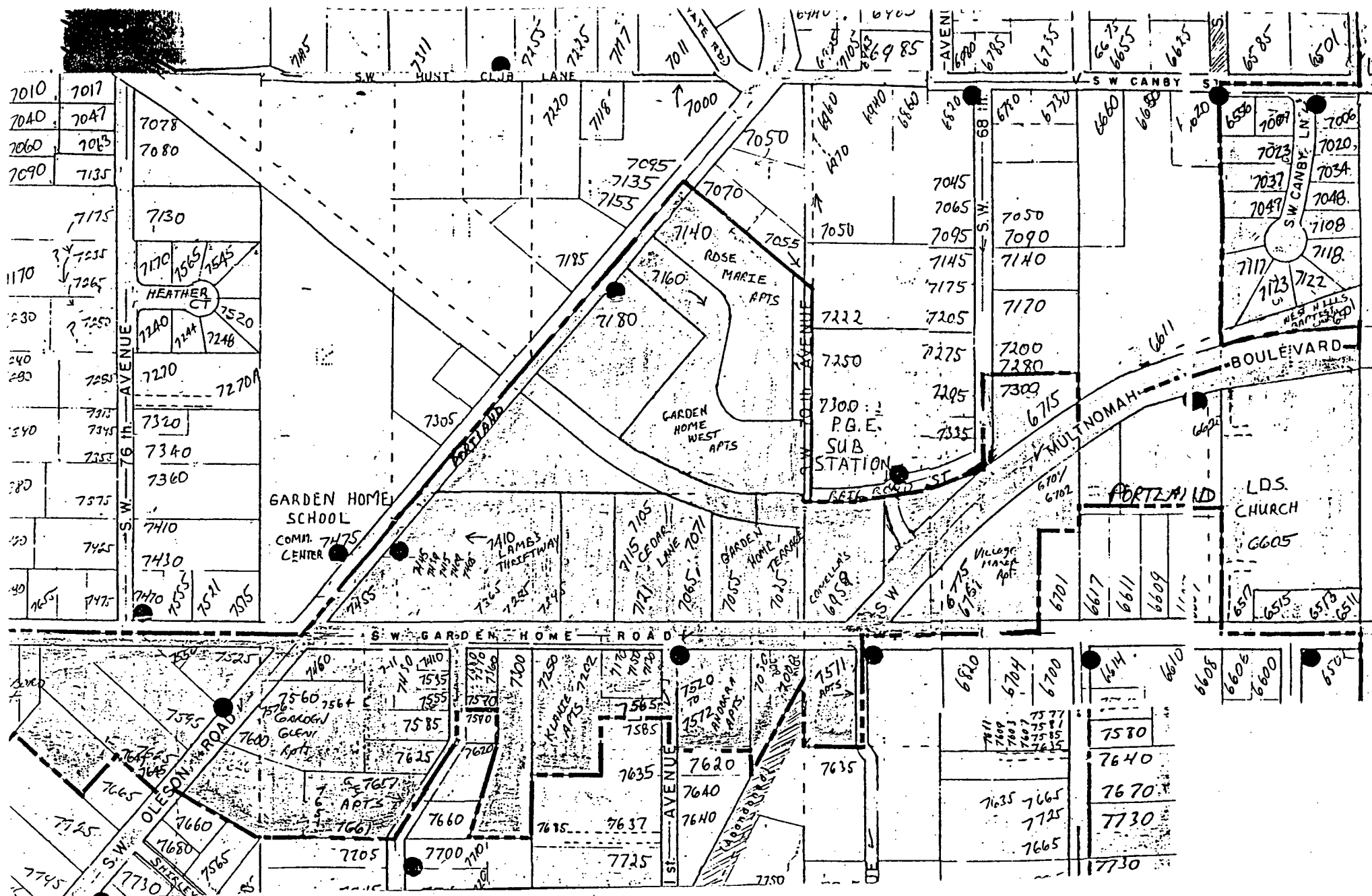
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MAP 6171









EMERGENCY MEDICAL SERVICE MUTUAL ASSISTANCE AGREEMENT

AMBULANCE COVERAGE FOR DUNTHORPE AREA

This Agreement defines response districts of Ambulance Companies in the area commonly referred to as the Dunthorpe Area.

Dunthorpe area is from Radcliff Street at the north; west to Frank Street (or Portland City limits); south to Multnomah County line; east to Willamette River.

When a medical emergency occurs in the Dunthorpe Area, the coverage responsibilities have been defined as follows:

If an ambulance company is unable to send a unit to a call in its designated area, the closest unit from an adjoining district will be dispatched.

All providers must be in and remain in compliance with all applicable State, County, and other governmental laws, ordinances, rules, and regulations when providing service. Each provider will be solely responsible for any losses, injuries or other damages it may cause or sustain.

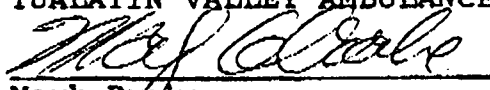
This document shall become effective upon Agreement by all parties of its content and shall remain in effect until thirty days written notice is given of intent to withdraw.

Metro West Ambulance
METRO WEST AMBULANCE


J.D. Fuiten

Date: 3/9/90

Tualatin Valley Ambulance
CARE AMBULANCE
TUALATIN VALLEY AMBULANCE


Mark Drake

Date: March 2, 1990

EMS ISSUES : DUNTHORPE / LAKE OSWEGO

1. First Responder agency serving area
 - Identify specific agency(s)
 - Mutual aid agreements
 - Written contracts
 - Review and correct MSAG
2. Notification of First Responder agency
 - Whose responsibility ?
 - Technical capabilities / procedures
 - Selective routing
 - BOEC / FAD CAD link
3. ALS Ambulance Service serving area
 - Identify specific Service —
 - Mutual aid agreements —
 - Written contracts ?
 - Review and correct MSAG —
4. Notification of ALS Ambulance Service
 - Whose responsibility ?
 - Technical capabilities / procedures
 - Selective routing
 - Conference call (ensure proper unit assignment)
5. Data collection and call review
 - Who desires / requires it ?
 - Response time monitoring

DUNTHORPE : SPECIFIC QUESTIONS

1. MetroWest

- Staffing levels
 - Units must be ALS
 - What is level currently ? Is every ambulance consistent ?
- Radio (Units responding into Multnomah County must contact BOEC on MedNet 9 and check CHORAL system on 9 or 4[MRH]).
- Vehicle licensing in Multnomah County (refer : 2/21/90 letter)
 - Must be done now if not accomplished already

2. Current Mutual Aid agreements -- documents filed ?

- SW Ambulance (TVA) / MetroWest
- Portland Fire Bureau / Lake Oswego Fire Department
- BOEC / LOCOM

3. US West Selective Routing

- Technical capability
- Implementation agreement

4. BOEC SOP

- First Responder notification procedure / responsibility
- ALS Ambulance notification procedure / responsibility
- BOEC / LOCOM conferencing for response information sharing

DUNTHORPE / RIVERDALE
MetroWest / CareTVA Mutual Aid



Detail reference : Thomas Brothers map pages 364,365,355

PFB map book pages O-8 thru O-14m N-13, N-14

This SOP defines response districts of Fire Departments and Ambulance Companies in the West Hills Skyline area (Skyline Blvd. from Barnes Road intersection to the Columbia County Line, bordered on the West by Highway 26 and on the East by Highway 30).

RESPONSIBILITY ACTION

EMS
DISPATCHER

If the call is in the Skyline area :

1. Notify FAD for First Responder.
2. Notify FireCom regarding ambulances --
 - A. Inform them if BOEC is dispatching AA or Care/TVA per guidelines outlined below, OR:
 - B. Request that they dispatch Metro-West Ambulance.

METRO WEST
AMBULANCE

All area on and West (Hwy 26 side) of Skyline Blvd. from Sunset Highway (26) to the borders of Washington and Columbia Counties, including the roads that branch from Skyline in this section.

AA
AMBULANCE

All area and roads East (Hwy 30 side) of but not including Skyline Blvd.
NOTE : AA coverage on Hwy 30 extends East to RR bridge (6800 block) and includes roads branching from Hwy 30.

NOTE : There are two "Springville Lane"s --
 - one intersects Hwy 30 (AA area)
 - one intersects NW Springville Road (MetroWest area)

CARE/TVA
AMBULANCE

The area on NW Cornell Road from the East approach to the Skyline/Cornell intersection, continuing North on Skyline from Cornell to Thompson, and all roads branching from this "loop" section (see map following).

IF AN AMBULANCE COMPANY IS UNABLE TO SEND A UNIT TO A CALL IN ITS DESIGNATED AREA, DISPATCH THE CLOSEST UNIT.

NOTE : Any call in this area should be conferenced with FireCom to inform them of responses from Multnomah County. FireCom will inform BOEC of responses from their agencies.

NOTE : Certain sections of the Skyline area do not have any dedicated First Responder services -- FAD will determine the uncovered sections upon call notification and inform BOEC at that time.

EMERGENCY MEDICAL SERVICE MUTUAL ASSISTANCE AGREEMENT

AMBULANCE COVERAGE FOR SKYLINE AREA

This agreement defines response districts of Ambulance Companies in the West Hills, commonly known as the Skyline Area (Skyline Blvd. from Barnes Road intersection to the Columbia county Line, bordered on the West by Highway 26 and on the East by Highway 30).

When a medical emergency occurs in the Skyline Area, the coverage responsibilities have been defined as follows :

METRO WEST
AMBULANCE ALL area on and West (Highway 26 side) of Skyline Blvd. from Sunset Highway to the borders of Washington and Columbia Counties, including the roads that branch from Skyline in this section.

AA
AMBULANCE All area and roads East (Hwy 30 side) of Skyline Blvd.

NOTE : AA coverage on Highway 30 extends East to RR bridge (6800 block) and includes roads branching from Highway 30.

CARE/TVA
AMBULANCE The area on NW Cornell Road from East approach to Skyline/Cornell intersection, continuing North on Skyline from Cornell to Thompson, and all roads branching from this "loop" section. (see map)


NOTE: There are two "Springville Lane"s --


- one intersects Highway 30 (AA area)
- one intersects NW Springville Road (MetroWest area)

If an ambulance company is unable to send a unit to a call in its designated area, the closest unit from an adjoining district will be dispatched.

All providers must be in and remain in compliance with all applicable State, County and other governmental laws, ordinances, rules and regulations when providing service. Each provider will be solely responsible for any losses, injuries or other damages it may cause or sustain.

This document shall become effective upon agreement by all parties of its content and shall remain in effect until thirty days written notice is given of intent to withdraw.

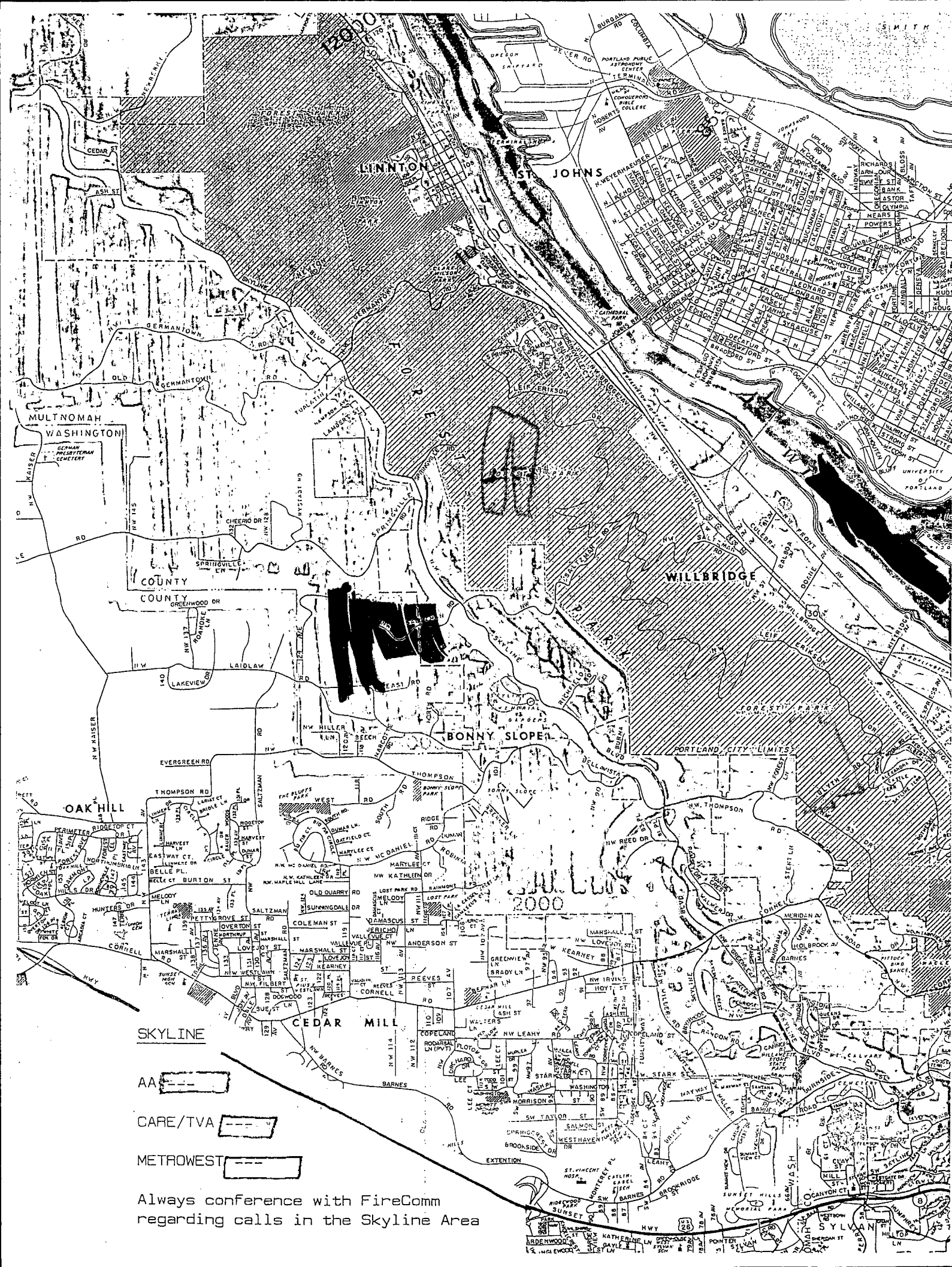

AA AMBULANCE
Pete Robedeau


CARE AMBULANCE
Mark Drake


METRO WEST AMBULANCE
J.D. Fuiten

10/88

Rev. 6/89



SKYLINE

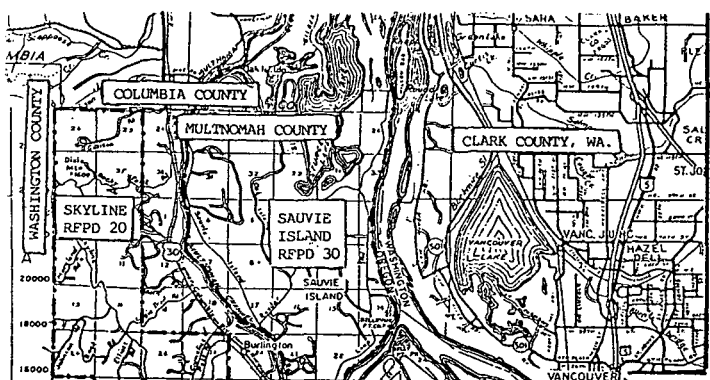
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CARE/TVA

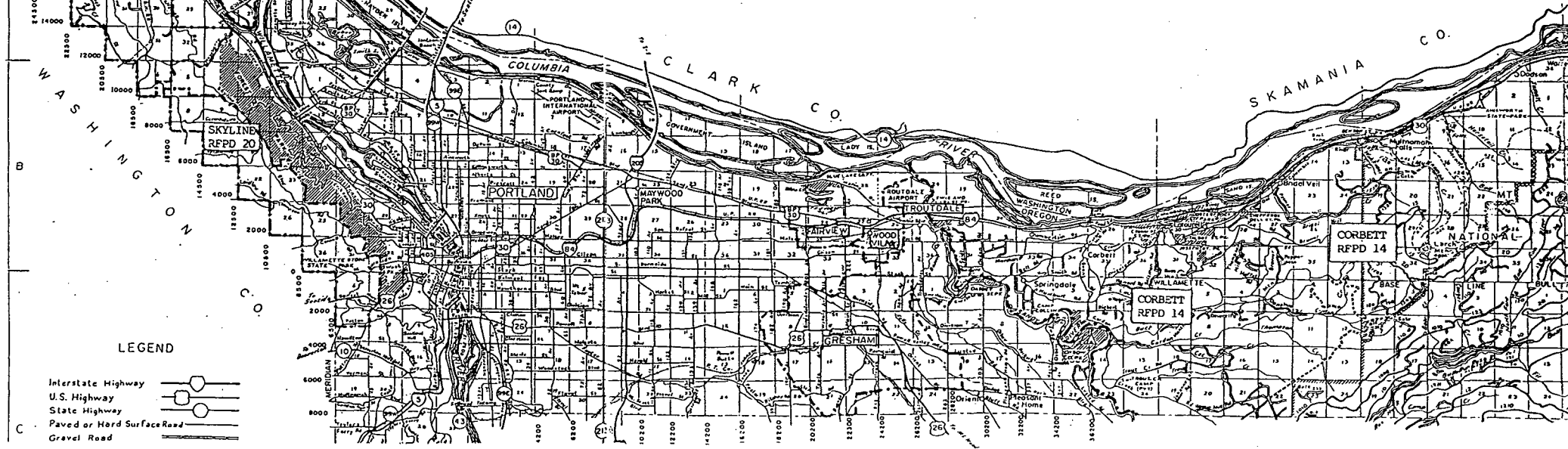
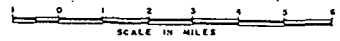
METROWEST

Always conference with FireComm
regarding calls in the Skyline Area

ATTACHMENT C
9-1-1 FIRE DISTRICTS CITIES



MULTNOMAH CO. OREGON



LEGEND

- Interstate Highway
- U.S. Highway
- State Highway
- Paved or Hard Surface Road
- Gravel Road

FIRE DISTRICTS AND CITIES

ATTACHMENT D
BOEC CONTRACT

21789

Exhibit D

OCT 29 1984

PERFORMANCE AGREEMENT

BUREAU OF EMERGENCY COMMUNICATIONS

The City of Portland, hereinafter referred to as City, through its Bureau of Emergency Communications, hereinafter referred to as BOEC, and the City-County Emergency Medical Services, hereinafter referred to as EMS, agree as follows:

1. General Scope:

City agrees to perform call receipt, dispatch, information, associated services and management of the City-County Emergency Communications/Operation Center, hereinafter referred to as Center.

2. Administrative Responsibility:

The parties hereby agree that the City shall possess and exercise administrative authority and responsibility to manage and maintain the Center, and nothing in this Agreement shall change title to, ownership of, or access to the Center, any of its equipment or any other real and personal property of the parties.

3. Reports and Files:

EMS shall have access at all times to all of BOEC's manual and automated records and files except that summary reports produced for a specific user agency shall not be disclosed

without written permission of that user. EMS shall have the right to review all computer programs written for or by the BOEC.

City and EMS agree to share with other user agencies all non user-specific information on operational data pertaining to incidents received for or dispatched as part of its periodic information processing requirements. The Center is not prohibited from using user-generated data for annual reporting and budgetary purposes. These shall be in the form of Computer Assisted Dispatch (CAD) and Mobile Data Terminals (MDT) transaction history printouts.

4. Monthly Reports:

During the period of this Agreement, City shall continue to submit monthly management reports to EMS in accordance with a mutually agreed upon format.

5. Data Retention and Dissemination:

All CAD and MDT magnetically recorded data shall be retained for a period of at least twelve months unless an extension is specifically requested. Audio tapes shall be retained for at least seven months unless EMS requests that specific audio tapes be retained for an additional period of time. Any additional costs incurred by City in the storage of CAD and MDT magnetically recorded data and audio tapes beyond the agreed upon time shall be paid by EMS.

6. Special Reports:

Special requests for nonroutine data, not readily retrievable from the CAD system shall be honored when authorized by the chief liaison with BOEC or his designee. Special requests shall be made through the Director or the Operations Manager and shall not exceed 50 cumulative hours per year of staff time, excluding requests for investigation of official complaints and incident information requested during the shift when it occurred, and shall not require the use of resources which are unbudgeted.

7. Security and Privacy:

The confidentiality and privacy of BOEC records and tapes shall be protected under a mutually agreed upon security and privacy plan consistent with relevant laws and regulations. The concerned user agency shall be consulted and give authorization prior to the release of records that are sensitive or otherwise non-routine in nature.

8. Requests for Service:

- A. All citizen requests for, or complaints about EMS service, the action taken, and the ultimate disposition of said requests for service will be sent to EMS on a monthly basis.
- B. Complaints received by BOEC from citizens concerning EMS members' performance will be referred directly to EMS.

Complaints from citizens about BOEC services received by EMS will be referred directly to BOEC administration.

9. System Maintenance:

Routine maintenance that will interfere with the operation of the primary system shall not be permitted unless a backup system is in place so that there is no change in service to field units. In the event that routine maintenance will require an interruption or significant reduction of service to field units, scheduling of such routine maintenance must receive prior written approval of EMS.

10. Air Time:

Air time usage and procedures on each channel will conform to all applicable Federal and State regulations. The radio log and summaries of hourly traffic shall be available on request. Operational channels will be kept open to ensure the maximum effective air time usage possible.

11. Levels of Service:

A. BOEC shall maintain and support all operations, including computer programs and software, required to provide EMS with highest level of communications service. EMS will be notified in writing at least 30 days before the implementation of any change in the BOEC's level of service or operation procedures which may impact EMS operations. Any such changes which

affect EMS operations will not be implemented without prior EMS approval.

- B. EMS agrees to accept the below listed performance specifications, Net 8 service information standards, and response time requirements.

1) Police Communications Telephone Performance

Specifications:

(a) "A" System Performance Specification:

Overall four week (28) day average - no more than 5.5% of the calls will be delayed more than 20 seconds during any one 28 day reporting period.

(b) "B" System Performance Specifications:

During periods of heavy call volume, a "B" telephone answering' group may be employed to process non-emergency calls. City will report "B" system statistics regularly to EMS.

C. Response Time:

Type of Call

Monthly Average

Hot Incident & Priority 1 Calls (Code 3)

Create to Send = 1 minute (Goal)

Priority 2 (Code 1)

Create to Send 1.8 minutes (Goal)

City agrees to attempt to reduce Priority 2 create to dispatch time average to absolute minimum.

- D. Changes which have a major operational or budgetary impact on BOEC shall be implemented upon appropriate consultation with those users who are so impacted and the Commissioner-in-Charge of BOEC. Unanticipated major changes will be subject to a separate service charge mutually agreed upon prior to implementation. However, this in no way implies that the BOEC has the authority to prohibit changes in the operational policy of EMS.
- E. When in the opinion of a field supervisor, an incident requires the exclusive use of a radio net, a dispatcher staffed and dedicated channel will be provided.

12. Sworn Personnel:

The maximum number of sworn law enforcement personnel assigned to BOEC on a full-time basis for all user agencies shall not exceed eight (8) sworn personnel assigned by the Portland Police Bureau, and four (4) sworn personnel assigned by Multnomah County. Assignment and transfers of sworn personnel to and from the Center will be arrived at by mutual consultation and agreement between the appropriate parties.

13. Charges for Services:

- A. Charges for communications delivered by BOEC to EMS pursuant to this Agreement, unless otherwise provided herein, shall be based upon the proportion of EMS' calls for service dispatched relative to the total number of calls for law enforcement and emergency medical services

dispatched by BOEC on the basis of total dispatches over the 12 month period ending December 31st preceding the budgeted year. EMS reserves the right to verify all Center statistics and computer programs used to generate Center data.

B. Whenever additional users are added to and affect the communications system, charges will reflect the proportion set forth in Paragraph 13A, based on comparable, actual, or estimated data during the initial year and actual BOEC generated data thereafter.

C. Charges for separately contracted Multnomah County services provided to BOEC such as microwave, sworn personnel overtime and background investigations shall be set off against BOEC service charges to sheriff.

14. Billings:

Billings will be sent to EMS every 28 days beginning July 1, 1984. Payments will be due the City of Portland 30 days thereafter. Computations shall be based on statistics from thirteen 28-day periods ending on or about the previous December 31.

A. Penalty:

A penalty on late payments will be assessed at the rate of 1 per cent per month or as otherwise prescribed by the Portland City Code for late payments.

B. Reconciliation:

Reconciliation to actual user costs shall be made quarterly using the most recent previous quarter.

15. Budget and Contract Review:

EMS will have an opportunity to review and comment upon the Center's annual budget prior to its submission to City Council no later than March 31st. EMS will also have the opportunity to comment on any possible amendments to this contract at that time.

16. Report Takers:

EMS shall be responsible for setting its own policy and developing its own procedures regarding the taking of reports in lieu of dispatching field units.

17. Liability:

The City shall defend against any and all claims brought or actions filed against the Center or any of its employees, shall hold County and user agencies harmless from any and all claims of whatever nature which result from any activity of the Center not undertaken at the direction of the County or user agencies or its officers, employees or agents, and shall indemnify the County or user agencies and hold it harmless from any and all liability, loss or damage the County or user agencies may suffer as a result of claims, demands, costs or judgments against the County as a result of any Center activity so undertaken, pursuant to ORS 30.260 et seq. The County or user agencies agree to promptly notify the Center and the City's Bureau of Risk Management of any claims or demands made against the County as a result of any activity of the Center.

18. Term of Agreement:

City and EMS agree that this Performance Agreement shall take effect upon its execution and shall be retroactive to July 1, 1984 and shall continue thereafter indefinitely, but it shall be subject to modification or amendment by the parties as they may mutually agree in writing. It may be cancelled by either party at the end of the preceding fiscal year upon 90 days prior written notice.

19. Notices:

All notices pursuant to the terms of this Agreement shall be addressed as follows:

Notice to City of Portland:

Director
Bureau of Emergency Communications
2960 SE 103rd Drive
Portland, Oregon 97266

Notice to Emergency Medical Services:

Director
Emergency Medical Services
426 SW Stark Street
Portland, Oregon 97204

IN WITNESS WHEREOF, the County acting by and through its
County Executive, and the City, acting by and through its
Commissioner in Charge of BOEC and Auditor and pursuant to
Ordinance No. _____, have caused this agreement to be
executed on the dates noted below.

MULTNOMAH COUNTY, OREGON

By Dennis Buchanan
Dennis Buchanan,
County Executive

APPROVED AS TO FORM:

Date: 10-1-84

Peter Leahy
John B. Leahy/
County Counsel

CITY OF PORTLAND, OREGON

By _____
Commissioner Mildred A. Schwab

APPROVED AS TO FORM:

Date: _____

Christopher Thomas
Christopher Thomas
City Attorney

By _____
Auditor Jewel Lansing

Date: _____

26339

EXHIBIT "A"

BUREAU OF EMERGENCY COMMUNICATIONS
INTERGOVERNMENTAL AGREEMENT

JUL 10 1990

THIS AGREEMENT is made and entered into by and between the CITY OF PORTLAND, party as a municipal corporation of the State of Oregon, hereinafter referred to as "City," MULTNOMAH COUNTY, a political subdivision of the State of Oregon, hereinafter referred to as "County," the CITY OF GRESHAM a municipal corporation of the State of Oregon, and the CITY OF TROUTDALE, a municipal corporation of the State of Oregon, pursuant to the authority granted in Chapter 190 of Oregon Revised Statutes.

W I T N E S S E T H:

RECITALS

WHEREAS, the City of Portland and the County have established a combined City-County emergency call receiving, dispatch and operations center at Kelly Butte known as the BUREAU OF EMERGENCY COMMUNICATIONS, hereinafter referred to as the "Center;" and

WHEREAS, the Center was equipped by, and the Microwave System purchased through, federal grants and the expenditure of City and County monies, resulting in both City and County having a proprietary interest in it, and was developed as a joint and consolidated City-County venture; and

WHEREAS, it is in the public interest to continue to own the Center jointly; and

WHEREAS, agencies of the City of Gresham and the City of Troutdale have used the services of the Center but the cities themselves have not been parties to this agreement; and

WHEREAS, it is desirable that the Cities of Gresham and Troutdale should be parties to this enabling agreement; and

WHEREAS, the City and other user jurisdictions have agreed that the Center will carry out its service functions to the community without regard to the geographical boundaries of the respective parties; and

WHEREAS, the City, and other user jurisdictions must provide for the management, operation and maintenance of the Center and have agreed that the City will control such functions on a day-to-day basis; and

WHEREAS, the City, and other user jurisdictions have agreed that the operations of the Center shall be carried out by nonsworn personnel; and

WHEREAS, Emergency Medical Dispatching was added to the Center as a new function December 9, 1980; and

WHEREAS, County-wide emergency telephone call ("911") receipt and processing for fire, police and ambulance services was implemented in the Center November 9, 1981; and

WHEREAS, ORS 401.710, et seq. (HB 3178, 1981) has, as of January 1, 1982, preempted and replaced the Multnomah County telephone tax which provided the financing base for these 911 services; and

WHEREAS, the orderly continuation of these 911 services and their financial support from state telephone tax revenues is in the mutual best interest of the City, County, and other user jurisdictions; and

WHEREAS, the Center's equipment and other personal property which makes possible the operation of the Center is purchased with monies collected for charges for service; and

WHEREAS, for executive and administrative purposes the Center will function as a bureau within the City;

NOW, THEREFORE, with the Center operating as generally indicated in the foregoing RECITALS and in consideration of the terms, conditions and covenants contained hereinbelow, the parties hereto agree as follows:

1. MISSION STATEMENT

The mission of the Center is to receive and process emergency telephone calls from the citizens of the City, and other user jurisdictions, to dispatch emergency services, and to provide quarters and facilities for command during emergency operations. For purposes of this agreement, the term "Users" means agencies of the jurisdictions that are parties to this agreement. Users shall have performance agreements as provided in Section 5 of this Agreement. The Center shall function as the Emergency Telephone system as defined in ORS 401.710, et seq., and, as such, shall:

- a. Receive, process and dispatch calls for law enforcement services utilizing equipment, procedures and staffing levels to ensure the shortest response time and maximum safety to citizens consistent with effective law enforcement management.
- b. Receive, process and dispatch calls for emergency medical response in support of the aims and intent of the County's Emergency Medical Services Code and rules and City Ordinance 150180.
- c. Receive and process calls for Fire Service to Portland Fire Alarm Dispatch.

Subject to the conditions that there is no reduction or change in service levels and there is no increase in cost to the parties to this agreement thereby, the same or similar emergency services may be performed for other government agencies pursuant to other agreements between the City and other user agencies.

2. User-City Relationships

The Center is a joint User-City operation, the day-to-day management, operation and fiscal control of the Center is the responsibility of the City. The Center and Center's manual and automated records and files shall be accessible as provided in respective performance agreements to authorized representatives of the City and user jurisdictions. The day-to-day administration of the Center will be the responsibility of a Civilian Director who is chosen by the City in consultation with the user agencies. Consultation shall include, but not be limited to, the following: system users shall develop a job description for the Civilian Director to be forwarded to the Director of the Portland Bureau of Personnel. At least one member of the interview panel to choose a Civilian Director will be chosen from among the non-City members of the User Board. When a civil service list is established for a Civilian Director, such list will be shared with user jurisdictions for review and comment. The Director shall report to the City but may not be dismissed without consultation with the User Board.

3. User Board

A user board, the organization and membership of which will be provided for in the performance agreements adopted by jurisdictions which are parties to this agreement is established. The user board will review proposed policy changes and advise the Center Director and/or the Commissioner in charge of the Bureau and the Executive authorities of jurisdictions with participating user agencies regarding policy changes and other matters which may be under consideration by the jurisdictions board.

4. Emergency Operations

The City, and other users shall have access to the Center to direct and dispatch such emergency operations as circumstances may require. Although the City has the administrative responsibility and authority for the management of the Center, the parties shall prepare, agree upon and abide by such procedures and protocols necessary for the joint emergency management use of the Center during emergencies. The City's emergency manager shall have the responsibility for the development of the protocols. The protocols shall include coordination with the Center's director.

5. Performance Agreement(s)

The City and the jurisdictions shall negotiate separate performance agreement(s) relating to the provision of various types of emergency telephone call processing services (911) and other services by the City to the Jurisdictions. These performance agreement(s) will contain a description of the specific types of service to be provided by the Center to the Jurisdictions, including, but not limited to, systems management, service levels, management information reports, data request processing, system and data security and privacy, service costs, and data retention and dissemination.

6. Center Personnel

The Center shall operate with nonsworn personnel. All nonsworn personnel performing emergency call processing and communication services shall be employees of the City. The parties agree that the Director of the Center shall possess and exercise administrative and management authority over all nonsworn personnel assigned to the Center.

7. Budget

(a) The City and Jurisdictions who are parties to this agreement, through their budget processes, will provide adequate resources consistent with the Center's mission. The Center shall be an appropriation unit of the City and funds necessary to operate the Center shall be appropriated by the City. The Jurisdictions reserve

the right to participate in the Center's budget process. Prior to submission for City budget review, the user jurisdictions shall receive copies of all documents relating to the Center's budget in sufficient time to review and comment upon said documents. The user jurisdictions will pay their agreed-upon proportionate share of the expenses of operating the Center as noted in the performance agreement(s) referred to in Part 5, then in effect between the parties. The performance agreements shall stipulate a formula used to determine costs to each party. The formula shall be uniformly applied to all user agencies. In the event the parties cannot agree to a budget for the Center, the City or other user jurisdictions shall have the right to terminate this agreement insofar as it regulates and provides for a relationship between the City and a user jurisdiction as provided in section 13 of this agreement.

The Center's budget will reflect the total costs incurred as a result of the Center's operation, including the use and maintenance of the County's Microwave System. The budget will provide a detailed cost analysis of those costs to be incurred in the planning, installation, operation and improvement of the emergency telephone system (911).

The costs incurred by the County for the Center's use and the County's maintenance of the County's Microwave shall be reflected in the Center's quarterly billing in accordance with the agreed-upon formula in the performance agreement then in effect between the parties. Each quarter, the County shall submit to the Director a report of all costs incurred by the County in support of the center.

8. Property Settlement Upon Termination

a) In the event this agreement is terminated, the City and Users shall mutually agree upon a monetary settlement that will compensate Users for their interests in Center equipment.

b) In recognition of City's proprietary interest in the County's microwave system, the County will, in the event of termination, provide the City with the continued use of the microwave system on a contractual basis. Charges for the City's use of the County's microwave system shall be based on the City's proportionate share of the system's operation and maintenance cost. If the County discontinues use of the microwave system, the City shall have first right to purchase the system at its fair market value.

c) If the parties cannot agree upon a monetary settlement for any such Center equipment that compensates the user jurisdictions for their interests therein, then the matter of the respective interests in such equipment or the fair market value thereof shall be determined pursuant to ORS 190.710 et seq. in consideration of the provisions of this section (number 8) of this agreement.

9. Liability

The City shall defend against any and all claims brought or

actions filed against the Center or any of its employees, shall hold Jurisdictions harmless from any and all claims of whatever nature which result from any activity of the Center not undertaken at the direction of a user or its officers, employees or agents, and shall indemnify the User and hold it harmless from any and all liability, loss or damage the User may suffer as a result of claims, demands, costs or judgments against the User as a result of any Center activity so undertaken, pursuant to ORS 30.260 et seq. Each Jurisdiction agrees to promptly notify the Center and the City's Bureau of Risk Management of any claims or demands made against any user as a result of any activity of the Center.

10. Limitations

Nothing contained in this Agreement shall be construed as a grant of any legislative power by either the City, the County, or other users, to any party or to the Center.

11. Construction

This Agreement shall be liberally construed to effect the purposes expressed herein.

12. Termination of Previous Agreements

The City and County executed the "Emergency

Communications/Operations Center Agreement" on December 19, 1974, and amending agreements on September 4, 1975, November 16, 1976, August 16, 1979, and December 15, 1983 which agreements established a combined City-County emergency call receiving, dispatch and operations center at Kelly Butte (hereinafter referred to as "Agreements"). Because the parties consider it to be in their mutual interest for said Agreements to be terminated, it is agreed between the parties that said Agreements are terminated as of the date hereof and only those rights, covenants, obligations, duties and responsibilities concerning the Center that are incorporated into this Agreement are in effect between the parties.

13. Term, Modification and Review of Contract

a) This Agreement shall take effect on the last day of signature by the authorized representatives of the parties here to, and shall continue thereafter indefinitely, but it shall be subject to modification or amendment as they may mutually agree in writing as provided in subsection d) of this section.

b) This contract may be terminated by mutual consent of the parties.

c) Any party may cease to participate in this Agreement by providing all other parties with written notice at least six (6) months

prior to July 1st of the year in which the party wishes to cease participating.

d) Any party wishing to amend the Agreement shall notify each of the other parties by providing a statement of issues and provisions which the notifying party wishes to modify and a date for the initiation of negotiation not sooner than 30 days not later than 90 days after the date of notification.

e) This Agreement shall be reviewed by the parties to this Agreement at least once every three years beginning with the date of execution of this agreement.

14. Nonassignment

Neither the City nor the County nor any other user jurisdictions may assign any function, responsibility or asset of the Center to any other governmental agency nor to any person or entity without the written consent of the other parties.

15. Notices

All notices pursuant to the terms of this Agreement shall be addressed as follows:

Notices to City -

Commissioner in Charge
1220 S. W. Fifth Avenue
Portland, Oregon 97204

Notices to County -

1. Director, Emergency Medical
Services
426 S. W. Stark, Second Floor
Portland, Oregon 97204

2. Sheriff, Multnomah County
Hansen Building
12240 N. E. Glisan
Portland, Oregon 97230

3. County Chair
Room 134 Multnomah County
Courthouse
1021 S. W. 4th Avenue
Portland, Oregon 97204

Notices to City of Gresham-

Gresham City Manager
1333 N. W. Eastman Parkway
Gresham, Oregon 97030

Notices to City of Troutdale

Troutdale City Manager
104 S. E. Kibling
Troutdale, Oregon 97060

IN WITNESS WHEREOF, the County, acting by and through its County Executive, the City of Gresham, acting by and through its Mayor, and the

21480

162448

City of Troutdale, acting by and through its Mayor, and the City of Portland, acting by and through its Commissioner in charge of the Center and Auditor and pursuant to Ordinance No. _____, have caused this Agreement to be executed on the dates noted below.

MULTNOMAH COUNTY, OREGON

REVIEWED:

By

Gladys McCoy, County Clerk

Date: 6/26/90

By

Laurence Kressel, County Counsel

By

Bob Skipper, Sheriff

Date: May 24, 1990

CITY OF PORTLAND, OREGON

By

Commissioner

Date: 7-6-90

APPROVED AS TO FORM:

By

City Attorney

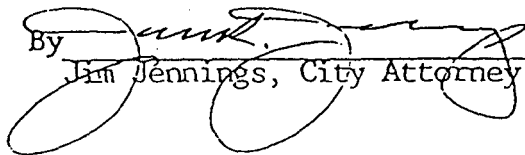
By

City Auditor

Date: 7/10/90

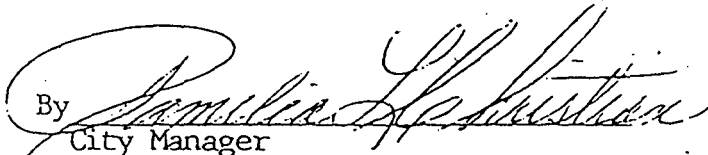
CITY OF TROUTDALE, OREGON

APPROVED AS TO FORM:

By 
Jim Jennings, City Attorney

By Sam K Coa
Mayor


Date: 6-28-90

By 
City Manager

Date: 6-28-90

CITY OF GRESHAM, OREGON

APPROVED AS TO FORM:

By 
Thomas Sponsler, City Attorney

By Ann H. Rees
Mayor

Date: 7/2/90

By Robert L. Richards, A/C
City Manager

Date: 6/29/90

ORDINANCE NO. 162448

*Authorize an intergovernmental agreement between the City, Multnomah County, Gresham and Troutdale for the provision of emergency dispatch and related services by the Bureau of Emergency Communications. (Ordinance)

The City of Portland ordains:

Section 1. The Council finds:

1. The Bureau of Emergency Communications (BOEC) provides emergency dispatch and related services to the County and other cities within Multnomah County.
2. The users of BOEC services currently contract with the City based on a Performance Agreement entered into in 1987 and subsequently amended in 1988. This agreement deals with operating policies, reporting requirements and billing methodology and procedures.
3. Broader policy issues including personnel policies, role of a user's committee, and management responsibilities are not adequately addressed in the Performance Agreements.
4. The intergovernmental agreement attached to this ordinance and marked Exhibit A addresses the broad policy issues pertaining to the operation of BOEC.
5. Multnomah County and the cities of Gresham and Troutdale have already ratified this agreement through their elected, legislative bodies.
6. Such agreements are authorized pursuant to Chapter 190 of Oregon Revised Statutes and Section 2-105(a) 4 of the Charter of the City of Portland.

ORDINANCE No.

NOW, THEREFORE, the Council directs:

- a. The Commissioner of Public Safety and the City Auditor to execute an intergovernmental agreement with Multnomah County, and the cities of Gresham and Troutdale for the provision of emergency dispatch and related services substantially in the form of the attached Exhibit A.

Section 2. The Council declares that an emergency exists in order to immediately protect and preserve the public health, safety and welfare by insuring the continuity of emergency dispatch and related services within the Portland area; therefore, this Ordinance shall be in force and effect from and after its passage by Council.

Passed by the Council, OCT 12 1989

Commissioner Dick Bogle
David Logsdon:ug
October 5, 1989

BARBARA CLARK
Auditor of the City of Portland
By *Mary Flanagan* Deputy

ATTACHMENT E
EMS MEDICAL DIRECTOR
POSITION DESCRIPTION

March 5, 1993

EMS MEDICAL DIRECTOR
(Exempt/Unclassified)

DEFINITION

To provide medical supervision for all emergency medical technicians providing pre-hospital patient care within the County, and to provide medical direction to all components of the emergency medical services system.

SUPERVISION RECEIVED AND EXERCISED

Receives administrative direction from the Director, Health Department.

Exercises technical supervision over emergency medical technicians.

EXAMPLES OF DUTIES - Duties may include, but are not limited to, the following:

Develop uniform standards of emergency care within the County; solicit input regarding standards from physicians, nurses, emergency medical technicians, ambulance providers, first responder providers, hospitals, government agencies, and other interested organizations and individuals.

Accompany emergency medical technicians during the performance of medical duties for the purpose of supervision, education, and system evaluation.

Promulgate and revise, as necessary, medical care standards for: priority dispatch/pre-arrival instructions; ALS and BLS patient care protocols; hospital destination criteria; accreditation requirements for pre-hospital care personnel beyond State standards; staffing, equipment, supplies, and operational criteria for first response vehicles, ground ambulances, air ambulances, specialized critical care and mobile intensive care ambulances, and non-emergency patient transport vehicles for incorporation into licensing requirements; response times for first responders and transporting emergency ambulances; the transferring of patients between hospitals; and the provision of medical services in areas of public assembly.

Set standards for the provision of on-line medical control.

Develop and supervise a quality management program to ensure continuous improvement of all levels of care within the emergency medical services delivery systems.

Set standards and objectives, and participate in the continuing education and training of pre-hospital care personnel.

Approve emergency medical technicians for practice in the County. Establish policies and due process for the limiting of practice of emergency medical technicians, including probation, suspension, or revocation of physician orders.

Perform related duties as assigned.

QUALIFICATIONS

Knowledge of:

Principles, practices, and procedures of emergency medicine.

Principles, practices, and procedures of pre-hospital patient care.

Principles, practices, and procedures of public health.

QUALIFICATIONS (Continued)

Knowledge of: (Continued)

Federal, state, and local laws and regulations governing the practice of emergency medicine and pre-hospital emergency medical services.

Principles of supervision, training, and performance evaluation.

Ability to:

Effectively administer a variety of emergency medical care activities.

Interpret and apply applicable federal, state, and local laws, rules, regulations, and policies governing emergency medical services.

Establish and maintain cooperative working relationships with those contacted in the course of work.

Communicate clearly and concisely, both orally and in writing.

Gain cooperation through discussion and persuasion.

Supervise, train, and evaluate assigned staff.

Experience and Training Guidelines:

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Experience:

Three years of increasingly responsible emergency medical services experience, including system medical direction and emergency medical technician supervision.

AND

Training:

Graduation from an accredited medical school and completion of an emergency medicine residency.

License or Certificate:

Possession of, or ability to obtain, an appropriate and valid license to practice medicine in the State of Oregon.

Board certification in emergency medicine.

ATTACHMENT F
MEDICAL RESOURCE HOSPITAL
CONTRACT

MULTNOMAH COUNTY
AND
OREGON HEALTH SCIENCES UNIVERSITY
EMERGENCY MEDICAL SERVICE AGREEMENT

THIS INTERGOVERNMENTAL AGREEMENT is made and entered into this 29 day of June, 1992, by and between MULTNOMAH COUNTY, a political subdivision of the State of Oregon (hereinafter referred as "COUNTY"), and the OREGON HEALTH SCIENCES UNIVERSITY, acting by and through the Oregon State Board of Higher Education on behalf of the State of Oregon (hereinafter referred to as "STATE"),

WITNESSETH:

WHEREAS, COUNTY's Health Department requires services which Contractor is capable of providing, under terms and conditions hereinafter described, and

WHEREAS, STATE is able and prepared to provide such services as COUNTY does hereinafter require, under those terms and conditions set forth; now, and

WHEREAS, Multnomah County Code (MCC) and Emergency Medical Services (EMS) rules require a single medical direction point, a single point of data collection, and research, therefore

IN CONSIDERATION of those mutual promises and the terms and conditions set forth hereafter, the parties agree as follows:

1. Term.

The term of this Agreement shall be from July 1, 1992, to and including June 30, 1993, unless sooner terminated under the provisions hereof.

2. Services.

A. STATE shall furnish on-line medical direction and comply with the following performance indicators:

1) All calls requesting on-line medical direction must be answered by the appropriate physician in fifty-five (55) seconds at least ninety percent (90%) of the time.

2) STATE must provide a process to assure that staff physicians are knowledgeable of the protocols. This process may include but not be limited to: educational sessions, tests, and inservice for protocol updates. The process must be approved by COUNTY.

3) STATE will develop a process for Standard Operating Procedures (SOP) adoption which governs on-line medical direction. COUNTY will review operating procedures prior to their implementation. STATE will adhere to the SOPs at all times. Failure to provide these SOP's for COUNTY review is a breach of Contract.

4) A plan must be developed and approved by the COUNTY which details a problem solving process for any complaint or issues presented to the STATE's medical director or communications coordinator. This plan must assure a complaint resolution which will be furnished to the COUNTY no more than thirty (30) days from date of complaint filing.

5) The STATE will implement a quality assurance/quality improvement process that reviews standards, operations, and performance, identifying problems and their solutions. This process will allow for input from COUNTY, and will report summary data and findings to the Medical Advisory Board Quality Assurance Subcommittee on a quarterly basis.

6) The STATE will participate in the COUNTY's quality assurance process by providing a staff member, when requested, and by providing medical resource hospital data and information on a timely basis as requested by the Quality Assurance Committee.

7) The Medical Resource Hospital medical director shall meet with the Multnomah County physician supervisors at their regularly scheduled meetings to discuss online medical control issues and exchange information.

B. The STATE shall provide trauma communications coordination and comply with the following performance indicators. The trauma communications coordination function is being provided at the request of the Area Trauma Advisory Board (ATAB I).

1) All trauma communication coordination requests must be answered within ten (10) seconds ninety percent (90%) of the time.

2) The STATE must develop a process which allows for Standard Operating Procedures (SOP) adoption and includes the Area Trauma Advisory Board and COUNTY review prior to implementation. The STATE will adhere to the SOPs at all times.

3) The STATE must provide a plan which details a problem solving process for any complaint. The plan must assure that the STATE has an outcome from the complaint which will be furnished to the COUNTY no more than thirty (30) days from the date of complaint filing.

C. The state will assist in provision of inservice training to emergency medical technicians in Multnomah County and comply with the following performance indicators:

1) The number of inservices which will be offered in each year is twelve (12), but is adjustable to more or fewer at COUNTY and STATE discussion.

2) The coordination of those courses will be carried out through a joint arrangement with the STATE, COUNTY, and other hospitals in Multnomah County.

3) STATE services required are that cases and case summary for case review will be provided. One MRH physician will be in attendance to provide the case review.

D. STATE shall be responsible for central data collection for medical direction and trauma communication coordination activities. STATE shall comply with the following performance indicators:

1) STATE is to collect this data from Emergency Medical Technicians at the time that they contact STATE for on-line medical direction or Trauma Communications Coordination (TCC) functions.

2) The specific data points to be collected are referenced in appendix A.

3) Raw data points are to be provided to COUNTY for monthly periods. These will be in the form of diskettes in dBase 3 form, provided no later than the 30th of the following month.

4) The data points as described in appendix A may be modified upon the concurrence of COUNTY and STATE.

5) STATE shall provide a trauma communications center monthly report which complies with the format in appendix B.

6) The data (voice tapes, written reports, and all data points collected) is the sole property of COUNTY, which has the sole authority for release of the data. COUNTY shall prescribe guidelines to be used for the release of the data and STATE must follow these guidelines. It is the intent of guidelines that they facilitate and not impede academic research (see appendix C).

7) STATE shall also provide COUNTY proof of Joint Commission of American Hospitals (JCAH) accreditation and that it meets or exceeds all requirements of MCC 6.31.060 (A-6) and rules adopted pursuant thereto.

3. Compensation.

A. COUNTY agrees to pay STATE \$10,200 based on the following terms:

1) COUNTY agrees to maintain MRH radio base station, six UHF portable radios, and the multichannel recorder used to provide MRH communications.

2) One quarter advance of the total amount upon execution of this Agreement, balance payable in three (3) quarterly installments upon receipt of billings from STATE.

3) Expenditure reports are to be sent to the EMS Director, Health Department, 426 SW Stark, 9th Floor, Portland, Oregon 97204.

B. COUNTY certifies that either federal, state or local funds are available and authorized to finance the costs of this Agreement. In the event that funds cease to be available to COUNTY in the amounts anticipated, COUNTY may terminate or reduce Agreement funding accordingly. COUNTY will notify STATE as soon as it receives notification from funding source. Reduction or termination will not effect payment for accountable expenses prior to the effective date of such action.

C. All final billings affecting Agreement payments must be received within thirty (30) days after the end of the Agreement period. Agreement payments not triggered or billed within this specified time period will be the sole responsibility of STATE.

4. Contractor is Independent Contractor

A. STATE is an independent contractor and is solely responsible for the conduct of its programs. STATE, its employees and agents shall not be deemed employees or agents of COUNTY.

B. STATE shall defend, hold and save harmless COUNTY, its officers, agents, and employees from damages arising out of the tortious acts of STATE, or its officers, agents, and employees acting within the scope of their employment and duties in performance of this Agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and any applicable provisions of the Oregon Constitution.

C. COUNTY shall defend, hold and save harmless STATE, its officers, agents, and employees from damages arising out of the tortious acts of COUNTY, or its officers, agents, and employees acting within the scope of their employment and duties in performance of this Agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and any applicable provisions of the Oregon Constitution.

5. Workers Compensation

A. STATE shall maintain Workers' Compensation insurance coverage for all non-exempt workers, employees, and subcontractors either as a carrier insured employer or a self-insured employer as provided in Chapter 656 of Oregon Revised Statutes.

6. Contractor Identification

STATE shall furnish to COUNTY its employer identification number, as designated by the Internal Revenue Service.

7. Subcontracts and Assignment

STATE shall neither subcontract with others for any of the work prescribed herein, nor assign any of STATE'S rights acquired hereunder without obtaining prior written approval from COUNTY. COUNTY by this Agreement incurs no liability to third persons for payment of any compensation provided herein to STATE.

8. Access to Records

A. STATE agrees to permit authorized representatives of COUNTY, and/or the applicable Federal or State government audit agency to make such review of the records of the STATE as COUNTY or auditor may deem necessary to satisfy audit and/or program evaluation purposes. STATE shall permit authorized representatives of COUNTY Health Department to site visit all programs covered by this Agreement. Agreement costs disallowed as the result of such audits, review or site visits will be the sole responsibility of STATE. If a Agreement cost is disallowed after reimbursement has occurred, STATE will make prompt repayment of such costs.

9. Waiver of Default.

Waiver of a default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the provisions of this Agreement.

10. Adherence to Law

A. STATE shall adhere to all applicable laws governing its relationship with its employees, including but not limited to laws, rules, regulations and policies concerning workers' compensation, and minimum and prevailing wage requirements.

B. STATE shall not unlawfully discriminate against any individual with respect to hiring, compensation, terms, conditions or privileges or employment, nor shall any person be excluded from participation in, be denied the benefits or, or be subjected to discrimination under any program or activity because of such individual's race, color, religion, sex, national origin, age or handicap. In that regard, STATE must comply with all applicable provisions of Executive Order Number 11246 as amended by Executive Order Number 11375 of the President of the United States dated September 24, 1965, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000(d)) and Section 504 of the Rehabilitation Act of 1973 as implemented by 45 C.F.R. 84.4. STATE will also comply with all applicable rules, regulations and orders of the Secretary of Labor concerning equal opportunity in employment and the provisions of ORS Chapter 659.

11. Modification

A. In the event that COUNTY's Agreement obligation is amended by a federal or state initiated change, COUNTY shall amend this Agreement through written notification of changes sent to STATE by mail. STATE shall sign the amendment and return to COUNTY within twenty (20) working days of receipt of COUNTY's notification document.

B. Any other amendments to the provisions of this Agreement, whether COUNTY or STATE initiated, shall be reduced to writing and signed by both parties.

12. Integration

This Agreement contains the entire Agreement between the parties and supersedes all prior written or oral discussions or Agreements.

13. Record Confidentiality

STATE agrees to keep all client records confidential in accordance with State and Federal statutes and rules governing confidentiality.

14. Early Termination

A. Violation of any of the rules, procedures, attachments, or conditions of this Agreement may, at the option of either party, be cause for termination of the Agreement and, unless and until corrected, of funding support by COUNTY and services by STATE, or be cause for placing conditions on said funding and/or services, which may include withholding of funds. Waiver

by either party of any violation of this Agreement shall not prevent said party from invoking the remedies of this paragraph for any succeeding violations of this Agreement.

B. This Agreement may be terminated by either party by sixty (60) days written notice to the other party.

C. Immediate termination or amendment by COUNTY may occur under any of the following conditions; or

1) Upon notice of denial, revocation, suspension or nonrenewal of any license or certificate required by law or regulation to be held by STATE to provide a service under this Agreement.

2) Upon notice if STATE fails to start-up services on the date specified in this Agreement, or if STATE fails to continue to provide service for the entire Agreement period.

3) Upon notice to COUNTY of evidence that STATE has endangered or is endangering the health and safety of clients/residents, staff, or the public.

D. Payment to STATE will include all services provided through the day of termination and shall be in full satisfaction of all claims by STATE against COUNTY under this Agreement.

E. Termination under any provision of this section shall not affect any right, obligation or liability of STATE or COUNTY which accrued prior to such termination.

15. Litigation.

A. STATE shall give COUNTY immediate notice in writing of any action or suit filed or any claim made against STATE or any subcontractor of which STATE may be aware of which may result in litigation related in any way to this Agreement.

16. Oregon Law and Forum

This Agreement shall be construed according to the law of the state of Oregon.

17. Certification Regarding Lobbying

A. No federal appropriated funds can be or will be paid, by or on behalf of the contractor, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this contract, the contractor shall complete and submit Standard Form-111, "Disclosure Form to Report Lobbying," in accordance with its instructions.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly appointed officers the date first written above.

OREGON HEALTH SCIENCES UNIVERSITY

By

David C. Bunnell

William C. Neland
Associate Vice President
for Administration

Date

6/29/92

93-6001786W

Federal I.D. Number

MULTNOMAH COUNTY, OREGON

By

Gladys McCoy

Gladys McCoy
Multnomah County Chair

Date

4/11/92

HEALTH DEPARTMENT

By:

Billi Odegaard

Billi Odegaard, Director

Date:

5/19/92

EMERGENCY MEDICAL SERVICES

By:

William Collins

William Collins, Director

Date:

5-8-92

REVIEWED:

LAURENCE KRESSEL, County Counsel
for Multnomah County, Oregon

By:

Laurence Kessel

Date:

6-1-92

RATIFIED

Multnomah County Board
of Commissioners

C-8 June 11, 1992

ATTACHMENT G
AMBULANCE EQUIPMENT

ALS

BLS



Emergency Medical Services

Multnomah County

Ambulance Inspection Form 1992-1993

Agency _____ Unit Number _____ Vehicle _____

Inspected By _____ At _____ Date _____

Service Level: () ALS () ALS/BLS () BLS

Crew 1 _____ Certification Number _____

ODL: () current ACLS: () current BCLS: () current

Crew 2 _____ Certification Number _____

ODL: () current ACLS: () current BCLS: () current

Cultures: () No () Yes Source: _____

Multnomah County Required Equipment

		Minimum Required*	Critical*	On Board*
1	Adult long backboard with 4 restraining devices	2	1	
2	Extremity restraining devices; (e.g., Flexcuffs)	8	4	
3	Adult intubation stylettes	2	1	
4	Pediatric intubation stylettes	2	1	
5	Chest decompression kit	2	1	
6	Tracheal lumen airway device, Pertrach <u>OR</u> Nutrake	1	1	
7	Adult resuscitation bag with reservoir, disposable	2	1	
8	Infant resuscitation bag with reservoir, disposable	2	1	
9	Endotracheal tubes; ____ 2.5, ____ 3.0, ____ 3.5, ____ 4.0, ____ 4.5, ____ 5.0, ____ 5.5, ____ 6.5, ____ 9.0	2 ea.	1 ea.	
10	Endotracheal tubes; ____ 7.0, ____ 7.5, ____ 8.0, ____ 8.5	3 ea.	1 ea.	

Health Department

426 S.W. Stark Street—9th Floor • Portland, Oregon 97204 • 248-3220 • Fax 248-5453

AN EQUAL OPPORTUNITY EMPLOYER

		Minimum Required*	Critical*	On Board*
11	Nasopharyngeal airways; ____ 26, ____ 28, ____ 32 (or equivalent sizes)	2 ea.	1 ea.	
12	Adult ECG monitoring electrode sets	12	4	
13	Pediatric ECG monitoring electrode sets	4	2	
14	Pediatric defibrillation paddles	1	1	
15	Conductive gel <u>OR</u> Conductive pads (Defib pads)	2 tube 6 sets	1 3	
16	Pacing patches <u>AND</u> Pacing cables; IF PACE CAPABLE	3 sets 2	1 1	
17	60 cc syringe with catheter tip	2	0	
18	Nasogastric tubes; ____ 14 Fr, ____ 18 Fr	2 each	0	
19	Syringes, sterile; ____ 1 cc, ____ 3 cc, ____ 6 cc, ____ 12 cc, ____ 20 cc	5 each	2 each	
20	Needles, sterile; ____ Vacuum tube, ____ 20 Ga, ____ 18 Ga, ____ 18 Ga FILTER	5 each	2 each	
21	2" Adhesive type tape, rolls	2	1	
22	Cold Packs, chemical	4	0	
23	OB kits, disposable	2	1	
24	Adult 3-chambered Pneumatic Anti-Shock Garment	1	0	
25	Triangular Bandages	4	0	
26	K-Y® type lubricant <u>OR</u> Unit dose K-Y® type lubricant	2 10	1 4	
27	Exam gloves, latex <u>OR</u> vinyl; each ____ Large, ____ Medium, ____ Small	1 box	15 pr.	
28	Blood glucose meter device; (e.g., Exactech®) <u>AND</u> Blood glucose meter strips	1 10	1 2	
29	Waterless antiseptic hand cleaner	2	1	
30	Balanced salt solution, plastic containers; ____ 500 cc, ____ 1000 cc	10 each	4	
31	Micro drip administration sets	10	4	

		Minimum Required*	Critical*	On Board*
32	Regular administration sets	10	4	
33	Blood pump administration sets	4	1	
34	Intravenous control devices, (e.g., Soluset® or Dial-a-flow®)	4	2	
35	Intravenous catheter needles; ____ 24 Ga, ____ 20 Ga, ____ 18 Ga, ____ 16 Ga, ____ 14 Ga	10 each	4 each	
36	Intravenous catheter needles; ____ 10 Ga, OR ____ 12 Ga	2	1	
37	Butterfly needles; ____ 25 Ga, ____ 23 Ga	2 each	0	
38	Needles for Intraosseous access	2	1	
39	Adult tourniquets, disposable	3	2	
40	Pediatric tourniquets, disposable	2	1	
41	Vacuum tubes (red top)	5	2	
42	Vacuum tube holders	3	0	
43	Skin cleansing pads (e.g., Alcohol pads OR Betadine® pads)	50	10	
44	Betadine® type ointment OR Unit dose Betadine® type ointment	2 tube 10 pks	0 0	
45	Male adapter plugs	10	0	
46	Sodium Chloride injectable preloads	10	0	
47	Sharps disposal unit (must be in kit)	1	1	

Multnomah County Required Medications

		Dose	Minimum Required*	Critical Level*	On Board*	Earliest Exp. Date
1	Activated Charcoal	50 gm	4	2		
2	Adenosine	6 mg	5	5		
3	Albuterol	2.5 mg	10	4		
4	Atropine Sulfate	1 mg	10	2		
5	Bretylium	500 mg	6	5		
6	Dextrose					
A	50%	50 cc	6	2		
B	Liquid	10 gm	4	2		
7	DIAZEPAM	10 mg	4	2		
8	Diphenhydramine	50 mg	4	1		
9	Dopamine	400 mg	2	1		
10	Epinephrine					
A	1:1000 MDV	50 cc	2	1		
B	1:1000	1 cc/1 mg	2	1		
C	1:10000	10 cc/1 mg	10	5		
11	Furosemide	40 mg	4	3		
12	Glucagon	1 mg	2	1		
13	Inapsine	2.5 mg/16 cc	6	2		
14	Ipecac Syrup	1 fl oz.	2	1		
15	Lidocaine					
A	2%	100 mg	6	3		

		Dose	Minimum Required*	Critical Level*	On Board*	Earliest Exp. Date
B	20%	2 Gm	2	1		
16	MORPHINE	10 mg	3	1		
17	Naloxone	2 mg	6	3		
18	Nitroglycerine spray or tablets	0.4 mg	2 units	1 unit		
19	Sodium Bicarbonate	50 mEq	3	3		
20	Thiamine	100 mg	4	1		

Medications In "BOLD" must be inventoried and locked

* MINIMUM REQUIRED = the minimum quantity that MUST be on the unit to be placed in service and available to respond to a dispatch order.

* CRITICAL LEVEL = the minimum quantity that MUST be on the unit to remain in service. A quantity less than specified in this column will require the unit to be removed from all service and restocked to minimum level before being returned to service and available to respond to a dispatch order.

* ON BOARD = the actual quantity of items physically on the unit.

earliest expiration date = self explanatory

Equipment on advanced life support (ALS) vehicles. Each ALS vehicle (ambulance/rescue) shall, unless otherwise provided for, carry as a minimum, the supplies and equipment listed on the Oregon Health Division inspection form and the Multnomah County EMS inspection form (Exhibit J).

Oregon Health Division
Emergency Medical Services & Trauma Systems Section
Ground Ambulance Inspection Form

☐ Initial ☐ Reinspection

Date: _____ Time: _____

Business Name: _____

Ambulance Location: _____

Non-Emergency Tel. #: _____

Contact Person: _____

Type of Organization: ☐ Fire Department ☐ Hospital Operated ☐ Private
 ☐ Industrial ☐ Municipal ☐ Volunteer

Level of Care: ☐ BLS ☐ BLS/ALS ☐ ALS

Vehicle Availability: ☐ On-line ☐ Reserve

Make of Vehicle: _____ Year of Manufacture: _____ License#: _____

Vehicle Identification Number: _____

Model: ☐ Type I ☐ Type II ☐ Type III ☐ Other _____

Mileage: _____

Oregon Health Division

Emergency Medical Services & Trauma Systems Section

Ground Ambulance Inspection Form

☐ Initial ☐ Reinspection

Vehicle License# _____

Vehicle Mileage _____

Inspection Codes:

- 1 = Present and in good working order.
- 2 = Item placed on vehicle at time of inspection.
- 3 = Item not present or not in good working order.

Rating Categories:

CRITICAL EQUIPMENT IS IN BOLD AND CAPS
Equipment in this category that is either missing or not in good working order shall result in the immediate suspension of the license to operate until corrected.

Mechanical Equipment

- ☐ Horn, one dual electric.
- ☐ Siren, electronic with two speakers mounted in grille. Control functions - manual, wail and yelp.
NOTE: "Hi-Lo" sound is not allowed. Lighting. Refer to KKK-A-1822B or C diagram for Type I, II, and III requirements:
- ☐ I II III HEADLAMPS, white - 2 with dim/bright switch
- ☐ I II III Front side marker lamps, amber - 2
- ☐ I II III Front side reflectors, amber - 2
- ☐ I II III Front turn signals, amber (including vehicular hazard warning signal flasher) - 2
- ☐ I III Front identification lamps, amber - 3
- ☐ I III Front clearance lamps, amber - 2
- ☐ I II III Rear side marker lamps, red - 2
- ☐ I II III Rear side reflectors, red - 2
- ☐ I II III Rear reflectors, red - 2
- ☐ I III Rear identification lamps, red - 3
- ☐ I III Rear clearance lamps, red - 2
- ☐ I II III REAR STOP, tail & turn signal lamp, red (turn signal section may be amber) - 2
- ☐ I II III Rear backup lamp, white - 1
- ☐ I II III Rear license plate lamp, white - 1
- ☐ I II III Front warning light, red - 1
- ☐ I II III Front warning light, white - 1
- ☐ I II III Rear warning lights, red - 2
- ☐ I II III Rear warning light, amber - 1
- ☐ I II III Side warning lights, red - 2 per side
- ☐ I II III Grille lights, red - 2
- ☐ I II III Intersection lights - 1 per side
- ☐ I II III Side floodlights - 1 per side
- ☐ I II III Rear floodlight - 1
- ☐ I II III Spotlight hand-held OR roof mounted - 1
- ☐ SEAT BELTS with retractor devices - 1 each seat

Brake System

- ☐ Main brakes
- ☐ Parking brake
- ☐ Backup alert alarm

Tires and tire changing equipment

- ☐ FRONT, minimum tread of 3/32" (even wear)
- ☐ REAR, minimum tread of 3/32" (even wear)
- ☐ Spare, minimum tread of 3/32" (even wear)
- ☐ Jack with handle
- ☐ Lug wrench

Windows, window cleaning equipment and mirrors

- ☐ Windshield, # of rock chips _____, # of cracks _____, length _____
- ☐ WINDSHIELD WIPER (dual, electric, multi-speed)
- ☐ Windshield washer
- ☐ Water level ☐ OK ☐ Low
- ☐ Windshield defroster
- ☐ Windows (side and rear) # of cracks _____, length of cracks _____
- ☐ Window between driver and patient compartment for type II and III vehicles
- ☐ Outside mirrors; Right side - 1 and Left side - 1
- ☐ Engine oil level, ☐ OK ☐ Low
- ☐ Transmission oil level, ☐ OK ☐ Low
- ☐ Fan belts
- ☐ Starter
- ☐ Electrical system, with all lights on, amp meter read (+)
- ☐ Battery system, dual 12 volt system with labeled selector device
- ☐ Shock absorbers ☐ front ☐ rear
- ☐ Exhaust system
- ☐ Tailpipe(s) discharge to side of ambulance
- ☐ HEATER
- ☐ Front
- ☐ REAR
- ☐ Air conditioner
- ☐ Front
- ☐ Rear

Patient Care Equipment

OXYGEN (MEDICAL)

Installed system,

- ☐ Compartment ventilated to outside.
- ☐ No other equipment stored in cabinet.
- ☐ Tank has at least 3000 liter capacity and contains at least 500 liters.
- ☐ FLOWMETER TEST RESULTS.
- ☐ PORTABLE SYSTEM, tank has at least 300 liter capacity. Must have one full spare tank.
- ☐ FLOWMETER TEST RESULTS.
- ☐ TANKS PROPERLY SECURED.
- ☐ All tanks must be inspected and have a hydrostatic pressure test by a qualified person, tanks stamped with a date followed by a *, +, or star are good for 10 years, all other markings after a date are good for 5 years.

OXYGEN NON-REBREATHING MASKS WITH TUBING

- ☐ PEDIATRIC - 3
- ☐ ADULT - 3
- ☐ Oxygen Nasal Cannulas with tubing, adult - 3
- ☐ Mouth-to-Mask Ventilation Devices with one-way valve, adult - 2

OROPHARYNGEAL AIRWAYS (PLASTIC OR RUBBER)

- ☐ INFANT - 2
- ☐ CHILD - 2
- ☐ SMALL ADULT - 2
- ☐ MEDIUM ADULT - 2
- ☐ LARGE ADULT - 2
- ☐ EXTRA LARGE ADULT - 2

BAG-VALVE-MASK VENTILATION DEVICES (each mask must be transparent and semi-rigid)

- ☐ ADULT / CHILD, BAG - 1
- ☐ TEST RESULTS
- ☐ INFANT, BAG - 1
- ☐ TEST RESULTS
- ☐ MASK SIZES, 0, 1, 2, 3, 4, 5 - 1 ea.

SUCTION ASPIRATOR

- ☐ Installed (independent of oxygen supply), 1000 ml collection bottle
- ☐ TEST RESULTS
- ☐ PORTABLE (may be either battery, oxygen or manually powered)
- ☐ TEST RESULTS
- ☐ Water for rinsing, 8 ounces.
- ☐ SUCTION CATHETERS (Assorted sizes, neonatal to adult) _____ # _____

Litters, fasteners and anchorages

- ☐ WHEELED COT, w/mattress, and three restraining devices (chest, hip and knee) at least 2" with a quick release buckle - 1
 - ☐ SIDE OR CENTER cot fastener with quick release feature - 1
 - ☐ Folding stretcher(s) with three restraining devices (chest, hip and knee), at least 2" wide with a quick release buckle.
- Number required is based on the litter-carrying capacity of the ambulance, number _____

BACKBOARDS (HAVE NECESSARY RESTRAINING DEVICES)

- ☐ SHORT or equivalent; i.e. KED - 1
- ☐ LONG - 1
- ☐ PEDIATRIC, a modified short or long backboard is acceptable - 1
- ☐ Scoop stretcher - 1

Splinting materials

EXTRICATION COLLARS (soft foam rubber cervical collars are NOT allowed)

- ☐ SMALL - 1
- ☐ MEDIUM - 2
- ☐ LARGE - 1
- ☐ HEAD IMMOBILIZERS - 2
- ☐ Extremity splints, upper - 3
- ☐ Extremity splints, lower - 3

Traction splints

- ☐ Adult - 1
- ☐ Child - 1, OR
- ☐ Adult/Child combination - 1

Bandaging and dressing materials

- ☐ Elastic gauze bandages; Kling OR Kerlix type - 12
- ☐ Gauze 4" X 4" sterile sponges - 24

Sterile bulk dressings

- ☐ 8" X 30" - 4, OR
- ☐ 7" X 8" - 8
- ☐ Non-porous 4" X 4" sterile dressings - 4
- ☐ Adhesive OR hypo-allergenic 1" tape - 3 rolls
- ☐ Bandage shears - 2

Other patient care equipment

- ☐ OBSTETRICAL Kit, disposable - 1
- ☐ Hypothermia thermometer in protective case - 1
- ☐ GLOVES, disposable - 15 pair
- ☐ FACE MASKS, disposable - 6
- ☐ PROTECTIVE EYEWEAR - 2
- ☐ Hand cleaning solution - 16 oz. OR cloths - 8
- ☐ Cleaning disinfectant - 8 oz
- ☐ CONTAINER(S) for used needles, each kit - 1, # _____
- ☐ CONTAINER for contaminated gloves, masks, etc.
- ☐ Rigid eye shields - 2
- ☐ Emesis container - 1 two-liter container with plastic liners - 2
- ☐ STETHOSCOPE - 1 adult

ANEROID SPHYGMOMANOMETER

- ☐ ADULT - 1
- ☐ Extra Large Adult - 1
- ☐ Department of Transportation Emergency Response Guide Book (Initial Response to Hazardous Material Incidents), 1987 or newer, or equivalent - 1
- ☐ Triage tags - 25

Medications, fluids and cardiac care equipment for a BLS ambulance

- ☐ EPINEPHRINE 1:1000 - 2 ampules
Exp. Date ____/____/____
- ☐ Syrup of Ipecac - 1
Exp. Date ____/____/____
- ☐ Activated Charcoal - 1
Exp. Date ____/____/____
- ☐ Glucose, liquid - 1
Exp. Date ____/____/____
- ☐ Irrigation fluid 1000 cc
Exp. Date ____/____/____

Participating in an approved EMT-D Program

- ☐ Defibrillator, auto or semi-auto - 1
- ☐ Patient cables - 2
- ☐ Contact gel - 1 tube OR
- ☐ Pre-gelled defib pads - 3 sets
- ☐ Monitoring electrodes - 12
- ☐ ECG paper - 3 rolls
(if not a tape recording device)

MEDICATIONS, FLUIDS AND PATIENT CARE EQUIPMENT FOR AN ALS AMBULANCE

- ☐ MONITOR/Defibrillator/Write-out portable with adult paddles - 1
- ☐ PATIENT CABLES - 2
- ☐ CONTACT GEL - 1 tube, or
- ☐ Pre-gelled defib pads - 3 sets
- ☐ Monitoring electrodes - 12
- ☐ ECG paper - 3 rolls
- ☐ LARYNGOSCOPE HANDLE - 1
Extra batteries - 2
- ☐ LARYNGOSCOPE BLADES
- ☐ Sizes 0, 1, 2, 3, 4 - 1 ea.
- ☐ Extra bulbs - 2

- ☐ INTUBATION TUBES - 2 ea., 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 7.0 and 8.0 mm
- ☐ INTRAVENOUS FLUIDS, STERILE, ASSORTED.

Exp. dates: ☐ good ☐ bad

VASCULAR ACCESS DEVICES

- ☐ butterfly devices 23 & 25 gauge - 2 ea.
- ☐ over-the-needle 14, 16, 18, 20, 22 & 24 gauge - 2 ea.
- ☐ intraosseous needle - 1
- ☐ INTRAVENOUS MEDICATIONS, STERILE, ASSORTED.

Exp. dates: ☐ good ☐ bad

COPY OF STANDING ORDERS:

- ☐ BLS
- ☐ EMT-D
- ☐ ALS
- ☐ Signed by supervising physician.

Name of physician: _____

Date standing orders were last signed: _____/_____/_____

NOTE: Standing orders must be reviewed and signed annually.

Ambulance carrying controlled substances must have:

- ☐ A locked box that is attached to the inside of a locked cabinet.
- ☐ Keys to each of the locks (the same key cannot be used for both locks).
- ☐ Sign in/out log for each controlled substance.
- ☐ ALL DEVICES AND EQUIPMENT NOT STORED IN CABINETS MUST BE PROPERLY FASTENED TO PREVENT ITEMS FROM MOVING ABOUT WHILE THE VEHICLE IS IN MOTION OR IF INVOLVED IN AN ACCIDENT.

Linen Supplies

- ☐ Pillows with plastic covering - 1 for each stretcher, total # _____
- ☐ Pillow cases (may be either cloth or paper) - 3
- ☐ Cot sheets (may be either cloth or paper) - 6
- ☐ Blankets - 1 for each stretcher, total # _____

Security and Rescue Equipment

- ☐ FIRE EXTINGUISHER, 5 lb., type 2A-10BC (must be accessible from either the patient or driver's compartment) - 1
- ☐ Flashlight - 1
- ☐ Batteries: ☐ good ☐ bad
- ☐ Bulbs: ☐ good ☐ bad
- ☐ Extra set of packaged and dated batteries, Exp. Date ____/____/____
- ☐ Road flares = 180 min. Exp. Date ____/____/____
- ☐ Leather gloves - 2 pair
- ☐ Crowbar, 24" - 1
- ☐ Wrecking bar, 51" - 1

NOTE: A pry-ax type tool may be substituted for the crowbar and wrecking bar.

Communication Equipment and Records

- ☐ RADIO ☐ VHF ☐ UHF ☐ Other
- radio frequencies: _____

PATIENT CARE REPORT FORM

- ☐ Using own form
- ☐ Using the state-approved form
- ☐ Ambulance usages records (i.e. dispatch records) kept in office.
- ☐ Maintenance records, kept in office.

Patient Compartment Dimensions

Patient compartment

- ☐ Length; must be at least 116" (B) and 122" (C) from the front partition to the inside surface of the rear door at the floor. Actual _____"
- ☐ Distance; must be at least 25" and not more than 30" of unobstructed space at the head of the primary patient stretcher (measure from backrest of EMT seat to forward edge of stretcher). Actual _____"
- ☐ Distance; must be at least 10" from the end of the stretcher to the inside surface of the rear door. Actual _____"
- ☐ Width; must be 18" + - 6" clear aisle way between primary stretcher and squad bench. Actual _____"
- ☐ Height; must be at least 60." Actual _____"

Doors

- ☐ "Door-Open" warning device
- Right forward side, must be at least:
 - ☐ 30" wide. Actual _____"
 - ☐ 42" high for a type II. Actual _____"
 - ☐ 54" high for a type I and III. Actual _____"
- Rear loading, must be at least:
 - ☐ 44" wide. Actual _____"
 - ☐ 46" high. Actual _____"
- Between driver and patient compartment for Type II and III, must be at least:
 - ☐ 17" wide. Actual _____"
 - ☐ 46" high. Actual _____"
 - ☐ 150 sq. inches of window. Actual _____"

Emblems and Markings

Front:

- ☐ Word "AMBULANCE" in 4 inch high blue block letters in mirror image, centered above the grille, on an orange or white background.
- ☐ "Star of Life" a 3 inch blue emblem located to both the left and right of the word "AMBULANCE."

Sides:

- ☐ Word "AMBULANCE" in 6 inch high blue block letters on each side.
- ☐ "Star of Life" 16 inch blue emblem on each side.

Rear:

- ☐ Word "AMBULANCE" in 6 inch high blue block letters.
- ☐ "Star-of-Life" 12 inch blue emblem on each rear door.

Top:

- ☐ "Star of Life" in a 32 inch high blue emblem.

Ambulance Exterior

- Need of body work ☐ Yes ☐ No
- Need of painting ☐ Yes ☐ No
- Cleanliness: ☐ excellent ☐ good ☐ fair ☐ poor ☐ very poor

Ambulance Interior

Need of upholstery work ☐ Yes ☐ No

Equipment stored in a neat and organized manner ☐ Yes ☐ No

Cleanliness: ☐ excellent ☐ good ☐ fair ☐ poor ☐ very poor

Displaying Signs, Licenses & Certificates

☐ "Star of Life" Ambulance 1822B or 1822C Sticker/Decal

Location: _____

"NO SMOKING" Signs

☐ Driver's Compartment

☐ Patient Compartment

☐ Health Division Ambulance License

Location: _____

☐ DEA License filed in ambulance business office.

Inspection Finding and Disposition

Can the person assisting in the inspection locate the equipment in a timely manner? ☐ Yes ☐ No

☐ Initial inspection acceptable.

* ☐ INITIAL INSPECTION NOT ACCEPTABLE. THE INSPECTION REVEALS VIOLATIONS THAT CONSTITUTE AN IMMEDIATE DANGER OR THREAT TO THE PUBLIC. THE LICENSE FOR THIS VEHICLE IS HEREBY SUSPENDED AND SHALL REMAIN SUSPENDED UNTIL THE VIOLATIONS HAVE BEEN CORRECTED.

* ☐ Initial inspection NOT acceptable. The inspection reveals violations that do not constitute an immediate danger or threat to the public. Notify the Division in writing that the non-critical violations have been corrected by:

Date: ____/____/____, Time: _____

☐ Reinspection acceptable.

* ☐ Reinspection NOT acceptable. Remit a check in the amount of \$50 made payable to the "Oregon Health Division."

☐ Copy of the ambulance inspection form given to the ambulance service representative.

Ambulance Service Representative:

Signature

Time

*County Health Dept. Representative notified:

Signature

Time

*County Ambulance Service Plan Administrator notified:

Signature

Time

Inspection completed by:

Signature

Time

ATTACHMENT H
MASS CASUALTY INCIDENT PLAN



Multnomah County



Emergency Medical Services

Mass Casualty Incident Plan

1993

MULTNOMAH COUNTY
EMERGENCY MEDICAL SERVICES
MASS CASUALTY INCIDENT PLAN

TABLE OF CONTENTS

- I. GENERAL
 - A. Purpose
 - B. Information
 - C. Definitions
 - D. Legal Authority
 - E. Policy
- II. LEVELS OF ACTIVITY
- III. ACTIVATION
- IV. COMMUNICATIONS
- V. DOCUMENTATION
- VI. DEMOBILIZATION
- VII. ACTIVITY CHECKLISTS
 - A. Level I
 - B. Level II
 - C. Level III

MULTNOMAH COUNTY
EMERGENCY MEDICAL SERVICES
MASS CASUALTY INCIDENT PLAN

I. GENERAL

- A. Purpose:
The Mass Casualty Incident Plan outlines the response policies and procedures for emergency medical services providers and agencies in Multnomah County to be implemented in the event of a Mass Casualty Incident (MCI).

- B. Information:
The following titles of the National Interagency Incident Management System (NIIMS) Incident Command System (ICS) are used:

NIIMS ICS

Emergency Center
EMS Assembly Area
Medical Branch Director
Medical Communications Group Supervisor
Medical Transportation Group Supervisor
Triage Group Supervisor
Treatment Group Supervisor

- C. Definitions:

State Advanced Life Support (ALS) Unit: A unit staffed by at least two persons: one state-certified at or above the EMT 1 level and one state-certified at or above the EMT 3 level, or an RN, PA or physician trained in prehospital emergencies as defined in OAR 333-23-050 2 (a), (A) and (B).

Multnomah County ALS Ambulance: An ambulance staffed, according to Multnomah County Administrative Rule, by at least two Oregon Certified EMT 4s.

All-Call: An interhospital survey conducted on the Hospital Emergency Administrative Radio (HEAR) System to determine the number of critical and/or noncritical patients each facility can handle.

Ambulance Staging Area: Area where arriving ambulances and personnel can be assembled in close proximity to the incident.

Basic Life Support (BLS) Unit: A unit staffed by at least two persons: one state-certified at or above the EMT 1 level or an RN, PA or physician trained in prehospital emergencies.

Bureau of Emergency Communications (BOEC): A city of Portland bureau responsible for management of the Multnomah County Public Safety Answering Point (PSAP) located at Kelly Butte. This bureau coordinates 9-1-1 communications for Emergency Medical Services, Law Enforcement and Fire Services throughout Multnomah County including the cities of Portland, Gresham, Troutdale, Wood Village, and Fairview.

Critical Incident Stress Debriefing (CISD): A confidential discussion organized and performed by a Critical Response Team (CRT) composed of responders, peers, and mental health professionals. [The Critical Response Team responds to any situation faced by emergency services personnel that causes them to experience unusually strong emotional reactions which may potentially interfere with their ability to function either at the scene or later.]

Emergency Center: A facility established and equipped to perform coordination in support of a large scale emergency or disaster.

EMS Assembly Area: Area where arriving ambulances and personnel can be assembled in close proximity to the incident.

EMS Assembly Area Manager: Individual designated to manage the EMS Assembly Area(s).

EMS Dispatch: An integral part of the Bureau of Emergency Communications. EMS Dispatch functions as a central point for 9-1-1/medical call taking and dispatch. During a Mass Casualty incident, EMS Dispatch will monitor the operations frequency, assign additional requested resources, and ensure sufficient medical coverage for other EMS incidents.

Fire Alarm Dispatch (FAD): Communications center for fire services in Multnomah County.

Fire Command: Senior Fire Officer on-scene.

Fire Rescue: A fire service unit which has medical capability.

Hospital Emergency Administrative Radio (HEAR): VHF radio system coordinated by Regional Hospital during a Mass Casualty incident--used to ascertain and assemble information regarding hospital resources.

Immediate Danger Zone: Area surrounding an incident in which there is a potential danger to life. Incident Command will determine its boundaries.

Incident Command ("Command"): Radio designation and "title" of person or persons responsible for overall direction of the incident.

Incident Commander: Person designated by the public safety agency in charge to command the scene.

Jurisdiction: Multnomah County and those jurisdictions within Multnomah County.

Landing Zone (LZ): A well-marked area, 100 ft. x 100 ft., designated and secured by fire or law enforcement personnel for helicopter landing.

Medical Branch Director: An EMT 4 who coordinates all on-scene emergency medical services activities.

Medical Communications Group Supervisor: An EMT 4 who coordinates Regional Hospital communications and patient destinations with transporting ambulance assignments.

Medical Examiner: is responsible for removal of deceased from area and coordinates morgue activities.

Medical Resource Hospital (MRH): Acts as back-up to Regional Hospital in the event of Regional Hospital communications failure.

MedNets: UHF radio frequencies designated for Emergency Medical Services communications.

Morgue: Temporary area initially designated by the Medical Branch Director and Transportation Group Supervisor, where deceased victims will be taken--location may be changed by Medical Examiner.

Patient Loading Zone: Designated area adjacent to the patient treatment area, where transporting units receive and load patients.

Patient Treatment Area: Designated area where patients are brought, reassessed, and treated after initial triage and tagging by a Triage Team member. Treatment priority sections will be marked, corresponding with colors of triage tags.

Regional Hospital: Facility coordinating patient destinations with hospital resources.

Staging Area: Area where arriving fire service equipment, other vehicles and personnel stage to be in close proximity to the incident.

Transportation Group Supervisor: An EMT 4 who establishes treatment areas and supervises patient loading into transport units.

Treatment Group Supervisor: An EMT 4 who coordinates all activities in the treatment areas.

Triage: Process of sorting patients by severity of injury.

Triage Group Supervisor: An EMT 4 who coordinates triage, patient assessment, and tagging.

Triage Tag: Multicolored tie-on tag used to indicate condition and treatment priority of patients.

Triage Priority Colors:

Red - Priority 1 - Critical

Life threatening medical emergencies, i.e., airway, breathing and/or circulation problems.

Yellow - Priority 2 - Noncritical

Not as seriously injured as Priority 1 patients, but possibility exists for rapid deterioration of physical condition.

Green - Priority 3 - Ambulatory

Require treatment, but can wait for transportation without immediate threat to life.

Black - Priority 0

Expired or mortal injuries.

Triage Tagging: Method used to categorize condition of patients, according to severity of injuries. A triage team member will assign tags corresponding in color with treatment priority areas: red - priority 1; yellow - priority 2; green - priority 3; black - priority 0. The triage tag shall stay with the patient through hospital admittance.

D. Legal Authority:

Oregon Revised Statutes:

ORS 431.607 Emergency Medical Services and Trauma System

ORS 823.00 Ambulances and Emergency Personnel

ORS 823.180 County plan for ambulance and Emergency Medical Services

Oregon Administrative Rules:

333-28-000 through 333-28-063 Ambulances and Emergency Medical Technicians - October 17, 1991.

333-28-095 through 333-28-130 County Ambulance Service Area Plans - May 7, 1990.

333-200-000 through 333-200 090 Emergency Medical Services and Trauma Centers - June 26, 1987; Amendments October 9, 1987.

333-205-000 through 333-205-060 Trauma System Hospital Identification in Trauma Area #1 - June 26, 1987; Additions April 28, 1988.

Multnomah County Code:

MCC 6.32 Ambulance Services

Multnomah County EMS Administrative Rules:

Permanent and Emergency Rules

Other:

State Trauma Advisory Board Plan

Area Trauma Advisory Board I Plan - April 4, 1988

E. Policy:

The Mass Casualty Incident (MCI) Protocol will be used to coordinate incidents involving ten or more total patients.

During a mass casualty incident, emergency medical services providers and agencies will conduct operations to provide immediate resources, to minimize the loss of life through prompt medical treatment in the field, and to coordinate field medical services and activities with existing medical facilities and other support services and resources.

It is an EMS policy that agencies having the responsibility to provide needed emergency services be notified of an impending or actual incident as soon as appropriate in order to initiate preparedness or response activities.

The Trauma System is NOT used for mass casualty incidents.

On-scene personnel will have authority to act in a timely manner within the incident command system at the scene.

If the first units responding to an incident are BLS or ALS staffed with only one EMT 4:

A. Medical Branch Director shall order ALS units as needed to fill the EMT 4 positions.

B. Designated BLS personnel shall perform MCI tasks normally assigned to EMT 4s until relieved.

II. LEVELS OF ACTIVITY

Level I:

An incident exists involving ten or more total patients or the potential for 10 or more patients.

Level II:

An incident exists where the number of MCI-dedicated ALS ambulances has reduced the available ALS ambulances within Multnomah County to a Minimum Coverage Level of 3 or below.

Level III:

An incident exists where the number of MCI-dedicated ALS ambulances has reduced the available ALS ambulances within Multnomah County to a potential EMS Coverage Level of 0.

III. ACTIVATION

The first arriving Advanced Life Support unit on the scene shall identify itself and advise EMS Dispatch of the following:

1. The exact location of the incident.

2. The type of incident (transportation accident, fire, explosion, etc.).
3. Environmental conditions (hazardous materials, extreme weather, etc.).
4. Number of ALS ambulances needed.
5. Immediate danger zone.
6. Assembly area.
7. Recommended routes to and from the scene.
8. Approximate number of patients.

First Fire ALS Unit:

- Provides personnel to perform duties of the Medical Branch Director and Triage Group Supervisor.
- Provides the identification vests, task cards, and triage area tarps.

(If the first arriving Fire Unit is not ALS staffed, the Triage Group Supervisor's duties may be assigned to ALS Ambulance personnel and the Transportation Group Supervisor's duties assigned to BLS fire personnel until relieved by fire ALS personnel.)

First ALS Ambulance Unit:

- Provides personnel to perform duties of the Transportation Group Supervisor and Communications Group Supervisor.

IV. COMMUNICATIONS

Field units SHOULD NOT use the HEAR system -- it is reserved for interhospital traffic. Units transporting patients should not give receiving hospitals updates or patient care reports.

MedNet 1 is the dedicated MCI channel for on-site coordination, communication with Regional Hospital and the request/direction of additional medical personnel through EMS Dispatch.

If MedNet 1 is disabled, MetNet 4 will be used. (MRH will continue to function for medical direction and non-MCI trauma communications on MedNet 4).

MCI Medical Operations:

MedNet 1 (UHF):

Medical Sector Coordinator; Communications Group Supervisor; Transportation Group Supervisor; Triage Group Supervisor; ALS Ambulances; LifeFlight; EMS Dispatch; Fire Rescues, dedicated BOEC MCI operator.

Interhospital Coordination:

HEAR System (VHF):

Regional Hospital and Area Hospitals.

Primary EMS Dispatch:

MedNet 9 (UHF):

Routine EMS Operations.
Initial assignment of units to MCI.
Reassignment of units after transport.

V. DOCUMENTATION

The Communications Group Supervisor will fill out and maintain the Mass Casualty Incident Log.

All MCI operations documents will be copied and forwarded to the Multnomah County Emergency Medical Services office within five working days.

An accounting of the expense of the Multnomah County Emergency Services Agencies may be kept and made available upon request to the Multnomah County/city Office of Emergency Management for the purpose of compiling and reporting to the county.

VI. DEMOBILIZATION

1. Appropriate callbacks will be made by agencies who made initial contacts, at the direction of the Incident Commander, 9-1-1 center will cancel units, agencies will cancel personnel.
2. Personnel-on-scene will check with Incident Command before clearing scene.
3. All agencies should consider contacting a Critical Response Team (CRT) which performs Critical Incident Stress Debriefing (CISD) for their personnel. Requests for the Oregon Critical Response Team (OCRT) may be made through Medical Resource Hospital.

VII. ACTIVITY CHECKLIST

A. Level I

An incident exists involving ten or more total patients.

Position

Task

Emergency Medical Services _____
Dispatch

Verify Mass Casualty Incident and its location, dispatch initially requested units.

If EMS Dispatch is advised that hazardous materials are involved in the incident, IMMEDIATELY notify all responding agencies.

Notify BOEC supervisors, adjust staffing pattern, inform law enforcement dispatch.

Position

Task

Relay incident information to Regional Hospital.

Broadcast incident and frequency information to all on-line EMS units.

Put air ambulance services on standby.

Call all ground ambulance companies and have them put all available units on the air for potential response.

Notify the EMS Office.

Monitor the operations frequency and dispatch additional EMS units per request of the Medical Branch Director or Incident Commander.

Cancel ground and air ambulances per request of Medical Branch Director or Incident Commander.

First arriving ALS Unit _____

Advise Emergency Medical Services Dispatch of the following:

This is an MCI.

The exact location of the incident.

The type of incident (transportation accident, fire, explosion, etc.).

Environmental conditions (hazardous materials, extreme weather, etc.).

Number of ALS ambulances needed.

Immediate danger zone.

Assembly area.

Recommended routes to and from the scene.

Approximate number of patients.

Position

Task

First Fire ALS Unit _____

Provide the Medical Branch Director and Triage Group Supervisor.

Distribute the identification vests and task cards to the Transportation Group Supervisor, Communication Group Supervisor, Triage Group Supervisor, and Medical Branch Director.

Provide triage tags.

Provide color coded tarps or markers for treatment areas.

Medical Branch Director _____

Coordinate ALL on-scene EMS activity.

Ensure that EMS Dispatch gets pertinent incident information.

Appoint Triage Group Supervisor.

Order ambulances, as needed, per Communications Group Supervisor.

Coordinate all EMS activities with Incident Command.

Order additional resources for Medical Branch (manpower, buses, medical supplies, Red Cross, Medical Examiner, etc.).

Delegate establishment of air ambulance Landing Zone (LZ).

Constantly assess performance of group supervisors and make personnel changes if necessary.

Triage Group Supervisor _____

Perform rapid triage.

Estimate number of patients and type of injuries, i.e., Head, peds, OB, Chest, Burns, Radiation, HazMat.

Position

Task

Give this information to the Medical Branch Director and the Communications Group Supervisor.

Go back, start "tagging" patients.

Confer with Medical Branch Director to establish extrication teams.

Ensure that no unnecessary equipment is brought into scene where patients are located.

Move patients to treatment areas as soon as possible.

First ALS Ambulance_____

Provide EMT 4 Transportation Group Supervisor and EMT 4 Communications Group Supervisor.

Medical Communications Group Supervisor_____

Establish communications with Regional Hospital on Mednet 1.

Designate the Ambulance Assembly area. Relay location to Medical Branch Director.

Start MCI log, using information from the Triage Group Supervisor.

If necessary, designate a communications assistant to assure an organized flow of information from scene to Regional Hospital.

Request additional ambulances, including BLS ambulances, if needed, via the Medical Branch Director.

Keep a unit ready for loading in the Loading Zone at all times.

As soon as a unit is ready to transport, tell Regional Hospital the number and type of patients on board. Regional will determine unit destination.

Position

Task

Medical Transportation Group Supervisor_____

Inform loaded ambulance of its destination, ensure its safe departure, and immediately request another ambulance to move in from the staging area to the loading zone.

Establish patient treatment areas after conferring with the Medical Branch Director regarding location.

Establish patient loading zone. Consider proximity to treatment area and ambulance approach and exit routes.

Assign patients from treatment area to ambulances.

Supervise the number and priority of loading of patients.

As soon as patients have been loaded, tell the Communications Group Supervisor the ambulance unit and number/type of patients on board. (Head, Peds, OB, Chest, Burns, Radiation, HazMat, etc.)

If extra medical equipment is needed, request from the Medical Branch Director.

Do not allow patients to "stack up" in the loading zone.

If necessary, delegate the loading of ambulatory patients into buses.

Treatment Group Supervisor_____

Coordinate all activities in the treatment area with the Transportation Group Supervisor.

Organize treatment areas and order additional medical equipment and manpower through the Medical Branch Director.

Maintain contact with Triage Group Supervisor. Accept patients into treatment areas.

Position

Task

Provide BLS care to patients. ALS care may be possible later in the incident when resources allow.

Identify the order in which patients are to be transported.

Keep the treatment area as secure as possible.

If ambulatory patients are loaded onto buses or grouped together in one location, attempt to provide secure access and egress points (so patients or their parents do not leave the scene). All patients triaged must be accounted for!

Additional Arriving Ambulances_____ Go to the EMS Assembly Area and remain with your vehicle.

Report your arrival to the Communications Group Supervisor. (EMS Assembly Area Manager if one has been designated.)

Load patients as assigned by Transportation Group Supervisor.

Transport to medical facility as assigned by Communications Group Supervisor and provide patient care enroute.

Additional Arriving Rescues_____ Respond to Staging Area.

Report arrival to the Staging Area Manager; wait for assignment.

If assigned as an ambulance, report to EMS assembly area and remain with your vehicle. On arrival, inform Communication Group Supervisor (EMS Assembly Area Manager if one has been designated.)

Air Ambulances_____ Switch to predesignated operations net for instructions and landing zone location and remain with your aircraft after landing.

Load patients as assigned by Transportation Group Supervisor.

Position

Task

	Transport to medical facility as assigned by Communications Group Supervisor.
Regional Hospital_____	Establish contact with Communications Group Supervisor. Initiate HEAR System "All-Call" and relay information to others on emergency notification list. Coordinate patient information between field personnel and receiving hospitals. Coordinate transportation assignments from incident site to hospitals. Upon request, provide medical direction in case Medical Resource Hospital communications fail.
Medical Examiner_____	Direct tagging of possessions and preserve conditions at the scene for investigative agencies. Direct removal of the deceased from the area, and coordinate morgue activities.
Incident Commander_____	Oversee and manage all on-scene incident operations.
Law Enforcement_____	Coordinate with Incident Command. Perform on-scene operations and tasks according to agency procedures and Incident Command Directives.
Fire Service_____	Coordinate with Incident Command. Perform on-scene operations and tasks according to agency procedures and Incident Command directives.

B. Level II

An incident exists where the number of MCI-dedicated ALS ambulances has reduced the available ALS ambulances within Multnomah county to the minimum coverage level 3 established by Multnomah County Administrative Rules.

Position

Task - In Addition to Level I

BOEC_____

Request out-of-county ambulances as directed by Medical Branch Director.

C. Level III

An incident exists where the number of MCI-dedicated ALS ambulances has reduced the available ALS ambulances within Multnomah County to an EMS Coverage Level of 0.

Position

Task - In Addition to Level II

All Agencies_____

Increase support according to magnitude of incident.

Coordinate arrival and dispersement of additional manpower and resources with Emergency Center and Incident Command.

Notify the City/County Emergency Management Office.

EMS Structure

ICS:

Incident Command

**Operations
Section Chief**

**Staging Area
Staging Area Manager**

- EMTs, Nurses, PAs, Physicians*
- Ambulances/Rescues
- Medical Supplies and equipment

EMS:

**Medical Branch
Director
(Fire)**

**Triage Group
Supervisor
(Fire)**

**Communications Group
Supervisor
(Ambulance)**

**Transportation
Group
(Ambulance)**

**Treatment Group
Supervisor
(if needed)
(Fire)**

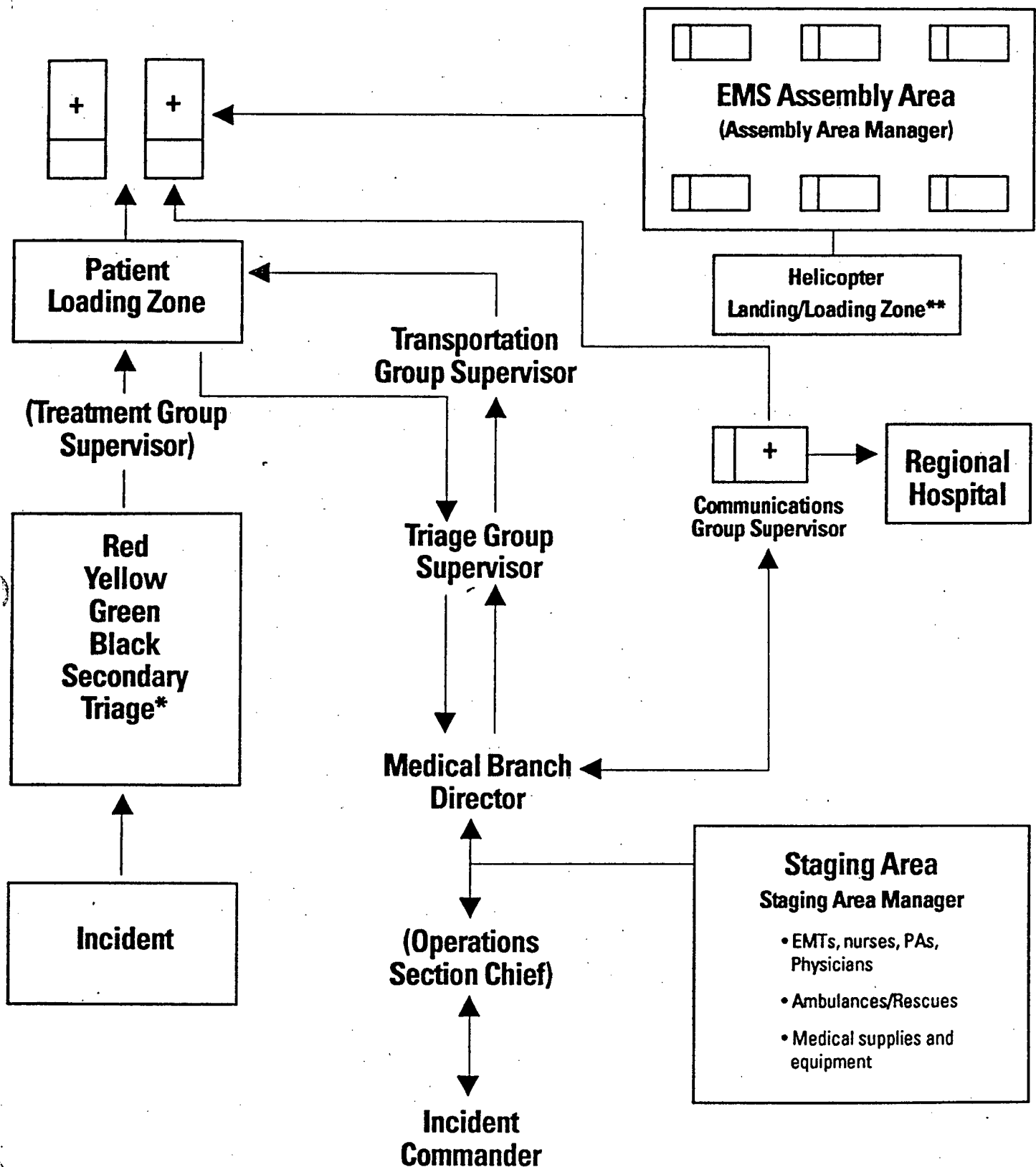
**EMS Assembly Area
Assembly Area Manager
(if needed)
(Ambulances)**

- Staffed Ambulances*
- Air ambulances

*All off-duty EMS personnel who arrive at the scene will report only to the Staging Area. If needed, they will be asked to respond to a given person and/or area by the Staging Area Manager and be given visible identification.

Medical Branch Diagram

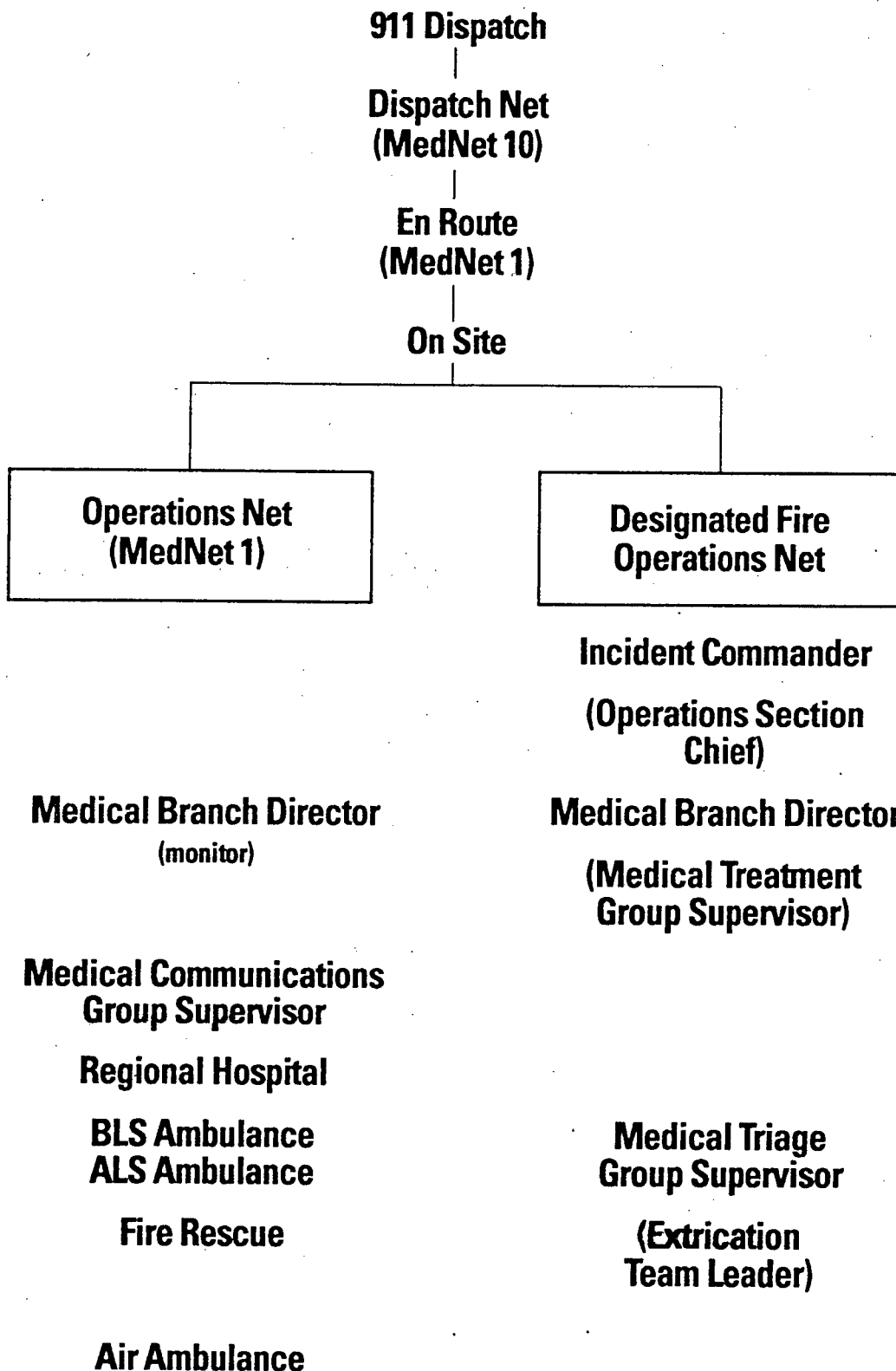
(Example)



* Diagram indicates needed triage areas. Actual designated sites will vary.

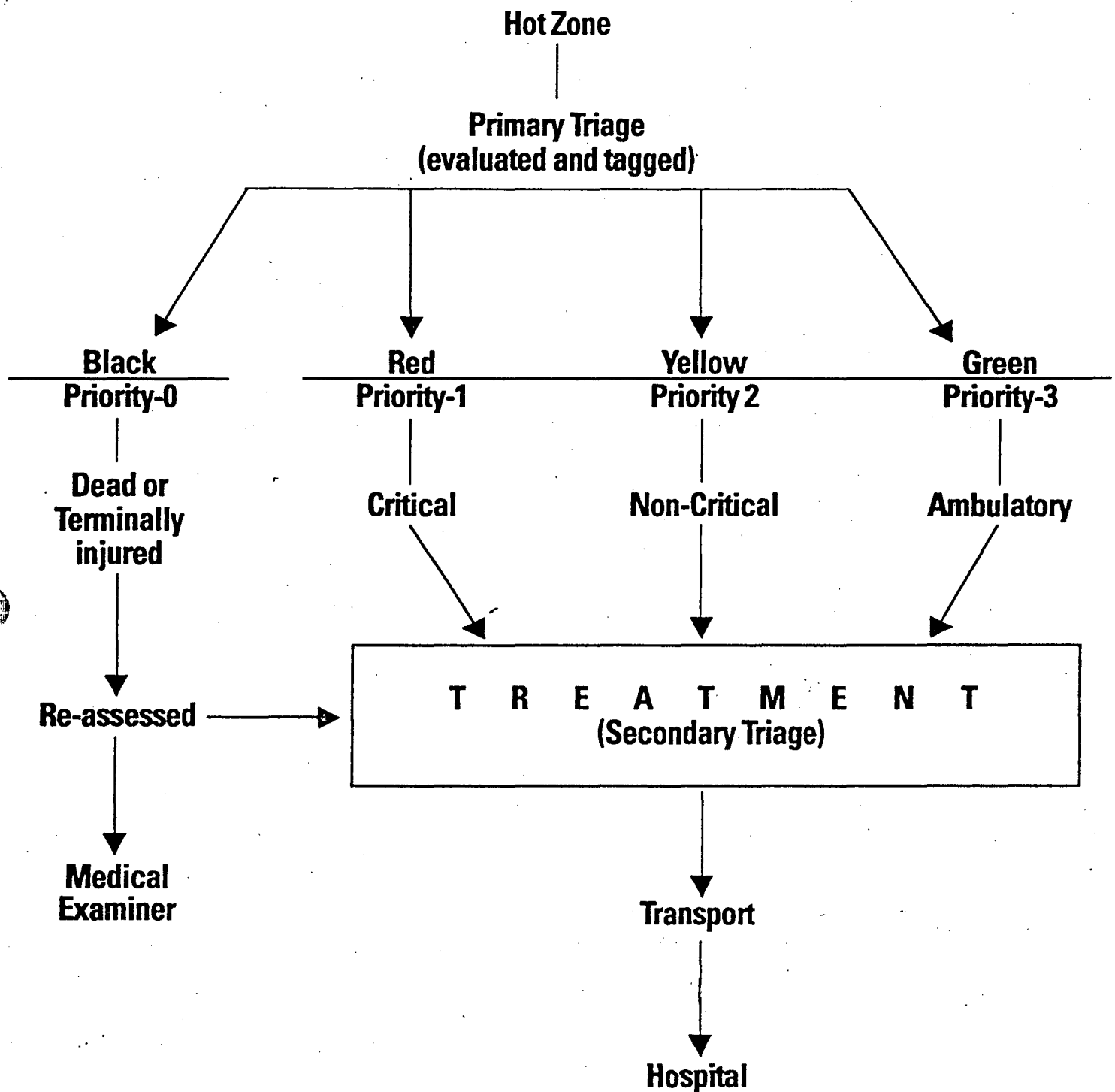
** Helicopter landing/loading zone should be placed away from areas of patient care. Actual placement will be determined by where the helicopter can land.

Communications*



*Who has what channels.

Patient Flow

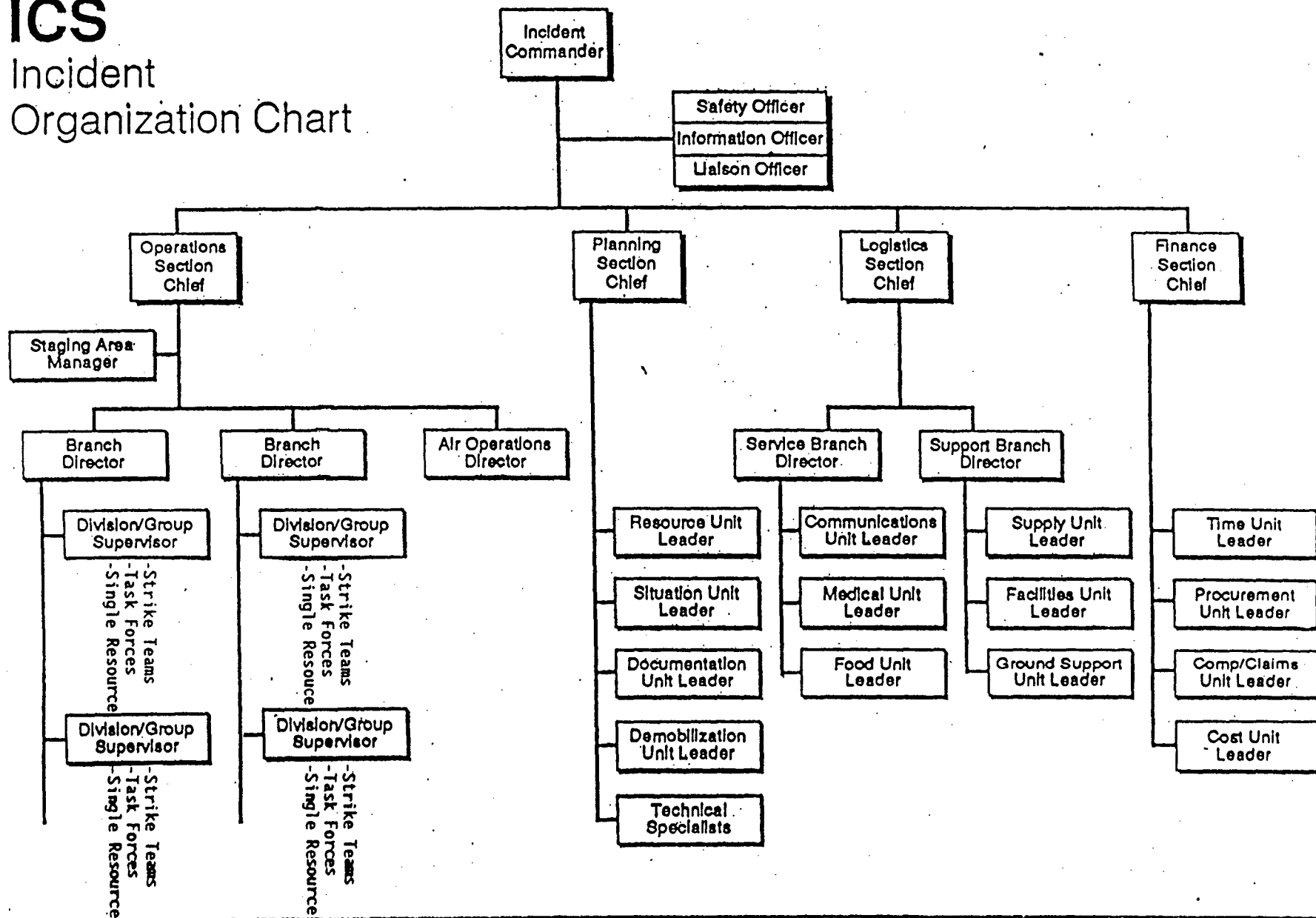


When a vehicle is available for transport, treatment shall shift from on-scene to treatment during transport.

Keeping on-scene time to a minimum consistent with good patient care is the goal.

ICS

Incident Organization Chart



ATTACHMENT I
HAZ-MAT
SPECIALIZED RESCUE

HAZARDOUS MATERIALS

Purpose:

Paramedics may be first on the scene of a hazardous materials situation because of shorter response time or no knowledge of dispatch that hazardous materials are involved. This protocol is intended to guide paramedics who do not normally function in hazardous materials scenes.

If the scene you are responding to is a known or suspected (based on information from dispatch) hazardous materials situation stage and wait for the hazardous materials personnel.

When you have arrived at the scene and find out during scene assessment that hazardous materials are involved stage and wait for the hazardous materials personnel.

All scenes (MVA, Industrial, etc.) should be considered as being a potential hazardous materials situation. The following approach procedure should be used:

Procedure:

I. Approach

A. All scenes:

1. Utilize a cautionary approach at all times.
2. The reported location may be inaccurate and response into a contaminated area might occur.
3. Approach upwind and upgrade if possible. If unable to approach from upwind/upgrade, approach at 90° to wind/grade if possible with safety in mind.
4. Position vehicle well away from problem and headed away from incident.
5. Communicate your actions or intended actions to EMS Dispatch.
6. Remember: Contaminated and/or exposed response personnel may add to the overall problem and reduce their effectiveness to help.

B. If at any time you suspect a hazardous materials situation:

1. If first-in responder, confirm that fire and police have been notified. a. The agency responsible for hazardous materials responses may respond with different levels of personnel and equipment based upon the information received. Do not always expect a hazardous materials team to respond.
2. If you are a first-in responder, first priority is scene isolation. KEEP OTHERS AWAY! KEEP UNNECESSARY EQUIPMENT FROM BECOMING CONTAMINATED.
3. If you believe that you or your vehicle are contaminated stage in an isolated area.

DRAFT

PORTLAND BUREAU OF FIRE, RESCUE & EMERGENCY SERVICES
INTER-OFFICE CORRESPONDENCE
(NOT FOR MAILING)

April 13, 1993

TO: Whom It May Concern
FROM: Lt. Dennis Gale
SUBJECT: Specialized Rescue/EMS Services Provided by Portland
Bureau of Fire, Rescue & Emergency Services

I. HIGH ANGLE RESCUE

High angle rescue incidents are handled by specially trained and equipped units stationed in strategic locations (Stations 1, 22, 19 & 41). In addition, all of those stations have high angle rescue trained fire fighter/paramedics that provide medical care at the incidents.

II. CAVE IN RESCUE

Cave in incidents are handled by Squad 1 (specially trained personnel) using Trench Rescue 1 (special cave in equipment). These units are preceded by PFB 1st responders and PFB fire fighter/paramedic units knowledgeable about cave in rescue techniques.

III. WATER RESCUE

Specialized water rescue is provided by Portland Fire's Dive Rescue Team. This specialized 30 member team is supported by PFB first responders and PFB fire fighter/paramedic units.

IV. HAZARDOUS MATERIALS INCIDENTS

Hazardous materials incidents are handled by Haz. Mat. 23. This regional Hazardous Materials Team is assisted by specially trained Haz. Mat. paramedics from Haz. Mat. Rescue 41.

V. EXTRICATION

Extrication is normally handled by one of ten PFB truck companies stationed in strategic locations. All extrication incidents require a PFB ALS unit (medical care) and a PFB engine company (fire safety).

VI. SPECIAL POLICE OPERATIONS (S.W.A.T. TEAMS, Etc.)

Medical care at special police operations is handled by 12 specially trained fire fighter/paramedics. These "S.E.R.T./Fire Medics" received their specialized training from Portland Police Bureau's Special Emergency Response Team.

VII. SPECIAL RESCUE INCIDENTS

Special rescue incidents (elevator rescue, etc.) are normally handled by PFB Squad 1. This unit has received specialized training in these areas.



Emergency Medical Services

Multnomah County

Ambulance Inspection Form 1992-1993

Agency _____ Unit Number _____ Vehicle _____

Inspected By _____ At _____ Date _____

Service Level: () ALS () ALS/BLS () BLS

Crew 1 _____ Certification Number _____

ODL: () current ACLS: () current BCLS: () current

Crew 2 _____ Certification Number _____

ODL: () current ACLS: () current BCLS: () current

Cultures: () No () Yes Source: _____

Multnomah County Required Equipment

		Minimum Required*	Critical*	On Board*
1	Adult long backboard with 4 restraining devices	2	1	
2	Extremity restraining devices; (e.g., Flexcuffs)	8	4	
3	Adult intubation stylettes	2	1	
4	Pediatric intubation stylettes	2	1	
5	Chest decompression kit	2	1	
6	Tracheal lumen airway device, Pertrach <u>OR</u> Nutrake	1	1	
7	Adult resuscitation bag with reservoir, disposable	2	1	
8	Infant resuscitation bag with reservoir, disposable	2	1	
9	Endotracheal tubes; _____ 2.5, _____ 3.0, _____ 3.5, _____ 4.0, _____ 4.5, _____ 5.0, _____ 5.5, _____ 6.5, _____ 9.0	2 ea.	1 ea.	
10	Endotracheal tubes; _____ 7.0, _____ 7.5, _____ 8.0, _____ 8.5	3 ea.	1 ea.	

Health Department

426 S.W. Stark Street—9th Floor · Portland, Oregon 97204 · 248-3220 · Fax 248-5453

AN EQUAL OPPORTUNITY EMPLOYER

		Minimum Required*	Critical*	On Board*
11	Nasopharyngeal airways; ____ 26, ____ 28, ____ 32 (or equivalent sizes)	2 ea.	1 ea.	
12	Adult ECG monitoring electrode sets	12	4	
13	Pediatric ECG monitoring electrode sets	4	2	
14	Pediatric defibrillation paddles	1	1	
15	Conductive gel <u>OR</u> Conductive pads (Defib pads)	2 tube 6 sets	1 3	
16	Pacing patches <u>AND</u> Pacing cables; IF PACE CAPABLE	3 sets 2	1 1	
17	60 cc syringe with catheter tip	2	0	
18	Nasogastric tubes; ____ 14 Fr, ____ 18 Fr	2 each	0	
19	Syringes, sterile; ____ 1 cc, ____ 3 cc, ____ 6 cc, ____ 12 cc, ____ 20 cc	5 each	2 each	
20	Needles, sterile; ____ Vacuum tube, ____ 20 Ga, ____ 18 Ga, ____ 18 Ga FILTER	5 each	2 each	
21	2" Adhesive type tape, rolls	2	1	
22	Cold Packs, chemical	4	0	
23	OB kits, disposable	2	1	
24	Adult 3-chambered Pneumatic Anti-Shock Garment	1	0	
25	Triangular Bandages	4	0	
26	K-Y® type lubricant <u>OR</u> Unit dose K-Y® type lubricant	2 10	1 4	
27	Exam gloves, latex <u>OR</u> vinyl; each ____ Large, ____ Medium, ____ Small	1 box	15 pr.	
28	Blood glucose meter device; (e.g., Exactech®) <u>AND</u> Blood glucose meter strips	1 10	1 2	
29	Waterless antiseptic hand cleaner	2	1	
30	Balanced salt solution, plastic containers; ____ 500 cc, ____ 1000 cc	10 each	4	
31	Micro drip administration sets	10	4	

		Minimum Required*	Critical*	On Board*
32	Regular administration sets	10	4	
33	Blood pump administration sets	4	1	
34	Intravenous control devices, (e.g., Soluset® or Dial-a-flow®)	4	2	
35	Intravenous catheter needles; ____ 24 Ga, ____ 20 Ga, ____ 18 Ga, ____ 16 Ga, ____ 14 Ga	10 each	4 each	
36	Intravenous catheter needles; ____ 10 Ga, OR ____ 12 Ga	2	1	
37	Butterfly needles; ____ 25 Ga, ____ 23 Ga	2 each	0	
38	Needles for Intraosseous access	2	1	
39	Adult tourniquets, disposable	3	2	
40	Pediatric tourniquets, disposable	2	1	
41	Vacuum tubes (red top)	5	2	
42	Vacuum tube holders	3	0	
43	Skin cleansing pads (e.g., Alcohol pads <u>OR</u> Betadine® pads)	50	10	
44	Betadine® type ointment <u>OR</u> Unit dose Betadine® type ointment	2 tube 10 pks	0 0	
45	Male adapter plugs	10	0	
46	Sodium Chloride injectable preloads	10	0	
47	Sharps disposal unit (must be in kit)	1	1	

Multnomah County Required Medications

		Dose	Minimum Required*	Critical Level*	On Board*	Earliest Exp. Date
1	Activated Charcoal	50 gm	4	2		
2	Adenosine	6 mg	5	5		
3	Albuterol	2.5 mg	10	4		
4	Atropine Sulfate	1 mg	10	2		
5	Bretylium	500 mg	6	5		
6	Dextrose					
A	50%	50 cc	6	2		
B	Liquid	10 gm	4	2		
7	DIAZEPAM	10 mg	4	2		
8	Diphenhydramine	50 mg	4	1		
9	Dopamine	400 mg	2	1		
10	Epinephrine					
A	1:1000 MDV	50 cc	2	1		
B	1:1000	1 cc/1 mg	2	1		
C	1:10000	10 cc/1 mg	10	5		
11	Furosemide	40 mg	4	3		
12	Glucagon	1 mg	2	1		
13	Inapsine	2.5 mg/16 cc	6	2		
14	Ipecac Syrup	1 fl oz.	2	1		
15	Lidocaine					
A	2%	100 mg	6	3		

		Dose	Minimum Required*	Critical Level*	On Board*	Earliest Exp. Date
B	20%	2 Gm	2	1		
16	MORPHINE	10 mg	3	1		
17	Naloxone	2 mg	6	3		
18	Nitroglycerine spray or tablets	0.4 mg	2 units	1 unit		
19	Sodium Bicarbonate	50 mEq	3	3		
20	Thiamine	100 mg	4	1		

Medications In "BOLD" must be inventoried and locked

* MINIMUM REQUIRED = the minimum quantity that MUST be on the unit to be placed in service and available to respond to a dispatch order.

* CRITICAL LEVEL = the minimum quantity that MUST be on the unit to remain in service. A quantity less than specified in this column will require the unit to be removed from all service and restocked to minimum level before being returned to service and available to respond to a dispatch order.

* ON BOARD = the actual quantity of items physically on the unit.

earliest expiration date = self explanatory

Equipment on advanced life support (ALS) vehicles. Each ALS vehicle (ambulance/rescue) shall, unless otherwise provided for, carry as a minimum, the supplies and equipment listed on the Oregon Health Division inspection form and the Multnomah County EMS inspection form (Exhibit J).

Oregon Health Division
Emergency Medical Services & Trauma Systems Section
Ground Ambulance Inspection Form

☐ Initial ☐ Reinspection

Date: _____ Time: _____

Business Name: _____

Ambulance Location: _____

Non-Emergency Tel. #: _____

Contact Person: _____

Type of Organization: ☐ Fire Department ☐ Hospital Operated ☐ Private
 ☐ Industrial ☐ Municipal ☐ Volunteer

Level of Care: ☐ BLS ☐ BLS/ALS ☐ ALS

Vehicle Availability: ☐ On-line ☐ Reserve

Make of Vehicle: _____ Year of Manufacture: _____ License#: _____

Vehicle Identification Number: _____

Model: ☐ Type I ☐ Type II ☐ Type III ☐ Other _____

Mileage: _____

Oregon Health Division

Emergency Medical Services & Trauma Systems Section

Ground Ambulance Inspection Form

☐ Initial ☐ Reinspection

Vehicle License# _____

Vehicle Mileage _____

Inspection Codes:

- 1 = Present and in good working order.
- 2 = Item placed on vehicle at time of inspection.
- 3 = Item not present or not in good working order.

Rating Categories:

CRITICAL EQUIPMENT IS IN BOLD AND CAPS

Equipment in this category that is either missing or not in good working order shall result in the immediate suspension of the license to operate until corrected.

Mechanical Equipment

- ☐ Horn, one dual electric.
- ☐ Siren, electronic with two speakers mounted in grille. Control functions - manual, wail and yelp.
NOTE: "Hi-Lo" sound is not allowed. Lighting, Refer to KKK-A-1822B or C diagram for Type I, II, and III requirements:
- ☐ **I II III HEADLAMPS, white - 2 with dim/bright switch**
- ☐ **I II III Front side marker lamps, amber - 2**
- ☐ **I II III Front side reflectors, amber - 2**
- ☐ **I II III Front turn signals, amber (including vehicular hazard warning signal flasher) - 2**
- ☐ **I III Front identification lamps, amber - 3**
- ☐ **I III Front clearance lamps, amber - 2**
- ☐ **I II III Rear side marker lamps, red - 2**
- ☐ **I II III Rear side reflectors, red - 2**
- ☐ **I II III Rear reflectors, red - 2**
- ☐ **I III Rear identification lamps, red - 3**
- ☐ **I III Rear clearance lamps, red - 2**
- ☐ **I II III REAR STOP, tail & turn signal lamp, red (turn signal section may be amber) - 2**
- ☐ **I II III Rear backup lamp, white - 1**
- ☐ **I II III Rear license plate lamp, white - 1**
- ☐ **I II III Front warning light, red - 1**
- ☐ **I II III Front warning light, white - 1**
- ☐ **I II III Rear warning lights, red - 2**
- ☐ **I II III Rear warning light, amber - 1**
- ☐ **I II III Side warning lights, red - 2 per side**
- ☐ **I II III Grille lights, red - 2**
- ☐ **I II III Intersection lights - 1 per side**
- ☐ **I II III Side floodlights - 1 per side**
- ☐ **I II III Rear floodlight - 1**
- ☐ **I II III Spotlight hand-held OR roof mounted - 1**
- ☐ **SEAT BELTS with retractor devices - 1 each seat**

Brake System

- ☐ Main brakes
- ☐ Parking brake
- ☐ Backup alert alarm

Tires and tire changing equipment

- ☐ **FRONT, minimum tread of 3/32" (even wear)**
- ☐ **REAR, minimum tread of 3/32" (even wear)**
- ☐ Spare, minimum tread of 3/32" (even wear)
- ☐ Jack with handle
- ☐ Lug wrench

Windows, window cleaning equipment and mirrors

- ☐ Windshield, # of rock chips _____, # of cracks _____, length _____.
- ☐ **WINDSHIELD WIPER (dual, electric, multi-speed)**
- ☐ Windshield washer
- ☐ Water level ☐ OK ☐ Low
- ☐ Windshield defroster
- ☐ Windows (side and rear) # of cracks _____, length of cracks _____.
- ☐ Window between driver and patient compartment for type II and III vehicles
- ☐ Outside mirrors; Right side - 1 and Left side - 1
- ☐ Engine oil level, ☐ OK ☐ Low
- ☐ Transmission oil level, ☐ OK ☐ Low
- ☐ Fan belts
- ☐ Starter
- ☐ Electrical system, with all lights on, amp meter read (+)
- ☐ Battery system, dual 12 volt system with labeled selector device
- ☐ Shock absorbers ☐ front ☐ rear
- ☐ Exhaust system
- ☐ Tailpipe(s) discharge to side of ambulance
- ☐ **HEATER**
- ☐ Front
- ☐ **REAR**
- ☐ Air conditioner
- ☐ Front
- ☐ Rear

Patient Care Equipment

OXYGEN (MEDICAL)

Installed system,

- ☐ Compartment ventilated to outside.
- ☐ No other equipment stored in cabinet.
- ☐ Tank has at least 3000 liter capacity and contains at least 500 liters.
- ☐ **FLOWMETER TEST RESULTS.**
- ☐ **PORTABLE SYSTEM, tank has at least 300 liter capacity. Must have one full spare tank.**
- ☐ **FLOWMETER TEST RESULTS.**
- ☐ **TANKS PROPERLY SECURED.**
- ☐ All tanks must be inspected and have a hydrostatic pressure test by a qualified person, tanks stamped with a date followed by a *, +, or star are good for 10 years, all other markings after a date are good for 5 years.

OXYGEN NON-REBREATHING MASKS WITH TUBING

- ☐ PEDIATRIC - 3
- ☐ ADULT - 3
- ☐ Oxygen Nasal Cannulas with tubing, adult - 3
- ☐ Mouth-to-Mask Ventilation Devices with one-way valve, adult - 2

OROPHARYNGEAL AIRWAYS (PLASTIC OR RUBBER)

- ☐ INFANT - 2
- ☐ CHILD - 2
- ☐ SMALL ADULT - 2
- ☐ MEDIUM ADULT - 2
- ☐ LARGE ADULT - 2
- ☐ EXTRA LARGE ADULT - 2

BAG-VALVE-MASK VENTILATION DEVICES (each mask must be transparent and semi-rigid)

- ☐ ADULT / CHILD, BAG - 1
- ☐ TEST RESULTS
- ☐ INFANT, BAG - 1
- ☐ TEST RESULTS
- ☐ MASK SIZES, 0, 1, 2, 3, 4, 5 - 1 ea.

SUCTION ASPIRATOR

- ☐ Installed (independent of oxygen supply), 1000 ml collection bottle
- ☐ TEST RESULTS
- ☐ PORTABLE (may be either battery, oxygen or manually powered)
- ☐ TEST RESULTS
- ☐ Water for rinsing, 8 ounces.
- ☐ SUCTION CATHETERS (Assorted sizes, neonatal to adult) _____, # _____

Litters, fasteners and anchorages

- ☐ WHEELED COT, w/mattress, and three restraining devices (chest, hip and knee) at least 2" with a quick release buckle - 1
 - ☐ SIDE OR CENTER cot fastener with quick release feature - 1
 - ☐ Folding stretcher(s) with three restraining devices (chest, hip and knee), at least 2" wide with a quick release buckle.
- Number required is based on the litter-carrying capacity of the ambulance, number _____

BACKBOARDS (HAVE NECESSARY RESTRAINING DEVICES)

- ☐ SHORT or equivalent; i.e. KED - 1
- ☐ LONG - 1
- ☐ PEDIATRIC, a modified short or long backboard is acceptable - 1
- ☐ Scoop stretcher - 1

Splinting materials

EXTRICATION COLLARS (soft foam rubber cervical collars are NOT allowed)

- ☐ SMALL - 1
- ☐ MEDIUM - 2
- ☐ LARGE - 1
- ☐ HEAD IMMOBILIZERS - 2
- ☐ Extremity splints, upper - 3
- ☐ Extremity splints, lower - 3

Traction splints

- ☐ Adult - 1
- ☐ Child - 1, OR
- ☐ Adult/Child combination - 1

Bandaging and dressing materials

- ☐ Elastic gauze bandages; Kling OR Kerlix type - 12
- ☐ Gauze 4" X 4" sterile sponges - 24
- Sterile bulk dressings*
- ☐ 8" X 30" - 4, OR
- ☐ 7" X 8" - 8
- ☐ Non-porous 4" X 4" sterile dressings - 4
- ☐ Adhesive OR hypo-allergenic 1" tape - 3 rolls
- ☐ Bandage shears - 2

Other patient care equipment

- ☐ OBSTETRICAL Kit, disposable - 1
- ☐ Hypothermia thermometer in protective case - 1
- ☐ GLOVES, disposable - 15 pair
- ☐ FACE MASKS, disposable - 6
- ☐ PROTECTIVE EYEWEAR - 2
- ☐ Hand cleaning solution - 16 oz. OR cloths - 8
- ☐ Cleaning disinfectant - 8 oz
- ☐ CONTAINER(S) for used needles, each kit - 1, # _____
- ☐ CONTAINER for contaminated gloves, masks, etc.
- ☐ Rigid eye shields - 2
- ☐ Emesis container - 1 two-liter container with plastic liners - 2
- ☐ STETHOSCOPE - 1 adult
- ANEROID SPHYGMOMANOMETER*
- ☐ ADULT - 1
- ☐ Extra Large Adult - 1
- ☐ Department of Transportation Emergency Response Guide Book (Initial Response to Hazardous Material Incidents), 1987 or newer, or equivalent - 1
- ☐ Triage tags - 25

Medications, fluids and cardiac care equipment for a BLS ambulance

- ☐ EPINEPHRINE 1:1000 - 2 ampules
Exp. Date ____/____/____
- ☐ Syrup of Ipecac - 1
Exp. Date ____/____/____
- ☐ Activated Charcoal - 1
Exp. Date ____/____/____
- ☐ Glucose, liquid - 1
Exp. Date ____/____/____
- ☐ Irrigation fluid 1000 cc
Exp. Date ____/____/____

Participating in an approved EMT-D Program

- ☐ Defibrillator, auto or semi-auto - 1
- ☐ Patient cables - 2
- ☐ Contact gel - 1 tube OR
- ☐ Pre-gelled defib pads - 3 sets
- ☐ Monitoring electrodes - 12
- ☐ ECG paper - 3 rolls
(if not a tape recording device)

MEDICATIONS, FLUIDS AND PATIENT CARE EQUIPMENT FOR AN ALS AMBULANCE

- ☐ MONITOR/Defibrillator/Write-out portable with adult paddles - 1
- ☐ PATIENT CABLES - 2
- ☐ CONTACT GEL - 1 tube, or
- ☐ Pre-gelled defib pads - 3 sets
- ☐ Monitoring electrodes - 12
- ☐ ECG paper - 3 rolls
- ☐ LARYNGOSCOPE HANDLE - 1
Extra batteries - 2
- ☐ LARYNGOSCOPE BLADES
- ☐ Sizes 0, 1, 2, 3, 4 - 1 ea.
- ☐ Extra bulbs - 2

- ☐ INTUBATION TUBES - 2 ea., 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 7.0 and 8.0 mm
- ☐ INTRAVENOUS FLUIDS, STERILE, ASSORTED.
Exp. dates: ☐ good ☐ bad
- ☐ VASCULAR ACCESS DEVICES
- ☐ butterfly devices 23 & 25 gauge - 2 ea.
- ☐ over-the-needle 14, 16, 18, 20, 22 & 24 gauge - 2 ea.
- ☐ intraosseous needle - 1
- ☐ INTRAVENOUS MEDICATIONS, STERILE, ASSORTED.
Exp. dates: ☐ good ☐ bad

COPY OF STANDING ORDERS:

- ☐ BLS
 - ☐ EMT-D
 - ☐ ALS
 - ☐ Signed by supervising physician.
- Name of physician: _____

Date standing orders were last signed: _____/_____/_____

NOTE: Standing orders must be reviewed and signed annually.

- Ambulance carrying controlled substances must have:
- ☐ A locked box that is attached to the inside of a locked cabinet.
 - ☐ Keys to each of the locks (the same key cannot be used for both locks).
 - ☐ Sign in/out log for each controlled substance.
 - ☐ ALL DEVICES AND EQUIPMENT NOT STORED IN CABINETS MUST BE PROPERLY FASTENED TO PREVENT ITEMS FROM MOVING ABOUT WHILE THE VEHICLE IS IN MOTION OR IF INVOLVED IN AN ACCIDENT.

Linen Supplies

- ☐ Pillows with plastic covering - 1 for each stretcher, total # _____
- ☐ Pillow cases (may be either cloth or paper) - 3
- ☐ Cot sheets (may be either cloth or paper) - 6
- ☐ Blankets - 1 for each stretcher, total # _____

Security and Rescue Equipment

- ☐ FIRE EXTINGUISHER, 5 lb., type 2A-10BC (must be accessible from either the patient or driver's compartment) - 1
 - ☐ Flashlight - 1
 - ☐ Batteries: ☐ good ☐ bad
 - ☐ Bulbs: ☐ good ☐ bad
 - ☐ Extra set of packaged and dated batteries,
Exp. Date ____/____/____
 - ☐ Road flares = 180 min.
Exp. Date ____/____/____
 - ☐ Leather gloves - 2 pair
 - ☐ Crowbar, 24" - 1
 - ☐ Wrecking bar, 51" - 1
- NOTE: A pry-ax type tool may be substituted for the crowbar and wrecking bar.

Communication Equipment and Records

- ☐ RADIO ☐ VHF ☐ UHF ☐ Other
- radio frequencies: _____

PATIENT CARE REPORT FORM

- ☐ Using own form
- ☐ Using the state-approved form
- ☐ Ambulance usages records (i.e. dispatch records) kept in office.
- ☐ Maintenance records, kept in office.

Patient Compartment Dimensions

Patient compartment

- ☐ Length; must be at least 116" (B) and 122" (C) from the front partition to the inside surface of the rear door at the floor.
Actual _____"
- ☐ Distance; must be at least 25" and not more than 30" of unobstructed space at the head of the primary patient stretcher (measure from backrest of EMT seat to forward edge of stretcher). Actual _____"
- ☐ Distance; must be at least 10" from the end of the stretcher to the inside surface of the rear door. Actual _____"
- ☐ Width; must be 18" + - 6" clear isle way between primary stretcher and squad bench. Actual _____"
- ☐ Height; must be at least 60." Actual _____"

Doors

- ☐ "Door-Open" warning device
- Right forward side, must be at least:
 - ☐ 30" wide. Actual _____"
 - ☐ 42" high for a type II. Actual _____"
 - ☐ 54" high for a type I and III. Actual _____"
- Rear loading, must be at least:
 - ☐ 44" wide. Actual _____"
 - ☐ 46" high. Actual _____"
- Between driver and patient compartment for Type II and III, must be at least:
 - ☐ 17" wide. Actual _____"
 - ☐ 46" high. Actual _____"
 - ☐ 150 sq. inches of window. Actual _____"

Emblems and Markings

Front:

- ☐ Word "AMBULANCE" in 4 inch high blue block letters in mirror image, centered above the grille, on an orange or white background.
- ☐ "Star of Life" a 3 inch blue emblem located to both the left and right of the word "AMBULANCE."

Sides:

- ☐ Word "AMBULANCE" in 6 inch high blue block letters on each side.
- ☐ "Star of Life" 16 inch blue emblem on each side.

Rear:

- ☐ Word "AMBULANCE" in 6 inch high blue block letters.
- ☐ "Star-of-Life" 12 inch blue emblem on each rear door.

Top:

- ☐ "Star of Life" in a 32 inch high blue emblem.

Ambulance Exterior

- Need of body work ☐ Yes ☐ No
- Need of painting ☐ Yes ☐ No
- Cleanliness: ☐ excellent ☐ good ☐ fair ☐ poor ☐ very poor

Ambulance Interior

Need of upholstery work ☐ Yes ☐ No
Equipment stored in a neat and organized manner ☐ Yes ☐ No
Cleanliness: ☐ excellent ☐ good ☐ fair ☐ poor ☐ very poor

Displaying Signs, Licenses & Certificates

☐ "Star of Life" Ambulance 1822B or 1822C Sticker/Decal

Location: _____

"NO SMOKING" Signs

- ☐ Driver's Compartment
☐ Patient Compartment
☐ Health Division Ambulance License

Location: _____

☐ DEA License filed in ambulance business office.

Inspection Finding and Disposition

Can the person assisting in the inspection locate the equipment in a timely manner? ☐ Yes ☐ No

- ☐ Initial inspection acceptable.
- * ☐ INITIAL INSPECTION NOT ACCEPTABLE. THE INSPECTION REVEALS VIOLATIONS THAT CONSTITUTE AN IMMEDIATE DANGER OR THREAT TO THE PUBLIC. THE LICENSE FOR THIS VEHICLE IS HEREBY SUSPENDED AND SHALL REMAIN SUSPENDED UNTIL THE VIOLATIONS HAVE BEEN CORRECTED.
- * ☐ Initial inspection NOT acceptable. The inspection reveals violations that do not constitute an immediate danger or threat to the public. Notify the Division in writing that the non-critical violations have been corrected by:
Date: ____/____/____, Time: _____
- ☐ Reinspection acceptable.
- * ☐ Reinspection NOT acceptable. Remit a check in the amount of \$50 made payable to the "Oregon Health Division."
- ☐ Copy of the ambulance inspection form given to the ambulance service representative.

Ambulance Service Representative:

Signature

Time

*County Health Dept. Representative notified:

Signature

Time

*County Ambulance Service Plan Administrator notified:

Signature

Time

Inspection completed by:

Signature

Time

ATTACHMENT J
SEARCH AND RESCUE PROTOCOL

SEARCH AND RESCUE (SAR)

Incidents that occur in "back country" or wilderness areas often involve extended response times, specialized personnel and extrication equipment; non routine procedures for dispatch of EMS resources may need to be used.

Always notify the Sheriff's Office of any incident that occurs "on a trail; during a hike or climb," or other similar outdoor events. Per ORS #401.066, the Sheriff's Office is in charge of all Search and Rescue incidents, and is responsible for notifying, organizing, and using appropriate resources, such as the RAT Team through Buck Medical Services, the 304th Air-evac unit, etc.

There is no need for an ALS ambulance to standby at a trail head waiting for a wilderness rescue team to extract a patient. An MCSO/SAR Officer at the scene may advise BOEC to have the initially dispatched ambulance go back in service until the patient is prepared for transport; at that time the MCSO/SAR Officer will request the dispatch of appropriate transport.

RESPONSIBILITY:

ACTION:

Calltaker

1. Process the call for medical and law enforcement response.
2. Identify the need for MCSO/SAR notification when the incident type and location is verified.
3. Attempt to ascertain any access problems or unusual incident circumstances or hazards and include in the MISC. INFO.
4. Ensure that the MCSO District Officer and the MCSO Shift Sergeant have been notified. MCSO is in command of all Search and Rescue incidents.
5. Complete the call per BOEC policy.

EMS Dispatcher

1. Contact the appropriate first responder agency.
NOTE: Certain areas in East County have no EMS first responder services (unusual MSAG info should be in call MISC. INFO.)
2. Dispatch the appropriate units.
NOTE: The Buck Ambulance RAT team may be activated for response in Multnomah County **ONLY** on requested of the Sheriff's office

3.350 5/92

3. Advise all responders to contact the MCSO District Officer or SAR Coordinator as soon as they arrive on scene.

4. Contact or dispatch additional EMS resources when requested by the MCSO District Office or SAR Coordinator

Dispatch Coordinator

1. Monitor all activities associated with the incident.

2. Advise all net dispatchers of NET-5 closure for SAR operations, as required.

3. When Search and Rescue is requested, make appropriate notifications.

Incident Command

1. If "command" requests a delay in dispatching an ambulance, ground or air, (while the SAR team reaches, stabilizes, packages, and extricates the patient) command is then responsible for contacting EMS Dispatch for dispatch of an appropriate transport unit.

2. Decisions about appropriate transport units should be made in consult with available medical resources at the scene.

ATTACHMENT K
DISPATCH PROCEDURES
TRIAGE GUIDE



MULTNOMAH COUNTY EMERGENCY MEDICAL SERVICES TRIAGE GUIDELINES AND PREARRIVAL INSTRUCTIONS

These Triage Guidelines are to be used by ALL licensees in Multnomah County. Any call for emergency medical assistance MUST be triaged by these standards. Any response other than 0, as defined herein, will be referred to EMS Central Dispatch per Rule 631.320 (Subsection B and F) and Rule 631.330 (Subsection A).

No licensee or EMS dispatch agency may downgrade the response as required by these standards.

Any request for medical assistance which requires an ambulance in thirty (30) minutes or less MUST be triaged by these standards.

When in doubt, use your judgement and upgrade the level of response.

REASONS FOR ANY DEVIATIONS IN TRIAGED RESPONSE LEVEL MUST BE DOCUMENTED.

• • *The use of the masculine or feminine pronoun, within text, is not meant to be gender specific* • •

This document available from:
Multnomah County EMS Office
426 SW Stark Street, 9th floor
Portland, Oregon 97204
(503) 248-3220

[Graphic Arts Unit]

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
CARDINAL QUESTIONS — ALWAYS ASK! 1. What is happening ? 2. Conscious ? 3. Breathing ? 4. Age/Male or Female ?		BREATHING CHECK: Place your ear next to his/her mouth & nose and look toward the chest. Can you feel or hear any air movement? Is there fluid, bubbles or anything else in the mouth or nose? Do you see the chest or stomach moving? Place your hand on his/her stomach. Can you feel it rising or falling? PULSE CHECK: See Additional Information. *	
DISPATCH PRIORITIES			
UN	1	-Unconscious, not breathing -Unconscious, not known if breathing -Unconscious, abnormal or possible agonal breathing	
UN	3	-Unconscious, breathing normally -Now conscious and breathing (if with difficulty, see BREATHING card)	
1	CARDINAL QUESTIONS		
			8/92

ADDITIONAL INFORMATION			
<p>* PULSE CHECK: Child/Adult: Place your index and middle finger into the groove next to his/her Adam's Apple. DON'T PRESS TOO HARD! Feel for a pulse for 5 seconds.</p> <p>Infant: Place your index and middle finger over the baby's left nipple. DON'T PRESS TOO HARD! Feel for a pulse for 5 seconds.</p> <p>AGONAL BREATHING: Gasping, ineffective breaths that often occur at the time of Cardiac Arrest. The caller may describe the person as "breathing funny, breathing weird, gasping, making funny noises, etc."</p> <p>SIGNS OF SHOCK:</p> <ol style="list-style-type: none"> 1. Confused or sleepy ? (Key Question) <p>Other signs of shock are listed below and should be used as determinants when volunteered by the caller or are covered by other key questions.</p> <ol style="list-style-type: none"> 2. Skin feels cool and moist 3. Pale or blue skin color 4. Nausea and/or vomiting 5. Dizzy or faint <p>IF TRAUMA: Pre-Arrival: "Don't move him!! If you must, try to keep his head and neck from turning or pulling, to prevent further injury."</p>			
1	CARDINAL QUESTIONS		8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
1.	Chest Pain ?*	If vomiting or nausea is present, turn on side. If signs of shock or fainting present, lay down flat and raise legs. No food or drink.
2.	Bloody or "coffee-ground" vomitus ?	
3.	Confused or sleepy ?	
4.	Dizzy or feeling faint ?	
5.	Rectal bleeding ? Dark, tarry stool ?	
DISPATCH PRIORITIES		
* Refer to Chest Pain Card		
AB	3	-Vomiting bright red blood or dark "coffee ground" substance -Signs of Shock (confused, sleepy, dizzy, faint, etc. . .) -Rectal bleeding/dark, tarry stool -Any female of child-bearing age (13-50) with abdominal pain and/or bleeding
AB	0	-All others
2 ABDOMINAL COMPLAINTS		
		8/92

ADDITIONAL INFORMATION		
<p>"Coffee ground" vomitus is partly digested blood from chronic internal bleeding.</p> <p>Life-threatening causes:</p> <ul style="list-style-type: none"> -Ectopic Pregnancy -Perforated or bleeding ulcer -Ruptured spleen or liver -Abdominal aortic aneurysm -Myocardial Infarction (M.I.) [May simulate heartburn] <p>Common causes:</p> <ul style="list-style-type: none"> -Flu -Appendicitis -Pelvic Inflammatory Disease (P.I.D.) -Bowel Obstruction -Gastritis 		
2	ABDOMINAL COMPLAINTS	8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
1.	Difficulty breathing ?	<p>If signs of shock present, lay patient down and raise legs (if this does not compromise breathing).</p> <p>If difficulty breathing, place in position of comfort.</p> <p>If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p> <p>If nausea or vomiting present, refer to Vomiting/ Nausea card.</p>
2.	Difficulty swallowing, swollen tongue ?	
3.	Confused or sleepy ?	
4.	History of allergic reaction ?	
5.	Suspected cause of symptoms ?	
DISPATCH PRIORITIES		
AL	3	<ul style="list-style-type: none"> -Difficulty breathing -Swollen tongue -Signs of shock -Previous history of severe reaction
AL	9/0	<ul style="list-style-type: none"> -Bites and stings with local reaction (excessive swelling at site) -Rash and/or itching only
3 ALLERGIES / HIVES / MED REACTIONS		
		8/92

ADDITIONAL INFORMATION		
<p>Allergy signs/symptoms:</p> <ul style="list-style-type: none"> -Rash -Itching -Difficulty breathing -Anaphylactic shock -Abdominal pain -History of allergic reactions in the past <p>Probable causes of allergic reaction:</p> <ul style="list-style-type: none"> -Medications - Penicillin most common -Radiology dyes -Bee, wasp, yellow jacket or hornet stings -Seafood (mainly shellfish) -Nuts 		
3	ALLERGIES / HIVES / MED REACTIONS	8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Location of bite ? 2. Difficulty breathing ? 3. Uncontrolled bleeding ? 4. Confused or sleepy ? 5. Type of animal ? Where is it ? 	<p>If signs of shock present, lay patient down and raise legs (if this does not compromise breathing).</p> <p>If difficulty breathing, place in position of comfort.*</p> <p>If bleeding, apply and maintain direct pressure to wound site.**</p> <p>Try to keep the animal in sight or watch where it goes, WITHOUT ENDANGERING YOURSELF.</p> <p>* If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p> <p>** If necessary, refer to Bleeding card.</p>
DISPATCH PRIORITIES	
<p>AN 1 -Bitten on face / neck / chest</p> <p>AN 3 -Difficulty breathing -Uncontrolled bleeding -Signs of shock</p> <p>AN 9/0 -All others</p> <p>Always notify Animal Control and, if animal still on scene, send Police.</p>	
4 ANIMAL BITES	
8/92	

ADDITIONAL INFORMATION	
<p>Use your judgement, upgrade if necessary (consider what happened and current circumstances).</p>	
4	ANIMAL BITES 8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
1.	Weapon or assailant still there ?	If signs of shock present, lay patient down and raise legs (if this does not compromise breathing). If difficulty breathing, place in position of comfort.* If bleeding, apply and maintain direct pressure to wound site.** * If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions. ** If necessary, refer to Bleeding card.
2.	Type and location of wound ?	
3.	Difficulty or pain in breathing ?	
4.	Bleeding ?	
5.	Confused or sleepy ?	
6.	Abnormal behavior / loss of consciousness ?	
DISPATCH PRIORITIES		
If appropriate, advise medical responders to stand by until Police advise regarding scene safety.		
AS	1	-Penetrating wound, GSW, stab wound
AS	3	-Location of wound unknown -Difficulty breathing -Excessive bleeding -Signs of shock -Blunt trauma to head or trunk with abnormal behavior or loss of consciousness
AS	9/0	-Minor lacerations or bruises / all others
5	ASSAULT / RAPE / GSW / STABBING	
		8/92

ADDITIONAL INFORMATION		
If medical units are staging, have Police advise when scene is safe for medical entry.		
Central penetrating wounds (head, neck, chest, back, abdomen) are more serious than extremity wounds		
Crime scenes: Leave evidence undisturbed if possible (weapons, tracks, etc.)		
Rape: Suggest that victim should not wash clothes/self before evaluation and investigation.		
5	ASSAULT / RAPE / GSW / STABBING	
		8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Are there any other symptoms ? 2. Recent fall or trauma ?* 3. Chest pain ?* 4. Confused or sleepy ? 5. History of similar back pain ? 	<p>If traumatic cause, don't move him!! If you must, try to keep his head and neck from turning or pulling, to prevent further injury.</p> <p>If signs of shock, lay down flat and raise legs (do not raise legs if pain was caused by traumatic injury).</p> <p>If vomiting, refer to Vomiting/Nausea card.</p>
DISPATCH PRIORITIES	
<p>*Recent Fall, Trauma or Chest Pain — also refer to appropriate card</p> <p>BK 3 -Signs of shock -Non-traumatic back pain in patients over 40</p> <p>BK 0 -All others</p>	
6 BACK PAIN	

8/92

ADDITIONAL INFORMATION	
<p>Non-traumatic causes:</p> <ul style="list-style-type: none"> -Muscle spasm -Aneurysm -Kidney Stones -Kidney Infection -Vertebral disc disease -Pancreatitis -Myocardial Infarction <p>Traumatic causes:</p> <ul style="list-style-type: none"> -Fracture of ribs or spine -Strained back -Ruptured disc 	
6 BACK PAIN	

8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none">1. Is patient violent? Suicidal? Any weapons ?2. Medications/Possible OD/Alcohol ?3. Head injury or trauma in past 24 hours ?4. Headache ? (see Headache card)5. History of diabetes, seizures, drug abuse or overdose ?6. Past psychiatric history ?	<p>Did you see any Medic-alert tags? (neck, wrist, ankle)</p> <p>If first-hand (victim on phone): keep on line if possible</p> <p>If second-hand info, tell caller to:</p> <ul style="list-style-type: none">-Observe continuously.-Protect victim from self (if possible to do so safely). <p>BEWARE OF ATTACK!</p>
DISPATCH PRIORITIES	
<p>*ALWAYS SEND POLICE ON BEHAVIOR PROBLEMS**</p> <p>BE 3 -Abnormal behavior and head injury within past 24 hours</p> <p>-History of diabetes, seizures, drug abuse or overdose (if suspected/confirmed overdose or DTs, refer to Overdose card)</p> <p>-Patients over 40 with no known psychiatric history</p> <p>Police to advise if:</p> <ul style="list-style-type: none">-Violent with no obvious medical problems-Threatening suicide (notify FAD if specialized rescue might be needed – bridge, jumper, water (also consider River Patrol)).	
7	BEHAVIOR PROBLEMS

8/92

ADDITIONAL INFORMATION			
Possible causes:			
		-Suicide attempts / threats	
		-Drug abuse / withdrawal	
		-Alcohol abuse / withdrawal or DT's	
		-Emotional and/or hysterical reactions	
		-Psychiatric problems	
		-Shock (acute or delayed)	
		-Liver or kidney failure	
NOTE:	Serious medical problems such as insulin shock, severe hypovolemia, hypoxia, delirium tremens (DT's), overdose, etc. often cause behavioral problems.		
NOTE:	Behavior problems in persons over 40 without prior psychiatric history must be assumed to be medical in nature.		
7	BEHAVIOR PROBLEMS		8/92

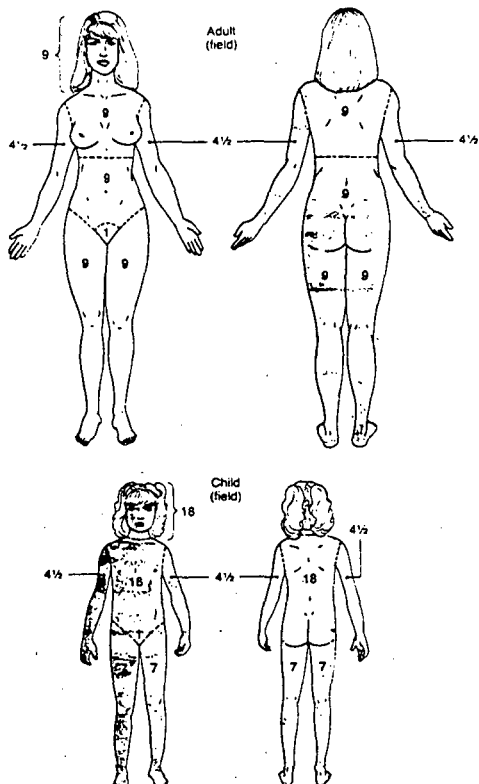
KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
1. How injured ? 2. Area bleeding ? / Still bleeding ? 3. Spurting or flowing (oozing) ? 4. Confused or sleepy ? 5. Dizzy or feeling faint ?		<p>If from forceful trauma, don't move him!! If you must, try to keep his head and neck from turning or pulling, to prevent further injury.</p> <p>From extremities: apply and maintain direct pressure to wound site, elevate limb above heart level (unless bones appear broken). If direct pressure fails, use pressure point. *</p> <p>From head/trunk: usually can be controlled with gentle direct pressure.</p> <p>SIGNS OF SHOCK: lay victim down, raise legs.</p> <p>Nosebleed: Pinch nostrils, have patient lean forward (to prevent swallowing/aspirating blood)</p>
DISPATCH PRIORITIES		
BL	3	-Critical (see ADDITIONAL INFORMATION section) -Possibly critical (see ADDITIONAL INFORMATION section) -Large laceration or significant bleeding
BL	9/0	-Not critical
8	BLEEDING	
		8/92

ADDITIONAL INFORMATION		
Types of bleeding:	Arterial vs. Venous Internal vs. External	Control: First, direct pressure/elevation Second, pressure points *
In most cases, external bleeding is not as serious as it may seem. Bleeding is often over-treated instead of locating and treating more serious but less obvious injuries including simple airway problems.		
AMPUTATION: Control bleeding (direct pressure, elevation/pressure points). Locate part, wrap in clean dry cloth or plastic, keep cool. Do not place part directly on ice/in water.		
<u>CRITICAL</u>	<u>POSSIBLY CRITICAL</u>	<u>NON-CRITICAL</u>
Neck	Face	Nose
Groin	Abdomen	Mouth
Chest	Back	Hands
Rectal	Arms	Fingers
Vomiting/coughing up	Legs	Buttocks
Uncontrolled	Scalp	Feet
Spurting (At any location)	Urinary	Toes
Sign of shock	Vaginal **	Tongue
* Arms - Brachial Artery : Inside upper arm, just below armpit. Legs - Femoral Artery: Halfway between groin and hip, on crease of leg.		PRESSURE POINTS:
** During Pregnancy, refer to Pregnancy card.		
8	BLEEDING	
		8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
1.	Choking — can victim speak ?	If alert and breathing, keep in most comfortable position. If choking <u>or</u> airway obstruction <u>or</u> blue skin color <u>or</u> unable to speak: refer to appropriate sequence card for airway, breathing or CPR instructions.
2.	Pale or blue skin color ?	
3.	Chest Pain ? (Refer to Chest Pain card)	
DISPATCH PRIORITIES		
BR	1	-Choking or airway obstruction -Inability to speak -Blue skin color
BR	3	-Difficulty breathing -Known foreign body ingestion with normal breathing and difficulty swallowing
BR	0	-All others
9	BREATHING DIFFICULTIES / CHOKING	
		8/92

ADDITIONAL INFORMATION		
<p>Causes of breathing difficulties:</p> <ul style="list-style-type: none"> -Foreign object obstructing airway -Asthma -Pulmonary Embolus (blood clot in the lungs) -Congestive Heart Failure (CHF) -Acute Pulmonary Edema (fluid in the lungs) -Severe allergic reactions -Emphysema (chronic lung disease) <p>Breathing problems can be secondary to:</p> <ul style="list-style-type: none"> -Stroke (CVA) -Diabetic problems -Seizures (febrile or epileptic) -Cardiac Arrest -Overdose -Trauma 		
9	BREATHING DIFFICULTIES / CHOKING	
		8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Is anything still burning ? 2. Cause of burn ? Chemical: conference with FAD Electrical: refer to Electrocution card 3. Extent of burn ? 4. Confused or sleepy ? 5. Difficulty breathing ? 	<p>Make sure fire is out!! Remove burning or smoldering clothing unless it is stuck to his skin. Remove victim from smoky area (IF SAFE). Signs of shock : lay flat and raise legs (unless this compromises breathing). Burns less than 20% in adults, 5% in children, cool with cool water. Do not break burn blisters. Liquid chemical burns: flush immediately with water until 1st Responder arrives. Brush off dry chemicals. If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>BU 3 -Electrical or chemical burn -Greater than 20% burns for adults, 5% for children -Difficulty breathing -Signs of shock -Facial Burns -Second or third degree burns to hands/feet/joints (especially infants or children)</p> <p>BU 4 -ALS Ambulance C-1 standby, per Fire Service request</p> <p>BU 9/0 -All others</p> <p>NOTE: IF FIRE INVOLVED, NOTIFY FAD - EVEN IF FIRE APPEARS OUT</p>	<p>USE YOUR JUDGEMENT IF IN DOUBT, UPGRADE!</p>
10 BURNS	8/92

ADDITIONAL INFORMATION	
<p>Types:</p> <ul style="list-style-type: none"> -First Degree (Sunburn) -Second Degree ("partial thickness" = blistering of skin) -Third Degree ("full thickness" = damage to all skin layers) <p>Approximating extent:</p> <ul style="list-style-type: none"> -“Rule of Nines” (Diagram), large areas -Surface of victim’s palm approx. 1% <p>Special problems:</p> <ul style="list-style-type: none"> -Burns of face, hands: loss of function, airway problems -Smoke inhalation: airway problems -Electrical Burns: electrical danger, associated fractures -Chemical Burns: contamination/hazmat -Radiation Burns: contamination/hazmat <p>MAKE SURE FIRE IS OUT !!</p>	 <p>Figure 18-10 Rule of Nines. The diagrams illustrate the Rule of Nines for burn assessment. The top section shows an adult (field) with front and back views. The front view shows head (9), each arm (4.5), each leg (9), and torso (18). The back view shows head (9), each arm (4.5), each leg (9), and torso (18). The bottom section shows a child (field) with front and back views. The front view shows head (18), each arm (4.5), each leg (7), and torso (18). The back view shows head (18), each arm (4.5), each leg (7), and torso (18).</p>
10 BURNS	8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Chest Pain ? 2. Difficulty breathing ? 3. Pale or blue skin color ? 4. Nausea or Vomiting ? 5. Cardiac History ? 6. Abnormal heart rate (If volunteered) 		<p>Place victim in a comfortable position (often semi-reclining)</p> <p>Loosen collar, necktie, etc.</p> <p>If necessary, stay on phone with potential rescuer—CONSIDER beginning discussion of CPR</p> <p>If nausea/vomiting, refer to Vomiting/Nausea card.</p>
DISPATCH PRIORITIES		
CH	1	-Chest pain with 2 or more of the following: <ul style="list-style-type: none"> - Difficulty breathing - Pale/blue skin color - Nausea and/or vomiting - Cardiac history - Abnormal heart rate
CH	3	-Chest pain only (or with 1 of the above) -Abnormal heart rate without chest pain
CH	0	-All others
11 CHEST PAIN / HEART PROBLEMS / HEART ATTACK		8/92

ADDITIONAL INFORMATION		
Critical problems: <ul style="list-style-type: none"> -Heart Attack (Myocardial Infarction: "M.I.") -Ruptured thoracic aortic aneurysm 	Non-Critical: <ul style="list-style-type: none"> -Pleurisy -Pneumonia -Esophagitis -Hiatal Hernia -Hyperventilation -Viral illnesses 	
Potentially Critical problems: <ul style="list-style-type: none"> -Pulmonary Embolus: <ul style="list-style-type: none"> Blood clot in lungs -Pneumothorax: <ul style="list-style-type: none"> Air outside of the lungs within the chest cavity -Pericarditis: <ul style="list-style-type: none"> Infection of the sac around the heart -CHF (Congestive Heart Failure: <ul style="list-style-type: none"> "pump failure") 	HEART ATTACK: Substernal chest pain often described as tightness, constricting band, crushing, "like someone is sitting on my chest". Possibly radiating pain to left arm, jaw, neck, or back. <ul style="list-style-type: none"> -Sweating (diaphoresis) -Nausea, "heartburn", "indigestion" -Angina which is unusually severe or has not abated with self-administration of Nitroglycerin. 	
<p>"Heart Problems" range from old rheumatic fever to benign congestive heart failure, from angina to "heart attack" (a non-specific complaint but a common one). Try to obtain symptoms which accurately pinpoint the problem. Often victims deny or fail to recognize symptoms of real heart attack. Listen for any of the above or similar descriptions.</p>		
11		8/92
CHEST PAIN / HEART PROBLEMS / HEART ATTACK		

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Alert ? (Able to talk normally ?) 2. Taking Insulin ? (Was it taken today ?) 3. Violent ? 	<p>Did you see any Medic-alert tags (neck, wrist, ankle)?</p> <p>If patient can sit up and hold a glass <u>alone</u>, suggest a glass of juice, sugar water, etc.</p> <p>If unconscious or not arousable, refer to appropriate sequence card for airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>DI 3 -Unconscious or confused -Violent (send Police also)</p> <p>DI 9/0 -All others</p>	
12 DIABETIC PROBLEMS 8/92	

ADDITIONAL INFORMATION	
<p>NOTE: Level of consciousness is the key to determine appropriate pre-hospital response.</p> <p>NOTE: Potential area for error is to confuse alcohol intoxication or DUII with hypoglycemia.</p> <p>INSULIN SHOCK / HYPOGLYCEMIA (rapid onset)</p> <p>Too much insulin has depleted the body's available blood sugar. Since the brain's only usable fuel is sugar, it is the first organ at risk. This is a serious medical problem if the patient is not alert. May be confused with alcohol intoxication. In insulin dependent diabetics hypoglycemia (low blood sugar) commonly occurs in late afternoon (1600 - 1700 ; peak effect if insulin taken at 0800) or midnight (if 1600 dose of insulin taken), especially if patient has not had adequate food intake.</p> <p>DIABETIC COMA (gradual onset)</p> <p>Unconsciousness or decreased level of consciousness secondary to the body's inability to use available blood sugar for fuel when sufficient insulin is not given. Without accurate history this problem may be difficult to tell from insulin shock. (COMA is a state of unconsciousness from which the patient cannot be aroused).</p> <p>DIABETIC KETOACIDOSIS</p> <p>Pre-coma state resulting from insufficient insulin. Unable to use sugar, the body burns its own tissue (fat, muscle, etc.) The ketoacids produced (ketones) are "poisonous" to the patient, making them increasingly ill. This is not a pre-hospital emergency.</p>	
12 DIABETIC PROBLEMS 8/92	

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Is victim still in water ? 2. Time under water ? 3. Did victim dive into water ? (If traumatic injury, refer to Traumatic Injury card for pre-arrivals) 	<p>If diving or other traumatic injuries are suspected, instruct caller to avoid moving victim: try to keep his head and neck from turning or pulling, to prevent further injury.</p> <p>If water was very cold or victim feels very cold, suspect hypothermia. Refer to Heat/Cold card.</p> <p>If necessary, refer to appropriate sequence card(s) for airway, breathing or CPR instructions</p>
DISPATCH PRIORITIES	
<p>DR 1 -Unconscious with any of the following:</p> <p style="padding-left: 40px;">Not breathing Unknown if breathing Breathing abnormally or possibly agonal breathing</p> <p>DR 3 -Still in water, precise location not verified -Now conscious -Unconscious, breathing normally</p> <p>• • Notify appropriate law enforcement agency for possible search & rescue • • -Notify MCSO River Patrol for river incidents</p>	
13 DROWNING	
R 8/92	

ADDITIONAL INFORMATION	
<p>Victims of cold water drowning can remain under water for long periods of time before death or brain damage occurs. Cold water reduces the body's chemical need for oxygen and slows the heart rate and metabolism. Immediate CPR may be necessary when the victim is removed from the water.</p> <p>Near-drowning in cold water is a type of hypothermia. In hypothermia , complete recovery may occur although the victim has been under water for one hour or longer. (A hypothermic victim should not be considered dead until he/she is rewarmed and is still lifeless).</p> <p>NOTE: BE SURE TO CONSIDER TRAUMA AS POSSIBLE CAUSE/RESULT OF DROWNING.</p>	
13 DROWNING	R 8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Source of electrical shock ? 2. Is victim still in contact with electrical source ? 3. Fell ? From how high ? 4. Is there a burn ? (Refer to Burn card for pre-arrival instructions) 	<p>BEWARE OF ELECTRICAL HAZARDS Do not move victim unless absolutely necessary. If you must, try to keep his head and neck from turning or pulling, to prevent further injury. Do not touch victim if still in contact with electrical source. Turn off electrical source if possible (fuse box, circuit breakers, etc.) - DON'T TOUCH <u>ANY</u> WIRES. If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>EL 1 -Unconscious -Status unknown</p> <p>EL 3 -Conscious</p>	
14	ELECTROCUTION 8/92

ADDITIONAL INFORMATION	
<p>Suspect Cardiac Arrest until consciousness and breathing verified.</p> <p>Associated falls — Electrocutions occurring above the ground may result in significant falls resulting in injuries more serious than those from the electrical current itself.</p> <p>Electrical burns are often deceiving in appearance as regards to severity. Internal damage from passage of current through body can be substantial with few external signs of injury.</p> <p>Often entry <u>and</u> exit wound sites.</p>	
14	ELECTROCUTION 8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Type of problem ? 2. Foreign body or impaled object ? 3. Any other injuries or complaints ? (also refer to appropriate card) 	<p>Lay patient down</p> <p>If chemical: flush eye <u>gently</u> with water until help arrives (do not flush towards uninjured eye)</p> <p>If trauma, do not irrigate eye</p> <p>Abrasions: do not rub eye</p> <p>Impaled object: do not touch or remove</p> <p>If eyeball cut or leaking do not touch, bandage or irrigate</p>
DISPATCH PRIORITIES	
<p>EY 3 -Chemical exposure -Impaled object, lacerations, avulsions, punctures, orbital fractures -Violent mechanism of injury with potential for other head/neck injury</p> <p>EY 9/0 -All others</p>	
15 EYE PROBLEMS <div></div> 8/92	

ADDITIONAL INFORMATION	
<p>Contusions:</p> <ul style="list-style-type: none"> -Orbital fractures -Hyphema (blood in anterior chamber of eyeball) -Retinal detachment. -Penetrating wounds of globe. <p>Burns:</p> <ul style="list-style-type: none"> -Chemical : bases (lyes) are worse than acids -Arc welding -Flash <p>Contact lens problems</p> <ul style="list-style-type: none"> -A lens can hold a chemical in the eye even with irrigation. 	
15 EYE PROBLEMS <div></div> 8/92	

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Cause of fall ? 2. Distance fallen ? 3. Confused or sleepy ? 4. Dizzy or feeling faint ? 5. Any obvious injuries ? (also refer to Trauma card) 6. Still down ? 		<p>DON'T MOVE VICTIM! If you must, try to keep his head and neck from turning or pulling, to prevent further injury.</p> <p>Do not place pillow, etc. under victim's head.</p> <p>Don't treat unless serious bleeding present (refer to Bleeding card).</p>
DISPATCH PRIORITIES		
FA	1	<ul style="list-style-type: none"> -Long fall ≥ 20 feet -Requires rope rescue -Signs of shock -Status unknown -Still down
FA	3	<ul style="list-style-type: none"> -Fall < 20 feet -Signs of shock -Status unknown -Still down
FA	9	-“Invalid Assist” (Conference with FAD)
FA	0	-All others
16	FALLS	R 8/92

ADDITIONAL INFORMATION		
<p>“FALLS” IS <u>NOT</u> A SPECIFIC DIAGNOSIS. IT COVERS MANY VARIED SITUATIONS. INQUIRE FOR SPECIFIC FACTS.</p> <p>Elderly patients frequently sustain hip fractures when they fall.</p> <p>A “ground level” fall (when someone is standing or sitting and just falls to the ground) may have been caused by a medical condition. Consider unconscious/fainting, seizure, stroke, etc. and go to appropriate card for additional questions.</p> <p>Consider the potential for difficult extrication - industrial sites with catwalks, staircases, basements, construction sites. Advise FAD of need for additional resources.</p>		
16	FALLS	R 8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Type of injuries ? 2. Number of victims ? (consider MCI) 3. Is extrication necessary ? 4. Name of product ? (Spelling ?) 5. Are there product markings or labels ? 6. What is the source and quantity of product released ? 	<p>Do not touch victim or enter area unless the product is identified and appropriate protective clothing is worn.</p> <p>IF NO DANGER TO RESCUER, remove victim(s) from toxic environment and keep victim(s) isolated.</p> <p>Establish specific location for someone to meet and guide responding units to incident site. Advise caller that there may be more than one unit arriving.</p>
DISPATCH PRIORITIES	
<p>If source is a toxic or unknown substance, do not dispatch anyone yet - CONFERENCE WITH FAD AND DISPATCH PER THEIR INSTRUCTIONS.</p> <p>INFORM ALL RESPONDING PERSONNEL OF POTENTIAL DANGER, AND PROVIDE SPECIAL INSTRUCTIONS WHEN AVAILABLE - If field personnel request air ambulance, relay all HazMat info to aeromedical crew/dispatch.</p> <div data-bbox="165 772 639 865"> <p>HM 1 -One or more victims</p> <p>HM 9 -All others</p> </div> <div data-bbox="764 772 1475 877" style="border: 1px solid black; padding: 5px;"> <p>ADVISE ALL RESPONDERS TO STAGE UNTIL CLEARED FOR ENTRY BY HAZMAT UNIT(S)</p> </div>	
17	HAZARDOUS MATERIALS INCIDENT 8/92

ADDITIONAL INFORMATION	
<p>Toxic gasses may be colorless, odorless, and tasteless (example: Carbon Monoxide). Signs/symptoms can range from headache to unconsciousness: victim can present in any state of intoxication or altered mental status.</p> <p>Very small quantities of toxic substances can be fatal.</p> <p>Contamination is often not visible.</p> <p>Anyone who handles a contaminated victim must also be decontaminated.</p> <p>NOTE: Personnel on scene should:</p> <ul style="list-style-type: none"> Remove as much of contaminating substance as possible from victim before transporting. If possible, wrap contaminated victim prior to transport - to reduce contamination spread. Notify MRH/Poison Control of nature of product as soon as possible. Notify receiving facility of situation and wait for their directions before transferring patient. <p>NOTE: HazMat team response or any appropriate increase in response level should be determined by FAD.</p>	
17	HAZARDOUS MATERIALS INCIDENT 8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Recent trauma to head ? (refer to Trauma card) 2. Any periods of unconsciousness, confusion or behavioral changes ? 3. Sudden onset ? 4. Speech or motor problems ? 5. Changes in vision ? 6. Is this the worst headache you've ever had ? 	<p>Make patient comfortable. Reassure and keep her as calm as possible.</p>
DISPATCH PRIORITIES	
<p>HE 3 -Periods of unconsciousness, confusion or behavioral changes -Sudden onset -Severe speech or motor problems -Changes in vision -Worst headache</p> <p>HE 0 -All others</p>	
<p>18 HEADACHE 8/92</p>	

ADDITIONAL INFORMATION	
<p>TYPES:</p> <ul style="list-style-type: none"> -Tension -Sinus -Migraine -Cluster -Meningitis -Subdural Hematoma -Subarachnoid Hemorrhage <p>Since the brain is the organ of concern in victims with headache, changes in alertness, behavior, or speech and motor function (paralysis, weakness) all indicate a more serious underlying problem.</p> <p>Sudden, severe onset may also suggest a more serious underlying cause.</p>	
<p>18 HEADACHE 8/92</p>	

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
HEAT	1. High temperature of victim ? 2. Skin dry, face red/flushed ? 3. Confused, acting strangely, staggering ? 4. Skin cold, clammy, sweaty ? 5. Muscle Cramps ?	HEAT Take victim out of sunlight/hot environment. Use cool cloths/wet sheets to reduce temperature. Lie victim flat and elevate feet. If vomiting or nauseous, refer to V/N card for instructions. COLD Give nothing by mouth Avoid excessive movement Wrap with blankets Frostbite; minimal treatment -protect injured area - DO NOT RUB or immerse in hot water.
COLD	1. Unresponsive ? 2. Frozen extremities ? 3. Confused or acting strangely ? 4. Length of time in cold ?	
DISPATCH PRIORITIES		
HEAT		
HC 1	-High body temperature, skin dry or face red/flushed -Confused, acting strangely or staggering	
HC 3	-Skin cold, clammy, sweaty -Muscle cramps	
HC 0	-All others	
COLD		
HC 1	-Unresponsive -Frozen extremities	
HC 3	-Confused or acting strangely	
HC 0	-All others	
19	HEAT / COLD	8/92

ADDITIONAL INFORMATION		
<p>HEAT: If temperature has been taken, a "high" reading is greater than 102° F (38.8°C).</p>		
	<u>Heat Exhaustion</u> Mental State----- May be disoriented----- Temperature----- Normal or low----- Skin----- Cool, pale, moist----- Pulse----- Rapid, weak----- Treatment----- Cooling-----	<u>Heat Stroke</u> Confused or coma Very high Hot, red, dry Rapid, strong, full Rapid cooling
<p>HEAT STROKE IS A PROFOUND EMERGENCY !!</p>		
<p>COLD: Consider hypothermia in the elderly, the alcoholic and the patient found outdoors, particularly during the cold/freezing seasons. It is possible to become hypothermic in temperatures above freezing, indoors as well as outdoors. <u>Wet and/or windy environments increase risk.</u></p>		
<p>Severe Hypothermia : Skin ice cold, rigid muscles, little or no heart sounds. May appear dead. Handle very gently.</p>		
<p>"Nobody is dead until they are warm and dead"</p>		
19	HEAT / COLD	8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
1. Specific traumatic injuries ?* Bleeding ?* 2. Trapped / caught in machinery ? 3. Fallen ?* 4. How many injured ? 5. Specific location of victim(s) ? *If necessary, refer to appropriate card.		TURN OFF MACHINERY !! Don't move victim unless location increases danger. If you must move him, try to keep his head and neck from turning or pulling, to prevent further injury. Assign specific location for someone to meet and guide responding units — advise caller that there may be more than one unit arriving.
DISPATCH PRIORITIES		
TR	1	-If extrication is needed -If more than one victim
TR	3	-If unknown type of injuries or unknown if extrication is needed -Any industrial/machinery accident for which specific information cannot be obtained.
20	INDUSTRIAL / MACHINERY ACCIDENT	
		8/92

ADDITIONAL INFORMATION		
<p>Generally will be a third party caller.</p> <p>It is very important to determine if extrication from machinery is needed.</p> <p>It is often difficult to locate the victim in plants, warehouses, hold of ships, construction sites, etc. — GET CLEAR DIRECTIONS</p>		
20	INDUSTRIAL / MACHINERY ACCIDENT	
		8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Difficulty breathing ? 2. Confused or disoriented ? 3. Source of toxic substance ? 4. How many victims ? <p>NOTE: "Sniffing" glue, etc. is an Overdose problem - see Overdose card.</p>	<p>DO NOT TOUCH VICTIM OR ENTER AREA UNTIL PRODUCT IS IDENTIFIED OR UNTIL PROPER PROTECTIVE CLOTHING IS WORN.</p> <p>IF NO DANGER TO RESCUER, REMOVE VICTIM FROM TOXIC ENVIRONMENT AND KEEP VICTIM ISOLATED</p> <p>If necessary, refer to appropriate sequence card for airway breathing or CPR instructions.</p> <p>Assign specific location for someone to meet and guide responding units.</p> <p>Advise caller that there may be more than one unit arriving.</p>
DISPATCH PRIORITIES	
<p>•• IF SOURCE IS A TOXIC OR UNKNOWN SUBSTANCE, REFER TO HAZMAT CARD ••</p> <p>•• NOTIFY ALL RESPONDING PERSONNEL OF POTENTIAL DANGER AND PROVIDE SPECIAL INSTRUCTIONS WHEN AVAILABLE ••</p> <p>IN 1 -If patient has not been removed from toxic environment -Unconscious or condition unknown. -Difficulty breathing or confused</p> <p>IN 9/0 -All others</p> <p>MULTIPLE VICTIMS : Consider activation of MCI plan.</p>	
21	INHALATION POISONING 8/92

ADDITIONAL INFORMATION	
<p>Toxic gasses may be colorless, odorless and tasteless (e.g., Carbon Monoxide). Symptoms can range from headache to unconsciousness and victim can present in any state of intoxication.</p> <p>Very small quantities of toxic substances can be fatal.</p>	
21	INHALATION POISONING 8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. What is the reason that you think he has a medical emergency ? 2. Did you see him fall ? 3. Did you see him get injured or assaulted ? 4. Is he bleeding ? 5. Is he moving ? <p>**Get a physical description of the patient** MAKE EVERY ATTEMPT TO DETERMINE SPECIFIC FACTS AND REFER TO THE APPROPRIATE CARD</p>	<p>Did you see any medic-alert tags (neck, wrist, ankle)?</p> <p>Look for and direct responders to the victim.</p> <p>Inform caller that there may be a delay in response.</p> <p>If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>MN 9 -Unknown problem</p> <p>Send CHIERS (W26) if patient located within their Central City District</p> <p>Send Police if patient outside W26 area or W26 is unavailable.</p> <p>If specific information is discovered after the call is dispatched, inform all responders and send additional units as needed. Add new information to the incident immediately.</p>	
<p>22 MAN / PERSON DOWN</p>	

8/92

ADDITIONAL INFORMATION
<p>"MAN DOWN" IS <u>NOT</u> A SPECIFIC DIAGNOSIS. IT COVERS MANY VARIED SITUATIONS. INQUIRE FOR SPECIFIC FACTS.</p> <p>Only one card in the Triage Guidelines asks if the caller/victim has ingested alcohol — the Overdoses/ Poisoning/Ingestion card. Information regarding a subject's state of intoxication may be offered by the caller, but this info should <u>not</u> be used in determining response.</p> <p>The intoxicated person may also have a legitimate medical emergency — calltakers should be wary of assuming that a reportedly intoxicated person is "just a drunk". Diabetes, head injuries, and other serious medical emergencies can "mimic" inebriation.</p>
<p>22 MAN / PERSON DOWN</p>

8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Confused or drowsy ? 2. What and how much ingested ? How long ago ? Alcohol also ingested ? 3. DT's or withdrawal ? 	<p>Gather medications / pill bottles, etc.</p> <p>If appropriate, or if caller is the patient, stay on line with caller until help arrives.</p> <p>If necessary, refer to appropriate cards for vomiting, airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>OD 1 -Unconscious</p> <p>OD 3 -Confused or drowsy -Alcohol taken with drugs -Suspected or confirmed DT's or withdrawal -Condition unknown</p> <p>All other ingestions / overdoses : Conference with Poison Control Center and await their instructions.</p> <p>ALL overdoses : refer to Police.</p>	
23 OVERDOSES / POISONING / INGESTION <div>8/92</div>	

ADDITIONAL INFORMATION	
<p>IF THE CALLER IS THE PATIENT, KEEP HIM/HER ON THE LINE UNTIL HELP ARRIVES !</p> <p>Overdose: Intentional act by victim.</p> <p>Ingestion: Denotes accidental intake</p> <p>Most ingestions by children can be handled by the Oregon Poison Control Center (OPCC).</p> <p>All calls referred to the Oregon Poison Control Center will be evaluated by them and necessary units dispatched per recommendation. If appropriate, stay on line with OPCC until OPCC determines no need for emergency response.</p> <p>Because overdose victims have a motive for their action (suicide, attention getting, a "cry for help", etc) they often are misleading about the amount or type of medication taken. They may also exhibit violent and/or unpredictable behavior. Make sure that <u>all</u> responders are aware of unusual circumstances!!</p> <p>DT's (Delirium Tremens) is associated with alcohol withdrawal and can cause tremors, convulsions, and hallucinations. Delirium Tremens has a mortality rate of up to 20%.</p> <p>Patients who are addicted to drugs may experience a severe reaction when the drug is withdrawn. These reactions are characterized by anxiety, nausea, vomiting, convulsions, delirium, profuse sweating, rapid heart rate, hallucinations, and severe abdominal cramps.</p>	
23 OVERDOSES / POISONING / INGESTION <div>8/92</div>	

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Bleeding ? How much ? 2. Months pregnant ? First pregnancy ? 3. Type of pain ? (bearing down, contraction) 4. Frequency of pain ? * 5. Mother pushing or baby's head crowning ? * 6. If delivered, is baby conscious & breathing ? 7. Seizures ? (Refer to seizure card) 	<p>IMMINENT BIRTH: See Childbirth Sequence Card</p> <p>Do not pack anything into the vagina to control bleeding. Use pads/towels to absorb.</p> <p>Do not attempt to stop delivery !</p> <p>If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>OB 1 -Excessive bleeding during 3rd trimester, before or after delivery. -Delivery has just occurred, is occurring now, or is imminent * -Abnormal presenting body part. -<u>New onset</u> seizure activity (if seizing now, refer to seizure card pre-arrivals)</p> <p>OB 3 -Excessive bleeding during 1st or 2nd trimester.</p> <p>OB 0 -All others</p>	
24 PREGNANCY / CHILDBIRTH / MISCARRIAGE R 8/92	

ADDITIONAL INFORMATION	
<p>* IMMINENT: Pains less than 2 minutes apart in first pregnancy, less than 5 minutes apart in second or more pregnancy, rapid progression of labor, head crowning or mother pushing.</p> <p>In general, initial pregnancies progress through labor slower than successive pregnancies. Therefore, labor pains two minutes apart in a third pregnancy are considered more urgent than in a first pregnancy.</p> <p>Stages of pregnancy: 1st trimester - 0 - 3 months 2nd trimester - 4 - 6 months 3rd trimester - 7 - 9 months (to delivery)</p> <p>NOTE: Presentation of the cord, hands or feet first as baby delivers is a dire pre-hospital emergency. Often the only chance for the baby's survival is rapid transport for in-hospital care.</p> <p>Contraction = Labor pains from contractions of the uterus.</p> <p>Bearing down = May mean the mother is physically attempting to push the baby through the birth canal or that the mother feels that she has to move her bowels. This is caused by baby's head pressing on the mother's rectum. (birth is imminent!)</p> <p>Crowning: Top of baby's head showing at vagina (birth is imminent!)</p> <p>Bleeding and/or pain during the first or second trimester may be a sign of miscarriage/ectopic pregnancy or other problems.</p> <p>Some bleeding always occurs at delivery. More than 5 blood-soaked pads is considered excessive bleeding (before or after delivery).</p> <p>REMEMBER: After delivery there are two patients!!</p> <p>If the mother tells you that "The baby is coming!" — it usually is.</p>	
24 PREGNANCY / CHILDBIRTH / MISCARRIAGE R 8/92	

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Has the seizure stopped ? 2. More than 1 seizure in a row ? * 3. Pregnant ? (Refer to Pregnancy card) 4. High fever ? 5. Any associated trauma ? (Refer to Trauma card) 		<p>No CPR on seizing patient. Do not restrain patient or force objects into his / her mouth Move dangerous objects away from patient. Turn gently on side after seizure stops. Don't let patient wander about. Refer to vomiting card instructions if vomiting occurs. Instruct caller to call back if patient has another seizure.</p>
DISPATCH PRIORITIES		
SZ	3	<ul style="list-style-type: none"> -Still seizing -One or more seizures -Febrile seizure, child 5 years or younger (even if not seizing now)
SZ	9	<ul style="list-style-type: none"> -Not seizing now -If caller is patient and says he/she thinks a seizure is imminent.
SZ	0	-All others
25	SEIZURES / CONVULSIONS	
		R 8/92

ADDITIONAL INFORMATION		
<p>*Seizures during the third trimester of pregnancy (eclampsia) may indicate a serious complication of pregnancy which may be life threatening to the woman and child.</p> <p>Also known as "fits" or epilepsy.</p> <p>A seizure is an abnormal firing of brain cells, a "short circuit" resulting in random patterns of emotion or motion.</p> <p>Types: Grand mal, Petit mal ("absence"), Psychomotor, Jacksonian, Focal.</p> <p>Causes: Epilepsy, trauma, meningitis, cardiac arrest (specifically from hypoxia —lack of Oxygen to the brain), fever, DT's, many others.</p> <p>Associated problems: Airway (patient position, secretions, vomitus), cyanosis, oral trauma (bitten tongue or cheek), fractures (from "thrashing about"), inappropriate CPR and mouth-to-mouth, post-ictal state (patient is "spaced out"), recurrent or continuous seizures (Status Epilepticus — very serious).</p>		
25	SEIZURES / CONVULSIONS	
		R 8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. What is different today ? 2. Confused or hard to arouse ? 3. Dizzy or feeling faint ? 4. Does something hurt ? 5. Duration of illness ? 6. Suspected cause ? History ? Dialysis or Transplant patient ? 7. Fever ? 	<p>Make patient as comfortable as possible. Monitor breathing.</p>	
DISPATCH PRIORITIES		
SK 3	<ul style="list-style-type: none"> -Confused or hard to arouse -Dizzy or feeling faint. -Other signs of shock -Dialysis patient -Transplant patient 	
SK 0	<ul style="list-style-type: none"> -Unknown status -Fever only, no emergency signs or symptoms. 	
NOTE: If vomiting the only sign or symptom, see VOMITING card.		
26	SICK PERSON / CHRONIC ILLNESS	
		8/92

ADDITIONAL INFORMATION		
<p>Complaints such as Cancer, Leukemia, chronic illness, dehydration, infection, meningitis, etc. elicit an emotional response from dispatchers because the terms seem serious. Stick to obtaining signs and symptoms that can be prioritized.</p>		
26	SICK PERSON / CHRONIC ILLNESS	
		8/92

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none">1. Confused or hard to arouse ?2. Difficulty breathing ?3. Headache ?4. Victim able to move both sides of body ? (weakness/paralysis on one side ?)5. Slurred or difficult speech ?6. Facial droop or drooling ?7. History of previous stroke ?		REASSURE VICTIM Lay patient down. No pillows behind head (can cause airway problem) If difficulty breathing, position of comfort (may be lying down or semi-reclining) Check airway. If vomiting or drooling, turn head to side. If necessary, refer to appropriate card for airway, breathing or CPR instructions.
DISPATCH PRIORITIES		
ST	3	-Confused or hard to arouse -Any difficulty breathing -Headache -Weakness or paralysis of one side -Slurred or difficult speech -Facial droop or drooling?
ST	0	-All others
27	STROKE	
		8/92

ADDITIONAL INFORMATION		
<p>The airway may become obstructed by the patient's tongue (due to loss of gag reflex from nerve damage).</p> <p>Definition: Disruption of blood flow to the brain or part of the brain due to blood clot or hemorrhage. Hemorrhage also causes increased pressure within the skull. Clots are usually spontaneous while hemorrhage is either spontaneous or traumatic.</p> <p>Paralysis or weakness of one side, altered level of consciousness and respiratory changes are all common symptoms. Other than supportive care there is no specific pre-hospital treatment.</p> <p>C.V.A = CerebroVascular Accident.</p> <p>T.I.A. = Transient Ischemic Attack ("little stroke"= stroke-like symptoms that resolve quickly)</p> <p>NOTE: Many stroke victims are unable to talk or respond, but are very aware of everything around them. Reassurance is very important. Talking about them or their condition as if they cannot hear or understand may greatly increase their feelings of helplessness, anxiety and/or panic.</p>		
27	STROKE	
		8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. What happened ? (Refer to list in ADDITIONAL INFORMATION section) 2. Any injuries ? 3. Number of victims ? 4. Anyone trapped or pinned ? 5. Any hazards at the scene ? (fire, leaking fuel, hazmat, toxic fumes, etc.) 	<p>Don't move victims unless immediate danger — (fire, leaking fuel, hazmat, toxic fumes, etc.)</p> <p>If you must move him, try to keep his head and neck from turning or pulling, to prevent further injury.</p> <p>Don't treat unless serious bleeding (If necessary, refer to Bleeding card.)</p>
DISPATCH PRIORITIES	
<p>• • IF HAZARDOUS MATERIALS / CARGO VEHICLES INVOLVED, <u>CONFERENCE WITH FAD</u> • •</p> <p>TA 1 -Reported 2 or more victims (consider MCI potential) - Victim(s) pinned in, trapped, or unconscious - Hazards at scene with known victim(s) - Violent Mechanism of Injury * (REFER TO LIST IN ADDITIONAL INFORMATION SECTION)</p> <p>TA 3 -Known injuries</p>	
28	TRAFFIC ACCIDENT 8/92

ADDITIONAL INFORMATION									
<p>*VIOLENT MECHANISM OF INJURY = A type of incident which, by its very nature, significantly increases the possibility of serious injury due to the large amount of energy involved. <u>Always</u> a TA 1.</p> <p>Examples:</p> <table border="0"> <tr> <td>- Auto vs. pedestrian</td><td>- Any high-speed accident</td></tr> <tr> <td>- Auto vs. bicycle</td><td>- Passengers thrown from vehicle</td></tr> <tr> <td>- Any motorcycle accident</td><td>- Vehicle on its top, off bridge, etc.</td></tr> <tr> <td>- Rollover</td><td>- Extensive damage to vehicle(s)</td></tr> </table> <p>Always inform <u>ALL</u> responding agencies (police, fire and/or medical) if there is any possibility of hazardous materials involved and provide special instructions when available.</p> <p>In single vehicle accidents (car vs. pole, car into ditch, etc.) consider medical cause, e.g. M.I., diabetic problem, fainting, etc.</p> <p>Consider dispatching additional units/resources if multiple patient situation — Estimate 1 transporting unit for each 2 patients. (MCI?)</p> <p>If responders at scene report no traffic accident located, notify other responding agencies.</p> <p>IF IN DOUBT, UPGRADE THE RESPONSE.</p>		- Auto vs. pedestrian	- Any high-speed accident	- Auto vs. bicycle	- Passengers thrown from vehicle	- Any motorcycle accident	- Vehicle on its top, off bridge, etc.	- Rollover	- Extensive damage to vehicle(s)
- Auto vs. pedestrian	- Any high-speed accident								
- Auto vs. bicycle	- Passengers thrown from vehicle								
- Any motorcycle accident	- Vehicle on its top, off bridge, etc.								
- Rollover	- Extensive damage to vehicle(s)								
28	TRAFFIC ACCIDENT 8/92								

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS
1. What happened ?		Don't move victim unless immediate danger — (fire, hazardous materials, toxic fumes, etc.)
2. Number of victims ? (Consider MCI)		If you must move victim, try to keep his head and neck from turning or pulling, to prevent further injury.
3. Victim(s) trapped or pinned ?		Don't splint
4. Part(s) of body injured ?		If bleeding, apply and maintain direct pressure to wound site.
5. Open fractures ? Amputation?		If severe bleeding or amputation, refer to Bleeding card.
6. Difficulty breathing ?		Industrial Accident: see Industrial Card
7. Confused or sleepy ?		
DISPATCH PRIORITIES		
TR	1	-CRITICAL (refer to list in ADDITIONAL INFORMATION section) Also: -Reported two or more victims (consider MCI) -Victim(s) pinned in, trapped or unconscious -Hazards at scene with known victim(s) -Violent mechanism of injury**
TR	3	-POSSIBLY CRITICAL or NON-CRITICAL (refer to list in ADDITIONAL INFORMATION section) --with signs of shock, excessive bleeding, open fracture or amputation.
TR	9/0	-POSSIBLY CRITICAL or NON-CRITICAL (refer to list in ADDITIONAL INFORMATION section) --with NO signs of shock, excessive bleeding, open fracture or amputation.
IF IN DOUBT, UPGRADE!!		
29	TRAUMATIC INJURIES, SPECIFIC	
		8/92

ADDITIONAL INFORMATION		
Types of Injuries:		
Fracture (break)	Contusion (bruise)	Laceration (cut)
Dislocation (out-of-joint)	Abrasion (scrape)	Avulsion (torn away)
<u>CRITICAL</u>	<u>POSSIBLY CRITICAL</u>	<u>NON-CRITICAL</u>
Head	Back	Fingers
Neck or Spine *	Clavicle	Toes
Chest, ribs, sternum	Shoulder	Hands
Abdomen	Pelvis/Hip	Feet
	Femur	Wrist
	Genitalia	Ankle
	Arms	Elbow
	Tibia (shin)	Knee
<p>**VIOLENT MECHANISM of INJURY: A type of incident which, by its very nature, significantly increases the possibility of serious injury due to the large amount of energy involved.</p> <p>* A patient with spinal cord injuries may have one or more of the following:</p> <ol style="list-style-type: none"> 1. Tingling sensation or numbness in arms or legs 2. Inability to move 3. No pain (with obviously serious injuries) <p>AVOID ANY UNNECESSARY MOVEMENT WITH POSSIBLE SPINAL CORD INJURIES !!</p> <p>NOTE: IF multiple victims with known central wounds, use your judgement in determining additional response or notifications. Consider MCI or HazMat potential.</p>		
29	TRAUMATIC INJURIES, SPECIFIC	
		8/92

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Breathing ? (see Additional Info) 2. Now conscious ? 3. Cause / history of unconsciousness ? (What happened ?). 	<p>Did you see any medic-alert tags (neck, wrist, ankle)?</p> <p>* BREATHING CHECK</p> <p>** PULSE CHECK</p> <p>If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>UN 1 -Unconscious, not breathing -Unconscious, not known if breathing -Unconscious, abnormal or possible agonal breathing</p> <p>UN 3 -Unconscious, breathing normally -Semi-conscious (confused, hard to arouse) and breathing (if with difficulty, refer to BREATHING card) -Now conscious and breathing (if with difficulty, refer to BREATHING card)</p>	
<p>30 UNCONSCIOUS / FAINTING</p>	

8/92

ADDITIONAL INFORMATION

*** BREATHING CHECK:** Place your ear next to his/her mouth and nose and look toward the chest. Can you feel or hear any air movement? Is there fluid, bubbles or anything else in the mouth or nose? Do you see the chest or stomach moving? Place your hand on his/her stomach. Can you feel it rising or falling?

**** PULSE CHECK: Child/Adult:** Place your index and middle finger into the groove next to his/her Adam's Apple. **DON'T PRESS TOO HARD!** Feel for a pulse for 5 seconds.

Infant: Place your index and middle finger over the baby's left nipple. **DON'T PRESS TOO HARD!** Feel for a pulse for 5 seconds.

AGONAL BREATHING: Gasping, ineffective breaths that often occur at the time of Cardiac Arrest. The caller may describe the person as "breathing funny, breathing weird, gasping, making funny noises, etc."

SIGNS OF SHOCK: Confused/sleepy; skin cool/moist, pale/blue; nausea/vomiting; dizzy/faint.

SOME CAUSES OF UNCONSCIOUSNESS:

Cardiac Arrest (sudden onset)
 Other heart problems
 Overdose, poisoning, intoxication

Diabetic problems
 Respiratory problems
 Seizures

Syncope (fainting)
 Head Injury (old or new)
 Stroke (CVA)

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. What is the reason that you think she has a medical problem ? 2. Does she have any known history of medical problems ? 3. Is she breathing normally ? 4. Have you spoken with her ? 5. Can she talk in her usual manner ? 6. Is she able to move ? <p>MAKE EVERY ATTEMPT TO DETERMINE SPECIFIC FACTS AND REFER TO THE APPROPRIATE CARD</p>	<p>Did you see any medic-alert tags (neck, wrist, ankle)?</p> <p>Look for and direct responders to the victim.</p> <p>If necessary, refer to appropriate sequence card for airway, breathing or CPR instructions.</p>
DISPATCH PRIORITIES	
<p>UK 3 -Caller indicates severe medical problem but is unable to describe specific signs or symptoms.</p> <p>UK 9 -Unverified medical alarm from a licensed alarm company. -If patient <u>can be seen</u> with obvious medical problem.</p> <p>NOTE: If specific information is discovered after call is dispatched, inform responders and send additional units as needed. Add new information to the incident immediately.</p>	
<p>31 UNKNOWN PROBLEM 8/92</p>	

ADDITIONAL INFORMATION	
<p>“UNKNOWN PROBLEM” IS <u>NOT</u> A SPECIFIC DIAGNOSIS. IT COVERS MANY VARIED SITUATIONS. INQUIRE FOR SPECIFIC FACTS.</p> <p>Location of victim could suggest type of problem likely to be encountered:</p> <p>Restaurant -----may suggest -----Choking</p> <p>Seafood Restaurant---may suggest -----Choking, severe allergic reaction</p> <p>Garage -----may suggest -----Carbon Monoxide poisoning, electrocution</p> <p>Bank-----may suggest -----Cardiac arrest</p> <p>Park-----may suggest -----Intoxication, OD, choking, assault</p> <p>Street -----may suggest -----Intoxication, cardiac arrest, seizure, OD, assault</p> <p>Relay <u>type</u> of location and/or business name (if known) to responding units, not just address.</p>	
<p>31 UNKNOWN PROBLEM 8/92</p>	

KEY QUESTIONS	PRE-ARRIVAL INSTRUCTIONS
<ol style="list-style-type: none"> 1. Any other symptoms ? 2. Vomiting blood or "coffee ground" type material 3. Level of consciousness ? 4. Confused or sleepy ? 	<p>TRAUMA VICTIM: Don't move him!! If you must, try to keep his head and neck from turning or pulling, to prevent further injury.</p> <p>If unconscious, turn head to side or roll entire body to side. Scoop matter out of mouth.</p> <p>If semi-conscious, make sure victim can clear own airway. If not, assist as above.</p> <p>If patient in semi-reclining position of comfort, lean them forward or to side. Laying them down may compromise breathing.</p> <p>SHOCK: Lay down, elevate legs.</p>
DISPATCH PRIORITIES	
<p>AB 3 -Vomiting bright red blood or dark "coffee ground" substance.</p> <p>SK 3 -Vomiting with signs of shock</p> <p>SK 0 -Vomiting only, no other symptoms</p>	
32 VOMITING / NAUSEA <div data-bbox="1500 953 1566 995">8/92</div>	

ADDITIONAL INFORMATION

The biggest danger from vomiting is aspiration (inhalation) of the vomitus. Whenever a patient's state of consciousness is such that they cannot protect their own airway, steps must be taken to protect the patient from aspiration (hence turning head to side, rolling body to side, etc.). Aspiration of any petroleum-based substance can cause chemical pneumonia, which can also be fatal.

Nausea can be symptomatic of a wide range of problems, from tension/nervousness to life threatening problems like heart attack or shock.

Vomiting is a normal bodily reaction to rid the stomach of its contents. In the case of food that disagrees with the body, vomiting itself may solve the problem.

Nausea/vomiting may be one of the signs of heart attack, shock, overdose of some drugs; bloody vomitus can indicate internal bleeding from ulcer, trauma, etc. "Coffee ground" vomitus is partly digested blood from chronic internal bleeding.

PRE-ARRIVAL SEQUENCE CARDS

Encourage caller to bring victim as close to phone as possible.

Ask the caller : "Do you or anyone else there know CPR ?". If he knows CPR, find out if he needs assistance and tell him you can assist with telephone instruction.

Use the following statement : "Do you want to do CPR — I'll help you!!" This statement should be recited as one sentence with NO break after "CPR". Do not allow caller to say no because she doesn't know CPR. This should be a forceful and persuasive statement, but if the caller declines for any reason that is her decision and you no longer have verbal consent to proceed. Coercion should NOT be used. Callers may be physically unable to perform CPR or they might be placed in physical jeopardy by performing CPR - Allow THEM to make the decision.

Follow the sequence card exactly. Slight changes in wording can change the effectiveness of CPR. CPR is ineffective on a soft surface - ensure that the patient is on a hard surface (table or floor) before attempting chest compressions.

Reassure the caller frequently that help is on the way.

THE SEQUENCE CARDS CANNOT POSSIBLY INCLUDE THE ANSWER TO EVERY SITUATION. THE CALL-TAKER MUST MAKE DECISIONS USING JUDGEMENT AND EXPERIENCE.

The "hysteria threshold" is the point at which an operator can gain control of a seemingly hysterical or uncooperative caller, and can begin to give effective pre-arrival instructions. The calltaker must realize that this threshold exists and can be reached in almost all cases if the calltaker doesn't give up before obtaining control of the caller. "Repetitive Persistence," repeating a phrase or request over and over without changing the wording or structure, is a very effective way to reach this "hysteria threshold". Example: "You must be calm so you can help your baby" (repeat). The consistent phrase should eventually "break through" to the agitated/hysterical caller and enable the calltaker to regain control and proceed with instructions.

AIRWAY CONSIDERATIONS

Airway control and maintenance is the most important aspect of emergency care for the critically ill or injured patient. Insuring that proper instructions are given and appropriate pre-arrival sequence cards are followed is of paramount importance. There may be some patients who are obviously breathing who need types of airway management that are not included in the sequence cards.

In all situations (except pre-arrivals, DIABETIC PROBLEMS), do not encourage or sanction the giving of any food or drink prior to the arrival of responders.

Always check for and remove loose dentures if the patient needs any type of airway support.

A pillow, blanket, etc. may have been placed under the victim's head "to make him more comfortable." HOWEVER, this action can flex the neck forward and compromise/obstruct the patient's airway and/or worsen a neck injury. CAUTION YOUR CALLER TO AVOID IT.

If unconscious and vomiting, turn patient's head to side or roll entire body to side. Scoop vomitus out of mouth. If trauma victim, "log roll" patient to side; try to keep the head and neck from turning or pulling, to prevent further injury.

If semi-conscious, make sure patient can clear his/her own airway. If not, assist as above. Patient may bite rescuer while "scooping" vomitus out. CAUTION CALLER TO BE CAREFUL!!

If patient is in a semi-reclining position of comfort, lean him forward or to the side. Laying him down may compromise his breathing. Find position most comfortable to patient and most supportive of effective respirations.

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your baby.

(If caller hysterical: YOU MUST BE CALM SO YOU CAN HELP YOUR BABY. [Keep repeating until calm.]

Bring the baby near the phone.

Is the baby still choking? Is the baby able to breathe?

CHOKING - NOT BREATHING

Is he coughing or wheezing ?

YES

NO

Is he able to speak or cry ?

NO

YES

Do not do anything now.
Wait until EMT's arrive.

NOT CHOKING - NOW BREATHING

Check his mouth for objects. If you see something, use your finger to sweep it out of the mouth.

If unconscious, slightly tilt his head BACK to keep his throat open. STAY ON THE LINE WITH ME!

** Lay him FACE DOWN across your arm or lap with his HEAD LOWER THAN HIS BODY (Support his head).

Deliver 4 sharp blows with the heel of your hand right between his shoulder blades.

Look in his mouth. Do you see an object?

NO

YES

Lay the baby FACE UP on hard surface

Use your finger to sweep it out of his mouth. Is it out?

NO

YES

8/92

Place 2 fingers in the MIDDLE of the CHEST right BETWEEN THE NIPPLES. Make sure your FINGERS are on the CENTER of the CHEST, RIGHT BETWEEN THE NIPPLES.

PUSH with your fingertips UP AND DOWN rapidly 4 times, like you're "PUMPING" the chest.

Look in the mouth. Can you see an object?

YES

NO

Is he breathing now?

YES

If unconscious, slightly tilt his head BACK to keep his throat open. STAY ON THE LINE WITH ME!

NO

Repeat from **.

NO AGAIN

Is he breathing or moving

YES

If unconscious, slightly tilt his head BACK to keep his throat open. STAY ON THE LINE WITH ME!

NO

GO TO INFANT: MOUTH-TO-MOUTH CARD (35)

8/92

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your baby. (If caller hysterical: YOU MUST BE CALM SO YOU CAN HELP YOUR BABY. [Keep repeating until calm.])

Bring her near the phone.

Put the baby flat on her back on a table or the floor.

Place your HAND UNDER her NECK AND SHOULDERS and SLIGHTLY TILT her HEAD BACK.

Is there vomit in her mouth? ————— YES

NO

VOMITING INSTRUCTIONS: Turn her HEAD to the SIDE. SCOOP MOUTH OUT (before you start Mouth-to-Mouth.).
REMEMBER: Do this any time vomiting occurs YOU MUST BLOW THROUGH THE REMAINING FLUID.

Is she breathing now? ————— YES

NO

Do you or anyone else there know CPR? (If so, STAY ON THE PHONE and relay sequence to ensure they're doing it properly.)

I'm going to tell you how to give MOUTH-TO-MOUTH. First, tilt her head back like you did before.

** COMPLETELY COVER her MOUTH AND NOSE with your MOUTH.

Maintain SLIGHT HEAD TILT and check her breathing often.

I'm going to tell you how to check for the pulse.

8/92

Blow 2 SLOW BREATHS OF AIR into her LUNGS, just like you're filling up a SMALL balloon.

Watch for her chest to rise.

Go do it now and then come right back to the phone.

Did you see her CHEST RISING when you blew in the air...
Did you feel the AIR GOING IN? ————— YES

NO

MAKE SURE HER HEAD IS TILTED BACK SLIGHTLY. (Go back to **, repeat the sequence, and BLOW A LITTLE HARDER.) ————— YES - NOW

NO AGAIN

Go to INFANT: CHOKING CARD (34)

* Place your INDEX AND MIDDLE FINGER over her LEFT NIPPLE. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS.

Do you FEEL A PULSE?

YES

++ Continue Mouth-to-Mouth. Blow 1 SLOW BREATH into her ONCE EVERY 3 SECONDS. Go do this now, BUT DON'T HANG UP! KEEP THE LINE OPEN and tell me if she starts to breathe on her own...Is she breathing on her own?

NO

Continue Mouth-to-Mouth

YES

STOP Mouth-to-Mouth and monitor. If breathing stops again: Go back to * and repeat.

NO

Go to INFANT: COMPRESSIONS CARD (36)

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you what to do next.

(Bring the baby near the phone). Place him on his back on a hard surface (table or floor).

Place 2 fingers in the MIDDLE of his CHEST right BETWEEN THE NIPPLES. Make sure your FINGERS are in the CENTER of the CHEST, RIGHT BETWEEN THE NIPPLES.

PUSH with your fingertips STRAIGHT UP AND DOWN rapidly 5 times, like you're PUMPING the chest.

Then put your HAND UNDER the NECK AND SHOULDER area so that his HEAD is SLIGHTLY TILTED BACK.

Put your MOUTH over his NOSE AND MOUTH.

* Blow in 1 SLOW BREATH OF AIR and then PUMP the CHEST again rapidly 5 times.

Repeat cycle 4 times and then come right back to the phone.

** Check for a pulse:

Place your INDEX AND MIDDLE FINGER over his LEFT NIPPLE. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS.

8/92

Do you FEEL A PULSE? _____ YES

NO

Keep repeating *, checking for a pulse every 4th time. Make sure his head is tilted back to keep his airway open.

KEEP DOING IT UNTIL HELP CAN TAKE OVER OR UNTIL HE STARTS TO BREATHE ON HIS OWN.

If he starts breathing on his own: STOP CPR AND MONITOR CLOSELY.

If he STOPS breathing again: Go back to **.

Maintain HEAD TILT and monitor breathing often. IF NOT breathing:

Go to ++ on INFANT: AIRWAY/MOUTH-TO-MOUTH CARD (35) and give MOUTH-TO-MOUTH instructions.

VOMITING INSTRUCTIONS:

REMEMBER: Do this anytime vomiting occurs.

Turn his HEAD to SIDE. SCOOP MOUTH OUT. YOU MUST BLOW THROUGH THE REMAINING FLUID.

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your child. (If hysterical: YOU MUST BE CALM SO YOU CAN HELP YOUR CHILD. [Keep repeating until calm.])

Bring her near the phone.

Is she still choking? Is the child able to breathe?

CHOKING - NOT BREATHING

Is she coughing or wheezing? ————— YES

NO

Is she able to speak or cry?

NO

YES

Don't do anything
now. Wait until
EMT's arrive.

NOT CHOKING - NOW BREATHING

Check the mouth for objects. If you see
something, use your finger to sweep it out
of her mouth.

If unconscious, slightly tilt her head BACK
to keep her throat open. STAY ON THE
LINE WITH ME!

** Lay her FACE UP ON THE FLOOR. Tilt her head back slightly to open her airway.

KNEEL at her FEET, Place the HEEL of your hand just above her belly button BELOW her ribs in the middle of her stomach.

Push quickly DOWN INTO her stomach 6 times.

Look in her mouth. Do you see an object? ————— YES

↓

↓

8/92

NO

Is she breathing now? ————— YES

NO

Repeat from **.

NO AGAIN

Is she breathing or moving? ————— YES

NO

GO TO CHILD: AIRWAY/MOUTH-TO-MOUTH CARD (38).

Use your finger to sweep it out of her mouth. Is it out?

NO

Repeat from **.

YES

If unconscious, LIFT
HER CHIN SO HER
HEAD TILTS BACK to
keep the throat open.
STAY ON THE LINE
WITH ME!

If unconscious, tilt her head BACK to keep her
throat open. STAY ON THE LINE WITH ME!

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help your child. (If hysterical: YOU MUST BE CALM SO YOU CAN HELP YOUR CHILD. [Keep repeating until calm.])

Bring the child near the phone.

Put him flat on his back on a table or on the floor.

LIFT HIS CHIN SO HIS HEAD TILTS BACK.

Is there vomit in his mouth? _____ YES

NO

VOMITING INSTRUCTIONS: Turn his HEAD to the SIDE. SCOOP his MOUTH OUT (before you start Mouth-to-Mouth.).

REMEMBER: Do this any time vomiting occurs

YOU MUST BLOW THROUGH THE REMAINING FLUID.

Is he breathing now? _____ YES

NO

Do you or anyone else there know CPR? (If so, STAY ON THE PHONE and relay sequence to ensure they're doing it properly.)

I'm going to tell you how to give MOUTH-TO-MOUTH.

Continue lifting his chin and check his breathing often.

8/92

** COMPLETELY COVER his MOUTH AND NOSE with your MOUTH. If you can't, then HOLD HIS NOSE CLOSED and COMPLETELY COVER his MOUTH with your MOUTH.

Blow 2 SLOW BREATHS into his LUNGS, just like you're filling up a SMALL balloon.

Watch for his chest to rise.

Go do it now and then come right back to the phone.

Did you see his CHEST RISING when you blew in the air...
Did you feel the AIR GOING IN? _____ YES

NO

MAKE SURE YOU ARE STILL LIFTING HIS CHIN.
(Go back to **, repeat the sequence, and BLOW A LITTLE HARDER.) _____ YES-NOW

NO AGAIN

Go to CHILD: CHOKING CARD(37)

I'm going to tell you how to check for a pulse.

* Place your INDEX AND MIDDLE FINGER into the groove next to his ADAM'S APPLE.. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS.

Do you FEEL A PULSE?

YES

++ Continue Mouth-to-Mouth. Blow 1 SLOW BREATH into him ONCE EVERY 4 SECONDS. Go do this now, BUT DON'T HANG UP! KEEP THE LINE OPEN and tell me if he starts to breathe on his own...Is he breathing on his own?

NO

Continue Mouth-to-Mouth

Go to CHILD: CHEST COMPRESSIONS CARD (39)

YES

STOP Mouth-to-Mouth and monitor. If breathing stops again: Go back to * and repeat.

8/92

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you what to do next.

Bring the child near the phone. Place her on her back on a hard surface (table or floor).

Place the HEEL ONLY of ONE HAND in the MIDDLE of her CHEST right BETWEEN THE NIPPLES. Make sure ONLY THE HEEL of one HAND is in the CENTER of her chest, RIGHT BETWEEN THE NIPPLES.

PUSH STRAIGHT UP AND DOWN with the HEEL of your hand 5 times, just like you're PUMPING the chest. PUSH DOWN FIRMLY with the HEEL OF 1 HAND, 1 INCH. PUSH 5 times – at least 1 PUSH EVERY SECOND.

LIFT THE CHIN SO HER HEAD BENDS BACK.

COMPLETELY COVER her MOUTH AND NOSE with YOUR MOUTH. If you can't, then HOLD HER NOSE CLOSED and COMPLETELY COVER her MOUTH WITH YOUR MOUTH.

* Blow in 1 SLOW BREATH and then PUMP the CHEST again 5 times.

Repeat cycle 4 times and then come right back to the phone.

** Check for a pulse:

Slide your INDEX AND MIDDLE FINGER into the groove next to her ADAM'S APPLE. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS.

Do you FEEL A PULSE? _____ YES

NO



8/92



Keep repeating *, checking for a pulse every 4th time.

KEEP DOING THIS UNTIL HELP CAN TAKE OVER OR UNTIL SHE STARTS TO BREATHE ON HER OWN.

If she starts breathing on her own: STOP CPR AND MONITOR CLOSELY.



If she STOPS breathing again: Go back to **.



Maintain CHIN LIFT and monitor her breathing often.

IF NOT breathing:



Go to ++ on CHILD: AIRWAY/MOUTH-TO-MOUTH CARD (38) and give MOUTH-TO-MOUTH instructions.

VOMITING INSTRUCTIONS:

REMEMBER: Do this anytime vomiting occurs.

Turn her HEAD to SIDE. SCOOP MOUTH OUT. YOU MUST BLOW THROUGH THE REMAINING FLUID.

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help him. (If caller hysterical: YOU MUST BE CALM SO YOU CAN HELP HIM. [Keep repeating until calm.]

Bring him near the phone

Can he stand?

YES

NO (victim probably unconscious or will be soon)

Is he coughing or wheezing?

NO

Can he breathe or talk?

NO

Listen carefully. I'll tell you how to do the Heimlich Maneuver.

Listen carefully to these instructions! Then go to him and do EXACTLY as I tell you- and COME RIGHT BACK TO THE PHONE.

** Make sure he is laying FACE UP on a hard surface (table or floor). STRADDLE his HIPS. Tilt his head back slightly, to open his airway.

Keep him near the phone.

Is he coughing or wheezing?

YES

Can he breathe or talk?

YES

Listen carefully. I'll tell you how to do the Heimlich Maneuver.

Listen carefully to these instructions! Then go to him and do EXACTLY as I tell you- and COME RIGHT BACK TO THE PHONE.

* Move BEHIND him and put your arms around his waist.

8/92

Place your hands, one on TOP of the other, just ABOVE his belly button. With a quick THRUST, PUSH INTO his STOMACH DOWNWARD AND TOWARD HIS HEAD using your weight. Do this 6 times and return to the phone right away.

Look into his mouth. Can you see an object?

NO

Is he breathing now?

NO

Repeat the sequence from ** and then return to the phone right away.

YES

Use your FINGER to sweep it out of his MOUTH. Is it out?

NO

YES

Can he breathe or talk now?

NO

GO TO ADULT: AIRWAY/MOUTH-TO-MOUTH CARD (41).

STOP treatment.

Monitor closely.

Grasp your FIST with your other hand, just ABOVE his belly button. Be sure you are BELOW the ribs and breast bone. In a quick motion, JERK HARD, INWARD AND UP, INTO his stomach. Do this 6 times and return to the phone right away.

Is the object out and can he breathe and talk now?

YES

NO

Repeat from * until the object is out or he loses consciousness.

If he cannot stand up any longer, go to **.

YES

STOP treatment. Reassure him. Monitor closely.

HELP IS ON THE WAY! LISTEN CAREFULLY ! I'll tell you how to help her. (If hysterical: YOU MUST BE CALM SO YOU CAN HELP HER. [Keep repeating until calm.])

Can you get the phone next to her? If so, do it NOW.

I'm going to tell you how to open her airway. LISTEN CAREFULLY to these instructions and do EXACTLY as I tell you. Lay her FLAT ON HER BACK. If there is a pillow under her head, REMOVE IT.

LIFT HER CHIN SO HER HEAD TILTS BACK.

Go do this now and come right back to the phone.

Is there vomit in her mouth?

NO

YES

VOMITING INSTRUCTIONS: Turn her head to the SIDE.
SCOOP MOUTH OUT (before you start mouth-to-mouth).
REMEMBER - do this any time vomiting occurs
YOU MUST BLOW THROUGH THE REMAINING FLUID.

Is she breathing now?

NO

YES

Maintain the CHIN LIFT and check her breathing often.

Do you want to do CPR - I'll help you!

YES

NO

Stop giving instructions and tell caller that help is on the way.

8/92

Do you or anyone else there know CPR? (If so, STAY ON THE PHONE and relay sequence to ensure they're doing it properly.)

I'm going to tell you how to give Mouth-to-Mouth.

Lift her CHIN up the way I told you before.

** Hold her NOSE CLOSED.

COMPLETELY COVER her MOUTH with your mouth. SLOWLY FORCE 2 DEEP BREATHS into her LUNGS just like you're blowing up a BIG balloon. Watch for her CHEST TO RISE.

Go do this now and come right back to the phone.

Did you see her CHEST RISING when you blew in the air?...Did you feel the air going in? — YES

NO

Lift the CHIN UP MORE and repeat from **.

NO AGAIN

YES NOW

I want you to check for her pulse. *Slide your INDEX AND MIDDLE FINGER into the groove next to her ADAM'S APPLE. DON'T PRESS TOO HARD. FEEL for a PULSE for 5 SECONDS. Do you FEEL A PULSE? — YES

NO

Go to ADULT: CHEST COMPRESSION CARD (42).

Continue MOUTH-TO-MOUTH until person resumes breathing or help arrives. Give 1 BREATH /5 SECS. Recheck her pulse periodically. *

Does it feel like her throat is blocked?...
That the air wasn't going in? — NO

YES

Go to ADULT: CHOKING CARD (40)

HELP IS ON THE WAY! LISTEN CAREFULLY and I'll tell you what to do next.

Can you get the phone next to him? If so, do it now.

Put him ON THE FLOOR OR A HARD SURFACE. DO IT NOW. Then come right back to the phone.

Put the HEEL of your HAND on the BREASTBONE in the CENTER of his CHEST, RIGHT BETWEEN THE NIPPLES.

Put YOUR OTHER HAND ON TOP OF THAT HAND.

Push DOWN FIRMLY with ONLY THE HEELS of your hands 2 INCHES.

Push with ONLY THE HEELS of your hands STRAIGHT UP AND DOWN 15 times. JUST like you're PUMPING THE CHEST. Do it 15 times, ONCE A SECOND...REMEMBER!

Now pinch his NOSE CLOSED AND LIFT THE CHIN AGAIN.

* SLOWLY BLOW IN 2 BIG BREATHS, then PUMP THE CHEST 15 more times. Make sure ONLY THE HEEL of your HAND is on the bone in the CENTER OF THE CHEST, RIGHT BETWEEN THE NIPPLES.

Repeat the cycle 4 times and come right back to the phone. I'll stay on the line.

Now check for a pulse: Slide your INDEX and MIDDLE FINGERS into the groove next to his ADAM'S APPLE. DON'T PRESS TOO HARD! FEEL for 5 SECONDS.

8/92

Is there a pulse? ————— YES —————>

NO
↓

Keep repeating *, checking for a pulse every 4th time. Maintain CHIN LIFT and check his breathing often. If NOT breathing: Continue MOUTH-TO-MOUTH. Give 1 BREATH / 5 SECONDS. Recheck pulse periodically. (refer to ADULT: AIRWAY/MOUTH-TO-MOUTH CARD (41) if necessary)

KEEP DOING THIS UNTIL HELP CAN TAKE OVER OR UNTIL HE STARTS BREATHING ON HIS OWN.

If he starts breathing on his own: STOP CPR AND MONITOR CLOSELY.

If he stops breathing again:
CHECK FOR A PULSE.

Is there a pulse?

NO
↓

Go back to *.

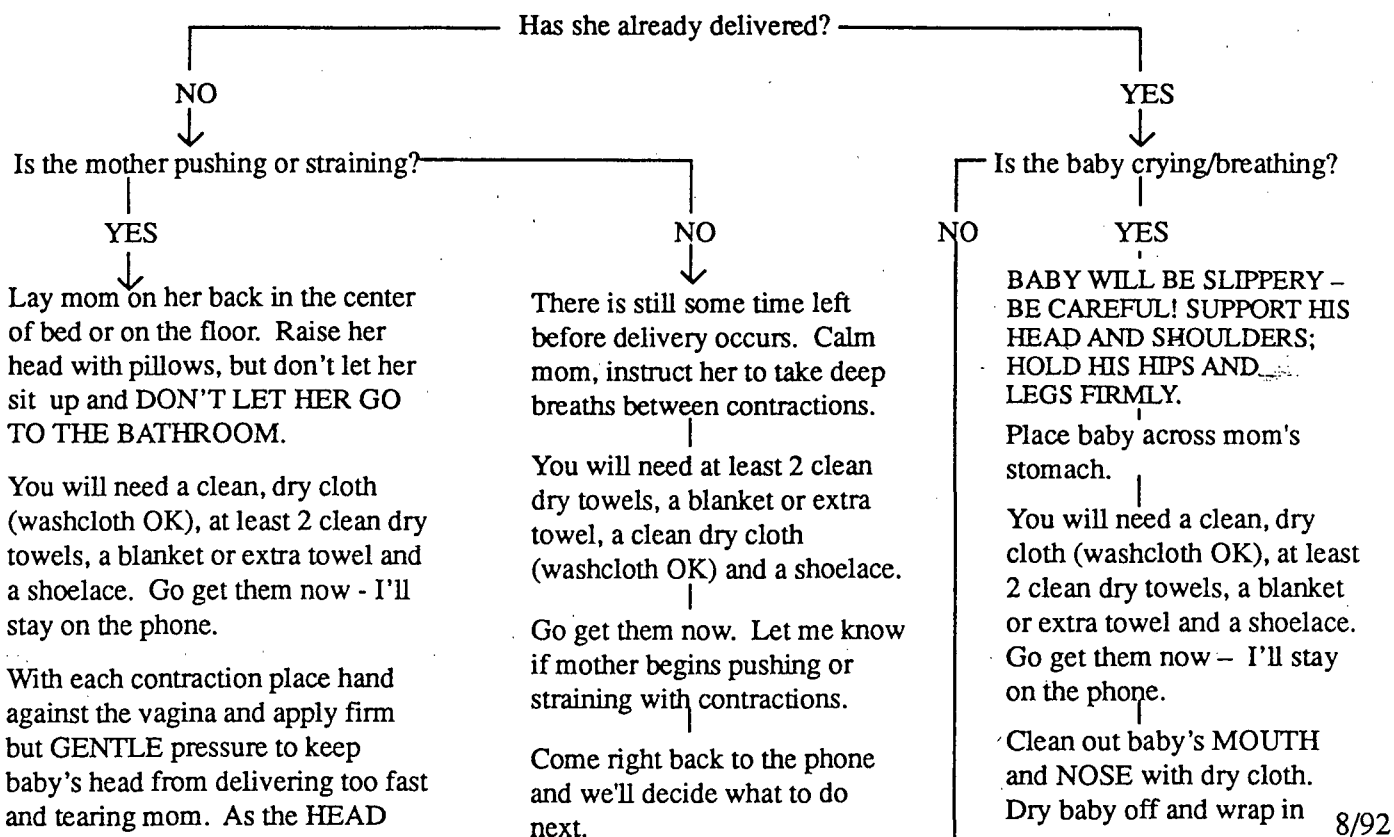
YES
↓

Continue MOUTH-TO-MOUTH. Give 1 BREATH / 5 SECONDS, until person resumes breathing or until help arrives. Recheck pulse periodically.

VOMITING INSTRUCTIONS: Turn his HEAD to the SIDE. SCOOP MOUTH OUT (before you start Mouth-to-Mouth.) YOU MUST BLOW THROUGH THE REMAINING FLUID.

REMEMBER: Do this any time vomiting occurs.

HELP IS ON THE WAY! LISTEN CAREFULLY. I'll tell you what to do.



delivers, it may turn to the side. Now clean out baby's MOUTH and NOSE with a dry cloth. As the body delivers remember **BABY WILL BE SLIPPERY, BE CAREFUL!!** Support baby's HEAD and SHOULDERS and hold HIPS and LEGS firmly. Wrap baby in dry towel and place on mom's stomach. If the 1st towel becomes wet, replace it with a dry towel.

CONTINUE TO CLEAN OUT THE AIRWAY AS NECESSARY - KEEP BABY WARM - COVER HEAD BUT NOT FACE.

Tie the shoelace tightly around the umbilical cord approximately 6 inches from baby. **DO NOT CUT THE CORD.**

Is the baby crying/breathing? — NO —

YES —→ Maintain baby AND Mom. Keep both warm.

REFER TO INFANT: AIRWAY/
MOUTH-TO-MOUTH CARD
(35).

dry towel or blanket. Cover baby's HEAD and **KEEP IT WARM. DO NOT COVER FACE.** Tie shoelace tightly around cord approximately 6 inches from baby. **DO NOT CUT CORD.**

Make sure mother is kept warm also.

INSTRUCTIONS FOR DELIVERY OF AFTERBIRTH:

When the afterbirth is delivered, (usually about 20 minutes after birth of baby) wrap it in a towel and **KEEP IT. DO NOT THROW IT AWAY.** The doctor will need to examine it.

ATTACHMENT L
CHORAL

C.H.O.R.A.L.

Computerized Hospital On-line Resource Allocation Link

CHORAL is a unique proprietary software system designed to establish a community-wide network that improves the allocation and efficient use of participating hospitals emergency services resources.

The CHORAL system provides:

- ✓ A means to manage the problem of hospital closures and ambulance diverts.
- ✓ A single consistent method of communicating divert status to EMS personnel.
- ✓ Documentation for hospitals to monitor their profile of diverts over a period of time for improved staffing assignments and financial analysis.
- ✓ Data for EMS systems planners to monitor and begin solving the problems of hospital diverts within their community.
- ✓ One step method of alerting the entire community of a hospitals closure or selective diverts.
- ✓ A way to help solve the problem of unequal distribution of the medically indigent public.

List of Hospitals Currently Using The CHORAL System:

In Oregon:

University Hospital, Portland
Emanuel Hospital and Health Center,
Portland
Providence Medical Center, Portland
Good Samaritan Hospital & Medical Center,
Portland
Portland Adventist Medical Center, Portland
Mount Hood Medical Center, Gresham

Holladay Park Medical Center, Portland
Bess Kaiser Medical Center, Portland
Kaiser Sunnyside Medical Center,
Clackamas
St. Vincent Hospital, Portland
Woodland Park Hospital, Portland
Rogue Valley Medical Center, Medford
Providence Medical Center, Medford

CHORAL

(Computerized Hospital On-line Resource Allocation Link) Information Sheet

There is a growing problem of hospitals diverting patients. This practice, well described in the August 1989 jems, (Journal of Emergency Medical Services), creates several problems. Hospitals diverting patients for financial reasons unfairly burden the ultimate receiving institution. The emergency medical services system is unable to find a suitable receiving hospital for its patients. Families who believe their loved one is being transported to one hospital arrive there to find they are at the wrong facility. While preventing hospitals from ever diverting is unlikely, there is a system recently implemented in Portland, Oregon which displays hospitals' divert status to dispatch centers, the base station, and other area hospitals allowing the system to make necessary compensations.

The system is based on an interhospital computerized communications system which was previously used to monitor the status of this area's trauma hospitals. This trauma system role is described in Jack Stout's "Interface" column in the June 1988 issue of jems. In short, the earlier system relied on computers located within the emergency departments of 14 Portland hospitals. These computers were all linked to the emergency medical services system base station which in Portland is known as Medical Resource Hospital (MRH). In that system, hospitals displayed their trauma status visually on their terminal screen and that data was transmitted to all other hospitals as well as MRH which monitored the entire system and advised paramedics which of the 14 facilities were available for trauma at any given moment.

Building on that system, the Multnomah County office of Emergency Medical Services, working with the Oregon Association of Hospitals, contracted with Richard Quest of Salem, Oregon to rewrite the software so that the system will instead monitor six

hospital divert categories and display that information system wide. The 911 communications center and MRH monitor system divert status so that paramedics are advised when they start to a hospital with a patient of that hospital's status. This avoids hospital shopping. Each hospital controls its own data. No hospital nor the 911 center nor MRH can change any data displayed by the other hospitals. Facility changes, after going out to the system, are saved in each hospital's own computer memory. The system divert history is stored in the MRH computer. This database will allow the EMS system to see patterns and prevalence of divers. We have found that widely distributing information about facilities tends to keep each honest. One would think that in this information system a hospital would be tempted to display itself as being more capable than it really is. In fact, the Multnomah County experience appears to be the opposite.

The software is designed so that a hospital can provide its own compatible hardware or purchase hardware through Quest Technologies. The software allows maximum flexibility. Future changes in the screen format can be easily accomplished using a menu driven program. This program allows system planners to add or delete data points from the display as the system evolves and different needs arise. For example, other hospitals may wish to join the system or existing hospitals may add services which they want displayed on the screen. This is easily and inexpensively accomplished.

This system allows communities to monitor the divert status of all hospitals on the system. Paramedics, dispatch centers, and the base station can quickly identify an available hospital for the ambulance if the original destination is on divert. Patients then reach care more quickly.

DATE SUBMITTED: July 8, 1993

(For Clerk's Use)
Meeting Date JUL 15 1993
Agenda No. LC-1

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: LIQUOR LICENSE

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Sheriff's Office DIVISION _____

CONTACT Sergeant Kathy Ferrell TELEPHONE 251-2431

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Sergeant Kathy Ferrell

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Attached is the Class A Dispenser/Retail Malt Beverage/New Outlet Application for The Bank, Division Branch located at 15920 SE Division. The applicant, Joseph W. Zochert has no criminal record, and no taxes owing.

ACTION REQUESTED:

(☐) INFORMATION ONLY (☐) PRELIMINARY APPROVAL (☐) POLICY DIRECTION (☒) APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA Consent Agenda

IMPACT:

PERSONNEL

(☐) FISCAL/BUDGETARY

(☐) GENERAL FUND

Other _____

7/16/93 original to Mr. Zochert
7/19/93 copy to Kathy Ferrell

1993 JUL 12 PM 2:22
MULTNOMAH COUNTY
OREGON
CLERK OF COUNTY COMMISSIONERS

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, OR COUNTY COMMISSIONER: K. Ferrell

BUDGET / PERSONNEL _____ / _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, Etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

KF/jlz/1133-AINT

6-245

70 CCH

APPLICATION

STATE OF OREGON
OREGON LIQUOR CONTROL COMMISSION

Return To:

GENERAL INFORMATION

A non-refundable processing fee is assessed when you submit this completed form to the Commission (except for Druggist and Health Care Facility Licenses). The filing of this application does not commit the Commission to the granting of the license for which you are applying nor does it permit you to operate the business named below.

(THIS SPACE IS FOR OLCC OFFICE USE)

Application is being made for:

- | | |
|--|--|
| <input type="checkbox"/> DISPENSER, CLASS A | <input type="checkbox"/> Add Partner |
| <input type="checkbox"/> DISPENSER, CLASS B | <input type="checkbox"/> Additional Privilege |
| <input type="checkbox"/> DISPENSER, CLASS C | <input type="checkbox"/> Change Location |
| <input type="checkbox"/> PACKAGE STORE | <input type="checkbox"/> Change Ownership |
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> Change of Privilege |
| <input checked="" type="checkbox"/> RETAIL MALT BEVERAGE | <input type="checkbox"/> Greater Privilege |
| <input type="checkbox"/> SEASONAL DISPENSER | <input type="checkbox"/> Lesser Privilege |
| <input type="checkbox"/> WHOLESALE MALT BEVERAGE & WINE | <input checked="" type="checkbox"/> New Outlet |
| <input type="checkbox"/> WINERY | <input type="checkbox"/> Other |

APPLICATION RECEIVED

OTHER:

Processing Fee \$52.60
#7173
Long Jackson

JUN 16 1993

OREGON LIQUOR CONTROL COMMISSION
REGULATORY DIVISION

(THIS SPACE IS FOR CITY OR COUNTY USE)

NOTICE TO CITIES AND COUNTIES: Do not consider this application unless it has been stamped and signed at the left by an OLCC representative.

THE CITY COUNCIL, COUNTY COMMISSION, OR COUNTY

COURT OF MULTNOMAH COUNTY
(Name of City or County)

RECOMMENDS THAT THIS LICENSE BE: GRANTED X

DATE JULY 15, 1993 DENIED

BY H.C. Miggins
(Signature)

TITLE H.C. Miggins, ACTING CHAIR

CAUTION: If your operation of this business depends on your receiving a liquor license, OLCC cautions you not to purchase, remodel, or start construction until your license is granted.

1. Name of Corporation, Partnership, or Individual Applicants:

- 1) THE BANK, DIVISION BRANCH, INC 2) _____
3) _____ 4) _____
5) _____ 6) _____
(EACH PERSON LISTED ABOVE MUST FILE AN INDIVIDUAL HISTORY AND A FINANCIAL STATEMENT)

2. Present Trade Name _____

3. New Trade Name THE BANK, DIVISION BRANCH, INC Year filed 1993
with Corporation Commissioner

4. Premises address 15920 SE DIVISION PORTLAND MULT ORE 97236
(Number, Street, Rural Route) (City) (County) (State) (Zip)

5. Business mailing address 15920 SE DIVISION PORTLAND ORE 97236
(P.O. Box, Number, Street, Rural Route) (City) (State) (Zip)

6. Was premises previously licensed by OLCC? Yes X No _____ Year 1992

7. If yes, to whom: CLABORN ENTERPRISES LTD. Type of license: R

8. Will you have a manager: Yes X No _____ Name JOSEPH W. ZOCHERT
(Manager must fill out Individual History)

9. Will anyone else not signing this application share in the ownership or receive a percentage of profits or bonus from the business? Yes _____ No X

10. What is the local governing body where your premises is located? MULTNOMAH COUNTY
(Name of City or County)

11. OLCC representative making investigation may contact: JOSEPH W. ZOCHERT 061749
(Name) 360.3 SE 69th, PORT, OR. 97206 771-8212
(Address) (Tel. No. — home, business, message)

CAUTION: The Administrator of the Oregon Liquor Control Commission must be notified if you are contacted by anybody offering to influence the Commission on your behalf.

Applicant(s) Signature
(In case of corporation, duly authorized officer thereof)

- 1) Joseph W. Zochert, Pres. DATE 5/17/93
2) _____
3) _____
4) _____
5) _____
6) _____

6-246

APPLICATION

STATE OF OREGON
OREGON LIQUOR CONTROL COMMISSION

Return To:

GENERAL INFORMATION

A non-refundable processing fee is assessed when you submit this completed form to the Commission (except for Druggist and Health Care Facility Licenses). The filing of this application does not commit the Commission to the granting of the license for which you are applying nor does it permit you to operate the business named below.

(THIS SPACE IS FOR OLCC OFFICE USE)

Application is being made for:

- | | |
|---|--|
| <input checked="" type="checkbox"/> DISPENSER, CLASS A | <input type="checkbox"/> Add Partner |
| <input type="checkbox"/> DISPENSER, CLASS B | <input type="checkbox"/> Additional Privilege |
| <input type="checkbox"/> DISPENSER, CLASS C | <input type="checkbox"/> Change Location |
| <input type="checkbox"/> PACKAGE STORE | <input type="checkbox"/> Change Ownership |
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> Change of Privilege |
| <input type="checkbox"/> RETAIL MALT BEVERAGE | <input type="checkbox"/> Greater Privilege |
| <input type="checkbox"/> SEASONAL DISPENSER | <input type="checkbox"/> Lesser Privilege |
| <input type="checkbox"/> WHOLESALE MALT BEVERAGE & WINE | <input checked="" type="checkbox"/> New Outlet |
| <input type="checkbox"/> WINERY | <input type="checkbox"/> Other |

OTHER:

Processing Fee \$102.60
#724
Larry Jacobson

JUN 16 1993

OREGON LIQUOR CONTROL COMMISSION
REGULATORY DIVISION

(THIS SPACE IS FOR CITY OR COUNTY USE)

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THE CITY COUNCIL, COUNTY COMMISSION, OR COUNTY

COURT OF MULTNOMAH COUNTY
(Name of City or County)

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DATE JULY 15, 1993

DENIED

BY H.C. Miggins
(Signature)
TITLE H.C. Miggins, ACTING CHAIR

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- 1) Joseph W. Zochert, Pres.
2) _____
3) _____
4) _____
5) _____
6) _____

DATE 5/17/93.