

MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY	• Chair	• 248-3308
PAULINE ANDERSON	• District 1	• 248-5220
GRETCHEN KAFOURY	• District 2	• 248-5219
RICK BAUMAN	• District 3	• 248-5217
	• District 4	• 248-5213
JANE McGARVIN	• Clerk	• 248-3277

AGENDA OF
MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS
FOR THE WEEK OF
May 29 - June 2, 1989

Tuesday, May 30, 1989 - 9:30 AM - Informal Briefings. .Page 2
Tuesday, May 30, 1989 - 1:30 PM - Executive Session . Page 3
2:00 PM - Informal Meeting
Thursday, June 1, 1989 - 9:30 AM - Formal. Page 4

Tuesday, May 30, 1989 - 9:30 AM
Multnomah County Courthouse, Room 602

INFORMAL BRIEFINGS

1. Legislative Briefing (if needed) - Fred Neal, Howard Klink
2. Update on Columbia Villa Project - Norm Monroe and Rod Englert

PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS

Tuesday, May 30, 1989 - 1:30 PM

Multnomah County Courthouse, Room 602

EXECUTIVE SESSION - to discuss pending labor negotiations as allowed under ORS 192.660(1)(d) - Darrell Murray

INFORMAL MEETING

2:00 PM

1. Informal Review of Bids and Requests for Proposals:
 - a) Burnside Bridge Sidewalk Rehabilitation
 - b) Animal Control Night Services
 - c) Emulsion Heating Kettle
2. Report and Recommendations regarding request that the Board authorize the Department of Human Services to pursue American Correctional Association Accreditation for Donald E. Long Home - Duane Zussy and Hal Ogburn
3. Report and Recommendations regarding County/Provider operated Downsizing Project - Duane Zussy and Hal Ogburn
4. Informal Review of Formal Agenda of June 1, 1989

PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS

Thursday, June 1, 1989, 9:30 AM

Multnomah County Courthouse, Room 602

Formal Agenda

REGULAR AGENDA

DEPARTMENT OF GENERAL SERVICES

- R-1 Budget Modification DGS #17 making an appropriation transfer within General Services from Insurance Fund Professional Services salary savings to reclassify an Administrative Technician to Management Analyst
- R-2 Resolution Concerning the Establishment of a Policy for Parental Leave for Employees of Multnomah County

DEPARTMENT OF HUMAN SERVICES

- R-3 In the matter of an intergovernmental agreement with Clackamas County for purchase of County juvenile detention space as available whereby County will receive \$161,454 in equal three-month payments from July 1, 1989 to June 30, 1990
- R-4 In the matter of an intergovernmental revenue agreement with State Health Division to Health Services reflecting an increase in Federal/State WIC funding to pay for data system terminals in County Health Clinic WIC Programs
- R-5 Budget Modification DHS #60 reflecting revenue increases in the amount of \$15,296 from State Health Division grant to Health Services, Equipment WIC Programs for purchase of data system terminals in Health Clinics
- R-6 In the matter of ratification of an intergovernmental agreement (Amendment #4) with Oregon State Adult and Family Services Division whereby the State will continue the Refugee Early Employment Project (REEP), and reimburse the County for providing health services to refugees on a prepaid capitation basis for period July 1, 1989 to September 30, 1990
- R-7 Budget Modification DHS #55 reflecting a decrease in the amount of \$69,358 from Human Services Director's Office, Community Services, within Materials & Services to reflect actual FY 87-88 carryover amounts and additional revenue contracts with State Community Services

- R-8 Budget Modification DHS #56 making an appropriation transfer in the amount of \$80,000 within Social Services from Developmentally Disabled (DD) Case Management to DD Contracts to reflect anticipated shortfall in funding for Employment Transportation for DD clients, and increasing and decreasing various positions and line items
- R-9 Budget Modification DHS #58 reflecting an appropriation in the amount of \$9,548 from Clackamas County to Social Services, Administration and re-programs \$5,590 in State Mental Health Local Administration revenue within Social Services to pay for County on-loan personnel services
- R-10 Budget Modification DHS #59 making an appropriations transfer in the amount of \$1,109 within Social Services from A & D Contracts to A & D Operations to revise earlier budget decisions regarding purchase of telecommunication equipment for substance abuse treatment services to the hearing impaired

ORDINANCES - DEPARTMENT OF HUMAN SERVICES

- R-11 First Reading - An Ordinance adopting a recommendation of the EMS Policy Board to amend Emergency Medical Services Rule 631.502 by revision of the Advanced Life Support Treatment Protocols, and declaring an emergency

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

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Friday, 6:00 P.M., Channel 27 for Rogers Multnomah East subscribers

Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

bj

0499C.49-53



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

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	• District 4	• 248-5213
JANE McGARVIN	• Clerk	• 248-3277

June 1, 1989

Ms. Linda Alexander, Director
Department of General Services
1120 SW Fifth
Portland, OR

Dear Ms. Alexander:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

Request of the Director of General Services for)
approval of Budget Modification DGS #17 making)
an appropriation transfer within General)
Services from Insurance Fund Professional)
Services salary savings to reclassify an)
Administrative Technician to Management)
Analyst R-1)

Upon motion of Commissioner Anderson, duly seconded by Commissioner Kafoury, it is unanimously

ORDERED that said request be approved, and budget modification be implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm

cc: Employee Relations
Budget
Finance

DATE SUBMITTED May 22, 1989

(For Clerk's Use)

Meeting Date _____

Agenda No. _____

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: RECLASSIFICATION REQUEST

Informal Only* May 30, 1989
(Date)

Formal Only June 1, 1989
(Date)

DEPARTMENT GENERAL SERVICES

DIVISION EMPLOYEE SERVICES

CONTACT LLOYD WILLIAMS/JEAN MILEY

TELEPHONE 2206/3882

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD LLOYD C. WILLIAMS

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

This reclassification rectifies 5 years of inappropriate classification. Incumbent employee has requested reclassification to a Management Analyst from an Administrative Technician. The reclassification is supported by a recent desk audit of the position.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ -General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: _____

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.

BUDGET MODIFICATION NO. DGS #17

(For Clerk's Use) Meeting Date 5/20/89
Agenda No. 19-1

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR _____ (Date) _____

DEPARTMENT DGS

DIVISION Employee Services

CONTACT Lloyd Williams

TELEPHONE 248-5015

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Lloyd Williams

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

Request to reclassify an Administrative Technician to Management Analyst in the Insurance Fund.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

☐ PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

No appropriations are being changed by this budget modification. Salary savings exist in the Insurance Fund due to the Risk Manager position having been vacant since January 27, 1989. Employee Services Director requests that a portion of these salary savings be used to reclassify this position retroactive to December, 1988. This request is based on an identified five year inappropriate personnel action. The requested change rectifies this action and makes the employee whole!

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

To Budget
6/20/89

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

Contingency before this modification (as of _____) \$ _____
(Specify Fund) (Date)
After this modification \$ _____

Originated By	Date	Department Director	Date
<u>Joan Miller</u>	<u>5/20/89</u>	<u>Jinda Alexander</u>	
Finance/Budget	Date	Employee Relations	Date
<u>J. Mark Campbell</u>	<u>5-22-89</u>	<u>W. J. Brown</u>	<u>5/22/89</u>
Board Approval			Date
<u>Barbara E. Jones</u>		<u>6/01/89</u>	

PERSONNEL DETAIL FOR BUD MOD NO. DGS #17

5. ANNUALIZED PERSONNEL CHANGES (Compute on a full year basis even though this action affects only a part of the fiscal year.)

[illegible]

6. CURRENT YEAR PERSONNEL DOLLAR CHANGES (calculate costs or savings that will take place within this fiscal year; these should explain the actual dollar amounts being changed by this Bud Mod.)

Permanent Positions, Temporary, Overtime, or Premium	Explanation of Change	C u r r e n t F Y			
		BASE PAY Increase (Decrease)	Increase (Decrease) Fringe	Ins.	TOTAL Increase (Decrease)
.54 (Admin. Tech.)		(13,011)	(3,287)	(1,049)	(17,347)
.54 Mgmt. Analyst		13,214	3,337	1,051	17,602
.43 (Risk Manager)		(15,540)	(3,925)	(1,401)	(20,866)
Total (savings)		(15,337)	(3,873)	(1,399)	(20,611)

RECLASSIFICATION RESPONSE FOR REQUEST FROM MARY COSBY
ADMINISTRATIVE TECHNICIAN -- MANAGEMENT ANALYST

On Wednesday, May 10, 1989, Mary Cosby requested that her position/classification -- Risk Management Technician / Administrative Technician be evaluated for reclassification. It was her expressed desire that the classification level be that of a Management Analyst. As we are in the middle of a classification/compensation study for the entire county, I decided to conduct the desk audit myself, rather than ask Mr. Winkley to perform the task.

Ms. Cosby's request was predicated on the following:

1. From 1/24/85 to 1/24/87 she received out of class pay at the rate of 10.37/hour for performing the functions of a management analyst. The out of class pay was raised by her former boss, Mr. Leahy, County Counsel, when Risk Management reported to his function.
2. Mr. Leahy stated that she was performing the function of a management analyst although she was not classified as such.
3. Ms. Holmes, Payroll Supervisor, stated that the pay arrangement was agreed to by Ms. Sue Ayers, then Senior Personnel Analyst, now, Personnel Manager. Ms. Holmes additionally requested of Ms. Ayers the rationale for no increases or COLAs and was informed that out of class pay was sufficient by Ms. Ayers.
4. The rate of pay -- 10.37 was the bottom of the management analyst range on 1/24/85.

With these facts at my disposal, I proceeded to conduct a desk audit of the tasks performed by Ms. Cosby. The following are the findings.

1. Ms. Cosby performs professional management analysis and administrative support work as a generalist in Risk Management. She applies significant judgment in the duties; initiates and negotiates with external vendors as the professional; she administers the Return to Work Program in the Risk Management function, and she provides the administrative support for insurance issues, loss control issues and all aspects of Worker's Compensation.

These duties are consistent with the General Statement of Duties for a management analyst--exempt/classified.

2. Ms. Cosby works under general supervision and follows policies and procedures without specific

technical guidance from management.

3. Ms. Cosby provides liaison and general management support to all operating units of the county in Risk Management.

4. In her function in Risk Management, she consistently analyzes job tasks for return to work issues and negotiates with outside vendors to reduce county liability issues.

5. She investigates and resolves critical issues with Vocational Rehabilitation and our outside administrator of Worker's Compensation.

6. She consistently researches special issues and needs in Risk Management and gathers and compiles data and information for dissemination throughout the county.

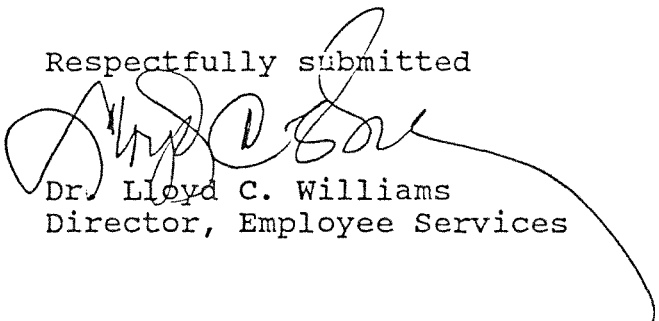
7. Each of these duties which encompass more than 70% of her time are consistent with the classification of Management Analyst.

She appears to additionally meet the test of Knowledge, Skills and Abilities.

BECAUSE OF ALL THE AFOREMENTIONED, THE REQUEST TO BE RECLASSIFIED TO MANAGEMENT ANALYST IS GRANTED.

BECAUSE SHE WAS PREVIOUSLY PAID OUT OF CLASS WAGES, IT IS MY DECISION TO NOT WAIT UNTIL THE CLASSIFICATION/COMPENSATION STUDY IS FINALIZED. SHE WILL THEREFORE BE RECLASSIFIED EFFECTIVE 5/10/89 WITH RETROACTIVE PAY TO 12/10/88. IN ADDITION, 12/10/88 WILL BECOME HER NEW ANNIVERSARY DATE.

Respectfully submitted



Dr. Lloyd C. Williams
Director, Employee Services

RECLASSIFICATION REQUEST FORM

EMPLOYEE/UNION: A completed Job Questionnaire must be submitted with this form.

Name Mary L Cosby

Current Classification Risk management TECHNICIAN

Requested Classification Management Analyst

Describe why the position should be reclassified:

1. I believe my work is at the level of management analyst
2. I was paid out of class as a management analyst for a period of (approx.) 2 years.

If new duties and responsibilities were added to the position, when were they added?

Mary L. Cosby May 10, 1989
Signature Date

SUPERVISOR (must be exempt from the Union): Complete the Supervisor's Section of the Job Questionnaire also. Send the forms to the Personnel Analyst within 15 days of receipt.

Name _____

Title _____

REQUEST TO CREATE/RECLASSIFY A POSITION

1. List the proposed duties of the position (please do not copy from the class specification):

- a. Comprehensive Liaison with department management and outside vendors
- b. Performing professional management analysis, analyzing return to work protocols
- c. Administering the Return to Work Program
- d. Investigates + resolves critical issues with Voc. Rehab & Scott Wetzel
- e.

Use the reverse side or attach additional sheets, if needed.

2. State the proposed classification title:

Management Analyst

3. Is this a new position? 1 / Yes ☒ No

4. If this is an existing position, state the name of the incumbent:

MARY COOPER

5. Proposed effective date of change: 5/10/89 retro active to 1/10/89

Hiring Manager: Sam M. Miley

Date: 5/16/89 Department/Division: DGS, Office of Risk Mgt.

EMPLOYEE SERVICES DIVISION USE ONLY:

Action: ☒ Approved as submitted

1 / Approved for classification title

1 / Denied (for Reclassification Requests only)

Analyst Name: [Signature]

Date: 5/15/89

June 1, 1989

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

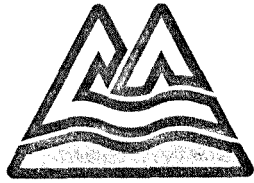
BUDGET MODIFICATION DGS #17 APPROVED.

R-1

BOARD OF
COUNTY COMMISSIONERS
1989 JUN 23 PM 12:28
MULTNOMAH COUNTY
OREGON

J. Mark Campbell
6-22-89

PLEASE SIGN & RETURN THIS RECEIPT TO COMMISSIONERS OFFICE



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY •	Chair •	248-3308
PAULINE ANDERSON •	District 1 •	248-5220
GRETCHEN KAFOURY •	District 2 •	248-5219
RICK BAUMAN •	District 3 •	248-5217
	District 4 •	248-5213
JANE McGARVIN •	Clerk •	248-3277

June 1, 1989

Ms. Linda Alexander, Director
Department of General Services
1120 SW Fifth
Portland, OR

Dear Ms. Alexander:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

In the matter of Establishment of a Policy for)	RESOLUTION
Parental Leave for Employees of Multnomah County)	#89-111
R-2)	

Commissioner Anderson moved, duly seconded by Commissioner Kafoury, that the above-entitled matter be approved as substituted.

Commissioner Kafoury stated that a substitute resolution was provided this morning which responded to a question whether the parent had to be a spouse. Mr. Upton has provided a substitute resolution with the amendment to include the language that it is any parent, whether or not that parent happens to be a spouse.

Laurence Kressel, County Counsel, asked what is the actual language of the amendment.

Commissioner Kafoury said the amendment substitutes for "a spouses leave" by the following language: "Leave taken by the other parent of his or her child".

Ken Upton, Labor Relations, said the definition of parent is attached to the memorandum, and they are using the Bureau of Labor and Industries definition, so a common standard is used for definition.

Commissioner Kafoury said this would also answer the question about adoptive children, and it does. That is included in the

definition as provided by the Bureau of Labor and Industries definition of "parent". It is not included in the resolution itself. Parent does include natural as well as adoptive parents.

Mr. Kressel said it would be helpful if the resolution referenced the attached definition, so the legislative intent is clear in the resolution.

Commissioner Anderson asked if the Bureau of Labor and Industries definition will be attached to the resolution.

Commissioner Kafoury asked if those definitions generally accepted by all agencies.

Mr. Upton said the reason we prepared the substitute resolution was to address Commissioner Bauman's concern. However, paragraph 1 of the resolution refers to the leaves under the terms mandated by Oregon Law, which he thought would include all legally promulgated rules and regulations, and definitions. If that is adequate to deal with this, he did not think anything else would be required. There are many other technical matters in the regulations, which he did not provide copies of.

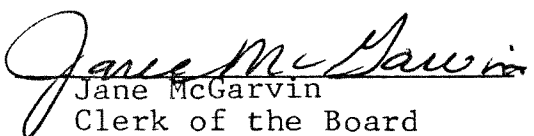
Commissioner Kafoury said another term, parental leave, would also be defined by the Bureau. She feels the reference to the ORS and the administrative rules would be sufficient.

The motion was then considered, and it is unanimously

ORDERED that said Resolution be adopted.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By 
Jane McGarvin
Clerk of the Board

jm
cc: Employee Relations

DATE SUBMITTED May 25, 1989

(For Clerk's Use)
Meeting Date 6/01/89
Agenda No. R-2

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Parental Leave

Informal Only* 5/30/89
(Date)

Formal Only 6/1/89
(Date)

DEPARTMENT General Services DIVISION Labor Relations

CONTACT Kenneth Upton TELEPHONE 248-5135

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Kenneth Upton

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

This resolution implements the Board's decision to allow the use of sick leave during the entire twelve-week parental leave period mandated by ORS 659.360. It also allows employees to take twelve weeks of leave regardless of the amount of leave used by their spouses.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☒ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 5-10 minutes

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: [Signature]

BUDGET / PERSONNEL David C. Warren

COUNTY COUNSEL (Ordinances, Resolution, Agreements, Contracts) [Signature]

OTHER _____

(Purchasing, Facilities Management, etc.)

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



MULTNOMAH COUNTY OREGON

*R-2
Revised*

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY, CHAIR
PAULINE ANDERSON
POLLY CASTERLINE
GRETCHEN KAFOURY
RICK BAUMAN

DEPARTMENT OF GENERAL SERVICES
PORTLAND BUILDING
1120 SW FIFTH, 14th FLOOR
PORTLAND, OR 97204-1934
(503) 248-3300

OFFICE OF THE DIRECTOR	(503) 248-3303
PLANNING & BUDGET	(503) 248-3883
COUNTY COUNSEL	(503) 248-3138
EMPLOYEE SERVICES	(503) 248-5015
FINANCE	(503) 248-3312
LABOR RELATIONS	(503) 248-5135

MEMORANDUM

TO: Board of County Commissioners

FROM: Kenneth Upton, Labor Relations Manager *KU*

DATE: May 31, 1989

SUBJECT: Parental Leave for Parents Who are Not Spouses

Responsive to a concern expressed by Commissioner Bauman, I made inquiry as to the definition of "parent" utilized by the Bureau of Labor and Industries (BOLI) in enforcement of ORS 659.360. The definition attached as "Attachment 1" would appear to clearly suggest amending the resolution to include all parents as defined in the BOLI regulations without reference to the term spouse. An amended version of the resolution is also attached for your consideration.

If you have any further questions or concerns, please call. I or a member of my staff will be available at the formal on June 1, 1989 to respond to any further questions or concerns.

6658F/KU/ld

cc with Attachments: Linda Alexander
Larry Kressel

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY

Concerning the Establishment)
of a Policy for Parental Leave) RESOLUTION
for Employees of Multnomah County)

WHEREAS, ORS 659.360 provides a twelve week parental leave for Oregon employees subject to certain terms and limitations; and

WHEREAS, ORS 659.360 further provides that sick leave may be used during the term of parental leaves; and

WHEREAS, the Bureau of Labor and Industries has promulgated administrative rules which would allow use of sick leave during parental leave regardless of whether such use of leave would otherwise be allowable under the employer's policy; and

WHEREAS, there is currently pending litigation and legislation which would respectively test the legality of the Bureau's promulgated rules or amend ORS 659.360; and

WHEREAS, it is the desire of the County to reach closure on this policy issue independent of the outcome of litigation and further legislation on this matter; and

WHEREAS, it is the desire of the County to be supportive of employees on parental leave consistent with the balancing process of collective bargaining;

NOW THEREFORE BE IT RESOLVED that the Board of County Commissioners establishes the following terms for administration of Parental Leave:

1. Notwithstanding the outcome of any pending litigation or legislation, County employees may use sick leave for parental leave during the term of a parental leave mandated by Oregon law; and
2. The terms of parental leave need not be coordinated with a spouse's leave, i.e., a County employee may take twelve weeks of leave notwithstanding the length of a spouse's parental leave; and

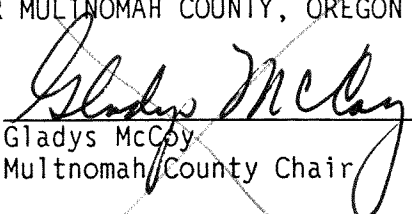
3. To the extent that the above terms are in excess of the requirements of Oregon Law, they shall become effective for members of the County's collective bargaining units only upon execution of memoranda of exception in accordance with the terms of their respective collective bargaining agreements.

ADOPTED June 1, 1989

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

(SEAL)

By


Gladys McCoy
Multnomah County Chair

Reviewed by:

Laurence Kressel
County Counsel
for Multnomah County

6500F

Attachment 1 (for BA only)

undifferentiated "days off," and the like, as governed by agreement between the employer and the employee, by a valid collective bargaining agreement, or by the employer's policy.

(5) "Parent" means an employee with parental rights and duties as defined by law who is responsible for the care and nurturance of a child, and includes the adoptive mother or the adoptive father of a newly adopted child under six years of age. For the purposes of ORS 659.360 to 659.370, the term "parent" does not include:

(a) an individual who has contracted to carry a child to term and to renounce parental rights at the birth of the child;

(b) individuals employed by a covered employer as described in OAR 839-07-815 for fewer than ninety (90) consecutive days prior to the first day of the requested parental leave;

(c) individuals employed by a covered employer as described in OAR 839-07-815 on a seasonal or temporary basis for a period of time defined at hire to be less than six (6) months;

(6) "Newly adopted" means adopted after the effective date of ORS 659.360 and these rules.

(7) "Parental leave of absence" or "parental leave" means an employee's absence from work, paid or unpaid, allowed under ORS 659.360 and these rules based upon the employee's status as a parent.

(8) "Days" means calendar days, and when enumerated, as "90 days," means consecutively occurring calendar days.

(9) "Child" includes children in the event of multiple

Amended Version
June 1, 1989

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR MULTNOMAH COUNTY

Concerning the Establishment)	
of a Policy for Parental Leave)	RESOLUTION
for Employees of Multnomah County)	#89-111

WHEREAS, ORS 659.360 provides a twelve week parental leave for Oregon employees subject to certain terms and limitations; and

WHEREAS, ORS 659.360 further provides that sick leave may be used during the term of parental leaves; and

WHEREAS, the Bureau of Labor and Industries has promulgated administrative rules which would allow use of sick leave during parental leave regardless of whether such use of leave would otherwise be allowable under the employer's policy; and

WHEREAS, there is currently pending litigation and legislation which would respectively test the legality of the Bureau's promulgated rules or amend ORS 659.360; and

WHEREAS, it is the desire of the County to reach closure on this policy issue independent of the outcome of litigation and further legislation on this matter; and

WHEREAS, it is the desire of the County to be supportive of employees on parental leave consistent with the balancing process of collective bargaining;

NOW THEREFORE BE IT RESOLVED that the Board of County Commissioners establishes the following terms for administration of Parental Leave:

1. Notwithstanding the outcome of any pending litigation or legislation, County employees may use sick leave for parental leave during the term of a parental leave mandated by Oregon law; and
2. The terms of parental leave for a County employee need not be coordinated with [a spouse's leave,] leave taken by the other parent of his or her child; i.e., a County employee may take twelve weeks of leave notwithstanding the length of [a spouse's] the other parent's parental leave; and

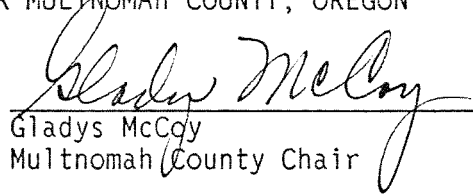
3. To the extent that the above terms are in excess of the requirements of Oregon Law, they shall become effective for members of the County's collective bargaining units only upon execution of memoranda of exception in accordance with the terms of their respective collective bargaining agreements.

ADOPTED June 1, 1989

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

(SEAL)

By


Gladys McCoy
Multnomah County Chair

Reviewed by:

Laurence Kressel
County Counsel
for Multnomah County


6500F



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
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RICK BAUMAN • DISTRICT 3 • 248-5217
• DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

In the matter of an intergovernmental agreement)
with Clackamas County for purchase of County)
juvenile detention space as available whereby)
County will receive \$161,454 in equal three-)
month payments from July 1, 1989 to June 30,)
1990 R-3)

Commissioner Bauman moved, duly seconded by Commissioner Kafoury, that the above-entitled matter be approved.

Commissioner Anderson said the Juvenile Home will need some capital improvements very soon, and asked if the rate in the agreement been increased to recognize that the facility will need to be upgraded.

Duane Zussy, Director of the Department of Human Services, said the agreement represents a significant increase in the rate that is being paid for next year over the current year. He did not believe the rate is sufficient to address the full share of any capital expense that might be required, but it does more fairly reflect the operating expenses in the new rate. They have alerted Clackamas and Washington Counties to the fact there is an architectural review of the facility being conducted, and once it is known what the costs will be for the various aspects of renovation, and the approach the Board wants to take on the renovations, the two counties will be notified of the proportional share of the capital costs. The two counties have recognized that it is far less costly to contract with Multnomah County then to set up their own program and facility. It is anticipated that there will be a decision made during the life of this contract on what is to be done at the Juvenile Home (the report presented to the Board early in August with the Board making its decision on timing of the renovations, then building plans drawn up

and put out to bid). He did not believe there would be any actual expenditures during the life of this contract. If there are capital expenditures made next fiscal year, it is anticipated a separate agreement would be made with the two counties dealing just with the capital costs.

The motion was considered, and it is unanimously

ORDERED that said Intergovernmental Agreement be ratified.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By Jane McGarvin
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Purchasing
Juvenile Justice

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 6/01/89

Agenda No. B-3

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Intergovernmental Agreement
with Clackamas County

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Juvenile Justice

CONTACT Harold Ogburn TELEPHONE 248-3460

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy/ Harold Ogburn

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

The Juvenile Justice Division operates and maintains a detention facility known as the Donald E. Long Home, for temporary custody of juveniles pending disposition of cases referred to the program. Clackamas desires to utilize space for detention of juveniles as Multnomah County make space available. The Juvenile Justice Division requests Board's approval of this Intergovernmental Agreement with Clackamas County which is in effect from July 1, 1989 through and including June 30, 1990, whereas Multnomah County shall be paid by Clackamas County \$161,454 in three equal payments, for the duration of this Agreement.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10 minutes

IMPACT:

PERSONNEL

☒ FISCAL/BUDGETARY

☐ General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussy

BUDGET / PERSONNEL Thomas S. Soper

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Arminia Brown

OTHER _____

(Purchasing, Facilities Management, etc.)

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



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
JUVENILE JUSTICE DIVISION
1401 N.E. 68th
PORTLAND, OREGON 97213
(503) 248-3460

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy, Chair
Board of County Commissioners

VIA: Duane Zussy, Director *Duane Zussy (m)*
Department of Human Services

FROM: *H* Harold Ogburn, Director
Juvenile Justice Division

DATE: May 3, 1989

SUBJECT: REQUEST FOR INTERGOVERNMENTAL AGREEMENT

Recommendation: The Juvenile Justice Division requests Board's approval on the Intergovernmental Agreement to provide detention facilities and supervision for juveniles referred to the program by Clackamas County.

Background: The Juvenile Justice Division operates and maintains a detention facility known as the Donald E. Long Home for temporary custody of juveniles pending disposition of cases referred to the program, which detention facility includes housing space not presently required by Multnomah County for effective maintenance of its local program; and Clackamas County desires to utilize space for detention of juveniles as Multnomah County may make available. The Juvenile Justice Division is willing and able to provide to Clackamas County detention facilities and supervision within the Donald E. Long Home as Clackamas County may require.

Analysis: The Juvenile Justice Division requests Board's approval of this Intergovernmental Agreement with Clackamas County which is effective July 1, 1989, to and including June 30, 1990, whereas Multnomah County shall be paid by Clackamas County for the duration of this Agreement the sum of \$161,454 in three equal payments.

6651U/CL/ijm



MULTNOMAH COUNTY OREGON

CONTRACT APPROVAL FORM

(See instructions on reverse side)

DHS #4

89-90

TYPE I

- ☐ Professional Services under \$10,000
- ☒ Revenue
- ☐ Grant Funding
- ☒ Intergovernmental Agreement

TYPE II

- ☐ Professional Services over \$10,000 (RFP, Exemption)
- ☐ PCRB Contract
- ☐ Maintenance Agreement
- ☐ Licensing Agreement
- ☐ Construction

Amendment # _____ to Contract # _____

Amendment # _____ to Contract # _____

Contact Person Harold OgburnPhone 248-3460Date 4/28/89Department Human ServicesDivision Juvenile Justice

Bldg/Room: _____

Description of Contract Provide detention facilities and supervision at Multnomah County DELH for Clackamas County.

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

ORS/AR # _____ Contractor is ☐ MBE ☐ FBE ☐ QRFContractor Name Clackamas CountyMailing Address 2121 Kaen RdOregon City, Or 97045Phone 655-8342

Employer ID# or SS# _____

Effective Date 7/01/89Termination Date 6/30/90Original Contract Amount \$161,454.00

Amount of Amendment \$ _____

Total Amount of Agreement \$161,454.00

Required Signatures:

Department Head [Signature]Date 5/17/89

Purchasing Director

(Type II Contracts Only)

Date _____

County Counsel [Signature]Date 5/19/89Budget Office [Signature]Date 5/22/89

County Executive/Sheriff _____

Date _____

TRANSACTION CODE	P O	AGENCY	PO DATE	ACCOUNTING PERIOD	BUDGET FY	ACTION					
VENDOR CODE		VENDOR NAME			TOTAL AMOUNT						
		Clackamas County			\$161,454.00						
LINE NO.	CONTRACT NUMBER	FUND	AGENCY	ORGANIZATION	ACTIVITY	OBJECT	SUB OBJ	REPT CATEG	DESCRIPTION	AMOUNT	INC/ DEC IND
	100040	100	010	2510		XXXX			2701 Rev. Code Housing	\$161,454.00	

CLACKAMAS-MULTNOMAH COUNTY JUVENILE DETENTION
INTERGOVERNMENTAL COOPERATION AGREEMENT

THIS AGREEMENT, made and entered into by and between the County of Clackamas, hereinafter referred to as Clackamas, and Multnomah County, a home-rule subdivision of the State of Oregon, hereinafter referred to as Multnomah, deals with the delivery of detention services by Multnomah to Clackamas as described below. The following provisions shall comprise this Agreement:

I. RECITATIONS:

- A. Multnomah operates and maintains a juvenile detention facility known as the Donald E. Long Home designed and operated as a temporary secure custody facility for juveniles pending disposition of cases referred to the juvenile justice system. Space presently exists in the Donald E. Long Home rendering it satisfactory for use by counties other than and in addition to Multnomah without a negative effect on either county or the juvenile detainee.
- B. Clackamas wishes to continue to utilize the space in the Donald E. Long Home for the detention of juveniles referred to the Clackamas County juvenile justice system and in need of secure custody.
- C. The combining of the referred Clackamas County population with the Multnomah and Washington County juvenile populations in the Donald E. Long Home is in the best interests of Clackamas and Multnomah, both fiscally and programmatically.
- D. ORS Chapter 190 provides for intergovernmental cooperation agreements for the performance of functions and activities of either party by the other in the interest of furthering economy and efficiency in local government and to that end declares that the provision of ORS. 190.003 to 190.110 shall be liberally construed.

II. SERVICES TO BE PROVIDED

A. Multnomah shall perform as follows:

1. Admission services.

- a. Any child between ages 12 and 18 years, shall be admitted by Multnomah to the Donald E. Long Home upon authorization for secure custody communicated by an appropriate employee of the Clackamas County Juvenile Court as defined in this Agreement or upon order of any Clackamas County Court of competent jurisdiction to require detention of such juvenile, all subject to the conditions hereinafter provided.
- b. Acting through its on-duty intake supervisor, Multnomah shall have discretion to refuse acceptance of any juvenile referred pursuant to this Agreement in those circumstances where Multnomah reasonably believes the referral does not comply with lawful requirements of the facility regulations pertaining to the Donald E. Long Home, where Multnomah lacks adequate bed space in excess of those reserved spaces provided herein, or when it appears that the physical condition of the referred juvenile requires immediate medical attention.
- c. Six bed spaces within the Donald E. Long Home shall be available to the exclusive use of Clackamas on a continuous 24-hour a day basis.
- d. Any requirement of Clackamas for bed space in excess of six shall be furnished by Multnomah on a space available basis and at a rate of compensation defined in this Agreement.

CLACKAMAS-MULTNOMAH COUNTY JUVENILE DETENTION
INTERGOVERNMENTAL COOPERATION AGREEMENT
Page 3

- e. In the event a juvenile resident of Clackamas is taken into custody by law enforcement in Multnomah other than as a consequence of an order of a Clackamas County court of competent jurisdiction and that juvenile resident of Clackamas is delivered to the Donald E. Long Home, admission shall be as in the case of any local Multnomah referral, and no charge or cost shall accrue against Clackamas pursuant to this Agreement until and unless an appropriate referral for on-going custody is made in accordance with this Agreement.
- f. Multnomah County Juvenile Court shall not be required to provide notice to parents or guardians of juveniles referred upon admission or otherwise pursuant to this Agreement.
- g. Multnomah shall provide Clackamas a daily roster indicating all juveniles held by Multnomah pursuant to this Agreement. Multnomah shall include with that roster a listing of those juveniles accepted by Multnomah who are subject to the juvenile court jurisdiction of Clackamas County but who are not admitted pursuant to the terms of this Agreement.

2. Supervision Services.

- a. An admitted Clackamas juvenile shall be placed in a detention unit deemed by Multnomah appropriate to the sex, age and circumstance of the juvenile, consistent with the existing facility population and the best interests of the total facility population and operation.
- b. Clackamas juveniles admitted pursuant to this Agreement shall receive the quality, level and type of care and

supervision by Multnomah as is furnished to the rest of the detention population, regardless of the county of residence.

- c. Each referred Clackamas juvenile shall be assigned a Multnomah staff worker to act in a liaison capacity with Clackamas for purposes of tracking progress of Clackamas toward disposition of the referred juvenile and for implementing agreed arrangements incident to the expeditious release or coordinated planning for disposition, provided that no such Multnomah worker shall be required to provide those counseling services customarily furnished to referred juveniles preparatory to any adjudicative or dispositive process.
- d. The terms of this Agreement do not contemplate the provision of emergency services by Multnomah within the agreed per diem costs. In the event it is determined that a Clackamas detainee is in need of emergency medical services, whether as a result of a unilateral decision by Multnomah or as a consultation between Multnomah and Clackamas, Multnomah is authorized to take appropriate action to secure such services, including transportation as required, and Clackamas shall reimburse Multnomah for any expense connected therewith. Multnomah shall provide Clackamas with immediate notice of those services provided unilaterally.

3. Release Services.

- a. Multnomah shall release Clackamas juveniles referred pursuant to this Agreement only upon receipt of notification by an authorized employee of the Clackamas County Juvenile Court. That notice may be by telephone, in person, or in writing, but any nonwritten communication will be confirmed in due course by a written authorization

for release. Multnomah shall release Clackamas juveniles to such individuals or agencies as included in notification.

- b. Upon notification to Clackamas, Multnomah may act to require release of any juvenile it reasonably believes is being detained in excess of statutory authority.
- c. No provision of this Agreement is intended to relieve Clackamas of the duty to monitor the number, identity, and appropriate periods of detention for those Clackamas juveniles detained in Multnomah pursuant to this Agreement. It shall be the responsibility of Clackamas to defend and hold Multnomah harmless from any claim of detention in excess of lawful limits brought by or in behalf of any juvenile referred as provided herein.

B. Clackamas shall perform as follows:

- 1. It shall be the responsibility of law enforcement authorities in Clackamas County to deliver juveniles authorized for secure custody to the Donald E. Long Home. Clackamas shall provide Multnomah current information identifying those Clackamas Juvenile Court staff authorized to refer juveniles to Multnomah as provided herein.
- 2. Clackamas shall provide or arrange all nonemergency transportation of Clackamas residents once the juvenile has been delivered by law enforcement officers.
- 3. Clackamas shall provide Multnomah written evidence of authorization to detain or release any juvenile referred pursuant to this Agreement, but actual receipt of written evidence is not a condition precedent to any specific detention or release.

CLACKAMAS-MULTNOMAH COUNTY JUVENILE DETENTION
INTERGOVERNMENTAL COOPERATION AGREEMENT
Page 6

4. Except as provided in Section III-B of this Agreement, Clackamas shall compensate Multnomah for all expenses reasonably incurred by Multnomah in providing emergency medical, dental, or psychological services, including transportation therefor, on behalf of any referred juvenile pursuant to this Agreement.
5. Clackamas shall reimburse Multnomah for any unusual expenses reasonably incurred in the care and supervision of a referred juvenile which would exceed the level of care and supervision customarily furnished to detained youngsters, including but not limited to specially tailored clothing or custom footwear, prosthesis, remedial tutoring, eyeglasses, dentures, hearing aids, and similar devices. Nothing in this Agreement shall be construed to authorize Multnomah to incur these expenses without prior authorization from Clackamas except in those circumstances constituting a medical emergency.
6. Clackamas shall be responsible for providing Clackamas juveniles placed with Multnomah pursuant to this Agreement any of the usual counseling services attendant to a child subject to the juvenile court system.
7. It shall be the responsibility of law enforcement agencies to provide statutorily necessary notifications of temporary custody to the parent or guardian of any juvenile placed by that agency pursuant to this Agreement.
8. Clackamas shall provide Multnomah rapid actual and, in due course, written notice of all judicial orders, visitation restrictions and specialized programming which affect detention care and supervision for a referred Clackamas juvenile.

C. Compensation Rates and Mode of Payments:

1. For the duration of this annual Agreement, Clackamas shall pay to Multnomah the sum of \$161,454 for the reservation and utilization of six bed spaces and normal care and maintenance of those Clackamas juveniles in residence up to and including a maximum of six residents per day. The above sum shall be paid by Clackamas to Multnomah in three equal installments of \$53,818, payable on October 1, 1989, February 1, 1990, and June 1, 1990.
2. On those occasions when Clackamas requires bed space in excess of the guaranteed six hereinabove described, the rate for each such additional space shall be \$35.00 per day.
3. In computing daily populations the day of admission shall be considered a full day, the day of release shall not be counted, each irrespective of the time of day on which the event occurs.
4. Those expenses for excess bed space or emergency services which may be incurred shall be billed to Clackamas by Multnomah on a monthly basis and shall be paid by Clackamas to Multnomah on a monthly basis.

III. CONSTRAINTS:

- A. It is understood and agreed that any and all employees of the Donald E. Long Home are not employees, agents, or representatives of Clackamas for any purpose.
- B. Clackamas and Multnomah, each as to the other, shall indemnify, save harmless, and defend the sister county, its officers, commissioners and employees from and against all claims and actions, and all expenses incidental to the investigation and defense thereof, arising out of or based upon damage or injuries

to persons or property caused by the errors, omissions, fault, or negligence of the indemnifying county or that county's employees. More specifically, and only by way of example and not as an exclusive listing, Multnomah shall hold Clackamas harmless for responsibility or any liability arising from operation of the Donald E. Long Home and shall indemnify Clackamas for any loss proximately and legally caused by the conduct of Multnomah's officers, agents, and employees; Clackamas shall hold Multnomah harmless and shall be responsible for any liability arising from illegal detention caused by the failure of Clackamas to properly monitor the detention periods for juveniles referred herein and held beyond a legal period not as a consequence of a failure or absence of duty by Multnomah.

- C. This agreement is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent.

IV. AGREEMENT TERM AND TERMINATION:

- A. This agreement shall apply from July 1, 1989, through June 30, 1990, and is subject to renewal.
- B. It is agreed and understood that both Clackamas and Multnomah must be protected from precipitous decisions by either to discontinue this working agreement. As a consequence this Agreement may be terminated by mutual written consent at any time, but may be terminated by either party alone or otherwise unilaterally modified only as follows:
1. Either county may unilaterally terminate this Agreement on six months' written notice.

2. In the event that Clackamas does not intend to renew this Agreement for the subsequent fiscal year, Clackamas shall notify Multnomah on or before January 1, 1990, of its intent not to renew. In the event Clackamas fails to so notify Multnomah of an intent not to renew this Agreement and thereafter does not renew this Agreement, Clackamas shall reimburse Multnomah at the base guaranteed six bed rate for a period extending six months from the date of receipt by Multnomah of written notice of said intent to discontinue or not renew this Agreement.
3. In the event Multnomah does not intend to renew this Agreement for the next fiscal year, Multnomah shall notify Clackamas on or before January 1, 1990, of its intent not to renew. In the event that Multnomah fails to notify Clackamas of its intention not to renew this Agreement and thereafter does not renew this Agreement, Multnomah shall continue to provide services under terms of this Agreement at the same rate as provided by this Agreement for six months following the date Clackamas received notice of Multnomah's intent not to renew this Agreement.
4. It is assumed the rates of compensation defined in this Agreement will be modified in subsequent fiscal years. In the event that Multnomah intends to renew this Agreement and to charge a rate of compensations within ten percent (10%) of the rates for the Agreement then in effect, Multnomah will notify Clackamas of that fact on or before February 15, 1990. In the event Multnomah intends to renew this Agreement but at a rate more than ten percent (10%) different from the rates then in effect, Multnomah shall so inform Clackamas in writing on or before January 1, 1990. In no event but the mutual consent of the parties will a rate of compensation be modified by more than ten percent (10%) in less than six months from date of receipt by Clackamas of written notice of said intent of Multnomah to modify the compensation rate.

CLACKAMAS-MULTNOMAH COUNTY JUVENILE DETENTION
INTERGOVERNMENTAL COOPERATION AGREEMENT
Page 10

V. Miscellaneous Provisions.

- A. This Agreement and any amendments to this Agreement will not be effective until approved by the Boards of County Commissioners of Clackamas and Multnomah.
- B. This Agreement supercedes and cancels all and any prior agreements or contracts between Multnomah and Clackamas for similar services.

Board of County Commissioners
MULTNOMAH COUNTY, OREGON

County Counsel
Multnomah County, Oregon

Chair

Date: _____

BOARD OF COUNTY COMMISSIONERS
CLACKAMAS COUNTY, OREGON

County Counsel
Clackamas County, Oregon

, Chairman

, Commissioner

, Commissioner

Date: _____

8322G/JA/ijm/6/87
R/5/20/88/tlj
R/4/27/89/JA/tlj



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY •	Chair	• 248-3308
PAULINE ANDERSON •	District 1	• 248-5220
GRETCHEN KAFOURY •	District 2	• 248-5219
RICK BAUMAN •	District 3	• 248-5217
JANE McGARVIN •	District 4	• 248-5213
	Clerk	• 248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken: .

In the matter of an intergovernmental revenue)
agreement with State Health Division to Health)
Services reflecting an increase in Federal/State)
WIC funding to pay for data system terminals in)
County Health Clinic WIC Programs R-4)

Request of the Director of Human Services for)
approval of Budget Modification DHS #60 reflect-)
ing revenue increases in the amount of \$15,296)
from State Health Division grant to Health)
Services, Equipment WIC Programs for purchase of)
data system terminals in Health Clinics R-5)

Commissioner Bauman moved, duly seconded by Commissioner Kafoury, that the above-entitled matter be approved.

Commissioner Anderson asked what kind of effect this would have on services to WIC clients.

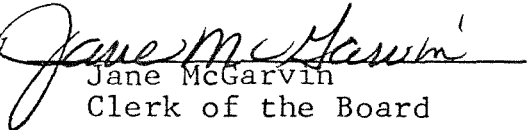
Duane Zussy, Director of the Department of Human Services, said he believes this will have a direct benefit to the WIC clients. The former system involves the collection of considerable amount of information on written forms whereas this system involves the entry of information onto computer terminals at the clinic sites. Once the information is captured, it is similar for the client and facilitates billing to third parties and simplifies the accounting, etc.

The motion was considered, and it is unanimously

ORDERED that said Intergovernmental Agreement be ratified and Budget Modification be approved and implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By 
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Purchasing
Health

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 6/01/89
Agenda No. R-41

REQUEST FOR PLACEMENT ON THE AGENDA

Revision #5 of

Subject: Oregon State Health Division Grant

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services/County Chair DIVISION Health

CONTACT Scott Clement TELEPHONE x3674

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy/Scott Clement

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

Request approval of a \$15,296 increase in State Health Division grant funds to reflect the receipt of increased WIC funding to pay the cost of providing terminals to WIC program areas of the health clinics. This grant revision must be processed simultaneously with Bud Mod # 60.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ GENERAL FUND

OTHER \$15,296 increase in State Health Division revenue

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussy (M)

BUDGET / PERSONNEL: Thomas J. Soper

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER _____

(Purchasing, Facilities Management, etc.)

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



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3674

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy, Director *Duane Zussy (DC)*
Department of Human Services

FROM: Bill Odegaard, Director
Health Division

DATE: May 15, 1989

SUBJECT: Recommendation to Approve Modification to the Health
Division Budget

RECOMMENDATION: The Health Division recommends approval by the Board of County Commissioners of the attached budget modification, DHS #60. This modification increases the Health Division budget by \$15,296 to reflect the receipt of increased WIC funding to pay the cost of providing terminals to WIC program areas of Clinics.

ANALYSIS: The funding package for hardware acquisitions related to the implementation of the Health Division Information System has assumed some level of State support. The latest State revenue agreement modification reflects this support. Funding for the WIC portion of this agreement is increased by \$15,296. This matches the Division's estimate of the cost of placing terminals in the WIC areas of the Clinics. The costs include terminals, printers, wiring, and controllers.

RECOMMENDATION: The Health Division recommends that this revenue agreement and accompanying budget modification be approved. Approval of this modification will allow completion of hardware acquisitions related to the first phase of the Division's Information System.

RETROACTIVE: This agreement was received by the Division a month ago. It is late in being processed due to it being assigned a lower priority than other projects such as the Emergency Medical Services Ambulance Study, the state grant application and budget amendments.



MULTNOMAH COUNTY OREGON

CONTRACT APPROVAL FORM

(See instructions on reverse side)

DHS # 2742 FY 88-89

TYPE I

- ☐ Professional Services under \$10,000
☒ Revenue
☐ Grant Funding
☒ Intergovernmental Agreement

2 Amendment to above, Number 102749
 (Original Contract Amount)

TYPE II

- ☐ Professional Services over \$10,000 (RFP, Exemption)
☐ PCRB Contract
☐ Maintenance Agreement
☐ Licensing Agreement

Amendment to above, Number
 (Original Contract Amount)

Contact Person KENNEDY Phone 3674 Date MAY 18, 1989

Department HUMAN SERVICES Division HEALTH Bldg/Room 160/8

Description of Contract Amendment #5 to the State Health Division Grant Award reflects a \$15,296 increase in the WIC budget to pay for the additional computer terminals in the WIC work areas of the health clinics.

RFP/BID # Date of RFP/BID Date of Exemption

Reviewed For ☐ MBE ☐ FBE Participation Contractor is ☐ MBE ☐ FBE

Contractor Name Oregon State Health Division

Mailing Address PO Box 231

Portland, OR 97207

Phone 229-6380

Employer ID# or SS# n/a

Effective Date April 21, 1989

Termination Date June 30, 1989

Total Amount of Agreement \$ 15,296

Payment Terms

- ☐ Lump Sum \$
☐ Monthly \$
☒ Other \$

☐ Requirements contract-requisition required
 Purchase Order No.

Contract and Bud Mod DHS # 60 to be scheduled on BCC Agenda simultaneously.

Required Signatures:

Department Head Duane Wassy Date 5/18/89

Purchasing Director (Type II Contracts Only) Date

County Counsel Crumina Date 5/19/89

Budget Office Thomas J. Supren Date 5/22/89

County Executive/Sheriff Date

TRANSACTION CODE	P.O.	AGENCY	PO DATE	m m d d y y	ACCOUNTING PERIOD	m m y y	BUDGET FY	y y	AC	
VENDOR CODE		VENDOR NAME						TOTAL AMOUNT	\$	
LINE NO.	CONTRACT NUMBER	FUND	AGENCY	ORGANIZATION	ACTIVITY	OBJECT	SUB OBJ	REPT CATEG	DESCRIPTION	AMOUNT
	102749	156	010	0900					REV 2058	\$ 15,296.00
										\$
										\$
										\$

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

BUDGET FOR HEALTH SERVICES
OSHD FUNDS ONLY

Initial: _____
Revision # : #5
Mo./Year: 4/88
OSHD Total: \$ 3,195,372

Multnomah County Health Department

Grant Period: From July 1, 1988 through June 30, 1989

	(1) State Support For Public Health	(2) Family Planning	(3) Maternal & Child Health	(4) Prenatal	(5) Women, Infants & Children	(6) AIDS Prevent./ Educat.	(7) HIV CTS	(8) TB Case Manag.	(9) Water Program
PROGRAM BUDGET									
Personal Services		169,706				42,624	110,500	35,732	5,301
Services & Supplies		29,950				9,702	19,500	6,306	936
Capital Outlay (Itemize below)									
TOTAL	294,424	199,656	80,344 (1)	306,788 (1) (2)	795,638	52,326	130,000	42,038	6,237
OSHD Program Manag. Approval	NO CHANGE	NO CHANGE	<i>pending approval</i>	<i>pending approval</i>		NO CHANGE	NO CHANGE	NO CHANGE	NO CHANGE

CAPITAL OUTLAY

(A capital outlay is defined as an expenditure for an item with a purchase price in excess of \$100 and with a life expectancy greater than one year.)

PROGRAM	DESCRIPTION	COST

- (1) Combined MCH and Prenatal total is \$ 387,132
\$49,283 must be spent on Child Health.
(2) Prenatal must be at least \$ 89,328--including
\$10,867 for prenatal outreach.

OREGON STATE HEALTH DIVISION

Grantee Assurances

The following is a list of the titles of assurances with which grantees must agree to comply if they accept state and federal funds administered by the Oregon State Health Division. The detailed assurances are located under these titles in the Resource Manual for Grant Programs provided to each grantee. The Common Program Assurances and Fiscal Assurances are required for all programs; the Program-Specific Assurances are required for individual grant programs. Your signature on this document is evidence that you have read and agreed to comply with the required assurances.

ASSURANCES

Common Program Assurances

Fiscal Assurances

Program-Specific Assurances

AIDS Prevention-Education

Adolescent Health Program

Drinking Water Program

Family Planning Program

HIV Testing in Multnomah County STD Clinics

Immunization

Maternal and Child Health/Prenatal

Refugee Health Screening Program

Refugee TB Follow-up and Hepatitis B Screening

STD Control Program

State Support for Public Health

TB General Case Management and Epidemiology

TB Outreach and AIDS Surveillance

WIC Program

APPROVED AS TO FORM:

LAURENCE KRESSEL
County Counsel for
Multnomah County, Oregon

By _____
Deputy County Counsel

Date _____

TO BE COMPLETED BY THE HEALTH DIVISION:

Approved by:

Chief, Office of Health Services

Manager, Fiscal Services

Administrator, Health Division

Date _____

The undersigned agrees to comply with the above assurances which are in effect during the time of the grant period.

TO BE COMPLETED BY THE GRANTEE:

Approved for:

Multnomah County
Local Agency Name

By:

X *Gladys McCoy*
Gladys McCoy, County Chair
Authorized County or Agency Officer & Title

Date _____

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

BUDGET FOR HEALTH SERVICES
OSHD FUNDS ONLY

Initial:
Revision # : #5
Mo./Year: 4/88
OSHD Total: \$ 3,195,372

Multnomah County Health Department

Grant Period: From July 1, 1988 through June 30, 1989

		(10) Central Drug Purchasing	(11) STD (VD)	(12) TB Outreach	(13) Refugee Health Screening	(14) Refugee TB Follow-up & Hepat. B Screening	(15) AIDS Surveill.	(16) School Based Clinics	(17) HIV Tests in STD Clinic
PROGRAM BUDGET									
Personal Services					404,359	36,021	26,668	35,437	63,918
Services & Supplies					71,350	6,360	4,706	6,254	11,280
Capital Outlay (Itemize below)									
TOTAL		332,443 (4)	33,000	38,231 (3)	475,709	42,381	31,374	41,691	75,198
OSHD Program Manag. Approval		<i>pending approval</i>	<i>pending approval</i>	<i>pending approval</i>	NO CHANGE	NO CHANGE	NO CHANGE	NO CHANGE	NO CHANGE

CAPITAL OUTLAY

(A capital outlay is defined as an expenditure for an item with a purchase price in excess of \$100 and with a life expectancy greater than one year.)

(3) Grant period 8-1-88 to 6-30-89

(4)

Administration	66,608
Drugs	245,835
Drug Reserve	20,000
TOTAL	332,443

PROGRAM	DESCRIPTION	COST

OREGON STATE HEALTH DIVISION

Grantee Assurances

The following is a list of the titles of assurances with which grantees must agree to comply if they accept state and federal funds administered by the Oregon State Health Division. The detailed assurances are located under these titles in the Resource Manual for Grant Programs provided to each grantee. The Common Program Assurances and Fiscal Assurances are required for all programs; the Program-Specific Assurances are required for individual grant programs. Your signature on this document is evidence that you have read and agreed to comply with the required assurances.

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Common Program Assurances

Fiscal Assurances

Program-Specific Assurances

AIDS Prevention-Education

Adolescent Health Program

Drinking Water Program

Family Planning Program

HIV Testing in Multnomah County STD Clinics

Immunization

Maternal and Child Health/Prenatal

Refugee Health Screening Program

Refugee TB Follow-up and Hepatitis B Screening

STD Control Program

State Support for Public Health

TB General Case Management and Epidemiology

TB Outreach and AIDS Surveillance

WIC Program

APPROVED AS TO FORM:

LAURENCE KRESSEL
County Counsel for
Multnomah County, Oregon

By _____
Deputy County Counsel

Date _____

TO BE COMPLETED BY THE HEALTH DIVISION:

Approved by:

Chief, Office of Health Services

Manager, Fiscal Services

Administrator, Health Division

Date _____

The undersigned agrees to comply with the above assurances which are in effect during the time of the grant period.

TO BE COMPLETED BY THE GRANTEE:

Approved for:

Multnomah County
Local Agency Name

By:

X

Gladys McCoy, County Chair
Authorized County or Agency Officer & Title

Date _____

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

BUDGET FOR HEALTH SERVICES
OSHD FUNDS ONLY

Initial:

Revision # : #5

Mo./Year: 4/88

OSHD Total: \$ 3,195,372

Multnomah County Health Department

Grant Period: From July 1, 1988 through June 30, 1989

	(18)	(19)	(20)	(21)					
PROGRAM BUDGET	IMMIGRAT PROGRAM	AIDS OUTREACH	HIV MINORITY OUTREACH	HIV CLINIC EXPANSION					
Personal Services				20,139					
Services & Supplies		70,000		3,554					
Capital Outlay (Itemize below)									
TOTAL	24,201	70,000	100,000 (6)	23,693 (5)					
OSHD Program Manag. Approval	<i>pending approval</i>	NO CHANGE	<i>pending approval</i>	NO CHANGE					

CAPITAL OUTLAY

(A capital outlay is defined as an expenditure for an item with a purchase price in excess of \$100 and with a life expectancy greater than one year.)

PROGRAM	DESCRIPTION	COST

(5) Grant Period - Sept. 1, 1988 to June 30, 1989

(6) Grant period is through Nov. 30, 1988. Includes \$1,780 out of state travel for IRCO.

OREGON STATE HEALTH DIVISION

Grantee Assurances

The following is a list of the titles of assurances with which grantees must agree to comply if they accept state and federal funds administered by the Oregon State Health Division. The detailed assurances are located under these titles in the Resource Manual for Grant Programs provided to each grantee. The Common Program Assurances and Fiscal Assurances are required for all programs; the Program-Specific Assurances are required for individual grant programs. Your signature on this document is evidence that you have read and agreed to comply with the required assurances.

ASSURANCES

Common Program Assurances

Fiscal Assurances

Program-Specific Assurances

AIDS Prevention-Education

Adolescent Health Program

Drinking Water Program

Family Planning Program

HIV Testing in Multnomah County STD Clinics

Immunization

Maternal and Child Health/Prenatal

Refugee Health Screening Program

Refugee TB Follow-up and Hepatitis B Screening

STD Control Program

State Support for Public Health

TB General Case Management and Epidemiology

TB Outreach and AIDS Surveillance

WIC Program

APPROVED AS TO FORM:

LAURENCE KRESSEL
County Counsel for
Multnomah County, Oregon

By _____
Deputy County Counsel

Date _____

TO BE COMPLETED BY THE HEALTH DIVISION:

Approved by:

Chief, Office of Health Services

Manager, Fiscal Services

Administrator, Health Division

Date _____

The undersigned agrees to comply with the above assurances which are in effect during the time of the grant period.

TO BE COMPLETED BY THE GRANTEE:

Approved for:

Multnomah County
Local Agency Name

By:

X

Gladys McCoy, County Chair
Authorized County or Agency Officer & Title

Date _____

BUDGET MODIFICATION NO. DHS#60

(For Clerk's Use) Meeting Date: 6/01/89
Agenda No.: R-5

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR _____

DEPARTMENT Human Services

DIVISION Health

CONTACT Scott Clement/Tom Fronk

TELEPHONE ext. 3674

NAME OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy

SUGGESTED AGENDA TITLE (To assist in preparing a description for the printed agenda:

Budget Modification DHS #60 requests approval to increase the Health Division Federal/State budget, Health Systems, by \$15,296 to reflect the receipt of additional WIC revenue.

(ESTIMATED TIME NEEDED ON THE AGENDA)

2. DESCRIPTION OF MODIFICATION (Explain the changes this bud mod makes. What budget does it increase? What do changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

The budget modification requests the Board to increase the Capital budget of Health Systems by \$15,296.

This increase is based on an increase in WIC revenue. The State has specifically increased the WIC grant to allow the purchase of data system terminals for WIC program personnel in the clinics.

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change.)

Increase WIC revenue by \$15,296.

4. CONTINGENCY STATUS (To be completed by Finance/Budget.) NONE.

Originated by: <u>Tom Fronk</u>	Date: <u>5-15-89</u>	Department Director: <u>Duane Zussy (pc)</u>	Date: <u>5/18/89</u>
Finance/Budget: <u>Norm S. Sager</u>	Date: <u>5-19-89</u>	Employee Relations:	Date:
Board Approval: <u>Barbara E. Jones</u>	Date:	<u>6/01/89</u>	

EXPENDITURE TRANSACTION EB [] GM [] TRANSACTION DATE _____ ACCOUNTING PERIOD _____ BUDGET FISCAL YEAR _____

[illegible]

TOTAL EXPENDITURE CHANGE		15,296	TOTAL EXPENDITURE CHANGE
--------------------------	--	--------	--------------------------

REVENUE TRANSACTION RB [] GM [] TRANSACTION DATE _____ ACCOUNTING PERIOD _____ BUDGET FISCAL YEAR _____

[illegible]

TOTAL REVENUE CHANGE	15,296	TOTAL REVENUE CHANGE
----------------------	--------	----------------------



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3674

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy, Director *Duane Zussy*
Department of Human Services

FROM: Bill Odegaard, Director
Health Division

DATE: May 15, 1989

SUBJECT: Recommendation to Approve Modification to the Health
Division Budget

RECOMMENDATION: The Health Division recommends approval by the Board of County Commissioners of the attached budget modification, DHS #60. This modification increases the Health Division budget by \$15,296 to reflect the receipt of increased WIC funding to pay the cost of providing terminals to WIC program areas of Clinics.

ANALYSIS: The funding package for hardware acquisitions related to the implementation of the Health Division Information System has assumed some level of State support. The latest State revenue agreement modification reflects this support. Funding for the WIC portion of this agreement is increased by \$15,296. This matches the Division's estimate of the cost of placing terminals in the WIC areas of the Clinics. The costs include terminals, printers, wiring, and controllers.

RECOMMENDATION: The Health Division recommends that this revenue agreement and accompanying budget modification be approved. Approval of this modification will allow completion of hardware acquisitions related to the first phase of the Division's Information System.

RETROACTIVE: This agreement was received by the Division a month ago. It is late in being processed due to it being assigned a lower priority than other projects such as the Emergency Medical Services Ambulance Study, the state grant application and budget amendments.

6/01/89

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION DHS #60 APPROVED.

R-5

BOARD OF
COUNTY COMMISSIONERS
1989 JUN 23 PM 12:28
MULTNOMAH COUNTY
OREGON

Thomas G. Lutz

BOARD OF
COUNTY COMMISSIONERS

1989 JUN 22 PM 12:34

MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY •	Chair •	248-3308
PAULINE ANDERSON •	District 1 •	248-5220
GRETCHEN KAFOURY •	District 2 •	248-5219
RICK BAUMAN •	District 3 •	248-5217
•	District 4 •	248-5213
JANE MCGARVIN •	Clerk •	248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

In the matter of ratification of an intergovern-)
mental agreement (Amendment #4) with Oregon State)
Adult and Family Services Division whereby the)
State will continue the Refugee Early Employment)
Project (REEP), and reimburse the County for)
providing health services to refugees on a)
prepaid capitation basis for period July 1, 1989)
to September 30, 1990 R-6)

Commissioner Bauman moved, duly seconded by Commissioner Kafoury, that the above-entitled matter be approved.

Duane Zussy, Director of the Department of Human Services, responded to questions of Commissioner Anderson, and said this is a continuation of the prepaid capitation program for dealing with refugee populations that are focused for early employment. The AmerAsian population that was anticipated has not materialized in the numbers originally assumed, and the funds that do relate to those AmerAsians that are entering the community are coming through a different source and different mechanism.

The motion was considered, and it is unanimously

ORDERED that said Intergovernmental Agreement be ratified.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By *Jane McGarvin*
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Purchasing

Health Division

AN EQUAL OPPORTUNITY EMPLOYER

DATE SUBMITTED _____

(For Clerk's Use)

Meeting Date 6/01/89

Agenda No. A-6

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Ratification of Intergovernmental Agreement

Informal Only* _____

(Date)

Formal Only _____

(Date)

Department of Human Services

DEPARTMENT Office of County Chair DIVISION Health Division

CONTACT Scott Clement TELEPHONE 3674

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy/Scott Clement

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

Ratification of amendment #4 to revenue agreement with Oregon State Adult and Family Services Division whereby the State will continue the Refugee Early Employment Project (REEP). The State will reimburse County for the provision of health services to refugees on a prepaid capitation basis for the period July 1989 to September 30, 1990.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ RATIFICATION

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ GENERAL FUND

OTHER \$794,539 is budgeted in the 89-90 County Budget Federal/State Fund which includes \$635,419 for REEP and \$159,120 for general assistance.

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussy

BUDGET / PERSONNEL: Tom Simpson

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Arminia/B

OTHER _____

(Purchasing, Facilities Management, etc.)

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



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3674

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
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RICK BAUMAN • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy, Director *Duane Zussy (initials)*
Department of Human Services

FROM: *Bill* Odegaard, Director
Health Services Division

DATE: May 16, 1989

SUBJECT: AFS Intergovernmental Revenue Agreement

Recommendation: The Health Division and the Department of Human Services recommend approval of this intergovernmental revenue agreement with the State Adult and Family Services Division (AFS) for the period July 1, 1989, through September 30, 1990.

Analysis: The Refugee Early Employment Program (REEP) is for newly arrived refugees to the United States. Refugees are eligible for services for 12 months from their date of entry. The refugees receive employment training, case management, cash assistance, and medical care. The medical care program in Multnomah County is contracted to the Health Division. Primary care is provided at Division's health clinics and referral care is provided through a community provider network. The state reimburses the county at \$101.83 per person per month. A project within REEP is called General Assistance (GA). This project is for refugees who have been in this county for 13 to 24 months and provides for medical care only. AFS wants to dovetail the contract into the Federal fiscal year, therefore, they've made it a 15-month contract.

Background: The Division has been contracting with AFS for the operation of the General Assistance Program since September 1982. The REEP contract became effective November 1985. The GA contract was merged into the REEP contract by Amendment #1 in July 1986.

[5001K-p]



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY	Chair	• 248-3308
PAULINE ANDERSON	District 1	• 248-5220
GRETCHEN KAFOURY	District 2	• 248-5219
RICK BAUMAN	District 3	• 248-5217
	District 4	• 248-5213
JANE McGARVIN	Clerk	• 248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

Request of the Director of Human Services for)
approval of Budget Modification DHS #55 reflect-)
ing a decrease in the amount of \$69,358 from)
Human Services Director's Office, Community)
Services, within Materials & Services to reflect)
actual FY 87-88 carryover amounts and additional)
revenue contracts with State Community Services)
R-7)

Commissioner Bauman moved, duly seconded by Commissioner Kafoury, that the above-entitled matter be approved.

Commissioner Bauman said there are nine adjustments to reconcile the agreement to the year end, and makes a net decrease of \$69,358.

Commissioner Anderson said that although is just a technical matter, does this mean that some of the goals haven't been met, and the money was not necessary.

Duane Zussy, Director of the Department of Human Services, said that it is a combination of many factors. There are instances in which performance did not measure up to initial expectations, particularly the energy assistance funding. Most of the other adjustments are truly technical. They are working with MCA and the State Community Services office to mitigate the problems of under performance in the energy assistance and weatherization areas. What looked like it was going to be an \$837,000 problem, will probably end up to be only \$128,000, largely due to other contractors being able to take over and complete work that otherwise would not have

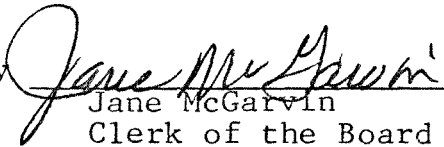
been completed, and the state cooperating in reallocating monies for which the authorization does not run out. The only monies that might be lost are those for which the authorization expires.

The motion was considered, and it is unanimously

ORDERED that said request be approved, and budget modification be implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By 
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance

BUDGET MODIFICATION NO. DHS #55

(For Clerk's Use) Meeting Date 6/01/89
Agenda No. R-7

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR _____

(Date)

DEPARTMENT HUMAN SERVICES

DIVISION DIRECTOR'S OFFICE

CONTACT BILL THOMAS

TELEPHONE 248-3782

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD DUANE ZUSSY/BILL THOMAS

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

Budget Modification DHS #55 requesting a decrease in the Director's Office, Community Services budget appropriation within Materials and Services by \$69,358 to reflect actual FY 87-88 carryover amounts and additional revenue contracts with State Community Services.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

[] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

Budget Modification DHS #55 decreases the Community Services pass-through line item by \$68,876. Further, it decreases the indirect costs line item by \$482.

The County contract with MCA has been amended to incorporate the modifications made here.

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

Decrease 2020 CDBG by \$56,824 to a total of \$0
Decrease 2071 CSBG by \$10,801 to a total of \$590,001
Decrease 2070 LIEAP Energy Assistance by \$41,552 to a total of \$275,230
Increase 2092 SW/OPIE Energy Assistance by \$33,878 to a total of \$138,878
Decrease 2094 HUD ESGP by \$4,904 to a total of \$8,500
Increase 2095 ECSBG by \$1,327 to a total of \$56,327
Increase 2390 MIGRANT by \$10,000 to a total of \$25,000
Decrease County General Fund Transfer by \$482 to a total of \$679,828
Decrease the service reimbursement from the FED/State fund to General Fund by \$483 to a total of \$679,828

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

Contingency before this modification (as of _____) \$ _____
(Specify Fund) (Date)
After this modification \$ _____

Originated By

Date

Department Director

Date

William D. Davis

5-18-89

Duane Zussy (DC)

5/18/89

Finance/Budget

Date

Employee Relations

Date

Thomas S. Supra

5/19/89

Board Approval

Date

Barbara E. Jones

6/01/89

EXPENDITURE

TRANSACTION EB []

GM [] TRANSACTION DATE _____ ACCOUNTING PERIOD _____

BUDGET FY _____

Document Number	Action	Fund	Agency	Organ- zation	Activity	Reporting Category	Object	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	0130			6060			(\$ 68,876)		Pass-through
		156	010	0130			7100			(\$ 482)		Indirect Costs
											(\$ 69,358)	M&S Subtotal
		100	010	0102			7608			(\$ 482)		Cash Transfer to F/S Fund
											(\$ 69,840)	TOTAL EXPENDITURE CHANGE

REVENUE

TRANSACTION RB []

GM [] TRANSACTION DATE _____ ACCOUNTING PERIOD _____ BUDGET FY _____

Document Number	Action	Fund	Agency	Organi- zation	Activity	Reporting Category	Revenue Source	Current Amount	Revised Amount	Change (Increase/ Decrease)	Sub- Total	Description
		156	010	0130			2020	\$ 56,824	\$ 0	(\$ 56,824)		CDBG
		156	010	0130			2071	\$600,802	\$590,001	(\$ 10,801)		CSBG
		156	010	0130			2073	\$316,782	\$275,230	(\$ 41,552)		LIEAP
		156	010	0130			2092	\$105,000	\$138,878	\$ 33,878		SW/OPIE
		156	010	0130			2094	\$ 13,404	\$ 8,500	(\$ 4,904)		HUD ESGP
		156	010	0130			2095	\$ 55,000	\$ 56,327	\$ 1,327		ECSBG
		156	010	0130			2390	\$ 15,000	\$ 25,000	\$ 10,000		MIGRANT
		156	010	0130			7601			(\$ 482)		County Gen'l Fund
		100	045	7410			6602			(\$ 482)		Svs. Reim. F/S to CGF
											(\$ 69,840)	TOTAL REVENUE CHANGE



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
426 S.W. STARK, 7TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3782

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy, Multnomah County Chair

VIA: Duane Zussy, Director, Department of Human Services *Duane Zussy (PC)*

FROM: Bill Thomas, Emergency Basic Needs Coordinator *Bill Thomas*

DATE: May 18, 1989

SUBJECT: Approval of Budget Modification #55 for Decrease of \$69,358 to Reflect Actual FY 87-88 Carryover Funds and FY 88-89 Revenue Contracts

RECOMMENDATION: The Director's Office recommends approval of the attached Budget Modification #55 to decrease the Director's Office Community Services M & S budget by \$69,358, including a decrease of \$68,876 in pass-through funds and a decrease of \$482 in indirect costs. The County's contract with Metropolitan Community Action (MCA) is being amended to reflect corresponding amounts.

ANALYSIS: Budget Modification DHS #55 requests a decrease in the Director's Office Community Services Program budget for materials and services by \$69,358. This decrease reflects actual FY 87-88 CAAP and MCCA carryover amounts, as well as actual FY 88-89 revenue contract amounts for community action and homeless services funded by Community Services Block Grant (CSBG), Low Income Energy Assistance Program (LIEAP) Energy Assistance, HUD Emergency Shelter Grant Program (ESGP), Emergency Community Service Block Grant (ECSBG), Stripper Well/Oregon Partners In Energy (SW/OPIE) Energy Assistance, and State Migrant Homeless Grant (MIGRANT).

BACKGROUND: The Community Services Program budget was developed last spring before carryover from FY 87-88 and new FY 88-89 revenues were known for community action and homeless services revenue contracts. Carryover amounts for the CAAP service area are based on MCA fiscal reports (these were to be confirmed by independent audit but Price Waterhouse did not audit the CAAP's pass-through funds); carryover amounts for the MCCA service area are based on County Finance reports, developed in consultation with former MCCA fiscal staff.

[1469F/14]

6/01/89

RECEIVED FROM

JANE MCGARVIN

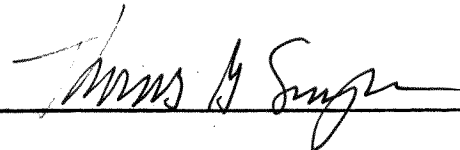
CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION DHS #55 APPROVED.

R-7

BOARD OF
COUNTY COMMISSIONERS
1989 JUN 23 PM 12:28
MULTNOMAH COUNTY
OREGON



BOARD OF
COUNTY COMMISSIONERS

1989 JUN 22 PM 12:34

MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY •	Chair •	248-3308
PAULINE ANDERSON •	District 1 •	248-5220
GRETCHEN KAFOURY •	District 2 •	248-5219
RICK BAUMAN •	District 3 •	248-5217
JANE McGARVIN •	District 4 •	248-5213
	Clerk •	248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

Request of the Director of Human Services for)
approval of Budget Modification DHS #56 making)
an appropriation transfer in the amount of)
\$80,000 within Social Services from Development-)
ally Disabled (DD) Case Management to DD)
Contracts to reflect anticipated shortfall in)
funding for Employment Transportation for DD)
clients, and increasing and decreasing various)
positions and line items R-8)

Commissioner Bauman said an aggressive program of Case Management was started last July for DD clients, and 17 new staff was hired which resulted in salary savings, and funds will be transferred to the Transportation Program to augment the contract with Tri-Met to serve the 300 clients. Commissioner Bauman moved, duly seconded by Commissioner Kafoury, that the above-entitled matter be approved.

Duane Zussy, Director of the Department of Human Services, responded to questions of Commissioner Anderson, and stated the Department is actively negotiating with Tri-Met and they are contemplating contact with other less expensive providers of transportation. Essentially, the issue is the cost per ride that Tri-Met is asking to support this population. They wanted even more than what is in the contract, and will meet the entire transportation need for the entire target population in the dollars that are available this year, unless a further reduction can be obtained from them or another contractor is found who will provide these services at a lower unit cost, or more money can be obtained from the State for employment transportation, then there will be a problem next year. The Department is actively pursuing both alternatives: informing the State

Mental Health Division that more dollars are needed for employment transportation, and also negotiating with Tri-Met and other potential contractors to see if a lower unit costs rate might be available.

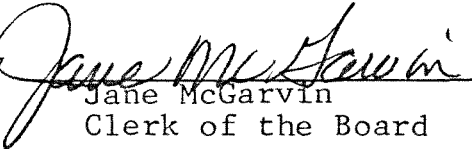
The motion was considered, and it is unanimously

ORDERED that said request be approved and budget modification be implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By


Jane McGarvin
Clerk of the Board

jm

cc: Budget
Finance
Social Services
Employee Relations

BUDGET MODIFICATION NO. DHS # 56

(For Clerk's Use) Meeting Date

Agenda No.

6/01/89
A-8

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR

(Date)

DEPARTMENT Human Services

DIVISION Social Services

CONTACT Susan Clark

TELEPHONE 248-3691

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD D. Zussy/G. Smith

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

T9 Budget
6/20/89

Budget modification DHS # 56 moves \$80,000 in CGF from DD Case Management to DD Contracts to cover an anticipated shortfall in Employment Transportation.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

[x] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

Budget modification DHS # 56 requests Board approval to transfer \$80,000 in unexpended DD Case Management Personnel to the DD Contracts budget to cover an anticipated \$80,000 shortfall in Employment Transportation for DD clients. This year, the Case Management Program has added 17.0 positions with revenue awarded by the State. A number of recruitments were required to obtain adequate lists of qualified applicants. Delays in hiring were experienced until lists were generated and some personnel savings exist. Employment transportation costs have increased dramatically due, in part, to a change in the Tri-Met contract and, in part, the increased DD clients seeking transportation. Multnomah County has assumed a greater cost to transport clients. To avoid this occurring next year, the DD Program Office is pursuing alternative, less costly transportation providers and will most probably not contract with Tri-Met.

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

No net revenue impact. Org. 1215 is increased by \$80,000. Org. 1270 is decreased by \$80,000.

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

Contingency before this modification (as of _____)
(Specify Fund) (Date)

After this modification

Originated By

Date

Department Manager

Date

Budget Analyst

Date

Personnel Analyst

Date

Board Approval

Date

Susan Clark

5/3/89

Diane Zussy (M)

5/5/89

Thomas J. Sympson

5/10/89

Susan Daniell

5/17/89

Barbara E. Jones

6/01/89

EXPENDITURE

TRANSACTION EB []

GM []

TRANSACTION DATE _____

ACCOUNTING PERIOD _____

BUDGET FY _____

Document Number	Action	Fund	Agency	Organi- zation	Reporting Activity	Category	Object	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	1215			6110			80,000		Increase Professional Svcs.
		156	010	1215			7100			5,680		Increase Indirect (.071)
											85,680	Total Org. 1215
		156	010	1270			5100			(39,464)		Decrease Permanent
		156	010	1270			5500			(23,786)		Decrease Fringe
		156	010	1270			5550			(11,893)		Decrease Insurance
		156	010	1270			5400			(4,857)		Decrease Premium
		156	010	1270			7100			(5,680)		Decrease Indirect (.071)
											(85,680)	Total Org. 1270
		100	010	0104			7608			-0-		Cash Trans. CGF to F/S
		400	040	7231			6520			(11,893)		Insurance Fund

TOTAL EXPENDITURE CHANGE

(11,893)

TOTAL EXPENDITURE CHANGE

REVENUE

TRANSACTION RB []

GM []

TRANSACTION DATE _____

ACCOUNTING PERIOD _____

BUDGET FY _____

Document Number	Action	Fund	Agency	Organi- zation	Reporting Activity	Category	Revenue Source	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	1215			7601			85,680		County General Fund
		156	010	1270			7601			(85,680)		County General Fund
		100	045	7410			6602			-0-		Svc. Reimb. to CGF
		400	040	7231			6602			(11,893)		Svc. Reimb. to Insurance

TOTAL REVENUE CHANGE

(11,893)

TOTAL REVENUE CHANGE

5. ANNUALIZED PERSONNEL CHANGES (Compute on a full year basis even though this action affects only a part of the fiscal year.)

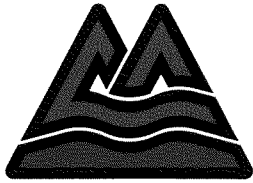
FTE Increase (Decrease)	POSITION TITLE	A n n u a l i z e d			TOTAL Increase (Decrease)
		BASE PAY Increase (Decrease)	FRINGE Increase (Decrease)	INSURANCE Increase (Decrease)	

ONE-TIME-ONLY REQUEST--NOT TO BE ANNUALIZED.

TOTAL CHANGE (ANNUALIZED)

6. CURRENT YEAR PERSONNEL DOLLAR CHANGES (calculate costs or savings that will take place within this fiscal year; these should explain the actual dollar amounts being changed by this Bud Mod.)

Full Time Positions, Part-Time, Overtime, or Premium	Explanation of Change	C u r r e n t F Y			
		BASE PAY Increase (Decrease)	FRINGE Increase (Decrease)	INSURANCE Increase (Decrease)	TOTAL Increase (Decrease)
	Estimated salary savings within Case Management as detailed by attached personnel tracking form.	(39,464)	(23,786)	(11,893)	(75,143)
	Premium on above				(4,857)
	TOTAL SALARY SAVINGS				(80,000)



MULTNOMAH COUNTY OREGON

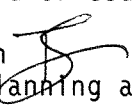
BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY, CHAIR
PAULINE ANDERSON
POLLY CASTERLINE
GRETCHEN KAFOURY
RICK BAUMAN

DEPARTMENT OF GENERAL SERVICES
PORTLAND BUILDING
1120 SW FIFTH, 14th FLOOR
PORTLAND, OR 97204-1934
(503) 248-3300

OFFICE OF THE DIRECTOR	(503) 248-3303
PLANNING & BUDGET	(503) 248-3883
COUNTY COUNSEL	(503) 248-3138
EMPLOYEE SERVICES	(503) 248-5015
FINANCE	(503) 248-3312
LABOR RELATIONS	(503) 248-5135

MEMORANDUM

TO: Gladys McCoy
Chair, Board of County Commissioners

FROM: Tom Simpson 
Analyst, Planning and Budget Division

DATE: May 18, 1989

SUBJECT: DHS Budget Modification 56

The attached budget modification moves personnel savings into the contracts budget to cover an anticipated \$80,000 shortfall in employment transportation for clients of the DD program.

The savings resulted from the delayed hiring of case managers. The savings will not be used to start a new program but will be used to bolster an existing program. The use of General Fund personnel savings will not greatly impact the County's Beginning Working Capital for Fiscal Year 1989- 90.

If this money is not transferred to the contracts budget, the TRI-MET contract would be terminated immediately and 300 DD clients would be without transportation for the remainder of this fiscal year.

6501F/TS/js

1989 MAY 23 11:22:23
COUNTY CLERK
GREGORY



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
SOCIAL AND FAMILY SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK ST., 6TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy *Duane Zussy (DWS)*
Director, Department of Human Services

FROM: Gary Smith *DWS*
Director, Social Services Division

DATE: May 2, 1989

SUBJECT: Recommendation to Approve Budget Modification DHS# 56

RECOMMENDATION: Social Services Division recommends Board of Commissioner approval of Budget Modification ^{DHS} # 56 for FY 88/89.

ANALYSIS: This modification transfers \$80,000 in unexpended personnel within the DD Case Management to the DD Contracts budget to cover an anticipated \$80,000 shortfall in Employment Transportation. The attached personnel tracking form identifies that while there is \$723,039 currently budgeted for Case Management personnel, our anticipated expenditures will be approximately \$640,002--which leaves a savings of \$83,037.

With this budget modification, we are requesting that the revenue be transferred from Case Management (Org. 1270) to DD Contracts (Org. 1215).

BACKGROUND: The DD Case Management Program received approximately \$439,000 in State revenue July 1st to increase case management staff by 17.0 FTE. Essentially, this doubled the program size. The intent of this increase was twofold: 1) reduce the client/case manager ratio; and 2) provide case management services to Community Integration Project clients expected to be discharged this year. A staffing plan was developed with estimated target hire dates for new staff (detailed in budget modification DHS #1). Positions were not intentionally held vacant but rather as lists of eligible case managers were exhausted, additional recruitments were required. It became more difficult to recruit qualified applicants to fill these positions as the local "pool" of individuals was depleted.

Initially, the County requested the State to reallocate Case Management savings to cover the transportation shortfall. However, since case management revenue is augmented with federal match, the federal match would be depleted in such a transaction, reducing the available funds from \$80,000 to approximately \$50,400. In addition, the State is also experiencing serious

May 3, 1989
Page Two

shortfalls and would rather just recoup the case management savings from the County rather than reallocate them. In addition, it has been the County's policy to expend federal and state funds prior to CGF. The State does not have the authority to recoup CGF.

A one-time-only transfer of \$80,000 CGF is requested to assure continued transportation services to approximately 300 DD clients for the rest of this fiscal year. The DD Program has taken steps to avoid overages for next year by seeking alternative transportation providers for DD clients and possibly not renewing Tri-Met's costly contract.

Attachment

ORG	FTE	JOB TITLE	JOB CLASS	JOB ABBR	NAME	07/01/88 RATE	START DATE	TERMINATE DATE	TOTAL BASE	FRINGE TOTAL	FRINGE PCT	2088
270	1.00	Office Ass't II	6001	DA2	SPERL VELMA	9.86	09/05/73	06/30/89	21,900	3,547	25,447	16%
270	1.00	Office Ass't II	6001	DA2	BOMAN WILLIE	8.30	10/01/88	12/15/88	3,807	1,598	5,405	42%
270	1.00	Office Ass't II	6001	DA2	VACANT***** WB	8.30	05/01/89	06/30/89	3,054	1,279	4,333	42%
270	0.50	Program Dev Spec	6021	PDS	WYKOWSKI JOE	12.06	10/10/88	12/15/88	2,267	460	2,727	20%
270	1.00	Program Dev Spec	6021	PDS	WYKOWSKI JOE	12.06	12/16/88	06/30/89	13,604	2,920	16,524	21%
270	1.00	Human Svcs Tech	6294	HST	BROWNING MARBE	8.06	06/23/86	06/30/89	16,839	6,017	22,855	36%
270	1.00	Human Svcs Tech	6294	HST	LANG HEIDI	7.62	12/05/88	03/24/89	4,938	1,347	6,284	27%
270	1.00	Human Svcs Tech	6294	HST	SOGGE DEBRA	7.62	01/03/89	06/30/89	7,681	2,156	9,837	28%
270	1.00	Human Svcs Tech	6294	HST	KIMBROUGH CURTIS	7.62	09/26/88	06/30/89	12,253	3,394	15,647	28%
270	1.00	Human Svcs Tech	6294	HST	BIERMAN BARBARA	7.62	10/03/88	04/16/89	8,595	1,384	9,980	16%
270	1.00	Human Svcs Tech	6294	HST	IRONS RUDY	7.62	11/01/88	06/30/89	10,424	2,078	12,502	20%
270	0.50	Case Manager 2	6297	CM2	VON BEHREN BARBARA	10.31	11/01/83	06/30/89	10,871	4,603	15,474	42%
270	1.00	Case Manager 2	6297	CM2	VANSLAVIE MARY LOU	10.31	11/01/83	08/31/88	3,794	1,220	5,014	32%
270	1.00	Case Manager 2	6297	CM2	VANSLAVIE MARY LOU	10.31	04/24/89	06/30/89	4,206	1,516	5,722	36%
270	1.00	Case Manager 2	6297	CM2	SINDAD MELODY	10.02	03/18/85	02/28/89	14,108	4,569	18,677	32%
270	1.00	Case Manager 2	6297	CM2	SINDAD MELODY	10.31	04/01/89	06/30/89	5,444	1,907	7,351	35%
270	1.00	Case Manager 2	6297	CM2	BIERMAN BARBARA	9.20	04/17/89	06/30/89	4,122	825	4,946	20%
270	1.00	Case Manager 2	6297	CM2	(J PETERSON)	10.02	03/18/85	07/31/88	1,683	577	2,260	34%
270	1.00	Case Manager 2	6297	CM2	VACANT ***** TR	9.20	05/01/89	06/30/89	3,386	673	4,059	20%
270	1.00	Case Manager 2	6297	CM2	(T ROACH)	10.02	09/24/84	07/31/88	1,683	720	2,403	43%
270	1.00	Case Manager 2	6297	CM2	PETERSEN ELAINE	10.02	07/01/85	06/30/89	20,922	7,160	28,082	34%
270	1.00	Case Manager 2	6297	CM2	SHARRER KIRK	9.75	09/30/85	02/28/89	13,966	4,529	18,496	32%
270	1.00	Case Manager 2	6297	CM2	SHARRER KIRK	10.02	04/01/89	06/30/89	5,291	1,864	7,155	35%
270	1.00	Case Manager 2	6297	CM2	VACANT ***** LB	9.20	05/01/89	06/30/89	3,386	673	4,059	20%
270	1.00	Case Manager 2	6297	CM2	(L BOURCIER)	9.75	09/30/85	07/31/88	1,638	707	2,345	43%
270	1.00	Case Manager 2	6297	CM2	HOLT SUSAN	9.75	06/09/86	06/30/89	20,390	7,011	27,402	34%
270	1.00	Case Manager 2	6297	CM2	DEIERLEIN ELISA	9.20	11/01/87	06/30/89	19,582	8,933	28,515	46%
270	1.00	Case Manager 2	6297	CM2	WILLIAMS ROBIN	9.20	04/04/88	06/30/89	19,341	5,435	24,776	28%
270	1.00	Case Manager 2	6297	CM2	JETTE MELODY	9.20	07/31/88	06/30/89	17,738	5,733	23,471	32%
270	1.00	Case Manager 2	6297	CM2	JOHNSTONE ANGELA	9.20	10/03/88	06/30/89	14,426	3,664	18,090	25%
270	1.00	Case Manager 2	6297	CM2	HESELMAN NANCY	9.20	10/03/88	06/30/89	14,426	2,970	17,395	21%
270	1.00	Case Manager 2	6297	CM2	SURFACE LAURIE	9.20	10/17/88	06/30/89	13,690	3,375	17,064	25%
270	1.00	Case Manager 2	6297	CM2	FISCHER SONYA	9.20	10/31/88	06/30/89	12,954	3,627	16,581	28%
270	1.00	Case Manager 2	6297	CM2	CURRY KAREN	9.20	11/15/88	06/30/89	11,850	2,918	14,768	25%
270	1.00	Case Manager 2	6297	CM2	STONE DONNA	9.20	10/31/88	06/30/89	12,954	3,084	16,038	24%
270	1.00	Case Manager 2	6297	CM2	BANNON PATTY	9.20	10/31/88	06/30/89	12,954	2,462	15,415	19%
270	1.00	Case Manager 2	6297	CM2	SHERWOOD RANDALL	9.20	01/09/89	06/30/89	9,274	1,884	11,158	20%
270	1.00	Case Mgt Supv	9210	CMSPV	BOURCIER LEE ANN	11.82	08/01/88	06/30/89	22,789	9,622	32,411	42%
270	1.00	Case Mgt Supv	9210	CMSPV	ROACH TOM	11.82	08/01/88	06/30/89	22,789	9,622	32,411	42%
270	1.00	Case Mgt Supv	9210	CMSPV	PETERSON JAN	11.82	08/01/88	06/30/89	22,789	7,846	30,635	34%
270	1.00	Program Supv	9154	PGSPV	MINAHAN TOM	14.88	09/30/85	06/30/89	31,766	10,069	41,834	32%

40.00 FTE	Permanent	> 479,570	145,977	625,547
41 COUNT	Temporary	11,704	1,201	12,905
	Overtime	1,550		1,550
	Premium	0*		
	TOTAL	492,824	147,178	640,002

0 BUDGET AVAILABLE

723,039 83,037

*Premium included in base salary figures

TEMPORARY EMPLOYEES

270	0.00	Program Dev Spec	6021	PDS	XXX	12.06	07/05/88	12/11/88	0	0	0	ERR
270	0.50	Human Svcs Tech	6294	HST	CHILBERG VIRGINIA	7.62	07/01/88	06/30/89	7,986	819	8,805	10%
270	1.00	Human Svcs Tech	6294	HST	KIMBROUGH CURTIS	7.62	07/01/88	09/25/88	3,719	382	4,100	10%

ORG	FTE	JOB TITLE	JOB CLASS	JOB ABBR	NAME	07/01/88 RATE	START DATE	TERMINATE DATE	TOTAL BASE	FRINGE TOTAL	TOTAL	FRINGE PCT	2088
270	0.00	Case Manager 2	6297	CM2	XXX	9.20	07/01/88	06/30/89	0	0	0	ERR	
									=====	=====	=====		
									11,704	1,201	12,905		

6/01/89

RECEIVED FROM JANE MCGARVIN

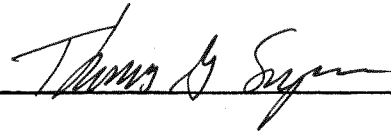
CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION DHS #56 APPROVED.

R-8

BOARD OF
COUNTY COMMISSIONERS
1989 JUN 27 PM 4:07
MULTNOMAH COUNTY
OREGON

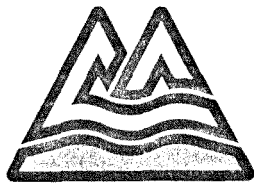


BOARD OF
COUNTY COMMISSIONERS

1989 JUN 27 AM 10:26

HOLOGRAPH COUNTY
OREGON

10



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY •	Chair •	248-3308
PAULINE ANDERSON •	District 1 •	248-5220
GRETCHEN KAFOURY •	District 2 •	248-5219
RICK BAUMAN •	District 3 •	248-5217
JANE McGARVIN •	District 4 •	248-5213
	Clerk •	248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken: -

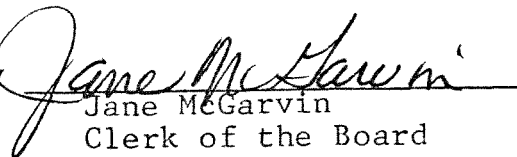
Request of the Director of Human Services for)
approval of Budget Modification DHS #58 reflect-)
ing an appropriation in the amount of \$9,548 from)
Clackamas County to Social Services, Adminis-)
tration and re-programs \$5,590 in State Mental)
Health Local Administration revenue within)
Social Services to pay for County on-loan)
personnel services R-9)

Commissioner Bauman said this budget modification implements an agreement approved last week to temporarily loan an employee to Clackamas County, and he moved, duly seconded by Commissioner Kafoury, and it is unanimously

ORDERED that said request be approved, and budget modification be implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By 
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Social Services

BUDGET MODIFICATION NO. DHS#58

(For Clerk's Use) Meeting Date 6/01/89
Agenda No. B-9

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR June 1, 1989

(Date)

DEPARTMENT Human Services

DIVISION Social Services

CONTACT Susan Clark

TELEPHONE 3691

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

Budget Modification DHS # 58 appropriates \$9,548 from Clackamas County to reimburse for personnel costs and re-programs \$5,590 in State Mental Health Local Administration revenue within the SSD Administration budget.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

[X] PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

Bud Mod DHS # 58 requests Board approval to appropriate \$9,548 from Clackamas County to reimburse SSD Administrative Services for personnel services incurred while the Division's Administrative Services Manager was on loan to the Clackamas County Board of Commissioners Office. Budget law requires the Division to appropriate this revenue in personnel and as a result, this position is double budgeted for two months. SSD Administration expended \$3,958 during this period for the temporary loan of an administrative assistant from the Department. This leaves \$5,590 in State Mental Health Local Administration revenue to be reprogrammed within the unit as follows:

Maintenance Contracts: \$1,500 to cover over-expenditures and cover new equipment.

Supplies: \$540 to purchase computer software and accessories.

Motor Pool: \$250 to cover over-expenditures.

Capital: \$3,300 for Wang PC (\$1,600) and laser printer (\$1,700).

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

Clackamas County revenue increased by \$9,548. Cash Transfer F/S from GF increased by \$444. Service reimbursement F/S to CGF increased by \$444.

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

(Specify Fund) Contingency before this modification (as of _____) (Date)

\$ _____

After this modification

\$ _____

Originated By

Date

Department Manager

Date

Susan Clark 5/22/89

Duane Zussy 5/22/89

Budget Analyst

Date

Personnel Analyst

Date

Thomas J. Syme 5/22/89

Susan Daniel 5/23/89

Board Approval

Date

Barbara E. Jones

6/01/89

EXPENDITURE

TRANSACTION EB []

GM []

TRANSACTION DATE _____

ACCOUNTING PERIOD _____

BUDGET FY _____

Document Number	Action	Fund	Agency	Organi- zation	Reporting Activity Category	Object	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	1100		5100			3958		Increase Permanent
		156	010	1100		6190			1500		Increase Maint. Contract
		156	010	1100		6230			540		Increase Supplies
		156	010	1100		7300			250		Increase Motor Pool
		156	010	1100		7100			444		Increase Indirect (.071)
		156	010	1100		8400			3300		Increase Capital
		100	010	0104		7608			444		Cash Trans. to F/S Fund
		401	030	5910		5180			250		Fleet Fund

//////////////////////////////////////
 TOTAL EXPENDITURE CHANGE // 10,686 TOTAL EXPENDITURE CHANGE

REVENUE

TRANSACTION RB []

GM []

TRANSACTION DATE _____

ACCOUNTING PERIOD _____

BUDGET FY _____

Document Number	Action	Fund	Agency	Organi- zation	Reporting Activity Category	Revenue Source	Current Amount	Revised Amount	Change Increase (Decrease)	Sub- Total	Description
		156	010	1100		2704			9,548		Clackamas County
		156	010	1100		7601			444		CGF
		100	045	7410		6602			444		Svc. Reimb. F/S to CGF
		401	030	5910		6602			250		Svc. Reimb. F/S to Motor P.

//////////////////////////////////////
 TOTAL REVENUE CHANGE // 10,686 TOTAL REVENUE CHANGE

5. ANNUALIZED PERSONNEL CHANGES (Compute on a full year basis even though this action affects only a part of the fiscal year.)

A n n u a l i z e d				
FTE Increase (Decrease)	POSITION TITLE	BASE PAY Increase (Decrease)	FRINGE Increase (Decrease)	TOTAL Increase (Decrease)

One-time-only --
NOT TO BE ANNUALIZED

TOTAL CHANGE (ANNUALIZED)

6. CURRENT YEAR PERSONNEL DOLLAR CHANGES (calculate costs or savings that will take place within this fiscal year; these should explain the actual dollar amounts being changed by this Bud Mod.)

C u r r e n t F Y				
Full Time Positions, Part-Time, Overtime, or Premium	Explanation of Change	BASE PAY Increase (Decrease)	FRINGE Increase (Decrease)	TOTAL Increase (Decrease)

Full Time	Administrative Assistant on loan for two months to cover during manager absence. Division paying for base only.	3,958		3,958
-----------	---	-------	--	-------



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK, 6TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3691

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
CAROLINE MILLER • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy *Duane Zussy*
Director, Department of Human Services

FROM: Gary Smith *GS*
Director, Social Services Division

DATE: May 17, 1989

SUBJECT: Recommendation to Approve Budget Modification DHS #58

RECOMMENDATION: Social Services Division recommends Board approval of budget modification DHS #58.

ANALYSIS: This budget modification appropriates \$9,548 from Clackamas County to reimburse SSD Administration for personnel costs incurred during a "loan" of the Administrative Services Manager for two months to the Clackamas County Office of the Board. Although this position is already fully budgeted, we are required to appropriate this new revenue in personnel services per budget law. Personnel costs incurred to cover her absence during this period are \$3,958--the base for an Administrative Assistant who is helping out from the Department. As a result, personnel services is double budgeted \$5,590 in Administrative Services. Since this position is funded by State Mental Health Local Administration revenue, \$5,590 of State revenue is being re-programmed to adjust the budget to actual expenditures to date and allow the Division to purchase an additional personal computer to be shared by 7 Administrative staff. Specific action includes:

Maintenance Contracts: \$1,500 to cover over-expenditures and newly purchased equipment.

Supplies: \$540 to purchase computer software and accessories.

Motor Pool: \$250 to cover over-expenditures.

Capital: \$3,300 for Wang PC (\$1,600) and laser printer (\$1,700).

BACKGROUND: Clackamas County Board Chair contacted the County for assistance in examining and recommending organizational structure changes for Clackamas County. Clackamas Board requested that Ms. Clark, Administrative Services Manager for Social Services Division, assist them with this task. An intergovernmental agreement was drafted by Clackamas County and forwarded to the Division to sign early in May and ratified by the Board May 18th.

Initiating a budget modification to appropriate this unanticipated revenue was delayed until the Division's needs could be assessed and re-programming decisions made.

AN EQUAL OPPORTUNITY EMPLOYER

6/01/89

RECEIVED FROM

JANE MCGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS • MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION #58 APPROVED

R-9

BOARD OF
COUNTY COMMISSIONERS
1989 JUN 23 PM 12:28
MULTNOMAH COUNTY
OREGON

Thomas J. Sigafoos

BOARD OF
COUNTY COMMISSIONERS

1989 JUN 22 PM 12:34

MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GRETCHEN KAFOURY • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
• DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

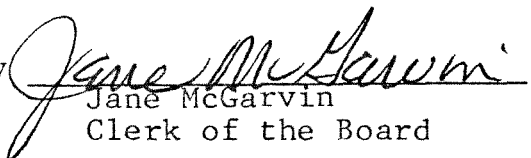
Request of the Director of Human Services for)
approval of Budget Modification DHS #59 making)
an appropriations transfer in the amount of)
\$1,109 within Social Services from A & D)
Contracts to A & D Operations to revise earlier)
budget decisions regarding purchase of)
telecommunication equipment for substance abuse)
treatment services to the hearing impaired R-10)

Upon motion of Commissioner Bauman, duly seconded by
Commissioner Anderson, it is unanimously

ORDERED that said request be approved, and budget
modification be implemented.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By 
Jane McGarvin
Clerk of the Board

jm
cc: Budget
Finance
Social Services

BUDGET MODIFICATION NO. DHS #59

(For Clerk's Use) Meeting Date 6/01/89
Agenda No. R-10

1. REQUEST FOR PLACEMENT ON THE AGENDA FOR _____

(Date)

DEPARTMENT Human Services

DIVISION Social Services

CONTACT Susan Clark

TELEPHONE 248-3691

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Duane Zussy

SUGGESTED

AGENDA TITLE (to assist in preparing a description for the printed agenda)

Budget Modification DHS #59 transfers \$1,109 from A&D Contracts to A&D Operations to revise earlier budget decisions.

(Estimated Time Needed on the Agenda)

2. DESCRIPTION OF MODIFICATION (Explain the changes this Bud Mod makes. What budget does it increase? What do the changes accomplish? Where does the money come from? What budget is reduced? Attach additional information if you need more space.)

☐ PERSONNEL CHANGES ARE SHOWN IN DETAIL ON THE ATTACHED SHEET

Budget Modification DHS #59 requests BCC approval to transfer \$1,109 from A&D Contracts to A&D Operations to revise an earlier appropriation decision. \$1,109 was awarded in Amendment #26 to the State Mental Health Grant to purchase telecommunication equipment for use in providing substance abuse treatment services to the hearing impaired. It was originally intended to be subcontracted to an existing provider. However, based on the number of providers eligible to serve hearing impaired, the County now intends to purchase the equipment and maintain it here.

3. REVENUE IMPACT (Explain revenues being changed and the reason for the change)

No net revenue impact to the State Mental Health Grant.
County General Fund reduced by (\$8) service reimbursement.
F/S to County General Fund reduced by (\$8).

4. CONTINGENCY STATUS (to be completed by Finance/Budget)

Contingency before this modification (as of _____)
(Specify Fund) (Date)

After this modification

Originated By

Date

Department Manager

Date

Budget Analyst

Date

Personnel Analyst

Date

Board Approval

Date



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK, 6TH FLOOR
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BOARD OF COUNTY COMMISSIONERS
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CAROLINE MILLER • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy
Multnomah County Chair

VIA: Duane Zussy *Duane Zussy (D)*
Director, Department of Human Services

FROM: Gary Smith *GS*
Director, Social Services Division

DATE: May 17, 1989

SUBJECT: Recommendation to Approve Budget Modification DHS # 59

RECOMMENDATION: Social Services Division recommends Board approval of budget modification DHS # 59.

ANALYSIS: This budget modification transfers \$1,109 from A&D Contracts to A&D Operations to allow the program to purchase telecommunication equipment. The equipment will be used by various A&D providers to enable them to provide substance abuse treatment services to hearing impaired individuals.

The revenue was originally appropriated via budget modification DHS #27.

BACKGROUND: Contained in Amendment #26 to the State Mental Health Grant was revenue identified for the purchase of telecommunication equipment to be used for substance abuse treatment services provided to the hearing impaired. Originally the County intended to subcontract this revenue to one provider. As this new program expands, County has altered its plan and desires to have this equipment as property of the County to be loaned out.

A start-up budget to purchase this equipment has been completed and forwarded to the State, which has already given verbal approval.

6/01/89

RECEIVED FROM JANE McGARVIN

CLERK, BOARD OF COUNTY COMMISSIONERS . MULTNOMAH COUNTY, OREGON

BUDGET

BUDGET MODIFICATION DHS #59 APPROVED.

R-10

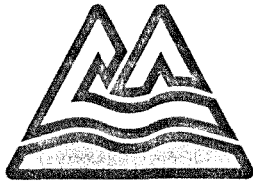
BOARD OF
COUNTY COMMISSIONERS
1989 JUN 23 PM 12:28
MULTNOMAH COUNTY
OREGON

Thomas G. Lipe

BOARD OF
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1989 JUN 22 PM 12:34

MULTNOMAH COUNTY
OREGON



MULTNOMAH COUNTY OREGON

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• DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

June 1, 1989

Mr. Duane Zussy, Director
Department of Human Services
426 SW Stark
Portland, OR

Dear Mr. Zussy:

Be it remembered, that at a meeting of the Board of County Commissioners held June 1, 1989, the following action was taken:

First Reading - An Ordinance adopting a)	
recommendation of the EMS Policy Board to)	ORDINANCE
amend Emergency Medical Services Rule 631.502)	No. 618
by revision of the Advanced Life Support)	
Treatment Protocols, and declaring an emergency)	
R-11)	

Copies of the above-entitled Ordinance were available to all persons wishing a copy. Ordinance was read by title only.

A hearing was held at this time.

Commissioner Bauman stated that the proposed ordinance are the recommended protocol changes from the EMS Policy Board. This provides for approval of technical people. The underlined text is new and new protocols are added. He moved approval of the ordinance.

Commissioner McCoy said this was approved by the EMS Policy Board. Mr. Acker and Ms. Duffy are here to answer questions.

Commissioner Anderson said she has questions for Mr. Acker, and some questions refer to testimony from AA Ambulance. Why is the Fire Department required to EMT 4 when they transport.

Joe Acker, Director of Emergency Medical Services Division, stated that the current ordinance requires that the Advanced Life Support rescues in the system are required to staff only to the state Advanced Life Support standards. That state ALS standard is at least an EMT 3, and and EMT of another level. Our County standard for transporting ambulances is two EMT-4's. Some background on the protocol to assist the Board to understand why there is a lower

standard in this protocol. Normally, it is not believed that 2 EMT-4's are need on a rescue which almost virtually 100 percent of the time never transport a patient. They just provide first responder services. This protocol is the result of the quality assurance process in Multnomah County. The Office reviews through the QA process any time the Fire Bureau transports a patient, and what was found was some questionable transport situations. When it was called to the attention of the Fire Bureau through the QA process, they said they had no standards that govern when they do transport and when they do not transport, and how do they tell their paramedics when it is appropriate to transport and when it is not appropriate within the system. EMS came back and designed a protocol to deal with that, to cause accountability to occur. Right now, in the system, absent this protocol, there is no way to cause accountability for the Fire Bureau if they transport. In other words, there is no ordinance violation, no protocol violation or anything. This protocol actually sets up an accountability mechanism. There have been since July of last year, two Fire Bureau transports in the system. Both of the transports were by Engine Companies and they were hypothermia patients where there were no, in one case, a BLS ambulance available within 30 minutes, and in another case, it was during the severe weather we had in February where an ambulance was unable to get to the patient within a reasonable period of time. Both of them would have fallen outside the requirements of the protocol and would have been in violation of the protocol. However, there is no accountability mechanism within the system, absent this protocol. This protocol is very restrictive in what it allows the Fire Bureau to transport. There has to be either a completely obstructed airway, an inability of the patient to ventilate on his own, or for the EMT's to ventilate the patient. It has to be severe uncontrolled bleeding where the EMT cannot stop the bleeding, or an abnormal delivery such as a breech presentation where nothing can be done in the field. The thought is that in those situations, what we want is that patient to be transported. Nothing can be done in pre-hospital care, irregardless of the level of the EMT or a nurse or physician available. The only thing that will help that patient is transport to the nearest medical facility at the most rapid speed possible. That is the whole gist of this proposal. These are situations which are very, very life threatening that nobody can do anything for outside of an institution. A catchall phrase has been added, as AA registers with you, and they recommend that there be an consult with a physician in that catch all phrase. There very clearly is. The Medical Resource Hospital is a physician. It is our on-line medical direction. Absent anyone of the situations that he was referred to (obstructed airway, uncontrolled bleeding, breech presentation or other abnormal delivery), they have got to talk to a physician over the radio or telephone if available, and that physician has to authorize transport in those situations. It is a very restrictive protocol, and provides for accountability which did not exist before. They would also like to add that, in the past several months,

his appearances before the Board have been draining emotionally on him, because this protocol has been worked through the public system until it is almost dead. He said that the process included going through the Quality Assurance Process, five drafts of the protocol circulated, the Protocol Subcommittee adopted the protocol on July 14, 1988, a physician associated with AA Ambulance that sits on the Protocol Subcommittee that offered no resistance to this protocol, a letter (which was introduced into the record) that was sent out from the EMS Office on July 19, 1988 with draft 5 of the protocol to all the licensees telling them the Medical Advisory Board would adopt this protocol or take testimony on it on August 12, 1988, no one at that meeting from AA Ambulance appeared to offer any criticism of the protocol, and then on April 4 of this year, again publicized the protocol prior to the Policy Board, and all the Board members were at that meeting, and no one offered testimony against the protocol at that point, and now it is before the Board for adoption, and Mr. Kressel can tell you it doesn't make any difference where there might be obstruction or problem raised, but it is frustrating to use a consensus building process in the community to go through the entire process, and get to the Board and then an issue is raised.

Commissioner Anderson said that even though there is consensus all the way through the process, there can be at any time an issue or concern raised. She said she understands the Fire Bureau can get to a situation fast because they have terminal monitors and can hear the request for service before the ambulance company can, and asked if that was correct. She asked if there is anyway the ambulance companies could have the terminal monitors also.

Mr. Acker said that was not correct. Currently the Fire Bureau receives notice of an emergency medical call by a telephone call to their dispatch center. They in turn must determine which is closest available engine company or ALS rescue to send, and they dispatch that ALS rescue or engine company over their tone out system. They do not currently have a monitor which provides them information. They want such a monitor. The City Council has authorized expenditure of \$25,000 to provide that monitor, but there is computer programming problems in getting that monitor in place. This Board has provided a policy to the Emergency Medical Services Division to consolidate EMS dispatch. The key to an effective dispatch is one central dispatch location, that all information is channeled through. If the 9-1-1 revenue situation passes in June, consolidation of Fire and EMS Dispatch is no longer a question, of whether it is going to occur, it is a question of when it will occur. There will be no need for that cross monitoring process that AA talks about here. To provide those monitors to ambulance companies, which they have requested of the 9-1-1 dispatch system for seven-eight years (they wanted it when the system was set up), would

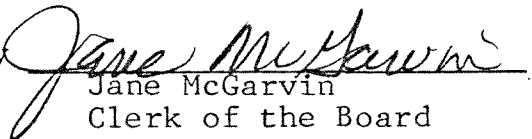
fragment our dispatch even more than it is now. A central location is needed so that all information flows through and out of, and to provide those monitors to ambulance companies would have them self-dispatching ambulances, and would create turmoil for the system.

The motion to approve the ordinance was then seconded by Commissioner Kafoury, and it is unanimously

ORDERED that said ordinance be adopted as an emergency.

Very truly yours,

BOARD OF COUNTY COMMISSIONERS

By 
Jane McGarvin
Clerk of the Board

jm
cc: Health
County Counsel

DATE SUBMITTED May 18, 1989

(For Clerk's Use)

Meeting Date 6/01/89

Agenda No. R-11

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Emergency Medical Services Protocol Changes

Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Health

CONTACT Joe E Acker III TELEPHONE 3674

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD J Acker

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

Updates current protocols used to guide the delivery of pre-hospital emergency medical care. The EMSPB has passed these protocols.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☐ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☒ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 10 Minutes

IMPACT:

☐ PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

☐ Other _____

*To print
Shop
6/20/89*

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1989 MAY 23 PM 1:34

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Messy (PC)

BUDGET / PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) Sandra Duffy

OTHER _____
(Purchasing, Facilities Management, etc.)

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

Title Emergency Medical Services Protocol Changes Effective Date July 19, 1989

Brief statement of purpose of ordinance (include the rationale for adoption of ordinance, a description of persons benefited, and other alternatives explored)

Ordinance revises the Protocols used to treat emergency patients in Multnomah County.

What other local jurisdictions in the metropolitan area have enacted similar legislation?

Washington and Clackamas County will enact the same Protocol changes.

What has been the experience in other areas with this type of legislation?

N/A

What authority is there for Multnomah County to adopt this legislation? (State statute, home rule charter). Are there constitutional problems?

MCC 6.31.060

Fiscal Impact Analysis

None

(If space is inadequate, please use other side)

SIGNATURES:

Office of County Counsel Sandra Duffy
Office of County Management _____
Department Head Diane Zussy (w)
Liaison Commissioner _____

(Underlined sections are new or replacements; [bracketed] sections are deleted.)

BEFORE THE BOARD OF COMMISSIONERS

FOR THE COUNTY OF MULTNOMAH

ORDINANCE NO. 618

An Ordinance adopting a recommendation of the EMS Policy Board to amend Emergency Medical Services Rule 631.502 by revision of the Advanced Life Support Treatment Protocols and declaring an emergency.

Multnomah County ordains as follows:

Section 1. Findings.

1. MCC 6.31.060 authorizes the Board of County Commissioners to adopt rules concerning procedures and prehospital treatment protocols, upon recommendation of the Emergency Medical Services Policy Board.

2. Multnomah County has used Advanced Life Support (ALS) Protocols to assure accident victims of the highest level of care.

3. The EMS Medical Advisory Board has recommended adoption of revised ALS protocols in EMS Rule 631.502.

4. The EMS Policy Board, pursuant to MCC 6.31.062, conducted a public hearing on April 4, 1989 and recommended adoption of the revised ALS protocols in EMS Rule 631.502.

5. The recommended changes to the County's rules are consistent with the purposes of MCC Chapter 6.31 and are in the public interest. The Statement of Need adopted by the Emergency Medical Services Policy Board attached as Exhibit 1 and incorporated herein by reference, is also adopted by this Board.

Section 2. Repeal of ALS Protocols.

EMS Rule 631.502 is amended by repeal of the protocols contained in Exhibit F of that rule.

Section 3. Adoption of ALS Protocols.

The ALS protocols dated June 1, 1989, and Exhibit 2 to this ordinance are adopted and are incorporated herein by reference. These protocols shall constitute Exhibit F of EMS Rule 631.502.

Section 4. Emergency Clause.

This Ordinance, being necessary for the health, safety, and general welfare of the people of Multnomah County, an emergency is declared and the Ordinance shall take effect upon its execution by the County Chair, pursuant to Section 5.50 of the Charter of Multnomah County.

ADOPTED this 1st day of June, 1989, being the date of its first reading before the Board of County Commissioners of Multnomah County.

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

By

Gladys McCoy
Gladys McCoy
Multnomah County Chair

(SEAL)

REVIEWED:

LAURENCE KRESSEL, COUNTY COUNSEL
FOR MULTNOMAH COUNTY, OREGON

By

Sandra Duffy
Sandra Duffy
Assistant County Counsel

4606R/dp
050289:1

IN THE MATTER OF A PROPOSAL TO)
RULES CONCERNING PROCEDURES AND)
PREHOSPITAL TREATMENT PROTOCOLS)
FOR THE VARIOUS TYPES OF EMERGENCIES))
TO WHICH LICENSEES RESPOND)

EMS 2-89
Legal Authority
Statement of Need
Principal Document Relied On

1. Citation of Legal Authority:

MCC 6.31.060 A (3) authorizes the Emergency Medical Services Policy Board to recommend rules establishing procedures and prehospital treatment protocols for the various types of emergencies to which licensees respond and provide care.

2. Need for Rule:

The current protocols do not recognize the current knowledge on certain treatment modes and patient care techniques or skills. Also, the state has adopted a portion of the pediatric care material which these rules propose. The proposed rules are recommended by the EMS Medical Advisory Board.

3. Documents:

Minutes of the Treatment Protocol Subcommittee meetings from May 1988 through March 1989.

Medical Advisory Board meeting minutes from May 1988 through March 1989.

Oregon Plan for Pediatric Emergency Care

Standards for Advanced Cardiac Life Support AHA

JUNE 1, 1989

ADVANCED LIFE SUPPORT PROTOCOLS

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	T8 thru T10

DO NOT RESUSCITATE

Policy:

The goal is to provide comfort and emotional support with the highest quality medical care to patients in conformity with the highest ethical and medical standards. Unless a "DNR" order is issued and follows the protocol outlined, any patient who sustains a cardiopulmonary arrest will receive full cardiopulmonary resuscitation with the objective of restoring life.

Definitions:

1. A DNR (Do Not Resuscitate) Order is an order issued by a physician directing that in the event the patient suffers a cardiopulmonary arrest, (i.e. clinical death)* cardiopulmonary resuscitation will not be administered. Also see Transport of Chronically Ill Patient for the patient who is still breathing and has a pulse.
2. Resuscitation includes attempts to restore failed cardiac and/or ventilatory function by procedures such as endotracheal intubation, mechanical ventilation, closed chest massage, and defibrillation.

Protocol:

1. When the patient's family, friends, or nursing home personnel state that the patient is not to be resuscitated:
 - A. BLS protocols at the EMT-I level will be followed while attempts to determine if a written DNR order from the patient's physician is in the patient's medical file.
 - B. In the absence of written DNR order, call the attending physician or (if not quickly available) MRH physician for a verbal order.
 - C. The EMT must document the DNR order in the patient care report.
2. The following procedures should NOT be performed on a patient who is the subject of a confirmed DNR order and who is PULSELESS AND NONBREATHING:
 - A. CPR
 - B. Endotracheal intubation
 - C. Defibrillation
 - D. Assistance with respiratory efforts (i.e., "Bagging")
 - E. Oral/nasal airways
 - F. Suctioning
 - G. IV lines
 - H. Fluids
 - I. Medications, including oxygen
 - J. EKG monitoring

*Clinical death exists when a patient is pulseless and nonbreathing. Biological death has occurred when no CNS signs of life exist.

BURNS

SPECIFIC INFORMATION NEEDED:

- A. Time elapsed since burn.
- B. Was patient in a closed space with steam or smoke? For how long?
- C. Loss of consciousness.
- D. Accompanying explosion, toxic fumes.
- E. Prior cardiac or pulmonary disease.

SPECIFIC PHYSICAL FINDINGS:

- A. Vital signs.
- B. Extent of burns: Description of areas involved.
- C. Depth of burns: Superficial - erythema only.
Significant - blistered or charred areas.
- D. Evidence of respiratory burns: Soot or erythema of mouth, singed nasal hairs, cough, hoarseness, respiratory distress.
- E. Associated trauma.

TREATMENT:

- A. Remove clothing which is smoldering or which is nonadherent to the patient.
- B. O₂, high flow, by non-rebreathing mask if there is possibility of respiratory burns, and in closed space burns.
- C. Remove rings, bracelets and other constricting items.
- D. If burn is moderate-to-severe, dress burns with dry, clean dressings or cover patient with burn sheet. For burns less than 20%, may apply wet dressings for comfort.
- E. Thermal Burns: If more than about 20% significant burn or if respiratory distress or hypotension exists:
 - 1. Start IV: Balanced salt solution, large bore, TKO or as % burn. Treat hypotension according to Shock Protocol.
 - 2. Monitor cardiac rhythm.

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BURNS (Continued)

F. Electrical Burns:

1. Start IV: Balanced salt solution, large bore, TKO or as indicated by shock syndrome.
2. Monitor cardiac rhythm.
3. Apply sterile dressings to entry and exit burns.

G. Chemical Burns:

1. Flush contaminated skin and eyes with copious amounts of water. (see precautions)
2. Obtain and document vital signs, and transport.

H. Transport:

1. The following patients should be transported to a burn center:
 - a. Total burn which is 25% or more of body surface in an adult, 10-15% in a child.
 - b. Full thickness burn which is 10% or greater of body surface.
 - c. Burns with inhalation injuries, fractures, or in poor risk patients.

SPECIFIC PRECAUTIONS:

- A. Attempt to leave unbroken blisters intact.
- B. Suspect airway burns in any facial burns or burns received in closed space. Use conservative fluid resuscitation when burns are confined to head and neck until airway is properly controlled.
- C. Deaths in the first 24 hours after burn injury are due to either airway burns or fluid loss. Fluids are calculated on the basis of extent of significant burn. No further burn classification is possible or useful in an acute situation.
- D. Consider carbon monoxide poisoning in all closed space burns. If suspected, give O₂, high flow, through non-rebreathing mask.
- E. Consider MI in firefighters who are burned; child abuse in pediatric burns, suicide attempt as cause for burns.
- F. Avoid starting IVs in burned areas if possible.

Exhibit F
(to EMS Rule 631-502)

BURNS (Continued)

- G. In a few instances, caution should be used with water flushing of chemical contaminants. In the case of lime (CaCO_3), brush off excess, then flush with copious amounts of water. Do not use water for phosphorus contamination.
- H. Consider morphine sulfate for severe incapacitating pain per drug protocol.
- I. Emphasis is placed on immediate transportation of the significantly burned patient. Do not delay transportation for the sake of fluid administration.

CARDIAC ARREST

SPECIFIC INFORMATION: DO NOT DELAY MANAGEMENT TO OBTAIN HISTORY:

- A. History: Preceding symptoms, onset, downtime (no CPR).
- B. Past History: Diseases, medications
- C. Surrounding evidence of drug ingestion, penetrating or blunt injury.
- D. Appropriateness of resuscitative efforts: In unexpected or unwitnessed cardiovascular collapse, proceed with protocol unless obvious signs of death are present (rigor, etc.). In all others, begin protocol, then request further information of family members. Medical Resource may also be of assistance. (See Death In The Field Protocol.)
- E. Once resuscitative efforts have been initiated, they should be continued until arrival at the receiving hospital, or until a joint decision has been made with Medical Resource or the attending physician, that resuscitation should cease. (See Death In The Field Protocol.)

SPECIFIC PHYSICAL FINDINGS:

- A. Determine presence of arrest.
 - 1. Unresponsive.
 - 2. Absent or terminal respirations.
 - 3. Absent pulses over major arteries.
- B. If signs of penetrating chest injury or major blunt trauma are present with cardiopulmonary arrest, patient's only chance for survival is immediate transport. Apply PASG suit and administer fluids per shock protocol while en route. Ventilate and transport rapidly to appropriate facility. CLOSED CHEST MASSAGE IS NOT INDICATED IN THESE CIRCUMSTANCES IF THIS MEANS A DELAY IN IMMEDIATE TRANSPORT. (See Death In The Field Protocol.)

TREATMENT OF CARDIAC ARREST:

- A. Initiate CPR: Follow American Heart Association Basic Life Support standards. (See Appendix A.)
- B. Check cardiac rhythm with "quick look" paddles. Do not diagnose cardiac arrest solely on the basis of a monitor reading. Consider no respirations and no palpable pulse.
- C. ARREST DYSRHYTHMIAS.

CARDIAC ARREST (continued)

1. Ventricular Fibrillation.

Ventricular fibrillation (and pulseless ventricular tachycardia.) This sequence was developed to treat a broad range of patients with ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). Some patients may require care not specified herein. This algorithm should not be construed as prohibiting such flexibility. Flow of algorithm presumes that VF is continuing. CPR indicates cardiopulmonary resuscitation.

If for any reason this protocol cannot be followed in treatment order or drug amounts, MRH should be contacted.

Witnessed Arrest

Check Pulse-If No Pulse

Precordial Thump

Check Pulse-If No Pulse

Unwitnessed Arrest

Check Pulse-If No Pulse

CPR Until a Defibrillator is Available

Check Monitor for Rhythm - if VF or VT^a

Defibrillate, 200 Joules^b

Defibrillate, 200-300 Joules^b

Defibrillate with up to 360 Joules

CPR if No Pulse

Establish IV Access

Epinephrine, 1:10,000, 0.5-1.0 mg IV Push^c

Intubate If Possible^d

Defibrillate With up to 360 Joules^b

Lidocaine, 1 mg/kg IV Push (or 2 mg/kg E.T.)

Defibrillate With up to 360 Joules^b

Bretylium, 5 mg/kg IV Push^e

(Consider Bicarbonate)^f

Defibrillate With up to 360 Joules^b

Bretylium, 10 mg/kg IV Push*

Defibrillate With up to 360 Joules^b

Repeat Lidocaine or Bretylium

Defibrillate With up to 360 Joules^b

*Contact MRH if not done previously, or at any time if this protocol cannot be followed in order or in drug amounts.

CARDIAC ARREST (continued)

- a. Pulseless VT should be treated identically to VF.
- b. Check pulse rhythm after each shock. If VF recurs after transiently converting (rather than persists without ever converting), use whatever energy level has previously been successful for defibrillation.
- c. Epinephrine should be repeated every five minutes (1 mg per ET tube if no IV).
- d. Intubation is preferable. If it can be accomplished simultaneously with other techniques, then the earlier the better. However, defibrillation and epinephrine are more important initially if the patient can be ventilated without intubation.
- e. Some may prefer repeated doses of lidocaine, which may be given in 0.5-mg/kg boluses every five minutes to a total dose of 3 mg/kg.
- f. Value of sodium bicarbonate is questionable during cardiac arrest, and it is not recommended for routine cardiac arrest sequence. Consideration of its use in a dose of 1 mEq/kg is appropriate at this point. Half of original dose may be repeated every ten minutes if it is used.
- g. After successful resuscitation, a continuous infusion of lidocaine should be initiated at 2-4 mg/min. Be cautious with the administration of lidocaine if:

Blood pressure is less than 90 systolic, OR
Heart rate is less than 50/min. OR
Periods of sinus arrest or any A-V block are present

After successful resuscitation, doses of lidocaine should be reduced by 50% in presence of decreased cardiac output (congestive heart failure, hypotension) hepatic dysfunction or age more than 70.

CARDIAC ARREST (continued)

2. Ventricular Tachycardia

No Pulse

Treat as VF

Pulse Present

Stable^a

O₂

IV Access

Lidocaine 1 mg/kg

Prepare patient for transport

Lidocaine, 0.5 mg/kg Every
5 min until VT Resolves, or
up to 3 mg/kg* while in
transport

After conversion, an
infusion of lidocaine at
2-4 mg/min. should be
started.

Unstable^b

O₂

IV Access
Contact MRH

(Consider Sedation)^c

Cardiovert 50 Joules^d

Cardiovert 100 Joules

Cardiovert 200 Joules

Cardiovert With up to
360 Joules^d

If Recurrent, Add Lidocaine
and Cardiovert again starting
at energy level previously
successful; Then Bretylium

After conversion, an
infusion of lidocaine at
2-4 mg/min. should be
started.

*Contact MRH if not done previously

- a. If patient becomes unstable (see footnote b for definition) at any time, move to "Unstable" arm of algorithm.
- b. Unstable indicates symptoms: hypotension (systolic blood pressure less than 90 mm Hg), chest pain, congestive heart failure, or unconsciousness.
- c. Sedation should be considered for all patients, including those defined in footnote b as unstable, except those who are hemodynamically unstable (e.g., hypotensive, in pulmonary edema, or unconscious).
- d. In the absence of hypotension, pulmonary edema, or unconsciousness, a precordial thump may be employed prior to cardioversion.

CARDIAC DYSRHYTHMIAS

SPECIFIC INFORMATION:

- A. Chief complaint, sudden or gradual onset.
- B. Related symptoms: dizziness, angina, syncope, s.o.b., palpitations.
- C. Medications.

SPECIFIC PHYSICAL FINDINGS:

- A. Vital signs.
- B. Signs of low cardiac output:
 - 1. Altered state of consciousness.
 - 2. Presence of shock syndrome.
- C. Signs of congestive failure.
- D. NOTE: DYSRHYTHMIAS MAY NOT REQUIRE TREATMENT IN THE FIELD IF THE PATIENT IS ASYMPTOMATIC (i.e., NO SIGN OF LOW CARDIAC OUTPUT.)

GENERAL APPROACH TO TREATMENT:

(For specific treatment see under appropriate rhythm disturbance.)

- A. O₂, position of greatest comfort.
- B. Monitor cardiac rhythm.
- C. Start IV: Large bore D5W, microdrip chamber, TKO rate.
- D. Identify rhythm as closely as possible. Contact Medical Resource Hospital for assistance as needed.

PVC's: 1. Premature Ventricular Complexes: Treat only in the setting of a suspected ischemic event.

LIDOCAINE PROTOCOL:

- a. Initial bolus: 1mg/kg over 1-2 min.
- b. Begin lidocaine drip at 2 mg/min.
- c. Repeat one-half of dose every 5 minutes until a maximum of 3 mg/kg is given. Increase lidocaine drip 1 mg/min after each repeat lidocaine bolus to maximum of 4 mg/min..
- d. All doses, including initial bolus, must be reduced by 50% in patients with congestive heart failure, shock, or hepatic disease, or who are over 70 years of age.

CARDIAC DYSRHYTHMIAS (continued)

2. If PVC's are associated with a bradycardia, see section on bradycardia.
- BRADY 1. Bradycardia (sinus bradycardia, ventricular escape rhythm, AV nodal block.)
- A. Treatment may not be required if there are no signs of low output and blood pressure remains above 90 Torr and pulse rate is greater than 50.
 - B. ATROPINE - give 0.5 to 1.0 mg IV and repeat every 5 min. to a maximum of 2.0 mg as needed to maintain rate above 50 and blood pressure above 90 Torr.
 - C. Contact MRH if patient does not respond to Atropine.
 - D. ISOPROTERENOL - give cautiously if no response to atropine. Administer as drip of 2-10mcg/min to maintain a ventricular rate of 60-70.
 - E. Call MRH to notify of potential need for pacemaker insertion.

CARDIAC DYSRHYTHMIAS (continued)

SUPRAVENTRICULAR TACHYCARDIA

Paroxysmal supraventricular tachycardia (PSVT). These various dysrhythmias are often very difficult to differentiate. If the patient is perfusing well, no specific prehospital treatment is necessary. Transport with monitoring. Consider IV and O₂.*

If dysrhythmia is resulting in a hemodynamically unstable patient immediate cardioversion should be considered.

Hemodynamically
Unstable**
(consider sedation)

Hemodynamically
Stable

Synchronous
Cardioversion
75-100 Joules***

Vagal Maneuvers

Synchronous
Cardioversion
200 Joules

Synchronous
Cardioversion
360 Joules

Correct Underlying
Abnormalities

Pharmacological
Therapy (per MRH)
+ Cardioversion

If conversion occurs but PSVT recurs, repeated electrical cardioversion is not indicated.

-
- * If rate is above 150, regardless of cause and in the setting of a suspected acute ischemic event, treatment early in the course may prevent impending cardiovascular collapse.
 - ** Unconscious, pulmonary edema, shock syndrome, chest pain.
 - *** Before cardioversion of the conscious patient with poor perfusion, contact MRH.

HYPOTHERMIA

SPECIFIC INFORMATION NEEDED:

- A. Length of exposure?
- B. Define categories of accidental hypothermia by physical findings (patient will be categorized by lowest physiological variable):
 - Apnea - Put metal or glass slide under nostrils for 60 seconds.
 - Pulse - Palpate carotid pulse for 60 seconds.
 - EKG - Attach EKG leads and interpret rhythm.
 - LOC - Determine LOC by verbal and motor responsiveness.
- C. See Categories of Accidental Hypothermia (Specific Physical Findings) chart.

TREATMENT:

- A. Warm oxygen preferably.
- B. Monitor cardiac rhythm.
- C. IV fluids - warmed if possible
 - Type: Normal saline or Normosol recommended.
 - Recommended Rate: 10 cc's/kg bolus, then 5 cc's/kg thereafter.

SPECIFIC PRECAUTIONS:

- A. Handle alive patient gently - do not jostle.
- B. Do not force oral intubation.
 - Do not nasotracheally intubate.
 - Consider needle cricothyrotomy only if patient deteriorates AND jaw is frozen.
- C. Do chest compressions only if chest is compressible and patient has a disorganized rhythm.
- D. If terrain is difficult, evacuate patient first and treat second.
- E. Cardiopulmonary bypass offers rapid rewarming in profoundly cold patients who have cardiac failure (Category 1, 2, 3).
- F. Consider other protocols as appropriate (i.e. altered mental status).

Exhibit F
(to EMS Rule 631-502)

HYPOTHERMIA (continued)

CATEGORIES OF ACCIDENTAL HYPOTHERMIA (SPECIFIC PHYSICAL FINDINGS)

1. <u>Frozen, Lifeless</u>	2. <u>Cold, Lifeless</u>	3. <u>Cold, Alive</u>	4. <u>Moderate Hypothermia</u>
If major trauma present, or head and trunk frozen, determine patient death in field. Apneic, pulseless,	If major trauma determine patient death in field. Apneic, pulseless, disorganized EKG rhythm,* unconscious	Respirations 12 No pulse palpable Organized EKG rhythm** Responsive to stimulus	Respirations 12 Pulses palpable Organized EKG rhythm** Responds to commands

Treatment:

Transport if risk to personnel is acceptable.	ACLS Protocols Warm O ₂ No nasotracheal tube Start IV via peripheral vein if possible	No CPR Warm O ₂ IVs if feasible EKG monitoring	Supportive care No CPR Warm O ₂ IVs if feasible EKG monitoring
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Antiarrhythmic:

None	Bretylium first drug of choice for V. fibrillation	Prophylactic Lidocaine if IV available (normal dose)	Prophylactic Lidocaine if IV available (normal dose)
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Consider pump rewarming:

Yes, maybe. No, if major trauma present.	Yes, probably. No, if major trauma present.	Yes, probably. No, if major trauma present.	No, unless deteriorating.
---	--	--	---------------------------

* Disorganized EKG rhythm is incompatible with life. (Asystole or V. Fib)

** Organized EKG rhythm is compatible with life (EMD etc.)

NEAR DROWNING

SPECIFIC INFORMATION NEEDED:

- A. How long patient was submerged.
- B. Approximate temperature of water.
- C. Fresh or salt water.
- D. Associated trauma.
- E. Was this a SCUBA diving accident?

SPECIFIC PHYSICAL FINDINGS:

- A. Vital signs.
- B. Neurologic status: Note, record, and monitor mental status.
- C. Initial presence of crackles or other signs of pulmonary edema, respiratory distress, and any changes during transport.

TREATMENT:

- A. Clear upper airway.
- B. Assist ventilation as needed; if unsuccessful, patient may need intubation and positive pressure, suction, or relief of gastric distention.
- C. Stabilize neck prior to removing from water if any suggestion of neck injury.
- D. O₂, high flow.
- E. IV: Volume expander (balanced salt solution), TKO.
- F. Monitor cardiac rhythm.

SPECIFIC PRECAUTIONS:

- A. If patient is still in water, rescue by trained, equipped personnel only.
- B. Be prepared for vomiting.
- C. ALL NEAR-DROWNINGS SHOULD BE TRANSPORTED. Even if patients initially appear fine, they can deteriorate. Monitor closely. Pulmonary edema is likely.
- D. Hypothermia may be a problem. If suspected, refer to hypothermia protocol.
- E. It is a common error to underestimate injuries in near-drownings from jumping, MVAs, etc.

Exhibit F
(to EMS Rule 631-502)
POISONS AND OVERDOSES (Cont'd.)

- a. Administer Naloxone 2 mg, slowly injected IV, IM, SC, SL, or ET, and observe for improved ventilations (may be repeated every 3-5 minutes up to 8 mg).
 - b. Thiamine, 100 mg IV if alcoholism is possible.
 - c. Administer dextrose 50%, 50 ml.
 - d. Monitor cardiac rhythm.
6. If overdose includes tricyclic anti-depressant:
- a. Hyperventilate if possible.
 - b. Treat hypotension, as indicated, with fluid challenge and PASG pants.
 - c. If life-threatening arrhythmias exist, administer 1 mEq/kg NA HCO₃, slow IV push, after consultation with Medical Resource Hospital.
7. If cholinergic poisoning (e.g., organophosphate poisoning) has occurred and patient is critical with "SLUD" symptoms, administer 1-2 mg atropine, slow IV per MRH order and repeat dosage every 5 minutes until secretions have substantially decreased.
8. Consider administration of ipecac or activated charcoal in conscious, alert patients, if the ingestion occurred within the past 6 hours, (30 ml ipecac in adult, 15 ml in child over 1 year). Follow with 2-3 glasses of H₂O and ambulate if possible. Note specific precautions.
9. If arrhythmias or conduction abnormalities present or persist after treatment, treat per arrhythmia protocol and contact MRH.
- a. Obtain and document vital signs during transport.

SPECIFIC PRECAUTIONS:

- A. Contact MRH before administering ipecac or activated charcoal.
- B. Do not induce vomiting in patients who:
 1. Have ingested strong acid, strong base, iodides, silver nitrate, strychnine, phenothiazines, hydrocarbons, or camphor.
 2. Are unconscious, obtunded, seizing, or have no gag reflex.

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Exhibit 2
Page 17 --

3. Are in the third trimester of pregnancy.
4. In general, tricyclics, short acting sedatives, and beta blockers should not be ipecaced in the field.
- C. Some hydrocarbon ingestions may benefit from emesis, contact Medical Resource on all hydrocarbon ingestions.
- D. Do not try to neutralize acids with strong alkalis. Do not try to neutralize alkalis with acids.
- E. Inhalation poisoning is particularly dangerous to rescuers. Recognize an environment with continuing contamination and extricate rapidly by properly trained and equipped personnel.
- F. Ipecac may take up to 30 minutes to work. Be prepared to manage airway.
- G. Activated charcoal may be ineffective in ingestions such as mineral acids, alkalies, petroleum products, or cyanide.
- H. SLUDS - salivation, lacrimation, urination, defecation, sweating.

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Exhibit 2
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SEIZURES

SPECIFIC INFORMATION NEEDED:

- A. Seizure history: Onset, time interval, previous seizures, type of seizure. Consider febrile seizures in children.
- B. Medical history: Medications and compliance, head trauma, diabetes, headaches, drugs, alcohol, pregnancy.

SPECIFIC PHYSICAL FINDINGS:

- A. Vital signs.
- B. Seizure activity.
- C. Level of consciousness.
- D. Head and oral trauma.
- E. Incontinence. (Urinary or fecal.)
- F. Focal neurologic signs.
- G. Headache.

TREATMENT:

- A. Airway: Insure patency - nasopharyngeal airways useful.
NOTE: Do not FORCE anything between the teeth. Do not use esophageal obturator airway.
- B. O₂ as needed.
- C. Suction as needed.
- D. If patient is seizing upon arrival or has prolonged (more than 2") or repetitive seizures:
 - 1. Start IV: TKO or as directed.
 - 2. Draw one red top tube
 - 3. Dextrose 50%, 50 ml IV into secure vein, if history not obtainable. Give thiamine 100 mg IV before giving glucose if alcoholism is suspected. Consider naloxone 2 mg, slowly, to a maximum of 8 mg.
 - 4. Contact Medical Resource Hospital if further intervention is necessary.

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SEIZURES (Cont'd.)

5. Administer diazepam by MRH order, (Valium) 5-10 mg (not to exceed 0.3 mg/kg) slowly IV, for continued grand mal seizure activity. Pediatric dose 2-5 mgm, slowly (0.1 mg/kg). If unable to administer pediatric dose intravenously, consider rectal administration .5mgm/kgm.
- E. Lateral recumbent position for transport.
- F. Monitor cardiac rhythm.
- G. Obtain and document vitals.
- H. Document patient's level of consciousness at time of transport.

SPECIFIC PRECAUTIONS:

- A. Move hazardous material away from patient. Restrain the patient only if needed to prevent injury. Protect patient's head.
- B. Trauma to tongue is unlikely to cause serious problems. Trauma to teeth may. Attempts to force an airway into the patient's mouth can completely obstruct his airway.
- C. Seizures in patients over the age of 50 are frequently caused by arrhythmias.
- D. Medical personnel are often called to assist epileptics who seize in public. If patient clears completely, is taking his medications, has his own physician and is experiencing his usual frequency of seizures, transport may be unnecessary. Document patient's mental status and have patient sign a refusal form.
- E. Don't forget to check for a pulse once a seizure terminates. Seizure activity may be the first sign of cerebral hypoxia from cardiac arrest!
- F. Focal motor seizures are generally not treated in the pre-hospital setting.

SUSPECTED SPINAL INJURY

SPECIFIC INFORMATION NEEDED:

- A. Violent mechanism of injury (witness, scene, situation).
- B. High energy transfer (ejection, helmet damage, starred windshield, etc.)

SPECIFIC PHYSICAL FINDINGS:

- A. Significant injury above the clavicles.
- B. Significant multiple trauma.
- C. Prior or present altered mental status.
- D. Paralysis, weakness, numbness, or tingling with violent mechanism of injury or high energy transfer.
- E. Pain of the spine with or without movement.
- F. Point tenderness, deformity, or guarding of the spine.

TREATMENT:

The following treatment will be used when any or all of the above Specific Physical Findings are present, or when in the EMT's best judgment the patient needs spinal support.

- A. Temporarily immobilize cervical spine with rigid extrication collar and continuous manual in-line support. Immobilize thoracic and lumbosacral spine to long spine board, when possible, and/or other appropriate device as patient condition allows (KED, orthopedic, etc.). Secure head and cervical spine to long spine board using dense, soft, support material on both sides of the head, and tape. Patient's entire body will be securely immobilized by straps affixed directly to the long board. During this procedure the patient should be moved as little as possible, and always as a unit.
- B. Oxygen as indicated.
- C. I.V. per shock protocol, if appropriate.

SPECIFIC PRECAUTIONS:

- A. Vomiting should be expected in head injury patients. Therefore, patient should be securely strapped to long board to enable board and patient to be turned as a unit. EMT should be aware that additional help may be necessary during transport to turn patient and manage airway while maintaining C-spine integrity.
- B. Chin straps that could compromise the airway should be removed as the patient is immobilized to the long board. (Leg straps which may compromise C-spine immobilization should also be removed.)

Exhibit F

(to EMS Rule 631-502)

SUSPECTED SPINAL INJURY, cont.

- C. Most patients require 1 to 1 1/2 inches of firm padding behind the head to assume standard neutral anatomic position.
- D. In the severely traumatized patient requiring immediate life saving intervention and rapid transport, rigid C-collar, continuous manual in-line support during rapid extrication onto a long spine board and transport should be substituted for more time consuming methods.
- E. Airway problems, respiratory difficulty, and shock are common in the traumatized patient. Alternate techniques for performing airway procedures should be used in spinal injury patients. To maintain proper control of the C-spine, endotracheal intubation with in-line stabilization must be performed by two EMTs.
- F. If any immobilization techniques cause an increase in pain or neurologic deficit, the patient should be immobilized in position found or position of greatest comfort.
- G. Geriatric patients (over 55) should cause a higher index of suspicion for the EMT due to physiologic aging changes; the EMTs' awareness of the need to provide for C-spine immobilization should be more acute in these patients.

ALBUTEROL (VENTOLIN)^R

PHARMACOLOGY AND ACTIONS:

Albuterol sulfate (ventolin)^R is a potent, relatively selective beta₂-adrenergic bronchodilator. The pharmacologic effects are at least in part attributable to stimulation through beta-adrenergic receptors of intracellular adenylyl cyclase which catalyzes the conversion of ATP to cyclic-AMP. Increased cyclic-AMP levels are associated with relaxation of bronchial smooth muscle and inhibition of release of mediators of immediate hypersensitivity from cells, especially mast cells.

The onset of improvement in pulmonary function is within 2 to 15 minutes after the initiation of treatment and the duration of action is from 4-6 hours.

As a beta₂ agonist, albuterol induces bronchial dilation, but has occasional beta₁ overlap with clinically significant cardiac effects. Clinically significant arrhythmias may occur especially in patients with underlying cardiovascular disorders such as coronary insufficiency and hypertension.

INDICATIONS:

- A. Bronchial asthma and reversible bronchial spasm that occur with chronic pulmonary disease.

PRECAUTIONS:

- A. The patient's rhythm should be observed for arrhythmias. Stop treatment if:
 - 1. Pulse increases by 20 BPM
 - 2. Frequent pvc's develop
 - 3. Any tachyarrhythmias other than sinus tachycardia appear.
- B. Paradoxical bronchospasm may occur with excessive administration.
- C. Albuterol is contraindicated in pregnancy.

ADMINISTRATION:

- A. The usual dosage for adults and children 12 years and older is 2.5 mg of albuterol administered three to four times daily by nebulization.
- B. Albuterol sulfate solution for inhalation comes premixed in 3 ml unit dose containing total 2.5 mg at a concentration of 0.83 mg/ml. Refrigeration is not necessary with this medication.

DIAZEPAM (VALIUM (R))

PHARMACOLOGY AND ACTIONS:

Diazepam acts as a tranquilizer, an anticonvulsant and a skeletal muscle relaxant.

INDICATIONS:

- A. Status epilepticus. In the field, this is any seizure which has lasted longer than 10 minutes, or two consecutive seizures without regaining consciousness. Do not give unless patient is actively seizing.
- B. May be given prior to cardioversion. Contact MRH.

PRECAUTIONS:

- A. Since diazepam can cause respiratory depression and/or hypotension, the patient must be monitored closely. Very rarely cardiac arrest may occur.
- B. For the above reasons, diazepam should not be given without a good IV line in place and a bag valve mask ready.

ADMINISTRATION:

- A. Adult: 5-10 mg slow IV push (each 5 mg over at least one minute).
- B. Pediatric: 2-5 mg slow IV push (0.1 mg/kg).

SIDE EFFECTS AND SPECIAL NOTES:

- A. Common side effects include drowsiness, dizziness, fatigue and ataxia. Paradoxical excitement or stimulation sometimes occurs.
- B. Should not be mixed with other agents or diluted with intravenous solutions. Turn off IV flow while administering, and give through the near end of IV tubing.
- C. Most likely to produce respiratory depression in patients who have taken other depressant drugs, especially alcohol and barbiturates, or when given rapidly.
- D. Consider rectal administration .5 mgm/kg (if unable to administer IV) in seizing children. Contact MRH.

IV SOLUTIONS

BALANCED SALT SOLUTIONS (BSS):

PHARMACOLOGY:

These are solutions which consist of balanced electrolytes in water. These solutions contain sodium chloride, sodium acetate, sodium gluconate, potassium chloride, and magnesium chloride hexahydrate. They provide water and electrolytes for replacement of acute extracellular fluid losses and they do not disturb the normal electrolyte balance since the electrolyte composition and tonicity approach that of normal plasma. They do not contain calcium and will not lead to precipitation when mixed with blood or prehospital medications.

INDICATIONS:

A balanced salt solution is indicated for replacement of fluid volume losses such as in trauma, burns, dehydration, or shock.

PRECAUTIONS:

Balanced salt solutions should be used with caution in patients with renal impairment (hyperkalemia), cardiac and respiratory disorders (fluid overload), or extremes of age.

SPECIAL NOTES:

- A. Only solutions that consist of citrate and acetate buffers and are 100% compatible to two currently available solutions Normosol-R and Plasmalyte-A are acceptable.
- B. Where IVs are used to maintain venous access, a heparin lock may be substituted.
- C. Since BSS are compatible with all prehospital medications, including blood products, they offer more than LR as a trauma resuscitation fluid.
- D. In patients in which fluid overload is a problem, BSS may be used with a microdrip, and this microdrip may be used to administer prehospital medications.

LIDOCAINE (XYLOCAINE (R))

PHARMACOLOGY AND ACTIONS:

- A. Depresses automaticity of Purkinje fibers; therefore, raises stimulation threshold in the ventricular muscle fibers (makes ventricles less likely to fibrillate).
- B. Little antiarrhythmic effect at subtoxic levels on atrial muscle.
- C. CNS stimulation: tremor, restlessness and clonic convulsions followed by depression and respiratory failure at higher doses.
- D. Cardiovascular effect: decreased conduction rate and force of contraction, mainly at toxic levels.
- E. The effect of a single bolus on the heart disappears in 10-20 minutes due to redistribution in the body. Metabolic half-life is about 2 hours and, therefore, toxicity develops with repeated doses.

INDICATIONS:

- A. PVC's in suspected ischemic event.
- B. Prophylaxis: used to prevent ventricular arrhythmias in patients suspected of having an MI.
- C. Stable ventricular tachycardia or recurrent ventricular tachycardia if clinical condition is not rapidly deteriorating.
- D. Recurrent ventricular fibrillation.
- E. Following successful defibrillation or cardioversion from ventricular tachycardia.

PRECAUTIONS:

- A. Use with extreme caution in presence of advanced AV block unless artificial pacemaker is in place.
- B. In atrial fibrillation or flutter, quinidine-like effect may cause alarming ventricular acceleration.
- C. Lidocaine is generally not recommended for treatment of supra-ventricular arrhythmias.

LIDOCAINE (XYLOCAINE (R)) (Cont'd)

D. Diazepam (R) should be available to treat convulsions if they occur.

E. Relatively contra-indicated with heart rate less than 50.

ADMINISTRATION:

The protocol for Lidocaine administration will depend upon the clinical setting in which it is used:

A. Cardiac Arrest: Ventricular Fibrillation or Pulseless Ventricular Tachycardia:

1. Lidocaine bolus 1mg/kg load then .5 mg/kg every 5 minutes * to total dose of 3mg/kg.
2. Only bolus therapy should be used in the cardiac arrest setting (should the arrest be followed by successful resuscitation, a continuous infusion should be initiated at 2-4mg.min).

B. Ventricular Tachycardia with pulse:

1. Lidocaine bolus 1mg/kg load, then .5 mg/kg every 5 minutes * to total dose of 3mg/kg.
2. An infusion of 2-4 mg/min should be started.

C. Ventricular Ectopy (PVC):

1. Lidocaine 1mg/kg load then .5 mg/kg every 5 minutes to total dose of 3/mg/kg.
2. An infusion of 2mg/min should be started. This drip should be increased by 1mg/min after each bolus to a total of 4mg/min.

* PLEASE NOTE: These times vary from ACLS guidelines. For Ventricular Fibrillation, Pulseless Ventricular Tachycardia, and Ventricular Tachycardia with pulse. ACLS recommends Lidocaine every 8 minutes.

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LIDOCAINE (XYLOCAINE (R)) (Cont'd)

- D. Primary prophylaxis against ventricular fibrillation: (to be considered in the context of suspected acute myocardial infarction).
1. Lidocaine bolus 1mg/kg load, then .5 mg/kg every 5 minutes to total dose of 2mg/kg.
 2. An infusion of 2mg/min should be started.
- E. All Lidocaine doses (including loading doses) should be reduced by 50% in presence of decreased cardiac output (congestive heart failure, hypotension), hepatic dysfunction, or age more than 70. This rule does NOT apply to patients in cardiac arrest.

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NALOXONE (NARCAN (R))

PHARMACOLOGY AND ACTIONS:

Narcan (R) is a narcotic antagonist which competitively binds to narcotic sites but which exhibits almost no pharmacologic activity of its own. Duration of action: 1-4 hours.

INDICATIONS:

- A. Reversal of narcotic effects, particularly respiratory depression, due to narcotic drugs either ingested, injected or administered in the course of treatment. Narcotic drugs include morphine, Demerol (R), heroin, Dilaudid (R), Percodan (R), codeine, Lomotil (R), propoxyphene (Darvon (R)), pentazocine (Talwin (R)).
- B. Diagnostically in coma of unknown etiology to rule out (or reverse) narcotic depression.

PRECAUTIONS:

- A. In patients physically dependent on narcotics, frank and occasionally violent withdrawal symptoms may be precipitated.
- B. Be prepared to restrain the patient. May become violent as the Narcan (R) reverses the narcotic effect.

ADMINISTRATION:

2.0 mg slowly injected IV, IM, SQ, SL., or by ET tube. If no response is observed, this dose may be repeated at 3-5 min intervals up to four times in patients suspected of having narcotic overdose. IV administration is preferred.

SIDE EFFECTS AND SPECIAL NOTES:

- A. This drug is remarkably safe and free from side effects. Do not hesitate to use it if indicated.
- B. The duration of some narcotics is longer than Narcan (R) and the patient must be monitored closely. Repeated doses of Narcan (R) may be required. Patients who have received this drug must be transported to the hospital because coma may reoccur when Narcan (R) wears off.
- C. May need large doses to reverse propoxyphene (Darvon (R)) overdose.

MEDICAL CONTROL OF THE SCENE

Purpose: The purpose of this protocol is to describe who is in charge of patient care at the scene of a medical emergency.

Procedure:

- new language* →
1. The first arriving EMT-4 on an ALS unit operated by a licensee of Multnomah County will assume responsibility for directing overall patient care.
 2. The responsibilities of the EMT-4 directing overall patient care include:
 - A. Assuring that treatment, operations, and communications follow the proper protocols established by rule under Multnomah County Code Chapter 6.31 when treating and transporting victims of medical emergencies.
 - B. Avoiding direct patient care activities.
This EMT-4 must watch over the entire patient care scene activities and be sure that the patient care activities are being accomplished in a rapid, efficient, appropriate, and timely manner. If there are only two (2) EMT-4s at the scene, this EMT must do those patient care activities (e.g., start IV) which will allow him/her to watch over the whole scene easily.
 - C. Directing other EMT's to establish airway management, start IV's, etc.
 - D. Establishing the appropriate time to be spent at the scene for doing patient care according to the protocol for "Time at the Scene."
 - E. Determining when transportation of the patient is to occur.
 - F. Performing medical coordination with all agencies and personnel.
 3. The EMT-4 directing overall patient care will be held responsible and accountable for patient care activities performed at the scene, and he/she will be so identified on all patient care reports.
 4. The first arriving EMT-4 will turn over patient care to the transporting EMTs, if they are not the same, if and when it is determined that transport is imminent. Continued patient care will then become the responsibility of the transporting unit. Such transfer of responsibility will be carried out at a time which is most appropriate to patient care.
 5. Any disputes about patient care should be referred immediately to and resolved by the Medical Resource Hospital Physician.
 6. Scene care may be transferred to a Flight Nurse for air transportation.
 7. Care may also be transferred to a Physician at the scene (see protocol for "Medical Professional at the Scene").

TRANSPORT BY FIRE DEPARTMENT ALS RESCUES

Purpose: The purpose of this procedure is to define those occasions when transportation of patients by fire department ALS licensed rescues may be appropriate.*

Procedure:

1. It may be appropriate for a fire department ALS rescue to transport a patient when waiting for an incoming transporting ALS ambulance will delay patient transport by five or more minutes,** and the patient, after assessment, exhibits one or more of the following conditions:
 - A. Existing airway obstruction or respiratory failure with inability to secure an adequate airway and ventilation in the field.
 - B. Severe uncontrollable bleeding or existing circulatory failure with inability to achieve hemodynamic stability.
 - C. Abnormal delivery (such as breech, shoulder).
2. In all cases, fire department rescues will transport the patient to the closest appropriate hospital, code 3, with the highest certified EMT providing patient care during transport.
3. In addition to those instances above, it is appropriate for a fire department ALS rescue to transport a patient when a physician (MD, DO) on scene orders transport by the ALS rescue.
4. For situations not covered by the above criteria, particularly in trauma cases, in which immediate transport is in the patient's best interest, Medical Resource Hospital should be contacted for consultation and approval.

* Fire department ALS rescues are licensed to Oregon State Division of Health EMS standards. Personnel standards are at least one EMT III and one EMT I.

** As determined through the EMS dispatcher.

INTRAOSSUEOUS INFUSION

DEFINITION: An alternative technique for establishing IV access in pediatric patients in whom peripheral IV access is difficult and time consuming.

INDICATIONS:

- A. Intraosseous infusion is indicated in emergency situations when life-saving fluids or drugs should be administered and IV cannulation is either too difficult or time consuming to perform.
- B. In the prehospital setting, intraosseous infusion is normally considered in a child three years of age or less, in cardiac arrest or shock with a decreased level of consciousness, with an inability to establish peripheral IV access.
- C. This procedure should not delay transport time, and airway management should be the therapeutic priority in all these cases.

PROCEDURE:

The procedure for initiating intraosseous infusion includes:

A. Equipment:

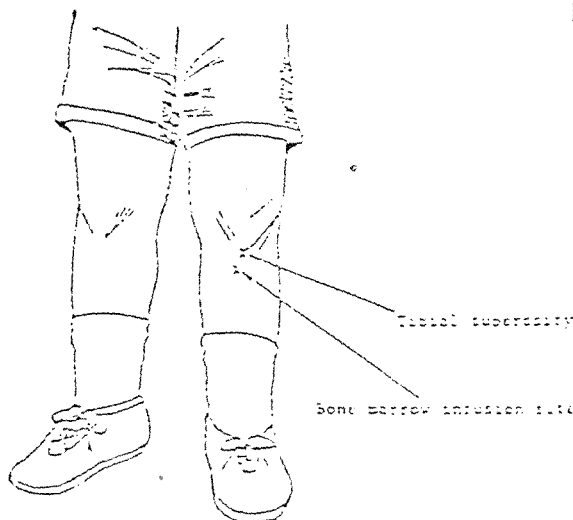
1. Approved bone marrow type needles 16 and 18 gauge size.
2. Betadine swab
3. Two 5cc syringes
4. Flush solution
5. Sterile gauze pads
6. Tape

B. Site Selection:

The proximal tibia is the site of choice. Avoid using a leg which has been traumatized or infected.

C. Site Preparation:

Palpate the landmarks and note the entry point which is the anteromedial flat surface 1-3 cm below the tibial tuberosity. Then prep the surface with betadine and dry with a sterile gauze pad.



D. Insert Needle:

Insert at the proximal tibial site, directing the needle caudally (toward the foot, away from the knee joint in order to avoid damaging the growth plate). The needle should penetrate the skin and subcutaneous tissue and be pushed through the cortex of the bone using rotation (avoid rocking the needle!), until a "pop" or loss of resistance is felt. Placement in the marrow should then be confirmed by:

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(to EMS Rule 631-502)

- D. 1. Firm fixation of the needle, and either:
 - 2. Removal of the stylet with free aspiration of marrow/blood (which should be saved for type and cross), or
 - 3. Infusion of 2-3cc of sterile solution, palpating for extravasation or noting significant resistance. If extravasation should occur, further attempts at the site and extremity should be avoided.
- E. Start Infusion:
Although gravity drainage may suffice, pressurized infusions (blood pump or syringe and stopcock) may be needed during resuscitation.

PRECAUTIONS

- A. Potential complications of bone marrow infusion include osteomyelitis, growth plate injury, and extravasation of fluid with compression of popliteal vessels or the tibial nerve.
- B. In all critical cases, the airway and breathing should be established first, since many drugs can be given via the endotracheal route (naloxone, atropine, epinephrine, and lidocaine).
- C. Two attempts, one in each tibia should be the maximum number of attempts.
- D. General contraindications for intraosseous infusion include cellulitis or infected burns at the site of insertion and fractures of the bones proximal to the insertion site.

NOTE

- A. All prehospital ALS personnel must be inserviced and approved by their supervising physician prior to performing this procedure.
- B. A written report of all intraosseous procedures must be made to the Board of Medical Examiners and Multnomah County EMS.
- C. This procedure is approved on a provisional basis pending careful review of cases to determine the need for and efficacy of intraosseous infusions.

Exhibit F
(to EMS Rule 631-502)

ATTACHMENT B

DEATH IN THE FIELD

Withholding Resuscitative Efforts:

- A. Determining death in the field without initiating resuscitative efforts should be considered under the following conditions:
 - 1. Patient qualifies as a "DNR" patient (see DNR Protocol)
 - 2. A pulseless, non-breathing patient in a multiple casualty incident where the resources of the system are required for the stabilization of living patients.
 - 3. Decapitation
 - 4. Rigor Mortis in a warm environment
 - 5. Decomposition.
 - 6. Skin discoloration in dependent body parts

Determining Death in Cardiac Arrest:

- A. The victim of a medical (non-traumatic) cardiac arrest should not be determined to be dead on the scene unless:
 - 1. The patient meets criteria for withholding resuscitative efforts (A.1-6), or;
 - 2. The patient has been shown to be unresponsive to appropriate advanced cardiac resuscitative measures.
- B. Traumatic Arrest
 - 1. In addition to the conditions listed under Withholding Resuscitative Efforts, a victim of trauma should not be determined to be dead at the scene unless:
 - a. The patient is a victim of Blunt Trauma and has no vital signs in the field (pulseless, non-breathing, with fixed and dilated pupils).

Documentation:

- A. All B.L.S. care provided should be documented with procedure and time.
- B. All conversations with physicians or MxH should be fully documented with physician's name, time, and instructions.

Precautions:

- A. All hypothermic patients, victims of electrocution, lightning, and drowning should have resuscitative efforts begun and transported to the hospital.

NEAR DROWNING

SPECIFIC INFORMATION NEEDED:

- A. How long was patient submerged?
- B. Approximate temperature of water.
- C. Fresh or salt water?
- D. Was this a SCUBA diving accident?

SPECIFIC PHYSICAL FINDINGS:

- A. Vital signs.
- B. Neurologic status: Monitor level of consciousness on a continuing basis.
- D. Initial presence of rales or other signs of pulmonary edema, respiratory distress, and any changes.

TREATMENT:

- A. Clear upper airway.
- B. Assist ventilations as needed.
- C. Stabilize cervical spine prior to removing from water if any suspicion of neck injury.
- D. O₂, high flow (10-15 L/min.), regardless of condition.
- E. Positional drainage of lungs. FOR SALT WATER VICTIMS ONLY.
- F. If certified as EMT-2, start IV: balanced salt solution, TKO, or as needed.
- G. Call for ALS back-up.
- H. Document.

SPECIFIC PRECAUTIONS:

- A. Be prepared for vomiting.
- B. ALL NEAR-DROWNINGS SHOULD BE TRANSPORTED. Call for ALS back-up even if patients initially appear fine, they can deteriorate. Monitor closely. Pulmonary edema is likely.
- C. Hypothermia may be a problem. Remove clothes and obtain patient's temperature.
- D. It is a common error to underestimate injuries in near-drownings from jumping, MVAs, etc.

SUSPECTED SPINAL INJURY

SPECIFIC INFORMATION NEEDED:

- A. Violent mechanism of injury (witness, scene, situation).
- B. High energy transfer (ejection, helmet damage, starred windshield, etc.)

SPECIFIC PHYSICAL FINDINGS:

- A. Significant injury above the clavicles.
- B. Significant multiple trauma.
- C. Prior or present altered mental status.
- D. Paralysis, weakness, numbness, or tingling with violent mechanism of injury or high energy transfer.
- E. Pain of the spine with or without movement.
- F. Point tenderness, deformity, or guarding of the spine.

TREATMENT:

The following treatment will be used when any or all of the above Specific Physical Findings are present, or when in the EMT's best judgment the patient needs spinal support.

- A. Temporarily immobilize cervical spine with rigid extrication collar and continuous manual in-line support. Immobilize thoracic and lumbosacral spine to long spine board, when possible, and/or other appropriate device as patient condition allows (KED, orthopedic, etc.). Secure head and cervical spine to long spine board, when possible, using dense, soft, support material on both sides of the head, and tape. Patient's entire body will be securely immobilized by straps affixed directly to the long board. During this procedure the patient should be moved as little as possible, and always as a unit.
- B. Oxygen as indicated.
- C. I.V. per shock protocol, if appropriate.

SPECIFIC PRECAUTIONS:

- A. Vomiting should be expected in head injury patients. Therefore, patient should be securely strapped to long board to enable board and patient to be turned as a unit. EMT should be aware that additional help may be necessary during transport to turn patient and manage airway while maintaining C-spine integrity.
- B. Chin straps that could compromise the airway should be removed as the patient is immobilized to the long board. (Leg straps which may compromise C-spine immobilization should also be removed.)

SUSPECTED SPINAL INJURY, cont.

- C. Most patients require 1 to 1 1/2 inches of firm padding behind the head to assume standard neutral anatomic position.
- D. In the severely traumatized patient requiring immediate life saving intervention and rapid transport, rigid C-collar, continuous manual in-line support during rapid extrication onto a long spine board and transport should be substituted for more time consuming methods.
- E. Airway problems, respiratory difficulty, and shock are common in the traumatized patient. Alternate techniques for performing airway procedures should be used in spinal injury patients. To maintain proper control of the C-spine, endotracheal intubation with in-line stabilization must be performed by two EMTs.
- F. If any immobilization techniques cause an increase in pain or neurologic deficit, the patient should be immobilized in position found or position of greatest comfort.
- G. Geriatric patients (over 55) should cause a higher index of suspicion for the EMT due to physiologic aging changes; the EMTs' awareness of the need to provide for C-spine immobilization should be more acute in these patients.

IPECAC

PHARMACOLOGY AND ACTIONS:

Ipecac alkaloids act both locally on the gastric mucosa and centrally on the chemoreceptor trigger zone to induce vomiting. Usually effective within 20-30 minutes.

INDICATIONS:

To induce vomiting for patients who have ingested poisons or drugs (other than strong acids, alkali, hydrocarbons, phenothiazines, tricyclics, and short-acting sedatives).

PRECAUTIONS:

- A. Ipecac should NOT be given to patients who are unconscious or who have a rapidly diminishing level of consciousness.
- B. Should NOT be given to patients who are seizing.
- C. Ipecac should not be used to induce vomiting in the field in patients who have ingested acids, alkalis (lye), silver nitrate, iodides, strychnine or hydrocarbons.
- D. Ipecac syrup should not be confused with Ipecac fluid extract. The latter is very concentrated and has caused death.

ADMINISTRATION:

- A. Contact POISON CONTROL (279-7799) prior to administration of Ipecac.
- B. Adult: 30 ml p.o.
- C. Pediatric (over 1 year): 15 ml p.o.

SIDE EFFECTS AND SPECIAL NOTES:

- A. The emetic action is improved if fluids are given orally just before or after the Ipecac (2-3 glasses of water in adults).
- B. Emetic action may be enhanced by ambulation.
- C. The gag reflex may be an unreliable indicator of whether or not someone will be able to protect his/her airway in the event of emesis. Additionally, testing for a gag reflex in a patient with depressed level of consciousness may actually cause aspiration. USE CAUTION.
- D. Always stand by with suction. Patient should be in lateral decubitus position, or sitting.
- E. May not be successful in phenothiazine overdose due to strong antiemetic action.
- F. Check expiration date of Ipecac before administering.

DRAFT

EMERGENCY MEDICAL SERVICES Ordinance (Rate/Quality Regulation Model)

A. PURPOSE and ADMINISTRATION

Section 1. Purpose. The purposes of this code are to:

(1) Enact formal policies and regulations for licensing and regulating the operation of ambulances;

(2) Protect the public by assuring that ambulances operate safely;

(3) Protect the public from unsafe and unsanitary operation of ambulances;

(4) Allow for adequate emergency ambulance service and non-emergency ambulance service in all areas of Multnomah County; and

(5) Allow for the orderly and lawful operation of a local emergency medical services system.

Section 2. Director. The County Emergency Medical Services Director is charged with the responsibility of administering the regulations imposed by this Ordinance and exercising the authority conferred thereby. Such authority shall include the power and duty to issue ambulance operator permits, promulgate and enforce administrative regulations, enter into contracts, and otherwise perform the duties and exercise the authorities conferred herein.

B. PERMITS

Section 1. Required. No person (either as owner, agent or otherwise) shall furnish, operate, conduct, maintain or otherwise engage in or advertise, offer or profess to engage in ambulance service unless the person holds (and is entitled to hold) a currently valid ambulance operator's permit. No permit is required for the delivery of persons picked up outside the County boundaries that transport into the County.

Section 2. Application - Forms. Each application for an ambulance operator's permit shall be made upon forms prescribed by the Director.

Section 3. Application - Required Data.

(a) Each applicant who desires an ambulance operator's permit shall submit the following data:

(1) The names and addresses of the applicant, registered owner, partner, officer, director and controlling shareholder;

(2) The applicant's training and experience in the transportation and care of patients;

(3) The name under which the applicant has engaged, does, or proposes to engage in ambulance service;

(4) A financial statement for the previous fiscal year, prepared by a certified public accountant;

(5) A description of each ambulance including: the make, model, year of manufacture, vehicle identification number; current state license number; the length of time the vehicle has been in use; and the color scheme, insignia, name monogram and other distinguishing characteristics of the vehicle;

(6) A statement that the applicant owns or has under his control, in good mechanical condition, required equipment to consistently provide quality ambulance service in the area for which he is applying, and that the applicant owns or has access to suitable facilities for maintaining his or her equipment in a clean and sanitary condition.

(7) A description of the company's program for maintenance of the vehicles.

(8) A description of the number and type, frequency and private line codes of the vehicles' radios.

(9) A description of the locations from which ambulance services will be offered, noting the hours of operation.

(10) A list, amended as required during the year for any personnel changes, giving the name and a description of the training for each ambulance attendant and driver and a copy of each certificate or license issued by the State or County establishing qualifications of such personnel in the ambulance.

(11) A description of the company's training and orientation programs for attendants, dispatchers and drivers.

(12) Statement of the legal history of the applicant, including criminal and civil judgments;

(13) Evidence of insurance coverage under Section J.

(b) Emergency Service. Each applicant who desires an Emergency Ambulance Service Permit shall, in addition to the information required in paragraph (a) above, show:

(1) The ability of the applicant to provide emergency ambulance service within established response times for the emergency response area applied for, twenty-four hours per day, seven days per week, year round;

(2) All service charges and rate structure of the company;

(3) (a) the number of ambulances to be deployed on each shift; and

(b) the emergency response zone; and

(c) the provisions for continuing education of the advanced life support personnel.

(4) An affirmation that the applicant possesses and maintains currently valid Oregon licenses for each vehicle listed in the application, and submit a copy of the license issued by the State;

(5) The applicant may be required to submit such other information as the Director deems necessary for determination of compliance with this division.

Section 4. Application - Investigation. Upon receipt of a completed application and the required fee, the Director shall make or cause to be made such investigation to determine if:

(a) The applicant meets the requirements of this section and of other applicable laws, ordinances, and regulations; and

(b) The radio in each vehicle is installed, is in good working order, and is integrated with the existing medical communications systems.

Section 5. Application - Issuance. Within ninety (90) days of receipt of an application, the Director shall make a determination of (1) whether the applicant meets all requirements of this division, and (2) whether the public health, safety, and welfare require the granting of a permit.

In making such determination, the Director shall consider, among other things:

(a) the demand and necessity for ambulance service, and the adequacy of existing service(s), and

(b) whether the applicant is able to provide the requested service; and

(c) whether the applicant has knowingly made as false statement of fact in such application; and

(d) whether the applicant has knowingly failed to disclose facts pertinent to the application; and

(e) whether the applicant was previously a holder of a permit issued under this ordinance which has been revoked or not renewed based on the provisions of this section.

Section 6. Application - Denial. If it is determined that the applicant does not meet all requirements within this section, then the Director shall deny the application and notify the applicant in writing within ninety (90) days of the receipt of the application. The notice shall contain the reasons for denial.

Section 7. Appeal From Denial of Issuance. Whenever the Director denies an application for a permit, the applicant may request a hearing on the denial at which the applicant will have the burden of proof. The appeal will be made to the Board of County Commissioners and a hearing scheduled within sixty (60) days of the applicant's written request for hearing. When the Director issues an emergency ambulance service permit the existing service within the response zone may file an appeal with the Board. A hearing on the request shall be scheduled within sixty (60) days of the written request for an appeal.

Section 8. Decisions: Finality. The decision of the Director rendered pursuant to this Ordinance shall be final, unless appealed to the Board within 30 (thirty) days after such decision is rendered in writing, and notice of the same is given to the applicant by certified mail.

Section 9. Term. Permits shall be continued upon payment of the annual renewal fee unless earlier suspended, revoked or terminated for cause.

Section 10. Application - Existing Ambulance Service. Within sixty (60) days of the effective date of this ordinance, the ambulance companies that have been continuously providing ambulance services for a minimum of 180 days prior to the effective date of this ordinance may apply for and obtain a County Ambulance Operator's Permit and Emergency Ambulance Service Permit. The Director shall issue or deny a permit to each existing company within sixty (60) days of receipt of an application for such a permit, based on their ability to meet the requirements as set forth in this ordinance. The fee for the initial license for existing companies shall be the fee set for new applicants.

Section 11. Application - Change of Data. The applicant and permittee shall report to the Director any change in the data required in Section 3 within ten (10) days of the effective date of the change, except that any change in the data required in Section 3 (a)(1) and (a)(4) shall be reported immediately.

Section 12. Application - Transfer of Permits. No permit shall be transferred to another person except upon prior approval of the Director. Application for transfer of any ambulance operator's permit shall be subject to the same terms, conditions, and requirements as if the application were for an original permit.

Section 13. Renewal of Permit. Applicants for renewal of an ambulance operator's permit under this ordinance shall annually file with the Director an application in writing, on a form furnished by the Director, which shall include information required in Section 3. The application for renewal shall be accompanied by a renewal fee.

C. FEES

Section 1. Fees. Each permit holder shall pay to the County in each year such fees as the Board finds and determines to be necessary, with the amount of all other ambulance service permit fees paid or payable to the County by all permit holders in the current calendar year, to defray the costs of performing the duties imposed by law upon the EMS Director. The Board shall set the fees by resolution. The fees shall not exceed the reasonable costs of administering and enforcing this ordinance as determined by the Board.

D. PERSONNEL STANDARDS

Section 1. Driver and Attendants.

(a) Any ambulance attendant or driver employed by a permittee shall be at least eighteen (18) years of age; shall be trained and competent in the proper use of all emergency ambulance equipment; shall hold current certification as an EMT IV; and shall demonstrate compliance with all applicable State and County law and regulations.

(b) Every ambulance driver and attendant utilized by a permittee shall hold a certificate from the Director indicating compliance with the requirements of this section. A temporary certificate may be issued, pending confirmation of all personnel requirements.

(c) Applications or such certificate shall be in the form required by the Medical Advisor and shall be accompanied by the fee established by resolution of the Board.

(d) Certificate may be denied, suspended or revoked by the Director if he or she finds, after an informal hearing, that the applicant does not comply with the requirements of this section.

(e) All applicants for ambulance driver/attendant certification must undergo a complete criminal history record check prior to issuance of a permanent certificate.

(f) The certificate shall remain in effect for no more than two (2) years, with an expiration date to correspond to the applicant's EMT IV certificate.

Section 2. Uniform and Appearance. Each person providing ambulance service subject to permit under this ordinance shall staff each ambulance with appropriate personnel who shall wear clean uniforms, be neat and comply with the requirements of this section.

Section 3. Identification. Each person providing ambulance service subject to permit under this section shall wear while on duty an identification badge issued by the Medical Advisor that is clearly visible to the public. The badge shall identify the training and certification status of the attendant or driver. The badge shall be turned back to the Medical Advisor in the event of changes of information on the badge.

Section 4. Response. The driver and attendant responding to emergency calls shall be based at the ambulance provider's station within the zone of response on a twenty-four (24) hour basis.

E. VEHICLE COMPLIANCE

Section 1. Required. Every emergency ambulance shall carry a valid State permit authorizing the use of the vehicles as an ambulance.

Section 2. Inspection. The ambulance provider shall allow the Director or designee to inspect, on a preannounced or unannounced basis all ambulances used to provide ambulance service. The inspections should be held, whenever possible, during normal business hours. The purpose of such inspections may include, but shall not be limited to, determination of:

(1) the ambulance is properly maintained and equipped for the provision of ambulance service;

(2) the description of the ambulance, required by B. PERMITS is accurate;

(3) the ambulance contains radios that are in good working order and are compatible with the Bureau of Emergency Communications system.

F. PERMIT SUSPENSION OR REVOCATION

G. EMERGENCY RESPONSE

Section 1. General Requirements. When responding to an emergency call or operating "Code 3", the ambulance driver shall comply with all orders and directions given by BOEC.

Section 2. Emergency Response Zones. The Director is hereby authorized to divide the County into service areas for the provision of emergency ambulance services, each service area to be known as an Emergency Response Zone. The Zones shall be described on a map which is maintained in the office of the Director, and is available for public inspection during regular business hours. Notwithstanding any provision to the contrary, those Emergency Response Zones established by the Director in advance of the date of enactment of this Chapter shall remain in full force and effect until hereafter amended or revised.

Section 3. Modification of Emergency Response Zones. Subject to peremptory amendment by this Board at any time following a public hearing notice of which is given, the Director shall be authorized to amend, revise, create, abolish or otherwise the boundaries of Emergency Response Zones.

Annually, the public shall be informed of its right to inspect the then current Emergency Response Zone Map, and the Director shall invite public comment thereon. The Director, upon receipt of public comment may hold a public hearing on amendments to the Emergency Response Zones. The Director shall make a determination respecting affirmance or modification of the Emergency Response Zones within thirty (30) days after the hearing. The Director's decision shall be appealable to the Board in the same manner and in accordance with the same procedures as are applicable to rate determinations under (I. RATES).

Section 4. Criteria for Emergency Response Zones. Emergency Response Zones shall be defined in a manner which best promotes the provision of emergency ambulance services, and in formulating such Zones, such factors as the following shall be considered: the geographical area to be served in relation to the public street system, the distribution of population, the proximity of hospitals and other health care centers, minimally necessary response time, and the economics of ambulance services.

Section 5. Preparation of Zone Lists. The Director shall prepare and keep up to date the emergency response zone lists. The Director shall include on the list for each emergency response zone the ambulance service provider who has possession of a valid emergency ambulance service permit with the County as well as the ambulance service providers who will provide back-up emergency ambulance service for that zone.

H. MISCELLANEOUS

Section 1. Renewal of Permits. Renewal of an ambulance operator's permit shall require conformance with all requirements of this ordinance as upon issuance of an initial permit. Nothing in this ordinance shall be construed as requiring the granting of a permit upon expiration of a previous permit, and the burden of proof respecting compliance with all the requirements for a period and of entitlement of a permit shall remain at all times with the applicant for renewal.

Section 2. Advertising. No ambulance service permittee under this division shall announce, advertise, offer, or in any way claim that it provides emergency ambulance service unless it possesses a current, valid permit for the emergency response zone where it is claiming to provide such service.

Section 3. Liability Insurance. The Board of County Commissioners shall set by resolution the liability insurance requirements for permittees.

Section 4. Financial Responsibility.

(1) An ambulance provider shall annually submit, within ninety (90) days of the close of each business year, a financial statement of its business activities, prepared by a certified public accountant. Renewal of a permit is contingent upon submission of a financial statement within the proper time frames.

(2) An ambulance provider shall provide the permit officer with information in reference to any pending action or unpaid judgments or liens against the provider, and the notice of the transactions or acts giving rise to said judgments or liens. The ambulance provider shall notify the permit officer in writing of said actions within one (1) week of the notification from the levying agency. The reported information will be reviewed by the permit officer who will make a determination regarding the effect this information will have on the agency's ability to provide continuous service in accordance with B. PERMITS Section (b)(1).

Section 5. Facilities.

(1) Each ambulance provider shall establish a separate ambulance station within each zone within which said ambulance be located to provide the minimum response time, considering traffic, street patterns, and other ambulance station locations. All such locations shall be approved by the Director, shall comply with all applicable zoning and building regulations, and shall be maintained in safe and sanitary conditions.

(2) Each ambulance station shall be adequate to house all drivers and attendants required for said ambulances.

(3) The permit officer shall cause to be made an inspection of the facilities, equipment and methods of operation of each permittee.

Section 6. Unauthorized Response. No ambulance service permittee under this Ordinance shall cause or allow its ambulances to respond to a location without first receiving a specific request for such service at that location by BOEC. Ambulance service permittees shall cooperate with the Director, or designee, in any investigation of possible violations of this section and shall make all dispatch records available for inspection and copying at reasonable times at the permittee's regular place of business.

Section 7. Regulation. The Director shall make necessary and reasonable rules and regulations covering ambulance service operation, ambulance transport equipment, and ambulance personnel for the effective and reasonable administration of this division. Prior to adoption, regulations shall be submitted to the Medical Advisory Board and Emergency Medical Services Policy Review Board for their approval.

I. RATES

Section 1. Rates set by Director. The Director shall set the maximum rates for Advanced Life Support and Basic Life Support, including rates for services and supplies incidental thereto that permittees may charge for providing service under this Ordinance.

Section 2. Rate Setting Process. Approval of rates shall be given on an annual basis following a public hearing conducted by the Director. The rates reviewed shall be those proposed by permittees and the proposal shall be submitted, together with such accompanying material, data and information as may be required by the Director. The decision of the Director shall be to approve, approve in part, or disapprove proposed rates, and said decision shall be based upon the reasonable costs of providing the service in relation to a reasonable rate of return on investment.

Section 3. Appeal. A decision by the Director under this I. RATES section may be appealed to the Board of County Commissioners by an affected permittee or any member of the public who may be served by the permittee by filing a written notice of appeal with the Director's office not later than fifteen days following the date announced prior to the conclusion of the public hearing where the decision is announced. Any such appeal shall include a written statement of the reasons therefor and basis upon which the Director's decision is challenged. The Board shall conduct a hearing on the appeal and the appellant shall carry the burden of proof.

J. INSURANCE REQUIREMENTS

Section 1. Terms. The permittee shall obtain and keep in force during the term of said permit, comprehensive automobile liability insurance and professional liability insurance issued by a company authorized to do business in Oregon, insuring the owner against loss by reason of injury or damage that may result in persons or property from negligent operation or defective construction of such ambulance, or from violation of this Ordinance or any other law of the State or the United States. Said comprehensive automobile liability policy shall be in the sum of not less than \$500,000 for combined single limit bodily injury and property damage. Said professional liability insurance shall be in the sum of not less than \$1,000,000 combined single limit bodily injury and property damage.

Section 2. Additional Insured. Permittee shall maintain an insurance policy which contains an endorsement naming the County and in which the permittee provides service as an additional insured for general liability.

Section 3. Hold Harmless. The provider shall indemnify, defend and hold harmless the County, its officers, agents and employees from all claims, demands or liability arising out of or encountered in connection with this agreement or performance under it, whether such claims, demands, or liability for injuries occurring after performance under this permit as well as during performance of this permit.

Section 4. Worker's Compensation. All employees of the permittee must be covered by an Worker's Compensation Insurance Policy.

Section 5. Notice of Cancellation. Insurance policies shall contain a provision requiring a thirty (30) day notice to be given to the Permit Officer prior to cancellation, modification or reduction in limits.

Section 6. Evidence of Insurance. Before a permit is issued and during the term of the permit, a Certificate of Insurance indicating compliance with all insurance requirements shall be filed with the Director.

K. MEDICAL ADVISOR .

Section 1. Single Medical Director. There is established a single medical advisor with authority over all county permittees. Medical advisor has authority to:

- (a) Establish protocols;
- (b) Enforce implementation of protocols;
- (c) Discipline individual EMTs for repeated violations of established protocols;
- (d) Determine additional rules and procedures that ensure the coordinated, consistent application of emergency medical service in Multnomah County.

MAY 31 1989

WRITTEN TESTIMONY OF AA AMBULANCE, INC.
RELATING TO JUNE 1, 1989 AGENDA ITEM R-11:
AN ORDINANCE ADOPTING CERTAIN PROTOCOLS

AA Ambulance, Inc. supports protocols that will improve the quality of emergency medical care, and opposes those protocols that have the effect of reducing health care standards.

Agenda item R-11 is an ordinance adopting a 40-page packet of protocols. AA is concerned that one of those protocols will reduce standards for patient care.

The proposed protocol on page 31 of exhibit two purports to give the fire departments authority to provide advanced life support (ALS) transports under certain circumstances. This protocol has the effect of reducing the standards for patient care, as explained below.

Protocol reduces training requirements for transporting EMTs

Emergency Medical Technicians (EMTs) have various levels of training and certification. The ALS rescue units/ambulances owned by the private ambulance companies must be operated by two individuals certified at the EMT 4 level. (EMT 4s are trained to perform more sophisticated procedures than are EMT 3s, 2s, or 1s).

Fire department rescue units, on the other hand, need only have one EMT 1 and one EMT 3 on board. (See footnote to protocol)

Consequently, the proposed protocol that would authorize fire department ALS transports would reduce the minimum care levels provided to patients.

AA respectfully suggests an amendment to the protocol that would authorize fire department transport only when the fire department ambulance is operated by at least one EMT 4. Furthermore, the fire department should be required to report the level of staffing on each rescue unit as do the private ambulance companies.

Protocol too broad

Although the procedure in part 1 of the protocol calls for fire department transports when waiting for a private ambulance will delay transport by five or more minutes, that limitation apparently does not apply to the "catch-all" provision in part 4, which allows fire department transports:

For situations not covered by the above criteria, particularly in trauma cases, in which immediate transport is in the patient's best interest, Medical Resource Hospital should be contacted for consultation and approval.

This catch-all seems to allow the fire department unlimited discretion to provide transports whenever an EMT 3 decides its in the patient's "best interest" to be transported immediately, whether or not the ambulance is 30 seconds away.

AA respectfully suggests an amendment to the protocol either deleting the catch-all provision or limiting it to situations when a physician orders immediate transport or when the ambulance

is five or more minutes from the scene.

Improving ambulance response time

Quick responses to calls for help saves lives.

Improving response times should be a primary goal of the county EMS system.

Consequently, one should ask why fire departments arrive first on the scene (on occasion but not on all occasions) and what can be done to improve private company response times.

Sometimes, the fire department is simply closer to the scene, but that is only part of the answer.

More important, the fire bureau is equipped with a terminal monitor, giving it information on the call for help at the same time as the county dispatcher and before the information is received by the ambulance companies. The fire bureau can then dispatch its closest unit.

Private companies, on the other hand, must rely on the Bureau of Emergency Communications (BOEC) to read its terminal monitor and then contact the private ambulance to dispatch an ambulance. Unfortunately, the BOEC is not perfect, and response times are sometimes delayed by their errors.

One type of error is to dispatch an ambulance that is not the closest to the scene. This happens either from human error or because acknowledging unit status is the fourth priority of the BOEC. (See S.O.P. #3.115) Without up-to-the-second information on where an ambulance unit is, mistakes can be made.

Delays may also result from a backlog of emergency calls.

Proposal to improve response times

Allow private companies to install terminal monitors, so that private companies will receive the call for help at the same time as the BOEC dispatcher and the fire bureau.

When minutes means lives, such equipment should mandatory, not prohibited (as it is now).

Conclusion

AA Ambulance wants to work with the county to build the best system possible. The response times of the transporting vehicles can be improved by allowing the private companies to install terminal monitors.

The protocol allowing ALS transport by vehicles staffed with only one EMT 3 and one EMT 1 effectively reduces the standard for patient care and should be modified as recommended above.

aa-1trs\6/1test



Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

(A rule concerning the Advanced Life)
(Support Protocols in Multnomah County)

EMS 1-89-B

RECEIVED
COUNTY COMMISSIONER
MAY 31 PM 3:50
MULTNOMAH COUNTY
OREGON

Section I

Findings

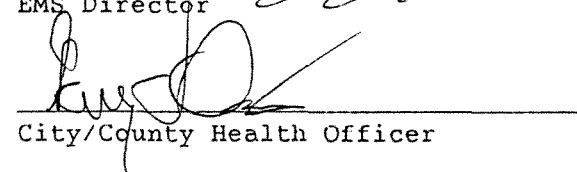
- A. Whereas Multnomah County has used protocols which do not recognize transthoracic pacing as an available pre-hospital intervention for cardiac patients, and
- B. Whereas the present protocols use only drug interventions in the treatment of certain cardiac arrhythmias, and
- C. Whereas Medical Advisory Board has recommended the adoption of protocols to allow for transthoracic pacing for a trial period, and
- D. Subsection 6.31.062 (D) of Multnomah County Code authorizes the Director of Emergency Medical Services to adopt, amend or suspend a rule without notice or hearing if the Director finds that his failure to act promptly will result in serious prejudice to the public interest and if the Director sets forth in writing the specific reason for his findings.
- E. Pursuant to Section 6.31.062 (D) MCC the Director determines that failure to act promptly concerning this matter will result in serious prejudice to the public.
- F. This temporary rule becomes effective May 31, 1989, at 12:01 a.m. and will remain in effect for no more than 15 days.

Adoption of Temporary Rule

EMS rule 631-304 is temporarily amended by substituting exhibit A as attached for the present portion of the exhibit referred to in rule 631-304 pages A15, A16, A21, A22.


EMS Director


Date


City/County Health Officer


Date

[4250E-p/2]

Health Division
Department of Human Services
426 S.W. Stark Street — 8th Floor . Portland, Oregon 97204 . 248-3674

Yest Period 124 days/May 15, 1989--August 31, 1989
Multnomah County Emergency Medical Services

CITY OF PORTLAND BUREAU OF FIRE, RESCUE AND EMERGENCY SERVICES

THE USE OF TRANSCUTANEOUS PACEMAKERS FOR BRADYCARDIA

DEFINITION: Transcutaneous pacing is the technique of electronic cardiac pacing accomplished by using skin electrodes to pass repetitive electrical impulses through the thorax.

INDICATIONS: Transcutaneous pacing should be considered in the following setting:

1. Bradycardia, (Heart rate < 60), and evidence of inadequate perfusion, (e.g., hypotension, altered mental status).
2. Pulseless bradycardic or idioventricular rhythms encountered prior to or during resuscitation from cardiac arrest.
3. Asystole encountered following defibrillation.

EQUIPMENT: Physio-Control or equal combined defibrillator/pacemaker.

PROCEDURE:

A. Transcutaneous Pacing.

1. Continue CPR if patient is cardiac arrest.
2. Ensure that the pacemaker leads are attached and the monitor is displaying a cardiac rhythm.
3. Attach pacing electrodes to anterior and posterior chest just to the left of the sternum and spinal column, respectively.
4. Begin pacing at maximum current output and a heart rate of 100 beats per minute.
5. Observe the patient for changes in mental status, pulse or blood pressure. If patient is awake during pacing, decrease current output to a level just above capture threshold.
6. If the patient complains of pain during pacing despite reduced current output, contact MRH for analgesia order.
7. If the patient remains unconscious during pacing, assess capture by observing the monitor and evaluating pulse or blood pressure changes. In the event of electrical capture and no pulses, follow EMD protocol.
8. If there is no response to pacing and ACLS drugs, consult MRH.
9. If a change in pacing rate is desired contact MRH.

PRECAUTIONS:

A. Transcutaneous pacing should not be used in the following settings:

1. Asystole as a presenting rhythm.
2. Patients < 14 years of age.
3. Patients meeting death in the field criteria.
4. Patients with signs of penetrating or blunt trauma.

CARDIAC DYSRHYTHMIAS

SPECIFIC INFORMATION:

- A. Chief complaint, sudden or gradual onset.
- B. Related symptoms: dizziness, angina, syncope, s.o.b., palpitations.
- C. Medications.

SPECIFIC PHYSICAL FINDINGS:

- A. Vital signs.
- B. Signs of low cardiac output:
 - 1. Altered state of consciousness.
 - 2. Presence of shock syndrome.
- C. Signs of congestive failure.
- D. NOTE: DYSRHYTHMIAS MAY NOT REQUIRE TREATMENT IN THE FIELD IF THE PATIENT IS ASYMPTOMATIC (i.e., NO SIGN OF LOW CARDIAC OUTPUT.)

GENERAL APPROACH TO TREATMENT:

(For specific treatment see under appropriate rhythm disturbance.)

- A. O₂, position of greatest comfort.
- B. Monitor cardiac rhythm.
- C. If patient has a bradydysrhythmia and is symptomatic refer immediately to bradydysrhythmia protocol.
- D. Start IV
- E. Identify rhythm as closely as possible. Contact Medical Resource Hospital for assistance as needed.

PVC's: 1. Premature Ventricular Complexes: Treat only in the setting of a suspected ischemic event.

LIDOCAINE PROTOCOL:

- a. Initial bolus: 1mg/kg over 1-2 min.
- b. Begin lidocaine drip at 2 mg/min.
- c. Repeat one-half of dose every 5 minutes until a maximum of 3 mg/kg is given. Increase lidocaine drip 1 mg/min after each repeat lidocaine bolus to maximum of 4 mg/min..
- d. All doses, including initial bolus, must be reduced by 50% in patients with congestive heart failure, shock, or hepatic disease, or who are over 70 years of age.

CARDIAC DYSRHYTHMIAS (continued)

2. If PVC's are associated with a bradydysrhythmia, see section on bradydysrhythmias.

BRADY 1. Bradydysrhythmias (heart rate less than 60, sinus bradycardia, ventricular escape rhythm, AV nodal block.)

- A. Treatment may not be required if there are no signs of low output and blood pressure remains greater than 90 Torr.
- B. Consider transcutaneous cardiac pacing in the setting of bradycardia with evidence of inadequate perfusion, (e.g. hypotension with blood pressure less than 90, altered mental status.)
- C. Apply transcutaneous pacemaker and concurrently establish IV.
Note: Do not delay pacing while vascular access is being established.

If IV is immediately established,
administer Atropine .5 to 1.0 mg IV

If IV is not immediately in
place, begin pacing.

If there is no response to Atropine,
begin pacing.

- D. If electrical capture is achieved follow transcutaneous pacing procedure protocol.
- E. If electrical capture is not achieved:
 1. Begin or continue Atropine - give 0.5 to 1.0 mg IV and repeat every 5 min. to a maximum of 2.0 mg as needed to maintain rate above 60 and blood pressure above 90 Torr.
 2. Contact MEE if patient does not respond to Atropine or pacing.
 3. ISOPROTERENOL - give cautiously if no response to atropine. Administer as drip of 2-10mcg/min to maintain a ventricular rate of 60-70.

CARDIAC ARREST (continued)

3. ASYSTOLE Ventricular Asystole

Asystole (cardiac standstill). This sequence was developed to assist treating a broad range of patients with asystole. Some patients may require care not specified herein. This algorithm should not be construed to prohibit such flexibility. Flow of algorithm presumes asystole is continuing. VF indicates ventricular fibrillation; IV, intravenous. Consider hyperventilation of a pediatric patient as it may cause spontaneous return of cardiac function and respiratory action.

If Rhythm Is Unclear and Possibly Ventricular Fibrillation, Defibrillate as for VF. If Asystole is Present^a

Continue CPR

Establish IV Access

Epinephrine, 1:10,000, 0.5 - 1.0 mg IV Push^b

Intubate When Possible^c

Atropine, 1.0 mg IV Push (Repeated in 5 min)

(Consider Bicarbonate)^d

- a. Asystole should be confirmed in two leads.
- b. Epinephrine should be repeated every five minutes.
- c. Intubation is preferable; if it can be accomplished simultaneously with other techniques, then the earlier the better. However, cardiopulmonary resuscitation (CPR) and use of epinephrine are more important initially if patient can be ventilated without intubation. (Endotracheal epinephrine may be used.)
- d. Consider transcutaneous pacing in conjunction with epinephrine, if asystole occurs following defibrillation. Pacing is not indicated in cases of primary asystole.
- e. Value of sodium bicarbonate is questionable during cardiac arrest, and it is not recommended for the routine cardiac arrest sequence. Consideration of its use in a dose of 1 mEq/kg is appropriate at this point. Half of original dose may be repeated every ten minutes if it is used.

CARDIAC ARREST (continued)

4. Electromechanical Dissociation

This sequence was developed to assist in treating a broad range of patients with electromechanical dissociation. Some patients may require care not specified herein. This algorithm should not be construed to prohibit such flexibility. Flow of algorithm presumes that electromechanical dissociation is continuing. CPR indicates cardiopulmonary resuscitation; IV.

Continue CPR

Intubate When Possible^b

Consider Transcutaneous Cardiac Pacing (a)

Establish IV Access

Epinephrine, 1:10,000, 0.5 - 1.0 mg IV Push^a

Consider Bicarbonate^c

Consider Treating:^d Hypovolemia,
Cardiac Tamponade,
Tension Pneumothorax,
Hypoxemia,
Acidosis,
Pulmonary Embolism

- a. Only if rhythm is pulseless bradycardia (width of complexes should not affect management approach).
- b. Epinephrine should be repeated every five minutes.
- c. Intubation is preferable. If it can be accomplished simultaneously with other techniques, then the earlier the better. However, epinephrine is more important initially if the patient can be ventilated without intubation.
- d. Value of sodium bicarbonate is questionable during cardiac arrest, and is not recommended for routine cardiac arrest sequence. Consideration of its use in a dose of 1 mEq/kg is appropriate at this point. Half of original dose may be repeated every ten minutes if it is used.
- e. Contact MRH before treating.

- 5. Pulseless Idioventricular Rhythm (wide QRS, slow rate - usually 15-40/min. Consider Transcutaneous Cardiac Pacing. If pacing unsuccessful treat as asystole.



2-
6/01/89

Emergency Medical Services

Multnomah County . City of Portland . Fairview . Gresham . Troutdale . Wood Village

MEMORANDUM

TO: Interested Parties

FROM: Joe Acker III, EMS Director *JA*

DATE: July 19, 1988

SUBJECT: ALS Rescuc Transport Protocol

Attached is a copy of the latest draft of the ALS Rescue Transport Protocol. The Protocol Subcommittee had an extensive discussion on this at their last meeting. It now appears this protocol is ready for the Medical Advisory Board.

This will be an item on the Friday, August 12, 1988, agenda of the Medical Advisory Board. The meeting will be held at 9 a.m. at the Oregon Medical Association.

If you have any concerns with this protocol prior to review by the Medical Advisory Board, please forward your comments to the Emergency Medical Services Office and we will endeavor to circulate them to Medical Advisory Board members.

cc: Gresham Fire Department
Portland Fire, Rescue, and Emergency Services
EMS Licensees
Protocol Subcommittee
Medical Advisory Board

TRANSPORT BY FIRE DEPARTMENT ALS RESCUES

Purpose: The purpose of this procedure is to define those occasions when transportation of patients by fire department ALS licensed rescues may be appropriate.*

- Procedure:
1. It may be appropriate for a fire department ALS rescue to transport a patient when waiting for an incoming transporting ALS ambulance will delay patient transport by five or more minutes,** and the patient, after assessment, exhibits one or more of the following conditions:
 - A. Existing airway obstruction or respiratory failure with inability to secure an adequate airway and ventilation in the field.
 - B. Severe uncontrollable bleeding or existing circulatory failure with inability to achieve hemodynamic stability.
 - C. Abnormal delivery (such as breech, shoulder).
 2. In all cases, fire department rescues will transport the patient to the closest appropriate hospital, code 3, with the highest certified EMT providing patient care during transport.
 3. In addition to those instances above, it is appropriate for a fire department ALS rescue to transport a patient when a physician (MD, DO) on scene orders transport by the ALS rescue.
 4. For situations not covered by the above criteria, particularly in trauma cases, in which immediate transport is in the patient's best interest, Medical Resource Hospital should be contacted for consultation and approval.

* Fire department ALS rescues are licensed to Oregon State Division of Health EMS standards. Personnel standards are at least one EMT III and one EMT I.

** As determined through the EMS dispatcher.

ALLEN, KILMER, SCHRADER, YAZBECK & CHENOWETH

A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELORS

1600 SECURITY PACIFIC PLAZA
1001 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204
TELECOPIER 503-222-5290
TELEPHONE 503-224-0055

795 CITIZENS BUILDING
975 OAK STREET
EUGENE, OREGON 97401
TELECOPIER 503-484-9779
TELEPHONE 503-687-9210

PLEASE REPLY TO PORTLAND OFFICE

May 31, 1989

Jane McGarvin
Clerk of the Board
Board of County Commissioners
Room 602
1021 SW Fourth Avenue
Portland, OR 97204

Re: June 1, 1989 Agenda item R-11

Dear Ms. McGarvin:

I enclose written testimony regarding this agenda item for consideration by the County Commissioners. Please include it as part of the official record.

Thank you for your consideration.

Very truly yours,

Allen, Kilmer, Schrader,
Yazbeck & Chenoweth, P.C.



Jeffrey S. Merrick

Enclosure
aaambu\McGarvin.001

WRITTEN TESTIMONY OF AA AMBULANCE, INC.
RELATING TO JUNE 1, 1989 AGENDA ITEM R-11:
AN ORDINANCE ADOPTING CERTAIN PROTOCOLS

AA Ambulance, Inc. supports protocols that will improve the quality of emergency medical care, and opposes those protocols that have the effect of reducing health care standards.

Agenda item R-11 is an ordinance adopting a 40-page packet of protocols. AA is concerned that one of those protocols will reduce standards for patient care.

The proposed protocol on page 31 of exhibit two purports to give the fire departments authority to provide advanced life support (ALS) transports under certain circumstances. This protocol has the effect of reducing the standards for patient care, as explained below.

Protocol reduces training requirements for transporting EMTs

Emergency Medical Technicians (EMTs) have various levels of training and certification. The ALS rescue units/ambulances owned by the private ambulance companies must be operated by two individuals certified at the EMT 4 level. (EMT 4s are trained to perform more sophisticated procedures than are EMT 3s, 2s, or 1s).

Fire department rescue units, on the other hand, need only have one EMT 1 and one EMT 3 on board. (See footnote to protocol)

Consequently, the proposed protocol that would authorize fire department ALS transports would reduce the minimum care levels provided to patients.

AA respectfully suggests an amendment to the protocol that would authorize fire department transport only when the fire department ambulance is operated by at least one EMT 4. Furthermore, the fire department should be required to report the level of staffing on each rescue unit as do the private ambulance companies.

Protocol too broad

Although the procedure in part 1 of the protocol calls for fire department transports when waiting for a private ambulance will delay transport by five or more minutes, that limitation apparently does not apply to the "catch-all" provision in part 4, which allows fire department transports:

For situations not covered by the above criteria, particularly in trauma cases, in which immediate transport is in the patient's best interest, Medical Resource Hospital should be contacted for consultation and approval.

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is five or more minutes from the scene.

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Quick responses to calls for help saves lives.

Improving response times should be a primary goal of the county EMS system.

Consequently, one should ask why fire departments arrive first on the scene (on occasion but not on all occasions) and what can be done to improve private company response times.

Sometimes, the fire department is simply closer to the scene, but that is only part of the answer.

More important, the fire bureau is equipped with a terminal monitor, giving it information on the call for help at the same time as the county dispatcher and before the information is received by the ambulance companies. The fire bureau can then dispatch its closest unit.

Private companies, on the other hand, must rely on the Bureau of Emergency Communications (BOEC) to read its terminal monitor and then contact the private ambulance to dispatch an ambulance. Unfortunately, the BOEC is not perfect, and response times are sometimes delayed by their errors.

One type of error is to dispatch an ambulance that is not the closest to the scene. This happens either from human error or because acknowledging unit status is the fourth priority of the BOEC. (See S.O.P. #3.115) Without up-to-the-second information on where an ambulance unit is, mistakes can be made.

Delays may also result from a backlog of emergency calls.

Proposal to improve response times

Allow private companies to install terminal monitors, so that private companies will receive the call for help at the same time as the BOEC dispatcher and the fire bureau.

When minutes means lives, such equipment should be mandatory, not prohibited (as it is now).

Conclusion

AA Ambulance wants to work with the county to build the best system possible. The response times of the transporting vehicles can be improved by allowing the private companies to install terminal monitors.

The protocol allowing ALS transport by vehicles staffed with only one EMT 3 and one EMT 1 effectively reduces the standard for patient care and should be modified as recommended above.

aa-1trs\6/1test

WRITTEN TESTIMONY OF JEFFREY S. MERRICK
RELATING TO JUNE 1, 1989 AGENDA ITEM R-11:
AN ORDINANCE ADOPTING CERTAIN PROTOCOLS

Introduction

My name is Jeff Merrick, and my law firm represents AA Ambulance in its litigation against the county and others. I write this testimony to advise the Board of County Commissioners of certain legal problems with the proposed ordinance.

My primary concern is the protocol that purports to give the fire department authority to provide advanced life support (ALS) transports under certain circumstances (Exhibit 2, p31).

Summary

A summary of my objections follows:

1. The need for the change is not explained, and the "statement of need" (Exhibit 1 to the ordinance) is legally deficient.
2. There has been no adequate, public consideration of the need for or the probable consequences of the rule.
3. This rule change will affect the budgets of the participating public bodies both in terms of operating expenses and liability for medical malpractice, but, to my knowledge, no additional monies have been allocated.
4. Transports by public agencies is being considered separately from this protocol, and the protocol has the effect of circumventing the established framework for consideration of the public provider option.
5. This protocol is yet another step in the taking of property of the private ambulance companies without just compensation or due process of the law.

6. Adoption of this protocol, if it is to be adopted at all, should follow quasi-judicial procedures.

Discussion

1. Statement of need inadequate

The protocol or regulation is contained in a 40-page exhibit to the ordinance together with a variety of other protocols. The statement of need for all of the protocols states simply:

The current protocols do not recognize the current knowledge on certain treatment modems and patient care techniques or skills. Also, the state has adopted a portion of the pediatric care material which these rules propose. The proposed rules are recommended by the EMS Advisory Board.

Clearly, the above statement has no relation to patient transports by fire departments. It is legally deficient for this and other reasons, and is grounds for litigation. I raised this issue previously, but the statement of need remains inadequate.

2. There has been no adequate public consideration of this proposed protocol.

This packet of material containing the protocol was part of submitted to interested parties just prior to the April 4, 1989 joint meeting of the EMSPB and the Board. Time for testimony was strictly limited, and most of that time was spent discussing the so-called public provider concepts, not any of the protocols that are exhibit 2 to the ordinance.

This matter which affects AA's ability to operate under its

license to make emergency transports, is quasi-judicial in nature and requires a thorough examination.

3. This protocol affects public budgets and no appropriations have been authorized

The protocol contains a "catch all" provision which may have the affect of allowing fire department transports whenever it arrives first on the scene:

For situations not covered by the above criteria, particularly in trauma cases, in which immediate transport is in the patient's best interest, Medical Resource Hospital should be contacted for consultation and approval.

First, this catch-all should be deleted before adoption of the protocol, if you chose to adopt it at all.

Second, this broad language could permit a very significant number of transports (we do not know how many because no studies have been performed). This will necessarily increase the operational costs of the fire departments in terms of labor, and maintenance and replacement of vehicle. Furthermore, it will greatly expand the risk of lawsuits for medical malpractice against the public bodies. However, we are unaware of any appropriations to cover the increased cost by any public agency. In fact, we are unaware of any cost estimates.

In addition, as private companies provide fewer and fewer transports, they will earn less and less income which will reduce income taxes paid to the state and federal governments and may result in lay-offs or terminations of private-sector employees.

4. The back door?

The Board is presently considering the recommendation of the EMS office for the provision of all emergency transports by a consortium of public bodies. It may appear to the cynical people of the world that this protocol is a way to slip a foot in the door, and circumvent the established framework for consideration of the public provider option, or place additional pressure on decision makers to eventually select the public option. This cynical perception is encouraged by the lack of a legally sufficient statement of need or adequate public consideration of the need for (if any) and the consequences of the protocol.

5. Taking without just compensation or due process.

In its written presentation dated April 4, 1989, AA Ambulance included lengthy quotations regarding inadvertent government "takings" from Executive Order 12630 a memorandum from the United States Attorney General. This new protocol might result in partial taking of property for which the private companies would seek just compensation.

Conclusion

There are grounds for a lawsuit against the protocol.