

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR COLUMBIA COUNTY, OREGON

In the Matter of Granting a Franchise for )  
Ambulance Services to Metro West ) Order No. 61-2024  
Ambulance Services, Inc. for Ambulance Service )  
Area 7 )

WHEREAS, pursuant to Section IV of the Columbia County Ambulance Service Area Plan, the Board of County Commissioners for Columbia County, Oregon, adopted Ambulance Service Areas; and

WHEREAS, pursuant to Section 8 of Ordinance No. 2016-1, the Columbia County Ambulance Service Ordinance, the Board mandated that no person may provide ambulance services in Columbia County without being fully franchised in accordance with the Ordinance unless specifically excepted by the Ordinance; and

WHEREAS, on July 1, 2024, the Columbia County Ambulance Service Administrator called for applications to provide ambulance services in Columbia County; and

WHEREAS, Metro West Ambulance Service, Inc. (Metro West), submitted its application for the franchise to operate in Ambulance Service Area 7 (ASA-7), which is generally in the Vernonia area; and

WHEREAS, pursuant to Section 11, of Ordinance No. 2016-1, Jaime Aanensen, Ambulance Service Administrator, reviewed the franchise application with a review committee, and recommended that the Board grant the ambulance service franchise for ASA-7 to Metro West; and

WHEREAS, a copy of Metro West’s application is attached hereto as Exhibit “A” and is incorporated herein by this reference; and

WHEREAS, a copy of the Ambulance Service Administrator’s recommendation is attached hereto as Exhibit “B” and is incorporated herein by this reference; and

WHEREAS, pursuant to Section 12 of Ordinance No. 2016-1, the Board of Commissioners published notice of a public hearing and held a hearing In the Matter of Awarding Ambulance Service Area Franchises for Columbia County, on December 4, 2024; and

WHEREAS, during the hearing the Board of Commissioners heard the Ambulance Service Administrator’s recommendation and additional public testimony; and

WHEREAS, the Board of County Commissioners thereafter continued the hearing to December 18, 2024, at 10:00 a.m.; and

WHEREAS, on December 18, 2024, the Board of Commissioner received additional testimony, closed the hearing, and voted unanimously to grant the Ambulance Service Franchise for ASA-7 to Metro West; and

WHEREAS, Pursuant to Section 13 of Ordinance No. 2016-1, franchise terms are 5 years unless the Board of County Commissioners finds that a longer or shorter term is required in the public interest; and

WHEREAS, the Board of County Commissioners finds that a shorter franchise term of six months is in the public interest because the franchise agreement is not yet in final form;

NOW, THEREFORE, IT IS HEREBY ORDERED as follows:

1. The ambulance service franchise for ASA-7 is hereby granted to Metro West Ambulance Service, Inc., for the period beginning January 1, 2025, and ending June 30, 2025.
2. The franchise granted herein is subject to the terms and conditions of Ordinance No. 2016-1, the Columbia County Ambulance Service Ordinance, and the Columbia County Ambulance Service Plan, adopted by Ordinance No. 2024-1.
3. Notwithstanding the Ambulance Service Plan, Franchisee shall have until July 31, 2027, to equip all ambulances with GPS AVL transponders compatible with Columbia 911 dispatch software.

Dated this 18<sup>th</sup> day of December, 2024.

BOARD OF COUNTY COMMISSIONERS  
FOR COLUMBIA COUNTY, OREGON

By: NOT Present  
Casey Garrett, Chair

By: [Signature]  
Kellie Jo Smith, Commissioner

By: [Signature]  
Margaret Magruder, Commissioner

Approved as to form

By: [Signature]  
Office of County Counsel

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## AUTHORIZED REPRESENTATIVE LETTER

### 3.2.2 Authorized Representative

*Failure of the authorized representative to sign the Proposal may subject the Proposal to rejection by the County.*

An Authorized Representative letter is located in the following two pages of this document.





August 1, 2024

Jessica Kosydar, Public Health Emergency  
Preparedness Coordinator  
Columbia County Public Health  
230 Strand Street  
St. Helens, OR 97051

Dear Ms. Kosydar,

Metro West Ambulance Services, Inc. (Metro West) is proud to submit this proposal in response to the Columbia County Department of Public Health Ambulance Service Area Franchise Request for Proposal (RFP) for 911 Ambulance Services. Our proposal represents the hard work and drive of the men and women of our company, and our desire to continue serving the Vernonia ASA in Columbia County. We have been proudly serving this area since we were first granted the ambulance service franchise August 1, 1997.

Metro West has been a trusted partner for over 70 years and during that time we have provided uninterrupted, high quality emergency care and transportation across multiple counties including the area served in Columbia County. Metro West Ambulance and our Family of Companies enjoy the full strength and backing of over 1000 employees throughout Oregon, Washington and northern California while maintaining the autonomy and flexibility necessary to meet local community needs in Vernonia.

As the second-generation owner I bring decades of experience, commitment, and accountability to the communities we serve. This transmittal letter serves as verification of our desire to submit this proposal and that it conforms to all procurement rules and procedures articulated in this RFP and all rights, terms and conditions specified in this RFP.

As the Owner and President of Metro West Ambulance, I affirm that I am authorized to make decisions on behalf of my company. The following is various required information and statements.

*Name and title of Proposer representative:*

James D. Fuiten, President, Owner

*Name, physical and mailing address of company:*

Metro West Ambulance Service, In.  
5475 NE Dawson Creek Drive  
Hillsboro, OR 97124

(Mailing address same as physical address)

Metro West Ambulance Family of Companies



Telephone number, fax number, and email address:

Office: (503) 648-6658 Mobile: (503) 936-4303

Fax: (503) 693-3216

Email: [Jdfuiten@metrowest.us.com](mailto:Jdfuiten@metrowest.us.com)

RFP title:

Columbia County Department of Public Health  
Ambulance Service Area Franchise Request for Proposal (RFP)  
[RFP #S-C00055-0001854]

*A statement that the Proposer believes its Proposal meets all the mandatory requirements set forth in the RFP:*

Metro West Ambulance Services, Inc. is confident that our proposal meets and fully describes all of the requirements set forth in the RFP.

*A statement acknowledging the Proposal conforms to all procurement rules and procedures articulated in this RFP, all rights terms and conditions specified in this RFP:*

We acknowledge that the Metro West Ambulance Services, Inc.'s proposal conforms to all procurement rules and procedures articulated in this RFP and all the rights, terms and conditions specified in this RFP.

*A statement that the individual signing the Proposal is authorized to make decisions as to the prices quoted and that she/he has not participated and will not participate in any action contrary to the RFP:*

I, James D. Fuiten, the individual signing this proposal am authorized to make decisions and I have not participated in nor will I participate in any action contrary to the RFP.

We at Metro West Ambulance look forward to your careful review of our proposal and we welcome any questions or comments that you may have. I can be reached through the contact numbers provided above at any time.

Sincerely yours,

James D. Fuiten, President/Owner  
Metro West Ambulance Services, Inc.

5475 NE Dawson Creek Drive, Hillsboro, OR 97124 (503) 648-6658

## Tab 4-Ambulance Service Area Franchise Proposal Requirements

The following is a point-by-point response to each requirement specified in Section 3 of the Columbia County Public Health Ambulance Service Area Franchise RFP. To be considered for evaluation by the Administrator and the review committee, proposals must demonstrate how Proposers meet the requirements and terms of this RFP.

If Proposer believes any of their Proposal is exempt from disclosure under Oregon Public Records Law (ORS 192.410 through 192.505), Proposer shall complete and submit the Affidavit of Trade Secret (Attachment B) and submit one complete fully redacted version of its Proposal, clearly identified as the redacted version.

### Section 3.1 Minimum Qualifications

#### 3.1 MINIMUM QUALIFICATIONS

To be considered for evaluation, Proposals must demonstrate how Proposers meet all requirements of this section:

**3.1.1 Licensing Requirements** -Ambulance Business License with the Oregon Health Authority, Public Health Division

**3.1.2 Certification Requirements** -Paramedic and Advanced EMT Certified Staff for ASA 1-5, 7 and Paramedic, Advanced EMT, and EMT Basic for ASA 6

**3.1.3 Other Requirements in Ordinance No. 2016-1:**

3.1.3a The name and address of the Proposer.

3.1.3b The Ambulance Service Area the Proposer desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.

3.1.3c A statement as to whether the Proposer will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract shall be provided.

3.1.3d A list of all vehicles to be used in providing ambulance services including year, make, and model, and verification that each vehicle is certified as a basic life support, intermediate life support and/or advanced life support vehicle by the State of Oregon.

3.1.3e A statement that all equipment and supplies in each ambulance conform to State standards.

3.1.3f A list of all personnel to be used in providing ambulance services and their current Emergency Medical Technician certificate number, or other appropriate certification.

3.1.3g Proof of financial ability to operate, including an operating budget or financial statement, references and/or statement of past ambulance service. Private companies must provide a profit and loss statement, in addition to the above materials. Other appropriate financial information, such as income tax returns or reports by governmental authorities shall also be submitted upon request.

3.1.3h Current Mutual Aid Agreements and status of pending agreements, including timeline for completion.

3.1.3i Proof of the following minimum levels of insurance to protect the County, its officers, agents, and employees:

i. Workers' compensation and employers' liability insurance meeting statutory limits mandated by state and federal laws.

ii. Commercial General liability and property damage insurance in an amount of not less than 2 million per occurrence.

iii. Automobile liability (owned, non-owned, and hired) for bodily injury and property damage in an amount of not less than 2 million per occurrence.

iv. Professional liability insurance covering claims made at any time prior, during or subsequent to the completion of the Proposer's services, with a limit of not less than 2 million.



3.1.3.j Upon issuance of a franchise, franchisees must provide a certificate or certificates of insurance in the above amounts naming the County, its officers, agents and employees, as additional insureds which shall be accompanied by one or more additional insured endorsements. Franchisees are required to notify the County no less than thirty (30) days in advance that a policy is going to expire, be terminated, canceled or modified in any material way. The County, in its sole discretion, may raise the minimum level of insurance required if the County's tort claim limit under Oregon law exceeds 2 million.

ll coverage shall be carried for the duration of the applicable statute of repose in Oregon. All policies, except for workers' compensation, shall contain a waiver of subrogation against the County.

A statement of experience in properly providing ambulance service of comparable quality and quantity to the service required by Ordinance No. 2016-1, Ordinance 2024-1, Oregon law and regulations promulgated thereunder.

3.1.3K Proof of compliance with the terms and conditions of the ASA Plan and applicable County Ordinances, in the form of a narrative summary.

## ATTESTATION

Proposer understands and agrees to comply without qualification to provisions, requirements, and commitments contained in section labeled Minimum Qualifications.



Metro West Ambulance Services, Inc. possesses experience that fulfills the requirements of this RFP along with all required credentials outlined. Our Key Personnel have extensive experience in operating ambulance services that provide emergency 911 care and transport. Our team has a history of forging strong partnerships with our local fire services, first response agencies, oversight agencies, hospital and health systems, and others. Our Vernonia operations are supported by our full Metro West management team and directly overseen by our Communications & Operations Managers, our Director of Clinical Quality and Human Development and our Operations Supervisors.

As the Metro West Family of Companies, we have a seasoned team characterized by a complement of hands-on, involved specialists including our Owner and President, followed by our Chief Executive Officer, Chief Financial Officer, Chief Information Officer/HIPAA Compliance Officer, Director of Revenue Cycles, Director of Clinical Quality and Human Development, Director of Business Development and our Enterprise Fleet Manager.

We will show that we comply with all requirements set forth. We acknowledge that non-compliance with any of these previously stated requirements will result in our proposal being rejected and our company will be removed from further consideration in this RFP process.

We have never been debarred at the federal or state level. We do not have a history of major regulatory actions or sanctions against us that includes, but is not limited to, suspension or revocation of any operating license or permit, any sanctions under Medicare or Medicaid programs, revocation of a business permit, or any sanctions by other third-party payers, whether public, private, or nonprofit.

Metro West attests that we are responsible for our medical records/health information exchange as overseen by our Chief Information Officer and his extensive team. We do not have a history of litigation in the past five years in connection with any contract of similar services; no principal officers have been to be at fault.

Metro West Ambulance commits to satisfying all implied requirements necessary—those not specifically mentioned in this RFP, but which are necessary to provide a quality, sustainable and cost-effective service.

**3.1.1 Licensing Requirements -Ambulance Business License with the Oregon Health Authority, Public Health Division**

Metro West Ambulance Service is licensed as an Oregon Business, Registry No. 094512-12. Oregon does not issue general licenses. In **Tab 4 Attachments** you will find the Business Entity Data from the Oregon Secretary of State that verifies we are a licensed business in Oregon. Our business license may also be verified by going to <https://sos.oregon.gov/business/Pages/find.aspx>.

Oregon does issue specialty business licenses through various departments. Metro West holds a current Ambulance Service License that is issued by the Oregon Health Authority, Emergency Medical Services and Trauma Systems, Public Health Division. Our license number is 3401. This license was issued 5-24-2024 and expires on 6-30-2025. A copy of our Ambulance Service License can be found in **Tab 4 Attachments**.



**3.1.2 Certification Requirements -Paramedic and Advanced EMT Certified Staff for ASA 1-5, 7 and Paramedic, Advanced EMT, and EMT Basic for ASA 6**

Per the Columbia County Ambulance Service Area Plan , it states that when operating an ambulance in Columbia County, all personnel must meet the requirements of ORS 682.017 to 682.991 and OAR 333-250-0200 to 333-250-0410. Metro West Ambulance acknowledges that a BLS ambulance will consist of a minimum of two (2) licensed EMT Basic personnel and that an

ALS ambulance in ASA 7 will consist of one (1) EMT Basic, and one (1) Paramedic (as specified in Columbia County Ordinance No. 2016-1). Our personnel staffing model is ALS ambulance. Our staffing configuration is one Paramedic and one EMT, (Our staffing includes paid and volunteer with the Vernonia Volunteer Ambulance Association). EMT's and Paramedics active in providing care in ASA 7 are licensed by the State of Oregon. Current licensure is verified on hire and every recert cycle.

We understand that the delivery of an Advanced Life Support assessment and treatment is the preferred level of care for Columbia County. We also attest that an ASA provider without continuous coverage at the Advanced Life Support (ALS) level in Columbia County shall maintain mutual aid agreements with other agencies capable of ALS service delivery and that Basic Life Support (BLS) first response is allowed by Columbia County ASA providers or mutual aid when acuity levels and resource needs prevent immediate Advance Life Support (ALS) response.

**3.1.3 Other Requirements in Ordinance No. 2016-1:**

**3.1.3a The name and address of the Proposer.**

Metro West Ambulance Service, Inc.  
 5475 NE Dawson Creek Drive  
 Hillsboro, OR 97124  
 (Mailing address same as physical address)



**3.1.3b The Ambulance Service Area the Proposer desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.**

Metro West Ambulance desires to serve Ambulance Service Area-7 Vernonia as described in the Columbia County Ambulance Service Area Plan. Metro West Ambulance has a satellite location at Vernonia Rural Fire Protection District at 555 East Bridge Street in Vernonia where we lease space for our operations. The level of service provided will be Advanced Life Support (ALS).

**3.1.3c A statement as to whether the Proposer will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract shall be provided.**

Metro West will not be subcontracting for any service in ASA-7 Vernonia.

Our partnership with the Vernonia Volunteer Association, requires all members of this Association who respond to also be employees of Metro West Ambulance.

**3.1.3d A list of all vehicles to be used in providing ambulance services including year, make, and model, and verification that each vehicle is certified as a basic life support, intermediate life support and/or advanced life support vehicle by the State of Oregon.**

Metro West has two primary ambulances stationed in Vernonia. In addition to these units, we have multiple ALS ambulances stationed in Washington County at our Hillsboro company headquarters and also at our Clackamas offices. These additional ambulances are used as reserve units for our primary units and also utilized if additional crews need to respond from Washington County to Columbia County ASA-7 Vernonia for multiple patient scenes, mass casualty incidents, or as ALS coverage when our primary units are out of area. In **Tab 4 Attachments** you will find a list of all vehicles that will be used including our primary and all secondary ambulances. This list includes year, make and model. In addition, we have provided copies of each unit's Oregon EMS Ground Ambulance license.

**3.1.3e A statement that all equipment and supplies in each ambulance conform to State standards.**

Metro West attests that all equipment and supplies in all our ambulances that provide services to Columbia County conform to State standards. In **Tab 4 Attachments** you will find a unit inventory sheet for supplies and equipment on each unit. This document is titled "Certificate of Pride".



**3.1.3f A list of all personnel to be used in providing ambulance services and their current Emergency Medical Technician certificate number, or other appropriate certification.**

Metro West has both primary and volunteer EMS crews in Vernonia. Since 1996, our company has partnered with the Vernonia Volunteer Ambulance Association to ensure this community has high quality EMS for all of those they serve. These volunteers are Metro West employees.

In **Tab 4 Attachments** you will find a list of our Vernonia staff. Included is primary and volunteer crews along with our other Paramedics and EMTs stationed outside of ASA-7 who may provide coverage for Vernonia, who may respond to calls as primary ambulance in ASA-7 or who may respond as secondary units in situations such as multiple patient scenes or mass casualty incidents where multiple patients need to be treated and transported.

**3.1.3g Proof of financial ability to operate, including an operating budget or financial statement, references and/or statement of past ambulance service. Private companies must provide a profit and loss statement, in addition to the above materials. Other appropriate financial information, such as income tax returns or reports by governmental authorities shall also be submitted upon request.**

Founded in 1953, Metro West Ambulance obtained a contract with Columbia County in 1997 to serve as the primary 9-1-1 Ambulance provider for ASA-7 Vernonia. We have been proudly serving Vernonia and the surrounding communities since and wish to continue to do so.

As Metro West celebrates our 71st anniversary of our founding in 1953, the company has continually adapted to meet the needs of the communities it serves, while maintaining a financially viable and sustainable business model. Metro West holds the distinction of being the longest running owner operated ambulance service in the Pacific Northwest, thus highlighting its financial prowess. The company culture is rooted in continually seeking ways to best serve its customers through expansion of services and geographies served, while maintaining a financial discipline that has allowed the company to successfully navigate numerous economic cycles and a global pandemic while meeting its obligations.

The company's financial condition and capitalization are sufficient for it to meet its current and future commitments, while maintaining high quality service levels. The company's dedication to financial stability is unwavering and is an operating hallmark that will ensure its ability to successfully perform the proposed RFP services to the required standards.

Metro West does not have a parent or holding company. We are a parent company with corporate facilities in Hillsboro, Oregon. Our family of companies includes licensed ALS ambulance services in Oregon, Washington, and northern California as well as a Medicaid transportation brokerage in Oregon. Our corporate headquarters and main operations base is in Hillsboro, Oregon. Additionally, we have secondary offices supporting Clackamas County and our Vernonia Columbia County operations.

Metro West has never filed for bankruptcy.

*On the following page, you can find our financials that includes a profit and loss statement plus a basic operating budget outlining our expected operating expenses and administrative expenses and our forecasted income for the next year. As Vernonia is a part of our company, our Vernonia services are based on a percent of Metro West call volume.*

We acknowledge that other appropriate financial information, such as income tax returns or reports by governmental authorities may be requested from us.



**Metro West Ambulance Inc.**

**Vernonia Services \*\***

**Income Statement**

	<b>ACTUAL April 2024</b>	<b>ACTUAL May 2025</b>	<b>ACTUAL June 2026</b>	<b>ACTUAL Fiscal Q1 2025 *</b>	<b>Forecast FYE 2025</b>
<b>Net Revenue</b>	\$ 21,265	\$ 24,577	\$ 23,921	\$ 69,763	\$ 291,540
<b>Operating Expenses</b>	\$ 17,542	\$ 19,276	\$ 18,813	\$ 55,631	\$ 215,358
<b>Gross Margin</b>	\$ 3,723	\$ 5,300	\$ 5,108	\$ 14,132	\$ 76,182
<b>Administrative Expenses</b>	\$ 2,762	\$ 2,614	\$ 2,807	\$ 8,183	\$ 35,913
<b>Income from Operations</b>	\$ 961	\$ 2,686	\$ 2,301	\$ 5,948	\$ 40,270
<b>Other Income/(Expense)</b>	\$ (2,700)	\$ (2,339)	\$ (2,041)	\$ (7,079)	\$ (29,180)
<b>Net Income</b>	\$ (1,738)	\$ 348	\$ 260	\$ (1,131)	\$ 11,090
<b>EBITDA Adjustments</b>	\$ 1,143	\$ 1,106	\$ 1,033	\$ 3,281	\$ 14,539
<b>EBITDA</b>	\$ (596)	\$ 1,453	\$ 1,293	\$ 2,150	\$ 25,629

\* 2025 Fiscal Year: Apr 2024 - Mar 2025

\*\* Vernonia services based on percent of Metro West on call volume

**3.1.3h Current Mutual Aid Agreements and status of pending agreements, including timeline for completion.**



Metro West Ambulance-Vernonia currently has separate mutual aid agreements with Vernonia Rural Fire District, Banks Fire District #13, Mist-Birkenfeld Rural Fire Protection District and Medix Ambulance. In addition, we have a mutual aid agreement from 2002 that is inclusive of all Fire/Medical Provider agencies in Columbia County including Oregon Forestry. This Agreement was entered into for the purpose of securing to each periodic emergency assistance for the protection of life and property and was created by the Columbia County Department of Emergency Management under the guidance of John E. Clouse, Ambulance Service Area Administrator. Copies of our mutual aid agreements can be found in **Tab 4 Attachments**.

**3.1.3i Proof of the following minimum levels of insurance to protect the County, its officers, agents, and employees:**

- i. Workers' compensation and employers' liability insurance meeting statutory limits mandated by state and federal laws.**
- ii. Commercial General liability and property damage insurance in an amount of not less than 2 million per occurrence.**
- iii. Automobile liability (owned, non-owned, and hired) for bodily injury and property damage in an amount of not less than 2 million per occurrence.**
- iv. Professional liability insurance covering claims made at any time prior, during or subsequent to the completion of the Proposer's services, with a limit of not less than 2 million.**

Metro West currently and throughout the life of the new agreement, will comply with maintaining all of the required insurances at the amounts prescribed and will file and maintain a current certificate of all required insurance in forms acceptable to Columbia County.

Our insurance producer, The Partners Group LLC, has various insurer(s) affording coverage to our company. Yearly they provide a Certificated of Insurance to Columbia County showing that our coverage meets the minimum requirements for Worker's Compensation and employers' liability insurance; Commercial General liability and property damage; Automobile liability; and professional liability. In addition, we also carry Cyber Liability plus an Abuse & Molestation coverage is included in our General Liability policy. A new Certificate of Insurance will be supplied upon issuance of franchise.

**3.1.3.j Upon issuance of a franchise, franchisees must provide a certificate or certificates of insurance in the above amounts naming the County, its officers, agents and employees, as additional insureds which shall be accompanied by one or more additional insured endorsements. Franchisees are required to notify the County no less than thirty (30) days in advance that a policy is going to expire, be terminated, canceled or modified in any material way. The County, in its sole discretion, may raise the minimum level of insurance required if the County's tort claim limit under Oregon law exceeds 2 million.**

**All coverage shall be carried for the duration of the applicable statute of repose in Oregon. All policies, except for workers' compensation, shall contain a waiver of subrogation against the County.**

**A statement of experience in properly providing ambulance service of comparable quality and quantity to the service required by Ordinance No. 2016-1, Ordinance 2024-1, Oregon law and regulations promulgated thereunder.**

Metro West Ambulance will provide a current Certificate of Liability Insurance (COI) from our insurance producer, The Partners Group LLC, listing our Insurer(s) affording coverage to our company. This COI will list Columbia County as certificate holder and its officers, agents and employees, as additional insureds and are endorsed on the COI. We understand we are required to notify the County no less than thirty (30) days in advance that a policy will be cancelled, expire, be terminated or modified. We understand that the County may increase levels of insurance required; we must provide coverage for duration of applicable statute of repose and that all policies, except for worker's compensation, shall contain a waiver of subrogation against the County.

In regard to our experience in properly providing ambulance service of comparable quality and quantity to the service required by Ordinance No. 2016-1, Ordinance 2024-1, Oregon law and regulations promulgated thereunder, the Metro West Ambulance Family of Companies consists of 12 ambulance companies that provide 9-1-1 emergency ambulance services across Washington, Oregon, and northern California. Our Vernonia ASA is under parent company Metro West Ambulance and we are headquartered in Hillsboro, Washington County Oregon. We do have a satellite station located in Vernonia at Vernonia Rural Fire Protection District headquarters at 555 E. Bridge Street.

Our commitment to community, consistent dedication to service, and continuous systems improvement are hallmarks of Metro West. In partnership with the health department, healthcare providers, co-responders, community organizations, and business leaders, we have served Washington County for 71 years and the Vernonia area for 27 years since 1997. There has never been an interruption in our service, despite the many challenges in the region and nationally. Through the pandemic, natural disasters, dismal reimbursement realities, supply chain disruptions, and paramedic shortages, we stayed the course. And through the decades, Metro West has innovated to keep up with—and often surpass—the impact of new technology, techniques, tools, and touchpoints that have shaped EMS and paramedicine.

Regarding properly providing ambulance service of comparable quality and quantity to the service required, we were the exclusive ALS ambulance transportation holder for Washington County for over 25 years. This is a performance-based EMS system with an exclusive ambulance transportation franchise, seven fire department first response agencies, air medical scene support, four primary receiving hospitals and two level 1 Trauma Centers, and an advanced 911-E dispatch center (PSAP). Regulatory oversight and direction for our system comes from Washington County and the State of Oregon. Oregon law requires counties to develop a plan relating to the need for the coordination of ambulance services and to establish ambulance service areas. Metro West was granted the first-ever Ambulance Service Area (ASA) of Washington county, with exclusive authority to operate by contractual agreement. We held this contract continuously from its origin through 2023.

From August of 2023 and continuing today, we still provide 911 emergency ALS ambulance support to Washington County. In addition, we also provide ALS 911 emergency ambulance services to Clackamas County. Outside of 911 services, we continue to provide extensive NEMT and IFT including ICU Level critical care transport, with a Mobile Intensive Care Unit team consisting of an ICU/Critical Care RN, Paramedic and EMT; non-emergency ALS and BLS ambulance services for emergency transfers for a higher level of care such as STEMI, trauma, stroke and high risk OB patients along with discharges, interfacility transfers, long-distance transfers; Secure Transport services for behavioral health patients under voluntary /involuntary care, custody and treatment; Mobile Integrated Health providing virtual hospital care and wheelchair transportation services.





Each area we serve is unique. To give you other examples of our experience in providing ambulance services and managing 9-1-1 ambulance responses, here are a few examples of our sister companies that are in the same region of the Pacific NW with Vernonia (Columbia County ASA-7):

- In Clatsop County, Medix Ambulance provides 9-1-1 ambulance services to a population base of 41,180 residents (2021 census) in an area that spans 1,085 square miles. A substantial portion is characterized as “rural” or “frontier” under the guidelines of the Oregon State Trauma Plan (ORS 431.607). The system regulator for this area is Justin Gibbs, Emergency Management Director for Clatsop County Emergency Management. He can be reached at Office: (503) 325-3326 or Cell: (503) 440-7851.
- Woodburn Ambulance serves over 450 square miles of Marion County, Oregon as the 9-1-1 contracted ALS ambulance provider and serves a population base of approximately 38,000 citizens. The system regulator for this area is Matthew Neuenheim, Management Analyst, Marion County Health and Human Services. He can be reached at (503) 588-5014. Second contact for Woodburn Compliance is Katrina Griffith, Deputy Director of Marion County Health and Human Services.

### **3.1.3k Proof of compliance with the terms and conditions of the ASA Plan and applicable County Ordinances, in the form of a narrative summary.**

Metro West serves Ambulance Service Area (ASA) 7-Vernonia in Columbia County, Oregon in accordance with the Columbia County Ambulance Service Area Plan. We are dispatched by Columbia 911 Communications Center (PSAP) who serves as the official timekeeper for all compliance issues associated with the ASA plan and response time criteria. Our quarterly compliance reports for the past year can be located in **Tab 4 Attachments**. For the past 4 quarters we have averaged a compliance of 99.25%. All of our units (including those from outside Columbia County) meet all of the requirements set forth in this ASA plan including being equipped with GPS AVL transponders. We will be able to achieve having our GPS AVL transponders compatible with Columbia 911 dispatch software by deadline of July 2025 to help achieve the County’s goal of expedited emergency care for its residents, regardless of agency affiliation or unit location.

We are a member of the ASA Advisory Committee which oversees response time regulations from the OHA in conjunction with best practices from our local medical advisors and partners for improvements in triage and first response. We follow regional offline prehospital protocols and on-line medical control which address basic, intermediate and advanced levels of care. We have a robust quality improvement system, data collection and data sharing ability.

We are currently licensed as an ambulance provider in the state of Oregon. Our equipment and supplies meet and exceed standards as outline in OAR and the Columbia County ASA Plan. In addition, we are a nationally accredited ambulance service through CAAS, which is the Commission on Accreditation of Ambulance Services.



We do not subcontract services for our ASA. We do partner with the Vernonia Volunteer Ambulance Association and members who serve as EMR’s, EMT’s and Paramedics for us. All members of the Vernonia Volunteer Ambulance Association who respond to emergencies are also employees of our company.



Our company provides Advanced Life Support assessment and treatment to ASA-7 (which is the preferred level of care for Columbia County) with units stationed in Vernonia. We provide ALS coverage as needed with our Washington County/Portland Metro ALS ambulances in addition to maintaining mutual aid agreements with other agencies capable of ALS service. We do acknowledge that Columbia County allows BLS first response by their ASA providers or mutual aid when acuity levels and resource needs prevent immediate ALS response.

Our personnel meet the requirements of ORS 682.017 to 682.991 and OAR 333-250-0200 to 333-250-0410. Our personnel meet all requirements of the State of Oregon and Columbia County. Our personnel are overseen by our Medical Director, Dr. Matt McCoy who is registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD). His physician license can be found in **Tab 4 Attachments**.

Our patient care equipment meets and exceeds OHA requirements as specified in ORS 682.017 to OORS 682.991 and OAR 333-255-0070 through 333-255-0073. We have multiple policies and procedures regarding safety including that of securing our patients and equipment. We have a robust preventative maintenance program for our durable medical equipment which is discussed in detail in this RFP along with our Operative IQ program.

Our ground ambulances meet all requirements set forth in the Columbia County ASA plan and are licensed by the Oregon Health Authority. Our licenses for our primary units can be located in **Tab 4 Attachments**. Licenses for our ALS Metro West fleet for Washington County available upon request. We have all of the necessary documentation for our vehicles included in this proposal -vehicle information, vehicle maintenance records, safety programs and other applicable documents and certifications.

All of our personnel have an initial new employee orientation. Our care providers have additional orientation programs both in-classroom and on-line they must complete plus field training. In addition, our crews complete continuing education and license renewal standards as identified by the Oregon Health Authority, Administrative Rules 333-265-015 through 333-265-045 and ORS 682.204 through 682.265. Our training does comply with the OHA and DOT curricula requirements.

Our Quality Assurance program is well established and meets all requirements. We are a member of the Columbia County Ambulance Service Area (ASA) Advisory Committee and follow the process set forth.

We notify the County ASA Administrator of any operational issues that may affect the delivery of ambulance service in our ASA. We understand and comply with the problem resolution process, sanctions for non-compliant personnel or providers and any potential penalties that may be set forth. We also understand and comply with the complaint review process and will comply with the Columbia County authority overseeing the ASA plan.

We have mutual aid contracts in place to render assistance wherever possible and to augment the EMS system in Columbia County.



Columbia 9-1-1 is our primary contact for requests for out of county resources and county resources other than ambulances including specialized rescue.

As a member of the ASA Advisory Committee, we understand that we will assist in development and review of disaster responses, or any other duties tasked.



We understand that Haz-Mat response is the responsibility of our fire partners, but our crews are trained as Hazardous Materials First Responders receiving training initially and annually thereafter. For extrication of our patients, our fire partners are tasked with those duties and they also serve as incident command during these situations.

In regard to the ASA Plan's emergency communication and system access, all of our crews are familiar with notifications needed by Columbia 9-1-1 along with information needed by receiving hospitals. Our ambulance services are capable of operating on Columbia County radio frequencies and VHR system in addition, our units also have 700/800 MHz radios systems. We have equipped and we maintain our communication equipment in each ambulance and portable radios our crews carry. We do have the capability of operating on the Columbia County radio frequencies.

Last, we understand the provider selection process, maintenance of service expectations and are familiar with ASA plans expectations of a provider.



## Tab 5. Response to Mandatory Proposal Content Requirements

*The objective of this section is to furnish a framework for the Columbia County Review Committee to assess a Proposer's capacity and suitability for undertaking this Contract. This assessment will be conducted and scored by the Review Committee.*

### History, Credentials, Licensing, Experience

*Organizational history and history of serving ASA-7 Vernonia. Description of experience providing high-quality emergency medical services similar to those required by this RFP to customers of comparable size, scope, and circumstance. Credentialing including national accreditation.*

Metro West Ambulance Service has been serving the Pacific Northwest since its founding in 1953. As a second generation owner, JD Fuiten, has built his family's business into a Family of Companies serving the Pacific Northwest including the Vernonia area. An initial contract with Vernonia Fire Rural Protection District Oregon evolved into Metro West being awarded the ASA-7 contract in Columbia County in 1997 to serve as the primary 9-1-1 Ambulance provider for this area. We have proudly served Vernonia and the surrounding communities since and currently are the ASA-7 Vernonia Ambulance Transportation Provider.

Our Family of Companies has a long history of service to communities in rural settings of across Oregon and Washington. These range from partnering with existing EMS providers or cities to give their area ALS services; to providing Paramedic intercept services to various Fire Departments; to establishing satellite stations like our Vernonia operations or smaller ambulance service companies that provide both emergency and non-emergency ALS and BLS ambulance services.



Metro West's experience in providing high-quality emergency medical services to a variety of areas spans 71 years. Since our founding in 1953, the company has continually adapted to meet the needs of the communities it serves, while maintaining a financially viable and sustainable business model. Metro West holds the distinction of being the longest running owner operated ambulance service in the Pacific Northwest. Our company culture is rooted in continually seeking ways to best serve our customers through expansion of services and geographies served, while maintaining a financial discipline that has allowed our company to successfully navigate numerous economic cycles and a global pandemic while meeting our obligations. We currently have total of 12 ambulance services in our Family of Companies along with one Medicaid Brokerage. All ambulance services provide ALS emergency 9-1-1 ambulance services through a variety of partnerships and contracts. In addition, many including Metro West, provide the regions they serve with critical care transport, secure transport for behavioral health patients, non-emergency medical transportation including ALS & BLS ambulance and wheelchair services along with Mobile Integrated Health (Hospital at Home programs). We have experience providing 9-1-1 ALS Emergency Ambulance Service to populations ranging from a few thousand to over 600,000.

Metro West Ambulance Family of Companies



Metro West Ambulance Service has the distinction of being nationally accredited through the Commission on Accreditation of Ambulance Services (CAAS). CAAS was established to encourage and promote quality patient care in America's medical transportation system. CAAS is an independent Commission that established a comprehensive series of standards for the ambulance service industry.



CAAS accreditation signifies that our service has met the "gold standard" determined by the ambulance industry that is essential in a modern emergency medical services provider. These standards often exceed those established by state or local regulation. They review the organization, inter-agency relations, management, financial management, community relations & public affairs, human resources, clinical standards, safe operations & managing risks, equipment & facilities and communications center.

The CAAS board includes representatives from the American Ambulance Association, the Emergency Nurses Association, the International Association of Fire Chiefs, the National Association of Emergency Medical Technicians, the National Association of EMS Physicians, and the National Association of State EMS Directors. Currently, there are more than 180 CAAS-accredited agencies in 39 U.S. states, Canada and the West Indies.

In Oregon, only two agencies are currently CAAS accredited. Metro West Ambulance is one of them. Our national accreditation includes our services to Vernonia.



Going through the same rigorous process of reviewing every aspect of our company and our performance, our operations in Vernonia also underwent on-site inspections of vehicles, equipment, buildings, staff and credentials; reviewers privately met with staff and management for Vernonia; a review of charting, billing processes, protocols, policies and procedures were also completed. Because of this in-depth process, we can assure reviewers that we meet these "gold standards" along with other private, fire-based or hospital-based ambulance services who attain their national accreditation through CAAS. You can find a copy of our CAAS Accreditation Certificate in **Tab 5 Attachments**.

Other credentialing includes our current Ambulance Service License that is issued by the Oregon Health Authority, Emergency Medical Services and Trauma Systems, Public Health Division. Our license number is 3401. This current license was issued 5-24-2024 and expires on 6-30-2025. A copy of our Ambulance Service License can be found in **Tab 4 Attachments**.

We have provided copies of our primary ambulances' Oregon EMS Ground Ambulance license and a list of our Vernonia staff both primary and volunteer crews and their state license number. All which can be located in **Tab 4 Attachments**. Our personnel meet all requirements of the State of Oregon and Columbia County. Our personnel are overseen by our Medical Director, Dr. Matt McCoy who is registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD). His physician license can also be found in **Tab 4 Attachments**.

## Key Personnel & Local Management Team

Meet our team including our operational leadership team for Metro West Ambulance Vernonia, our Metro West management team, as well as our corporate management team.

### MWA Family of Companies

		 <b>JD Fuiten</b> President Owner	 <b>Shawn Baird</b> Chief Executive Officer			
 <b>Larry Bosman</b> Vice President	 <b>Gene Fryc</b> Chief Information HIPAA Compliance Officer	 <b>Dan Clark</b> Chief Financial Officer	 <b>Krista Cuthbert</b> Director of Revenue Cycles	 <b>Shawn Wood</b> Director of Clinical Quality & Human Development	 <b>Jan Lee</b> Director Business Development & Marketing	 <b>Daniel Silic</b> Enterprise Fleet Manager

### Metro West Ambulance

	 <b>Benjamin Maduell</b> Operations Manager- Communications & Logistics	 <b>Brandon Klocko</b> Operations Manager- Field	 <b>Greg Vorels</b> Mobile Integrated Health (MIH)  MIH Operation Supervisors  MIH Paramedics & EMT- Intermediates
<b>Operations Managers-                  Brandon Klocko &amp;                  Benjamin Maduell</b>			<b>Karri Blackerby</b> Metro MedCall Manager <b>Holly Farris</b> Billing Supervisor Billing & Admin Staff  <b>Jesse Lee</b> Recruitment & Hiring Coordinator Public Information Officer  <b>IT Manager</b> IT Staff  <b>Fleet                  Supervisors</b> Mechanics
<b>MWA Operation                  Supervisors</b>	Communications Supervisors  Emergency Medical Dispatchers  MIH Emergency Medical Dispatchers  Communications Call Takers	Operation Supervisors  CCT ICU RN's  Paramedic Field Training Officers  Paramedics  EMTs	Scheduling Supervisor  Logistics Supervisor  Logistics Coordinators
<b>Vernonia                  Coordinator</b>			
<b>Paramedics</b>			
<b>EMTs</b>			

## STAFF QUALIFICATIONS

*We've identified our key personnel and key positions from our company that are assigned to this contract, including their current job title and the role they play. We have also included key contact information for us.*

Our Metro West Ambulance Vernonia operations are overseen by our Operations team lead by our Vice President Larry Boxman, who will serve as the main contact for this contract along with Shawn Baird, our CEO. Reporting directly to Larry Boxman are our Operations Managers. Our Operations Managers jointly over see our Metro West Ambulance Operations including Vernonia operations but each has specific roles. Ben Maduell serves as our Operations Manager overseeing our Communications Center and Logistics. Brandon Klocko serves as our Operations Manager overseeing all of our field aspects. They jointly oversee our Operations Supervisors, Scheduling Supervisor, Logistics Supervisor and Vernonia Coordinator. Ben, Brandon or Larry will be continually available to Columbia County on an as-needed basis during the entire duration of the contract. They are supported 24/7 by our on-duty Metro West Ambulance Operation Supervisors. With this multilayer availability, immediate contact and assistance will be reliably available 24/7 to County representatives as well as to our Vernonia crews, volunteers and EMS partners.

Methods for regular and after-hours Metro West supervisory contact for the County, Fire and Police partners, hospitals, the Medical Examiner, and other EMS system participants will include:

- Direct contact with the Metro West Ambulance Communications Center in Hillsboro, Oregon 503-648-6656
- Direct contact with the Columbia County 911 center-Non-Emergency number: 503 397-1521 or (800) 696-7795 Admin Office Hours: M-F 07:30am - 5:00pm (503)-397-7255
- Cellular or landline phone contact with the Metro West Operations Managers (on-duty Operations Supervisor) 971-303-9545
- Landline contact with the Metro West main offices in Hillsboro 503-648-6658
- Cellular phone contact with the Metro West Public Information Officer 503-985-9155 or 971-440-5729
- Email-communications center, managers, supervisory staff



The local Metro West operational team is closely supported by the rest of our team including our executive Family of Companies leadership at corporate headquarters in Hillsboro, Oregon.

### Here are our various layers of oversight and support for our Vernonia operations:

- **Mike Sargent Vernonia Coordinator:** This Senior Paramedic position is tasked with oversight of new volunteer or employee orientation to Vernonia operations; field training of new EMTs and Paramedics to Vernonia; liaison with the Vernonia Volunteer Association; outreach to healthcare and EMS partners in Columbia County; oversight of Vernonia Operative IQ medical supply and durable medical equipment program; coordination of vehicle maintenance and repair; outreach to community events and organizations.
- **Curtis Bailey, Charlie Reynolds & Zachery Meadow Operations Supervisors:** Our three Operations Supervisors assist our Operations Managers on field operations including compliance and performance key performance indicators, crew performance and relationships; relationships with internal and external stakeholders, hospitals and other medical facilities; ensuring all crews have adequate equipment and supplies; they work with external customers regarding customer service issues or events; they oversee all on-duty crews from all our divisions. They also act as immediate contact for our EMS partners, hospitals, stakeholders and oversight regulators.

- **Brandon Klocko / Operations Manager-Field:** Brandon oversees day to day operations including internal communication between field staff and management, crew scheduling, payroll, special events coordination, critical care transport operations with our ICU level CCT team, our Vernonia operations performance, employee relations and well-being. He oversees all field crews including individual and team performance, compliance, internal and external stakeholder relationships and outreach to local healthcare establishments and EMS partners. He leads our Operations Supervisors providing oversight and direction. Brandon works closely with our Fleet Manager to ensure needed vehicle resources are available and with our Scheduling Supervisor to ensure crew resources are available. He also works closely with our Recruitment and Hiring Coordinator to ensure staffing levels meet needs.
- **Ben Maduell /Operations Manager- Communications Center & Logistics:** Ben oversees the Metro West Communications Center and relations with Columbia 911. He is responsible for implementing and supervising the deployment plan for Metro West Ambulance including ASA-7 Vernonia and any necessary modifications to that plan, as well as for compliance reporting. He oversees day to day operations including coordinating with our Vice President. Working closely with the Chief Information & HIPAA Compliance Officer, Ben develops various reports to regulatory agencies and EMS partners, develops integration plans with regional PSAPs and oversees our communications equipment and abilities. Ben oversees our Logistics including the ordering and distribution of disposable medical supplies and durable medical equipment logistics program Operative IQ including equipment maintenance. He oversees Communication Center staff scheduling and payroll. Ben also oversees employee performance and well-being with Brandon Klocko.
- **Shawn Wood / Director of Clinical Quality & Human Development:** Shawn works directly with the Operations Managers and Supervisors, providing oversight for QA/QI processes and the Field Training and Evaluation Program as well as clinical continuing education and other education/certification requirements of staff providing care. He oversees our medical charting system and charting performance in addition to overseeing our EMS Career Pathway program (EMT & Paramedic training programs), coordination of EMR programs, on-line education through Career Cert. He works with the Operations Managers and Medical Program Director to ensure that all staff continually meet all County, and State requirements. Shawn serves as an APCO EMD Instructor-Medical for Columbia & Washington County. Shawn is also a volunteer Paramedic & QI Coordinator in Columbia County for Mist-Birkenfeld Rural Fire Protection District. He has served in this position for three years.
- **Daniel Silic / Enterprise Fleet Manager:** Daniel oversees the fleet for the Metro West Ambulance Family of Companies including Vernonia. This includes the installation of all necessary equipment and supplies, ensuring compliance with County and State laws and regulations. He collaborates with the Operations team on oversight of the installation of bariatric equipment, power loaders, power gurneys, and radio systems, as well as vehicle decaling.
- **Jan Lee / Director of Business Development & Marketing:** Jan assists in developing and maintaining hospital and medical facility partnerships, as well as other public and private opportunities and partnerships. She oversees contract and business development including RFP processes. She leads and supports ongoing initiatives for community involvement and corporate volunteerism as well as overseeing marketing programs and materials. Jan serves as a part-time Paramedic on our Critical Care Transport team and is also a certified Community Paramedic.



- **Larry Boxman / Vice President:** Larry oversees strategies to enhance response and efficiency in our operations including Vernonia. Larry works closely with the Operations Managers, overseeing all of our operations. He is also involved in EMS partner relations, deployment plan performance, mutual aid agreements and other County wide objectives. Larry has long served as a volunteer Paramedic in Columbia County for Mist-Birkenfeld Rural Fire Protection District. He currently serves as the EMS Division Chief, firefighter, paramedic, rescue technician. He previously served as the President of the Board of Directors.
- **Krista Cuthbert / Director of Revenue Cycles:** Krista is responsible for all invoices and billing and reimbursements for Metro West Ambulance. This includes reconciliation of month-end reporting and financials. Krista is also our resident Medicare regulatory and compliance specialist and is the current Chairperson for the American Ambulance Association Medicare Regulatory Committee.
- **Gene Frye / Chief Information & HIPAA Compliance Officer:** Gene is responsible for developing and managing technology systems including the design, overall development and delivery of cost-efficient high-performance solutions to meet the challenging business demands of EMS services. He is directly involved in CAD integration and performance and will oversee interoperability of our GPS/AVL system with Columbia County 911. Gene oversees purchase and placement of Windows 10 tablets (as Mobile Data Terminals), crew cellphones, the purchase and placement of field tablet computers for charting and the installation and integration of the electronic charting program. He also designs transportation databases, manages EDI for Medicare, Medicaid and third-party billing agencies; serves as our HIPAA Compliance officer for privacy and security; maintains our critical multi-state networks.
- **Don Clark / CFO:** Don provides oversight for all financial aspects of the Columbia County contract and for the financial stability of the Metro West Ambulance (including Vernonia) Family of Companies, including budget and expenditures. He specializes in accounting and financial management, business process engineering and business systems implementation.
- **Shawn Baird / CEO:** With the President, Shawn will provide corporate oversight for contract requirements as well as ongoing performance and compliance. He will be directly involved in County, State, and federal relationships related to the Columbia County contract, including with EMS stakeholders and all other oversight and governmental entities.
- **JD Fuiten / President and Owner:** JD provides corporate oversight for the implementation of contract requirements, ongoing performance and compliance, contract budgeting, and all major expenditures, including capital equipment and facilities.



- **Dr. Matt McCoy, EMS Supervising Physician (Medical Director):** As the EMS Supervising Physician for Metro West inclusive of Vernonia, Dr. McCoy provides medical supervision for our emergency medical providers and advanced clinical direction to the emergency medical services (EMS) system. He is responsible for planning and administering uniform standards of emergency care programs; participating in our quality improvement processes and Just Culture; implementing and assisting in the development of emergency medical services protocols, policies, procedures, and business practices; evaluates goals, objectives, priorities, and activities to improve performance and outcomes; recommends and establishes administrative controls and improvements; develops procedures to implement new and/or changing regulatory requirements.



## Field Personnel -Clinical Credentials, Training

*This section describes how the personnel who make up every ambulance crew will be appropriately certified by the State of Oregon. We attest that each ambulance will be staffed with the appropriate personnel for level of service and properly credentialed with oversight from our EMS Supervising Physician (Medical Director). We have included an overview of our requirements for training and continuing education.*

Our process to ensure proper certification and credentialing starts in the hiring sequence, where all ambulance personnel undergo extensive credentialing and verification, including criminal background checks, driving record verification, valid driver's license, vehicle insurance eligibility, drug/ETOH testing, verification of state and/or national certification/licensure or eligibility to obtain Oregon State certification at their provider level. ( <https://oregon.imagetrendlicense.com/lms/public/portal#/lookup> ) Additionally, proof of completion for required courses such as ACLS, PHTLS, EPC, CPR, and others is required depending on provider certification level. All new employees must complete a 40 hour orientation and then complete their respective field training rotations.

All ambulance crew members must be licensed/certified by the State of Oregon-Oregon Health Authority. While employed (including our paid volunteer staff) at Metro West Ambulance, all providers must maintain their licensure and complete recertification requirements outlined in OAR 265 Emergency Medical Providers.

( [https://oregon.public.law/rules/oar\\_chapter\\_333\\_division\\_265](https://oregon.public.law/rules/oar_chapter_333_division_265) ) (Administrative Rules 333-265-015 through 333-265-045 and ORS 682.204 through 682.265. )

Mandated initial certification and annual recertification includes:

- Airborne and Bloodborne Pathogens
- Hazmat First responder Awareness (FRA) Level I
- Ambulance Emergency Vehicle Operators Course
- HIPAA for First Responders
- LGBTQIA+ Awareness
- Harassment and Workplace Diversity (EMS)
- Fraud, Waste & Abuse
- Cultural Responsiveness and Competency Training
- Code of Conduct-Business
- Lifting & Moving (EMS)
- Reporting Abuse, Neglect and Exploitation-Oregon
- Healthcare Compliance



When Covid-19 transformed the nature of training, we successfully introduced hybrid training courses from the NAEMT, American Heart Association (AHA), American Safety & Health Institute (ASHI), and other national organizations. We also offer comprehensive online training through Career Cert. Delivering online accredited virtual instruction accessible anytime, CareerCert provides instructor-led training, scenario-based learning, and self-paced continuing education where EMS, Fire, and medical professionals can complete certifications and continuing education conducive to personal schedules.

CareerCert delivers quality, standards-driven continuing education documented to lead to improvements in the quality of patient care. Developed by industry experts, thoroughly reviewed by a national medical advisory board, and validated by external accrediting bodies, including the Commission on Accreditation for Prehospital Continuing Education (CAPCE), the National Registry of Emergency Medical Technicians (NREMT) and the Non-Emergency Medical Transportation Accreditation Commission.



CareerCert courses are accepted in Oregon by the Oregon Health Authority EMS & Trauma System and nationally by the National Registry of Emergency Medical Technicians (NREMT) for all EMTs, Intermediates, Paramedics and Critical Care Paramedics, and by the Commission on Accreditation for Prehospital Continuing Education (CAPCE). Completed courses in CareerCert are reported to National Registry and logged into each crewmember's recertification profile. Local updates and training opportunities that stem from QI/QA findings or EMS Council recommendations, in-house courses can be added.

For local updates and training opportunities that stem from QI/QA findings or EMS ASA Committee recommendations, in-house courses can be added. Additionally, courses from the extensive library of classes can be selected to address and train crews in areas of deficiency. This has been proven to improve clinical outcomes. CareerCert offers a full range of tools and resources to help meet state and national requirements, including access to the latest webinars, training, medical articles, and industry best practices.

Metro West Ambulance currently provides CareerCert at no charge to all employees.

## Field Training-Qualifications/Status

*Our clinical field training officers support the on-going clinical development of our clinical staff. Here is an overview.*

Metro West Ambulance knows that once a new Paramedic or EMT (including our volunteer staff) completes preservice training, they must be ready to hit the street and function as a productive member of a two-person ambulance crew and appreciates that it is the company's responsibility to proactively fill in gaps in cognitive, psychomotor, and affective performance in order for new personnel to be immediately successful in the field. Field Training Officers (FTOs) at Metro West are charged with the initial and ongoing clinical development of staff, serving as preceptors and instructors to ensure professionalism and help fulfill the company's training needs. FTOs lead by example as primary field staff, fill the role of temporary supervisor as needed, and propel our operations to a high level of efficiency and effectiveness.

We take very seriously the educational and operational experience qualifications set for our clinical preceptors who are entrusted with the orientation, training and guidance of clinical personnel. Our FTO program is overseen and guided by our Director of Clinical Quality & Human Development Shawn Wood. In Vernonia specifically, our Vernonia Coordinator Mike Sargent oversees the Vernonia station and field training after Vernonia crews complete their initial orientation and training rotations.

Our Field Training Officers are required to be lead (Senior) Paramedics who meet all credentialing and certification requirements. They must have a superior knowledge of treatment protocols, company policies and procedures; possess excellent teaching ability, skills, communication, relationship building and teamwork skills; have the ability to adapt to challenging situations and events; and they must be recommended by their direct supervisor for this position and approved by their manager and EMS Supervising Physician.

Our Field Training Officers (FTOs) are trained in the EMS Field Training and Evaluation Program, better known as FTEP. This is a structured program customized for EMS that provides the foundation for our FTO's and prepares them to train and evaluate new employees into our operations and evaluate those working to attain a higher position. FTEP has been successfully used for decades across the Metro West Ambulance Family of Companies. FTEP is designed and assembled to give both the employee and the company the greatest possible chance of success by providing a framework that assures employees understand, develop, and can demonstrate those clinical skills and behaviors that we consider essential. Our FTOs are trained on the structure, tools, techniques, and concepts of FTEP and learn the principles of adult learning, coaching, evaluation, giving feedback, and documenting trainee performance. FTEP meets the validity requirements of the Equal Employment Opportunity Commission (EEOC standard 1607.2 and .5(a)).



## Diversity Awareness Training & Involvement Plan

*The following is information about our internal diversity awareness and involvement plan.*

The Metro West Ambulance Family of Companies prides itself on working to build a diverse workforce in every operation that reflects each community served and that understands the importance of diversity, equity, and inclusion in EMS. Service levels that are equal and culturally sensitive are as important as understanding that diversity doesn't just refer to race and gender, but also includes categories such as age, sexual orientation, gender fluidity, religion, military service, and disability. By addressing diversity and promoting inclusivity through training, policies, procedures, and company culture, we encourage equitable care and improve the overall health of all patients in all Longview populations.

We know how important it is for all of our crews to be aware of and respect the various cultures and beliefs that affect the medical decisions of patients and their loved ones. Diversity Awareness Training plays a crucial role in shaping patient care outcomes by educating personnel on racial and ethnic disparities in activating and receiving EMS care. Our crews learn that socioeconomic barriers do exist and are taught how to navigate them; they come to understand that marginalized groups can be found in every community and that we must have an increased awareness in how to help them with EMS services.

The main avenue for Diversity Awareness training is through CareerCert, an online, accredited, instructor-led program that offers scenario-based training as well as a self-paced continuing education website. The Harassment and Workplace Diversity for EMS course at CareerCert is mandated for all of our employees as part of the overall Training Plan. Diversity training must be updated on an annual basis.



The Metro West employee manual includes Policy #201 Non-Discrimination and Equal Employment Opportunity Policy, which is reviewed during orientation. This policy addresses equal employment rights and requirements and documents the company's affirmative action plan, along with measures for compliance with guidelines on Religion and National Origin and on Disabled and Vietnam Veterans. This policy can be found in **Tab 5 Attachments**.

The Metro West Ambulance Family of Companies has an Equity Advisor to ensure that all operations, including Vernonia, meet the highest standards for diversity and remain compliant with all diversity requirements. Hector Hinojosa was a co-founder of Centro Cultural, the Virginia Garcia Memorial Health Center, and Salud de la Familia, all longstanding culturally sensitive organizations in Washington County that have helped countless Latinos and others. A lifelong advocate for social justice, he is a recognized and respected voice for the Latino community in Oregon and has multiple ties to Washington State. Hector has guided us in developing more outreach programs including promoting educational opportunities at our company to become an EMT, Paramedic, or allied health field professional to youth and young adults, with a focus on the Latino community.



## Dispatch & Communications & PSAP

*The following narrative describes our partnership with our PSAP; our communication center and role we play in ASA 7; overview of our radio system and GPS/AVL*



We have worked closely with Columbia 911 since we started serving ASA 7-Vernonia. Columbia 911 serves as our primary PSAP and dispatch center to our Metro West Ambulance Vernonia operations. In addition, we have a secondary system with our Metro West Communication Center located in our corporate headquarters in Hillsboro, Washington County. Our staff of emergency medical dispatch, EMD-certified, personnel work closely with Columbia County's PSAP to ensure EMS response and coverage for this area. Columbia 911 provides the call taking, triaging, pre-arrival instructions, unit dispatching, and deployment/redeployment services. Our center helps them by coordinating coverage move ups with our Washington County ALS ambulances or through mutual aid agreements with Banks Fire, Mist-Birkenfeld Fire or Medix Ambulance. Coverage may also include activation of the Vernonia Volunteer Ambulance Association members or Vernonia Fire EMS personnel.

(Note: Our Metro West CAD is integrated with Medix Ambulance CAD, as they are a sister company to us.)

Equipment needed in each ambulance extends beyond medications and clinical equipment to include our ability to communicate with our PSAP, our own Communication Center, our crews, and our co-responders. EMS communications capabilities must be uninterrupted to ensure that every message is received and understood.

In Columbia County, we operate with a radio system that mirrors other agencies which is the Kenwood VHF band analog conventional radio system. Our radio system includes the Kenwood ND 5700K mobile radios and the Kenwood TK2170 portable radios. All radios are capable of multiple channels and are programmed to communicate with PSAP, neighboring agencies, including fire and law enforcement. All radios are public safety grade devices. All of our radios are programmed with the frequencies in use that are publicly available via FCC licensing records.



In addition to County radio channels, we also have our own Communication Center programmed into our radios for direct communication with them. Together this allows us direct radio access to our 911 center, our own Communication Center, our fire and police partners.

As we are a transporting agency, we also have Motorola APX 6500 700/800 MHz mobile and handheld portable radios allowing us to communicate with receiving hospitals, trauma communications at Medical Resource Hospital and with neighboring PSAPs, mutual aid and EMS agencies outside of the County. We use the Washington County (WCN) 700/800 MHz radio systems radio for interoperability.

Redundancy is important in our communications ability. All of our units have Windows 10 tablets that are fixed in each of our units acting as an MDT. Each of our ambulances also have GPS/AVL transponders. We will be coordinating integration of these units with Columbia 911 to ensure compatibility with their dispatch software by July 2025.

## Service Delivery Model

The following is a description of our Service Delivery Model and our plans for Emergency, Non-Emergency and Interfacility Transfers (IFTs).



EMS has evolved into a multifaceted medical care delivery system with multiple delivery models catering to geographic and demographic needs - each part integral to the whole and serving a specific role. The three most common types of EMS service delivery models are:

- Private: Private companies are contracted by local governments to provide prehospital services.
- Municipal-based: This includes fire service EMS.
- Health system or hospital-based: This model is based out of hospitals.



Metro West Ambulance is a private company currently contracted to provide emergency ambulance services to the citizens of the Columbia County ASA-7 Vernonia Area. We are part of the greater EMS system in Columbia County that provides emergent services in order to improve the quality of care given and to reduce death and disability.



In ASA-7 we provide 24 hour ALS level ambulance services 365 days a year. Our ALS units are staffed with a paramedic and an EMT on 24 hour shifts. When our first out ambulance is dispatched to a call, Columbia 911 immediately contacts our Communication Center for an ALS ambulance move up to Vernonia. If a second emergency call comes in at the same time or if an emergency call results in multiple patients, we will move ALS units from Washington County into Columbia County to respond and/or cover. Our second out ambulance that is stationed in Vernonia may be staffed as needed with our paid volunteer staff from Vernonia Volunteer Ambulance Association which includes Paramedics and EMTs and/or staffed by Vernonia Fire through our partnership.

Metro West Ambulance is the emergency ambulance provider for the Vernonia area. We are also the largest provider of non-emergency medical transportation (NEMT) and interfacility transfer medical transportation services (IFT) in the Portland Metro and surrounding region including services to our ASA in Columbia County.

We provide a variety of NEMT & IFT medical transportation services that include:

- BLS Ambulance
- ALS Ambulance
- ICU Level Critical Care Transport Ground Ambulance (with ICU RN/Paramedic/EMT teams)
- Secure Transport-EMT for behavioral health patients
- Wheelchair Medical Transportation
- Mobile Integrated Health -Paramedic- Hospital at Home programs (Advanced Community Paramedicine)
- BLS & ALS event standby medical teams

We currently provide these services across the Pacific NW and have staff licensed in both Oregon and Washington. We work with 25 hospitals and multiple health systems within our region along with multiple long term care facilities.



## System Design & Deployment Parameters

This section includes the following information:

- Our ambulance deployment plan that complies with all of the minimum requirements of this RFP.
- Locations of ambulances and number of vehicles to be deployed on a daily basis.
- Describe mechanisms to meet the demand for ambulance response during peak- demand periods or unexpected periods of unusually high call-volumes.
- Include a map identifying ambulance station location.
- Response-Time Performance-reporting response times.
- Mutual Aid Agreements with adjoining districts.

Centered on the Medical Priority Dispatch System (MPDS) call types and response determinants, the proposed plan complies with RFP requirements and is designed to meet ASA 7-Vernonia's system demands while ensuring the well-being and safety of our crews.

ASA 7-Vernonia serves the City of Vernonia and surrounding area. Vernonia has a population of approximately 2,374 citizens as of the 2020 census. This region has heavily forested, mountainous terrain and on occasion severe weather conditions including snow & ice. The response time requirements range from <15 minutes within Vernonia and south along Highway 47 with remainder of ASA response times ranging from 30-45 minutes or greater. All with a 90% compliance. Our area includes a popular state park, a state walking-biking trail, campgrounds, golf course, a small lake and other outdoor recreation.

Our plan includes one 24-hour ALS ambulance as primary first out. This unit is staffed with a senior/lead Paramedic and an EMT partner. Our second out on-site ambulance will be staffed as needed or available by paid, volunteer staff and/or by Vernonia Fire personnel. When our primary Vernonia ALS ambulance is out on a call, coverage by our ALS ambulances from Washington County will be used to provide ALS service to ASA-7 Vernonia.

Both of our main ambulances are stationed at our headquarters in Vernonia at 555 East Bridge Street. We are based out of the Vernonia Rural Fire Protection District station where we have two ambulance bays, medical supply/equipment area, crew sleeping and living quarters.



Our methodology for workload protection and measuring workload and fatigue, Metro West monitors crew UHU (Unit-Hour Utilization) in our communication center. Throughout the day, our emergency medical dispatchers track all of our unit UHUs through our CAD system. To ensure that that an individual crew is not overwhelmed during their shift they monitor UHU's. For Vernonia, if they see a crew approaching a UHU limit of .45 within the first 16 hours of their 24-hour shift, we will let the crew rest and replace them for the remainder of their shift with a fresh crew. If this occurs, our crew is paid for the entire shift.



If the 24-hour crews become fatigued from excessive call volume, or they had a serious call that has "impacted" the crew, they will be pulled from the system to rest. Again, we will send one of our Washington County ALS ambulances to finish out the remainder of their shift or fill with available crew resources.

We have a longstanding policy (# 511) that allows employees to go home with pay for the remainder of their shift. If appropriate, the employee will be referred to EAP or other interventional pathways. For our Policy #511 High Stress Call Policy, see **Tab 5 Attachments**.

If we experience unexpected periods of unusually high call-volumes or start to see a pattern of peak demand periods where we determine more resources are needed daily, we will initially send additional ALS ambulance(s) for coverage to Vernonia to ensure response time compliance. We will also analyze ambulance call data over a 20-week period which can provide valuable insights into our efficiency and effectiveness. Here are some key steps that we'll take when doing this:

1. We'll start with *Data Collection*:

- We'll gather data on all ambulance calls, including emergency and non-emergency responses, no-transport calls, and stand-bys that span a 20 week period.
- Ensure the data includes timestamps for call receipt, dispatch, arrival at the scene, departure from the scene, and arrival at the hospital.

2. We'll look at *Key Metrics*:

- Call Volume: Total number of calls per week.
- Response Time: Time from call receipt to arrival at the scene.
- Turnaround Time: Time from arrival at the scene to being available for the next call.
- Utilization Rate: Percentage of time ambulances are actively engaged in calls versus being available.

3. We'll use various *Analysis Techniques*:

- Trend Analysis: Identify patterns or trends in call volume and response times over the 20-week period.
- Peak Demand Analysis: Determine peak times and days for ambulance calls to optimize staffing and resource allocation.
- Geospatial Analysis: Map call locations to identify hotspots and areas with high demand.

4. We'll then complete a *Performance Evaluation*:

- Compare response times and utilization rates against industry benchmarks or standards.
- Evaluate the impact of any operational changes or interventions implemented during the analysis period.

5. As a team we will then Act:

- Summarize findings in a report with visual aids such as graphs and maps so everyone on the team understands our findings.
- Provide actionable recommendations for improving operations based on the analysis
- Move forward with recommended changes such as shift staffing, staff location, etc.





Our Response Time Performance is evaluated by our Operations Team which includes our Communication Center. We receive quarterly response reports from Columbia 911 that include total number of ASA Calls with call identifiers, date, problem, address, city, response area, map page, agency and response times. These reports are also sent to our company's ASA Advisory Committee member.

If we find that we are not in compliance, our team will immediately analyze any trends such as location of calls, time of day, barriers such as road conditions/traffic, initial crew location (in or out of station). We'll use a similar process like that of analyzing call data over a 20 week period. We will then make necessary changes.

We have included our ASA-7 Vernonia reports that we receive on a quarterly basis from Columbia 911. These reports are the last 2 quarters of 2023 and the first 2 quarters of 2024 (July-Sept 2023, Oct-Dec 2023, Jan-March 2024, April-June 2024).

Our analysis of these reports show the following:

- 3rd Qtr 2023-127 calls; 3 lates; 98% overall compliance
- 4th Qtr 2023- 102 call; 0 lates, 100% overall compliance
- 1st Qtr 2024- 85 calls; 1 late; 99% overall compliance
- 2nd Qtr 2024-114 calls; 0 lates; 100% compliance



For the last four quarters (year), we show an overall 99.25% compliance.

Our response reports from Columbia 911 can be found in **Tab 4 Attachments**.

As per the Columbia County Oregon Ambulance Service Area Plan, Metro West has signed Mutual Aid Agreements to render assistance whenever possible, upon request. We know that by having these agreements we are helping augment the emergency medical response within Columbia County and giving the best emergency services possible to the residents of our County. Metro West Ambulance-Vernonia currently has separate mutual aid agreements with Vernonia Rural Fire District, Mist-Birkenfeld Rural Fire Protection District, Banks Fire District #13-Washington County and Medix Ambulance-Clatsop County OR; Pacific County WA; Cowlitz County WA.

In addition, we have a mutual aid agreement from 2002 that is inclusive of all Fire/Medical Provider agencies in Columbia Country including Oregon Forestry. This Agreement was entered into for the purpose of securing to each, periodic emergency assistance for the protection of life and property. It was created by the Columbia County Department of Emergency Management under the guidance of John E. Clouse, Ambulance Service Area Administrator. Copies of our mutual aid agreements can be found in **Tab 4 Attachments**.



## FLEET AND EQUIPMENT

### Vehicles and Safety Features

*The following is a detailed description of our fleet, how it will be maintained, planned replacement schedule, budget, our fleet staff, our approach to driver safety training.*

Metro West Ambulance provides our crews with top-quality vehicles, driver safety training, monitoring, and remediation, comprehensive fleet safety programs, and specialized technology that meets and exceeds requirements for ongoing fleet maintenance, all of which are essential to excellent patient care and the continuing success of any high-performance EMS system. We are committed to providing first-class, rigorously maintained vehicles and equipment, consistent with the national standards level, by our ASE certified mechanics skilled and experienced with the stringent demands of emergency vehicles. They understand that the reliability and performance of our emergency vehicles during emergencies directly correlates with patient care and successful outcome.

Metro West Ambulance's preventative maintenance program is recognized as an industry leader-setting us apart from other providers.



Our highly credentialed fleet maintenance staff works in fully outfitted fleet shops and service centers, located in our main operation center in Hillsboro and in our Clackamas location.

Readiness is also of critical importance to our logistics strategy and overall safety ensured by providing:

- A state-of-the-art fleet of thoughtfully designed vehicles, experiencing fewer unscheduled downtime events and better reliability, resulting in superior system performance
- A preventative maintenance program that is an industry leader; ensuring dependable, quality, well-maintained vehicles to serve every patient (our preventative maintenance schedule can be located in **Tab 5 Attachments**)
- A fleet of ambulances in reserve, immediately available for service
- Well maintained primary and reserve equipment checked daily
- Ambulances stocked to specifications that allow crews to maintain safe operating levels throughout their shifts, with the ability for fleet and supply services to mobilize into the field if necessary
- Contracts for other equipment and DME supplies plus Driver Safety Training and Evaluation that ensures our crews are prepared.



We are currently equipped with factory dealership diagnostic tools for GMC, Ford, and Dodge-Ram to accurately and quickly diagnose any issue that should arise. We achieve this by employing diverse automotive experience, ASE certification and training and Medical Equipment training and certification. Should the need for outside repairs arise, we have partnered with local dealerships that can provide quality factory repairs at a moment's notice that meet our high standards. We cultivate strong relationships with our vendors to assure quality of service and take full responsibility to ensure our patients get the highest degree of service whether vehicles are serviced in-house or outsourced.



## Ambulances-Our Fleet

Vernonia is a hardworking community that deserves an ambulance fleet that is just as hardworking as they are. Our two primary units stationed in Vernonia are both ambulances built on Dodge Ram chassis. Cummins turbo diesel, 50 states emissions diesel engine with dual rear wheels and anti-lock brakes. These units are ready to work in all weather or geographic challenges. One of our two primary ambulances is also a four-wheel drive unit specifically designed to work in snow, ice and tough weather on a variety of road conditions to ensure we reach patients who need our care.

We truly have experienced long-term success with diesel engines helping us deliver exceptional customer service and stakeholder value, which is driving our preference for diesel fleet. All vehicles either meet or exceed all state and federal laws governing ambulances. Our fleet choice is based on reliability, total quality, comfort, and appearance. Our fleet is upgraded with energy savings LED lighting and equipped with additional features, such as Opticom and factory accident-avoidance package. You can find a list of two primary ambulances and the other Metro West Ambulance and Banks Fire Ambulance that will be providing second out response or area coverage in **Tab 4 Attachments**.



## Alternate Transportation- Bariatric Ambulances

We have two specialized bariatric ambulances we can activate out of Washington County to Vernonia for patients over 700 lbs.

Our Bariatric Ambulances and supplemental equipment will augment our Vernonia fleet of ambulances as needed. Our normal Vernonia ambulances are equipped to handle patients up to 700 lbs. With our Stryker PowerLOAD and Power Cot Systems in our units that are capable of automatically loading patients up to 700 lbs paired with the XPS Side rails to expand the patient surface areas, we can accommodate most of our bariatric patients. If our normal system as just described isn't enough, we are able to activate specialized bariatric units from our Washington County fleet.

These specialized bariatric ambulances are fully equipped and capable of transporting bariatric patients over 700 lbs. Our bariatric ambulances are equipped with a Stryker bariatric cot that is capable of handling patients up to 1,600 lbs. along with a ramp and winch system that can support patient, medical equipment, and the specialty bariatric cot along with other bariatric transport safety equipment such as the Evacuation EMS HoverJack® Device; HoverMatt® Air Transfer Mattress; and the Bariatric Transfer Sling.

The ramps are coupled with a floor mounted winch for patient loading. The specifically designed bariatric gurney includes gurney mounted handles used to help guide the patient and gurney into the ambulance. This gurney itself weighs approximately 100 lbs. but it is designed to hold a patient weighing up to 800 lbs. in an up position. If patient is over 800 lbs., this gurney in a down position can hold up to 1600 lbs. These gurneys allow us to transport larger patients safely and comfortably.

As part of the Family of Companies, Metro West Vernonia Ambulance ambulances are currently outfitted with the following major components- Stryker MX-Pro 6082 and Stryker Power-Pro 6500 gurneys and Stryker Power Load fastening systems.



## Ambulance Maintenance Practices

*The following are details of our vehicle modifications and maintenance practices specifically designed to increase vehicle service life and eliminate vehicle failures.*

The Metro West Ambulance Family of Companies, is an industry leader in preventative maintenance. See **Tab 5 Attachments** for our Preventative Maintenance Plan. We have pioneered best practices in the areas of innovative thinking and techniques across the private ambulance industry. We carefully study and learn, through education and experience, the value of making investments across various price points. For instance, the ambulance units we purchase are never "entry level" makes or models. We discovered that purchasing higher end, thoughtfully designed vehicles pays off in the long run, allowing us to achieve significant returns on our investment through fewer breakdowns and better reliability for our patients.

We strive to provide Original Equipment Manufacturer (OEM) parts rather than economy choice. This highlights our purchasing strategy to remain committed to OEM or greater specification and reflects directly on quality and therefore reliable customer service. This degree of commitment to producing outstanding results does require a strong financial commitment—one we have made to Vernonia.

### Our Team and Their Development

We recruit maintenance team members through multiple sources such as Automotive Recruiter, local Community Colleges, multiple online sources such as Indeed, and our Company recruiting webpage. We hire technicians with various backgrounds, ranging from general automotive repair to dealership-specific experience. Our technicians are divided into three groups based on experience, levels of relevant certifications they have, ability to serve, and length of service with the Metro West Ambulance Family of Companies.

- Level 1- is generally entry level or someone with basic automotive experience who is willing to grow and evolve with us.
- Level 2- is mid-level technician who is seasoned in automotive repair, can master our preventative care maintenance, and has ability to trouble shooting skill set and familiar with ambulance standards per NFPA and CAAS.
- Level 3- generally our lead technicians who are experienced with our company and are ASE and EVT Certified Master Ambulance Technicians.

Our training entails the company orientation followed by one-on-one training by our Fleet Manager and/or Senior Technicians; ASE Certification; EVT training and Certification; Medical Equipment Training and Repair Certification. Our fleet repair acumen is derived through hands-on experience, in-person training, relevant literature, testing, and an evolving career path within our company. Our Technicians' Growth and Development Program clearly paves a rewarding career path while offering a competitive salary.



**Our Process:****Evaluating Components and Scheduling PMs:**

Routine wear components, such as tires, batteries, brakes, suspension, and belts are chosen through extensive research of quality and durability based on our usage. We partner with our suppliers who help us understand life trajectory of the parts we use to leap ahead of component failure and ensure we are using the best components for our operating conditions. We celebrate a culture of 360-Degree Customer view, in which we take in as much information as possible from not only our suppliers and technicians, but from the crews that operate the vehicles day-in and day-out-our customers. In the event of fleet performance concerns, we devote appropriate attention to screening and root cause analysis to identify a clear path to resolution. For example, if there is an operational issue, we analyze the conditions under which it occurred, and promptly set an action plan to correct it. Also, if we need to adjust current PM schedules, or create a new schedule, it is done so to prevent any further unscheduled failures. We believe that agile continuous improvement in our Fleet Maintenance Plan drives a remarkable level of control over vehicles failure in field.

We celebrate a culture of 360-Degree Customer View, in which we take in as much information as possible from not only our suppliers and technicians, but from the crews that operate the vehicles day-in and day-out.

**Maintenance Request Reporting:**

In an effort to expedite and make maintenance requests more time efficient, maintenance concerns are initially generated by the crew member via an email or phone call to the on-duty supervisor for initial screening. Post screening, the supervisor involves the appropriate party via our communication portal - in an email to MWAServiceCenter@metrowest.us.com that reaches the Fleet Manager as well as every member of the maintenance repair team.



When the requested work is completed, appropriate parties at stake are notified in reverse order and vehicle's status is updated from out of service (OOS) condition to an in service (IS). Our commitment to digital communication has delivered traceable quality communication while minimizing downtime.

Scheduled maintenance is led by our Fleet Manager and all teammates in our various shops with a goal of delivering exceptional preventative care with minimal disruption to business schedule. FleetWise software- is used to manage maintenance and inspections. For our preventative maintenance schedule for our ambulance fleet, see **Tab 5 Attachments**.

**Quality Assurance:**

Our rigorous fleet maintenance schedules show a continuous quality improvement process that sets a high bar. Our Fleet Manager oversees the shop facilities and is responsible for hiring talent, selecting outside vendors, and evaluating quality of repairs. The Fleet Manager immediately reviews any returns, breakdowns, tow-ins, or critical failures. Following a thorough inspection, it is decided whether it was an isolated incident, or if further improvements need to be made, up to and including modifying a PM schedule to preempt a potential future failure.



This is an example of a look at how we track our fleet by VIN, tags, or asset numbers and know if they are active, in or out of area, or decommissioned. It also identifies where the unit is and which company it is assigned to.

UNIT ID	ACTIVE	UNIT STATUS CODE	VIN NUMBER	TAG NUMBER	ASSET NUMBER	MANUFACTURER CODE	MODEL CODE	MODEL YEAR	DEPARTMENT CODE	LOCATION CODE
346	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4JG124007	938KGG	346	RAM	3500	2017	METRO WEST AMBULANCE	HILLSBORO
347	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4JG124002	187KJH	347	RAM	3500	2018	CASCADE AMBULANCE	FERNDALE
348	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL5JG124963	156KJL	348	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
349	<input checked="" type="checkbox"/>	ACTIVE	1FDUF4HT84E34231	1802868	349	FORD	F450	2017	METRO WEST AMBULANCE (BANKS)	HILLSBORO
350	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	1FMDU3E1U0C75045			FORD	EXPLORER	1997	MEDX WHEELCHAIR DEPT	WARRENTON
361	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	1FDUE30F7W4A28628		361	FORD	E-350	1997	MEDIX AMBULANCE	ASTORIA
352	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	1FDKE30F68H466536		352	FORD	E-350	1993	MEDIX AMBULANCE	WARRENTON
353	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL1JG124001	047KJH	353	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
354	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	WDXPF34C399429322	1805776	354	DODGE	SPRINTER	2009	MID VALLEY AMBULANCE	EUGENE
355	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL3JG331416	082LAB	355	RAM	3500	2018	PACIFIC WEST AMBULANCE	NEWPORT
356	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL5JG331417	125MPT	356	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
357	<input checked="" type="checkbox"/>	ACTIVE	10B302CLAE1180453	130LEC	357	CHEVROLET	G3500	2014	METRO WEST AMBULANCE	HILLSBORO
358	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	10B30RCL2G1335348	1610388	358	GMC	G3500	2016	UMPGVA VALLEY AMBULANCE	ROSEBURG
359	<input checked="" type="checkbox"/>	ACTIVE	1FDWE30F81H466679	1810370	359	FORD	E-350	2000	METRO WEST AMBULANCE	CLACKAMAS
360	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4K0571303	169LGR	360	RAM	3500	2019	AMBULANCE	HILLSBORO
361	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	3C7WRTBL5K0571304	581LRL	361	RAM	3500 4X4	2019	AMBULANCE	WARRENTON
362	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WD1PDS44158780758	1592215	362	FREIGHTLINER	SPRINTER	2005	AMBULANCE	WOODBURN
363	<input checked="" type="checkbox"/>	ACTIVE	WDAPF3CG9F9609127	1825623	363	MERCEDES	SPRINTER	2015	AMBULANCE	WOODBURN
364	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WDAPF7CD9GP182402	159909	364	MERCEDES	SPRINTER 2500 SERIES	2016	AMBULANCE	WOODBURN
366	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WDJPF7CC2E5480324	1595715	366	MERCEDES	SPRINTER 2500 SERIES	2014	METRO WEST AMBULANCE	CLACKAMAS
366	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WDJPD044455756041	1537028	366	DODGE	SPRINTER	2005	AMBULANCE	WOODBURN
367	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WDJPD444455756042	1537028	367	DODGE	SPRINTER	2005	AMBULANCE	WOODBURN
368	<input checked="" type="checkbox"/>	ACTIVE	1FDVYF36F02EC51267	1599045	368	FORD	F350	2002	METRO WEST AMBULANCE	CLACKAMAS
369	<input type="checkbox"/>	DECOMMISSIONED/SOLD	1FDNE30F05MB16108	781EJC	369	FORD	UNKNOWN	1995	AMBULANCE	WOODBURN
370	<input type="checkbox"/>	DECOMMISSIONED/SOLD	1GN0T133W872148372	032CNV	370	CHEVROLET	BLAZER	1997	AMBULANCE	WOODBURN
371	<input checked="" type="checkbox"/>	ACTIVE	3C7WR8BL4JG022299	825LGF	371	RAM	3500	2019	METRO WEST AMBULANCE	HILLSBORO



This is another type of report with individual fleet identification.

Unit Tables Repair Orders Employee Tables Fuel Tables Inventory Module Tire Module Tracker Module Safety Module Tool Tracker Master Tables Management Reports Utilities Help

Unit Master Repair Orders Fuel Tickets Inventory Employee Maintenance History Show Reminders

Unit Master Entry

New Edit Preview Change Unit ID - F5 Help

Criteria	UNIT ID	ACTIVE	UNIT STATUS CODE	VIN NUMBER	TAG NUMBER	ASSET NUMBER	MANUFACTURER
Sort Order	04-807	<input type="checkbox"/>	UNKNOWN	2FMZA55244BA51254	E024077	04-807	FORD
UNIT ID	05-801	<input type="checkbox"/>	UNKNOWN	1FOX45P05HB13429	E231981		FORD
Filter	05-802	<input type="checkbox"/>	UNKNOWN	1GRG5V1256F406248	E234354		GMC
NO FILTER	05-808	<input type="checkbox"/>	UNKNOWN	1FDWE35865HA24069	E242078		FORD
Type Search	07-803	<input type="checkbox"/>	UNKNOWN	1GBDV13157D129372	E234388		CHEVROLET
FIND FIRST	07-804	<input type="checkbox"/>	UNKNOWN	1GBDV131X7D131988			CHEVROLET
Max Records	07-805	<input type="checkbox"/>	UNKNOWN	1FDWE35L08D842037	E234399		FORD
100	07-806	<input type="checkbox"/>	UNKNOWN	1FDWE35L08D842038	E234398		FORD
	07-809	<input type="checkbox"/>	UNKNOWN	1GBE9V1247F415578	E242085		GMC
	08-810	<input type="checkbox"/>	UNKNOWN	1FD4E45828DB51376	E244122		FORD
	08-811	<input type="checkbox"/>	UNKNOWN	1FD4E4554-2688DB51377	E244121		FORD
	09-812	<input type="checkbox"/>	UNKNOWN	1GBE9V1958F403588	E244133		CHEVROLET
	09-813	<input type="checkbox"/>	UNKNOWN	1FD4E4559DA12180	E244143		FORD
	09-814	<input type="checkbox"/>	UNKNOWN	4UZAB00T49CAM4709	E244149		FREIGHTLINER
	10	<input type="checkbox"/>	UNKNOWN	1FOX45FX2HB23552			FORD
	10-815	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	WD8PD144765840850	731CQV	10	DODGE
		<input type="checkbox"/>	UNKNOWN	1GB9G5A62A1107652	E249225		CHEVROLET

Record 1 of 100

### Fleet Replacement Strategy

Our goal is to remount/replace ambulances when they reach 250,000 miles. When we discuss our fleet replacement strategy, it is mostly done through the purchase of a new chassis, followed by in-house NFPA and CAAS standard remount program, New Module Build with New Chassis and used Ambulance purchases. Having a diverse replacement strategy enabled us to successfully cope with recent market shortages and still comply with a variety of local mileage jurisdiction, while our competition struggled in this front.

In our financials found in **Tab 4**, our budget for repairs is included in the line-item operating expenses.

Our Chassis commitment to the future emphasizes managing fossil fuel usage in effort to secure the future in many ways, so sustainability is our ongoing commitment.

Here is an example of our ability to track all of our units and their statuses from our FleetWise program that includes mileage. This helps us meet vehicle replacement requirements. Our program allows us to track and oversee our entire fleet from our various companies including Medix Ambulance.

View Edit Preview Change Unit ID - F5

UNIT ID	ACTIVE	UNIT STATUS CODE	VIN NUMBER	TAG NUMBER	ASSET NUMBER	MANUFACTURER CODE	MODEL CODE	MODEL YEAR	DEPARTMENT CODE	LOCATION/CO
346	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL3JG124982	167KLN	346	RAM	3500	2017	METRO WEST AMBULANCE	HILLSBORO
347	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL3JG124982	167KLN	347	RAM	3500	2016	CASCADES AMBULANCE	FERRIDALE
348	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL3JG124983	156KUL	348	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
349	<input checked="" type="checkbox"/>	ACTIVE	1FD0U4HFMHESM4231	T832588	349	FORD	F460	2012	METRO WEST AMBULANCE (BANK)	HILLSBORO
350	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FMDU34E1VUC75045			FORD	EXPLORER	1997	MEDIX WHEELCHAIR DEPT	WARRENTON
351	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FDUE3077M428928		351	FORD	E-350	1997	MEDIX AMBULANCE	ASTORIA
352	<input type="checkbox"/>	ACTIVE/OUT OF AREA	1FDKE30F8SHA66536		352	FORD	E-350	1995	MEDIX AMBULANCE	WARRENTON
353	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL3JG124981	047KLN	353	RAM	3500	2016	METRO WEST AMBULANCE	HILLSBORO
354	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	WDAPF3AC399429822	1006776	354	DODGE	SPRINTER	2009	AND VALLEY AMBULANCE	EUGENE
356	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL3JG331410	087LAB	356	RAM	3500	2018	PACIFIC WEST AMBULANCE	NEWPORT
356	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL3JG331417	125MPT	356	RAM	3500	2018	METRO WEST AMBULANCE	HILLSBORO
357	<input checked="" type="checkbox"/>	ACTIVE	108JG2GJLXK1188430	130L8C	357	CHEVROLET	G3500	2014	METRO WEST AMBULANCE	HILLSBORO
358	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	108JG3RCL201338348	1610386	358	GM	G3500	2016	LIMPOU VALLEY AMBULANCE	ROSEBURG
359	<input checked="" type="checkbox"/>	ACTIVE	1FD9E30F8YH460079	T810370	359	FORD	E-350	2009	METRO WEST AMBULANCE	CLACKAMAS
360	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL4K0571303	169LQY	360	RAM	3500	2019	AMBULANCE	HILLSBORO
361	<input checked="" type="checkbox"/>	ACTIVE/OUT OF AREA	3C7WR9BL4K0571304	801LFLJ	361	RAM	3500 4X4	2019	AMBULANCE	WARRENTON
362	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WD1FD044155768758	1592215	362	FREIGHTLINER	SPRINTER	2005	AMBULANCE	WOODBURN
363	<input checked="" type="checkbox"/>	ACTIVE	WDAPF30CP8900127	T825623	363	MERCEDES	SPRINTER	2018	AMBULANCE	WOODBURN
364	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WDAPF30D90P188402	159909	364	MERCEDES	SPRINTER 2500 SERIES	2016	AMBULANCE	WOODBURN
366	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WD3PE70C2E5893324	T886718	366	MERCEDES	SPRINTER 2500 SERIES	2014	METRO WEST AMBULANCE	CLACKAMAS
366	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WD2PD444655758041	1587628	366	DODGE	SPRINTER	2005	AMBULANCE	WOODBURN
367	<input type="checkbox"/>	DECOMMISSIONED/SOLD	WD2PD4443944687462	T886134	367	DODGE	UNKNOWN	2004	AMBULANCE	WOODBURN
368	<input checked="" type="checkbox"/>	ACTIVE	1FD0W36F0ZEC51267	1599045	368	FORD	F350	2002	METRO WEST AMBULANCE	CLACKAMAS
369	<input type="checkbox"/>	DECOMMISSIONED/SOLD	1FD9E30F8YH460079	181186	369	FORD	UNKNOWN	1999	AMBULANCE	WOODBURN
370	<input type="checkbox"/>	DECOMMISSIONED/SOLD	104ND113W6Y2146372	032 CARV	370	CHEVROLET	BLAZER	1997	AMBULANCE	WOODBURN
371	<input checked="" type="checkbox"/>	ACTIVE	3C7WR9BL4K0592288	825LUF	371	RAM	3500	2019	METRO WEST AMBULANCE	HILLSBORO





## Vehicles-Driver Safety Training



Attention to safety-for patients, crews, co-responders-is a core objective, and the source of continuing education curricula, practice, and skills updates. Among our safety commitments is our driver education, safety, and vehicle operations training. Upon-hire, crews receive initial and ongoing training in Emergency Vehicle Operations Course (EVOC) for ambulance personnel, including both online education and testing, along with in-person driving course instruction and evaluation. All new hires must successfully complete this course. After the initial course, all EMS crews must complete online annual refreshers. In addition to our formal course, new hires must successfully complete their field training rotation(s) with a Field Training Officer who evaluates and instructs on safe driving in emergent and non-emergent responses and situations; driving in various weather/adverse conditions; driving and responding in various traffic situations; safe approach and departure on emergency scenes; safe parking, plus multiple other topics.



We also provide classroom education and hands-on training focusing on winter/adverse weather driving and tire chain application, which has improved our crews' ability to navigate and operate in harsh conditions. Our spring and summer training focuses on backing and mirror-clip type driving incidents, as well as appropriate vehicle parking when posting to avoid starting fires in nearby shrubs and grass during hot summer months.



If a crew member is found to need remediation in safe driving, the remediation will include both classroom and driving course instruction, along with one-on-one evaluation and instruction with a Field Training Officer.

## Equipment & Medical Supplies

This section covers for you:

- *Logistical procedures that are employed to replenish our ambulances with disposable supplies, durable equipment, non-scheduled medications, and other necessary materials. Additionally, we'll explain the processes that will be implemented to ensure the ongoing maintenance and safety of all medical equipment.*
- *We'll elaborate on the strategies in place for the maintenance, repair, and replacement of capital equipment, such as cardiac monitor/defibrillators, stretchers, stair chairs, and similar items, in the event of malfunction or breakdown.*
- *We'll describe how we intend to uphold an inventory of medical equipment sufficient to accommodate replacements during repairs and periods of high demand within the system.*
- *We'll provide a description of the proposed policies and procedures, in accordance with Drug Enforcement Administration (DEA) requirements, governing the storage, inventory management, accountability, restocking, and procurement of any controlled drugs and substances intended for use by our crews as dictated by patient treatment protocols or other relevant policies (subject to final approval by the Medical Program Director).*
- *We'll also outline the Proposer's electronic health records system and elucidate how clinical data will be shared with the County for the purposes of clinical assessment and system quality improvement initiatives.*

Metro West Ambulance including Vernonia, currently use the Operative IQ system. This robust, user-friendly EMS Operations Management software that assists us in making informed, data-driven decisions to streamline our processes and improve operations. This system enables us to manage the overall flow of supplies and equipment throughout our operations. Maintenance schedules have been established for our durable assets to ensure they remain service ready. Operative IQ is an efficient and complete inventory tracking technology that provides support staff and leadership with the following features:

- Manages equipment needs and tracks expired medications.
- Manages supply inventory, fixed and mobile assets, and vehicles.
- Offers real-time information on our supply inventory for all locations.
- Facilitates our electronic record-keeping and barcode scanning, decreasing our inventory time, with automatic data uploads.



### Inventory Tracking

With Operative IQ, we track lot numbers and expiration dates for perishable items and establish par (max) and reorder points (min) for each supply room in to ensure product availability and reduce waste. We can also Cycle Count on-hand quantities periodically to establish accurate counts and document process compliance. For Field Level Inventory Management, the system allows us to manage inventory on vehicles, at stations or in clinics, to make certain that frontline personnel have needed items. This system also tracks expiring supplies and cost of expiring supplies, giving us insights into usage trends to adjust stock quantities to reduce waste. We can create reports that show current orders, backorders, and current inventory in each unit, in each stock room, and at each company or Fire partner, based on their ordering history.

### Daily Inspections

Our crews complete daily inspections of all durable equipment prior to shift start to ensure that the equipment functions properly. Inspections may include specific operational calibration checks (such as on our cardiac monitors or IV pumps or blood glucose meters), or physical checks (such as on our gurneys, oxygen system, suction devices, BP cuffs, etc.). If they find any equipment that is damaged, not in working order, or fails calibration checks, the equipment is immediately placed out of service and the on-duty Supervisor or Logistics personnel is notified for immediate replacement of the equipment.

Equipping crews with needed supplies for a complete 24-hour+ shift ensures that our crews remain in a ready state through their entire shift. Should the need arise for additional supplies, crews can submit supply requests from the field through Operative IQ software. Supervisors are notified and promptly replenish supplies to the crews.

To control the flow of inventory as it moves through our operation, Operative IQ facilitates checking received inventory against purchase orders and transferring stock between supply rooms to issue inventory to the field. This reduces on-hand quantities and triggers the next round of purchase orders. This system also allows us to transfer stock between our supply rooms and our various partners.



The Operative IQ system helps us maintain medical equipment and supplies to ensure sufficient backup to accommodate replacement and in times of excessive demand on our system. Operative IQ quickly creates purchase orders for all our suppliers based on our Par (max) and Reorder (min) points. We use role-based security and purchase approvals to manage who can order.

We submit purchase orders electronically to any supplier or leverage one of our integrated suppliers for an even more streamlined ordering process. The Metro West Family is a major national purchaser and supply-chain representatives from leading medical suppliers assist us with purchasing, researching new equipment and supplies, and assisting us to obtain the best pricing for these supplies and equipment.



### **Local Surplus**

We typically stock a sizable surplus of equipment and supplies at our Hillsboro and Clackamas offices. Our systems help us maintain ample medical equipment and supplies to ensure sufficient backup to accommodate replacement during repairs and in times of excessive demand. Our standard practice is to keep on-hand supplies and equipment for thirty days of usage.

### **Capital Equipment Maintenance**

Our proven, comprehensive system assures us that our equipment is well-maintained and repaired promptly. This includes, but is not limited to, cardiac monitoring equipment, ventilators, IV pumps, suction units, battery systems, radio systems, gurneys, power gurney loaders, oxygen systems, glucose monitoring, CO/SPO2 monitors, fire extinguishers, and security/rescue/immobilization equipment.

We will maintain a small cache of durable equipment in addition to quantities required for ambulance stocking. This will ensure sufficient equipment on-hand in the event of maintenance, repair, or replacement in the unlikely event of failure. See **Tab 5 Attachments** for Policy #604: Durable Medical Equipment, which outlines fundamental expectations regarding equipment maintenance. Policy 604 includes, but is not limited to, cardiac monitor-defibrillators, in-vehicle and portable suction, ventilators, IV pumps, video laryngoscopy, gurneys, power gurney loads, stair chair, battery systems, oxygen systems including oxygen cylinders and regulators, glucose monitors, EZ-IO devices, blood pressure cuffs, stethoscopes, traction devices, KEDs, pelvic splints, scoop stretchers, and backboards.

## Calibration and Maintenance of Equipment

In addition to daily maintenance checks, various durable items undergo annual calibration and maintenance checks by certified technicians representing either the manufacturer of that piece of equipment or certified to repair and maintain a piece of equipment. The following is a list of our durable equipment and who will be assisting us in calibration and maintenance:

- **Stryker PowerPRO XT gurneys**, Stryker Power-LOAD Cot Fastener Systems and Stryker stair chairs preventive maintenance records are maintained by Stryker service technicians, or our technicians trained by Stryker. We work closely with Stryker representatives for installation, maintenance, troubleshooting, and crew training.
- **Stryker LIFEPAK 15 Monitor-Defibrillators** will be maintained/calibrated/repared through Stryker service technicians and also through Enerspect Medical Solutions based in Ridgefield, Washington.
- **Glidescope Video Laryngoscopes** will be maintained by our staff in conjunction with manufacturer or Enerspect Medical Solutions.
- **IV pumps** will be maintained by Enerspect or the various manufacturers including Baxter, which has an online Technical Service Portal that connects to local biomedical repair and maintenance facilities.



An established local provider of this service maintains oxygen tanks and oxygen systems. Maintenance of other items, such as our suction devices, BP cuffs, glucometers, EZ-IO drills, traction devices, various immobilization devices (such as backboards) will be completed by our staff and documented. Batteries for our power gurneys, portable radios, and heart monitor-defibrillators are dated when placed in service and monitored for replacement when incapable of holding a full charge. Equipment with internal batteries is monitored closely and checked during annual calibration and maintenance.

Our service contracts and agreements vary. Our budget for repairs are included in our operating expenses. Our main maintenance providers outside of the manufacturer include:

### Travis Potter MS EMT-P

ZOLL Monitor & AED OR/AK  
360-298-4664 cell  
[travis.potter@zoll.com](mailto:travis.potter@zoll.com)

### Jon Cole CBET

Enerspect Medical Solutions  
IV Pumps, Ventilators, Cardiac Monitors  
& Defibrillators  
360-901-1648  
[Jon.cole@enerspect.com](mailto:Jon.cole@enerspect.com)

### Warner Edwards, Account Manager

South King Emergency Care  
Stryker  
503-704-7184  
[warner.edwards@stryker.com](mailto:warner.edwards@stryker.com)



## Controlled Drugs & Substances

We have policies that govern storage, inventory, accountability, re-stocking, procurement, the administration and discard of controlled drugs and substances.

This program is overseen by our Operations Managers in conjunction with our EMS Supervising Physician. We have moved to a narcotics management system that allows us to definitively track controlled medications from the time they arrive until they are administered to a patient.

Designed for emergency vehicles, our NarcBox™ and NarcBox™ HQ system exceeds DEA requirements for out-of-pharmacy narcotic storage. Made with aircraft-grade aluminum, each features a hi-resolution resistive touch display for PIN entry as well as an RFID key card entry system. The NarcBox reporting and management system is completely cloud based, enabling any of our supervisors or administrators to download or run reports, view access logs throughout our EMS system, add or delete medics, or reset PINS from any internet enabled device, at anytime, anywhere. No paperwork, no potential loss of drug use forms. It is an industry-leading mobile reporting and peace of mind.



Our secure platform empowers administrators to:

- Customize access protocols for all NarcBox™ devices
- Set permissions between admins, employees, and medics
- Configure group access within larger organizations
- Create and export event, usage/waste, and inventory logs for DEA-compliant reporting
- Know the location of all medications in our organization with RFID Vial Tracking

When a 222 DEA Order Form is completed and signed by our EMS Supervising Physician, it is submitted to the vendor. When narcotics arrive, all vials are labeled with RFID Vial tracking labels. The vials are then scanned into NarcBox™ HQ with lot and expiration dates. When distributed to various stations or ambulances, the narcotics are scanned into the narcotic boxes in each station or ambulance, sending transfer information to the system. All information is uploaded onto the server. When a crew administers this medication, it is scanned out and information, including dosing and medication disposal, call identifier is documented into the system.

All NarcBox™ entry events are time, date, and medic stamped and transmitted instantly to a secure server. Additional entry and usage information, such as medications administered and a dispatch or ePCR assigned call number, can be assigned to every access as well. The NarcBox™ also reports temperature and notifies all administrators/supervisors when the narcotics are outside specified temperature ranges. The shift-change and automatic reporting features (based on 12-, 24-, or 48-hour shifts) allow all administrators or supervisors to receive customized automatic emailed reports by station, vehicle, medic, or specific NarcBox™ that corresponds to each departments shift change schedule. This system provides total visibility of controlled drugs and substances across our entire organization.

## BILLING AND ACCOUNTS RECEIVABLE PROGRAM SUPPORT

*In this section we'll describe the methods and process for billing and collection of patient fees.*

Metro West Ambulance and our Family of Companies employees have years of experience navigating the complexities of Medicare and Medicaid ambulance billing, as well as a remarkable grasp of day-to-day billing and receivables management for insured patients and private paying customers. We know that care doesn't end once the patient is transported to the hospital or taken home. That is why we continue our commitment to caring for those we serve, from the beginning of the call to final completion of payment and insurance submission.

Incorporating years of learning in seminars and educational programs on Medicare reimbursement, as well as patient privacy issues relating to HIPAA, our policies are contemporary, tested, and serve the customer and our obligation to fund our mission. Billing operations are managed and operated by our companies—not outsourced to a disinterested third party. We manage our billing operations for Vernonia. Compassionate, responsible, effective billing practices are a significant quality measure and a driver of high customer satisfaction levels. We watch this closely.

The citizens we currently serve have benefited greatly from the skill and expertise of our billing departments. This maximizes revenue from ambulance operations, which allows us to keep our base rates as low as possible. These skills also factor into the base rate included as part of this bid. We know that healthcare can be costly, so we are very mindful to keep our rates affordable and to diligently collect from various insurers to decrease out of pocket costs. Superior programs addressing indigent patient write-offs are in our service policy.



From the beginning, we have approached patient care as a complete process, integrating response, care, customer service, and reimbursement. Our commitment is to continue to care for patients after the call.

As a company we are informed in modern accounts receivable management. We are well versed in data collections, medical auditing, and reimbursement practices, while also focused on customer service and sensitive to the special needs of our patients.

We are also judicious. Our Customer Reimbursement Specialists can override automated decisions to best address individual customer's payment issues. We are methodical and organized. We offer customers the benefit of a nationally recognized EMS billing and collections software application, RescueNet Billing. Our efficient data processing includes numerous built-in failsafe features for accurate and timely reporting and billing. We are diligent. We will maximize third-party collections, offering continuous follow-up and quick resolution on all accounts.

We have representatives available to assist with billing information, insurance reimbursements, medical chart requests, and other questions our patients or responsible parties may ask. We back that up with our Family of Companies Billing and Accounts Receivable management and specialists accessible to every area we serve.

### Fully Integrated Accounts Receivable Software

Metro West uses the ZOLL Data Systems RescueNet Suite, which provides a compatible set of products that fully integrates charting and computer billing systems with our CAD (computer aided dispatch) system. This seamless integration allows information collected by call-takers and dispatchers to be immediately available to accounts receivable personnel, eliminating time consuming and error-prone duplicate data entry. We have an integrated ePCR system that will allow the exchange of electronic data from the time of dispatch, to charting to billing. This state-of-the-art system provides data security and ensures compliance with HIPAA standards.

The RescueNet system offers accurate, automated, and nationally respected systems proven to minimize out-of-pocket costs for patients, while exhausting all possible recovery from patients' third-party payer sources. The RescueNet Billing System also facilitates electronic Medicare claims filing.



**RescueNet**

The RescueNet Billing System supports our efforts to remain up to date with dynamic Medicare reimbursement reform. Each time a new, required reimbursement practice is announced by the federal or state government, the highly flexible RescueNet Billing System allows the information technologies director or the offsite system software designers to immediately make required changes to the software. With the RescueNet Billing System, we can easily provide, if so desired, more than 100 fast, flexible, standard reports, as well as custom-designed reports.

*The current Medicare Regulatory Chair for the American Ambulance Association is one of our own directors, Krista Cuthbert. Krista helps guide Metro West & all our companies regarding Medicare compliance.*

### Billing is an essential component of patient care.

We approach patient care as a complete process. Our care starts the moment we receive a call and doesn't end until all billing is finalized. An efficient medical billing process is one of the unsung but important factors for EMS prehospital providers.

We will maintain billing and accounts receivable information and will provide, within ninety (90) days after the end of our fiscal year, data that will clearly identify collection rates and our compliance with our rate structure.

We are experienced and we're knowledgeable. We're proud of the job our team performs, and we work hard every day to ensure our care is continuous from the moment of need until all of the billing is complete. Our company will never attempt to collect fees for services rendered at the scene, enroute, or upon delivery of the patient to a health facility.

Our staff have experience, and they are experts at data collections, medical auditing, and reimbursement practices, while also being customer-service oriented and sensitive to the special needs of our patients.

## Internal Patient Billing

Metro West Ambulance has always approached patient care as a complete process, integrating ambulance response, patient care, customer service, and reimbursement. We know that care delivery doesn't end once the patient is turned over at the hospital or returns home, and Columbia County can count on a concrete commitment to continue to care for patients after the call. Our Family of Companies has the background and expertise necessary to perform billing internally for optimal efficiency and is proud to be able to offer our ASA this level of customer service.

Billing operations are managed and operated by the service provider, us, and not outsourced to a disinterested third party, allowing for direct oversight and immediate troubleshooting, ensuring uninterrupted performance from the beginning of a call through final completion of payment and insurance submission. Internal billing will allow for the override of automated decisions to address individual customer issues in a more timely and productive manner.



Compassionate, responsible, and effective billing practices are a significant quality measure and a driver of high customer satisfaction levels. Incorporating years of learning in seminars and educational programs on Medicare reimbursement, as well as patient privacy issues relating to HIPAA, our billing policies are contemporary, assessed, and serve the customer while meeting the company's obligation to fund its mission. We appreciate that healthcare can be costly and is mindful to keep rates affordable while working hard to collect from various insurers to reduce out-of-pocket costs. Superior programs addressing indigent patient write-offs are standard policy.

The billing and revenue cycle employees supporting us have decades of experience in the complexities of Medicare and Medicaid ambulance billing as well as a remarkable grasp of day-to-day billing and receivables management for both insured patients and private-paying customers. Billing talent maximizes revenue from ambulance operations, which allows our company to hold base rates as low as possible, including the competitive base rates offered to Vernonia and our region.

Throughout the contract period, Columbia County will directly benefit from the depth of reimbursement knowledge held by the Director of Revenue Cycles, Krista Cuthbert, current Medicare Regulatory Chair for the American Ambulance Association. Based at Medix, Krista helps guide all of our companies regarding Medicare compliance and will ensure maximum reimbursement for Columbia County patients.

Our billing and revenue cycle employees have years of experience in the complexities of Medicare and Medicaid ambulance billing as well as a remarkable grasp of the day-to-day billing and receivables management for insured patients and private paying customers. That is why we do this process internally. We are proud to bring our experience in this area to the Vernonia area. We will continue our commitment of caring for those we serve all the way from the beginning to final completion of payment and insurance submission.



## Medical Necessity Program

*Minimum: The Proposer will describe its program for the documentation of medical necessity in EMS transportation.*

We have a two-tier process to ensure compliance with Medicare and Medicaid. The first tier, an internal program, is a comprehensive plan in which a designated specialist monitors all aspects of the billing process to ensure compliance. It follows recommendations by the Office of the Inspector General and is our comprehensive strategy to ensure our business practices address all federal Medicare reimbursement billing requirements. This specialist uses feedback from daily reports to confirm proper coding and submission of claims.

If issues are detected, they are corrected, and feedback is provided to prevent the same issue on subsequent claims. The Billing Manager then reviews all claims using several software tools to determine that claims are ready for electronic submission. The Billing Manager also acts as a point of contact for timely resolution of issues in the event there is a discrepancy. These practices are combined with a quarterly review of all policies and procedures to provide an internal audit and ensure a high level of accuracy and compliance.

The next tier of the compliance and audit program is an external audit of our Medicare billing practices by Brian Werfel, Esq., a nationally respected Medicare ambulance billing expert. Brian Werfel performs an annual independent audit of all our billing policies and procedures and verifies compliance with current practices, as well as preparing Metro West for upcoming changes. Werfel & Werfel PLLC provide ongoing advice on federal compliance practices. Brian S. Werfel, Esq., a partner in Werfel & Werfel, PLLC, also serves as legal counsel for the American Ambulance Association. We regularly participate in Mr. Werfel's client group meetings, collectively sharing the best practices in EMS billing and collections and securing the compliance advice of a highly qualified attorney. In addition, we host an annual leadership event for all of our supervisory and management staff with Brian Werfel, Esq. This is a great opportunity to review best practices, upcoming changes and advice for our team. Our full Medicare Compliance Program is available in **Tab 5 Attachments**.

## Description of Charity or Compassionate Care Program

*We want to share our policies and procedures related to charity care, installment payments and other methods of dealing with patients that are uninsured or underinsured and may not be able to pay for services rendered.*

We know that not all of our patients will have the ability to pay their medical bills including those for emergency ambulance transportation due to no insurance at all or being underinsured. Many adults who report medical debt cite costs associated with emergency care (50%) and hospitalizations (35%) as sources of unpaid bills. At Metro West Ambulance and our Family of Companies, we have a charity care program—the Hardship Assistance Program.

To give you a small background in this, let's start with laws and statutes that affect EMS. The law requires emergency medical service providers to attempt to collect any unpaid portion of the annual Medicare Part B insurance deductible and the applicable co-insurance amount from the beneficiary. However, under certain circumstances, they allow us, the provider, to waive or reduce collection of these amounts. One circumstance is financial hardship of the beneficiary. If we were to attempt collection, knowing it would be inequitable and contrary to our good conscience to require payment, we offer a hardship reduction of the patient billing.

To ensure that we are not violating Federal Anti-Kickback Beneficiary Statutes, our billing staff objectively evaluates the financial ability of patients to make payments and make appropriate steps as to when a hardship reduction or waiver may be appropriate.

Write-offs, waivers of payments, installment payments and other discounts will be applied with reasonable evidence that supports a genuine financial hardship of the patient for services, including those who are uninsured or underinsured and may not be able to pay for the services they received in the following circumstances:

- If the patient is deceased and the patient representative advises that there is no estate, and we have made reasonable attempts to verify that there is not a creditor's claim or probate, in addition to a signed completed waiver of no assets, along with a copy of the death certificate.
- If the patient or the patient's representative advises us that the patient is suffering a financial hardship and is unable to make payments, we will conduct a hardship assessment by asking the patient to provide the following:
  1. Verification of current employment or unemployment status.
  2. A copy of tax returns or (W2 forms at least) for the previous (2) years.
  3. Additional information as to why the patient feels a financial hardship waiver should apply.

In addition to the provided information by the patient or the patient's representative, we utilize the HHS annual poverty guidelines as the basis for evaluation a hardship request, current guidelines can be found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2024-poverty-guidelines>.

This site gives the HHS Poverty Guidelines for 2024 that are used to determine financial eligibility for certain programs, and it gives computations for the 2024 Annual Update of the HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia.

To calculate total family income, the incomes of all related family members who live together are tallied to determine poverty status. If an individual or group of individuals (such as housemates) are not living with family members, their own individual income is compared with their individual poverty threshold. If total family income is less than the poverty threshold for that family, that family and everyone in it is in poverty. If equal or is greater than the poverty threshold, the family is not considered to be in poverty.

To determine the threshold, we calculate the total family income for the same year and compare it to the poverty threshold. If the income is greater than the threshold, they are considered not in poverty.

Our CEO, Shawn Baird, was appointed by the United States Secretaries of Transportation, Labor and Treasury to serve on the Ground Ambulance and Patient Billing Advisory Committee (GAPBAC), established by Congress under the No Surprises Act, which is intended to protect patients from unexpected out of pocket expenses. Shawn is representing the ground ambulance service provider and field personnel community on behalf of all ambulance providers in our county.



Metro West Ambulance is dedicated to providing the highest quality healthcare for the communities we serve, regardless of ability to pay. We recognize that the cost of healthcare including the emergency care we render can be an excessive financial burden for our uninsured or underinsured patients. As an illustration of our commitment, our CEO Shawn Baird serves on the Advisory Committee on Ground Ambulance and Patient Billing. He was appointed jointly by the United States Secretaries of Transportation, Labor and Treasury to advise Congress on ambulance payment areas. Shawn with his co-committee members are working on a solution for Congress.

### **Federal Programs (Medicare & Medicaid) and 3rd Party Payor Billing & Documentation**

*The following describes our program, methods, documentation guidelines, and implementation procedures. Proposers will also identify the firm's compliance officer and detail policies related to reporting and resolution of compliance issues.*

#### **Medicare, Medicaid and HIPAA Compliance**

The compliance and audit program for Metro West follows the recommendations by the Office of the Inspector General. [68 FR 14245; March 24, 2003.] Our Medicare compliance program will continue to ensure our business practices address all federal Medicare reimbursement billing requirements.

Overseeing our Medicare/Medicaid compliance for our Family of Companies inclusive of Medix is Krista Cuthbert. Our HIPAA Compliance Officer for our Family of companies is Gene Frye. We have policies in place that address reporting and resolution of compliance issues. Take a look at our Policy 915 from our Employee Manual that specifically addresses HIPAA. It can be found in **Tab 5 Attachments**.

Our Medicare compliance program reflects a comprehensive strategy that lets us ensure our business practices address all federal Medicare reimbursement billing requirements. Here are highlights of this program:

- Written policies and procedures designed to prevent the occurrence of fraud and abuse in its operations, along with a management structure to implement those safeguards
- Procedures for education of managers and employees on the laws and standards of compliance in the ambulance industry. Initial familiarization and education of compliance is accomplished in new employee orientation
- Procedures by which the company evaluates and measures the effectiveness of its compliance program
- Procedures by which the company will identify and promptly remedy compliance problems and issues. Procedures include ongoing education, enforcement, and disciplinary measures by the company to guarantee that employees understand and take seriously their obligations to maintain full compliance with all laws, rules, and regulations.



Metro West Ambulance and our Family of Companies also follows the American Ambulance Association's Medicare compliance manual for:

- Daily operations management of the business office to assure compliance to standards and procedures
- Daily management and organization review for compliance
- Ongoing employee education and training
- Employee review and screening of charts to guarantee billing practices for compliance
- Assuring compliance standards through education, enforcement, and disciplinary guidelines
- Internal monitoring and compliance audits by managers
- Compliance problem recognition program for identification, investigation, response, and correction
- Meeting all Medicare requirements for ambulance services
- Precise claim development and submission process procedure and oversight
- Documentation review of all charts
- Record retention and maintenance program
- Patient confidentiality and HIPAA compliance program



Our full Medicare Compliance Program can be found in **Tab 5 Attachments**.

## Human Resources-Personnel

*In this section we'll share treatment of our workers, work/life balance, wage/benefit level, career opportunities including our EMS Career Pathway.*

Designed to support a positive work-life balance, our shift duration plan ensures continuous coverage while allowing adequate rest and recovery between calls and shifts. We field one 24-hour ALS ambulance on-duty every day in Vernonia. Our second on-site is staffed as needed by our volunteer staff or VRFPD staff or combination. Additional units cover or respond out of Washington County where they work a variety of shifts from 8, 10 or 12 hours.

For Vernonia, in this 24-48 shift pattern, employees work a continuous 24-hour shift with 48 hours off-duty before the next shift cycle begins. Firefighters and emergency responders often follow this pattern to maintain operational readiness and effectively manage fatigue.

Our methodology for workload protection and measuring workload and fatigue, we monitor crew UHU (Unit-Hour Utilization) in our communication center. Throughout the day, our emergency medical dispatchers will track all unit UHUs through our CAD system. To ensure that that an individual crew is not overwhelmed during their shift, if they see a crew approaching their UHU limit (24-hour shift max UHU of 0.45 in the first 16 hours), Unit-Hour Equalization tactics will be applied to better distribute the work and permit the crew to rest the remainder of the shift. If the 24-hour crews become fatigued from excessive call volume, or a serious call that has "impacted" the crew, they will be pulled from the system to rest.

To effectively address potential fatigue and high stress matters, Metro West has a longstanding policy (# 511) that allows employees to go home with pay for the remainder of their shift. If appropriate, the employee will be referred to EAP or other interventional pathways. For our Policy #511 High Stress Call Policy, see **Tab 5 Attachments**. Lastly, crew quarters at our current station can accommodate our and 24-hour shifts with kitchen, living, and bedroom/sleeping areas.

Our employees earn market-driven competitive base compensation with a very attractive benefits package that includes medical and dental insurance, 401K with 5% matching, Health Savings Account, life insurance, Employee Assistance Program, gym reimbursement, and more. This also includes generous paid time off (PTO), 40 hours paid continuing education per year, no charge for nationally recognized training classes such as ACLS, PHTLS, CPR, PALS, and 30-day paid sabbatical starting at 15 years and then every 5 years after that.

We offer a variety of shifts and have a generous shift trade policy so that crews can attend college and earn their degree, advance their degree, or accommodate home life needs, such as childcare, elder care, etc. We also offer a generous EMS Career Path. This allows our staff to obtain their EMR or EMT; our EMTs to obtain their paramedic status and to have their training program paid for. We provide career opportunities in-house such as Field Training Officers and Operation Supervisors, including ability to transfer to one of our eleven other companies to pursue career advancement while retaining all seniority and benefits. We give our crews opportunities to grow their career while balancing their work and their life.



We work hard to attract the right people. Our personnel recruitment involves our management team and our Metro West Ambulance Recruitment Specialist, along with thoughtfully planned social media recruitment campaigns on Facebook, Instagram, and LinkedIn.

We place job openings with Indeed, which is the #1 job site in the world, and with LinkedIn. In addition, we provide presentations to regional colleges and high schools about careers in EMS.

Our applicant recruitment and screening process is a multi-step process that starts with in-person and/or virtual interviews. In tandem with the interview process, our credentialing procedures include, but are not limited to, criminal background checks, driver license checks, EMS licensure (state and national), validation of current CPR, ACLS, PHTLS, PALS/PEPP/EPC certifications, pre-employment drug and breath alcohol tests, initial TB screening, vaccination records, reference and work history checks, and Statement of Physical Ability. This phase also includes approval from our Medical Program Director.

Our occupational health and safety and communicable disease control program, including communicable disease prevention, is outlined in the Health and Safety Programs section. We also discuss our physical and mental health ability pre-employment process. We share information on our various programs, including driver safety training, Employee Assistance Program, Personal Safety Training, Fatigue & High Stress Calls, Critical Incident Stress Debriefing, our Safety Committee, our Safety Policies and Procedures, Vaccinations & Screens, Physical and Mental Health Ability, Gym Membership, and our Drug and Alcohol Testing and Drug Use.

To view our full compensation package for our staff, see **Tab 5 Attachments**. The 2024 Metro West Benefits Guide (for Metro West Ambulance and our Family of Companies), our EMS Career Path, and our additional benefits are available in the Compensation and Benefits section of this proposal.

In a 911 EMS system, clinical crew members can experience high levels of stress that produce heightened emotion. In those circumstances, our long-standing policy allows employees to go home with pay for the remainder of their shift. Also, impacted crew members may be referred to the Employee Assistance Program or other interventional pathways, as appropriate. Through these methods, we protect our crews from further exposure to incidents in which their judgment or motor skills might become impaired by fatigue or unusually high levels of stress or emotion.



### Retention of Employees

We value our dedicated, highly trained personnel currently working in Vernonia, in the Columbia County EMS system. It is our goal to be able to retain the current workforce. They possess significant local knowledge regarding the geography, the citizens of this community, various health care providers and facilities, the local culture, and the inner workings of this system.

Our retention plan embraces an approach that recognizes that the workforce has chosen to live and/or work in Vernonia. We have built a career foundation to support the lifestyle they desire, providing a reliable work-life balance along with educational support, to pursue education opportunities and rewarding career development.

Our plan for retaining current employees and attracting new employees include:

- ✓ We will ensure competitive wages. For experienced providers, we match pay, PTO benefits and seniority with their current employer. This offers economic stability.
- ✓ We provide paid continuing education for up to 40 hours per year, so they can maintain their certifications and licensures.
- ✓ We offer the same great benefit package that we give all of our employees, which includes medical/Rx health insurance, Health Savings Account, dental insurance, life insurance, Employee Assistance Program, Regence 24/7 Nurse Line, 401K Retirement accounts with 5% employer matching. We also offer gym membership reimbursement, access to event tickets when available, paid volunteerism through our Corporate Citizenship Program, and paid holidays. Great benefit packages are very valued.

- ✓ By honoring seniority, we also will give current area EMS professionals our Sabbatical benefit. Beginning at 15 years of employment (with former provider) and every 5 years thereafter, we grant employees a 30-day paid sabbatical. This is in addition to their normal PTO accruals. This affords employees a chance to step away from EMS, take a breath, and a break from all the demands and stressors of this profession to spend time doing whatever they wish.
- ✓ We provide a generous uniform allowance—when you look good, you feel good.
- ✓ One of most important benefits we offer employees is encouraging them to remain in our EMS Career Path. We offer flexible schedules that accommodate employees enrolled in an EMT or paramedic program or who are taking prerequisite courses for paramedic school, and we offer EMT tuition reimbursement. We offer a hybrid Paramedic training program available partially online. This program, valued at \$18,000, is available with a two-year employment commitment. Other expenses associated with the paramedic program, such as textbooks, air travel, lodging, and compensated time off for live seminars and examinations, are also funded by us. We offer a more traditional Paramedic School Tuition Assistance for education at local Paramedic training programs for up to \$18,000 tuition assistance with a two-year employment commitment.
- ✓ We offer experienced crews career advancement opportunities such as Field Training Officers, Field and Operation Supervisors, Training and Clinical Managers, and Operations Managers.
- ✓ We offer opportunity to participate in company, local, county, state and national committees based on their interests and how they feel they can impact EMS.
- ✓ We also listen closely to what they genuinely want from their career, from their employer, and in their life. Our crews and our future crews are the ones we entrust to provide emergency care and transportation to those who need us most. It is our goal to care for them so they can care for others.

## Uniforms

We take pride in how we look. If you look good, you feel good. Our current uniform selections for our Vernonia operations were chosen in conjunction with the Vernonia Volunteer Ambulance Association. All personnel are required to display their provider level at all times and wear their photo ID along. We require all of our providers to have a patch on their shirt and coat denoting their emergency medical certification level. We provide our field crews with required uniforms and replace them annually. Any worn or damaged items are replaced immediately. See **Tab 5 Attachments**-Policy #401 Personal Appearance Of Employees: Policy #402 Use, Care and Maintenance of Uniforms.



## Wage Scales & Hours Worked

We know the basis for a positive work-life balance that supports the best possible care and transportation for patients is fair compensation and work schedules. Accordingly, all personnel providing services in support of our Columbia County contract for ASA-7 Vernonia, will carry a reasonable workload, earn a competitive market-driven base compensation, and enjoy a very attractive benefits package.

Our current wage scale is available on request. Wages are based on provider level and seniority scale with pay increases annually. Wages may also be increased due to COLA. Wage scales are evaluated annually to ensure job competitiveness within our region. Paramedic Employees do receive seniority pay increases at 1 year; 2 years; 3 years; 4 years; 5 years; 6 years, 7 years, 8 years, nine years, 10 years and 15 years. We have 8, 10, 12 and 24 hourly rates. EMT Employees receive seniority pay increases at 1 year, 2 year, 3 year and 4 year. They are also eligible for tuition assistance programs through our EMS Career Path.

## Benefit Package

In addition to competitive rates and salaries, we offer an extensive benefit package to all employees, which includes the following:

- Medical/RX Insurance with Regence (choice of two plans)
- Health Savings Account with KeyBank
- Dental Insurance with Delta Dental
- Life Insurance / AD&D
- Employee Assistance Program through Providence
- 401K Retirement Account with 5% matching through The Standard
- Gym Membership Reimbursement
- Annual Uniform Allowance
- Paid training (40 hours) yearly for continuing education
- Continuing Education classes, free for all employees, including CPR, First Aid, PHTLS, EPC, and ACC (Advanced Cardiac Care) or ACLS
- Corporate Citizenship Program (paid volunteerism)
- EMS Career Path, includes Hybrid EMT Program, EMT Tuition Reimbursement, Hybrid Paramedic Program, and Paramedic School Tuition Assistance
- Paid subscription to the CareerCert online training program



For full information on the extensive benefit package that is available to all staff, see **Tab 5 Attachments**, which includes the 2024 Metro West Benefits Guide, MWA Additional Benefits, and the EMS Career Path.

## Holidays & PTO

Metro West employees receive holiday pay for six (6) recognized holidays. On-duty EMS crews and dispatchers receive a flat rate of \$100 additional pay.

Our crews accrue PTO from day 1. PTO accrual is based on length of service with our companies, type of shift working (rates vary for our 8 & 10 hour employees; our 12 & 24 hour employees; and for our salaried employees). PTO ranges from one (1) week for new employees up to six (6) weeks. Beginning at fifteen (15) years of employment and recurring every five (5) years thereafter, we grant employees a thirty (30)-day paid sabbatical on top of normal PTO accruals.



## Paid Sabbaticals

One unique benefit we have that you will rarely see in any other EMS providers is our sabbatical offering. This is an opportunity for employees to step away from the demands of emergency medicine and simply take a break, allowing them to use this time away from their normal duties to pursue whatever they choose. Beginning at 15 years of employment and every five years from that point, we give our employees thirty (30) days of paid time off (PTO). This applies to every employee. This 30 day PTO benefit is in addition to their normal PTO accruals.



Some employees have used this benefit for professional self-development. Others have pursued interests such as traveling, writing, or spending time with family. A few have made medical missions to third world countries, taking their skills and experience to those that desperately need it. No matter how they choose to spend it, all are given an opportunity to step away, to decompress, and to have an extended period away from work.

We do require our employees to use all 30 days at one time—these are calendar days. We don't allow them to cash these days out. We want our employees to take their sabbatical. We know sabbatical leave can help prevent burnout and combat overwork giving our team time and space to prioritize their mental health.



We acknowledge and support employment longevity within our system. We expect promotion opportunities to be available to our workforce. We give our staff education, growth, and career opportunities within our company and within our Family of Companies. This includes opportunities for paid training ranging from continuing education all the way to paramedic training; opportunities to serve on various committees & councils; opportunities to be trainers, instructors and/or supervisory staff or other advancements. We value our existing workforce and we look forward to affording them continued employment and opportunities to help them reach their personal goals.

Our EAP supports all employees and offers resources to them and their families at no cost. Support for mental health, legal, financial and social support.



## Employee Assistance Program

Our Employee Assistance Program (EAP) supports all employees and offers resources to their families at no cost. Provided by ComPsych® Guidance Resources® through Regence Blue Cross, this benefit offers in-person and remote setting access to mental health, legal, financial, and social support available through resources available locally. When a situation arises for which an employee needs assistance, our EAP program incorporates a variety of services to support mental health, such as face-to-face counseling or the convenience of virtual appointments. EAP counseling is confidential. The 24-hour crisis helpline can be accessed during crisis situations. Master's level clinicians or experts in law, finance or family matters can be accessed any time. Conversations with EAP counselors are considered confidential, and privacy is guaranteed.

EAP counselors are experienced in helping individuals, couples, and dependents work through day to day challenges, such as:

- Family concerns, parenting, and childcare issues
- Adult and Elder Care
- Relationship conflicts
- Career changes
- Financial and legal concerns including legal help and online legal forms
- Alcohol and drug problems

Life-balance tools offer interactive resources for solving and preventing a range of personal problems. Our EAP program also offers resources for our supervisors and management teams, including:

- How to resolve workplace issues and performance problems
- Unlimited supervisor consultations
- Supervisor manuals, referral forms and other tools
- Tollfree supervisor access to clinical managers.

Onsite sessions are available, including critical incident stress debriefings, employee orientations on how to use EAP, and training on workplace topics such as violence, sexual harassment, and burnout prevention.



### Personal Safety Training

We require employee safety training and updates throughout the year. These paid mandatory training sessions vary depending on findings by our CQI Committee and our Operations Supervisors and managers. Past training has included patient transfer, proper lifting, clinical safety, and vehicle safety. We also provide paid safety training through CareerCert virtual training.



### Fatigue & High Stress Calls

To effectively address potential fatigue and high stress matters, we have a longstanding policy (# 511) that allows employees to go home with pay for the remainder of their shift. If appropriate, the employee will be referred to EAP or other interventional pathways. For our Policy 511 High Stress Call Policy, see **Tab 5 Attachments**.



### Critical Incident Stress Debriefing

EMS responses can cause difficult conditions for our employees and affect overall well-being. Several programs and processes address critical incident stress; the most significant is Critical Incident Stress Debriefing (CISD), one of many crisis intervention techniques we employ. With the goal of reducing distress and the restoration of group cohesion and unit performance, CISD was developed for small groups who have encountered a powerful trauma event. Used throughout the EMS world, our company has found CISD to be an effective tool. As a follow up to CISD, our EAP services are available.



## Metro West Safety Committee

Because safety is everyone's concern, our Safety Committee is comprised of field providers, supervisory staff, and administrative staff. The committee conducts safety reviews of incidents and events, including root cause analysis, to help determine causation factors. Their findings help guide future policy and safety training. The committee reviews all safety issues, such as staff injuries, vehicle damage, building damage, etc. Their involvement ranges from OSHA guidance to training on a variety of topics—from lifting to vehicle safety. They also conduct building and vehicle inspections, serving as an advisory to our management and executive team.



## Safety Policies & Procedures (Including Occupational Health & Safety; Communicable Disease Control; Communicable Disease Prevention)

Our Family of Companies, follows multiple safety policies and procedures that have been instituted as part of our overall health and safety—each designed to prevent injuries and improve the health of our work force. These include occupational health and safety, communicable disease control and prevention (i.e., engineering controls and work practice controls; vaccinations, and testing). These guidelines and requirements include, but are not limited to:

### Exposure Control

- Policy 503 - Exposure To Disease, Contamination and Communicable Disease
- Policy 509 - Exposure Control Plan
- Policy 510 - Exposure Control Policies

### Safety at Scenes & On The Job

- Policy 501 - Employee Health and Safety Protection
- Policy 504 - On the Job Injury and Illness
- Policy 505 - Accidents
- Policy 908 - Patient Welfare
- Policy 1115 - Safety Vest Utilization
- Policy 1204 - Mayday
- Policy 910 - Placement of Patients in the Ambulance and Stretcher Operations

### Hazardous Materials

- Policy 508 - Hazardous Communication Program
- Policy 913 - HAZMAT Responses

### General Safety & Wellness

- Policy 507 Employee Assistance
- Policy 511 High Stress Call

These policies are presented in **Tab 5 Attachments**. The Metro West Family Employee Manual (Policy Manual) is available on request, as it is a large document.



### Health & Safety - Vaccination & Screenings

We encourage vaccinations and screenings. New hires receive initial TB testing and testing upon exposure. We track and monitor hepatitis-B, COVID-19, and influenza immunization status. We offer influenza and COVID-19 immunizations, if available. Hepatitis-B vaccination is offered through our occupational health provider. We require refresher training on airborne and bloodborne communicable diseases.



### Physical & Mental Health Ability

During orientation and Field Training Rotations, physical ability and mental health abilities are assessed by Field Training Officers in consultation, as needed, with supervisor/management staff, along with the EMS Supervising Physician. For ongoing evaluation of physical and mental health ability, the self-disclosure form is completed annually. If an employee takes a leave of absence for medical/physical reasons, on their return our Medical Program Director evaluates physical and mental health ability.



### Gym Membership

All of our employees are eligible to receive a \$75.00 per quarter reimbursement for improving their health through a gym membership of their choice. They can also choose to join Active & Fit through Regence, which helps employees stay healthy by allowing them to workout at home, a gym, or by choosing from access to more than 11,000 fitness centers and 1,500 digital workout videos for \$25 per month.



### Drug & Alcohol Testing and Drug & Alcohol Use

To ensure the safety of our employees, patients, and others, we follow policies and procedures that address alcohol and drug usage, as well as drug testing. See **Tab 5 Attachments** for Policy 214: Alcohol and Drug Testing, which includes identification of drug and alcohol abuse, rehabilitation, and safeguards.

We require pre-employment drug and alcohol testing as part of the employee pre-hire credentialing process and ongoing testing procedures. See **Tab 5 Attachments** for an overview of our Ambulance Employee Orientation 2024.

## HOSPITAL RELATIONS, COMMUNITY EDUCATION & INVOLVEMENT

*In this section we'll present our Patient-Centered Healthcare/Patient Satisfaction, Hospital Relations and Community Outreach.*

### **Patient-Centered Healthcare/Patient Satisfaction**

Metro West Ambulance and our Family of Companies rely on the Institute of Healthcare Improvement's Triple Aim as a guiding principle in the delivery of EMS Care. The Institute of Healthcare Improvement, otherwise known as IHI, has applied improvement science to advance and sustain better outcomes in health and health care across the world for over 30 years. IHI brings awareness of safety and quality, catalyzes learning and systematic improvement of care. They develop solutions to previously intractable challenges and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We share their vision that everyone receives the best care and health possible. We aim to continually improve the patient experience, population health, and per-capita costs in all of its practices.

**Patient Experience:** We take a patient-centered approach to EMS. We deliver care using protocols and guidelines that are aligned with national standards and data-driven for the best patient outcomes. We follow principles and practices of a learning organization that puts continual focus on quality improvement. Our organization strives to encourage and maintain open communication with our patients and our partners. Patients are encouraged to provide feedback on their experience with us. We use EMS survey, a national company who specializes in the collection and measurement of EMS patient experience and all patients are encouraged to call the on-duty supervisor with any urgent concerns or feedback. Any feedback is tracked and trended for further training and improvement opportunities through our Incident Reporting System.

**Population Health:** Metro West actively participates in emergency preparedness and public education such as hands-only CPR demonstration & training, we are involved in ensuring underserved or marginalized populations receive the medical care they need, we support various organizations that provide outreach to underserved populations, we are involved in pediatric safety and injury prevention, we are involved in community events providing medical standby to a large variety of activities and providing safety awareness at various events. We monitor frequent users of the EMS system and work with our EMS and Law Enforcement partners to ensure that appropriate resources can be provided to these populations.

**Per Capita Costs:** Metro West and our Family of Companies continually participate in regional and national forums to ensure that we deliver reasonable and appropriate healthcare at the most appropriate cost.

### **Patient Satisfaction Surveys**

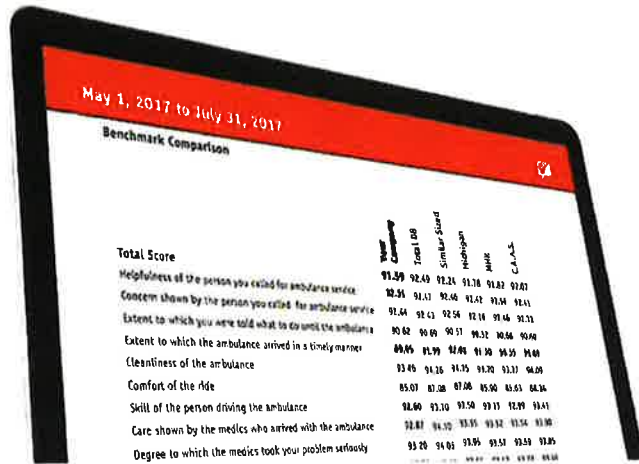
Patient satisfaction is an important measure of quality in health care. The National Institutes of Health has shown that patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It also affects the timely, efficient, and patient-centered delivery of quality health care.

We use EMS Survey—a national market leader in the collection and measurement of the quality of EMS patient experiences. As a nationally accredited company we can say we think we're doing a good job but that's not enough—by using EMS survey we know exactly how we are doing from the patient's view and the experience they had receiving care from us.

We upload our EMR data and EMS Survey Team produces and conducts individual surveys within days of patient transport. Our standardized survey collects 24 performance metrics and gives opportunity for unstructured feedback. EMS Survey Team enables EMS agencies like ours to analyze Patient Experiences by measuring satisfaction, and benchmarking services against other providers in the industry, for both CAAS accredited and non-CAAS accredited agencies.

Each patient experience survey from EMS Survey team includes 26 data points across 5 areas of the patient engagement with your agency. Standardized reports are built from this comprehensive data provide insights by segment of the patient experience. Report documents include:

- Dispatch Analysis
- Ambulance Scoring
- Medic by Medic Scoring
- Office Staff Analysis
- Overall Analysis
- Executive Summary
- Top Box Score Analysis
- 7+ Additional Standardized Reports



With EMS Survey, we can identify strengths and opportunities for improvement. We also see how our patients' experiences compare to our database of patient experiences in 30 states.

Benchmarked patient experience reports give us quantitative and qualitative information to support funding requests for equipment, personnel and technology. These reports also provide a simple way to communicate successes to employees and our management team.



### Complaint Handling Process

We understand and acknowledge that we are part of a larger EMS system that involves multiple agencies collaborating on the best patient care and treatment for the County. As part of the care team, Metro West understands that any complaint or concern brought to the attention of one organization could affect the reputation of the entire EMS System. Any concern that involves the care, treatment, or operation of Metro West in the delivery of EMS services in the system will be shared with Columbia County and the ASA Advisory Committee through our committee representative for awareness and potential involvement in the resolution process.

Our approach to complaint investigation follows the Just Culture approach, looking first at potential system failures or opportunities for new development of systems. Once an event is reviewed at a system level, it is then reviewed at a behavioral level. Any recommendations as a result of the complaint investigation will be shared with appropriate oversight. All complaints and concerns are tracked and trended for continuous quality improvement opportunities. See our draft Policy 707 Handling of Complaints in **Tab 5 Attachments**.

## Hospital Relations

Metro West has a hospital liaison that works closely with our region's 20+ hospitals including regional health systems. This includes ED's, ICU's and case management. This position focuses on customer service to not only our patients but to our various hospital partners and to our crews. In addition, our Operations Supervisor and Operations Manager work closely with various hospital teams on operational topics and partnerships and our Director of Clinical Quality and Human Development works closely with various clinical teams on clinical quality performance issues and quality assurance plans including STEMI, Stroke, Trauma and Sepsis patients. Our Director of Business Development also works closely with our region's hospitals and health systems developing partnerships to provide a variety of patient care services including ECMO, ICU level critical care transports, specialized critical care teams, medical standby events, secure transport for behavioral health, dedicated NEMT and IFT ambulance service and more.

Our teams regularly meet with various medical teams and representatives from Kaiser Permanente, Legacy Health, OHSU & OHSU Partner hospitals, Providence Health, VA Portland Health and PeaceHealth Health Systems. With our Family of Companies, we meet with various hospitals and health systems across Oregon, Washington and northern California.

## Budget-Costs & Efficiency

*Here is an overview of how we ensure stability for staffing, concise record keeping and ensure future growth.*

Under the guidance of our Vice President, Chief Financial Officer, Chief Executive Officer, and President/Owner, Metro West Directors and Operations Managers work continually to balance outlays, maximize returns, and streamline the overall effectiveness of our operations including that in the Vernonia area. Strategies that are used to account for all system costs and ensure economic efficiency include the following:

- **Cost Analysis:** A thorough assessment of all costs associated with the system identifies direct costs (such as materials, labor, and equipment) and indirect costs (such as overhead, maintenance, and administrative expenses) for a comprehensive view of financial impacts.
- **Budgeting and Forecasting:** A thoughtfully developed and detailed budget allocates resources appropriately, with both short- and long-term financial projections. Metro West regularly reviews and adjusts the budget as needed to maintain and improve efficiency.
- **Cost-Effectiveness Analysis:** Different options are evaluated for cost-effectiveness, comparing the benefits gained from an investment against the associated costs. Initiatives that yield the highest value for the resources expended will be prioritized.
- **Resource Optimization:** Metro West optimizes production processes and workflows to achieve maximum output with minimal input, with a focus on the efficient use of all resources (both financial and non-financial) and the minimization of waste, redundancy, and unnecessary expenses.

- **Resource Optimization:** Metro West optimizes production processes and workflows to achieve maximum output with minimal input, with a focus on the efficient use of all resources (both financial and non-financial) and the minimization of waste, redundancy, and unnecessary expenses.
- **Risk Assessment:** Metro West is on constant alert to identify potential risks that could impact costs or efficiency and actively develops contingency plans to mitigate these risks. Factors considered include market fluctuations, technological changes, and regulatory compliance.
- **Performance Metrics:** Metro West has established key performance indicators (KPIs) related to cost management and efficiency in our local operations and regularly monitor these metrics to track progress and identify areas for ongoing improvement.

**A Profit and Loss Statement for our Vernonia operations can be located in Tab 4 under 3.1.3g.**



## Clinical Quality Performance-Quality Assurance Plan

*Here we share our approach to Clinical Quality Performance, Quality Improvement processes, Just Culture and reliance on data.*

The goal of our quality improvement program is to improve patient and community health by making the healthcare system safer, more efficient, and more patient centered. Our program focuses on meeting the needs of those who use and deliver EMS services, and involves improving every activity, process, and job in our EMS system.

### Examples of our quality improvement program include:

- Better care integration: Ensuring that appropriate treatments start with the right patients, and that treatments are evidence-based
- Improved response times
- Improving on-scene times when appropriate
- Creating a safer work environment for our clinical staff
- Ensuring that patients receive the best medical care possible



In concert with the County and our EMS partners, our quality improvement process involves identifying areas of excellence and areas in need of improvement, with a focus on improving care, not finding problems for punitive action.

Our continuous quality improvement (CQI) programs are a system of checks and balances to provide the ability to determine how care is being delivered, if that care is making a difference, and if processes are being followed. Our approach is built upon rigorous education, a “just culture” approach, involvement with our EMS Supervising Physician, collaboration with our EMS and hospital/clinical partners.



Our program's vision is to continue to be an integral partner in the delivery of high-quality, cost-effective, patient-centric care in collaboration with Columbia County and our fire department partners.



We strive to create personal and professional growth opportunities for our employees in everything we do. To accomplish this, we have adopted the *Just Culture* model. Just Culture is an organizational philosophy that takes a systems and behavioral analysis approach to learning with the goals of risk mitigation, safety and overall quality improvement. It looks at every error, unplanned event, or near miss as an opportunity for improvement.



Creation of a Just Culture assumes good intent in the employee, a critical component. There needs to be a culture of safety, trust and security amongst employees to ensure that they are comfortable and willing to come forth with reporting concerns, near misses or errors. When that trust is established, employees are much more willing to share these opportunities for improvement. When an event occurs, the risk is identified and existing systems are reviewed. If a gap is identified, system enhancement occurs. As the system is enhanced, training and education of the new system occurs. If there are no system gaps identified, then the focus is on behavioral choices made by the involved employees.

Behavior choices are evaluated as human errors, justifiable, at-risk, or reckless choices. If it is identified as human error, remedial training is prescribed. If a justified choice, but not necessarily aligned with Company policies, the employee is coached on what is preferred by the Company should the situation repeat itself. If the behavior is viewed as at-risk or reckless, corrective action is used as a deterrent. A Just Culture is a critical component of a learning organization focused on continuous quality improvement.

Applying a Just Culture Program allows us to clearly define the border between unacceptable behavior and performance error and implement non-punitive reporting and quality system improvement. This not only applies to our clinical performance but to every aspect of our company—from our vehicle maintenance to our billing cycles to our communications center.

We embrace the concept of a Learning Organization and allow staff and management to communicate openly and often regarding safety. We establish trend files and establish a self-reporting system to include ‘near misses,’ which provides an efficient mechanism for feedback in our organization.

We prioritize both safety and performance as we set goals across the organization. This allows openness and information sharing through a culture of high reliability that simultaneously decentralizes and centralizes operations, allowing learning and teaching to flow up, down, and throughout our entire organization. The approach creates an open, fair, and learning environment, designs safe systems, and manages behavioral choices.

Our Quality Improvement Processes, including our Clinical Quality Improvement Processes, are driven by these principles. We believe that all our people approach their profession with good intent. Nobody starts their day looking for an opportunity to make a mistake or provide substandard care. It is this mutual understanding that fosters the open, learning-centered clinical environment that allows for continual improvement, increased safety, and decreased risk.



At Metro West Ambulance all clinical practices and issues are first evaluated looking at the involved risks presented, evaluating systems to mitigate risk, and then examining the human factors, such as training and adherence to training, protocols, and practices. We have found that Just Culture is an organized, coordinated, fair, multidisciplinary approach for investigating any internal or external customer or personnel concerns, system issues, clinical concerns, and improving patient care outcomes and services. The system allows us to identify areas of improvement, implement and evaluate changes that may be needed, and to promote serving ALL customers to the highest standard achievable.



The ultimate goal is to improve all systems, to better manage human behavior—in a non-punitive manner—and to increase safety and mitigate risk. Seeking to understand the unique situation the provider or the employee faced, we work to understand the rationale for choices made. We then evaluate these choices with what our organization believes to be the safest standard. Any systemic improvements and individual gaps in training are identified and corrected.



Our CQI (Continuous Quality Improvement) program provides a multidisciplinary, organized approach to improving patient care and outcomes. It encompasses all functional aspects of our organization. Our ability to provide superior clinical CQI practices begins with our clinical leadership, our collaborative medical direction, and our paramedics and EMTs.

**Reliance on Data**

We collect a plethora of valuable EMS-related data that are beneficial to not only our providers, partners, and community—but also to our profession. We will continue to seek opportunities to refine the collection, analysis, and distribution of data from our multiple sources to better drive positive changes in EMS in our community and beyond.

We will continue to advance our data collection and interpretation capabilities with partnerships and will supply a variety of data upon request. The type, frequency, and quantity of information can range from formal reports with fixed parameters, to ad-hoc reports that can involve performance compliance specific to clinical skills.

We can provide reporting of clinical performance measures including data collected via our cardiac monitor data files, individual chart review, and chart reporting software. For a full list of the clinical performance measures see Measurement of Patient Outcomes & Clinical Success Rates.

We can provide reports evaluating specific information, such as accuracy of patient care documentation, collection of patient signatures for billing purposes, patient satisfaction survey results and many more. We can also provide data that applies to various EMS initiatives.

We are data driven and, only through examination of the data, can we establish trends—both positive and negative—to continually improve our practices and our performance. The Metro West Quality Improvement applies to every facet of our company: field operations, deployment strategies, clinical performance, system design, customer service, employee satisfaction, contractual compliance, and organizational accountability.

To achieve excellence in these areas, our multidisciplinary approach includes:



- Our internal Quality Improvement Committee comprised of peers, Operations, Training our EMS Supervising Physician and oversight from our Family of Companies Director of Clinical Quality & Human Development



- Certified Ambulance Documentation Specialists in our billing office to review charting accuracy
- Paid Training (In-Service Training)



- Direct connection between QI findings and subsequent future training
- Continuous evaluation of technique and equipment to meet clinical advances in EMS medicine

We collect and measure results on the correct application of protocols, decision making, patient treatment rendered, and patient care documentation. We investigate ways to improve every day. We measure overall performance, identifying areas for improvement, as well as outstanding care, and flag charts to send to our CQI Committee for review, analysis, and trending. We also flag charts that fit into specific criteria or types of calls to perform trending analysis to identify system and individual compliance and performance, which informs our clinical training program. These may be cardiac arrest, critical pediatric trauma, STEMI, or Stroke alerts, etc.

In addition to the CQI chart reviews, our billing office review ensures overall documentation compliance, which includes compliance with all applicable laws, regulations, and policies governing the submission of claims for Medicare, Medicaid, and third-party reimbursement. We also check for proper documentation of services rendered, billing, coding, and claims submission.

We currently participate in the CARES cardiac arrest registry. The CARES registry allows us to measure and report out of hospital cardiac arrest survival rates while being able to compare with National and Statewide statistics.



Data is collected via cardiac monitor data files, individual chart review, and chart reporting software. Specific criteria data is collected pertaining to Cardiac Arrest patients, STEMI (ST Elevation Myocardial Infarction), Strokes, Trauma, Airway Management, IV Success Rates, Medication Errors, and High Risk-Low Frequency calls such as pregnancy/OB, needle decompression, cricothyrotomies, cardioversion, cardiac pacing, and penetrating injury. We track multiple clinical criteria and are able to create reports that show both individual success rates and overall success rates. Much of our work occurs today as part of multiple multiagency cross-functional teams.



**Participation CQI & EMS Committees**

Metro West participates as a member of the ASA Advisory Committee and we are willing to participate in an other County EMS or CQI meeting. We understand the importance of system performance review, both locally and within the County. We will provide requested performance data as it pertains to CQI and overall system performance.



**Measurement of Patient Outcomes & Clinical Success Rates**

Metro West is highly focused on continuous improvement of patient outcomes and clinical skill performance. We participate in CARES cardiac arrest registry in order to measure and report out on out of hospital cardiac arrest survival rates while being able to compare with National and Statewide statistics.

Data is collected via cardiac monitor data files, individual chart review, and chart reporting software. These clinical performance measures include:

**Cardiac Arrest:**

- CCF >80%
- Compression Rate 100-120
- Compression Depth 2-2.4"
- Peri-Shock Pause: <10 seconds
- No PEEP
- ETCO2 at all times
- Access preference: IV, humeral IO
- Time to first epinephrine

**Airway Management:**

- Protocol/checklist adherence
- Preoxygenation period/denitrogenation
- Tube size selection
- Use of pre-intubation suctioning (S.A.L.A.D.)
- Use of video laryngoscope vs. direct laryngoscope
- First-pass success rate (Attempt defined as blade passing the teeth)
- Unrecognized periods of hypoxia during intubation procedure
- ETCO2 waveform confirmation
- Post-intubation pain management and sedation





**Stroke:**

- CBG
- LKW
- Neuro exam
- CSTAT/LVO assessment
- Appropriate destination

**IV Success Rates**

**Medication Errors**

**High Risk-Low Frequency calls**

- such as pregnancy/OB, needle decompression, cricothyrotomies, cardioversion, cardiac pacing, and penetrating injury

**STEMI:**

- < 5min to EKG for any suspected cardiac chest pain
- < 10min STEMI Activation following diagnostic EKG
- ASA administration
- O2 only on patients with SpO2 less than 94%
- Appropriate destination
- Serial EKGs

**Trauma:**

- Scene time
- GCS documentation
- Traumatic Arrest Management (Hemorrhage Control, Airway management, Tension pneumothorax-needle decompression)
- Temperature management
- Airway management
- Cardiac monitoring
- Transport destination choice



Date: 8/1/24

RE: Columbia County Ambulance Service RFP

To whom it may concern:

On behalf of Vernonia Rural Fire District, I am writing to express our support for Metro West Ambulance in their bid for the Columbia County Ambulance Service area Franchise for Ambulance Service Area-7 Vernonia.

We have worked collaboratively with Metro West and together we have helped many patients every year. We feel their ability to effectively serve our community, backed with 70 years of operational excellence positions them well for the requirements needed to serve Vernonia's 9-1-1 ambulance service contract. Metro West is a locally owned company, which is nationally accredited including their EMS services in Vernonia. We feel that Vernonia is very fortunate to have them as their 911 ambulance provider serving their community alongside their Fire and Police services.

If I can be of any further assistance, please contact me.

Sincerely,

Matt Meyer

Interim Fire Chief





**RODNEY LINZ**  
**FIRE CHIEF**

Book \_\_\_\_\_ Page \_\_\_\_\_

# **BANKS FIRE DISTRICT #13**

13430 N.W. Main Street, Banks, OR 97106 (503) 324-6262 FAX (503) 324-0523 [www.banksfire.org](http://www.banksfire.org)

Date 7/22/2024

Columbia County Public Health  
230 Strand Street  
St. Helens, OR 97051

Dear Committee Members,

Metro West Ambulance has been an excellent partner assisting Banks Fire District #13 in providing the people of the Vernonia area with high quality medical care.

It has come to our attention that Metro West is submitting a proposal for the Columbia County ASA Franchise for Ambulance Service Area-7 Vernonia. We would like to take this opportunity to recommend to your Committee that Metro West Ambulance be chosen again as the 911 Ambulance provider, allowing them to continue their service to this community and surrounding area.

We have no doubt that Metro West will continue the excellent service they began providing in this region in 1997. We have long valued their partnership and support and without hesitation, we recommend you continue them as your 911 ambulance provider.

Respectfully,

A handwritten signature in black ink that reads 'Rodney Linz'. The signature is written in a cursive style with a long, sweeping underline.

Rodney Linz

Fire Chief

Banks Fire District #13



Book \_\_\_\_\_ Page \_\_\_\_\_  
**Mist-Birkenfeld Rural Fire Protection District**

12525 Highway 202, Mist, OR 97016  
Office- 503-755-2710 Fax- 503-755-2556

RE: Letter of Reference for  
Metro West Ambulance

July 22, 2024

To: Whom it may concern:

On behalf of Mist-Birkenfeld RFPD, I am writing to express our support for Metro West Ambulance in their bid for the Columbia County Ambulance Service Area Franchise for Ambulance Service Area-7, Vernonia Area.

For many years we have worked collaboratively with Metro West Ambulance mitigating emergency medical incidents. Together, we continue to help many patients each year. We feel their ability to effectively serve the community, backed by their over 70 years of operational excellence, positions them well for the requirements needed to serve Vernonia's 911 ambulance service contract.

Metro West is a locally owned company, which is national accredited including their EMS services in Vernonia. Mist-Birkenfeld RFPD feels that the City of Vernonia and the surrounding community is very fortunate to have them as their 911 ambulance provider, furnishing services to their community alongside their fire and police agency partners.

I have no doubt that Metro West Ambulance will continue to deliver exemplary services to Ambulance Service Area-7 and the neighboring regions. Their willingness to provide for a population beyond traditional ambulance services makes them an integral part of the community. I look forward to continuing working alongside these individuals who, with their knowledge, compassion, and character, make up the effective asset of emergency service providers with Metro West Ambulance.

Please contact me if I can answer any questions or concerns.

Sincerely,

Joe Kaczinski  
Fire Chief

(503) 755-2710 office  
(503) 449-6512 cell

***"Service Beyond The Call"***



# Business Registry Business Name Search

New Search

## Business Entity Data

07-29-2024  
13:27

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
094512-12	DBC	ACT	OREGON	09-28-1971	09-28-2024	
<b>Entity Name</b> METRO WEST AMBULANCE SERVICE, INC.						
<b>Foreign Name</b>						

New Search

## Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS			
<b>Addr 1</b>	5475 NE DAWSON CK DR				
<b>Addr 2</b>					
<b>CSZ</b>	HILLSBORO	OR	97124	<b>Country</b>	UNITED STATES OF AMERICA

*Please click [here](#) for general information about registered agents and service of process.*

Type	AGT	REGISTERED AGENT	Start Date	08-18-2022	Resign Date
<b>Name</b>	JD	D	FUITEN		
<b>Addr 1</b>	5475 NE DAWSON CK DR				
<b>Addr 2</b>					
<b>CSZ</b>	HILLSBORO	OR	97124	<b>Country</b>	UNITED STATES OF AMERICA

Type	MAL	MAILING ADDRESS			
<b>Addr 1</b>	5475 NE DAWSON CK DR				
<b>Addr 2</b>					
<b>CSZ</b>	HILLSBORO	OR	97124	<b>Country</b>	UNITED STATES OF AMERICA

Type	PRE	PRESIDENT			Resign Date
<b>Name</b>	J	D	FUITEN		
<b>Addr 1</b>	5475 NE DAWSON CK DR				
<b>Addr 2</b>					
<b>CSZ</b>	HILLSBORO	OR	97124	<b>Country</b>	UNITED STATES OF AMERICA

Type	SEC	SECRETARY			Resign Date
<b>Name</b>	J	D	FUITEN		
<b>Addr 1</b>	5475 NE DAWSON CK DR				
<b>Addr 2</b>					
<b>CSZ</b>	HILLSBORO	OR	97124	<b>Country</b>	UNITED STATES OF AMERICA

New Search















Name History




Business Entity Name	Name	Book	Page	End Date
	Type	Status	Start Date	
METRO WEST AMBULANCE SERVICE, INC.	EN	CUR	11-22-1974	
BUTLER'S AMBULANCE SERVICE, INC.	EN	PRE	09-28-1971	11-22-1974

Please read before ordering Copies.

[New Search](#)

### Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	08-21-2023		FI		
	AMENDED ANNUAL REPORT	08-18-2022		FI	Agent	
	RESTATED ARTICLES	01-14-2022		FI		
	AMENDED ANNUAL REPORT	08-24-2021		FI		
	AMENDED ANNUAL REPORT	08-26-2020		FI		
	AMENDED ANNUAL REPORT	08-14-2019		FI	Agent	
	AMENDED ANNUAL REPORT	08-17-2018		FI		
	AMENDED ANNUAL REPORT	08-14-2017		FI		
	AMENDED ANNUAL REPORT	08-22-2016		FI		
	AMENDED ANNUAL REPORT	10-01-2015		FI		
	AMENDED ANNUAL REPORT	08-15-2014		FI		
	AMENDED ANNUAL REPORT	08-15-2013		FI		
	AMENDED ANNUAL REPORT	08-15-2012		FI		
	AMENDED ANNUAL REPORT	08-22-2011		FI		
	ANNUAL REPORT PAYMENT	09-28-2010		SYS		
	ANNUAL REPORT PAYMENT	09-01-2009		SYS		
	ANNUAL REPORT PAYMENT	09-24-2008		SYS		
	ANNUAL REPORT PAYMENT	10-18-2007		SYS		
	ANNUAL REPORT PAYMENT	09-01-2006		SYS		
	ANNUAL REPORT PAYMENT	08-29-2005		SYS		

					Book _____	Page _____
	ANNUAL REPORT PAYMENT	08-31-2004		SYS		
	ANNUAL REPORT PAYMENT	08-27-2003		SYS		
	ANNUAL REPORT PAYMENT	08-23-2002		SYS		
	ANNUAL REPORT	10-29-2001		FI		
	STRAIGHT RENEWAL	09-20-2000		FI		
	STRAIGHT RENEWAL	09-03-1999		FI		
	STRAIGHT RENEWAL	08-26-1998		FI		
	STRAIGHT RENEWAL	09-17-1997		FI		
	STRAIGHT RENEWAL	08-28-1996		FI		
	CHANGED RENEWAL	08-28-1996		FI		
	AMENDED RENEWAL	10-03-1995		FI		
	AGENT/AUTH REP CHNG	10-03-1995		FI		
	STRAIGHT RENEWAL	09-21-1994		FI		
	STRAIGHT RENEWAL	09-28-1993		FI		
	STRAIGHT RENEWAL	09-22-1992		FI		
	STRAIGHT RENEWAL	09-25-1991		FI		
	AMENDED RENEWAL	09-11-1990		FI		
	AMENDED RENEWAL	09-14-1989		FI		
	AMENDED RENEWAL	10-31-1988		FI		
	AMENDED RENEWAL	09-03-1987		FI		
	AMENDED RENEWAL	09-12-1986		FI		
	STRAIGHT RENEWAL	08-02-1985		FI		
	ENTITY NAME CHANGE	11-22-1974		FI		
	AGENT CHANGE	07-20-1973		FI		
	NEW	09-28-1971		FI		

Book \_\_\_\_\_ Page \_\_\_\_\_

# Business Registry Business Name Search

07-29-2024  
13:27

New Search

## Business Entity Data

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
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<b>Entity Name</b> METRO WEST AMBULANCE SERVICE, INC.						
<b>Foreign Name</b>						

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<b>Type</b>	MAL	MAILING ADDRESS				
<b>Addr 1</b>	5475 NE DAWSON CK DR					
<b>Addr 2</b>						
<b>CSZ</b>	HILLSBORO	OR	97124	<b>Country</b>	UNITED STATES OF AMERICA	

<b>Type</b>	PRE	PRESIDENT			<b>Resign Date</b>	
<b>Name</b>	J	D	FUITEN			
<b>Addr 1</b>	5475 NE DAWSON CK DR					
<b>Addr 2</b>						
<b>CSZ</b>	HILLSBORO	OR	97124	<b>Country</b>	UNITED STATES OF AMERICA	

<b>Type</b>	SEC	SECRETARY			<b>Resign Date</b>	
<b>Name</b>	J	D	FUITEN			
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<b>Addr 2</b>						
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	ANNUAL REPORT PAYMENT	08-29-2005		SYS		

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	ENTITY NAME CHANGE	11-22-1974		FI		
	AGENT CHANGE	07-20-1973		FI		
	NEW	09-28-1971		FI		



**Oregon Health Authority  
Emergency Medical Services and Trauma Systems**

**Ambulance Service License**  
presented to

**Metro West Ambulance, Inc.**

**License Number: 3401**

5475 NE Dawson Creek Drive  
Hillsboro, OR 97124

**Issue Date: 05/24/2024**

**Expiration Date: 06/30/2025**

Pursuant to ORS 682 and OAR 250, this ambulance service license is valid unless suspended or revoked for violation of any statute under which issued, or any rule or regulation adopted by the Oregon Health Authority, EMS and Trauma Systems Program.

This license is not transferable and is restricted to the location and service listed on this license.

**Oregon  
Health  
Authority**

Ambulance	Powerloader's	Dept.	Make and Model	Year	VIN	Tag	Location
293	Yes	VERNONIA	DODGE RAM	2015	3C7WRSBL5FG622930	102HKU	Vernonia
307	Yes	CCT	GMC G3500	2016	1GD37SCL5G1201872	T585676	ECMO
341	Yes	911	DODGE RAM	2017	3C7WRSBL5HG603460	800JUF	Hillsboro
349	Yes	BANKS	FORD F-450	2017	1FDUF4HT6HEE34231	T602586	Banks
356	Yes	911	Ram 3500	2018	3C7WRSBL5JG331417	125MPT	Hillsboro
357	Yes	911	Chevrolet G3500	2014	1GB3G2CLXE1186453	130LEC	Clackamas
360	Yes	911	Ram 3500	2019	3C7WRSBL4KG571303	169LQY	Hillsboro
371	Yes	911	Ram 3500	2019	3C7WRSBL4KG592295	690MGB	Hillsboro
377	Yes	911	Ram 3500	2019	3C7WRSBL8KG693274	255LXN	Hillsboro
394	Yes	VERNONIA	Dodge Ram	2020	3C7WRTBL7LG236592	005MKZ	Vernonia
396	Yes	911	Chevrolet G3500	2015	1GB3G2CL9F1206757	T620114	Hillsboro
414	Yes	911	Ford E350	2010	1FDWE3FP6ADA34595	T623422	Hillsboro
423	Yes	911	DODGE RAM	2021	3C7WRTBL2MG641020	T631073	Hillsboro
425	Yes	911	DODGE RAM	2021	3C7WRTBL2MG641017	T620510	Hillsboro
428	Yes	911	Dodge Ram	2010	1FDWE3FP8ADA34596	T625402	Clackamas
445	Yes	911	Dodge Ram	2022	3C7WRTBL2NG182024	690NKJ	Hillsboro
446	Yes	911	DODGE RAM	2022	3C7WRTBL5NG180879	645NKS	Hillsboro
447	Yes	911	DODGE RAM	2022	3C7WRTBL4NG182025	812NLJ	Hillsboro
452	Yes	CCT	Dodge Ram	2022	3C7WRNCLONG103525	191NQL	ECMO



MWA Employee	Certification	Number-OR
Chun, Aaron	OR EMT	207060
Dumlao, Julian	OR EMT	206168
Edwards, Taylor	OR EMT	206351
Goeke, Daniel	OR EMT	203393
Guerrero, Matthew	OR EMT	205423
Harms, Hayden	OR EMT	206265
Hoeffliger, Isabelle	OR EMT	208257
Holter, Jakob	OR EMT	208938
Kok, Bree	OR EMT	138828
Lenford, Sheldon J	OR EMT	143414
Martin, Brittany	OR EMT	209090
McDowall, Crystal	OR EMT	147474
Montgomery, Kegan	OR EMT	201832
Murray, Kenneth	OR EMT	134735
Myers, Kyle	OR EMT	201167
Nipp, Brenden	OR EMT	206217
Singh, Jordan (WA)	OR EMT	205142
Smith, Georgia	OR EMT	206811
Smith, Trish R	OR EMT	138233
Udoutch, Derek	OR EMT	145174
Welter, Carson	OR EMT	204281
Whitehouse, Connor	OR EMT	201499
Wolfe, Christina	OR EMT	203666
Bailey, Curtis H	OR Paramedic	141305
Benson, Caitlin	OR Paramedic	203003
Bolzenius, Patrick	OR Paramedic	200479
Brewlager, David (Dave) CC	OR Paramedic	140457
Castro, Israel (WA/CC)	OR Paramedic	206402
Elliott, Hannah R	OR Paramedic	209138
Eskeldson , Amy	OR Paramedic	143413
Felix, Gleen (WA-CC)	OR Paramedic	206644
Flameqvist, Jack (WA)	OR Paramedic	203923
Francois, Tyler (WA/CC) A	OR Paramedic	145061
Grimes, Conner	OR Paramedic	202404
Guerrero, Matthew	OR Paramedic	205423
Heisler, David	OR Paramedic	136849
Jackson Jr, Stephen (WA) L	OR Paramedic	201143
Kessinger, Katherine	OR Paramedic	133204
Koskenmaki, Daniel	OR Paramedic	141631
Lemmon, James	OR Paramedic	122328
Meadow, Zachary (WA EMT)	OR Paramedic	205218
Mendel, Jason (WA-CC)	OR Paramedic	206630
Moe, Wendy	OR Paramedic	136925

Palmore, Hailey	OR Paramedic	200237
Patterson, Brandy	OR Paramedic	202171
Prentice, Tyler	OR Paramedic	201802
Ptak, Michael	OR Paramedic	200500
Reynolds, Charlie	OR Paramedic	201104
Sargent, Mike	OR Paramedic	131342
Shantel, Nancy	OR Paramedic	144024
Smith, Georgia	OR Paramedic	206811
Sorensen III, Greg	OR Paramedic	118784
Spina, Gwynn	OR Paramedic	201184
Wahlstrom, Alexis (WA EMT)	OR Paramedic	204661
Zimmerman, Travis	OR Paramedic	207380

Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Unit: \_\_\_\_\_

JR: \_\_\_\_\_

SR: \_\_\_\_\_

We take pride in the fact that we left this ambulance in excellent condition. We have ensured that all of the equipment is accounted for and the unit has been completely inventoried. We are proud to turn this ambulance over to our fellow co-workers and we are confident that they will demonstrate the same level of commitment that we have.

The expectation is that each ambulance will be inventoried every shift -- the supervisor must be notified when the inventory has not been completed and it must also be noted on this form.

(Any out of stock or missing equipment should be highlighted)

<p><b>Wall Mounted Suction</b></p> <p>___ 1 Suction Tubing 1 5.5 ET</p> <p>___ 1 Rigid Suction Tip 1 6.0 ET</p> <p>___ 1 Suction Canister 1 6.5 ET</p> <p>2 7.0 ET</p> <p>2 7.5 ET</p> <p>2 8.0 ET</p> <p>2 8.5 ET</p> <p><b>SUCTION SUPPLIES</b></p> <p><b>Speed Loader</b></p> <p>___ 3 Suction Tubing</p> <p>___ 3 8fr Catheter</p> <p>___ 3 14fr Catheter</p> <p>___ 2 Rigid Suction Tips</p> <p>___ 1 Meconium Aspirator</p> <p>___ 1 Little Sucker</p> <p><b>AIRWAY</b></p> <p><b>Speed Loader</b></p> <p>___ 4 Adult Nasal Cannulas</p> <p>___ 2 Peds Nasal Cannulas</p> <p>___ 4 CO2 Cannulas</p> <p><b>Speed Loader</b></p> <p>___ 4 Adult NRB</p> <p>___ 2 Ped NRB</p> <p><b>Speed Loader</b></p> <p>___ 4 Nebulizers</p> <p>___ 1 T-Adapter</p> <p>___ 1 Multi Adapter</p> <p><b>Speed Loader</b></p> <p>___ 2 Adult ET Tube Holders</p> <p>___ 1 Ped ET Tube Holder</p> <p>___ 1 40mm OPA</p> <p>___ 1 50mm OPA</p> <p>___ 1 60mm OPA</p> <p>___ 1 80mm OPA</p> <p>___ 1 90mm OPA</p> <p>___ 1 100mm OPA</p> <p>___ 1 110mm OPA</p> <p>___ 1 Bite Stick</p> <p>___ 1 12fr NPA</p> <p>___ 1 14fr NPA</p> <p>___ 1 16fr NPA</p> <p>___ 1 18fr NPA</p> <p>___ 1 26fr NPA</p> <p>___ 1 28fr NPA</p> <p>___ 1 32fr NPA</p> <p>___ 2 Lubricating Jelly</p> <p><b>ET Tubes (sealed)</b></p> <p>1 Adult Stylette</p> <p>1 Pediatric Stylette</p> <p>1 2.5 ET</p> <p>1 3.0 ET</p> <p>1 3.5 ET</p> <p>1 4.0 ET</p> <p>1 4.5 ET</p> <p>1 5.0 ET</p>	<p>1 5.5 ET</p> <p>1 6.0 ET</p> <p>1 6.5 ET</p> <p>2 7.0 ET</p> <p>2 7.5 ET</p> <p>2 8.0 ET</p> <p>2 8.5 ET</p> <p><b>Airway Continued</b></p> <p>___ 1 I-gel 1</p> <p>___ 1 I-gel 1.5</p> <p>___ 1 I-gel 2</p> <p>___ 1 I-gel 2.5</p> <p>___ 1 I-gel 3</p> <p>___ 1 I-gel 4</p> <p>___ 1 I-gel 5</p> <p>___ 1 CPAP w/filter</p> <p>___ 1 CPAP Large Mask</p> <p>___ 1 S-Guide Stylette</p> <p>___ 1 NG Tube 6fr</p> <p>___ 1 NG Tube 12fr</p> <p>___ 1 NG Tube 16fr</p> <p>___ 3 Spare Suction Canisters</p> <p>___ 1 Spare Portable Canister</p> <p>___ 1 Adult BVM w/peep</p> <p>___ 1 Peds BVM (+3 masks)</p> <p>___ 1 Infant Mask</p> <p>___ 1 Neonate Mask</p> <p>___ 2 Protective Glasses</p> <p>___ 1 Glidescope charger</p> <p><b>Glidescope Spares (sealed)</b></p> <p>___ 1 S1 Blade</p> <p>___ 1 S2 Blade</p> <p>___ 1 S3 Blade</p> <p>___ 1 S4 Blade</p> <p>___ 1 Stylette (small)</p> <p>___ 1 Stylette (medium)</p> <p>___ 1 Stylette (large)</p> <p><b>Chest Decomp. Kit (sealed)</b></p> <p>___ 2 10g Angio</p> <p>___ 2 Alcohol Prep</p> <p>___ 2 Iodine Prep</p> <p>___ 2 4X4 Gauze Pads</p> <p>___ 1 Slotted Foam Pad</p> <p>___ 1 10cc Syringe</p> <p><b>BANDAGING</b></p> <p><b>Speed Loader</b></p> <p>___ 6 8X10 ABD Pads</p> <p>___ 8 4X4 Gauze Pads</p> <p>___ 6 Rolls of Kling</p> <p>___ 2 Oculusive Dressing</p> <p>___ 2 Triangular Bandages</p> <p>___ 1 Combat Gauze</p> <p>___ 1 Israeli Bandage</p> <p>___ 1 Combat Tourniquet</p> <p>___ 1 Nose Clamp</p>	<p><b>PPE/ETC.</b></p> <p>___ 2 Burn Sheets</p> <p>___ 3 500cc Saline Bottle</p> <p>___ 2 Sets of Posey's</p> <p>___ 2 OB Kits</p> <p>___ 2 Emergency Blankets</p> <p>___ 6 Bio Bags</p> <p>___ 7 Gowns</p> <p>___ 4 Face Shields</p> <p>___ 4 Chux</p> <p>___ 1 Trauma Dressing 10X30</p> <p>___ 8 Convenience Bags</p> <p>___ 10 Procedure Face Mask</p> <p><b>ON BENCH</b></p> <p>___ 1 Adult BP Cuff</p> <p>___ 1 Child BP Cuff</p> <p>___ 1 S-Obese BP Cuff</p> <p>___ 1 Stethoscope</p> <p>___ 1 Glucometer</p> <p><b>UNDER BENCH</b></p> <p>___ 1 Traction splint w/bag</p> <p>___ 3 Wrist Splints (12")</p> <p>___ 3 Arm Splint (18")</p> <p>___ 3 Leg Splints (24")</p> <p>___ 1 Pelvic Sling (small)</p> <p>___ 1 Pelvic Sling (standard)</p> <p>___ 1 Pelvic Sling (large)</p> <p>___ 1 SLIPP Transfer</p> <p>___ 2 Mega Movers</p> <p>___ 1 Male Urinal</p> <p>___ 1 Female Urinal</p> <p>___ 1 Bed Pan</p> <p>___ 25 Triage Tags</p> <p>___ 1 Seatbelt Extender</p> <p><b>General Patient Compartment</b></p> <p>___ 1 Large Sharps Container</p> <p>___ 1 Box Gloves XS</p> <p>___ 1 Box Gloves SM</p> <p>___ 1 Box Gloves MD</p> <p>___ 1 Box Gloves LG</p> <p>___ 1 Box Gloves XL</p> <p>___ 1 Bleach bottle</p> <p>___ 1 Trash Can</p> <p>___ 20 Jr medic Stickers</p> <p>___ 1 Spare o2 Tank</p> <p><b>Hot/Cold Packs</b></p> <p>___ 10 Ice Packs</p> <p>___ 6 Hot Packs</p>	<p><b>EKG SUPPLIES</b></p> <p>___ 2 PKG's Electrodes</p> <p>___ 1 Ped Quink Combo</p> <p>___ 1 Adult Quick Combo</p> <p>___ 1 Roll Paper</p> <p>___ 2 Razors</p> <p>___ 2 Neonate Pulse Ox</p> <p>___ 1 Spare 3 lead Cable</p> <p>___ 1 Spare 12 Lead Cable</p> <p>___ 3 Inline Co2 Detector</p> <p>___ 4 D-Cell Batteries</p> <p>___ 3 C-Cell batteries</p> <p>___ 1 AICD Magnet</p> <p>___ 10 Trauma Bands</p> <p>___ 4 Pt. Belongings Bags</p> <p>___ 15 Lancets</p> <p>___ 1 Box of Test Strips</p> <p><b>LifePak 15</b></p> <p><b>Left Pocket</b></p> <p>___ 1 3 Lead Cable</p> <p>___ 1 12 Lead Cable</p> <p>___ 1 Patient Cable</p> <p>___ 1 Adult Pulse Ox</p> <p>___ 1 Adult NIBP</p> <p><b>Right Pocket</b></p> <p>___ 1 Package of Electrodes</p> <p>___ 1 Therapy Cable</p> <p>___ 2 Adult Combo Pads</p> <p>___ 1 Peds Combo Pads</p> <p>___ 1 Sharps Shuttle</p> <p><b>Top Pocket</b></p> <p>___ 1 Razor</p> <p>___ 4 Nail Polish Remover</p> <p>___ 1 Peds Pulse Ox</p> <p>___ 1 Neonate Pulse Ox</p> <p>___ 1 Inline Co2 Detector</p> <p><b>Rear Pocket</b></p> <p>___ 1 Load Tester</p> <p>___ 1 Large Adult NIBP</p> <p>___ 1 Large Adult Long NIBP</p> <p>___ 1 Child NIBP Cuff</p> <p>___ 1 Adult BP Cuff</p> <p>___ 1 Roll Paper</p> <p>___ 1 CBG kdt w/</p> <p>___ 5 Lancets</p> <p>___ 5 Alcohol Preps</p> <p>___ 5 Band-Aids</p> <p>___ 10 Test Strips</p> <p><b>I.V. SUPPLIES</b></p> <p>___ 8 Veni-Guards</p> <p>___ 8 4X4 Gauze Pads</p> <p>___ 8 Extension Sets</p> <p>___ 8 Macro Drips</p>	<p>___ 8 10cc Saline Flushes</p> <p>___ 10 500cc LR Bags</p> <p>___ 1 Volutrol</p> <p>___ 40 Alcohol Preps</p> <p>___ 8 Tourniquets</p> <p>___ 25 Band-Aids</p> <p>___ 4 14ga IV Catheter</p> <p>___ 4 16ga IV Catheter</p> <p>___ 6 18ga IV Catheter</p> <p>___ 6 20ga IV Catheter</p> <p>___ 4 22ga IV Catheter</p> <p>___ 4 24ga IV Catheter</p> <p>___ 4 1cc Syringes</p> <p>___ 3 3cc Syringes</p> <p>___ 2 5cc Syringes</p> <p>___ 2 10cc Syringes</p> <p>___ 2 20cc Syringes</p> <p>___ 1 30cc Syringe</p> <p>___ 1 60 cc Syringe Luer-Tip</p> <p>___ 1 60cc Syringe Cath. Tip</p> <p>___ 2 20ga. Strait Needles</p> <p>___ 2 22ga. Strait Needles</p> <p>___ 4 Blunt Tips</p> <p>___ 6 Iodine Preps</p> <p>___ 8 BZK Hand Wipes</p> <p>___ 2 1" Tape</p> <p>___ 1 2" Tape</p> <p>___ 1 Coban</p> <p>___ 2 Transfer Device</p> <p>___ 1 Atomizer</p> <p>___ 1 Trauma Shears</p> <p>___ 1 Bandage Shears</p> <p>___ 1 100cc Saline</p> <p><b>Adult/Ped. IV&amp;Med Kit</b></p> <p><b>Outside Top Pocket/Peds</b></p> <p>___ 1 Rectal Thermometer</p> <p>___ 1 Hypo Thermometer</p> <p>___ 6 Thermometer Covers</p> <p>___ 1 Clipboard</p> <p>___ 1 Peds. Guide W/Tape</p> <p>___ 1 Child BP Cuff</p> <p>___ 1 Protocol Book</p> <p><b>Inside Top Compartment</b></p> <p>___ 2 Trauma Bands</p> <p>___ 1 Bandage Shear</p> <p>___ 1 Trauma Shear</p> <p>___ 1 Nose Clip</p> <p>___ 1 Large Adult BP Cuff</p> <p>___ 1 Neonate BP Cuff</p> <p>___ 1 Penlight</p>
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**Right Compartment**

- \_\_\_ 1 IO Driver
- \_\_\_ 2 IO Stabilizers
- \_\_\_ 2 15mm IO Needle
- \_\_\_ 2 25mm IO Needle
- \_\_\_ 2 45mm IO Needle
- \_\_\_ 1 10cc syringe
- \_\_\_ 1 10cc Flush
- \_\_\_ 1 3-way Stop Cock
- \_\_\_ 2 Iodine Preps
- \_\_\_ 2 Alcohol Preps

**Left Compartment**

- \_\_\_ 3 Convenience Bags
- \_\_\_ 1 Chux Pad
- \_\_\_ 1 Bio Bag
- \_\_\_ 1 **Painvite Kit w/**
- \_\_\_ 2 Succinylcholine
- \_\_\_ 2 Vecuronium
- \_\_\_ 2 Etomidate =80mg
- \_\_\_ 2 Sodium Chloride
- \_\_\_ 1 Atropine Luer Jet
- \_\_\_ 2 1cc Syringe
- \_\_\_ 2 5cc Syringes
- \_\_\_ 2 10cc Syringes
- \_\_\_ 1 20cc Syringe
- \_\_\_ 2 20ga Needles
- \_\_\_ 2 22ga Needles
- \_\_\_ 2 Blunt Needles
- \_\_\_ 1 Check Sheet
- \_\_\_ 1 RSI Sheet
- \_\_\_ 1 DSI Sheet

**IV/IO Cell****Left Pouch**

- \_\_\_ 6 Alcohol Preps
- \_\_\_ 6 Iodine Prep Pads
- \_\_\_ 2 Tourniquets
- \_\_\_ 4 4X4 Gauze Pads
- \_\_\_ 2 Veni-Guards
- \_\_\_ 2 Extensions
- \_\_\_ 1 D10
- \_\_\_ 1 100cc NS Bag

**Right Pouch**

- \_\_\_ 1 Lactated Ringer
- \_\_\_ 2 Macro Drip
- \_\_\_ 2 Flush
- \_\_\_ 2 24ga IV Catheter
- \_\_\_ 2 22ga IV Catheter
- \_\_\_ 2 20ga IV Catheter
- \_\_\_ 2 18ga IV Catheter
- \_\_\_ 2 16ga IV Catheter
- \_\_\_ 1 Coban
- \_\_\_ 1 1" Tape

**Medication Cell****Center Pouch**

- \_\_\_ 5 Adenosine
- \_\_\_ 3 Amiodarone
- \_\_\_ 1 Atropine
- \_\_\_ 1 Bottle ASA
- \_\_\_ 1 Calcium Gluconate
- \_\_\_ 1 Diphenhydramine
- \_\_\_ 1 Dexamethasone
- \_\_\_ 2 Droperidol
- \_\_\_ 5 Epi 1:10,000
- \_\_\_ 1 Epi 1:1000 Iml Vials
- \_\_\_ 1 Esmolol
- \_\_\_ 1 Furosemide
- \_\_\_ 1 Glucagon
- \_\_\_ 1 Ketorolac

- \_\_\_ 2 Lidocaine
- \_\_\_ 1 4mg Mag Sulfate
- \_\_\_ 2 Naloxone
- \_\_\_ 1 Nor-Epi
- \_\_\_ 1 Nitro Bottle
- \_\_\_ 1 Oxytocin
- \_\_\_ 1 Oral Glucose
- \_\_\_ 2 Sodium Bi-Carb w/60cc
- \_\_\_ 1 Syringe
- \_\_\_ 2 TXA
- \_\_\_ 2 5mg Zyprexa
- \_\_\_ 1 IV Zofran
- \_\_\_ 4 Oral Zofran

**Left Pouch**

- \_\_\_ 1 20ga Strait Needle
- \_\_\_ 1 22ga Strait Needle
- \_\_\_ 1 Push Dose Epi.
- \_\_\_ 1 Push Dose Nitro
- \_\_\_ 1 60cc Syringe Luer
- \_\_\_ 1 Nasal Atomizer

**Right Pouch**

- \_\_\_ 2 1cc Syringes
- \_\_\_ 2 3cc Syringe
- \_\_\_ 2 5cc Syringe
- \_\_\_ 1 20cc Syringe
- \_\_\_ 1 30cc Syringe
- \_\_\_ 4 Blunt Tips

**Universal Cell**

- \_\_\_ 1 Ice Pack
- \_\_\_ 2 Kling
- \_\_\_ 10 Band-Aids
- \_\_\_ 2 8x10 ABD Pads
- \_\_\_ 2 4x4's
- \_\_\_ 1 Israeli Bandage
- \_\_\_ 1 Combat Gauze
- \_\_\_ 2 Tactical Tourniquets
- \_\_\_ 2 Triangular Bandages
- \_\_\_ 2 Eye Shields
- \_\_\_ 2 Occlusive Dressing

**BLS Airway Kit****Main Compartment**

- \_\_\_ 1 O2 Tank (1500psi)
- \_\_\_ 1 I-gel 1
- \_\_\_ 1 I-gel 1.5
- \_\_\_ 1 I-gel 2
- \_\_\_ 1 I-gel 2.5
- \_\_\_ 1 I-gel 3
- \_\_\_ 1 I-gel 4
- \_\_\_ 1 I-gel 5
- \_\_\_ 1 BVM w/PEEP
- \_\_\_ 1 Co2 Detector Lead

**Front Pocket**

- \_\_\_ 1 Adult NRB
- \_\_\_ 1 Adult Nasal Cannula
- \_\_\_ 1 Co2 Nasal Cannula
- \_\_\_ 1 Peds NRB
- \_\_\_ 1 Peds Nasal Cannula
- \_\_\_ 1 Nebulizer
- \_\_\_ 1 T-Adapter
- \_\_\_ 1 Multi-Adaptor
- \_\_\_ 2 Racemic Epi
- \_\_\_ 2 Albuterol
- \_\_\_ 4 Duo Nebs
- \_\_\_ 2 Respiratory Saline
- \_\_\_ 1 12 NPA
- \_\_\_ 1 14 NPA
- \_\_\_ 1 16 NPA

- \_\_\_ 1 18 NPA
- \_\_\_ 1 26 NPA
- \_\_\_ 1 28 NPA
- \_\_\_ 1 32 NPA
- \_\_\_ 4 Surgilube
- \_\_\_ 1 40 OPA
- \_\_\_ 1 50 OPA
- \_\_\_ 1 60 OPA
- \_\_\_ 1 80 OPA
- \_\_\_ 1 90 OPA
- \_\_\_ 1 100 OPA
- \_\_\_ 1 110 OPA
- \_\_\_ 1 Bite stick

**A&S Airway Kit****Top Pocket**

- \_\_\_ 1 Stethoscope
- \_\_\_ 1 Bio-Bag

**Main Compartment**

- \_\_\_ 1 Pediatric BVM w/
- \_\_\_ 1 neonate mask
- \_\_\_ 1 Infant mask
- \_\_\_ 1 CPAP w/filter
- \_\_\_ 1 Large CPAP Mask

**Portable Suction Unit**

- \_\_\_ 2 Suction Batteries
- \_\_\_ 1 Spare Suction Tubing
- \_\_\_ 1 Rigid Suction Tip
- \_\_\_ 1 8fr Catheter
- \_\_\_ 1 14fr Catheter
- \_\_\_ 2 Disposable Canisters
- \_\_\_ 1 Little Sucker
- \_\_\_ 1 Meconium Aspirator

**Main Compartment Elm**

- \_\_\_ 2 Gowns
- \_\_\_ 2 Face shields
- \_\_\_ 2 Safety Glasses

**Left Pouch**

- \_\_\_ 1 CRIC Kit
- \_\_\_ 1 S-Guide Stylet
- \_\_\_ 1 Decompression Kit
- \_\_\_ 1 Chux

**Right Pouch**

- \_\_\_ 1 500 saline bottle
- \_\_\_ 1 60cc syringe cath. Tip
- \_\_\_ 1ea NG Tube 6, 12, 16

**Intubation****Cell (Airway)****Left Pouch**

- \_\_\_ 2 10cc Syringes
- \_\_\_ 1 Adult Stylet
- \_\_\_ 1 Pediatric Stylet

**Center Pouch**

- \_\_\_ 1 2.5 ET
- \_\_\_ 1 3.0 ET
- \_\_\_ 1 3.5 ET
- \_\_\_ 1 4.0 ET
- \_\_\_ 1 4.5 ET
- \_\_\_ 1 5.0 ET
- \_\_\_ 1 5.5 ET
- \_\_\_ 1 6.0 ET
- \_\_\_ 1 6.5 ET
- \_\_\_ 1 7.0 ET
- \_\_\_ 1 7.5 ET
- \_\_\_ 1 8.0 ET

\_\_\_ 1 8.5 ET Book \_\_\_\_\_ Page \_\_\_\_\_

- \_\_\_ 1 Adult Magills
- \_\_\_ 1 Pediatric Magills

**Right Pouch**

- \_\_\_ 1 DL Handle
- \_\_\_ 1 Miller 1 Blade
- \_\_\_ 1 Miller 2 Blade
- \_\_\_ 1 Miller 3 Blade
- \_\_\_ 1 Miller 4 Blade
- \_\_\_ 1 MAC 2 Blade
- \_\_\_ 1 MAC 3 Blade
- \_\_\_ 1 MAC 4 Blade
- \_\_\_ 1 Adult ET Tube Holder
- \_\_\_ 1 Peds ET Tube Holder

**Universal Cell**

- \_\_\_ 1 Glidescope Monitor
- \_\_\_ 1 S1 Blade
- \_\_\_ 1 S2 Blade
- \_\_\_ 1 S3 Blade
- \_\_\_ 1 S4 Blade
- \_\_\_ 1 Small Stylet
- \_\_\_ 1 Medium Stylet
- \_\_\_ 1 Large Stylet

**C-SPINE KIT****Outside Cabinet**

- \_\_\_ 2 Child C-Collars
- \_\_\_ 4 Adult C-Collars
- \_\_\_ 4 Head Beds
- \_\_\_ 4 Foam Pads
- \_\_\_ 1 Spider Strap
- \_\_\_ 2 Back Rafts
- \_\_\_ 1 Back Raft Pump
- \_\_\_ 1 2" Tape
- \_\_\_ 2 Spare Spider straps

**Paperwork**

- \_\_\_ 1 Clipboard
- \_\_\_ 12 MWA worksheets
- \_\_\_ 6 English Refusals
- \_\_\_ 6 Spanish Refusals
- \_\_\_ 6 Drug Usage Forms
- \_\_\_ 2 Drug Transfer Forms
- \_\_\_ 2 Category B Forms
- \_\_\_ 6 Signature Forms
- \_\_\_ 2 CMN Forms
- \_\_\_ 3 CPO's
- \_\_\_ 4 ECG Mount Strips
- \_\_\_ 2 Near Miss Forms
- \_\_\_ 4 Long Response Forms
- \_\_\_ 4 RSI Checklist
- \_\_\_ 4 DSI Checklist

**OUTSIDE OXYGEN**

- \_\_\_ 1 Main O2 w/750psi

**Outside Cabinet**

- \_\_\_ 1 Peds Backboard
- \_\_\_ 2 Backboards
- \_\_\_ 1 Scoop Stretcher
- \_\_\_ 1 KED

**Outside Cabinet**

- \_\_\_ 6 Safety Triangles
- \_\_\_ 1 Spare tire w/jack
- \_\_\_ 1 Lug wrench
- \_\_\_ 1 24" Crow bar
- \_\_\_ 1 51" Wrecking bar
- \_\_\_ 2 Pair Leather Gloves

\_\_\_ 1 Tire chains (winter)

- \_\_\_ 1 Ice Scraper (winter)
- \_\_\_ 2 Wood Blocks (winter)

**CAB SUPPLIES**

- \_\_\_ 2 Flashlights
- \_\_\_ 1 Haz-Mat Book
- \_\_\_ 1 USB Keyboard
- \_\_\_ 1 Spotlight
- \_\_\_ 1 Trash Can
- \_\_\_ 1 Hand Sanitizer
- \_\_\_ 1 Box Kleenex
- \_\_\_ 3 Safety Vests
- \_\_\_ 1 Sealed Accident Packet
- \_\_\_ 2 Small Trash Bags
- \_\_\_ 1 Fire Extinguisher

**Linen**

- \_\_\_ 12 Flat sheets
- \_\_\_ 6 Bath Blankets
- \_\_\_ 6 Pillow Cases
- \_\_\_ 1 Pillow
- \_\_\_ 1 Wool Blanket
- \_\_\_ 1 Pedi-Mate

**Narc Box**

- \_\_\_ 8 N95 9501+

**Tagging Supplies:**

- \_\_\_ 25 Yellow Tags
- \_\_\_ 1 Sharpie

**Not Sealed**

(Inventory on card in bin)

**Red Box Inventory****Green Box Inventory****Blue Box Inventory**

# **EMERGENCY MEDICAL SERVICES MUTUAL AID AGREEMENT**

## **SCOPE OF AGREEMENT**

**THIS AGREEMENT is made and entered into by the Mist-Birkenfeld Rural Fire Protection District and Metro West Ambulance for the provision of Mutual Aid during times of peak overload or resource depletion of Emergency Medical calls.**

- 1. The parties agree that a request for Mutual Aid will be made when an emergency occurs in the area within the jurisdiction of any party hereto and local resources may be inadequate to respond to that emergency.**
- 2. The parties agree to provide, upon request of the other party, such equipment and trained personnel as may be requested, unless such action would prevent or disrupt adequate service and/or protection of its own area of jurisdiction and responsibility.**
- 3. If Mutual Aid resources are being requested to supplement a provider's resources already on scene such as multi-casualty incident, the requested party will use normal Incident Command protocol and report to the Incident Commander upon arrival for assignment.**
- 4. Requested resources will respond and operate under the Medical Protocols and Standard Operating Procedures in place for their organization regardless of what jurisdiction they are in.**

## **POLICIES**

**Each Party hereto agrees:**

- 1. To maintain the work force and equipment sufficient to respond and control emergency calls of the type and magnitude which are likely to occur in its jurisdiction or area of responsibility.**
- 2. To provide and maintain an emergency action plan for activating their personnel and resources within their jurisdiction or area of responsibility.**
- 3. To be responsible for its own costs and expenses, even those incurred as a result of participation in this agreement. The requested provider may bill the customers**

serviced as a result of this agreement their usual and customary charges as applicable by law.

- 4. To be responsible and liable for only the actions of its own employees, volunteers and resources while participating in this agreement.

**TERM OF AGREEMENT**

This agreement shall be in place indefinitely commencing on the date of the signatures set below, unless cancelled in writing by either party with at least thirty (30) day notice.

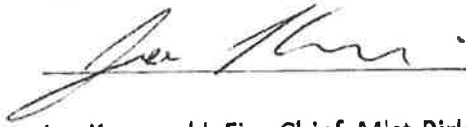
**COMPLIANCE WITH APPLICABLE LAWS**

All parties agree to observe and comply with all Federal, state and local laws, rules, ordinances and regulations that in any manner may affect or be applicable to the services herein provided.

**ENTIRE AGREEMENT**

This agreement supersedes any and all agreements, either oral or in writing between the parties hereto with respect to the subject matter hereof, and no other agreement, statement of promise relating to the subject matter of this agreement which is not contained herein shall be valid or binding.

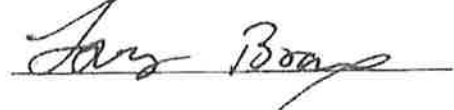
Mist-Birkenfeld Rural Fire Protection District



Joe Kaczinski, Fire Chief, Mist-Birkenfeld RFPD

8-20-24  
Date

Metro West Ambulance



Larry Boxman, Vice President, Metro West Ambulance

8/14/24  
Date

**Medical Services Mutual Aid Agreement****Between****Metro West Ambulance Columbia County ASA #7 and Banks Fire District #13**

This agreement is between Metro West Ambulance (Vernonia) and Banks Fire District #13. The agreement between both agencies is to provide emergency medical coverage and transport on emergency calls in Columbia County Ambulance Service Area #7 (Vernonia).

**Communications:**

Metro West Ambulance will activate Banks Fire via Washington County 911 (WCCCA). The Metro West Ambulance Communications Center, Columbia County 911 and Washington County 911 (WCCCA) will be able to communicate directly with Banks Fire Medic 13 via Metro West Ambulance and County communication devices.

**Issues of Liability:**

Parties listed in this agreement or its members rendering aid pursuant to this agreement shall not be held liable for any act or omission in good faith on the part of such forces while so engaged, or on account of maintenance or use of any equipment or supplies in connections herewith.

Metro West Ambulance and Banks Fire will not hold each other liable in/for claims either directly or indirectly resulting from negligence and/or misconduct related to the performance of this agreement.

Each party to this agreement shall assume all liability and responsibility for the death of or injury to any personnel responding or transporting to a request for mutual aid.

**Fees for Service:**

Metro West Ambulance will bill for services provided by Banks Fire District. All fund collected from the transports will then be returned to the fire district. Banks Fire District will obtain Medicaid/Medicare numbers for billing.

**Reciprocity:**

Banks fire meets or exceeds the requirements to respond, operate and transport in Columbia County.

**Mutuality of Assistance:**

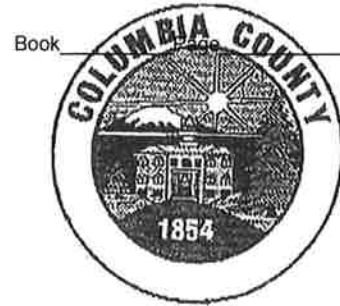
Metro West Ambulance provides Banks Fire District with an ambulance, equipment and supplies in exchange for mutual aid coverage in Columbia County.

X   
Banks Fire District #13

x *Larry B. Bostrom*

Metro West Ambulance





**COLUMBIA COUNTY  
DEPARTMENT OF EMERGENCY MANAGEMENT**

230 Strand Street, St. Helens, OR 97051 ♦ 503-366-3905 ♦ FAX 397-7248  
[clousej@co.columbia.or.us](mailto:clousej@co.columbia.or.us)

TO: Henry Heimuller

COMPANY: Metro West Ambulance Services

FAX # 9-1-503-693-3216

FROM: John E. Clouse, Ambulance Service  
Area Administrator

DATE: June 3, 2002

PAGES TO FOLLOW: 2

COMMENTS: Henry, as agreed in our ASA meeting, we still need Mr. Finter to sign the "Columbia County Fire and medical Service Mutual Aid Agreement." I got Mike Simek's signature which was the other one that was missing. Please date it May or June 1998. Thanks.



**Community Alert Network will save lives!**

ATTACHMENT "A" TO COLUMBIA COUNTY AMBULANCE SERVICE AREA PLAN  
COLUMBIA COUNTY FIRE AND MEDICAL SERVICE  
MUTUAL AID AGREEMENT

**1.0 INTRODUCTION:**

This Agreement entered into the 14 day of April 1978, among and between the participating agencies for the purpose of securing to each periodic emergency assistance for the protection of life and property. All prior agreements are canceled.

**2.0 AUTHORITY:**

2.1 This Agreement is entered into under the authority granted to the parties by their respective charters and/or Oregon Revised Statutes (ORS). Further, ORS 190.010 authorizes units of local government to enter into written agreements with other units of local government for the purposes of any and all functions and activities that the parties to the agreement, its officers or agencies, have authority to perform. Additionally, ORS Chapter 453, 476 and 401 authorize the State Fire Marshal and the Administrator of the Oregon Emergency Management to develop comprehensive statewide plans for the protection of life and property during disasters. This Agreement is intended to be consistent with, and supportive of, such state contingency plans.

2.2 This Agreement includes Metro West/Vernonia Ambulance. It is not a government entity. Each of the parties signatory to this mutual aid agreement acknowledge that fact and have contacted their respective insurers and reviewed their respective rules and policies as appropriate for entering into such agreement.

**3.0 SCOPE OF AGREEMENT**

This Agreement, being in conformance with the Oregon Fire Service Mobilization Plan as adopted by the State Fire Marshal, shall include the following types and kinds of mutual aid assistance, and operating terms and conditions.

3.1 Type of Equipment and Personnel. The parties hereto agree to provide to all other parties to this Agreement such personnel and equipment as is described in Attachment "A", which by this reference is incorporated herein. Further, the parties hereto recognize and agree that such personnel and equipment shall be periodically unavailable under this Agreement due to normal operating requirements. However, when any significant change occurs to the available equipment and/or personnel which shall last more than sixty (60) days, the party experiencing such change shall notify all other parties to this Agreement. Nothing in this Agreement is intended to prohibit a party, in its sole discretion, from providing any personnel and/or equipment that is not listed in Attachment "A".

**VERNONIA RURAL FIRE DISTRICT:**

*Ronald Skinner*  
Board President

4-14-98

*Ron Fiedman*  
Board Secretary

Date  
4-14-98

*Paul Epler*  
Fire Chief

Date  
4-14-98

Date

**METRO.WEST/VERNONIA AMBULANCE:**

*J.D. Fuiten*  
J. D. Fuiten, President

5/12/98

Operations Manager

Date

Date

**OREGON DEPARTMENT OF FORESTRY**

*Michael J. James*  
Protection Unit Forester

5-13-98

Date

Date

Date

# EMERGENCY MEDICAL SERVICES MUTUAL AID AGREEMENT

## SCOPE OF AGREEMENT

THIS AGREEMENT is made and entered into by Medix Ambulance and Metro West Ambulance for the provision of Mutual Aid during times of peak overload or resource depletion of Emergency Medical calls.

1. The parties agree that a request for Mutual Aid will be made when an emergency occurs in the area within the jurisdiction of any party hereto and local resources may be ~~inadequate to respond to that emergency.~~
2. The parties agree to provide, upon request of the other party, such equipment and trained personnel as may be requested, unless such action would prevent or disrupt adequate service and/or protection of its own area of jurisdiction and responsibility.
3. If Mutual Aid resources are being requested to supplement a provider's resources already on scene such as multi-casualty incident, the requested party will use normal Incident Command protocol and report to the Incident Commander upon arrival for assignment.
4. Requested resources will respond and operate under the Medical Protocols and Standard Operating Procedures in place for their organization regardless of what jurisdiction they are in.

## POLICIES

Each Party hereto agrees:

1. To maintain the work force and equipment sufficient to respond and control emergency calls of the type and magnitude which are likely to occur in its jurisdiction or area of responsibility.
2. To provide and maintain an emergency action plan for activating their personnel and resources within their jurisdiction or area of responsibility.
3. To be responsible for its own costs and expenses, even those incurred as a result of participation in this agreement. The requested provider may bill the customers

serviced as a result of this agreement their usual and customary charges as applicable by law.

4. To be responsible and liable for only the actions of its own employees, volunteers and resources while participating in this agreement.

#### TERM OF AGREEMENT

This agreement shall be in place indefinitely commencing on the date of the signatures set below, unless cancelled in writing by either party with at least thirty (30) day notice.

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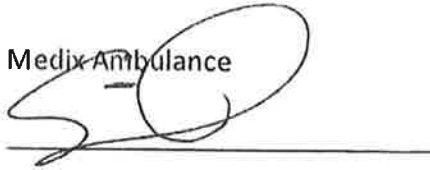
#### COMPLIANCE WITH APPLICABLE LAWS

All parties agree to observe and comply with all Federal, state and local laws, rules, ordinances and regulations that in any manner may affect or be applicable to the services herein provided.

#### ENTIRE AGREEMENT

This agreement supersedes any and all agreements, either oral or in writing between the parties hereto with respect to the subject matter hereof, and no other agreement, statement of promise relating to the subject matter of this agreement which is not contained herein shall be valid or binding.

Medix Ambulance



8/14/24  
Date

Shawn Baird, CEO, Medix Ambulance & Metro West Ambulance Family of Companies

Metro West Ambulance



8/14/24  
Date

Larry Boxman, Vice President, Metro West Ambulance









8/13/24, 2:37 PM

EMS ASA Response Time

Call ID	Case Number	Date/Time	Incident Type	Address	City	Dispatch	Page	Response Agency	Response Time
9073212	OF230008440	09/29/2023 14:16:15	SK - SICK PERSON	67551 Nehalem Hwy N	VERNONIA	Book ID 64   O STS	6717	Mist-Birkenfeld RFPD	00:11:42
9077188	OF230008469	09/30/2023 14:15:22	FA - FALL	1344 Roseview Ct	VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:04:46
9078121	OF230008478	09/30/2023 18:48:35	CPR - CARDIAC ARREST	17797 Noakes Rd	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:05:02
9081406	OF230008508	10/01/2023 17:05:56	CH - CHEST PAIN/HEART	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:14

IncNum	Date	Problem	Address	Apt City	RespArea	Map_Info	Division	RespTime
OF230008508	10/1/23 17:05	CH - CHEST PAIN/HEART	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D	Vernonia RF	0:00:14
OF230008521	10/2/23 7:26	CH - CHEST PAIN/HEART	1105 Riverside Dr	#2 VERNONIA	O VFD 52   O VRP	5919B	Vernonia RF	0:04:38
OF230008576	10/4/23 8:28	AL - ALLERGIC REACTION	1000 Missouri Ave	VERNONIA	O VFD 52   O VRP	5918A	Vernonia RF	0:03:15
OF230008626	10/5/23 21:07	CH - CHEST PAIN/HEART	60204 Stoney Point Rd	VERNONIA	O VFD 55   O STS		6018 Vernonia RF	0:06:48
OF230008635	10/6/23 5:49	CH - CHEST PAIN/HEART	864 State Ave	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RF	0:07:49
OF230008649	10/6/23 16:40	DI - DIABETIC PROBLEMS	155 B St	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RF	0:03:48
OF230008700	10/8/23 6:26	SK - SICK PERSON	1109 Roseview Heights Ave	VERNONIA	O VFD 51   O VRP	5917A	Vernonia RF	0:05:06
OF230008703	10/8/23 6:58	CH - CHEST PAIN/HEART	60204 Stoney Point Rd	VERNONIA	O VFD 55   O STS		6018 Vernonia RF	0:07:00
OF230008732	10/9/23 12:11	SK - SICK PERSON	1000 Missouri Ave	VERNONIA	O VFD 52   O VRP	5918A	Vernonia RF	0:01:45
OF230008792	10/10/23 20:08	BL - BLEEDING PROBLEM	924 State Ave	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RF	0:03:44
OF230008818	10/11/23 17:23	LA - LIFT ASSIST	15304 Airport Way	VERNONIA	O VFD 57   O STS	5915	Vernonia RF	0:14:43
OF230008819	10/11/23 18:06	AL - ALLERGIC REACTION	1315 East Ave	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RF	0:02:43
OF230008847	10/12/23 16:59	SK - SICK PERSON	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D	Vernonia RF	0:00:11
OF230008866	10/13/23 1:52	CH - CHEST PAIN/HEART	60204 Stoney Point Rd	VERNONIA	O VFD 55   O STS		6018 Vernonia RF	0:06:13
OF230008899	10/14/23 10:27	ANB - ANIMAL BITES/ATTACKS	1080 E Bridge St	#2 VERNONIA	O VFD 54   O VRP	5919C	Vernonia RF	0:02:49
OF230008930	10/14/23 21:25	LA - LIFT ASSIST	18674 Mellinger Rd	VERNONIA	O VFD 55   O STS	5918A	Vernonia RF	0:06:55
OF230008947	10/15/23 22:51	CH - CHEST PAIN/HEART	60204 Stoney Point Rd	VERNONIA	O VFD 55   O STS		6018 Vernonia RF	0:06:11
OF230008973	10/16/23 16:36	CH - CHEST PAIN/HEART	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RF	0:04:02
OF230009003	10/17/23 11:00	CH - CHEST PAIN/HEART	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RF	0:04:02
OF230009014	10/17/23 16:31	LA - LIFT ASSIST	687 Lakeview Dr	VERNONIA	O VFD 54   O VRP	5918D	Vernonia RF	0:02:01
OF230009026	10/18/23 10:06	AB - ABDOMINAL PAIN	822 1st Ave	VERNONIA	O VFD 51   O VRP	5917D	Vernonia RF	0:04:03
OF230009032	10/18/23 12:40	FA - FALL	687 Lakeview Dr	VERNONIA	O VFD 54   O VRP	5918D	Vernonia RF	0:03:23
OF230009054	10/19/23 8:10	TAI - TRAFFIC ACCIDENT INJUF	62206 Nehalem Hwy N	VERNONIA	O VFD 56   O STS	6219	Vernonia RF	0:08:05
OF230009094	10/20/23 13:57	DI - DIABETIC PROBLEMS	1161 River St	3 VERNONIA	O VFD 57   O STS	5917D	Vernonia RF	0:04:54
OF230009155	10/23/23 0:24	CH - CHEST PAIN/HEART	1206 State Ave	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RF	0:04:26
OF230009164	10/23/23 10:57	TOX - TOXIC EXPOSURE	490 Bridge St	VERNONIA	O VFD 51   O VRP	5918C	Vernonia RF	0:03:35
OF230009189	10/24/23 7:37	SZ - SEIZURES	71752 Fishhawk Rd	CLATSKANIE	O MBFD 63   O STS	7110	Mist-Birkenf	0:08:11
OF230009220	10/25/23 11:13	LA - LIFT ASSIST	15304 Airport Way	VERNONIA	O VFD 57   O STS	5915	Vernonia RF	0:12:13
OF230009265	10/26/23 16:42	SK - SICK PERSON	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D	Vernonia RF	0:00:00
OF230009267	10/26/23 17:15	SK - SICK PERSON	59000 Pebble Creek Rd	VERNONIA	O VFD 58   O STS	5919D	Vernonia RF	0:04:22
OF230009313	10/28/23 11:51	SK - SICK PERSON	17797 Noakes Rd	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RF	0:04:38
OF230009327	10/28/23 21:34	TR - TRAUMA	1080 E Bridge St	3 VERNONIA	O VFD 54   O VRP	5919C	Vernonia RF	0:04:18
OF230009368	10/30/23 8:09	LA - LIFT ASSIST	1275 Alder St	VERNONIA	O VFD 54   O VRP	5919C	Vernonia RF	0:02:02
OF230009449	11/1/23 15:35	AB - ABDOMINAL PAIN	1105 State Ave	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RF	0:05:00
OF230009457	11/1/23 19:37	CH - CHEST PAIN/HEART	1014 4th Ave	VERNONIA	O VFD 51   O VRP	5917A	Vernonia RF	0:05:32
OF230009499	11/3/23 11:02	CH - CHEST PAIN/HEART	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RF	0:03:23
OF230009588	11/6/23 10:20	CPR - CARDIAC ARREST	58996 Pebble Creek Rd	VERNONIA	O VFD 58   O STS	5819	Vernonia RF	0:04:27
OF230009616	11/7/23 10:41	BR - BREATHING PROBLEM	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RF	0:03:12
OF230009629	11/7/23 16:27	BHI - BEHAVIORAL HEALTH	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RF	0:05:20
OF230009693	11/9/23 18:19	CH - CHEST PAIN/HEART	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D	Vernonia RF	0:02:05
OF230009695	11/9/23 18:36	CH - CHEST PAIN/HEART	16819 Timber Rd E	VERNONIA	O VFD 57   O STS	5816	Vernonia RF	0:08:05
OF230009711	11/10/23 11:22	LA - LIFT ASSIST	15304 Airport Way	VERNONIA	O VFD 57   O STS	5915	Vernonia RF	0:07:59
OF230009715	11/10/23 13:43	CVA - STROKE	18674 Mellinger Rd	VERNONIA	O VFD 55   O STS	5918A	Vernonia RF	0:04:26
OF230009720	11/10/23 15:56	AB - ABDOMINAL PAIN	59201 Sword Pl	VERNONIA	O VFD 53   O STS   1	5918C	Vernonia RF	0:06:33
OF230009722	11/10/23 16:23	LA - LIFT ASSIST	15304 Airport Way	VERNONIA	O VFD 57   O STS	5915	Vernonia RF	0:15:33

OF230009730	11/10/23 22:52 SK - SICK PERSON	940 Fairway Ln	VERNONIA	O VFD 51   O VRP	5918B Vernonia RF	0:09:46
OF230009743	11/11/23 11:38 AB - ABDOMINAL PAIN	450 Jefferson Ave	24 VERNONIA	O VFD 53   O VRP	5918C Vernonia RF	0:05:50
OF230009781	11/13/23 10:40 TR - TRAUMA	831 Bridge St	VERNONIA	O VFD 53   O VRP	5918C Vernonia RF	0:03:05
OF230009784	11/13/23 11:44 LA - LIFT ASSIST	15304 Airport Way	VERNONIA	O VFD 57   O STS	5915 Vernonia RF	0:15:33
OF230009798	11/13/23 16:53 LA - LIFT ASSIST	15304 Airport Way	VERNONIA	O VFD 57   O STS	5915 Vernonia RF	0:13:52
OF230009832	11/15/23 6:02 CH - CHEST PAIN/HEART	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:00:37
OF230009850	11/15/23 15:21 FA - FALL	906 6th Ave	VERNONIA	O VFD 51   O VRP	5917A Vernonia RF	0:06:53
OF230009852	11/15/23 16:43 CH - CHEST PAIN/HEART	701 Weed Ave	VERNONIA	O VFD 53   O VRP	5917D Vernonia RF	0:04:12
OF230009859	11/15/23 19:04 DI - DIABETIC PROBLEMS	61158 Stoney Point Rd	VERNONIA	O VFD 56   O STS	6119 Vernonia RF	0:08:43
OF230009861	11/15/23 20:25 SK - SICK PERSON	1253 Cherry St	VERNONIA	O VFD 52   O VRP	5919B Vernonia RF	0:04:15
OF230009886	11/16/23 15:31 SK - SICK PERSON	1105 Riverside Dr	7 VERNONIA	O VFD 52   O VRP	5919B Vernonia RF	0:03:18
OF230009923	11/17/23 18:21 SK - SICK PERSON	681 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:04:14
OF230009928	11/17/23 21:28 TAI - TRAFFIC ACCIDENT INJUF	62101-62999 Burn Rd	VERNONIA	O VFD 55 - ODF    O STS	6215 Vernonia RF	0:14:49
OF230009940	11/18/23 10:52 SK - SICK PERSON	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:00:00
OF230009974	11/19/23 18:07 CH - CHEST PAIN/HEART	62206 Nehalem Hwy N	VERNONIA	O VFD 56   O STS	6219 Vernonia RF	0:09:23
OF230009983	11/20/23 2:48 BR - BREATHING PROBLEM	124 E St	VERNONIA	O VFD 51   O VRP	5918B Vernonia RF	0:05:51
OF230010035	11/22/23 9:24 CH - CHEST PAIN/HEART	1000 Missouri Ave	VERNONIA	O VFD 52   O VRP	5918A Vernonia RF	0:04:30
OF230010104	11/24/23 20:05 TAI - TRAFFIC ACCIDENT INJUF	Nehalem Hwy S / Sheely Creek Rd	VERNONIA	O VFD 57   O STS	5817 Vernonia RF	0:06:17
OF230010125	11/25/23 13:39 SK - SICK PERSON	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:00:00
OF230010204	11/28/23 0:45 CH - CHEST PAIN/HEART	650 California Ave	VERNONIA	O VFD 53   O VRP	5918D Vernonia RF	0:05:53
OF230010281	11/30/23 9:59 AB - ABDOMINAL PAIN	1005 Cougar St	TM VERNO VERNONIA	O VFD 53   O VRP	5917D Vernonia RF	0:05:24
OF230010335	12/2/23 2:00 CVA - STROKE	1059 1st Ave	VERNONIA	O VFD 51   O VRP	5917A Vernonia RF	0:07:59
OF230010369	12/2/23 18:51 CH - CHEST PAIN/HEART	1105 Riverside Dr	#22 VERNONIA	O VFD 52   O VRP	5919B Vernonia RF	0:05:15
OF230010504	12/7/23 1:02 CH - CHEST PAIN/HEART	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:02:19
OF230010515	12/7/23 10:30 FA - FALL	900 Madison Ave	9 VERNONIA	O VFD 51   O VRP	5918B Vernonia RF	0:03:46
OF230010547	12/8/23 4:38 AB - ABDOMINAL PAIN	141 A St	VERNONIA	O VFD 51   O VRP	5918B Vernonia RF	0:06:58
OF230010565	12/8/23 11:11 SK - SICK PERSON	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:00:00
OF230010572	12/8/23 14:09 AB - ABDOMINAL PAIN	1610 N Mist Dr	VERNONIA	O VFD 52   O VRP	5919B Vernonia RF	0:03:28
OF230010589	12/8/23 20:01 TR - TRAUMA	59231 Nehalem Hwy S	VERNONIA	O VFD 57   O STS	5917D Vernonia RF	0:05:22
OF230010734	12/13/23 16:40 FA - FALL	1105 Riverside Dr	26B VERNONIA	O VFD 52   O VRP	5919B Vernonia RF	0:05:45
OF230010744	12/13/23 22:00 TAI - TRAFFIC ACCIDENT INJUF	HWY 47 MP 68	VERNONIA	O VFD 57   O STS	5516 Vernonia RF	0:12:28
OF230010764	12/14/23 16:41 BR - BREATHING PROBLEM	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D Vernonia RF	0:05:51
OF230010768	12/14/23 19:09 LA - LIFT ASSIST	1105 Riverside Dr	7 VERNONIA	O VFD 52   O VRP	5919B Vernonia RF	0:07:34
OF230010785	12/15/23 9:41 FA - FALL	1160 Rose Ave	VERNONIA	O VFD 51   O VRP	5917A Vernonia RF	0:05:29
OF230010786	12/15/23 9:59 CH - CHEST PAIN/HEART	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D Vernonia RF	0:04:37
OF230010789	12/15/23 11:55 AB - ABDOMINAL PAIN	5 E B St	VERNONIA	O VFD 52   O VRP	5918A Vernonia RF	0:02:52
OF230010799	12/15/23 19:19 SK - SICK PERSON	HWY 47 MP 51	VERNONIA	O MBFD 64   O STS	6718 Mist-Birkenl	0:11:22
OF230010807	12/16/23 2:27 SK - SICK PERSON	924 2nd Ave	VERNONIA	O VFD 51   O VRP	5917A Vernonia RF	0:08:02
OF230010842	12/16/23 22:01 DI - DIABETIC PROBLEMS	1161 River St	3 VERNONIA	O VFD 57   O STS	5917D Vernonia RF	0:05:34
OF230010878	12/18/23 8:58 CH - CHEST PAIN/HEART	16819 Timber Rd E	VERNONIA	O VFD 57   O STS	5816 Vernonia RF	0:06:10
OF230010886	12/18/23 10:56 SK - SICK PERSON	59201 Sword Pl	VERNONIA	O VFD 53   O STS   1	5918C Vernonia RF	0:03:19
OF230010893	12/18/23 15:58 FA - FALL	18209 Keasey Rd	VERNONIA	O VFD 55   O STS	6018 Vernonia RF	0:03:50
OF230010919	12/19/23 11:59 BR - BREATHING PROBLEM	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D Vernonia RF	0:03:52
OF230010922	12/19/23 12:24 SK - SICK PERSON	1005 Cougar St	VERNONIA	O VFD 53   O VRP	5917D Vernonia RF	0:04:54
OF230010945	12/20/23 10:36 BR - BREATHING PROBLEM	1000 Missouri Ave	VERNONIA	O VFD 52   O VRP	5918A Vernonia RF	0:03:16
OF230010987	12/21/23 12:26 BR - BREATHING PROBLEM	559 Madison Ave	VERNONIA	O VFD 53   O VRP	5918C Vernonia RF	0:03:35
OF230011008	12/21/23 21:08 BR - BREATHING PROBLEM	1210 2nd Ave	VERNONIA	O VFD 51   O VRP	5917A Vernonia RF	0:05:08

OF230011066	12/24/23 5:50 HCE - HEAT/COLDS EXPOSURE	Vernonia Lake	VERNONIA	O VFD 54   O VRP	5919C Vernonia RF	0:04:02
OF230011070	12/24/23 8:31 BR - BREATHING PROBLEM	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:00:35
OF230011086	12/24/23 16:34 CH - CHEST PAIN/HEART	57403 Timber Rd	VERNONIA	O VFD 57   O STS	5714 Vernonia RF	0:09:21
OF230011094	12/24/23 19:53 SK - SICK PERSON	377 E Mississippi Ave	VERNONIA	O VFD 52   O VRP	5918A Vernonia RF	0:03:40
OF230011147	12/27/23 3:04 CVA - STROKE	5 E B St	VERNONIA	O VFD 52   O VRP	5918A Vernonia RF	0:03:46
OF230011185	12/28/23 8:47 CH - CHEST PAIN/HEART	141 A St	VERNONIA	O VFD 51   O VRP	5918B Vernonia RF	0:04:21
OF230011238	12/30/23 1:19 LA - LIFT ASSIST	409 Rose Ave	6 VERNONIA	O VFD 53   O VRP	5917D Vernonia RF	0:06:39
OF230011261	12/30/23 18:49 CH - CHEST PAIN/HEART	1275 Alder St	VERNONIA	O VFD 54   O VRP	5919C Vernonia RF	0:05:14
OF230011279	12/31/23 14:05 OVD - OVERDOSE/POISON	555 E Bridge St	VERNONIA	O VFD 54   O VRP	5918D Vernonia RF	0:01:03
OF240000024	1/1/24 18:54 CK - CHOKING	18209 Keasey Rd	VERNONIA	O VFD 55   O STS	6018 Vernonia RF	0:04:56

MWA Compliance Report October-December 2023

102 calls      0 lates      100% Compliance

**85 total ASA Calls with times for Vernonia RFPD during the period 01/01/2024 00:00:00 - 03/31/2024 23:59:59**

Incid	IncNum	Date	Problem	Address	Apt	City	RespArea	Map	Agency	Dsp2Arr
9472583	OF240000024	01/01/2024 18:54:37	CK - CHOKING	18209 Keasey Rd		VERNONIA	O VFD 55   O STS	6018	Vernonia RFPD	00:04:56
9479302	OF240000070	01/03/2024 10:17:12	AB - ABDOMINAL PAIN	788 E Bridge St		VERNONIA	O VFD 52   O VRP	5918D	Vernonia RFPD	00:03:57
9479529	OF240000073	01/03/2024 11:15:50	AB - ABDOMINAL PAIN	1253 Cherry St		VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:04:46
9483741	OF240000111	01/04/2024 10:20:31	FA - FALL	Vernonia Lake		VERNONIA	O VFD 54   O VRP	5919C	Vernonia RFPD	00:02:24
9485998	OF240000124	01/04/2024 18:16:43	CH - CHEST PAIN/HEART	16819 Timber Rd E		VERNONIA	O VFD 57   O STS	5816	Vernonia RFPD	00:07:09
9486745	OF240000129	01/04/2024 22:15:25	CH - CHEST PAIN/HEART	652 E Bridge St		VERNONIA	O VFD 52   O VRP	5918D	Vernonia RFPD	00:03:21
9488571	OF240000139	01/05/2024 10:41:26	FA - FALL	57902 Adams Rd		VERNONIA	O VFD 57   O STS	5717	Vernonia RFPD	00:07:08
9494950	OF240000190	01/06/2024 19:39:21	CPR - CARDIAC ARREST	56089 Nchalem Hwy S		VERNONIA	O VFD 57   O STS	5616	Vernonia RFPD	00:07:59
9495119	OF240000191	01/06/2024 20:23:26	BR - BREATHING PROBLEM	1105 Riverside Dr	26B	VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:04:04
9496658	OF240000199	01/07/2024 10:04:59	LA - LIFT ASSIST	2387 N Mist Dr		VERNONIA	O VFD 52   O VRP	6019	Vernonia RFPD	00:05:43
9503441	OF240000253	01/08/2024 21:32:18	AB - ABDOMINAL PAIN	59000 Pebble Creek Rd		VERNONIA	O VFD 58   O STS	5919C	Vernonia RFPD	00:05:11
9506583	OF240000270	01/09/2024 14:02:37	FA - FALL	398 E Mississippi Ave		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:03:39
9512559	OF240000330	01/11/2024 16:33:30	FA - FALL	1000 Missouri Ave		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:05:02
9544362	OF240000509	01/17/2024 16:52:26	CH - CHEST PAIN/HEART	900 Madison Ave	9	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:10:32
9546126	OF240000524	01/18/2024 05:19:10	DI - DIABETIC PROBLEMS	1161 River St	3	VERNONIA	O VFD 57   O STS	5917D	Vernonia RFPD	00:09:50
9546179	OF240000525	01/18/2024 05:48:29	BR - BREATHING PROBLEM	741 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:08:07
9547217	OF240000536	01/18/2024 11:51:48	CVA - STROKE	159 E J St		VERNONIA	O VFD 55   O VRP      1	5918A	Vernonia RFPD	00:09:01
9554263	OF240000596	01/19/2024 17:12:55	BHI - BEHAVIORAL HEALTH	271 Columbia Blvd		ST HELENS	O CRFR 71   O STP   1	5937B	Columbia River Fire and Rescue	00:05:00
9555207	OF240000602	01/19/2024 21:21:52	SK - SICK PERSON	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:00
9556207	OF240000608	01/20/2024 05:12:06	BR - BREATHING PROBLEM	900 Madison Ave	9	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:04:14
9559700	OF240000630	01/21/2024 00:18:31	AB - ABDOMINAL PAIN	819 Bridge St		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:06:48
9565890	OF240000675	01/22/2024 16:12:34	CH - CHEST PAIN/HEART	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:00
9566317	OF240000681	01/22/2024 17:53:04	BR - BREATHING PROBLEM	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:02:05
9566433	OF240000682	01/22/2024 18:27:04	AB - ABDOMINAL PAIN	208 B St		VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:18:17
9568981	OF240000697	01/23/2024 11:00:13	SK - SICK PERSON	900 Madison Ave	9	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:03:39
9573290	OF240000733	01/24/2024 09:37:31	BL - BLEEDING PROBLEM	710 Riverside Dr		VERNONIA	O VFD 52   O VRP	5919C	Vernonia RFPD	00:03:33
9580758	OF240000778	01/25/2024 20:53:26	BR - BREATHING PROBLEM	1000 Missouri Ave		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:00:08
9592981	OF240000855	01/28/2024 18:37:56	BHI - BEHAVIORAL HEALTH	450 Jefferson Ave		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:06:56
9595076	OF240000869	01/29/2024 09:11:53	CH - CHEST PAIN/HEART	60175 Stoney Point Rd		VERNONIA	O VFD 55   O STS	6018	Vernonia RFPD	00:06:06
9595568	OF240000870	01/29/2024 10:38:29	CPR - CARDIAC ARREST	668 California Ave		VERNONIA	O VFD 53   O VRP	5918D	Vernonia RFPD	00:02:39

<a href="#">9597332</a>	<a href="#">OF24000878</a>	01/29/2024 15:29:32	AB - ABDOMINAL PAIN	1160 Rose Ave		VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:03:36
<a href="#">9600644</a>	<a href="#">OF24000893</a>	01/30/2024 10:51:43	CPR - CARDIAC ARREST	1161 River St	3	VERNONIA	O VFD 57   O STS	5917D	Vernonia RFPD	00:03:02
<a href="#">9607389</a>	<a href="#">OF24000926</a>	01/31/2024 18:07:28	SK - SICK PERSON	1005 Cougar St		VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:07:39
<a href="#">9609256</a>	<a href="#">OF24000945</a>	02/01/2024 08:34:48	CH - CHEST PAIN/HEART	60204 Stoney Point Rd		VERNONIA	O VFD 55   O STS	6018	Vernonia RFPD	00:07:42
<a href="#">9617535</a>	<a href="#">OF24000997</a>	02/02/2024 23:18:59	FA - FALL	775 Penn St		COLUMBIA CITY	O CRFR 73   O CLP    2	6236C	Columbia River Fire and Rescue	00:09:03
<a href="#">9618758</a>	<a href="#">OF240001002</a>	02/03/2024 09:37:59	CH - CHEST PAIN/HEART	58901 Nehalem Hwy S		VERNONIA	O VFD 57   O STS	5817	Vernonia RFPD	00:05:24
<a href="#">9625039</a>	<a href="#">OF240001031</a>	02/04/2024 18:41:57	BHI - BEHAVIORAL HEALTH	17010 Noakes Rd		VERNONIA	O VFD 53   O STS   2	5817	Vernonia RFPD	00:08:28
<a href="#">9626955</a>	<a href="#">OF240001043</a>	02/05/2024 10:18:05	CPR - CARDIAC ARREST	559 Madison Ave		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:03:03
<a href="#">9629430</a>	<a href="#">OF240001068</a>	02/05/2024 20:28:21	CH - CHEST PAIN/HEART	900 Madison Ave		VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:03:48
<a href="#">9631269</a>	<a href="#">OF240001079</a>	02/06/2024 10:28:53	FA - FALL	1001 Bridge St		VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:02:56
<a href="#">9634181</a>	<a href="#">OF240001093</a>	02/06/2024 21:18:31	SK - SICK PERSON	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:33
<a href="#">9636459</a>	<a href="#">OF240001108</a>	02/07/2024 12:18:08	AB - ABDOMINAL PAIN	900 Madison Ave	17	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:04:10
<a href="#">9652441</a>	<a href="#">OF240001192</a>	02/11/2024 08:19:21	FA - FALL	721 Madison Ave		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:04:03
<a href="#">9653822</a>	<a href="#">OF240001201</a>	02/11/2024 15:38:55	CPR - CARDIAC ARREST	947 2nd Ave		VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:02:27
<a href="#">9653970</a>	<a href="#">OF240001204</a>	02/11/2024 16:28:50	TR - TRAUMA	1109 Nehalem St		VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:02:53
<a href="#">9654401</a>	<a href="#">OF240001209</a>	02/11/2024 18:50:40	DI - DIABETIC PROBLEMS	1161 River St	3	VERNONIA	O VFD 57   O STS	5917D	Vernonia RFPD	00:04:59
<a href="#">9658362</a>	<a href="#">OF240001245</a>	02/12/2024 17:03:47	SZ - SEIZURES	1000 Missouri Ave		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:02:16
<a href="#">9684730</a>	<a href="#">OF240001416</a>	02/19/2024 06:37:18	CVA - STROKE	16620 Timber Rd E		VERNONIA	O VFD 57   O STS	5816	Vernonia RFPD	00:06:36
<a href="#">9685636</a>	<a href="#">OF240001426</a>	02/19/2024 11:30:41	SK - SICK PERSON	524 Weed Ave		VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:04:45
<a href="#">9693478</a>	<a href="#">OF240001487</a>	02/21/2024 08:05:12	CPR - CARDIAC ARREST	17906 Noakes Rd		VERNONIA	O VFD 53   O STS   3	5917D	Vernonia RFPD	00:04:16
<a href="#">9703027</a>	<a href="#">OF240001544</a>	02/23/2024 11:19:36	SK - SICK PERSON	1220 Cherry St		VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:05:02
<a href="#">9709189</a>	<a href="#">OF240001585</a>	02/24/2024 19:46:42	OVD - OVERDOSE/POISON	1220 Cherry St		VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:03:07
<a href="#">9712791</a>	<a href="#">OF240001617</a>	02/25/2024 20:03:10	AL - ALLERGIC REACTION	895 E Alabama Ave		VERNONIA	O VFD 52   O VRP	5918D	Vernonia RFPD	00:02:32
<a href="#">9714083</a>	<a href="#">OF240001632</a>	02/26/2024 07:13:22	DI - DIABETIC PROBLEMS	61158 Stoney Point Rd		VERNONIA	O VFD 56   O STS	6119	Vernonia RFPD	00:07:35
<a href="#">9718110</a>	<a href="#">OF240001666</a>	02/27/2024 06:36:10	TAI - TRAFFIC ACCIDENT INJURY	Nehalem Hwy S / Timber Rd E		VERNONIA	O VFD 57   O STS	5817	Vernonia RFPD	00:07:20
<a href="#">9718416</a>	<a href="#">OF240001667</a>	02/27/2024 08:22:52	CH - CHEST PAIN/HEART	900 Madison Ave	12	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:04:38
<a href="#">9719837</a>	<a href="#">OF240001677</a>	02/27/2024 13:40:16	FA - FALL	16819 Timber Rd E		VERNONIA	O VFD 57   O STS	5816	Vernonia RFPD	00:10:27
<a href="#">9719865</a>	<a href="#">OF240001679</a>	02/27/2024 13:43:57	AL - ALLERGIC REACTION	1005 Cougar St		AHTM VERNO VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:01:19
<a href="#">9727530</a>	<a href="#">OF240001726</a>	02/29/2024 10:01:37	CH - CHEST PAIN/HEART	1005 Cougar St		AHTM VERNO VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:04:10
<a href="#">9734045</a>	<a href="#">OF240001761</a>	03/01/2024 18:58:36	SK - SICK PERSON	15710 Timber Rd E		VERNONIA	O VFD 57   O STS	5815	Vernonia RFPD	00:10:06
<a href="#">9735348</a>	<a href="#">OF240001763</a>	03/02/2024 04:33:17	CVA - STROKE	900 Madison Ave	12	VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:05:23
<a href="#">9741308</a>	<a href="#">OF240001798</a>	03/03/2024 17:27:51	SK - SICK PERSON	806 E Alabama Ave		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:03:22

MS ASA Response Time

9743242	OF240001823	03/04/2024 08:48:14	BR - BREATHING PROBLEM	806 E Alabama Ave		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:04:27
9745693	OF240001841	03/04/2024 19:13:31	BR - BREATHING PROBLEM	2032 Bridge St		VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:04:39
9750120	OF240001873	03/05/2024 18:12:54	SZ - SEIZURES	756 BRIDGE ST		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:04:54
9758991	OF240001932	03/07/2024 16:38:24	CH - CHEST PAIN/HEART	46292 Old 77 Vesper Ln		CLATSKANIE	O MBFD 62   X CLATSOP	6807	Mist-Birkenfeld RFPD	00:22:54
9773708	OF240002026	03/11/2024 11:23:31	AB - ABDOMINAL PAIN	822 1st Ave		VERNONIA	O VFD 51   O VRP	5917D	Vernonia RFPD	00:03:22
9778808	OF240002072	03/12/2024 14:44:55	SK - SICK PERSON	822 1st Ave		VERNONIA	O VFD 51   O VRP	5917D	Vernonia RFPD	00:04:39
9780398	OF240002086	03/12/2024 22:19:31	DI - DIABETIC PROBLEMS	559 Madison Ave		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:00:00
9782972	OF240002102	03/13/2024 13:21:36	SK - SICK PERSON	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:03
9784157	OF240002111	03/13/2024 16:51:47	SK - SICK PERSON	17585 Noakes Rd		VERNONIA	O VFD 53   O STS   2	5917C	Vernonia RFPD	00:06:35
9797378	OF240002177	03/16/2024 07:13:18	SK - SICK PERSON	822 1st Ave		VERNONIA	O VFD 51   O VRP	5917D	Vernonia RFPD	00:07:07
9801814	OF240002212	03/17/2024 05:16:32	BR - BREATHING PROBLEM	1400 Knott St		VERNONIA	O VFD 52   O VRP	6019	Vernonia RFPD	00:06:53
9816653	OF240002322	03/20/2024 10:20:43	CPR - CARDIAC ARREST	55350 - 56279 Mcdonald Rd		VERNONIA	O VFD 57   O STS	5517	Vernonia RFPD	00:12:21
9817541	OF240002326	03/20/2024 13:31:06	LA - LIFT ASSIST	1105 Riverside Dr	#2	VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:02:56
9818049	OF240002329	03/20/2024 15:16:29	LA - LIFT ASSIST	1105 Riverside Dr	#2	VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:00:46
9820877	OF240002350	03/21/2024 08:58:54	BR - BREATHING PROBLEM	1000 Missouri Ave		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:09:46
9823224	OF240002371	03/21/2024 17:19:05	BR - BREATHING PROBLEM	1109 Nehalem St		VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:06:24
9828667	OF240002408	03/22/2024 22:42:15	OVD - OVERDOSE/POISON	1486 Alder St		VERNONIA	O VFD 54   O VRP	5919C	Vernonia RFPD	00:04:59
9829429	OF240002412	03/23/2024 05:48:18	CH - CHEST PAIN/HEART	852 Bridge St	3	VERNONIA	O VFD 51   O VRP	5918C	Vernonia RFPD	00:05:05
9830693	OF240002426	03/23/2024 14:02:51	FA - FALL	733 Bridge St		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:03:20
9835487	OF240002466	03/24/2024 21:28:28	CH - CHEST PAIN/HEART	1306 2nd Ave		VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:06:07
9851906	OF240002576	03/28/2024 16:47:39	SK - SICK PERSON	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:04
9860743	OF240002628	03/30/2024 20:00:07	FA - FALL	17565 Noakes Rd		VERNONIA	O VFD 53   O STS   2	5917C	Vernonia RFPD	00:05:58
9862202	OF240002640	03/31/2024 08:05:22	FA - FALL	159 E J St		VERNONIA	O VFD 55   O VRP        1	5918A	Vernonia RFPD	00:04:33







EMS ASA Response Time

10186813	OF240004803	06/10/2024 12:35:10	UN - UNCONSCIOUS/FAINTING	555 E Bridge St		VERNONIA	O VFD 50   O VRP	5918D	Vernonia RFPD	00:05:26
10187768	OF240004814	06/10/2024 15:36:14	FA - FALL	1025 Clatsop St		VERNONIA	O VFD 51   O VRP	5917A	Vernonia RFPD	00:05:14
10188523	OF240004820	06/10/2024 18:16:11	FA - FALL	61011 Nehalem Hwy N		VERNONIA	O VFD 56   O STS 	6119	Vernonia RFPD	00:02:54
10190553	OF240004833	06/11/2024 07:54:32	TR - TRAUMA	1338 Cherry St		VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:03:48
10192483	OF240004845	06/11/2024 14:22:36	TAI - TRAFFIC ACCIDENT INJURY	Hwy 202 Mp 42		CLATSKANIE	O MBFD 61   O STS	6911	Mist-Birkenfeld RFPD	00:10:25
10197694	OF240004878	06/12/2024 16:04:20	BR - BREATHING PROBLEM	1105 Riverside Dr	#26b	VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:04:44
10198919	OF240004890	06/12/2024 21:40:46	SZ - SEIZURES	1523 East Ave		VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:05:30
10200909	OF240004900	06/13/2024 10:26:45	FA - FALL	1400 Grove St		VERNONIA	O VFD 52   O STS   2	5919B	Vernonia RFPD	00:05:21
10204902	OF240004923	06/14/2024 04:45:37	BR - BREATHING PROBLEM	541 Jefferson Ave		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:06:59
10207439	OF240004939	06/14/2024 15:15:28	TAI - TRAFFIC ACCIDENT INJURY	Fishhawk Rd / Hwy 202		CLATSKANIE	O MBFD 61   O STS	6911	Mist-Birkenfeld RFPD	00:07:13
10215815	OF240004998	06/16/2024 17:13:13	BR - BREATHING PROBLEM	541 Jefferson Ave		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:05:30
10217048	OF240005011	06/17/2024 00:33:35	BR - BREATHING PROBLEM	541 Jefferson Ave		VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:05:58
10217189	OF240005014	06/17/2024 02:03:32	SK - SICK PERSON	18062 Keasey Rd		VERNONIA	O VFD 55   O STS 	6017	Vernonia RFPD	00:10:46
10218027	OF240005021	06/17/2024 09:44:19	BR - BREATHING PROBLEM	741 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:02:41
10220161	OF240005037	06/17/2024 17:53:12	DI - DIABETIC PROBLEMS	61158 Stoney Point Rd		VERNONIA	O VFD 56   O STS 	6119	Vernonia RFPD	00:07:17
10222970	OF240005048	06/18/2024 10:44:28	SK - SICK PERSON	1161 River St	1	VERNONIA	O VFD 57   O STS	5917D	Vernonia RFPD	00:04:58
10226952	OF240005064	06/19/2024 06:39:23	AB - ABDOMINAL PAIN	17183 Noakes Rd		VERNONIA	O VFD 53   O STS   2	5917C	Vernonia RFPD	00:08:50
10227951	OF240005075	06/19/2024 11:26:45	BR - BREATHING PROBLEM	1200 Grove St		VERNONIA	O VFD 52   O VRP	5919B	Vernonia RFPD	00:13:52
10238490	OF240005148	06/21/2024 13:55:19	CH - CHEST PAIN/HEART	1005 Cougar St	AHTM VERNO	VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:03:15
10238766	OF240005150	06/21/2024 14:47:33	LA - LIFT ASSIST	60400 Cleveland Rd		VERNONIA	O VFD 55   O STS 	6017	Vernonia RFPD	00:07:43
10241795	OF240005171	06/22/2024 03:19:57	UN - UNCONSCIOUS/FAINTING	Pittsburg Rd		VERNONIA	O CRFR 26 - ODF   O STS	6222	Columbia River Fire and Rescue	00:58:04
10241813	OF240005172	06/22/2024 03:34:17	CH - CHEST PAIN/HEART	641 Riverside Dr		VERNONIA	O VFD 54   O VRP	5919C	Vernonia RFPD	00:05:46
10248031	OF240005230	06/23/2024 13:31:35	CH - CHEST PAIN/HEART	61181 Stoney Point Rd		VERNONIA	O VFD 56   O STS 	6119	Vernonia RFPD	00:06:49
10255551	OF240005279	06/25/2024 02:39:16	BHI - BEHAVIORAL HEALTH	5 E B St		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:05:00
10256172	OF240005283	06/25/2024 07:44:37	SK - SICK PERSON	5 E B St		VERNONIA	O VFD 52   O VRP	5918A	Vernonia RFPD	00:04:36
10264413	OF240005328	06/26/2024 18:26:30	LA - LIFT ASSIST	15350 Creek View Ln		VERNONIA	O VFD 55   O STS 	6115	Vernonia RFPD	00:14:25
10264689	OF240005332	06/26/2024 19:46:48	TR - TRAUMA	450 Jefferson Ave	2	VERNONIA	O VFD 53   O VRP	5918C	Vernonia RFPD	00:03:39
10265536	OF240005338	06/26/2024 23:56:40	BL - BLEEDING PROBLEM	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:46
10266959	OF240005349	06/27/2024 10:23:48	CH - CHEST PAIN/HEART	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:00:56
10266985	OF240005350	06/27/2024 10:29:08	SK - SICK PERSON	687 Lakeview Dr		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:05:29
10267559	OF240005353	06/27/2024 12:29:51	TR - TRAUMA	555 E Bridge St		VERNONIA	O VFD 54   O VRP	5918D	Vernonia RFPD	00:01:13
10278616	OF240005430	06/29/2024 19:43:23	CH - CHEST PAIN/HEART	1910 Weed Ave		VERNONIA	O VFD 51   O VRP	5918B	Vernonia RFPD	00:06:39
10283636	OF240005464	07/01/2024 01:20:50	BA - BACK PAIN	17895 Noakes Rd		VERNONIA	O VFD 53   O VRP	5917D	Vernonia RFPD	00:07:20

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 Suite 620  
 Portland, OR 97201  
 Phone: (971) 673-2700



Information current as of 07/18/2024 04:52:58 PM

Mccoy, Matthew Scott, MD

MD License: MD27151

**Originally Issued:** 12/01/2006

**Basis:** USMLE

**Current Status:** Active

**Expedited Endorsement:** No

**Status Effective:** 1/1/2024

**Expires:** 12/31/2025

Licensee Information

**Gender:** Male

**Specialty :** Emergency Medicine

*Specialty is self-reported by the licensee. It does not necessarily indicate specialty board certification.*

**Languages :** English

Practice Location(s)

Street	City, State Zip	County	Phone
10180 SE Sunnyside Road	Clackamas, OR 97015	Clackamas	503-652-2880

Education

School Name	Location	Degree Date	Degree Earned
U/Pittsburgh Sch Med	Johnstown, PA United States	05/22/2000	MD

**Post-Graduate Training**

Training	School Name	Location	From	To	Specialty
Internship	U/Pittsburgh Med Ctr Med Prog	Pittsburgh, PA United States	07/2000	06/2001	Emergency Medicine
Residency	U/Pittsburgh Med Ctr Med Prog	Pittsburgh, PA United States	07/2001	06/2003	Emergency Medicine

*The licensee may have completed additional education or training programs. Only those that have been verified with the primary source are shown.*

Board Actions

**There are no current or prior Board actions or agreements on file for this licensee.**

Malpractice

Malpractice claim information is compiled by the Oregon Medical Board from claim reports it receives from primary insurers; public bodies required to defend, save harmless and indemnify an officer, employee or agent of the public; a self-insured entity; or a health maintenance organization. Claim reporting and disclosure requirements are governed by ORS 742.400.

The settlement of a medical malpractice claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee, even though there is a closed malpractice claim on file. A payment in the settlement of a medical malpractice action does not create a presumption that medical malpractice occurred. This database represents information from reporters to date. Please note: Not all reporters may have submitted claim information to the Board.

For malpractice claim information, click here.

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# OREGON

Book \_\_\_\_\_ Page \_\_\_\_\_



**E**  
**M**  
**S**

**Metro West Ambulance, Inc.**  
**Type:** Ground Ambulance  
**License Number:** 40002  
**Year:** 2015  
**Make:** RAM  
**VIN:** 3C7WRSBL5FG622930

**Expiration Date:** 06/30/2025

Oregon Emergency Medical Services  
800 NE Oregon Street, Suite 305, Portland OR 97232  
**LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES**

# OREGON

Book \_\_\_\_\_ Page \_\_\_\_\_



**E**  
**M**  
**S**

**Metro West Ambulance, Inc.**

**Type:** Ground Ambulance

**License Number:** 41192

**Year:** 2020

**Make:** RAM

**VIN:** 3C7WRTBL7LG236592

**Expiration Date:** 06/30/2025

Oregon Emergency Medical Services  
800 NE Oregon Street, Suite 305, Portland OR 97232  
**LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES**



# CERTIFICATE OF LIABILITY INSURANCE

Page

DATE (MM/DD/YYYY)

10/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Partners Group LLC 1111 Lake Washington Blvd N, Suite 400 Renton WA 98056		<b>CONTACT NAME:</b> Crystal Woods <b>PHONE (A/C, No, Ext):</b> (877) 455-5640 <b>E-MAIL ADDRESS:</b> cwoods@tpgrp.com <b>FAX (A/C, No):</b> (425) 455-6727	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Metro West Ambulance 5475 NE Dawson Creek Drive Hillsboro OR 97124		<b>INSURER A:</b> Arch Insurance Company <b>INSURER B:</b> Paratransit Insurance Company, A Mutual Risk Retention <b>INSURER C:</b> SAIF Corporation <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 11150 44130 36196

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		UFL006050307	10/04/2024	10/04/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Employee Benefits \$ 1mil/3mil
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PG117124	10/04/2024	10/04/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	345653	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH. ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			UFL006050307	10/04/2024	10/04/2025	General Aggregate \$3,000,000 Each Occurrence \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured per contract requirements:  
 Endo in process

**CERTIFICATE HOLDER****CANCELLATION**

Columbia County Columbia County Public Health 230 Strand St. St. Helens OR 97051	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--



*Commission on Accreditation of Ambulance Services*

1926 Waukegan Road, Suite 300

Glenview, IL 60025-1770

Phone: 847-657-6828

Fax: 847-657-6825

Website: [www.caas.org](http://www.caas.org)

Book \_\_\_\_\_ Page \_\_\_\_\_

January 19, 2024

Jesse Lee  
Metro West Ambulance, Inc.  
5475 N.E. Dawson Creek Drive  
Hillsboro, OR 97124

Dear Jesse:

At their January 12, 2024, meeting, the CAAS Panel of Commissioners considered the consolidated on-site report of Metro West Ambulance, Inc. The purpose of this letter is to forward to you the results of the Panel's review of your report.

There were no deficiencies cited in your on-site report by the review team. The Panel's decision is to grant full three-year accreditation to Metro West Ambulance, Inc. Your accreditation expires December 31, 2026.

Enclosed is your accreditation package that includes an accreditation certificate, sample news release and suggestions for promoting your accredited status, sample decal and more. Your accreditation plaque will be mailed in several weeks.

Please use the enclosed Change Report to notify us of any significant agency changes.

You can order promotional items by going to [www.caas.org](http://www.caas.org) and order products online.

Our most sincere congratulations on your accreditation. The Panel members asked that you receive their special commendation for an outstanding achievement. Please let us know if you have any questions or need any materials.

Sincerely,

A handwritten signature in black ink that reads "Sarah L. McEntee".

Sarah L. McEntee  
Executive Director

Enclosures



# The Commission on Accreditation of Ambulance Services

## *Certificate of Accreditation*

**Metro West Ambulance, Inc.**  
**Hillsboro, Oregon**

The Commission on Accreditation of Ambulance Services presents this certificate of Accreditation in recognition of this service's voluntary compliance with the Commission's high standards. These standards have been established to encourage and promote improved quality patient care in the medical transportation system. This service has successfully completed a comprehensive external review to verify compliance with these national standards.

**Issued:** January, 2024



Josef Penner, Chair  
Panel of Commissioners



**Expires:** December 31, 2026



Dale J. Berry, Chair  
Board of Directors

**Policy:****201**

Effective Date: November 1, 2010  
Replaces: June 1, 2004  
Reviewed: April 6, 2020

**Section: Personnel and the Personnel Process**  
**Subject: Non-Discrimination and Equal Employment Opportunity**

**NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY****POLICY**

Metro West Ambulance provides equal employment opportunities to all persons regardless of race, color, religion, sex, national origin, physical or mental disabilities, age, and any other status protected under applicable federal or state law, unless it is a bona fide occupation requirement reasonable and necessary to the operation of our business.

Discrimination or harassment is inconsistent with the company's philosophy and will not be tolerated.

**Affirmative Action**

Metro West Ambulance will undertake affirmative action to employ, advance in employment and otherwise treat qualified persons without discrimination in all employment practices.

Metro West Ambulance seeks applicants from a wide variety of backgrounds and seeks a diversified workforce that includes persons of both genders and of all racial and ethnic backgrounds. The company is continuously reviewing its employment practices to attract a wide diversity of applicants including those not presently in the workforce.

**Compliance with Religion and National Origin Guidelines**

Metro West will not discriminate against employees or applicants for employment because of religion or national origin and will take affirmative action to ensure that applicants are employed and treated during employment without regard to their religion or national origin. Such action includes all work practices and employee benefits.

Metro West will monitor employment practices to ensure that members of the various religious and/or ethnic groups are receiving equal consideration for job opportunities.

Metro West recognizes its obligation to reasonably accommodate the religious observances and practices of an employee if such observances and practices do not create hardship on the business of the company.

**Disabled and Vietnam Veterans and Disabled Persons**

It is company policy to ensure equal employment opportunities to qualified disabled individuals as defined pursuant to the regulations promulgated by the U.S. Department of Labor to qualified veterans of the Vietnam era as defined by the Vietnam Era Veterans Readjustment Act of 1974, and to those disabled veterans who are entitled to disability compensation under laws

administered by the Veterans Administration or whose injury was a direct result of a service-related incident. The company's personnel procedures and practices will be administered without regard to veterans' status and disability except to the extent a reasonable accommodation cannot be made for an individual's disability.

**Policy:****511**

Effective Date: April 24, 2014  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: High Stress Call Policy**

**High Stress Call Policy****POLICY**

Metro West Ambulance understands that through the nature of our work, our employees may be exposed to situations and calls that may cause an unusually high level of stress or emotions. While on duty, if an employee faces a situation or call that affects them in such a way that they feel they would benefit from being removed from the ambulance, they are to call the on duty supervisor. With supervisor approval, the employee will then be sent home and will be paid for the remainder of their shift. Employees requiring further assistance will be referred to the EAP (see policy 507).

**Metro West Ambulance  
Dodge Ram 6.7 Liter Ambulance Preventative Maintenance Schedule**

<b>PM Code</b>	<b>Description</b>	<b>Service Interval</b>
PM - BATTERY	Replace all batteries.	Every 24 Months
PM - DIFF SERVICE	Service the differential. Drain the fluid, clean the inside of the housing and refill with synthetic 75w-140 gear oil.	Every 40,000 miles
PM - FULL SERVICE AND INSPECTION	Perform regular PM tests and inspections.*	Every 10,000 miles
PM - OIL	Change the oil and replace the oil filter.	Every 10,000 miles
PM - SERP - TENS-WP	Inspect and Replace as needed; serpentine belt, cooling system components, tensioner, and both idler pulleys.	Every 60,000 miles
PM - SHOCKS	Inspect and Replace all four shocks as needed.	Every 120,000 miles
PM - SUSPENSION REBUILD EVALUATION	Inspect all serviceable components in the steering and suspension system, replace as needed.	Every 120,000 miles
PM - TRANS SERVICE	Change the transmission fluid and replace the transmission filter.	Every 37,000miles
PM - CRANK CASE FILTER	Replace Crank Case Filter	Every 60,000 miles
PM - FUEL FILTER	Replace Fuel Filter	Every 20,000 miles
PM - ALT	Replace alternator	Every 150,000 miles
PM-FRONT DIFF/TRANSFER CASE FLUID	Replace Front Diff Fluid and Transfer Case Fluid	Every 80,000 miles
PM - CABIN AIR FILTER	Replace Cabin Air Filter	Every 25,000 miles
PM-AIR FILTER REPLACEMENT	Inspect and replace air filter as needed.	Every 15,000 miles

\* Regular PM tests and inspections include the following: Test drive and note performance, Inspect Module and its fasteners to the Chassis, Check Stretcher and related system, Examine all lights and siren operations, Test seatbelt operation and inspect seat condition, Check all safety equipment (fire extinguisher, etc.), Test Oxygen operation, Module Electrical System, Suction Pump.

Test electric horn, Test Batteries and Electrical output, Starter Draw and operation Test radio and speakers operation, Inspect windshield / mirrors, test wipers, washers & blades, Test park brake operation, Test operation of all windows, Test HVAC operation, Test transmission shift control, Check exhaust system, Overall Visual Inspection, Oil leak inspection, Lube entire unit, Check drive line U-joints, Suspension, Brakes, Tires, Coolant Pressure test observing for leak, Check belt and tensioner, Check fan and shroud, Check P/S & brake fluid levels, Check all fluid levels and Top off as needed.



# FleetWise VB

## Maintenance Management Made Simple

**(800) 296-2609**

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## Fleet Maintenance Software

### Fleet Management Made Simple

FleetWise VB is industry leading **Fleet Maintenance Software** for industry and government. It includes vehicle and equipment information, preventive maintenance scheduling, repair orders, fuel tracking, inventory control, tire tracking and complete reporting. Our FleetWise VB version can handle an unlimited number of vehicles and equipment.

FleetWise Lite is a fleet maintenance system designed for smaller fleets. It contains all of the essential features contained in the FleetWise VB program, but is priced for smaller fleets. Our FleetWise Lite software can be purchased for as little as \$100.00.

SafetyWise VB is industry leading **Safety System**. It includes features like Inspection Scheduling & History, Training Scheduling & History and Incident/Accident Reporting. Click on the link to the right to download a free working copy of our SafetyWise VB Safety System.

We have a Microsoft Azure version of the software which provides a **Cloud based solution**. You can access FleetWise from anywhere in the world where you have an internet connection.



### FleetWise VB



FleetWise VB Fleet Maintenance Software is our flagship product. It is a full featured maintenance management system that includes vehicle and equipment information for an **unlimited**

**number of vehicles**, Repair Order System, Inventory Control, Fuel Management, and much more. [Download FleetWise VB](#) fleet management software now for **FREE** or click to [learn more](#).

### FleetWise Lite



FleetWise Lite Fleet Maintenance Software provides the core functionality of our FleetWise VB software starting at a cost of just **\$100.00**. This software was developed specifically for smaller fleets. [Download FleetWise Lite](#) now for **FREE** or [learn more](#).

### SafetyWise VB

### Custom Programing



SafetyWise VB is a complete safety system including training schedules and history, inspections schedules and incident/accident management for an unlimited number of

locations and employees. It includes complete documentation of any accident or incident including OSHA 300 reporting. [Download SafetyWise VB Safety System](#) now for free or click on the link to [learn more](#).

Custom Programming Services are provided to industry and government. We have created software programs to track the location of portable buildings at a refinery. We have created software to manage jobs for lawn spraying businesses. We provide consulting services which can help you design software solutions specifically for your business. We specialize in developing applications which use the Microsoft SQL Server Database Engine.

Finally, we offer complete support for all our products. This includes on-site training for your employees. Our goal is to make sure you are completely successful with our software and services.

Thank you for visiting our website. Please contact us at (800) 296-2609 with any questions, or you can email us at [Contact Us](#).



# FleetWise VB

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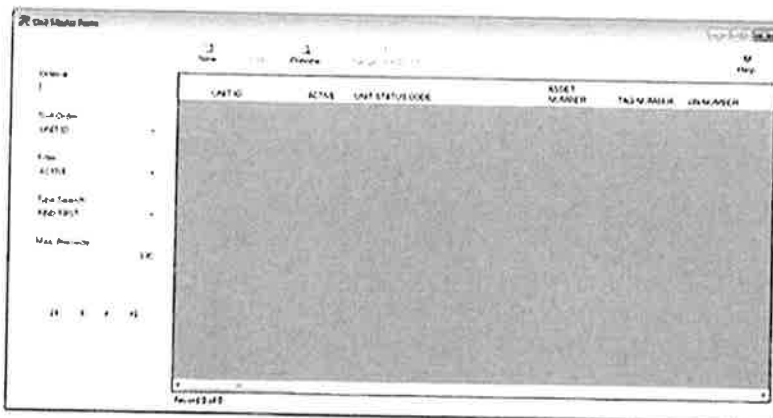
## Fleet Maintenance Software

**Download  
FleetWise VB**

### FleetWise VB

The Unit Master Table is described below. The toolbars and processes described are used through out the FleetWise VB Fleet Maintenance Software. So the topics discussed here apply to all of the forms you will work with.

The Unit Master Table contains the information on vehicles and pieces of equipment. An unlimited number of vehicles and equipment can be entered into FleetWise. Each vehicle or piece of equipment is identified by a unique Unit ID. A Unit ID is 12 characters alpha numeric and each Unit ID must be unique. If you use numeric Unit ID's, you should pad them with zeros to make the sorting look correct. For example: 001, 002, 003, etc. Finally, the Unit ID is the only required information when adding a unit.



The Unit Master Table is displayed below from the FleetWise VB Fleet Maintenance Software. The cursor is in the Criteria Box at the top of the left toolbar. You can type in the first couple of letters of the Unit ID you are looking for in the CRITERIA box and press ENTER to display a list of Units. Or you can just press ENTER in the criteria box to display the first Unit.

You could also change the Sort Order on the toolbar to Model Code order. Then you would type in the first couple of letters of the Model Code you are looking for. The Sort Order indicates what you are searching for when you type text in the criteria box.

The existing Units are displayed below from FleetWise VB Fleet Maintenance Software. Click on the New Button to add a new Unit or click on an existing Unit and then click on the Edit Button to change the code. You can also double click on a Unit to edit it.



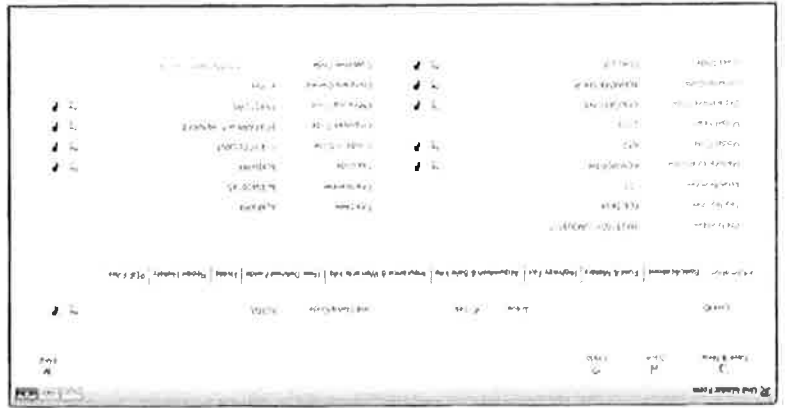
- [Download FleetWise VB](#)
- [FleetWise VB Order Form](#)
- [Repair Orders](#)
- [Fuel Module](#)
- [Inventory Module](#)
- [Getting Started with FleetWise VB PDF](#)

Click on the links below to learn more about FleetWise VB Fleet Maintenance Software.

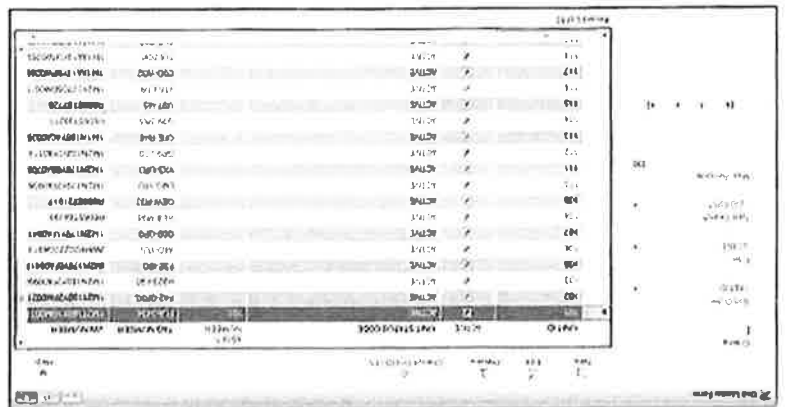
For a complete demo of the FleetWise VB Fleet Maintenance Software, please call us at (800) 296-2609. We will be happy to walk you through all of the features of FleetWise and answer any questions you may have.

You can change any of the information for the Unit. Once the changes are complete click on the Save & New Button to save the changes and add a new record, or click on the Save Button to save your changes and return to the prior window, or click on the Undo Button to lose the changes.

Under the Unit ID you can click on the "ABS" to display additional information. The General Information Tab contains the most important information this includes the VIN number or Serial number, the Manufacturer, Model and Model Year. Also you can assign a unit to a department, location and or employee.



The Unit Master Table is displayed in Edit Mode below from FleetWise VB Fleet Maintenance Software.



- FleetWise VB Documentation

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## Fleet Maintenance Software

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### Fluid Ticket Entry

Fuel costs continue to rise. FleetWise VB Fleet Maintenance Software can provide you with an easy way to track and efficiently manage fuel consumption. You can establish a minimum and maximum miles per gallon by model. Warning messages are displayed on the Fluid Ticket Entry Table as you enter the tickets.

Reports provide you with the ability to track the consumption of your entire fleet. Exception reports show vehicles where consumption is outside the parameters set by you. These reports provide both cost per mile and miles per gallon information.

Fluid tickets are not simply "Fuel" tickets. Oil, hydraulic fluid, differential fluid, brake fluid, etc. can all be added on a Fluid Ticket. Also, consumption reports are available for all of these fluids as well as simply fuel. The Fluid Ticket Entry program provides comprehensive fluid management, including fuel management in our Fleet Maintenance Software.

A new ticket is created each time a vehicle is fueled, or a fluid is added. The user inputs the current meter on the ticket. The fleet maintenance software will display the meter reading from the prior ticket. It will calculate the number of miles, hours, or other meter units since the last ticket was entered.

The information on Fluid Tickets is used to check PM schedules and provide cost per mile and cost per hour data in our maintenance software. Fuel information can be entered on fluid tickets. This information is used for fuel consumption, fuel tax, operating cost data and complete fuel management.

Fluid tickets can be entered manually, or they can be entered automatically through a pump interface. The pump interface will import all of the transactions from either an automated fuel pump system, or from a file supplied by a vendor into the Fleet Maintenance Software.

The existing Fluid Tickets are displayed below. Click on the New Button to add a new ticket or click on an existing ticket and then click on the Edit Button to change it. You can also double click on a ticket to edit it.

CLASSID	TRUCKID	TICKETID	UNITID	TRUCK_MG	HEADQUARTERS	COST
01	01	101			000001	228.541.81
01	01	102			000002	62.000.00
01	01	103			000003	181.256.00

The Fluid Ticket Entry Table is displayed in Edit Mode below. You can change any of the information for the ticket. Once the changes are complete click on the Save & New Button to save the changes and add a new record, or click on the Save Button to save your changes and return to the prior window, or click on the Undo Button to lose the changes.

The screenshot shows a web-based form titled "Fluid Ticket Entry Form" in "Edit Mode". The form is organized into several sections with labels and input fields. On the left side, there are fields for "Unit ID", "Tank Code", "Quantity", and "New Reading". On the right side, there are fields for "Tank Name", "Tank Type", "Tank Code", "Tank Reading", "Tank Description", "Tank Location", "Tank Manufacturer", "Tank Model", "Tank Make", "Tank Year", "Tank Make", "Tank Model", "Tank Year", "Tank Make", "Tank Model", "Tank Year". At the bottom of the form, there are three buttons: "Save", "Save & New", and "Undo".

Normally, the user must enter the following information on a ticket.

- Unit ID
- Tank Code
- Quantity
- New Reading

The rest of the information is displayed from the Unit Master Table, the Tank Code Table or other tables. The red box at the bottom of the form displays warning messages.

Click on the links below to learn more about FleetWise VB Fleet Maintenance Software.

- [Download FleetWise VB](#)
- [FleetWise VB Order Form](#)
- [Introduction](#)
- [Repair Orders](#)
- [Inventory Module](#)
- [Getting Started with FleetWise VB PDF](#)
- [FleetWise VB Documentation](#)

**Policy:**

<b>Effective Date:</b>	March 1, 2024
<b>Replaces:</b>	June 20, 2023 April 6, 2020 May 30, 2017 April 24, 2014 June 1, 2004
<b>Reviewed:</b>	March 1, 2024

**Section: Equipment and Facilities**  
**Subject: Durable Medical Equipment**

**DURABLE MEDICAL EQUIPMENT****POLICY**

Durable Medical Equipment is defined as medical items that are used on the ambulance or wheelchair vans, which are continuously used for long periods of time. These items must go through some form of routine maintenance. Durable medical equipment can stay in service for an indefinite amount of time as long as it is properly tested and has been deemed safe for use by the manufacturing company.

The following are examples of Durable Medical Equipment:

**Stretchers:** In addition to daily crew inspections, stretchers are serviced regularly. All stretchers are tested, calibrated and repaired by a certified technician. Service and repair will be logged and documented by the technician. These services take place at Metro West Ambulance headquarters. If there is any problem or failure with a stretcher in the field that stretcher is immediately put out of service and the Maintenance Department is notified. An operable stretcher immediately replaces the failed one. The Fleet Manager is contacted, and based on the evaluation of the stretcher technician, replacement parts are installed or the stretcher is replaced entirely.

**Cardiac Monitors:** At the beginning of each shift the EMT/Paramedic responsible for patient care during that shift will check the cardiac monitor to assure that it functions in the correct manner. This check involves the testing of the monitor, defibrillation, and pacemaker. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled cardiac monitor will be sent for repair. Based on the evaluation of the cardiac monitor, replacement parts are installed or the monitors are sent in for repairs. Repairs, and annual preventative maintenance are performed by qualified service personnel.

**Oxygen Cylinders/ Regulators:** When the portable oxygen tanks require re-fill, they are taken to Metro West Ambulance headquarters. Metro West Ambulance will keep a plentiful stock of oxygen cylinders for use. If any oxygen cylinder or regulator is damaged that damage will be reported to the Department Supervisor and that piece of equipment will be taken out of service and replaced with functional equipment. Damaged equipment will be sent to the oxygen service for repair. Based on the evaluation of the manufacturing company, replacement parts are installed or the oxygen unit is replaced.

**Blood Pressure Cuffs/CPAP/ Traction Devices/ Backboards/ Suction Units:** Each reporting ambulance crew checks these items on a daily basis. If there are any deficiencies or damage to the equipment, the EMT/Paramedic immediately notifies their Operations Supervisor

and logs this deficiency on the supply form. The ambulance crew re-stocks with operable equipment at headquarters. If the damaged equipment is repairable, it will be sent to the proper manufacturer for repair. Based on the manufacturer's evaluation, the unit is either fixed or replaced.

**Blood Glucose Meters:** Each crew should check that it is present and in working order. Spare AAA batteries are found with the battery supplies and CBG strips with calibration strip will be present also. Restock of monitor will come from supplies kept in Medical Kit. All CBG meters comply with CUA standards and are tested and certified. Any problems should be reported to the department supervisor and the glucometer replaced with a new one.

**Wheelchairs:** In wheelchair vans the chairs are stored up against the side of the van and serviced by the shop when needed. They can consist of standard, wide or bariatric. Crews are trained and familiar with their use and limitations. Any defects are repaired or the unit is replaced. The wheelchairs should also be equipped with a safety restraint.

**IV Pumps:** Each crew should check that it is present and in working order. IV pumps are to be tested for proper performance annually, and also whenever damage from drops, fluid intrusion and other causes is suspected. Service, repairs, and preventative maintenance are performed by qualified service personnel. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled IV Pump will be sent for repair. Repairs, and annual preventative maintenance are performed by qualified service personnel.

**Ventilators:** Each crew should check that it is present and in working order. Our ventilators are to be tested for proper performance annually, and also whenever damage from drops, fluid intrusion and other causes is suspected. Service, repairs, and preventative maintenance are performed by qualified service personnel. Ensure correct connectors and circuits are in kit and in unit. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled ventilator will be sent for repair. Repairs, and annual preventative maintenance are performed by qualified service personnel.

**King Vision and GlideScope video laryngoscope:** At the beginning of each shift the EMT/Paramedic responsible for patient care during that shift will check the video laryngoscope device they have to assure that it functions in the correct manner. They will also check to ensure they have a range of single-use blades in various sizes, batteries and other required supplies. If there are testing or field failures, the unit is taken out of service, and the failure is reported to the Department Supervisor. A fully functional unit will replace the disabled one. Any disabled video laryngoscopes will be sent for repair. Repairs, and annual preventative maintenance are performed by qualified service personnel.

## **The Metro West Ambulance Services, Inc. Family of Companies Corporate Medicare Compliance Program (Medical Necessity)**

(The Metro West Ambulance Family of Companies includes Metro West Ambulance, Medix Ambulance, Pacific West Ambulance, Bay Cities Ambulance, Woodburn Ambulance, Umpqua Valley Ambulance, Mid Valley Ambulance, Pioneer Ambulance, Advanced Life Systems, Olympic Ambulance, Cascade Ambulance, and Del Norte Ambulance)

The compliance and audit program for Metro West Ambulance and all of the Metro West Ambulance Family of Companies follows the recommendations by the Office of the Inspector General. [68 FR 14245; March 24, 2003.]

Metro West's Medicare compliance program will continue as the company's comprehensive strategy to ensure its business practices address all federal Medicare reimbursement billing requirements. Metro West's compliance program contains the following highlights:

- Written policies and procedures designed to prevent the occurrence of fraud and abuse in its operations, along with a management structure to implement those safeguards
- Procedures for education of managers and employees on the laws and standards of compliance in the ambulance industry. Initial familiarization and education of compliance is accomplished in new employee orientation.
- Procedures by which the company evaluates and measures the effectiveness of its compliance program.
- Procedures by which the company will identify and promptly remedy compliance problems and issues. Procedures include ongoing education, enforcement, and disciplinary measures by the company to guarantee that employees understand and take seriously their obligations to maintain full compliance with all laws, rules, and regulations.

### **We follow national standards**

Metro West's Medicare Compliance program follows the American Ambulance Association's Medicare compliance manual for:

- Daily operations management of the business office to assure compliance to standards and procedures
- Daily management and organization review for compliance
- Ongoing employee education and training
- Employee review and screening of charts to guarantee billing practices for compliance
- Assuring compliance standards through education, enforcement, and disciplinary guidelines
- Internal monitoring and compliance audits by managers
- Compliance problem recognition program for identification, investigation, response, and correction
- Meeting all Medicare requirements for ambulance services
- Precise claim development and submission process procedure and oversight
- Documentation review of all charts
- Record retention and maintenance program
- Patient confidentiality and HIPAA compliance program

### **External Oversight**

In addition to daily compliance activities, an annual independent external audit of Metro West's Medicare billing practices is performed by Werfel & Werfel PLLC, a New York based law firm specializing in Medicare issues related to the ambulance industry. Kept on retainer for MWA, by Werfel & Werfel PLLC constantly oversee the company's business practices to ensure compliance. To date, there have been no violations whatsoever for any of our companies. Representatives from all Metro West Family of Companies are required to attend.

### **Medicare and Medicaid Compliance**

All charts are reviewed to ensure that they meet Medicare billing standards. We check for medical necessity, whether transport was emergent, and if the patient meets Medicare's bed-confined rule or should have been transported by other means. All claims are double-checked by a separate person from the original reviewer.

All billing offices have a copy of the AAA Medicare Reference Manual. Most billing questions can be answered through this manual.

All Business Office managers attend a Medicare seminar at least annually. The Medicare compliance officer sits on the AAA Medicare regulatory committee that meets once a month, and attends the AAA convention, which also has a Medicare update seminar and meets once a year for a Medicare round table meeting with other ambulance companies. All information received at any conferences or seminars is shared with office staff.

Every year we perform an internal audit by an outside firm. Medicare claims are randomly selected and reviewed by Werfel & Werfel PLLC to determine weaknesses and strengths and develop corrective action plans if needed. We also review Medicare updates and discuss the effect it will have on us. One month after the meeting we are provided a written recap of the meeting, which we discuss internally.

All Medicare claims from our Laramie County patients will also be audited.

Metro West utilizes the American Ambulance Association's Medicare Compliance Manual to assist all field and business office personnel with proper documentation of patients' contacts as well as fully complying with billing and collecting ambulance services reimbursement from federal programs [Medicare], state assistance [Medicaid], and other third-party payors [private insurance/managed care membership programs].

Werfel & Werfel PLLC provide Metro West ongoing advice on federal compliance practices. Brian S. Werfel, Esq. is a partner in Werfel & Werfel, PLLC who also serves as legal counsel for the American Ambulance Association. Metro West regularly participates in Mr. Werfel's client group meetings, collectively sharing the best practices in EMS billing and collections and securing the compliance advice of a highly qualified attorney.

### **SCorporate Compliance Program**

#### **Introduction**

This HIPAA Compliance Plan contains Metro West's policies, procedures, and standards of conduct designed to ensure our compliance with applicable federal laws and regulations. Failure to abide by the rules, policies and procedures established by this Plan or behavior in violation of any HIPAA law, regulation or rule may result in disciplinary action. Willful failure by any employee to comply with the policies and procedures contained in this Plan, will result in employee dismissal. Additional information can be obtained by consulting the Personnel Policy Manual or contacting our HIPAA Compliance Personnel.



**Compliance Mission Statement**

Metro West strives at all times to maintain the highest degree of integrity in its interactions with patients and the delivery of quality health care. Metro West and its employees will at all times strive to maintain compliance with all laws, rules, regulations, and requirements affecting the delivery of medical treatment and the handling of patient information. The protection of the privacy of an individual's health information is of utmost concern to this company.

**Compliance Personnel**

Due to the size of our company, one individual has been identified to fulfill both the role of Privacy and Security Officer. The responsibilities of this role are detailed as follows:

**Privacy Officer**

Metro West has appointed Gene Frye as our Privacy Officer to oversee the privacy of patient information for all of our companies and that will include our company in Laramie County. The Privacy Officer will be appointed by the President of Metro West and serve until the President replaces him/her or until such time as s/he resigns from the position. While there is a specific job description for the Privacy Office, generally s/he is charged with the following responsibilities:

- Oversee and monitor implementation of the Privacy components of the HIPAA Compliance Plan.
- Prepare and present regular reports to the executive committee and other management groups as a whole or in part on the companies' compliance.
- Develop and implement a training program focusing on the privacy components of the HIPAA Compliance Program and ensure that training materials are appropriate for all company employees.
- Ensure that independent contractors who furnish services to Metro West are aware of the privacy requirements of the company's HIPAA Compliance Plan.
- Coordinate our privacy compliance efforts within the company and establish methods both to improve the efficiency and quality of services and to reduce the vulnerability to privacy policy abuse.
- Revise the HIPAA Compliance Program periodically, in light of changes in the needs of the company or changes in the law of Government and private payor's health plans.
- Develop mechanisms to receive and investigate reports of privacy abuse and monitor subsequent corrective action and/or compliance.

**Security Officer**

Metro West has appointed Gene Frye, Director of Information Technologies, as our Security Officer to oversee and protect the confidentiality, integrity, and availability of protected healthcare information, PHI, and the technology it is contained within.

The Security Officer will be appointed by the President of Metro West and serve until the President replaces him/her or until such time as s/he resigns from the position. While there is a specific job description for the Security Office, generally s/he is charged with the following responsibilities:

- Oversee and monitor implementation of the Security components of the HIPAA Compliance Plan.
- Prepare and present regular reports to the executive committee and other management groups as a whole or in part on the companies' compliance.
- Develop and implement a training program focusing on the security components of the HIPAA Compliance Program and ensure that training materials are appropriate for all company

employees.

- Ensure that independent contractors who furnish services to Metro West are aware of the security requirements of the HIPAA Compliance Plan.
- Coordinate our security compliance efforts within the company, and establish methods such as periodic audits, both to improve the efficiency and quality of services and to reduce the company's vulnerability to security abuse.
- Revise the HIPAA Compliance Program periodically, in light of changes in the needs of the company or changes in the law of Government and private payor's health plans.
- Develop mechanisms to receive and investigate reports of noncompliance and monitor subsequent corrective action and/or compliance.
- Develop policies and programs that encourage employees to report non-compliance without fear of retaliation.

### **Metro West Employee Expectations**

Every employee of Metro West is expected to be familiar with our company's commitment to maintaining the confidentiality and integrity of protected healthcare information. All employees are encouraged to cooperate and comply fully with all reasonable requests made by the Compliance Officers to this end. Failure to comply fully may result in disciplinary action appropriate to the noncompliance.

### **Training and Education**

Metro West will conduct periodic training on an ongoing basis with the dual goals that: [1] all employees will receive training on how to perform their jobs in compliance with the standards of the company and any applicable regulations; and [2] each employee will understand that HIPAA compliance is a condition of continued employment.

Further, HIPAA training at a heightened level on the Federal requirements may be necessary for certain members of the company, depending on their responsibilities. Individuals directly involved in these areas will receive additional training specifics to their responsibilities.

### **Positions Affected**

While all employees are required to meet the dual goals addressed above, the following employees are deemed to be subject to a heightened level of scrutiny by virtue of being involved in the areas of operation, which are subject to HIPAA laws, rules, and regulations.

- EMT
- Paramedic
- Customer Reimbursement Specialists
- Billing Clerk
- Field Supervisor
- Billing/Collections and Account Receivable Personnel
- Front Desk
- Dispatcher
- Training Coordinator
- Department Managers

### **Mandatory Attendance**

All Affected Employees are required to attend at least one HIPAA Compliance Program 2 hours per calendar year. The office manager, in conjunction with HIPAA Compliance Personnel, shall maintain a list of "approved" compliance education/training programs. Attendance at HIPAA

compliance education and training by all affected employees will be documented on the approved attendance forms and maintained in each employer's personnel file.

All educational and training materials received by an employee at approved programs shall be the property of the company and shall be maintained in a designated location for periodic review by employees.

### **Communication and Reporting**

#### **Dissemination of Material**

All information obtained including manuals, changes in regulations and the like shall be promptly made available to all employees. Employees, who receive information which they believe to be relevant to the HIPAA compliance efforts, are required to provide such information to Compliance Personnel. Except as otherwise noted, Compliance Personnel shall be responsible for disseminating relevant materials to employees. Metro West employees shall also maintain all relevant materials in designated location for periodic review.

#### **Questions and Concerns**

All employees, as a condition of their employment, are expected to read this HIPAA Compliance Plan and understand its principles. The company recognizes, however, that HIPAA regulations are complicated and may need further clarification beyond the materials contained in this plan. Therefore, all employees with questions regarding this plan or compliance in general are strongly encouraged to seek answers to and/or clarification of any such questions or regulation from Compliance Personnel. A request for answers and/or clarification may be submitted in writing to Compliance Personnel: [1] in person, by appointment with Compliance Personnel or [2] confidentially, as described in Section 4 below.

#### **Reporting of Violations or Suspected Violations**

Any employee who is aware of any actual or suspected violation of any compliance policy is required immediately to report such violation to Compliance Personnel for investigation.

Violations may include:

an actual or suspected violation of Federal or State legislation, regulations, or requirements pertaining to the security, integrity, or confidentiality of individually identified health information. If Compliance Personnel are not immediately available or the reporting employee is concerned that Compliance Personnel are or have been involved in the violation[s], the employee shall report the violation[s] to any member of the Executive Committee

#### **Confidentiality**

It is the policy of Metro West that no retaliatory action will be taken against an employee who makes a report, if that report is made based upon a good faith belief that a violation has occurred, is occurring, or is likely to occur in the near future, and the employee follows the procedures required herein.

In addition, whenever possible the company will make all reasonable efforts to keep confidential the identity of the reporting employee.

Employees who wish to make an anonymous report of violations may submit a written report to Compliance Personnel.

#### **Investigation and Remedial Action**

Compliance Personnel shall consult with legal counsel with respect to any reported violation to ascertain the most appropriate means of investigating and responding to such report. Compliance Personnel and/or legal counsel, as appropriate shall conduct investigations in a timely manner. Based upon the findings of such investigation, Compliance Personnel, with legal counsel, as appropriate, will take such remedial action to ensure [1] that the violation ceases immediately

and [2] that the violation will be prevented from occurring in the future. All reports of violations suspected or deemed actual after investigation], investigative findings, and remedial actions taken shall be documented and maintained by Compliance Personnel.

#### **Disciplinary Action**

Any Employee who is found to have committed an actual violation[s] shall be subjected to immediate disciplinary action. The level of such disciplinary action shall be determined by the employee's direct supervisor and Compliance Personnel, and shall be based upon a number of factors including, but not limited to, the following:

- The nature of the violation[s]
- The employee's level of intent in committing such violation[s] [e.g., negligence, willful misconduct]
- Special circumstances surrounding or contributing to the violation[s].
- The disciplinary action[s] that may be taken against an employee who is found to have committed a violation are spelled out in the Personnel Policy Manual and generally include:

#### **Admonishment**

- Written reprimand [which shall be included in the employee's personnel file]
- Suspensions
- Employment termination.

In addition to the disciplinary action[s] set forth above, and on the advice of legal counsel, the company may turn an employee who has committed a violation over to the appropriate authority for criminal prosecution, as appropriate or as required by law.

#### **Auditing and Monitoring**

To ensure ongoing HIPAA compliance, Compliance Personnel shall conduct regular auditing of functions and operations subject to HIPAA laws and regulations. Those functions/operations include, but are not limited to, the following:

- Protection of patient information
- Security measures for information systems

Audits will include a complete evaluation of procedures, a detailed examination of randomly selected transactions, and a report of the findings for Compliance Personnel records. In addition, Compliance Personnel, in conjunction with the department supervisors, will regularly monitor the performance of all employees to ensure compliance with all applicable compliance standards and policies. If, based upon an audit, Metro West Ambulance is found to be non-compliant with any HIPAA law or regulation, Compliance Personnel, in conjunction with the legal counsel, as appropriate, shall take prompt remedial action.

#### **Responding to Inquiries**

If any employee receives an oral or written inquiry regarding the company's compliance with any HIPAA law or regulation or private payor requirement, from any source, whether governmental or private, the employee shall immediately notify Compliance Personnel prior to responding in any way to the inquiry.

Compliance Personnel shall:

1. Identify the person or entity making the inquiry.
2. Verify their authority for the inquiry.
3. Ascertain the nature of the inquiry.

Compliance Personnel shall then immediately notify legal counsel to assist in responding to the inquiry.

**Policy:**

Effective Date: June 1, 2004  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Clinical Standards****Subject: Record keeping, Falsification and Patient Confidentiality****RECORDKEEPING, FALSIFICATION AND PATIENT CONFIDENTIALITY****POLICY**

Employees must accurately complete all personnel records, incident reports, patient information, and communications information as required by federal, state, county, local and / or Company policies. Inaccurate or untimely completion of records will not be tolerated. The information in these records may not be inspected, amended or removed without the express written permission of the management. Furthermore, this information is confidential and will not be relayed to other employees or the public without written permission of management in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Records are to be completed and submitted no later than the end of the employee's assigned shift. At no time shall official records of any kind be removed from company property. Official records include but are not limited to: Patient Care Records, Company Run Invoices, face sheets, transportation prescriptions, or other information related to any given patient or employee.

Patients receiving care, employees and the general public have a definite right to expect that the confidential nature of identifiable medical and personal information obtained by Metro West Ambulance be reasonably preserved.

Therefore:

1. No person employed by Metro West Ambulance shall disclose medical or personal information regarding a patient, fellow employee, or member of the general public without first obtaining an authorization from the party or the party's legally authorized representative except when such disclosure is permitted and/or required by law.
2. Radio communications shall be limited to that information which is relevant to the field care of the patient. If the patient's name is necessary, the paramedic shall landline the hospital with the required information.

Pre-hospital care providers transporting patients to hospitals shall disclose all relevant information to health care professionals at the hospital as required by our local governing medical authorities.

Medical information refers to any patient-identifiable information possessed by a health care provider regarding a patient's medical history, mental or physical condition, or treatment, or the specific circumstances surrounding a specific patient-identifiable incident, (e.g. suspected child/elder abuse).

### **Records Maintenance-Patient Records**

All employees shall maintain strict confidence on all patient records.

Patient records are retained for a minimum period of seven years. Patient care reports are stored electronically, backed-up, and archived.

Records are kept electronically for a minimum of seven years thereafter they are purged as needed or appropriate.

### **Release of EMS Report Forms:**

Metro West Ambulance shall utilize the following policy related to Release of EMS Reports:

METRO WEST AMBULANCE shall only release copies of Records, to include medical or billing information, in accordance with HIPAA regulations.

In the event Metro West Ambulance is unable to locate a copy of a particular EMS Report, a Release of Medical Records request will be submitted to the EMS Agency to obtain the required document.

### **Retention of Pre-hospital Records:**

Metro West Ambulance shall utilize the following policy related to Retention of Pre-hospital Care Records:

Pre-hospital Care Records shall be retained as outlined below:

1. All records related to either suspected or pending litigation shall be held for an indefinite period of time.
2. Metro West Ambulance shall retain the patient care records of all patients other than un-emancipated minors for a minimum of seven (7) years.
3. The records of un-emancipated minors shall be kept for at least one (1) year after such minors have reached the age of eighteen (18), but in no event less than seven (7) years following the provision of service to the minor.

Records affected by this policy are:

1. Copies of the original EMS Report Form.
2. Patient Information Sheet / Run Ticket.
3. Copies of medical insurance cards or authorizations.

All records are stored on Metro West Ambulance property under the direct supervision of the Business Office Manager.

### **Records Maintenance & Retention – other records**

Vehicle and equipment maintenance records will be stored at the Dawson Creek Headquarters throughout the life of the vehicle and will be transferred to the new owner of the vehicle.

Quality improvement, training, and certification and credentialing will be maintained and stored at the Dawson Creek Headquarters for a minimum of twenty-four months, according to local rules, and/or the term of employment of the employee.

Incident reports and unusual occurrence reports will be stored at the Dawson Creek Headquarters for a minimum of twenty-four months, according to local rules, and/or the term of employment of the employee.

Customer comments will be maintained and stored at the Dawson Creek Headquarters for a minimum of twenty-four months or according to local rules.

Employee health records, including exposures, and safety records (including vehicle crashes) will be maintained permanently at the Dawson Creek Headquarters.

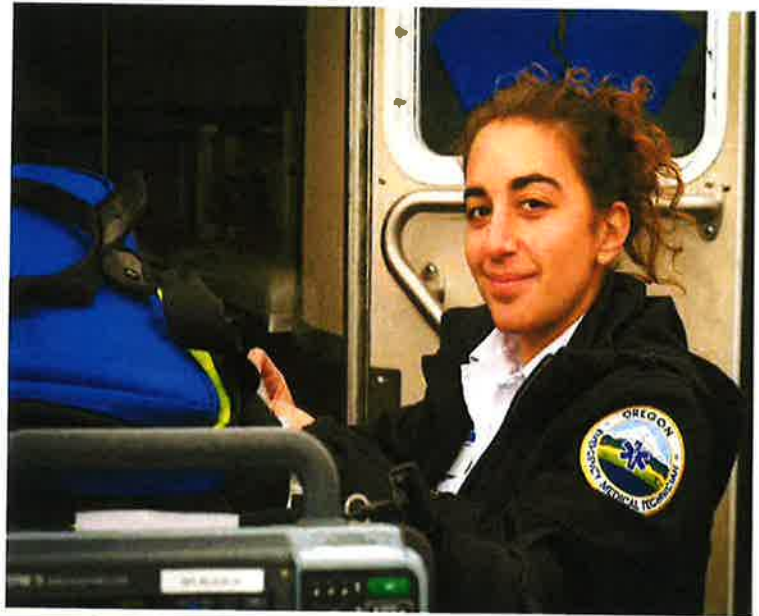
Compliance program documentation will be maintained and stored at the Dawson Creek Headquarters for a minimum of twenty-four months.

### **Destruction Method**

All records will be shredded or purged at the Dawson Creek Headquarters.

### **Policy Suspension**

In some instances, this Policy may be temporarily suspended, specifically if an investigation, litigation, or audit is anticipated. In some instances, this policy's disposal schedule may conflict with the need to produce documents relevant to the aforementioned legal or regulatory procedures. If this is the case, then the need to comply fully with the law and/or regulation will override this policy, causing this policy to be temporarily suspended until the matter in question is satisfactorily resolved. Suspension of this policy will take form of no business documents being disposed of whatsoever for a period of time.



# METRO WEST FAMILY OF COMPANIES EMPLOYEE BENEFITS GUIDE

JANUARY 1, 2024 - DECEMBER 31, 2024



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**Medicare Part D Notice:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 41 for more details.

# WELCOME TO OPEN ENROLLMENT FOR 2024!

Metro West Family of Companies recognizes the important role employee benefits play as a critical component of an employee's overall compensation. We strive to maintain a benefits program that is competitive within our industry.

This benefits guide, together with other enrollment materials, are provided to help you understand your benefit choices and navigate through the Open Enrollment/New Hire enrollment process. Before you enroll, please read this guide to become familiar with the benefit options.

## HIGHLIGHTS FOR 2024!

Below is a brief outline of your benefits. For more detailed plan information, review this guide and refer to the carrier plan summaries (electronic copies are available online via Metro West's intranet).

### Medical/RX

Our Medical/Rx plans are through Regence. We will continue to offer a choice of two plans "Base" and "Buy-Up". Please see page 5 and 8 for more details.

### Health Savings Account

Our HSA account will continue with KeyBank. Please see page 6 and 7 for more details.

### Dental

Our Dental plan will continue with Delta Dental. Please see page 10 for more details.

### Life Insurance

We will continue to provide Basic Life coverage for all full-time employees. See page 11.

### Employee Assistance Program

Our EAP program is through Providence. Please see page 11 for more details.

### OPEN ENROLLMENT DATES:

December 1 -  
December 15, 2023

### QUESTIONS?

Please contact your  
Supervisor or Payroll  
for assistance!

# ENROLLMENT AND ELIGIBILITY

## ELIGIBILITY

If you are a full-time employee at Metro West Family of Companies, you are eligible to enroll in benefits once you have met the 60-day waiting period. Full-time employees are those who work at least 30 hours per week. In addition, you may enroll your legal spouse or domestic partner and legal child(ren) up to age 26.

## HOW TO ENROLL

If you are a new hire, your Supervisor will provide you with the necessary enrollment forms to sign-up or opt-out of benefits. If you are enrolling or making changes during Metro West's Annual Open Enrollment, you will need to complete a new enrollment form with your 2024 elections. Reminder, you only need to complete an enrollment form if you are making changes to your current elections. **NOTE:** Have you experienced a recent life change, such as marriage/divorce or birth of a child? If so, be sure to verify your personal information and make any necessary changes with Payroll.

## WHEN TO ENROLL

**This year's Open Enrollment will begin on December 1, 2023 and run through December 15, 2023.**

The benefits you choose during open enrollment will become effective on January 1, 2024. If you are a new hire, benefits with Metro West will begin on the first of the month after 60 days of full time employment.

## MID-YEAR ENROLLMENT CHANGES

Once you enroll in benefits, you will not be allowed to make changes to your benefits until our next annual open enrollment period, unless you experience a "qualifying life event". Qualifying events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Medicare Eligibility
- Change in employment status or change in coverage under another employer-sponsored plan

**Important Reminder:** You must report a qualified life event to HR within 30 days of the event if you wish to make changes to your benefit elections. If you are enrolling yourself and/or a dependent due to a qualified life event, coverage will begin on the first of the month after the event. **If you have any questions or concerns, please contact your Supervisor or Payroll.**

# REGENCE “BASE” HDHP

If you choose the HDHP you will pay less in premiums; however, you may pay more out of pocket when you obtain medical services and fill prescriptions. With this plan, all covered services and medications are subject to the deductible first, with the exception of preventive care, which is covered at 100%. To view a list of Preventive services covered in full, visit: [www.healthcare.gov](http://www.healthcare.gov).

The following grid is merely a snapshot of covered benefits. For complete details, including plan limitations and exclusions, please refer to the 2024 plan summary and SBC.

**NOTE - For all things Regence:** Please go to [Regence.com](http://Regence.com), click on “Sign in” and create a “member account” if you have not done so already. This gives you access to your own member portal with much information about your specific plan, and many additional tools and resources.

Medical/Rx & Vision	REGENCE BASE HDHP
<b>Annual Employer HSA Contribution</b>	
Funding from Metro West	\$1,000 Individual / \$2,000 Family
	<b>IN-NETWORK (INN) BENEFITS</b>
Annual Deductible (Ind/Fam)	\$2,000 Individual / \$4,000 Family
Annual OOPM (Ind/Fam)	\$4,000 Individual / \$8,000 Family
	<b>MEMBER COST-SHARE</b>
Preventive Care	Covered in full
Telehealth Visit - MDLIVE*	10%, after deductible
Office Visits (PCP, Specialist, Mental Health)	20%, after deductible
Urgent Care Visit	20%, after deductible
Lab/X-ray & Imaging	20%, after deductible
Hospital Stays	20%, after deductible
Emergency Room Visit	50%, after deductible
	<b>ALTERNATIVE CARE</b>
Naturopath	20%, after deductible
Acupuncture - annual 30 visit limit	20%, after deductible
Chiropractic - annual 30 visit limit	20% after deductible
	<b>PRESCRIPTION DRUGS</b>
Optimum Value	\$2 copay (deductible waived)
Generic, Preferred & Non-Preferred	20%, after deductible
	<b>OUT-OF-NETWORK (OON) BENEFITS</b>
Most services	50%, after deductible

\* **IMPORTANT:** You must see an MDLIVE provider in order to qualify for a discounted telehealth coinsurance %. Virtual or phone visits with your regular Primary Care, Mental Health or Specialist provider(s) will be subject to the regular in-office coinsurance %.

NOTE: If enrolled as Employee + 1 or more, you and all your family members will need to meet the Family level Deductible and Out of Pocket Max (OOPM) in aggregate.

# HEALTH SAVINGS ACCOUNT (HSA)

The IRS requires that you be enrolled on a qualified HDHP (high deductible health plan) to take advantage of the tax benefits of an HSA.

## IMPORTANT:

To be eligible to open and contribute to an HSA you must be:

- 1) Covered by a qualified High Deductible Health Plan,
- 2) Not covered by any other health insurance,
- 3) Not enrolled in Medicare or Tricare benefits,
- 4) Not enrolled in a FSA or spouse's FSA,
- 5) Not claimed as a dependent on someone else's tax return.

## What are the benefits of an HSA?

HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHP). An HSA is a great way to save money and budget for qualified medical expenses.

- **It saves you money!** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable!** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver!** HSA contributions are funded with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- **Optimize your retirement strategy!** An HSA is a great way to set aside money for retirement and future healthcare expenses.

## How much can I contribute?

Each year the IRS sets a limit on how much you can contribute into your HSA. This includes amounts you set aside, plus any amounts contributed by your employer. The following table outlines the annual contribution limits for the 2024 plan year (assuming you are eligible for the full annual contribution from Metro West):

Annual Contribution Limits	Individual Coverage	Family Coverage
2024 Annual IRS Limit	\$4,150	\$8,300
Max Annual Contribution from Metro West	\$1,000	\$2,000
Max Annual Employee Contribution	\$3,150	\$6,300

- **If you are age 55 or older, you can make additional "catch-up" contribution of \$1,000 per year**
- You may change your contribution amount at any time as long as you do not exceed the annual max
- If you use your HSA funds for qualified healthcare expenses, you will pay no taxes. If you use HSA funds for ineligible expenses, you may be subject to tax and penalties

# HSA BANKING - KEY BANK

If you enroll on the Regence HDHP offered by Metro West, you are eligible to participate in the HSA offered through Key Bank.

## How do I enroll?

- Go to: [Metro West Ambulance HSA Link](#)
- Scroll down and click on "HSA" box.
- Click on "Open Now" and follow instructions.

OR

Scan the QR code below and follow instructions:



**Note:** If you are experiencing any trouble opening your new KeyBank HSA account please contact **Michelle Potter** at KeyBank- [Michelle\\_R\\_Potter@keybank.com](mailto:Michelle_R_Potter@keybank.com) 503-372-8018. Inform her you are a new member at Metro West Ambulance, employer code 251287.

**Important:** You must open an account with Key Bank in order to receive HSA funding from Metro West, even if you do not want to contribute your own funds. If you do not open an HSA with Key Bank, you will not receive funds from Metro West.

## Can I rollover HSA funds from another bank?

If you would like to roll over funds from an account you set up with a prior employer, please contact Key Bank directly at 1-800-KEY2YOU (1-800-539-2968)

## Can I invest my funds?

Once you have a minimum balance of \$3,500, you can invest \$1,000 into a KIS HSA investment account, leaving \$2,500 in your HSA to pay for qualified health expenses. For help investing, call 888-KIS2YOU.

## What expenses qualify?

HSA funds can be used for a variety of qualified healthcare expenses; for yourself, your spouse, and your qualified dependents. Eligible expenses include medical copays & coinsurance, prescriptions, glasses & contacts, dental treatment, hearing aids, etc... Click on this link to view a full list of qualified health expenses: [www.hsastore.com](http://www.hsastore.com)

## Tools & Resources

Once enrolled, you will receive an HSA VISA debit card from Key Bank. For additional information, call Key Bank directly, or visit the Key Bank "Personal" HSA banking website: [www.key.com](http://www.key.com)

# REGENCE “BUY-UP” COPAY PLAN

The traditional copay plan is what’s considered a “Buy-up” plan, because if you elect this plan, it will cost more out of your paycheck. Unlike the HDHP, most services and prescriptions are covered with a copay and the deductible is waived. The exception is your more complex care, which requires that you meet your deductible first, than pay coinsurance. If you choose this plan, you will not be eligible to participate in the HSA or receive HSA dollars from Metro West.

The following grid is merely a snapshot of covered benefits. For complete details, including plan limitations and exclusions, please refer to the 2024 plan summary and SBC.

**NOTE - For all things Regence:** Please go to [Regence.com](https://www.regence.com), click on “Sign in” and create a “member account” if you have not done so already. This gives you access to your own member portal with much information about your specific plan, and many additional tools and resources.

Medical/Rx & Vision	REGENCE BUY-UP COPAY PLAN
	IN-NETWORK (INN) BENEFITS
Annual Deductible	\$1,500
Annual OOPM	\$4,500
<b>MEMBER COST-SHARE</b>	<b>Deductible is waived unless otherwise stated</b>
Preventive	Covered in full
Telehealth Visit - MDLIVE*	\$10 copay
PCP or Mental Health Visit	\$20 copay
Specialist Visit	\$40 copay
Urgent Care Visit	\$60 copay
Lab, X-ray & Imaging	20% coinsurance (deductible waived)
Hospitalization	20% coinsurance, after deductible
Emergency Room Visit	30% coinsurance, after deductible
<b>ALTERNATIVE CARE</b>	
Naturopath	\$40 copay
Acupuncture - annual 30 visit limit	\$40 copay
Chiropractic - annual 30 visit limit	\$40 copay
<b>PRESCRIPTION DRUGS</b>	
Optimum Value	\$2 copay
Generic	\$15 copay
Preferred Brand	\$30 copay
Non-Preferred Brand	\$75 copay
Specialty	50% coinsurance
Mail Order Rx	2x copays for 90-day supply
<b>OUT-OF-NETWORK (OON) BENEFITS</b>	
Most services	50% coinsurance, after deductible

\* **IMPORTANT:** You must see an MDLIVE provider in order to qualify for a discounted telehealth copay. Virtual or phone visits with your regular Primary Care, Mental Health or Specialist provider(s) will be subject to the regular in-office copay.

# REGENCE PROVIDER SEARCH

Follow these steps to search for participating providers. For best results, we recommend creating a Regence member account as soon as you receive your ID card. This will allow you to easily search for providers using your personalized dashboard (search for providers base on your benefits and location).

- Go to [www.Regence.com](http://www.Regence.com)
- Click on "Find a doctor"
- You will be prompted to enter your network. If you reside in OR, WA, ID or UT, type in "Preferred". To search for providers in all other states, type in "National Blue Card PPO".
- Click the confirm button and follow the prompts to search by provider type or location.

Traveling outside the U.S.? Regence members have access to Blue Cross Blue Shield Global program in nearly 200 countries around the world. Visit [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com) for more information.

# MDLIVE TELEHEALTH VISITS

Regence has partnered with MDLIVE to offer enrolled members virtual visits for urgent care, primary care and behavioral health. See an MDLIVE board-certified doctor via your phone, tablet or computer, when it's most convenient for you!

With your telehealth benefit, you can save time and money by seeing MDLIVE doctors for non-urgent conditions, such as cold/flu, allergies and more. MDLIVE doctors can even prescribe medications when needed. You can also schedule virtual behavioral health visits with an MDLIVE provider, for issues like stress, grief and martial issues.

## Getting Started!

1. For easiest access, download the free MDLIVE mobile app
2. Login online @ [MDLIVE.com/Regence-or](https://MDLIVE.com/Regence-or) or go to [MDLIVE.com/Regence-or](https://MDLIVE.com/Regence-or), You will be asked to activate your account if it's your first visit.
3. Or call 1-888-725-3097

**Important Reminder:** Virtual or phone visits with your regular Primary Care, Mental Health or Specialist provider(s) will be subject to the regular in-office copay (see plan summary).

# REGENCE 24/7 NURSE LINE

If you have a question, don't know how to treat a health condition or are unsure about what kind of care your need, just call **Regence Advice24 at 1-800-267-6729**.

Registered nurses are there 24/7/365 to help you. This service is no cost to you.



# DENTAL BENEFITS - DELTA DENTAL

Metro West offers dental insurance through Delta Dental of Oregon. In addition to protecting your smile, dental insurance helps pay for dental care and includes coverage for regular exams, cleanings, and X-rays. Seeing a dentist regularly can help prevent gum disease and other serious health issues. You are allowed to see any dental provider; however, if you choose providers contracted with Delta Dental's "Premier" network, you will be held harmless from balance billing\*. To find a participating provider, visit: [www.deltadentalor.com](http://www.deltadentalor.com).

The following chart is for informational purposes only, please refer to the plan summary for a full description of covered benefits.

PLAN FEATURES	DELTA DENTAL PREMIER PLAN
Calendar Year Maximum	\$1,500 per member
Deductible	\$25 Individual \$75 Family
Preventive (exams, cleaning, x-rays)	Plan pays 100%
Basic (fillings, simple oral surgery)	Plan pays 80%
Majors (crowns, inlays, onlays)	Plan pays 50%
Orthodontia	Not Covered

\*Balance Bill: A non-contracted provider can bill you the difference between their billed charge and Delta Dental's negotiated fee.

## DELTA DENTAL TOOLS & RESOURCES

Delta Dental provides a personalized member dashboard to help manage your dental benefits. If you haven't done so already, we recommend creating a member dashboard online. Once registered, you can search for providers, print your ID card, track claims, download EOB's and much more. Use this link to create your account or login: [www.deltadentalor.com](http://www.deltadentalor.com).

## LIFE / AD&D

Metro West provides full-time employees with \$10,000 in Life insurance. This lump sum benefit will be paid to your designated beneficiary in the event of your passing to help cover funeral costs and ongoing expenses.

**IMPORTANT:** We recommend updating your beneficiary information each year or when you experience a major life change such as marriage, divorce, or birth of a child. Please contact Payroll for assistance.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Metro West employees have access to an Employee Assistance Program (EAP) through Providence. This employer-sponsored program provides you and your dependents with free resources to help manage life's everyday challenges. Each of your household members are entitled to 6 one on one counseling sessions (per issue) to deal with concerns such as:

- Depression
- Marital Conflict, Family Issues & Stress Management
- Career Development & Work Conflicts
- Substance Abuse
- **Crisis counselors are available by phone 24 hours a day/7 days a week/365 days a year!**

In addition, Providence EAP members have access to:

- Legal & Financial Counseling
- Elder & Childcare Referral Services
- Estate Planning
- Online Wellness Resources
- And much, much, more!

Visit the Providence EAP site to learn more: [ProvidenceHealthPlan.com/EAP](https://ProvidenceHealthPlan.com/EAP) or [www.achievesolutions.net](https://www.achievesolutions.net)

The EAP program is completely confidential and available to all Metro West employees. Again, there is no cost associated with these visits, they are 100% free for you and your household members!

**To speak to a counselor or to schedule a free consultation, call 800-255-5255.**

# MEDICAL/RX & DENTAL COST

Please refer to the below grid to calculate your cost for medical and dental insurance. Premiums will be deducted "pre-tax" from your paycheck on a "bi-weekly" basis (26 pay periods per year). Please refer to the below grid to calculate your costs for coverage.

COVERAGE TIER	Employee Cost per pay period		
	Regence Base HDHP	Regence Buy-up Copay Plan	Delta Dental Plan
Employee Only	\$11.82	\$66.17	\$4.77
Employee/Spouse	\$50.84	\$142.26	\$10.81
Employee & Child(ren)	\$39.00	\$109.14	\$8.51
Employee & Family	\$68.58	\$191.89	\$14.01

## HSA Contributions (Jan. 1, 2024 - Dec. 31, 2024)

In 2024, the maximum the IRS will allow you to contribute to a Health Savings Account is \$4,150 for single coverage and \$8,300 for family coverage (2 or more enrolled). These limits include combined contributions made by you and your employer. Please refer to pages 6 & 7 of this guide for additional details.

In the below grid, we have provided the total amount you are eligible to contribute into your HSA each pay period based on the annual IRS contribution limits. This includes the amount you are eligible to receive from Metro West, along with the maximum amount you may contribute each pay period. To maximize your savings, we recommend contributing the full allowed amount.

COVERAGE TIER	2024 Maximum Contribution per Pay Period		
	Metro West Contributes	Max Employee Contribution	Total Contribution
Employee Only	\$38.47	\$121.15	\$159.62
Employee/Spouse	\$76.92	\$242.31	\$319.23
Employee & Child(ren)	\$76.92	\$242.31	\$319.23
Employee & Family	\$76.92	\$242.31	\$319.23

**Catch-up Contributions:** If you are age 55 or older, you may contribute an additional \$1,000 per year. Please refer to the below grid if you wish to contribute the full allowed amount, plus \$1,000 catch up contribution.

COVERAGE TIER	2024 Maximum Contribution per Pay Period with "catch-up"		
	Metro West Contributes	Max Employee Contribution	Total Contribution
Employee Only	\$38.47	\$159.62	\$198.08
Employee/Spouse	\$76.92	\$280.77	\$357.69
Employee & Child(ren)	\$76.92	\$280.77	\$357.69
Employee & Family	\$76.92	\$280.77	\$357.69

# INSTRUCTIONS AND FAQ'S

## **What changes can be made effective January 1, 2024?**

- Newly enroll or opt-out of medical and/or dental coverage for yourself
- Change medical plans (switch to the "Buy-up" or "Base" plan)
- Newly enroll or opt-out of medical and/or dental coverage for your eligible dependents
- Newly enroll in an HSA or adjust HSA contributions if you are enrolling in the Base HDHP plan

## **If I want to newly enroll, waive, or make changes, what must I complete?**

- **Medical/Rx:** You must complete a Regence enrollment form to newly enroll or make changes to your current medical coverage.
- **Dental:** You must complete a Delta Dental enrollment form to newly enroll or make changes to your current dental coverage.
- **Health Savings Account:** If you want to make changes to your HSA contributions, you must complete a "payroll deduction" form with your desired 2024 contributions by December 15, 2023.

## **When are enrollment forms due and where do I return them?**

- **All enrollment forms must be submitted to your Supervisor or Payroll by December 26, 2023.**
- If you do not submit an enrollment/change form, your current elections will remain the same for the 2024 plan year (effective Jan. 1 2024 - Dec. 31, 2024)
- In order to be eligible for mid-year changes, qualified life event's must be reported within 30 days of the event.


## **Who do I contact for help?**

- If you have questions or need assistance with your enrollment, please contact your supervisor or you may email payroll at: payroll@metrowest.com

# BENEFITS CONTACT INFORMATION

For your convenience, we have provided a list of the vendors we partner with, along with each vendor contact information. Please contact the vendor directly if you have specific questions or concerns about benefits. **For general questions, please contact your Direct Supervisor, or you may contact Payroll.**

BENEFIT	PROVIDER/CONTACT	PHONE	EMAIL/WEBSITE
Medical & Pharmacy	Regence	866-367-2116	<a href="http://www.regence.com">www.regence.com</a>
Health Savings Account (HSA)	Key Bank	800-539-2968	<a href="http://www.key.com">www.key.com</a>
Dental	Delta Dental of Oregon (Moda Health)	888-217-2365	<a href="http://www.deltadentalor.com">www.deltadentalor.com</a>
Life/AD&D	Metro West Family of Companies	503-648-6658	
Employee Assistance Program (EAP)	Providence	800-255-5255	<a href="http://www.providence.org/eap">www.providence.org/eap</a>
Metro West Payroll/ Benefits Dept.	Payroll & Benefits	541-266-4320	<a href="mailto:payroll@metrowest.us.com">payroll@metrowest.us.com</a>

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go to <https://regence.com> or call 1 (866) 240-9580. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [healthcare.gov/sbc-glossary](https://healthcare.gov/sbc-glossary) or call 1 (866) 240-9580 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	\$2,000 individual (single coverage) / \$4,000 family per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your deductible?</b>	Yes. Certain <u>preventive care</u> and those services listed below as " <u>deductible</u> does not apply."	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	\$4,000 individual (single coverage) / \$8,000 family* per calendar year. *An individual on family coverage will not have their <u>out-of-pocket limit</u> exceed \$6,850.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="https://regence.com/go/OR/Preferred">https://regence.com/go/OR/Preferred</a> or call 1 (866) 240-9580 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

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All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Preventive care/screening/immunization</u>	No charge, <u>deductible</u> does not apply	50% <u>coinsurance</u> , <u>deductible</u> does not apply	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://regence.com/go/2024/OR/4tier">https://regence.com/go/2024/OR/4tier</a>	Tier 1 (Typically, generic drugs with highest overall value)	30% <u>coinsurance</u> / retail prescription; 30% <u>coinsurance</u> / home delivery prescription	30% <u>coinsurance</u> / retail prescription; 30% <u>coinsurance</u> / home delivery prescription	<p><u>Prescription drugs</u> not on the Drug List are not covered, unless an exception is approved. <u>Deductible</u> does not apply for insulin and drugs specifically designated as preventive for treatment of certain chronic diseases that are on the Optimum Value Medication List.</p> <p>\$2 <u>copayment</u> / retail prescription, \$4 <u>copayment</u> / home delivery prescription for drugs specifically designated as preventive for treatment of certain chronic diseases that are on the Optimum Value Medication List.</p> <p>90-day supply / retail prescription (your <u>cost share</u> is per 30-day supply) 90-day supply / home delivery prescription 30-day supply / <u>specialty drug</u> prescription <u>Specialty drugs</u> are not available through home delivery.</p> <p>Coverage includes compound medications at 50% <u>coinsurance</u>. <u>Cost shares</u> for insulin will not exceed \$80 / 30-day supply retail prescription or \$240 / 90-day supply home delivery prescription.</p>
	Tier 2 (Typically, brand drugs with moderate overall value)	30% <u>coinsurance</u> / retail prescription; 30% <u>coinsurance</u> / home delivery prescription	30% <u>coinsurance</u> / retail prescription; 30% <u>coinsurance</u> / home delivery prescription	
	Tier 3 (Typically, brand drugs with lower overall value)	30% <u>coinsurance</u> / retail prescription; 30% <u>coinsurance</u> / home delivery prescription	30% <u>coinsurance</u> / retail prescription; 30% <u>coinsurance</u> / home delivery prescription	
	Tier 4 ( <u>Specialty drugs</u> )	30% <u>coinsurance</u> / <u>specialty drug</u>	30% <u>coinsurance</u> / <u>specialty drug</u>	

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Common Medical Event	Services You May Need	What You Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				No charge, <u>deductible</u> does not apply for certain preventive drugs, contraceptives and immunizations at a participating pharmacy. If you fill a brand drug or <u>specialty drug</u> when there is an equivalent generic drug or specialty biosimilar drug available, you pay the difference in cost in addition to the <u>copayment</u> and/or <u>coinsurance</u> . The first fill of <u>specialty drugs</u> may be provided by a retail pharmacy; additional refills must be provided by a specialty pharmacy.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u> for ambulatory surgery centers; 20% <u>coinsurance</u> for all other facilities	50% <u>coinsurance</u>	None
	Physician/surgeon fees	10% <u>coinsurance</u> for ambulatory surgery center physicians; 20% <u>coinsurance</u> for all other physicians	50% <u>coinsurance</u>	
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	<u>Urgent care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you are pregnant</b>	Office visits	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> .

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	140 visits / year
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	30 inpatient days / year 30 outpatient visits / year Includes physical therapy, occupational therapy and speech therapy.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	30 neurodevelopmental visits / year Neurodevelopmental therapy limited to individuals under age 18. Includes physical therapy, occupational therapy and speech therapy.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	100 inpatient days / year
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	14 respite inpatient or outpatient days / lifetime
	<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered
Children's glasses		Not covered	Not covered	
Children's dental check-up		Not covered	Not covered	

## Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Cosmetic surgery, except congenital anomalies</li><li>• Dental care</li></ul>	<ul style="list-style-type: none"><li>• Infertility treatment</li><li>• Long-term care</li><li>• Private-duty nursing</li></ul>	<ul style="list-style-type: none"><li>• Routine eye care</li><li>• Routine foot care, except for diabetic patients</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"><li>• Abortion</li><li>• Acupuncture, 30 visits / year</li></ul>	<ul style="list-style-type: none"><li>• Chiropractic care, 30 visits / year</li><li>• Hearing aids (individuals up to age 26), 2 devices / 2 years</li></ul>	<ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform), or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1 (877) 267-2323 ext. 61565 or [ccio.cms.gov](http://ccio.cms.gov) or your state insurance department. You may also contact the [plan](#) at 1 (866) 240-9580. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [HealthCare.gov](http://HealthCare.gov) or call 1 (800) 318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the [plan](#) at 1 (866) 240-9580 or visit [regence.com](http://regence.com) or the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform). You may also contact the Oregon Division of Financial Regulation by calling 1 (503) 947-7984 or the toll-free message line at 1 (888) 877-4894; by writing to the Oregon Division of Financial Regulation, Consumer Advocacy Unit, P.O. Box 14480, Salem, OR 97309-0405; through the Internet at: [dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx](http://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx); or by E-mail at: [DFRInsuranceHelp@oregon.gov](mailto:DFRInsuranceHelp@oregon.gov).

### Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1 (866) 240-9580.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$2,000
- **Specialist coinsurance** 20%
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,060</b>

**Managing Joe's Type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$2,000
- **Specialist coinsurance** 20%
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$900
<i>What isn't covered</i>	
Limits or exclusions	\$200
<b>The total Joe would pay is</b>	<b>\$3,100</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$2,000
- **Specialist coinsurance** 20%
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,200</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

## NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Regence:**

**Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

**Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

**Medicare Customer Service**  
1-800-541-8981 (TTY: 711)

**Customer Service for all other plans**  
1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

**Medicare Customer Service**  
Civil Rights Coordinator  
MS: B32AG, PO Box 1827  
Medford, OR 97501  
1-866-749-0355, (TTY: 711)  
Fax: 1-888-309-8784  
medicareappeals@regence.com

**Customer Service for all other plans**  
Civil Rights Coordinator  
MS CS B32B, P.O. Box 1271  
Portland, OR 97207-1271  
1-888-344-6347, (TTY: 711)  
CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW,  
Room 509F HHH Building  
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

**Language assistance**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínizín: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánida'áwo'déé', t'áá jiił'eh, éí ná hóló, koji' hódííłnih 1-888-344-6347 (TTY: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਬਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-888-344-6347 (टिडिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)


โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ໂປດລຸນ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ຈະມີມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر بہ زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فانذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to <https://regence.com> or call 1 (866) 240-9580. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [healthcare.gov/sbc-glossary](https://healthcare.gov/sbc-glossary) or call 1 (866) 240-9580 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,500 individual / \$4,500 family per calendar year.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care, prescription drug coverage and those services listed below as "deductible does not apply."	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$4,500 individual / \$13,500 family per calendar year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="https://regence.com/go/OR/Preferred">https://regence.com/go/OR/Preferred</a> or call 1 (866) 240-9580 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$20 <u>copay</u> / office visit, <u>deductible</u> does not apply;  20% <u>coinsurance</u> for all other services	50% <u>coinsurance</u>	<u>Copayment</u> applies to each in- <u>network provider</u> office visit only. All other services are covered at the <u>coinsurance</u> specified, after <u>deductible</u> .
	<u>Specialist</u> visit	\$40 <u>copay</u> / office visit, <u>deductible</u> does not apply;  20% <u>coinsurance</u> for all other services	50% <u>coinsurance</u>	
	<u>Preventive care/screening/immunization</u>	No charge, <u>deductible</u> does not apply	50% <u>coinsurance</u>	
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u> , <u>deductible</u> does not apply for outpatient services	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u> , <u>deductible</u> does not apply for outpatient services	50% <u>coinsurance</u>	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://regence.com/go/2024/OR/4tier">https://regence.com/go/2024/OR/4tier</a>	Tier 1 (Typically, generic drugs with highest overall value)	\$15 <u>copay</u> , <u>deductible</u> does not apply / retail prescription;  \$30 <u>copay</u> , <u>deductible</u> does not apply / home delivery prescription;  \$10 <u>copay</u> , <u>deductible</u> does not apply / self-administrable cancer chemotherapy prescription	\$15 <u>copay</u> , <u>deductible</u> does not apply / retail prescription;  \$30 <u>copay</u> , <u>deductible</u> does not apply / home delivery prescription;  \$10 <u>copay</u> , <u>deductible</u> does not apply / self-administrable cancer chemotherapy prescription	<u>Prescription drugs</u> not on the Drug List are not covered, unless an exception is approved. \$2 <u>copayment</u> / retail prescription, \$4 <u>copayment</u> / home delivery prescription for drugs specifically designated as preventive for treatment of certain chronic diseases that are on the Optimum Value Medication List. 90-day supply / retail prescription (your <u>cost share</u> is per 30-day supply) 90-day supply / home delivery prescription 30-day supply / <u>specialty drug</u> prescription

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Tier 2 (Typically, brand drugs with moderate overall value)	\$30 <u>copay</u> , <u>deductible</u> does not apply / retail prescription;	\$30 <u>copay</u> , <u>deductible</u> does not apply / retail prescription;	<p><u>Specialty drugs</u> are not available through home delivery.</p> <p>Coverage includes compound medications at 50% <u>coinsurance</u>, <u>deductible</u> does not apply.</p> <p><u>Cost shares</u> for insulin will not exceed \$80 / 30-day supply retail prescription or \$240 / 90-day supply home delivery prescription.</p> <p>No charge, <u>deductible</u> does not apply for certain preventive drugs, contraceptives and immunizations at a participating pharmacy.</p> <p>If you fill a brand drug or <u>specialty drug</u> when there is an equivalent generic drug or specialty biosimilar drug available, you pay the difference in cost in addition to the <u>copayment</u> and/or <u>coinsurance</u>.</p> <p>The first fill of <u>specialty drugs</u> may be provided by a retail pharmacy; additional refills must be provided by a specialty pharmacy.</p>
		\$60 <u>copay</u> , <u>deductible</u> does not apply / home delivery prescription;	\$60 <u>copay</u> , <u>deductible</u> does not apply / home delivery prescription;	
		\$50 <u>copay</u> , <u>deductible</u> does not apply / self-administrable cancer chemotherapy prescription	\$50 <u>copay</u> , <u>deductible</u> does not apply / self-administrable cancer chemotherapy prescription	
	Tier 3 (Typically, brand drugs with lower overall value)	\$75 <u>copay</u> , <u>deductible</u> does not apply / retail prescription;	\$75 <u>copay</u> , <u>deductible</u> does not apply / retail prescription;	
\$150 <u>copay</u> , <u>deductible</u> does not apply / home delivery prescription;		\$150 <u>copay</u> , <u>deductible</u> does not apply / home delivery prescription;		
	Tier 4 ( <u>Specialty drugs</u> )	\$100 <u>copay</u> , <u>deductible</u> does not apply / self-administrable cancer chemotherapy prescription	\$100 <u>copay</u> , <u>deductible</u> does not apply / self-administrable cancer chemotherapy prescription	
		50% <u>coinsurance</u> / <u>specialty drug</u>	50% <u>coinsurance</u> / <u>specialty drug</u>	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u> for ambulatory surgery centers;	50% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u> for all other facilities		
		10% <u>coinsurance</u> for ambulatory surgery center physicians;	50% <u>coinsurance</u>	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		20% <u>coinsurance</u> for all other physicians		
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$60 <u>copay</u> / office visit, <u>deductible</u> does not apply; 20% <u>coinsurance</u> for all other services	50% <u>coinsurance</u>	<u>Copayment</u> applies to each in- <u>network provider</u> office visit only. All other services are covered at the <u>coinsurance</u> specified, after <u>deductible</u> .
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$20 <u>copay</u> / office visit, <u>deductible</u> does not apply; 20% <u>coinsurance</u> for all other services	50% <u>coinsurance</u>	<u>Copayment</u> applies to each in- <u>network provider</u> office/psychotherapy visit only. All other services are covered at the <u>coinsurance</u> specified, after <u>deductible</u> .
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you are pregnant</b>	Office visits	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Cost sharing does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	140 visits / year
	<u>Rehabilitation services</u>	\$20 <u>copay</u> / outpatient visit, <u>deductible</u> does not apply; 20% <u>coinsurance</u> for inpatient services	50% <u>coinsurance</u>	30 inpatient days / year 30 outpatient visits / year <u>Copayment</u> applies to each in- <u>network provider</u> outpatient visit only. All inpatient services are covered at the <u>coinsurance</u> specified, after <u>deductible</u> . Includes physical therapy, occupational therapy and speech therapy.
	<u>Habilitation services</u>	\$20 <u>copay</u> / visit, <u>deductible</u>	50% <u>coinsurance</u>	30 neurodevelopmental visits / year

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		does not apply		Neurodevelopmental therapy limited to individuals under age 18. <u>Copayment</u> applies to each in- <u>network provider</u> visit only. Includes physical therapy, occupational therapy and speech therapy.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	100 inpatient days / year
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	14 respite inpatient or outpatient days / lifetime
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Cosmetic surgery, except congenital anomalies</li><li>• Dental care</li></ul> | <ul style="list-style-type: none"><li>• Infertility treatment</li><li>• Long-term care</li><li>• Private-duty nursing</li></ul> | <ul style="list-style-type: none"><li>• Routine eye care</li><li>• Routine foot care, except for diabetic patients</li><li>• Weight loss programs</li></ul> |
|---|---|---|

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Abortion</li><li>• Acupuncture, 30 visits / year</li></ul> | <ul style="list-style-type: none"><li>• Chiropractic care, 30 visits / year</li><li>• Hearing aids (individuals up to age 26), 2 devices / 2 years</li></ul> | <ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li></ul> |
|--|--|--|

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform), or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1 (877) 267-2323 ext. 61565 or [cciio.cms.gov](http://cciio.cms.gov) or your state insurance department. You may also contact the [plan](#) at 1 (866) 240-9580. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [HealthCare.gov](http://HealthCare.gov) or call 1 (800) 318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the [plan](#) at 1 (866) 240-9580 or visit [regence.com](http://regence.com) or the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform). You may also contact the Oregon Division of Financial Regulation by calling 1 (503) 947-7984 or the toll-free message line at 1 (888) 877-4894; by writing to the Oregon Division of Financial Regulation, Consumer Advocacy Unit, P.O. Box 14480, Salem, OR 97309-0405; through the Internet at: [dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx](http://dfr.oregon.gov/help/complaints-licenses/Pages/file-complaint.aspx); or by E-mail at: [DFRInsuranceHelp@oregon.gov](mailto:DFRInsuranceHelp@oregon.gov).

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1 (866) 240-9580.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$40
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$10
Coinsurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,670</b>

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$40
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$800
Copayments	\$700
Coinsurance	\$20
<i>What isn't covered</i>	
Limits or exclusions	\$200
<b>The total Joe would pay is</b>	<b>\$1,720</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$40
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$200
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,800</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

## NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Regence:**

**Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

**Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

**Medicare Customer Service**  
1-800-541-8981 (TTY: 711)

**Customer Service for all other plans**  
1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

**Medicare Customer Service**  
Civil Rights Coordinator  
MS: B32AG, PO Box 1827  
Medford, OR 97501  
1-866-749-0355, (TTY: 711)  
Fax: 1-888-309-8784  
medicareappeals@regence.com

**Customer Service for all other plans**  
Civil Rights Coordinator  
MS CS B32B, P.O. Box 1271  
Portland, OR 97207-1271  
1-888-344-6347, (TTY: 711)  
CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW,  
Room 509F HHH Building  
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

**Language assistance**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телегайт: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínízin: Díí saad bee yáníiti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki hc fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिडिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ប្រៃសណីយ៍: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

Afaan dubbattan Oroomiffaa tiif, tajaajjila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر بہ زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)

# NOTICES, SPECIAL RIGHTS, & PRIVACY

## SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents due to other coverage, you may be able to enroll later if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards it) if you request enrollment within 31 days. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may also be able to enroll later if you request enrollment within 31 days of the event. To request special enrollment or obtain more information about your Special Enrollment Rights, contact Robin Bellini. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan. There are also other ways of proving you have creditable coverage. Please contact Robin Bellini if you need help demonstrating creditable coverage.

## PRIVACY POLICY

You are entitled to receive an explanation of how your personally identifiable health information will be used and disclosed. For example, a physician or hospital is required to provide you with a Notice of Privacy Practices at your first visit. You will be required to sign an acknowledgment indicating that you received the Notice of Privacy Practices. If you have health insurance coverage, the insurance company or health plan will also provide you with a Notice of Privacy Practices immediately after you are enrolled in the plan. It is important that you read the Notice of Privacy Practices in order to understand your rights and know who to contact if you feel your privacy rights have been violated. Contact Robin Bellini for a copy of our health plans' Notice of Privacy Practices.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

As required by the Women's Health and Cancer Rights Act of 1998, this plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call your plan administrator for more information.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

Book Page

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Book \_\_\_\_\_ Page \_\_\_\_\_  
Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

Yes (Go to question 15)  No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? \_\_\_\_\_

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## **Important Notice from METRO WEST AMBULANCE SERVICE, INC. Group Health Plan About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with METRO WEST AMBULANCE SERVICE, INC. Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. METRO WEST AMBULANCE SERVICE, INC. Health Plan has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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### **When Can You Join A Medicare Drug Plan?**

**You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.**

**However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.**

**CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current **METRO WEST AMBULANCE SERVICE, INC.** Health Plan coverage may or may not be affected.

If you do decide to join a Medicare drug plan and drop your current **METRO WEST AMBULANCE SERVICE, INC.** Group Health Plan coverage, be aware that you and your dependents may or may not be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with **METRO WEST AMBULANCE SERVICE, INC.** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **METRO WEST AMBULANCE SERVICE, INC.** Group Health Plan changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)

CMS Form 10182-CC

Updated April 1, 2011

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- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: **December 4, 2023**  
Name of Entity/Sender: **METRO WEST AMBULANCE SERVICE, INC.**  
Address: **5475 NE DAWSON CREEK DR  
HILLSBORO, OR 97124**  
Phone Number: **503-648-6658**

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Book \_\_\_\_\_ Page \_\_\_\_\_

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CIIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

<b>NEVADA – Medicaid</b>		<b>NEW HAMPSHIRE – Medicaid</b>	
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900		Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218	
<b>NEW JERSEY – Medicaid and CHIP</b>		<b>NEW YORK – Medicaid</b>	
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710		Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	
<b>NORTH CAROLINA – Medicaid</b>		<b>NORTH DAKOTA – Medicaid</b>	
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100		Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825	
<b>OKLAHOMA – Medicaid and CHIP</b>		<b>OREGON – Medicaid</b>	
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742		Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075	
<b>PENNSYLVANIA – Medicaid and CHIP</b>		<b>RHODE ISLAND – Medicaid and CHIP</b>	
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)		Website: <a href="http://www.cohhs.ri.gov/">http://www.cohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	
<b>SOUTH CAROLINA – Medicaid</b>		<b>SOUTH DAKOTA - Medicaid</b>	
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820		Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	
<b>TEXAS – Medicaid</b>		<b>UTAH – Medicaid and CHIP</b>	
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493		Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	
<b>VERMONT– Medicaid</b>		<b>VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427		Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924	
<b>WASHINGTON – Medicaid</b>		<b>WEST VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022		Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	



**WISCONSIN – Medicaid and CHIP****WYOMING – Medicaid**

Website:

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

Website:

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



2024 Benefits Guide

# Additional Employee Benefits



## 401K RETIREMENT ACCOUNT

Metro West offers 401K retirement accounts through The Standard. Employees who are over 21 years of age are eligible to open a 401K retirement account after 1 year of full time employment. Metro West offers a 5% employer match and employees are fully vested after 3 years of full time employment. Employees must work a minimum of 1,000 hours per year to maintain eligibility.



## GYM MEMBERSHIP REIMBURSEMENT

Metro West offers a gym reimbursement program to promote the health and well being of our staff. Employees who have a membership to a local gym, martial art center, etc., are eligible for a quarterly \$75 reimbursement with proof of attendance. To qualify, employees must submit a completed reimbursement form with a copy of attendance records showing they went at least 25 times in that quarter to their supervisor. Reimbursement forms must be submitted to the supervisor by the 1st business day after the end of the quarter.



## ANNUAL UNIFORM ALLOWANCE

Metro West provides all uniformed personnel with a new full uniform upon hire, which includes pants, shirts, a vest, and a jacket. In addition to the initial full uniform provided, Metro West employees are given annual uniform allowances on their work anniversary. This annual allowance equates to 3 new shirts and 3 new pairs of pants.



## VOLUNTEERISM

The goal of Metro West's Corporate Citizenship Program is to support charitable community organizations through the sponsorship of our employee's time and effort. Metro West A will sponsor ten (10) employees per year who wish to spend a day volunteering with local programs such as Make a Wish Foundation, UNICEF, Senior Services, Habitat for Humanity, etc. Employees will be given the opportunity to work with a charitable organization in lieu of one day in their regular position. The employee will be paid just as if they spent the day at work. Employees must be full time with the company for at least 1 year and a manager must approve the charity they choose.



## PAID HOLIDAYS

Metro West recognizes 6 paid holidays, including Christmas Day, New Years Day, Thanksgiving Day, Memorial Day, Labor Day, and Independence Day. Personnel who start their shift on the day of the holiday will be paid holiday pay if eligible. Ambulance Department & Communications Center personnel who work on a recognized holiday will be paid a flat rate of \$100 holiday pay in addition to their regular rate. Wheelchair Department personnel and VST's who work on a recognized holiday will be paid one and one-half times their regular hourly rate. Office & administrative personnel will receive 8 hours of holiday pay for recognized holidays.

# Additional Employee Benefits



## PAID TIME OFF (PTO)

Metro West offers paid time off (PTO) to all full time employees. Employees begin accruing PTO upon hire and are eligible to use PTO after 90 days of full time employment. Employees may request a "cash out" of accrued PTO funds up to a maximum of 20 hours per pay period. PTO balances roll over each year and do not expire.

PTO Accrual Rates for 8 & 10 Hour Employees		
Length of Service	Bi-Weekly PTO Accrual	Annual PTO Accrual
0-24 Months	2.50	65
25-36 Months	4.04	105
37-60 Months	5.50	145
61-96 Months	6.19	161
97 Months & Over	7.13	185

PTO Accrual Rates for 12 & 24 Hour Employees		
Length of Service	Bi-Weekly PTO Accrual	Annual PTO Accrual
0-12 Months	2.42	63
13-24 Months	2.92	76
25-36 Months	4.38	114
37-60 Months	5.34	152
61-96 Months	6.84	178
97 Months & Over	8.31	216

PTO Accrual Rates for Salaried Employees		
Length of Service	Bi-Weekly PTO Accrual	Annual PTO Accrual
0-24 Months	1.54	40
25-48 Months	2.03	50
49-64 Months	4.02	120
65-96 Months	5.23	155
97-120 Months	6.15	160
121-168 Months	6.15	160
169-180 Months	6.15	160
181-228 Months	6.15	160
229-240 Months	6.15	160
241-288 Months	6.15	160
289-300 Months	6.15	160
301-348 Months	6.15	160
349-360 Months	6.15	160
361 Months & Over	6.15	160



## SABBATICAL

Beginning at 15 years of employment and every 5 years from that point, Metro West grants employees a sabbatical which consists of 30 days of additional PTO. All 30 days must be used at one time and are calendar days, not days or normal work. This 30 day PTO benefit is in addition to normal PTO accruals.

If you need assistance or have any questions regarding payroll or benefits, please contact your supervisor and/or manager. Welcome to the Metro West team!

*Welcome*

# Additional Benefits - EMS Career Path



## FLEXIBLE WORK SCHEDULES

Metro West offers flexible schedules that work around school schedules for employees who are enrolled in an EMT or Paramedic program, or are currently taking pre-requisite courses for Paramedic school. These flexible schedules allow our employees to work full time hours while getting hands-on EMS experience and pursuing their career goals.



## EMR TRAINING ACADEMY

Metro West offers an in-house 2 week paid EMR Training Academy. This EMR training is offered to entry level drivers who are interested in exploring a career in EMS. This training program is valued at \$500 and is available with a 6-month employment commitment once they obtain their Oregon EMR license.



## HYBRID EMT PROGRAM

Metro West offers a hybrid EMT program which is available to all current employees with a 1 year employment commitment once they obtain their Oregon EMT license. This program, offered through IMPACT EMS with Metro West providing the hands on training, is valued at \$1,900 and tuition and books are paid for in full by the company.



## EMT TUITION REIMBURSEMENT

Metro West offers EMT Tuition Reimbursement to current EMT students who come to work for us full time as Medical Drivers while they pursue their EMT license. Once an Oregon EMT, applicants will receive half of the cost of their EMT tuition in two payments - one at 6 months of employment and another at 12 months of employment.



## HYBRID PARAMEDIC PROGRAM

For our EMTs who need more flexibility, Metro West offers a hybrid Paramedic training program that is partially online. This program, offered through NMETC, is valued at \$18,000 and comes with a 2 year employment commitment once they obtain their Oregon Paramedic license. Other expenses associated with the Paramedic program such as text books, air travel, accommodation, and compensated time off for live seminars or examinations, are also funded by Metro West.



## PARAMEDIC SCHOOL TUITION ASSISTANCE

Metro West offers Paramedic School Tuition Assistance to any of our current EMTs who are accepted into a local Paramedic training program. EMTs can get up to \$18,000 tuition assistance for Paramedic school with a 2 year employment commitment once they obtain their Oregon Paramedic license.



## CONTINUING EDUCATION

Metro West offers company provided continuing education that is free to all employees, including courses in First Aid, CPR, Advanced Cardiac Care (ACC), PHTLS, and EPC. Employees are also provided a paid subscription to CareerCert, an online training program, which offers EMT & Paramedic refresher programs and hundreds of accredited CE courses for healthcare professionals.



**Policy:****401**

Effective Date: November 12, 2018  
Replaces: April 24, 2014  
May 6, 2011  
June 4, 2004  
Reviewed: April 6, 2020

**Section: Professional Conduct**  
**Subject: Personal Appearance of Employees**

**PERSONAL APPEARANCE OF EMPLOYEES****POLICY**

It is expected that employees will maintain the highest standards of personal cleanliness and grooming. Employees should present a neat businesslike and professional appearance at all times during working hours. Every employee has some contact with the public and therefore represents the company by his/her appearance and actions. The professionally clothed employee helps to create a favorable image for the company.

At no time is this process intended to impinge on a persons right of race, color, religion, age, national origin or gender.

The purpose of this policy is to provide a standard for employees in regard to personal safety and grooming while on duty.

The wearing of a Metro West Ambulance uniform obligates the employee to comply with this policy.

If employment is ended with Metro West Ambulance all company property provided to the employee at no charge will be returned as soon as possible including uniforms, jackets, patches, and pager.

Changes in personal appearance standard will be reviewed through the supervisor group and the OAC with the intent of being open to new ideas while holding a high standard of professionalism and company image. The final decision regarding changes in personal appearance policy will be made by management, with consideration taken of the decisions by the reviewing bodies.

The intent is to provide a clean consistent appearance for all Metro West Ambulance employees.

**PROCEDURE**

Compliance with this Personal Appearance Policy is the responsibility of the employee. If a problem arises, the issue will be addressed with the employee and they will be allowed an opportunity to correct it. Failure to comply with this policy will be considered a behavioral issue and appropriate action will be taken.

An employee in violation of this policy will be sent home without pay to correct the issue and then will be allowed to return to duty.

## **Appearance**

Hair should be kept clean, combed, and neatly trimmed or arranged at all times. Dirty, unkempt, or hair not of a naturally occurring human color is not permissible, regardless of length and style. Extremes of any hairstyle are not permissible. Long hair (at a length longer than the top of the shirt collar) for male employees is not allowed.

Wearing of wigs or hairpieces shall be prohibited unless they conform to all conditions of this policy.

Personnel must present themselves in such a way as to generate trust, confidence, and respect as well as preserve the professionalism associated with the Metro West brand. All standards and rules that pertain to personal grooming of facial hair will apply to all employees anytime they are wearing the Metro West Ambulance uniform, on-duty or off-duty.

Supervisors and Senior Management are responsible for insuring that employees conform to all grooming standards and have the final say in terms of acceptability of appearance. This includes uniforms and personal grooming.

Full beards are prohibited, as are soul patches and beards covering the chin only. Well-manicured mustaches and goatees are permitted. A goatee is a patch of hair that includes a mustache and hair that covers the point of the jaw below the lower lip. The sides of the beard cannot extend past the edges of the lips or extend below the rounded curve of the lower jaw line.

Hair, sideburns, mustaches, and goatees must never interfere with the normal wearing of personal protective equipment, including the N95 particulate mask.

Mustaches and goatees must be kept neatly trimmed and presentable while on duty or when in uniform. The hair must be no longer than (3/4) three quarters of an inch long and must be of natural color, presenting a clean, professional appearance.

Areas of the face and neck that are not covered with a mustache or a goatee must be clean-shaven and presentable at the start of shift.

Transitional growth period must be accomplished while employee is off duty and out of uniform, partial growth or stubble will not be allowed while the employee is on duty or in uniform.

On the employee's first day back to work after growing a mustache or goatee that employee must present himself to the on duty supervisor for approval. If the supervisor is not available then one may receive approval from a member of Senior Management or the Training Supervisor.

Acceptability of facial hair is at the discretion of management and unacceptable grooming will result in the employee being asked to conform to the standards prior to going to work. Employees who refuse to comply with the standards for dress and grooming may be subject to corrective action.

Extremes of fingernail length, color, or design are not permissible

Tattoos (if visible) must not be extreme in nature and all tattoos should remain covered if possible. This shall be at the discretion of management.

Male employees are prohibited from wearing earrings.

Earrings (females only) shall not hang loose from the ears due to the possibility of being a safety hazard.

Body piercing, if exposed, will be of a minute nature and cannot in anyway pose a risk of entanglement or trauma if caught on an object while performing his or her duty.

Shop employees are not allowed to wear any metal jewelry on the job due to risk of entanglement.

### **Hygiene**

All employees should maintain a regular hygienic schedule as to bathing, washing, brushing teeth, etc.

Use of cologne/perfume while on duty is not recommended (patients may be allergic or sensitive).

### **Dress**

Non-field employees are expected to dress in a manner that is normally acceptable in professional business establishments providing service to the public. Extremes of any style are not permissible. Jeans of any type are also not permissible. Mini-skirts or any slacks made of denim or jean-like fabric are not acceptable.

### **Shoes**

Shoes must be worn at all times. Field employee's shoes must be black, polished, and clean.

### **Duty Uniform**

All uniforms shall be clean, pressed, and free of stains upon arrival for duty.

Modification is not allowed unless pre-authorized by management.

The duty uniform for employees assigned to the Ambulance, Wheelchair and Dispatch Center Divisions include the following elements:

1. White uniform shirt, tucked in at all times. (Provided)
2. Name Tag – above the right pocket (Provided)
3. Patches (Provided)
  - State EMT or Dispatcher patch on left shoulder
  - Oregon topmost
  - Washington below (if certified)
  - Company patch on right shoulder
  - Appropriate rocker below
4. Pants – six-pocket cruiser type pants, black in color (Provided)
5. Belt – black in color



6. Jacket – Color and type as determined by Metro West Ambulance (Provided)
7. Black polishable shoes of waterproof nature.

**Optional Items**

- Cap – Company issue baseball-type cap (or stocking cap – seasonal)
- Vest – Color and type as determined by Metro West Ambulance
- Sweater – Black of type determined by Metro West Ambulance with patches
- Sweatshirts – NOT ALLOWED WHILE ON DUTY
- Turtleneck – White mock-turtleneck or a white turtleneck shirt worn as a base-layer

**Restrictions**

Undergarments or t-shirts with printing are not allowed to be visible through uniform shirts. If needed, a white under-shirt, turtleneck, or other base-layer garment should be worn. For example, a female crewmember whose bra is visible through the uniform shirt or a t-shirt with markings visible through the uniform shirt is not allowed.

The intent is to provide a clean consistent appearance for all Metro West Ambulance employees.

**Provided Uniforms**

All field and dispatch employees are required to wear a duty uniform. Employees will be provided at no charge with the following:

Full-time:

Three (3) uniform pants

Three (3) uniform shirts (including state/company patches; name tags; and service pins)

One company jacket (Replaceable every 5 years if damaged)

Part-time:

Two (2) uniform pants

Two (2) uniform shirts (Including state/company patches; name tags; and service pins)

One Company jacket

It is the responsibility of the employee to request an additional uniform when transferring from part-time to full-time.

The employee may purchase at his or her cost other uniform items authorized on the duty uniform list that are not provided.

All uniforms will be purchased at vendor locations predetermined by Metro West.

**Change in grade**

At time of grade change, Metro West Ambulance will provide four (4) patches and services to have them changed.

**Policy Violation**

If an employee reports to work improperly dressed or groomed he/she will be instructed to return home to change clothing or to take other appropriate corrective action. The employee will not be compensated during such time away from work, and repeated violations of this policy will be considered a behavioral issue and subject to appropriate action.

**Dirty Uniforms**

See Policy 402 – Care, Use, and Maintenance of Uniforms

**Off-Duty**

All employees wearing a company uniform, even if off payroll, are deemed to be a representative of Metro West Ambulance and are held to the same professional standard as if on duty. Smoking, drinking, or entering into a location where liquor is being served or adult entertainment performed is not allowed as it reflects poorly on the company. The public does not know whether an employee is being paid or not. As a result of that scrutiny, employees are required to wear their uniform as if on duty whenever in public.

**Policy:****402**

Effective Date: April 24, 2014  
Replaces: February 1, 2009  
June 1, 2004  
Reviewed: April 6, 2020

**Section: Professional Conduct**  
**Subject: Use, Care and Maintenance of Uniforms**

**USE, CARE AND MAINTENANCE OF UNIFORMS****POLICY**

The company and the employee must both understand that uniforms and company markings help to establish the image and authority of the company in the minds of the public. Hence, it is important that uniforms be properly maintained at all times, kept clean, and worn only in the performance of approved company duties. The duty uniform is considered company property and any misuse will subject the employee to appropriate corrective action.

**PROCEDURE**

Uniform Return - The following uniform items are to be returned to the company upon termination:

- Shirts (with all patches attached)
- Name Badges
- Pants
- Jacket
- Pager

If these items are not returned, the company will seek financial reimbursement through legal channels if necessary.

**Dirty Uniforms**

It is advisable that employees keep a spare uniform at headquarters either in their locker or vehicle in the case of contamination or soiling while on duty for the purpose of maintaining cleanliness. No employee shall continue on duty with blood or bodily fluid on his or her uniform that has not been cleaned. Field cleaning is acceptable as long as it protects the employee and patients. Failure to keep a backup uniform may result in the employee being sent home off duty to acquire a new one.

Uniforms that have been contaminated with blood or bodily fluid will be flagged with his or her name on the label, packaged in a clear plastic bag and sealed. This will then be sent for cleaning and returned to the employee.

**Policy:****501**

Effective Date: June 1, 2004  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: Employee Safety and Health Protection**

**EMPLOYEE SAFETY AND HEALTH PROTECTION****POLICY**

It is the policy of Metro West Ambulance to provide a safe and healthy work environment for all employees. It is expected that each employee will comply with all safety and health requirements established by management and/or by Federal, State and Local law.

Metro West provides training and retraining of employees as appropriate to assist them in avoiding dangerous and unhealthful conditions and remedying problems or hazards before they cause accidents or injuries.

**OSHA**

The Occupational Safety and Health Act of 1970 require employers to ensure so far as possible every working woman and man in the nation safe working conditions. The Act also requires employees to comply with occupational safety and health standards since the purpose of the Act cannot be obtained without the fullest cooperation of the employees.

**Safety Officer**

A Safety Officer may be named for the company, but all supervisors and managers function in that role. Safety is everyone's responsibility. In such capacity the Safety Officer is responsible for ensuring compliance with the requirements of the Act by investigating and eliminating unsafe and unhealthy working conditions.

**Safety Committee**

The Safety Committee will consist of both employee-elected (majority) and employer-selected (minority) members. Elected members shall serve for a 1-year term. Should an elected member vacancy occur on the committee a new member would be selected before the next scheduled meeting. The committee shall have a committee-elected Chairperson (majority member).

Safety Committee members are an integral part of the development and enhancement of a successful Safety Program. The Safety Committee shall be responsible for the observation of safety hazards, fielding reports of these hazards, meeting on a monthly basis and filing a quarterly report with the Committee Chairperson indicating findings, solutions and suggestions.

**Reporting**

All observed safety and health standards and any accidents resulting in injuries to employees or customers shall be reported immediately to the department supervisor and/or Safety Officer. In addition, all employees are encouraged to submit suggestions to the Safety Committee concerning safety and health matters.

**Records**

The company will maintain a log and summary of all recordable occupational injuries and illness for each calendar year. The records are available to employees, former employees, and their representatives for examination.

**Non-Discrimination**

No employee shall be terminated or discriminated against in any manner because he/she has instituted a proceeding with OSHA, has testified in such a proceeding or otherwise exercised any right afforded by OSHA.

**Employee Responsibilities**

It is the responsibility of each and every employee to be aware of where hazards may exist and to inform management if they encounter a new hazard. The company will then correct the hazard or instruct the employee on the appropriate way to reduce the hazard.

If an employee observes another employee committing a non-routine hazardous task or being exposed to a non-routine hazard without taking proper precautions the said employee shall make every effort to inform the employee and the management of the company so that appropriate steps may be taken to ensure the continued safety of all employees.

Field personnel are to follow the directions of the Fire and Police Departments when on the scene of a potential safety hazard. They should report any unsafe working conditions to the Department Supervisor at once and complete a detailed Incident Report. Office personnel must report any unsafe working condition to the Business Office Manager.

The employee should operate all company-furnished equipment in a safe manner and should always use the right equipment for the job. New equipment will be reviewed either by webinar, writing, or hands on before any person is authorized to utilize it.

It is the responsibility of the employee to learn correct methods of lifting and to use care in the course of their work to prevent strains, back injury, etc. Any questionable lifts should be done with help or with lifting equipment.

All accidents are to be reported to management even if no injury has occurred so that corrective action can be taken to avoid future accidents and injuries.

**Tobacco, Alcohol, and Drug Abuse**

See Policy 200 – Tobacco, Alcohol, and Drug Abuse

**Policy:****502**

Effective Date: April 24, 2014  
Replaces: June 1, 2004  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: Worksite and Ambulance Security**

### WORKSITE AND AMBULANCE SECURITY

#### **POLICY**

In order to protect the well being of our employees as well as the quality of our equipment all employees will follow established guidelines and practices to protect the security of all company facilities. Unauthorized use of or access to company facilities, computers, databases and/or records is strictly prohibited.

#### **Ambulances**

All ambulances will remain locked including equipment compartments when circumstances necessitate. At the beginning of each shift a set of keys will be checked out for each ambulance.

During the shift while NO PERSON IS PHYSICALLY in the vehicle the ambulance will be locked as circumstances necessitate. This includes both cab and patient compartment.

While on the scene of an emergency or at the hospital after transporting in an emergency mode, the vehicle may be left running.

The crew shall use good judgment in determining when the ambulance should be locked.

Violations of this policy may result in corrective action.

#### **Lost Keys**

If keys are lost, it may result in corrective action following Policy 211 – Disciplinary Process.

#### **Office Building**

Procedures will be developed and implemented from time to time to protect the security of the building and its contents. These procedures should be followed at all times.

#### **Procedure - Office Security**

The business office excluding the Crew Lounge and the Supervisor's Duty Office will remain locked during the following hours:

- Monday - Friday 4:00 p m to 7:30 a.m.
- Saturday and Sunday 7:00 a.m. to 7:00 a.m.

All lights, coffee makers, air fresheners, etc. are to be turned off at night. It is the responsibility of the last person leaving the office area to assure this has been done.

**Policy:****503**

Effective Date: April 24, 2014  
Replaces: June 1, 2004  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection****Subject: Exposure to Disease, Contamination, and Communicable Disease****EXPOSURE TO DISEASE, CONTAMINATION, AND COMMUNICABLE DISEASE****POLICY**

The company offers training in protection from and control of contagious diseases including training in airborne and blood borne pathogens. Employees must take these precautions for the safety of themselves and their patients by using all personal protective equipment and employing safety practices/regulations as provided by the company. Employees are further encouraged to use available vaccinations for additional protection. An exposure or suspected exposure to a contagious disease must be reported to a Department Supervisor immediately. Proper documentation of the incident will be required from both the employee and the Department Supervisor. All documentation must be directed to the Department Manager.

Each and every occurrence of exposure and contamination shall be reported immediately to the Department Supervisor. Failure to do so may result in corrective action. The Safety Committee will review any occurrence at the next meeting and recommendations will be made for correction if possible. Any exposure or contamination that is ruled as preventable may result in corrective action.

**Policy:****504**

Effective Date: May 30, 2017  
Replaces: June 1, 2004  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: On the Job Injury or Illness**

**ON THE JOB INJURY AND ILLNESS****POLICY**

The company treats the occurrence of an injury or illness on-the-job very seriously. Should an employee become ill or injured it must be reported to the Department Supervisor immediately so that appropriate action can be taken. If an employee feels that they are unable to complete their shift due to injury or illness, the on duty supervisor must be notified immediately and will make arrangements to have the unit placed out of service and the employee removed from their shift.

**Notice of On-the-Job Injury**

In the event of an on-the-job injury the Department Supervisor must be notified immediately (within 24 hours) and the management notification protocol should be followed by the communications center.

**Treatment of On-the-Job Injury**

In the event of an on-the-job injury the Department Supervisor should see to it that the employee receives prompt and appropriate medical attention consistent with the injury using company approved medical facilities.

During normal business hours ALL employees will be referred to the company-designated medical provider for appropriate treatment. After hours employees should be seen at the company-specified Emergency Room.

**On-the-Job Illness**

The Department Supervisor is responsible for handling on-job related illnesses. An employee must communicate with Department Supervisors in order to be excused from work and removed from their current shift.



**Policy:****505**

Effective Date: June 1, 2004  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: Accidents**

**ACCIDENTS****POLICY**

An employee is required to obey all company safety rules and to exercise care and reasonable caution in the performance of his/her duties to prevent injury to him/herself and fellow employees.

**Employee's Duty**

An employee is required to report to the Department Supervisor any hazardous conditions that exist in their work area that might cause an injury. This report should be given to the Department Supervisor immediately.

**Reportable Accidents**

Personal accidents are reportable when time from work is lost, job transfer results, medical treatment other than first aid results, loss of consciousness or restriction of motion results. Department Supervisor should be notified subsequently.

**Policy:****506**

Effective Date: February 21, 2005  
Replaces: June 1, 2004  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: Fire Preparedness**

**FIRE PREPAREDNESS****POLICY**

It is the policy of the company to remain equipped with fire protection equipment such as hand-operated fire extinguishers. Every employee is an important part of our fire protection plan. Each employee should know where extinguishers are located in his/her work area and know how to use them. Further, he/she should know how to activate 9-1-1 and know all of the exit points.

**Fire Extinguishers**

All Fire Extinguishers will be routinely inspected and maintained in proper working order. Removal of inspection and/or seal tags prior to proper use of extinguishers in the event of a fire is prohibited.

Employees are required to report expended or non-tagged extinguishers immediately.

**Policy:****507**

Effective Date: June 1, 2004  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: Employee Assistance**

**EMPLOYEE ASSISTANCE****POLICY**

The employees are one of our most important assets. Your health and well being directly affect the way in which we grow and develop. Because of this we take a special interest in you both on the job and in your personal life.

Occasionally personal problems arise or incidents occur which can interfere with your ability to perform your job. The Employee Assistance Program (EAP) is a resource to help you deal with personal problems that may be affecting your life. It provides *confidential* counseling through outside professionals to assist in resolving personal problems.

The below represents just a few of the problems that the EAP provides help in resolving:

- Alcohol abuse
- Prescription drug abuse
- Drug abuse
- Child/adolescent behavior problems
- Illegal substance abuse
- Marital problems
- Mourning and grieving
- Crisis - assault, rape, robbery
- Traumatic incident
- Stress

**Mandatory Referral**

If work performance declines or if on-the-job incidents indicate a personal problem your immediate supervisor may require that you call the EAP.

The content of any sessions with the EAP counselor will never be revealed. However, your manager or immediate supervisor will be notified as to whether you attended your session.

**Policy:****508**

Effective Date: June 1, 2004  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: Hazardous Communication Program**

**HAZARDOUS COMMUNICATION PROGRAM****Uniform Requirements for Hazard Communication in Manufacturing****Purpose of the Program**

Establish uniform requirements for hazard communication in manufacturing as required by law.

**Intent of the Program**

Educate employees on hazardous chemicals and their location.

**Contact from Program**

Department heads are responsible for any update of Material Safety Data Sheets (MSDS) for their departments and are there to answer questions for employees.

**Hazard Definitions**

***Hazard*** - refers to any chemical that is a physical or a health hazard. ***Health hazard*** means a chemical for which there is statistically significant evidence based on a least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system and agents which damage the lungs, skin, eyes or mucous membranes.

***Physical hazard*** - refers to a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water reactive.

**Employee Rights under the Law- 1910.1200**

1. Employee has the right to know of any operation in his work area where hazardous chemicals may be present.
2. The location and availability of the written hazard communication program, including the required list of hazardous chemicals and material safety data sheets (MSDS) as required.

## Chemical States

Definition - The physical forms in which matter may exist are called *states*. Chemicals can exist as a solid, liquid or gas. Sometimes a chemical in one state is harmless but upon changing to another state becomes life threatening. For example oxygen exists as a gas. In this state oxygen is not only beneficial but also necessary for existence. However, when oxygen is liquefied it becomes a potential hazard. Contact with liquid oxygen can cause burns to skin and eyes. An explosion can result from contact with heat.

## Hazard Categories, Health Hazards, and Types of Health Hazards

1. *Acute Toxicity* - the adverse (acute) effects resulting from a single dose of an exposure to a material.
2. *Carcinogen* - a substance capable of causing cancer.
3. *Chronic Toxicity* - adverse (chronic) effects resulting from repeated doses of or exposures to a material over a relatively prolonged period of time.
4. *Irritant* - a material that is not a corrosive that causes a reversible inflammatory effect on living tissue by chemical action at the site of contact as a function of concentration or duration of exposure.
5. *Mutagenic* - a substance capable of changing cells in such a way that future cell generations are affected. Mutagenic substances are usually considered suspect carcinogens.
6. *Sensitizer* - a material that on first exposure causes little or no reaction in man or test animals but which on repeated exposures may cause a marked response not necessarily limited to the contact site. Skin sensitization is the most common form. Respiratory sensitization to a few chemicals is also known to occur.
7. *Teratogen* - a substance capable of causing birth defects.

## Physical Hazards and Types of Physical Hazards

1. *Combustible Liquid* - any liquid having a flashpoint at or above 100°F and below 200°F.
2. *Corrosive* - a chemical that causes visible destruction of or irreversible alterations in living tissue by chemical action at the site of contact. A liquid that causes a severe corrosion rate in steel.
3. *Explosive* - a material that produces a sudden, almost instantaneous release of pressure, gas and heat when subjected to abrupt shock, pressure or temperature.
4. *Flammable Liquid* - a liquid that gives off vapors that can be readily ignited at room temperature. A liquid with a flashpoint less than 100°F.

5. *Oxidizers* - a substance that yields oxygen readily to stimulate the combustion (oxidation) of organic matter. Examples are Chlorate (ClO), Manganate (MnO) and Nitrate (NO). These substances all contain oxygen.

6. *Reactive* - a chemical substance or mixture that will vigorously polymerize, decompose, condense or become cell-reactive due to shock, pressure or temperature.

### **Labels**

The Hazard Communication Act contains specific labeling requirements. Labeling must be done on all hazardous chemicals that are shipped and that are used in the workplace.

### **On Shipped Chemicals**

Chemical manufacturers, importers and distributors shall make sure that each container of hazardous chemical leaving the workplace is labeled, tagged or marked with the following information:

- Identity of the hazardous chemical.
- Appropriate hazard warnings.
- Name and address of chemical company.

### **On In-plant Chemicals**

Each container of hazardous chemicals used in the workplace must also be labeled. These workplace labels must contain the following information:

- Identity of the hazardous chemical.
- Appropriate hazard warning.

### **Definition of Identity**

The term *definition of identity* means any chemical or common name, which is indicated on the MSDS for the chemical. The identity used shall permit cross-references to be made among the required list of hazardous chemicals, the label and the MSDS.

### **Alternate Labeling**

The National Fire Protection Association (NFPA) has developed a system for providing basic information to emergency personnel so they can better evaluate what firefighting techniques to use.

Many distributors have chosen this type system for identifying hazardous materials (especially on drums, sealed cartons and storage areas).

There are three categories of hazards identified by the NFPA system: health, flammability and reactivity.

The order of severity is indicated by five divisions ranging from four (4): for SEVERE hazards to zero (0): which indicates NO special hazard.

The diamond shaped label contains four colored squares with a number appearing in each square. Blue for health, red for flammability, yellow for reactivity and white for "special hazard" such as unusual reactivity with water.

### **Other Identification Methods**

In some situations a material label may be impractical or impossible. When such material presents a potential hazard but labeling is impractical, different methods are used by the company to provide information to employees. These methods may include:

- Signs next to storage piles or bins.
- Color-coding of pipes supplemented by well-defined operating procedures.
- Placards or signs in work areas where fumes or dusts may be generated from melting or cutting Department.

If such methods are used in your work area the Department supervisor will explain them to you. If you have any questions about these methods be sure to ask the Department supervisor for details.

There is only one situation where it is acceptable to use or handle potentially hazardous material in an unlabeled container. If a hazardous substance is transferred from a labeled container into a portable container the portable container should be labeled except in the following situations:

- The contents will be used only by the employee who transferred the material into the portable container.
- The contents will be used completely during the same work shift.
- If the contents of the portable container remain in the work area after the shift ends the portable container must be labeled.

Another frequently used marking system is that of the Hazardous Materials Identification System (HMIS). The HMIS labels and signs provide information on:

- Chemical Identity.
- Degree of Acute Health, Flammability and Reactivity Hazards (same as NFPA system using horizontal bars).
- Proper Personal Protective Equipment (white bar at bottom of label).

### **Material Safety Data Sheets**

OSHA has chosen the material safety data sheet as the most appropriate means of transmitting specific details on the identities and hazards of the chemicals in the workplace.

Distributors and suppliers provide Material Safety Data Sheets for the purchaser's use and are filed for each facility at the appropriate "Right to Know Station." The information contained on the MSDS will answer many of your questions. Details on MSDS are as follows:

1. **General Information** - this section gives the general information about the chemical. This information should link with the data on the labels of the chemical.
2. **Ingredients** - this section is very important; it tells you "what's in it." Here you find the various ingredients, if it is a mixture and what part of the whole each ingredient is. The third column describes what the 8-hour occupational exposure can be.
3. **Physical Data** - the physical and chemical characteristics of the hazard chemical are as follows:
  - a. **Boiling point** - refers to the temperature at which the liquid boils in degrees F.
  - b. **Vapor Pressure** - refers to pressure of saturated vapor above the liquid in mm of Hg at 20 degrees C.
  - c. **Solubility in Water** - refers to how well a substance dissolves in water.
  - d. **Appearance in Color** - gives a brief description.
  - e. **Specific Gravity** - refers to the ratio of the weight of a volume of material to the weight of an equal volume of water at 39.2° F. This determines whether the material can float.
  - f. **Percent of Volatile by Volume (%)** - refers to the percentage of the liquid or solid by column that evaporates at the ambient temperature of 70 degrees F.
  - g. **Evaporation Rate** - refers to whether that rate is greater or less than one.
  - h. **pH** - a measure of how acid or how caustic (basic) a substance is on a scale of 1-14. pH 1 indicates that a substance is very acid, pH 7 indicates a neutral substance, and pH 14 indicates that a substance is very caustic.
4. **Fire and Explosion Hazard Data** - this section tells you the chemical's potential for fire and explosion plus identifies any special precautions that should be taken during fire fighting.
5. **Health Hazard Data** - this section will tell you information regarding the health hazards of the chemical. It gives tolerable exposure levels, whether the substance is a known cancer-causing agent, how the substance enters the human system and first aid procedures.
6. **Reactivity Data** - this section describes how stable the substance is, how readily it reacts with other substances, and with what other substances it reacts and under what conditions is it most likely to react.

### **Protective Equipment**

A variety of protective equipment is available for employees who may be overexposed to potentially hazardous materials. Each type of equipment is designed to protect employees against the potential hazards of exposure, which may occur in a specific work area.



Based on potential exposures the company may specify the types of equipment to be used or worn in particular work areas. This equipment may include the following items:

1. Respirators - where potential exposure to dust, fumes, potential hazards may exceed acceptable levels.
2. Gloves - to prevent skin contact with potentially harmful materials.
3. Clothing - to prevent possible contamination of personal clothing from fumes, dusts or other potential contaminants present in the work area.

In addition eye or face protection, hard hats and other protective equipment may be necessary for protection against potential health or safety hazards in the work area.

Every employee is required to wear appropriate protective equipment for the situation and will be individually instructed in this by their Field Training Officer. If you have any questions about the need for protective equipment in your work area consult the MSDS for Personal Protection and Precaution or contact your supervisor.

### **Training Programs**

The information and training provided to the employee includes the following:

#### **INFORMATION:**

1. List of hazardous chemicals.
2. Requirements of 1910.1200.
3. Any duties in your work area where hazardous chemicals are present.
4. The location and availability of the written hazard communication program.

#### **TRAINING:**

1. Methods and observations that may be used to detect the presence or release of a hazardous chemical (includes reading and interrupting labels.)
2. The physical and health hazards of the chemicals in the work area.
3. The measures employees can take to protect themselves from these hazards.
4. The details of the hazard communication program developed by the employer.

### **Non-routine Task**

Management must pre-authorize all non-routine tasks without exception and have a supervisor present if possible. Management shall collect all safety information available before initiating the project.

**Policy:****509**

Effective Date: May 30, 2017  
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November 1, 2007  
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**Section: Employee Safety and Health Protection**  
**Subject: Exposure Control Plan**

**EXPOSURE CONTROL PLAN****POLICY**

On December 6, 1991 the Occupational Safety and Health Administration (OSHA) published the "Occupational Exposure to Blood borne Pathogens; Final Rule" codified as 29 CFR 1910.1030. As with all OSHA regulations the Blood borne Pathogens Standard is intended to protect employees from potential workplace hazards.

The intent of the Blood borne Pathogens Standard is to reduce occupational exposure to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV), and other blood borne pathogens. To help minimize or eliminate workplace exposure the Blood borne Pathogens Standard requires employers to establish an Exposure Control Plan.

Our Exposure Control Plan along with our Exposure Control Policies outline specific equipment and procedures that will minimize and /or eliminate your exposure to blood and other potentially infectious materials (OPIM).

The Metro West Exposure Control Plan will be reviewed and evaluated on an annual basis. This review and evaluation will be used to determine the Exposure Control Plan's effectiveness in reducing occupational exposure to HBV, HIV, and other potentially infectious materials.

The Blood borne Pathogens Standard also mandates the Exposure Control Plan be updated as necessary whenever new or modified procedures affecting employee's exposure are implemented or when new or modified employee duties affect potential exposure to blood borne pathogens.

Mandatory training for all employees will be conducted annually over the contents of the Exposure Control Plan.

**Exposure Determination and Job classification**

Job classifications in which all employees have a potential for occupational exposure:

- Senior Paramedic
- Paramedic
- Critical Care Transport Registered Nurse
- E.M.T. – Basic/Intermediate
- Emergency Medical Technician
- Secure Transport Technician
- Department Supervisor

- Training Personnel
- Supply Personnel
- Fleet Maintenance Personnel

Job classifications in which some employees have a potential for occupational exposure:

- Senior Management
- Department Manager / Supervisor
- Dispatcher
- Administrative Personnel
- Housekeeping / Janitorial

### **Tasks and Job Procedures**

Closely related tasks and procedures in which occupational exposures may occur:

- Physical examination procedures
- Vital signs determination procedures
- Patient lifting and moving procedures
- Bandaging and splinting procedures
- Handling ill and injured persons and their belongings
- Vascular access procedures
- Handling of contaminated sharps
- Respiratory maintenance and support procedures
- Cardiopulmonary maintenance procedures
- Medication administration procedures
- Invasive medical procedures
- Patient extrication procedures
- Cleaning and disinfecting procedures
- Utilizing personal protective equipment
- Equipment/vehicle maintenance procedures
- Demonstrating equipment/vehicle maintenance procedures
- Demonstrating medical tasks and procedures
- Equipment re-supply procedures
- Handling of contaminated equipment
- Patient restraining procedures

### **Method of Implementation for Compliance Universal Precautions**

Universal precautions are an approach to infection control by considering all human blood and **certain** human body fluids as if known to be infectious for HBV, HIV, and other blood borne pathogens

### **Body Substance Isolation (BSI)**

Body substance isolation is another approach to infection control by considering all body fluids and substances as infectious for HBV, HIV, and other blood borne pathogens. This will involve the utilization of up to date Personal Protective Equipment from basic use of gloves to the advanced use of isolation suits. As a company Metro West Ambulance recognizes the importance of BSI as the backbone of exposure control. Review of close calls and exposure by the safety committee will strive to control exposures and expose at risk behavior and situations.

## **Engineering Controls/Work Practice Controls**

Metro West will institute and utilize engineering controls and work practice controls to minimize or eliminate employee exposure to blood borne pathogens. If the risk of occupational exposure still exists after utilizing these controls personal protective equipment will also be used.

Engineering controls isolate or remove the blood borne pathogens hazard from the work place. The most appropriate and up-to-date engineering controls (safety products) will be evaluated for their effectiveness and use in the field setting. All engineering controls will be examined and maintained or replaced on a regular basis to ensure their use and effectiveness. Examples of engineering controls are retractable needles, puncture resistant sharp containers, and protective finger lancing device.

Work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles using a two-handed technique). Work practice controls will be written as policies and procedures to further minimize the potential of employee exposures.

If potential employee exposure still exists after utilizing engineering controls or no effective engineering control is known, work practice controls instituted as policies and procedures will be utilized to further reduce employee exposure risks. Examples of work practice controls are carrying disposable gloves, hand washing after utilizing personal protective equipment, and using germicides to clean equipment after each call.

### **Hand washing**

Hand washing is a very important part of infection control. In the field environment hand washing facilities are not always readily available. Antiseptic towelettes are available for use in the field setting but antiseptic towelettes are not a substitute for proper hand washing with soap and warm running water. As soon as feasible after the situation allows hands will be washed with soap and warm running water.

Hands will be washed after patient contact, handling or cleaning equipment, and after removing personal protective equipment.

If you have an exposure to blood or other potentially infectious materials the exposed area will be washed with soap and warm running water as soon as possible. If the exposure was to the eyes or other mucous membrane the area will be flushed with water or saline for at least 15 minutes or until arrival at the designated industrial medicine provider. Employee lounges, kitchens or other food preparation areas are not appropriate hand washing areas for the above-mentioned circumstances. Designated hand washing facilities will be in the crew restrooms. Antimicrobial/tuberculocidal soap will be provided in the designated hand washing facilities.

### **Contaminated Sharps**

A sharp is considered any object contaminated with blood or other potentially infectious material that is capable of penetrating the skin. Contaminated needles will not be bent broken, sheared, stuck in benches or furnishings, or removed from a syringe before disposal.

Recapping and removing needles is expressly prohibited unless required by a specific medical procedure. If recapping or removing a needle is required it must be accomplished by using a mechanical device (i.e. forceps) or a one-handed technique (i.e. scoop method).

Immediately after use contaminated sharps will be placed in an appropriate container for disposal. All containers will be puncture resistant, labeled or color coded as required, and has leak-proof sides and bottom.

Broken glass, which may be contaminated, will not be picked up directly with your hands. A broom and dustpan or equivalent will be used instead; the broken glass will be disposed of in a sharps container.

### **Food and Drink Limitations**

Foods and drinks will be limited in the areas in which they are allowed in order to prevent the spread of disease from patient to crews. It is preferable that crews eat and drink outside of company vehicles to help isolate the crews from possible spread of disease.

See Policy 510 – Exposure Control Policy: Food and Drink Possession

### **Procedures Involving Blood**

Isolation from blood is always the goal of every procedure, utilization of equipment provided by the person performing the procedure is encouraged and should be thought of first before performing any task.

All procedures involving blood or other potentially infectious materials must be performed in such a way that prevents splashing, spraying, spattering, or aerosolization mouth pipetting procedures may only be done if there is a mucous trap as part of the equipment between the patient and the person performing the procedure.

Blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, storage, or transport and will be labeled as a biohazard following approved labeling guidelines.

If the outside of any container (i.e., blood tube, syringe) becomes contaminated it should be placed in a second container that will prevent leakage during handling, storage, or transporting and will be labeled as a biohazard following approved labeling guidelines.

If you collect amputated tissues that may puncture the container it is placed in that container will be placed in a second container that is puncture resistant and labeled as a biohazard following approved labeling guidelines.

### **Contaminated Equipment Needing Repair**

Equipment that may be contaminated with blood or other potentially infectious materials must be decontaminated prior to repair, servicing, shipping or transporting.

If decontamination of the equipment is not feasible the equipment will be labeled in accordance with approved labeling guidelines stating which portions remain contaminated.

It is the responsibility of Metro West Ambulance to ensure this information is conveyed to employees coming in contact with the contaminated equipment as well as the servicing representative and/or manufacturer prior to handling, servicing, or shipping so appropriate precautions can be taken.

Tags will be provided for attaching to contaminated or potentially contaminated equipment being turned in for decontamination, restocking/re-supply, or repair.

Tags will meet the criteria for color-coding and have the required biohazard symbol and the word "BIOHAZARD" on one side with a written warning advising of potential contamination to blood borne pathogens and to wear appropriate personal protective equipment when handling the item. On the reverse side, space will be provided for writing what specific areas of the equipment may still be contaminated.

### **Personal Protective Equipment**

Due to the unpredictable and uncontrollable nature of emergency medical services work personal protective equipment (PPE) will be provided and utilized in tandem with safe work practices and engineering controls to further minimize the risk of exposure to employees. Personal protective equipment will be used separately or together depending on the situation to prevent blood or other potentially infectious material passing through to, or contacting the employee's work clothing, undergarments, skin, non-intact skin, eyes, mouth, or nose. Personal protective equipment should be considered the last line of defense against blood borne pathogens.

The type and amount of personal protective equipment will be chosen to protect against contact with blood or other potentially infectious material based on the type of exposure and quantity of the substances, which can be reasonably anticipated, to be encountered during the performance of employees' duties.

Personal protective equipment includes but is not limited to: gloves, gowns, face shields or masks, eye protection, resuscitation bags, and pocket masks.

Metro West Ambulance will provide personal protective equipment in appropriate sizes. All personal protective equipment will be readily accessible through the supply department, in the units, and in the kits found on the units.

Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives will be readily accessible to any employee who is allergic to the gloves normally provided.

Metro West Ambulance will provide proper receptacles and work practice controls for employees to dispose of contaminated personal protective equipment. Metro West Ambulance will clean, decontaminate or disinfect any personal protective equipment designed for reuse. Metro West Ambulance will also repair or replace personal protective equipment as needed to maintain its effectiveness. Employees will bear no cost for use, cleaning, laundering, or disposal of personal protective equipment.

### **Contaminated (Dirty) Uniforms**

See Policy 401 – Professional Appearance of Employees: Dirty Uniforms

### **Housekeeping**

The term "worksites" refers not only to permanent fixed facility locations but also includes all vehicles used to provide or support emergency medical services as well as any location where patient care is provided.

Metro West Ambulance will determine and implement schedules and methods for cleaning and decontaminating the many different areas in our facilities based on type of surface to be cleaned, type of soil or contamination present and the tasks or procedures being performed in a given

area. All contaminated work surfaces will be cleaned and decontaminated with an appropriate disinfectant in the following situations:

Upon completion of tasks or procedures

Immediately or as soon as feasible when surfaces are overly contaminated

After any spill of blood or other potentially infectious materials at the end of the work shift

Barriers such as plastic wrap or aluminum foil used to cover or contain equipment or environmental surfaces will be removed as soon as possible if they become contaminated with blood or other potentially infectious materials.

All hard equipment, bins, kits, biohazard receptacles and similar receptacles intended for reuse and have a reasonable likelihood for becoming contaminated will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately when visibly contaminated.

Broken glass, which may be contaminated, will not be picked up directly with your hands. A broom and dustpan or equivalent will be used instead; the broken glass will be placed in a puncture resistant container then disposed of in a biohazard container.

### **Regulated Waste**

Contaminated sharps will be disposed of immediately in an appropriate sharps container. Sharps containers will be easily accessible to, or in worksites and will meet all criteria for color-coding, labeling, puncture resistance and its ability not to leak any accumulated liquids.

Sharps containers must be maintained in the upright position and disposed of when half-full. Before removal and disposal the lid will be securely closed to prevent spillage or protrusion of contents during handling, storage and transport. If there is a possibility for the container to leak or the outside is contaminated, it will be placed in a secondary container that is closable and constructed to contain all contents and prevent leakage during handling, storage and transport. The secondary container will meet all criteria for color coding and or labeling. Before removal and disposal the secondary container will be closed to prevent spillage or protrusion of contents during handling, storage and transport.

All biohazard waste and contaminated personal protective equipment accumulated while providing patient care will be placed into a biohazard bag and disposed of in a proper receptacle as soon as possible upon arrival at the patient's destination. If an appropriate receptacle is not available at that destination site or the patient is transported by other means the waste will be disposed of as soon as possible or feasible at another appropriate location with approved biohazard receptacles.

All biohazard waste and contaminated personal protective equipment accumulated while performing cleanup or decontamination procedures in the unit or at a fixed facility location will be placed into a biohazard bag and disposed of at that site or at another appropriate location with approved biohazard receptacles.

If the outside of the container is contaminated it will be placed in a secondary container that is closable constructed to contain all contents and prevent leakage during handling, storage and transport. The secondary container will meet all criteria for color coding and/or labeling. Before removal and disposal the secondary container will be closed to prevent spillage or protrusion of contents during handling, storage and transport.

## **Linen**

Linens will be used as a barrier device to protect the patient from the gurney. Adequate stock will be maintained both at headquarters but on every vehicle in service for use when exchange is not possible. An exchange program of one to one at the destination will be used to ensure availability of clean linens without burdening any of our partnered facilities. Crews will not "Stockpile" equipment from facilities. Utilization of common sense for the needs of the patient will be required to anticipate the needs based on weather and comfort of patient.

Cotton linens are not considered a barrier for bodily fluids and cleaning of the mattress after any call where it is suspected that penetration of fluids occurred is a basic of decontamination. It is encouraged to use other means for isolation of the patient when possible, i.e. utilization of emergency blanket to envelope the patient to prevent fluids from getting on the gurney.

Linens will be changed after each patient use and bagged in an appropriate contaminated linen bag. All contaminated linens will be handled as little as possible using PPE and with a minimum of agitation to reduce the risk of further spreading contamination to the person handling the linen, the cot, or the unit.

It is prohibited to rinse any linen before bagging it. If the linen is saturated with blood or other potentially infectious materials it will be double bagged to prevent soaking through or leakage to the exterior and transported in a leak proof container for disposal in an appropriate container as soon as possible.

Employees handling or coming in contact with contaminated or potentially contaminated linen will wear protective gloves and other appropriate personal protective equipment.

All contaminated or potentially contaminated linen will be transported and stored in bags or containers that meet all criteria for color coding and/or labeling that allows a person who comes in contact with the bags or containers to recognize the potential hazard and take appropriate precautions.

## **Vaccinations/Testing**

### **Hepatitis B Vaccination Program**

The hepatitis B vaccination series will be made available to all employees who may occupationally come in contact with blood or other potentially infectious material. The hepatitis B vaccination series will be made available to the employee at no cost and at a reasonable time and place.

The vaccination series may be started after the required training covering blood borne pathogens and before assignment to duties where you may be exposed to blood borne pathogens or other potentially infectious material.

Metro West Ambulance strongly recommends all employees receive the vaccination series for their own protection. Employees may decline the vaccination series. Any employee who initially declines the hepatitis B vaccination series and then changes their mind will receive the vaccination series at no cost to the employee and at a reasonable time and place. Those declining the hepatitis B vaccination series will be required to sign a refusal form on an annual basis, which states:

"I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the



opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me."

Those employees who have previously completed the vaccination series or those who cannot take the vaccine for medical reasons are exempt from taking the vaccination series. Documentation must be provided supporting the reason and will be kept on file.

The hepatitis B vaccination series will be given in the standard dose and through the standard route of administration as is currently recommended in the United States Public Health Service/Centers for Disease Control guidelines. If a routine booster dose or doses of the hepatitis B vaccine is recommended by the United States Public Health Service/Centers for Disease Control it will be made available at a future date, under the appropriate guidelines, at no cost to the employee, and at a reasonable time and place.

### **Seasonal Vaccinations**

Metro West Ambulance will provide at its discretion other seasonal vaccinations such as Influenza and H1N1. These are not mandatory and will be done when it is deemed the risk to the employee population is high or if mandated by a higher authority.

### **Tuberculosis Testing**

As mandated by OAR 333-250-0043 initial testing will be provided free of charge and subsequent testing as needed if an exposure has or is suspected. If PPD testing comes back positive subsequent follow up at a designated facility will be provided.

### **Communicable Disease Exposure Plan**

An exposure incident is defined as a specific eye, mouth, nose, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

1. All personnel who have a communicable disease exposure incident should adhere to the following procedure:
2. Contact the Department Supervisor as soon as possible.
3. Advise the physician receiving the patient of the exposure and ask the physician to request permission from the patient to test for HBV and HIV.
4. The supervisor will take the affected employee's unit out of service as soon as the system allows. (This may not occur until the end of the shift depending on the ambulance level, which is acceptable under OSHA guidelines.)
5. Upon return from service the employee will be given a Exposure & Close Call Report Form to complete and a SAIF employee identification form. The employee will also receive an OSHA form 801.
6. The employee will be sent to the designated facility for evaluation, blood test and counseling.

7. When the employee returns from the facility he/she should return to the supervisor's office and submit the appropriate paperwork.

No employee will be sent home without receiving the appropriate communicable disease exposure therapy.

#### **Information provided to the Exposed Employee**

1. Documentation of the routes of exposure and the circumstances under which the exposure incident occurred.
2. Identification of the source individual unless prohibited by law.
3. Results of the source individual's blood test (if consent was given) unless prohibited by law.
4. The exposed employee must adhere to and follow all applicable laws of confidentiality concerning the identification of the source individual and their infectious status.

#### **Information provided To the Health Care Professional**

The health care professional will receive the following information:

1. A description of the exposed employee's duties and how they relate to the exposure incident.
2. Documentation of the route or routes of exposure and circumstances under which the exposure occurred.
3. Results of the source individual's blood test if available.
4. All medical records relevant to the appropriate treatment of the employee including vaccination status.

#### **Health Care Professional's Written Opinion**

Metro West Ambulance will provide the employee with a copy of the health care professional's written opinion within fifteen (15) days of the completion of the evaluation.

The written opinion for post exposure evaluation and follow up will be linked to whether the employee has been informed of the results of the evaluation, if the employee has been told about any medical conditions resulting from the exposure incident and if the employee will require further evaluation or treatment.

All other findings or diagnoses will remain confidential.

#### **Supervisor Responsibilities and Exposure Reporting**

The Department Supervisor will confirm the exposure incident and complete the following (refer to the Supervisors Post Exposure Protocol):

- Confirm completion of a communicable disease exposure form at the receiving facility.

- Confirm the request to have the source individual's blood tested.
- Contact the safety coordinator to report the incident.
- Document the incident on the supervisor's report of injury form. Include route of exposure and circumstances in which the exposure incident occurred.
- Direct the employee to meet with the safety coordinator for follow-up procedures and counseling.
- Ensure the employee completes the employee injury report and attaches a copy of the patient record form if the patient was the source individual.
- Forward all completed documentation to the safety coordinator and/or safety committee.

### **Review of Exposure Incidents**

All exposure incidents will be documented, investigated and reviewed by the Safety Committee in order to determine if appropriate actions were taken, personal protective equipment was utilized, and if changes can be instituted to prevent such occurrences in the future.

The Safety Committee will review the circumstances surrounding the exposure incident including but not limited to:

- Time of call
- Type of call
- Location of call
- Number of patients involved and transported
- Type and number of first responders present and assisting
- Other EMS units or personnel on scene and assisting
- Any failure of engineering controls or work practice controls in place
- Personal protective equipment or clothing used by the exposed employee
- Evaluation of current applicable policies and procedures

Based on the documentation and information gathered during interviews recommendations may be made on the following:

- Training methods/materials/criteria
- Employee retraining
- Employee discipline
- Policy and/or procedure changes
- Changes in engineering controls
- Changes in work practice controls
- Changes in the use, style, or accessibility of personal protective equipment

### **Communication of Hazards to Employees Labels, Signs and Tags**

Labels, signs or tags will be affixed to any container of regulated waste, any area containing regulated waste, any contaminated equipment, and any container used to store or transport blood or other potentially infectious materials.

The labels, signs, and tags will be used as a means to warn persons of areas containing potentially contaminated waste or equipment in an effort to prevent accidental exposure to blood borne pathogens or other potentially infectious materials.

Labels, signs, or tags will be affixed as close as safely possible to the hazard by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

The labels, signs, or tags must be fluorescent orange or orange/red with lettering and symbols in a contrasting color. The labels, signs, or tags will have the word "**BIOHAZARD**" and the recognized biohazard symbol on them.

Individual containers of blood (i.e., blood tubes, syringes) or other potentially infectious materials that are placed in a labeled container or bag during handling, storage, transport or disposal do not have to be individually labeled.

Equipment, which may become contaminated with blood or other potentially infectious materials, must be examined prior to servicing or repairs and will be decontaminated as appropriate

Before being serviced, repaired or shipped to be serviced or repaired the equipment will be labeled or tagged warning of a biohazard and stating which portion of the equipment may still be contaminated. Tags will be provided for attaching to contaminated or potentially contaminated equipment being turned in for decontamination, restocking/re-supply, or repair.

Tags will meet all criteria for color-coding and have the required biohazard symbol and the word "**BIOHAZARD**" on one side with a written warning advising of potential contamination to blood borne pathogens and to wear appropriate personal protective equipment when handling the item.

On the reverse side space will be provided for writing what specific areas of the equipment may still be contaminated.

Signs may be posted at the entrance to work areas containing biohazards. These signs will meet all criteria for color-coding and symbols.

### **Information and Training**

Metro West Ambulance will provide training to all employees who have an opportunity for an occupational exposure. Employees will receive the training at the initial assignment to duties and before they may be exposed to blood borne pathogens or other potentially infectious materials and annually thereafter. The annual training will be provided within one year of the previous training.

Additional training will be provided when new tasks or procedures are instituted or when changes are made in current tasks or procedures that affect the employees potential for an occupational exposure.

Metro West Ambulance will make accessible a copy of the regulatory text of OSHA's Blood borne Pathogens Standard 29 CFR 1910.1030 (available in the Infection Control Plan located in Ambulance Division Supervisors Office) and explain its contents during training. The training program will also include information on the following:

- A general explanation of the epidemiology and symptoms of blood borne diseases
- An explanation of the modes of transmission of blood borne pathogens.

- A copy of Metro West ambulance exposure control plan and an explanation of its contents
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Uses and limitations of engineering controls, work practice controls and personal protective equipment in preventing or reducing occupational exposures
- Types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- An explanation of the basis for selection of personal protective equipment
- Hepatitis B vaccination program including information on its efficacy, safety, method of administration, the benefits of being vaccinated and the vaccination will be free of charge to the employee
- Exposure incident reporting procedure
- Explanation of post exposure medical evaluation and follow up
- Explanation of labels, signs, tags, and color coding requirements for contaminated materials and equipment

At the end of the training program all participants will have the opportunity to ask questions concerning the OSHA standard, exposure control plan and infection control policies with the Training Director.

Training records will be kept for a period of (3) years for each employee and will include the following information:

- Employee name and job title
- Date of the training program
- A summary or outline of the contents of the training program
- Names and qualifications of the people who conducted the training.

### **Record keeping and Medical Records**

Metro West Ambulance will establish and maintain an accurate record for each employee with an occupational exposure.

This record will include the following:

- Name and social security number of the employee
- A copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations.
- A copy of the signed refusal form if the employee has declined the hepatitis B vaccination series will be included in the record
- A copy of all results of examinations, medical testing and follow up procedures
- The health care professional's written opinion
- A copy of the information provided to the health care professional

Metro West Ambulance will ensure that employee medical records are kept confidential and are not disclosed or reported without the employees express written consent to any person within or outside the workplace except as required by OSHA Standard 1910.1030 or as may be required by law.

The employee's medical record will be kept for the duration of employment plus thirty (30) years as mandated by OSHA Standard 1910.1030.

## Availability

All records will be made available to OSHA upon request; OSHA has the right to examine and/or copy any record or records. Medical and training records will be made available to the subject employee and/or to anyone having written consent of the subject employee.

## Transfer of Record

If Metro West Ambulance ceases to do business all medical and training records will be transferred to the next contractor.

## Glossary

- Biohazard Label - a label attached to containers of regulated waste or containers used to store, transport or ship blood and/or other potentially infectious materials. The label will be red or orange - red in color with the biohazard symbol and the word biohazard on it.
- Blood - human blood, human blood components, and products made from human blood
- Blood borne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- Body Substance Isolation (B.S.I.) an approach to infection control by considering all body fluids and substances as infectious for HBV, HIV, and other blood borne pathogens.
- CDC - Centers for Disease Control.
- Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- Contaminated Laundry - laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- Contaminated Sharps - any contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- Decontamination - the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- Engineering Controls - controls (e.g., sharps disposal container, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.
- Exposure Control Plan a written manual that at a minimum outlines the specific equipment and procedures and is utilized by a health care facility to minimize and/or eliminate a health care employee's exposure to blood borne pathogens.
- Exposure Incident - a specific eye, mouth, other mucous membrane, non intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- Hand washing Facilities - a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- HBV - hepatitis B virus.
- HIV - human immunodeficiency virus.
- Licensed Healthcare Professional - a person whose legally permitted scope of permitted practice allows him or her to independently perform the activities required by paragraph (f) of the Blood borne Pathogens Standard, Hepatitis B Vaccination and Post Exposure Evaluation and Follow up.

- Medical Consultation - a consultation which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials.
- Occupational exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- OSHA - Occupational Safety and Health Administration (or Act)
- Other Potentially Infectious Materials (OPIM) - (1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, or any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV, containing cells or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- Parenteral - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- Personal Protective Equipment - specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials contaminated items that would release blood or potentially infectious materials in a liquid or semiliquified state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include but are not limited to hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- Universal Precautions - an approach to infection control. According to the concept of Universal Precautions all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.
- USPHS - United States Public Health Service.
- Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles using a two handed technique).

**Policy:****510**

Effective Date: November 20, 2008  
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Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: Exposure Control Policies**

**EXPOSURE CONTROL POLICIES****POLICY**

Metro West Ambulance considers the safety of our employees, our patients and the public to be a major component of providing the highest quality of pre-hospital care.

It is our desire and intention to provide a safe work place, safe equipment and to establish and insist on our employees following safe methods and practices at all times.

It is a basic responsibility for all employees to make infection control a part of their daily and hourly concern. This responsibility must be accepted by each person who conducts the affairs of the company regardless of the capacity in which he or she functions.

Emergency, supply, and maintenance employees may be exposed to any number of infectious agents in the course of the performance of their duties. All employees should be conscious of this fact at all times. Implementation of the Exposure Control Plan guidelines and Exposure Control Policies can greatly reduce the risk of infectious disease exposure.

With the personal safety and health of each employee of this company in mind, along with the first responders, hospital personnel, patients, and the public we come in contact with Metro West Ambulance supports the practice of **BODY SUBSTANCE ISOLATION** as the means to better meet the needs of minimizing the risk of exposure to and the spread of blood borne and airborne pathogens.

Body Substance Isolation is an infection control strategy that considers all body substances and fluids as potentially infectious. Body Substance Isolation replaces the strategy of universal precautions in which only certain body fluids were considered as potentially infectious.

**Personal Habits and Necessities**

Smoking, applying lip balms, hand lotion or other cosmetics, handling contact lenses or other personal effects is strictly prohibited when working in areas where there is a reasonable likelihood of occupational exposure to blood borne or airborne pathogens. These work areas will include but not be limited to patient care areas and equipment cleaning, repair and decontamination areas.



## **Food and Drink Limitations**

Foods and drinks cannot be kept in refrigerators, freezers, on shelves, cabinets, countertops or bench tops where there is a reasonable likelihood they may come in contact with blood or other potentially infectious materials.

Eating and drinking is not permitted in patient care areas or equipment cleaning and decontamination areas.

Eating, drinking or storage of foods or drinks is expressly prohibited in the patient compartment of any ambulance or Supervisor's vehicle, or in areas of a vehicle where contaminated or potentially contaminated equipment or supplies are placed for transport.

The cab area of a supply or maintenance vehicle must be decontaminated after a possible exposure to blood or other potentially infectious materials and on a regularly scheduled basis before eating, drinking or the storage of foods and drinks is allowed in that area.

To reduce the likelihood of contamination to the cab of a Metro West Ambulance vehicle:

Personal protective equipment cannot be worn or carried into the cab after being involved in patient care or handling potentially contaminated or contaminated items or equipment.

Personnel attending a patient will not reach into the cab area.

Personnel handling potentially contaminated or contaminated equipment will not reach into the cab area until all personal protective equipment is removed and their hands and/or other skin surfaces exposed to blood or other potentially infectious materials is cleaned by using antiseptic towelettes and/or appropriate hand washing guidelines.

The cab of a Metro West Ambulance vehicle will be considered contaminated if a crewmember wears a uniform into the cab area that has been contaminated with blood or other potentially infectious material or personal protective equipment used during patient care or after handling potentially contaminated or contaminated items or equipment. The cab will be decontaminated as soon as possible after arrival at the patient's destination or otherwise clearing from a no transport.

## **Hand Washing**

Hand washing is an important part of infection control and is the single most important means of preventing the spread of infection.

Hand washing must be completed as soon as possible after each patient contact or after handling potentially contaminated or contaminated items.

After removing gloves or other personal protective equipment, hands and other potentially exposed skin surfaces will be washed thoroughly with soap and warm running water.

When soap and warm running water are not readily available hand and other skin surfaces will be cleaned with waterless antiseptic cleaner and antiseptic towelettes. The towelettes should be considered medical waste and disposed of in a biohazard container.

Hands and other skin surfaces will be washed with soap and warm running water as soon as possible after using the waterless antiseptic cleaner and antiseptic towelettes.

Hand washing after handling patients, potentially contaminated or contaminated items, or performing decontamination procedures must not be done in areas where food is stored, prepared, or eaten (e.g., crew lounges, kitchens, break rooms). At Headquarters employees will utilize the designated hand washing facilities located in the restrooms.

If exposed directly to blood or other potentially infectious material the body area will be washed with soap and warm running water as soon as possible. If the exposure was to the eyes or other mucous membranes the area will be flushed with water or saline for at least 15 minutes or until arrival at the designated industrial medicine provider.

### **Personal Protective Equipment**

Due to the unpredictable and uncontrolled nature of pre-hospital emergency medical services work personal protective equipment will be provided and utilized in tandem with safe work practices and engineering controls to further minimize the risk of exposure to employees.

The type and amount of personal protective equipment will be chosen to protect against contact with blood or other potentially infectious material based on the type of exposure and quantity of the substance, which can be reasonably anticipated, to be encountered during the performance of employee duties.

Personal protective equipment will be used separately or together depending on the situation to prevent blood or other potentially infectious material from passing through to or contacting the employee's work clothing, under garments, skin, non- intact skin, eyes, mouth or nose.

It is the responsibility of each employee to be familiar with the location of each type of personal protective equipment kept on the Metro West Ambulance units and in the kits.

It is mandatory that all crew members use the personal protective equipment when handling potentially contaminated items and in all patient care situations or contacts regardless of the situation or type of call (i.e., trauma vs. transfer). The use of personal protective equipment is also mandatory for all decontamination procedures.

All personal protective equipment will be removed prior to leaving a worksite (i.e., the crewmember that will drive the ambulance will remove their personal protective equipment before getting into the cab to drive. Upon arrival at the patient's destination personal protective equipment will again be donned).

Once removed all personal protective equipment will be placed in an appropriate container for disposal, or decontamination as necessary. After removal of personal protective equipment, antiseptic towelettes and/or appropriate hand washing guidelines must be followed. Most personal protective equipment is disposable; Metro West Ambulance will provide proper receptacles and work practice controls for employees to dispose of contaminated personal protective equipment. Metro West Ambulance will clean, decontaminate or disinfect any personal protective equipment designed for reuse. Metro West Ambulance will also repair or replace personal protective equipment as needed to maintain its effectiveness. Employees will bear no cost for use, cleaning, laundering, or disposal of personal protective equipment.

## **Specific Personal Protective Equipment**

### **Gloves**

Gloves must be worn anytime it can be reasonably anticipated an employee's hands may come in contact with blood or other potentially infectious materials.

#### **The use of disposable gloves is required for all patient care situations or contact.**

In any situation where sharp or rough edges are likely to be encountered (e.g., extrication during an MVA) leather gloves must be worn over the disposable gloves.

In the event the leather gloves become contaminated they must be placed in a biohazard bag and returned to Headquarters as soon as possible for decontamination.

General-purpose utility (rubber) gloves may be used during decontamination procedures can be decontaminated for reuse later.

Once gloves are on you must avoid touching your face, any open wounds, and personal items such as a comb, brush, or contact lenses. These items can be contaminated and spread an infection to you.

Gloves will be replaced and disposed of in a biohazard container as soon as practical if contaminated.

Gloves will be replaced and disposed of in a biohazard container immediately if torn, punctured, or at anytime their ability to function as a barrier against blood borne pathogens is compromised.

Gloves found to be cracked, peeling, or exhibiting other signs of deterioration will be disposed of in a biohazard container.

Gloves will be changed whenever possible between the handling of different patients on multi-patient scenes.

When gloves become contaminated they will be removed as soon as possible, taking care to avoid contact with unprotected uniforms or body surfaces.

Potentially contaminated or contaminated gloves are to be considered as medical waste and will be disposed of in a biohazard container.

Used gloves will not be left on any scene.

Employees will wash their hands and any other exposed skin surfaces as soon as possible after removing contaminated gloves.

Extra gloves will be carried into any patient care situation by each crewmember.

The crewmember driving the ambulance will remove contaminated gloves before entering the cab of the vehicle and place the gloves in a biohazard container in the patient compartment. The use of antiseptic towelettes and /or appropriate washing guidelines must be utilized before entering the cab of the ambulance.

The crewmember driving will put on disposable gloves before reopening the patient compartment upon arrival at the patient's destination.

### **Masks, Eye Protection, and Face Shields**

Along with gloves, employees will be required to use masks in combination with eye protection or full-face shields to protect against contamination to mucous membranes in situations where splashes, spray, spatter, or aerosolization of blood or other potentially infectious materials can be reasonably anticipated.

The use of masks and protective eyewear or full-face shields is required when performing intubations, suctioning, or administration of aerosolized medications.

The use of masks and protective eyewear or full-face shields is required when caring for patients with facial or oral trauma and when caring for patients, who have the reasonable likelihood to vomit, cough, or spit.

A mask should be placed on patients when the potential for transmission of airborne pathogens can be reasonably anticipated. Extra caution must be given to protect the patient's airway.

Potentially contaminated or contaminated masks, eye protection and full-face shields should be considered medical waste and disposed of in a biohazard container. Used masks, eye protection, and full-face shields will not be left on any scene.

### **Gowns, Aprons, Shoe Covers, and Other Body Protective Covers**

Gowns or aprons will be used by crewmembers whenever there is a reasonable likelihood that blood or other potentially infectious material may leak through their clothing.

Gowns will be used anytime crew members are involved with an emergency childbirth or with patients covered in blood or other potentially infectious material when it is possible for the employee's arms, chest, or other body areas may come into contact with the blood or other potentially infectious material.

In instances where gross contamination can be reasonably anticipated shoe covers and surgical caps or hoods will also be worn.

Anytime it is necessary to start on I.V., I.O. or perform any other invasive skill on a patient where there is a risk of exposure to blood or other potentially infectious material, a "chux" pad will be placed under the area of potential contamination. (e.g. when starting an I.V. place a "chux" pad over your leg if you rest the patients arm there.)

Potentially contaminated or contaminated gowns, aprons, shoe covers, surgical caps or hoods and "chux" pads should be considered as medical waste and disposed of in a biohazard container.

Used gowns, aprons, shoe covers, surgical caps or hoods and "chux" pads will not be left on any scene.

### **Handling and Disposal of Needles and Sharps**

OSHA defines sharps as: any object contaminated with blood or other potentially infectious material that is capable of penetrating the skin.

All needles and sharps are to be disposed of in the sharps container in each ambulance.

Under no circumstances should any crewmember dispose of needles or any other sharp in any trashcan or biohazard bag either in a ambulance, at a hospital or any other location.

Needles will not be recapped, bent, broken, sheared, removed from a syringe or otherwise manipulated by hand.

Used needles will not be "stuck" in vehicle seats, benches, cot mattress, or in any other furnishings on a scene.

Used needles should never be left on a scene or loose in an ambulance. They must always be placed in a sharps container or needle coffin immediately after use.

In the event a needle must be removed or recapped (e.g., medications drawn up and used in multiple doses such as morphine or valium) it must be accomplished through the use of a mechanical device (e.g., forceps) or by a technique where the cap is placed on a surface and "scooped" up by using one hand to guide the needle into the cap.

Broken glass, which may be contaminated, will not be picked up directly with your hands. A broom and dustpan or equivalent will be used instead. The broken glass will be placed in a sharps container.

When a sharps container is one-half full, it will be visually inspected for protruding sharps sticking out from the top, sides, and bottom. If a protruding sharp (s) is noted, gloves will be put on, then carefully place the sharps container in a larger sharps container available in the ambulance and seal the top with the lid. Tape will be used to further secure the lid to ensure it stays closed in the event the sharps container is dropped or overturned. If no protruding sharp is noted carefully seal the sharps container with the attached lid. Tape will be used to further secure the lid to ensure it stays closed in the event the sharps container is dropped or overturned.

A label is attached to the side of the sharps container warning not to overfill or force objects into the container. This warning will be strictly adhered to.

Used needles should never be left on a scene; they must always be placed in a sharps container.

Always try to account for all sharps used while performing patient care so that none are left at scenes or left loose in the ambulance.

### **Linen**

It is mandatory to replace Linens after every patient usage whether it appears to be dirty or not. This will be with the use of PPE to prevent cross contamination. Exchange with facilities will be in a one for one basis and stockpiling is prohibited.

See Policy 602: Use, Disposal, and Retrieval of Linen

### **Uniforms**

Employees are required to bring an extra uniform, T-shirt, and under garments to work. Storage of this uniform can be in stored either in a personal locker, shower room or personal vehicle.

A uniform, T-shirt, and under garments must be changed as soon as possible when contaminated and before going on any further calls.

The contaminated uniform, T-shirt, and/or under garments will be placed in a biohazard bag and a tag affixed to the bag with the employee's name and the date.

An employee whose uniform, T-shirt, and or under garments has been contaminated must change into a clean uniform before entering a lunchroom, break room, or employee lounge.

The employee must wash their hands, arms and any other area exposed to the contamination from the uniform after placing the contaminated uniform in a biohazard bag and before putting on the clean uniform.

Spot cleaning of contaminated uniforms may be done using a chemical germicidal and bleach water diluted to a concentration.

Uniforms, T-shirts, and/or under garments taken home to be laundered must be washed separately from any other of the employees, or their families, clothing. The uniform may be laundered using regular temperature settings and laundry detergent.

See Policy 401 – Personal Appearance of Employees: Dirty Uniforms

### **Personal Medical Equipment**

Personal medical equipment may be used for procedures once approved by the Training department and Medical Director. Utilization of such equipment without authorization is prohibited.

Personal tourniquets will no longer be allowed for use in the Metro West Ambulance system due to the probability of contamination.

Personnel are allowed to have and utilize personal bandage scissors if the following procedures for decontamination are followed:

A. Once used the scissors must be placed in a biohazard bag until they can be decontaminated at the medical facility.

B. Scissors will not be placed back into the employee's holster, uniform pants, a medical, trauma or pedi kit, or left loose in the ambulance until they have been decontaminated.

### **Equipment Needing Repair**

Equipment that may be contaminated with blood or other potentially infectious materials must be decontaminated prior to repair, servicing, shipping or transporting.

If it is not possible to decontaminate the equipment before turning it in for repair, shipping it for repair, or transporting it for repair, a biohazard tag or label must be affixed to the equipment stating which portions remain contaminated.

The employee tagging or labeling the equipment will ensure this information is conveyed to all affected employees, the servicing representative as appropriate, prior to handling, servicing, transporting or shipping so appropriate precautions can be taken.

## **Housekeeping**

The term "worksite" refers not only to permanent fixed facility locations but also includes all vehicles used to provide or support emergency medical services as well as any location where patient care is provided.

Personal protective equipment appropriate for the type and amount of contamination to be cleaned will be worn when performing any decontamination procedures.

All contaminated work surfaces will be cleaned and decontaminated with an appropriate disinfectant in the following situations:

- A. Upon completion of tasks or procedures.
- B. Immediately or as soon as feasible when surfaces are overtly contaminated.
- C. After any spill of blood or other potentially infectious materials.
- D. At the end of the work shift.

All chemical germicides used will be tuberculoidal and approved by the B. P. A. for use as hospital disinfectants. "Chemical germicidal" will be the generic term used in our Exposure Control Plan and Exposure Control Policies. The exact brand name or chemical may change from time to time.

Visible blood or other potentially infectious materials will be wiped up with disposable paper towels then cleaned with a chemical germicidal.

Contaminated surfaces will be cleaned with chemical germicides and wiped dry with disposable paper towels.

All disposable paper towels used during any cleaning or decontamination procedure will be placed in a biohazard bag or container for disposal.

## **Surfaces in the Ambulance**

After a patient contact, all contaminated surfaces and kits in the ambulance will be decontaminated and cleaned. After completion of each call all used disposable items will be picked up and placed in a biohazard container.

Visible blood or other potentially infectious materials will be wiped up with disposable paper towels then cleaned with a chemical germicidal.

Contaminated surfaces will be cleaned with chemical germicides and wiped dry with disposable paper towels.

If the cab is contaminated (e.g., driver wears gloves in cab after patient contact, uniform has been contaminated from patient contact, patient attendant reaches through opening from patient compartment into cab) it must be cleaned and decontaminated using the chemical germicides.

Personal protective equipment appropriate for the type and amount of contamination to be cleaned will be worn when performing any decontamination procedures.

All disposable paper towels used during any cleaning or decontamination procedure will be placed in a biohazard bag or container for disposal.

### **Kits**

Visible blood or other potentially infectious materials on the exterior of the kit will be wiped off with disposable paper towels then cleaned with a chemical germicidal.

Contaminated surfaces will be cleaned with chemical germicides and wiped dry with disposable paper towels.

Visible blood or other potentially infectious materials on the interior of the kit will be wiped off with disposable paper towels and any contaminated supplies will be disposed of in a biohazard container, making note of the disposed items on an inventory sheet. The contaminated surfaces will be cleaned with chemical germicides and wiped dry with disposable paper towels.

If a kit becomes contaminated and can not be decontaminated in the field it must be bagged in a biohazard bag or tagged with a biohazard tag and brought back to Post and placed with other contaminated hard equipment for proper decontamination as soon as possible after completion of the call. Under no circumstances will contaminated kits be used on another call. A replacement kit can be picked up from supply.

All soft-side cloth kits contaminated with blood or other potentially infectious materials will not be decontaminated in the field. They will be placed in a labeled biohazard bag or tagged with a biohazard tag and returned to headquarters and placed with other contaminated hard equipment for proper decontamination as soon as possible after completion of the call. Under no circumstances will contaminated kits be used on another call. A replacement kit can be picked up from Department Supervisor.

All disposable paper towels used during any cleaning or decontamination procedures will be placed in a biohazard container or disposal.

### **Biohazard Containers**

The biohazard container (trash can) in the ambulance must be cleaned after each use.

Visible blood or other potentially infectious materials will be wiped off with disposable paper towels. The contaminated paper towels will be placed in a biohazard bag.

At the end of the work shift or when changing units during a work shift the biohazard container will be placed in the contaminated equipment container for proper decontamination.

It is the responsibility of each employee to be familiar with the location of all biohazard containers on a Metro West unit.



**Policy:****511**

Effective Date: April 24, 2014  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Employee Safety and Health Protection**  
**Subject: High Stress Call Policy**

**High Stress Call Policy****POLICY**

Metro West Ambulance understands that through the nature of our work, our employees may be exposed to situations and calls that may cause an unusually high level of stress or emotions. While on duty, if an employee faces a situation or call that affects them in such a way that they feel they would benefit from being removed from the ambulance, they are to call the on duty supervisor. With supervisor approval, the employee will then be sent home and will be paid for the remainder of their shift. Employees requiring further assistance will be referred to the EAP (see policy 507).

**Policy:****1115**

Effective Date: April 1, 2011  
 Replaces: N/A  
 Reviewed: April 6, 2020

**Section: Vehicle Safety and Operations**  
**Subject: Safety Vest Utilization**

**SAFETY VEST UTILIZATION****POLICY**

In compliance with ANSI standard and the need to ensure the safety of Metro West Ambulance crews on motor vehicle accidents it is required that employees wear safety vests whenever outside the vehicle on roadways. This may be while rendering care, directing traffic, or any other duty. In accordance with the requirements Metro West Ambulance will provide Class II safety vests in all ambulances.

**Regulatory Definition**

The American National Standard Institute (ANSI) approved the American National Standard for High-Visibility Safety Apparel (ANSI/ISEA 107-1999) in June 1999, in an effort to provide consistent, authoritative guidelines for the selection and use of high-visibility apparel in the United States.

ANSI/ISEA 107-1999 is a standard that offers performance specifications for reflective materials, including minimum amounts, placement, background material, test methods and care labeling.

**Class II**

Garments intended for users who need greater visibility in poor weather conditions and whose activities occur near roadways where traffic speeds exceed 25 mph. This class of garment is suitable for railway workers, school-crossing guards, parking and tollgate personnel, airport ground crews and law enforcement personnel directing traffic.

<b>Requirement</b>	<b>Class II garments</b>
Background material	775 in <sup>2</sup> (0.50 m <sup>2</sup> )
Reflective material	201 in <sup>2</sup> (0.13 m <sup>2</sup> )
Photometric performance	Level 2
Combined performance	N/A

A copy of the standard can be purchased at <http://www.safetycentral.org/ISEA/order.html>. For more information about ANSI/ISEA 107-1999, contact the ISEA at (703) 525-1695.

**Policy:****1204**

Effective Date: April 24, 2014  
Replaces: June 1, 2004  
Reviewed: April 6, 2020

**Section: Other Standards of Operations**  
**Subject: Mayday**

**MAYDAY****POLICY**

The use of the "Mayday" designation is to alert others in the system to the fact that company personnel are involved in a dangerous situation in which they fear bodily harm or endangerment.

**Utilization of MAYDAY Status**

Utilization of MAYDAY can include but are not limited to the below situations:

- A. When evacuation of a scene is not feasible
- B. When found in a hostile situation without appropriate police resource
- C. Assault of responding personnel

**MAYDAY IS NOT TO BE UTILIZED TO EXPEDITE POLICE RESPONSE IN SITUATIONS NOT INVOLVING VIOLENT BEHAVIOR.**

**Declaring MAYDAY**

Information to be relayed to the communication center:

- A. Metro West unit number
- B. Address to which resources are to be sent
- C. Description of the situation
- D. Action crew is taking, i.e. staging

Dispatch will notify PD, FD and Operations Supervisor.

**Back Up Response**

A second ambulance will be dispatched. This unit will be advised to stage until the scene is secured. The second ambulance is being sent for medical assistance in the event of injury to the first responding unit's personnel.

**Policy:****910**

Effective Date: April 24, 2014  
Replaces: June 1, 2004  
Reviewed: April 6, 2020

**Section: Clinical Standards**  
**Subject: Stretcher Operations**

**PLACEMENT OF PATIENTS IN THE AMBULANCE  
AND STRETCHER OPERATION**

**POLICY**

Patients generally should be placed on the stretcher prior to loading, during transport, and unloading from the ambulance. The medic should have the leg and torso safety belts and shoulder harness assembly secured while the patient is on the stretcher. The shoulder harness assembly should be used whenever possible, and should only be removed if it interferes with a medical device or medical procedure or treatment being performed during the transport.

In the case of multiple patients where the stretcher is already in use the squad bench should be utilized for supine patients and the patient should be seat belted for safety. If needed, the jump seat may be used for patients capable of sitting and requesting to do so. For safety reasons, any sitting patients must be in the jump seat and buckled-in during transport.

**Stretcher Operations**

When loading or unloading the stretcher, non-Metro West Ambulance personnel (except fire personnel) are prohibited from operating the control (foot) end of the stretcher.

**Backboard, scoop stretcher, and "Mega-Mover"**

When a patient is placed and moved on an adjunct for the purpose of transferring from one location to another, the patient should be secured properly and there should always be adequate personnel to lift and provide safe backup for the transfer.

**Transferring Patients by Wheelchair**

Wheelchairs should be used to transfer ambulatory (non-stretcher) patients from the ambulance into the facility. Ambulatory patients may be allowed to walk when escorted by Metro West personnel and the circumstances permit walking.

**Policy:**

**913**

Effective Date: June 1, 2004  
Replaces: N/A  
Reviewed: April 6, 2020

**Section: Clinical Standards**  
**Subject: HazMat Responses**

**HAZMAT RESPONSES**

**POLICY**

The company recognizes that situations will arise that requires responses to scenes where hazardous materials are involved. In such instances, the employee upon arriving on scene shall follow the directions of the Fire Incident Commander. No employee shall enter a Hot Zone area unless specially trained to do so.

**Policy:****214**

Effective Date: July 2, 2018  
Replaces: April 24, 2014  
June 1, 2004  
Reviewed: April 6, 2020

**Section: Personnel and the Personnel Process**  
**Subject: Alcohol and Drug Testing**

**ALCOHOL AND DRUG TESTING****POLICY**

Alcohol and drug use may pose safety and health risks to the user and others, have a negative impact on work efficiency, adversely affect the quality of care provided to patients, and may result in danger to or loss of equipment and property.

In order to provide the highest quality of patient care and a safe, healthy and efficient work environment, Metro West requires its employees and contract workers to report for work able to perform their jobs.

To this end Metro West has established the following policies and procedures dealing with employee alcohol and drug use.

**Goals of Alcohol and Drug Policies**

- a. To identify any and all drug and alcohol abusers within the company as early as possible.
- b. To help identify illegal drug and alcohol abusers so that they may return to employment at Metro West.
- c. To create a drug-free environment for all people at Metro West Ambulance to work in.

**Identification of Drug and Alcohol Abuse**

- a. Pre-employment drug and alcohol screening.
- b. Universal drug and alcohol screening for all current employees.
- c. "Reasonable suspicion" drug screening may be performed. All "reasonable suspicion" drug screens will result from personal observation by an identifiable person. Anonymous information will not be "reasonable grounds". "Reasonable suspicion" may include:
  - Change in speech (e.g., slurred, etc.)
  - Face is flushed, pale, etc.
  - Size of pupils, excessively constricted
  - Odor of alcohol present

- Physical symptoms of alcohol ingestion present (e.g., unsteady walk, unfocused gaze, etc.)
- Erratic behavior or mood swings combined with physical symptoms

### **Rehabilitation**

Persons identified as drug and/or alcohol abusers are referred into a drug rehabilitation program.

Any person that has completed a drug or alcohol rehabilitation program will be returned to the post they held prior to entering into the program if they report to work within 90 days of starting the program. If an individual's rehabilitation program lasts longer than 90 days and they are not able to report to work within 90 days of starting the program, after completing the program they will be considered for employment only as to those available jobs for which they are qualified. If an individual does not successfully complete a rehabilitation program and report to work within six months of starting a program they will be considered for reemployment under the same policy as a new employee.

All persons that have completed a rehabilitation program will be screened on a monthly basis for one year and will be on probation for one year for drug-related problems only.

The use of available accrued STS, PTO, and LTL during rehabilitation will be allowed. Metro West will pay for health insurance premiums for three months while the employee is in a rehabilitation program to the extent that health insurance is not continued under the company's STS, LTL, or PTO policies.

### **Safeguards**

No employee shall be considered to have tested positive until they have tested positive in two separate tests independent from each other. In the event that a person has tested positive for one test and is scheduled to work they will not be allowed to work until the second test results are received.

- Employees testing positive may request a second opinion within 24 hours of notification. The second opinion must be obtained on the employee's own time and is their personal responsibility.
- The only parties that will have knowledge of positive results will be the employee concerned, the testing lab and the Vice President of Operations and President. The Vice President of Operations and President's test results will be made known to all employees.
- Drug screens after an accident of any type are encouraged.
- All drug and alcohol screen results will be stored in a common confidential file.
- The purpose of drug and alcohol screens is to detect drugs and alcohol only and not for any other purpose.
- Drug and alcohol screens will be to detect level of impairment only.

See Drug Testing Procedure for types and sequence of testing.

### **Description of Drug and Alcohol Screen Tests**

Test A: IMIT – Antibody reagent test  
Test B: RIA – Radioimmunoassay test  
Test C: GC/MS – Gas Chromatography/Mass Spectroscopy test

**Drug and Alcohol Screening Procedures**

Collection of specimens will be accomplished at the closest convenient location authorized by the lab company.

Drug and alcohol screening will follow the process below:

	<b>NEGATIVE RESULT</b>	<b>POSITIVE RESULT</b>
<b>Specimen 1</b>		
Test A	No further testing	Proceed to Test B
Test B	No further testing	Collect Specimen 2
<b>Specimen 2</b>		
Test A	No further testing	Proceed to Test B
Test B	No further testing	Proceed to Test C
Test C	Successful completion	Violation of Policy

The drug and alcohol screening process may be halted at any point by admission of a policy violation.



**Monday, August 19th, 2024**  
**Hillsboro Location - 5475 NE Dawson Creek Drive, Hillsboro, OR, 97124**

<b>Time</b>	<b>Presenters</b>	<b>Topic</b>
8:00-8:15	Shawn Wood, Clinical Director/ Brandon Klocko, Operations Manager/ Ben Maduell, Dispatch & Operations Manager	Introductions
8:15-9:00	Brandon Klocko, Operations Manager/ Ben Maduell, Dispatch & Operations Manager	Company Overview, History, Mission, and Values
9:00-10:00	Brandon Klocko, Operations Manager/ Ben Maduell, Dispatch & Operations Manager	Policy Review, Accessing Policy Manual
10:00-10:15	Jesse Lee, Recruitment & Hiring Coordinator, PIO	ID Badge Photos, Group Photo
10:15-10:30	Break	
10:30-11:30	Brandon Klocko, Operations Manager/ Ben Maduell, Dispatch & Operations Manager	Mandatory Reporting, How to Complete an IR, Intranet Overview, Trouble Ticket System, HIPAA Scenarios, Phone Tree
11:30-12:00	Prep Time	Prepare room for lunch, Computer Time for Email Set Up
12:00-13:00	Group Lunch - Lunch Provided	Meet the Managers Lunch
13:00-13:30	Jesse Lee, Recruitment & Hiring Coordinator, PIO/ Brandon Klocko, Operations Manager	Employee Benefits
13:30-14:30	Jan Lee, Director of Business Development	Customer Service Training
14:30-14:45	Break	
14:45-16:00	Shawn Wood, Clinical Director	Just Culture Overview

**Tuesday, August 20th, 2024**  
**Hillsboro Location - 5475 NE Dawson Creek Drive, Hillsboro, OR, 97124**

Time	Presenters	Topic
8:00-8:15	Shawn Wood, Clinical Director	Morning Check In
8:15-9:15	Shawn Wood, Clinical Director	Introduction to Chart Writing
9:15-9:45	Joe Sheets, Dispatch Supervisor/ Ben Maduell, Dispatch & Operations Manager	Communication Center Overview
9:45-10:00	Jesse Lee, Recruitment & Hiring Coordinator, PIO	TB Tests
10:00-10:15	Break	
10:15-12:00	Shawn Wood, Clinical Director	Patient Care Protocols
12:00-13:00	Lunch Break	Lunch on your own
13:00-14:00	Shawn Wood, Clinical Director	Patient Care Protocols
14:00-16:00	Shawn Wood, Clinical Director	EVOG In Class Training & Driving Course

**Wednesday, August 21st, 2024 - East Side Day**  
**Clackamas Location - 11785 SE Hwy 212 #309, Clackamas, OR, 97015**

Time	Presenters	Topic
8:00-8:30	Brandon Klocko, Operations Manager	Morning Check In, Tour East Side Operations
8:30-10:00	FTO's/Operations Supervisor/ Brandon Klocko, Operations Manager	Wheelchair Operations
10:00-10:15	Break	
10:15-11:15	FTO's/Operations Supervisor/ Brandon Klocko, Operations Manager	Wheelchair Operations
11:15-12:00	FTO's/Operations Supervisor/ Brandon Klocko, Operations Manager	Washing and Cleaning of Ambulances and Wheelchair Vans, Reporting Vehicle Issues
12:00-13:00	Lunch Break	Lunch on your own
13:00-13:45	FTO's/Operations Supervisor/ Brandon Klocko, Operations Manager	Ambulance Inventory Management
13:45-14:30	Joshua Baggett, Operations Supervisor, Scheduler	Payroll, E-Pro, Timekeeping, Clocking In & Time, PTO Requests, Pay Cycles, Accessing Timecards, Payroll Corrections
14:30-14:45	Break	
14:45-16:00	FTO's/Operations Supervisor/ Brandon Klocko, Operations Manager	Additional Operations Training or Possible Early Release

**Thursday, August 22nd, 2024 - Medical Director Day**  
**Hillsboro Location - 5475 NE Dawson Creek Drive, Hillsboro, OR, 97124**

Time	Presenters	Topic
8:00-9:00	Shawn Wood, Clinical Director Dr. Matt McCoy, Medical Director	Morning Check In, Breakfast with the Medical Director
9:00-10:30	Shawn Wood, Clinical Director Dr. Matt McCoy, Medical Director	Ambulance & Equipment Overview, Advanced Patient Care Techniques
10:30-10:45	Break	
10:45-11:30	Shawn Wood, Clinical Director Dr. Matt McCoy, Medical Director	Ambulance & Equipment Overview, Advanced Patient Care Techniques
11:30-12:00	Karri Blackerby, MMC Managaer	Metro MedCall (MMC) Overview
12:00-13:00	Lunch Break	Lunch on your own
13:00-14:30	Shawn Wood, Clinical Director Dr. Matt McCoy, Medical Director	Team Based Scenarios
14:30-14:45	Break	
14:45-16:00	Shawn Wood, Clinical Director Dr. Matt McCoy, Medical Director	Team Based Scenarios

**Friday, August 23rd, 2024**  
**Hillsboro Location - 5475 NE Dawson Creek Drive, Hillsboro, OR, 97124**

Time	Presenters	Topic
8:00-8:15	Shawn Wood, Clinical Director	Morning Check In
8:15-8:45	Shawn Wood, Clinical Director	Required Certifications, Licensure, CareerCert
8:45-9:30	Shawn Wood, Clinical Director	Charting Requirements, Paperwork, Refusal Forms, DNRs
9:30-10:15	Shawn Wood, Clinical Director/ Brandon Klocko, Operations Manager	First Responder Health, Wellness & Resiliency
10:15-10:30	Break	
10:30-11:00	Shawn Wood, Clinical Director	Washington State Licensing Process Overview
11:00-11:30	Brandon Klocko, Operations Manager/ Ben Maduell, Dispatch & Operations Manager	Preparing for your First Day
11:30-12:00	Shawn Wood, Clinical Director/ Brandon Klocko, Operations Manager/ Ben Maduell, Dispatch & Operations Manager	Orientation Q&A Session
12:00-14:00	Lunch & Celebration	Celebration Lunch & Graduation Certificate Presentation
14:00	Estimated Wrap Up Time	

**Policy:****707**

Effective Date: May 30, 2017  
 Replaces: April 24, 2014  
 June 1, 2004  
 Reviewed: April 6, 2020  
March 1, 2024

**Section: Community Relations and Public Information Subject:  
 Handling of Complaints**

**HANDLING OF COMPLAINTS**

**POLICY**

The purpose of the "Incident Report Procedure" is to ensure that every complaint, concern or commendation that is recorded in the electronic Incident Reporting System by a Department Supervisor or by another management member or staff member is acknowledged, investigated and resolved in a timely and efficient manner to the satisfaction of all parties involved. This procedure will ensure that effective resolutions/responses to concerns/complaints are done in a very timely manner and that necessary actions are completed in the same manner.

**Incident Report Procedure**

When an electronic Incident Report is generated by the on-duty Department Supervisor, he or she will complete the form including the date of incident, date reported, patient's name if applicable, PHCR Run number if applicable, patient's phone if applicable, caller's name and relationship, caller's phone number, which MWA department is involved, which MWA employees are involved, who received the initial information and their phone number or extension. It will also include the information (in complete detail) with the concern, complaint or commendation and any other information necessary on the form. The PHCR will be attached if it concerns any type of patient contact.

Any incident or reported event that involves Longview Fire Department or any other responding agency will be shared with Longview Fire Department and or any other responding agency within 48 hours for awareness and participation in the event investigation.

This may involve interviewing the person who initially generated the form for further details or completing an investigation into the concern. The PHCR will be attached if it concerns any type of patient contact.

When a report is either generated or assigned to a Department Supervisor, that Department Supervisor is overall responsible to acknowledge the report, investigate it fully and resolve it in a timely manner. If assistance is needed by another Supervisor to resolve an issue, details of what is needed will be forwarded during the Shift Turnover report at the beginning of that Supervisor's shift. Request for assistance will be documented on the Incident Report with the referred Supervisor documenting their name and date of request. The Department Supervisor who initiated the investigation is ultimately responsible even if the assisting Supervisor did not follow through.

The Supervisor whose assistance was requested will document his/her actions or findings and report it back to the requesting Supervisor. This will be done by the requesting Department Supervisor's next on-duty shift. If assistance that was requested was unable to be completed, an explanation to the requesting Supervisor must be attached to the Incident Report.

If an Incident Report is to be referred to another Metro West Ambulance Manager, the Vice President of Operations must be informed as to the type of issue and why it is being referred.

Once the Vice President of Operations has granted approval, the Incident Report can be forwarded to the next manager. This action will ensure timely resolution and timely referrals.

Once the Incident Report is completed and all actions done, it is to be returned to the Vice President of Operations for final review and approval.

Incident Reports generated during a shift become the responsibility of that day's on-duty Department Supervisor. If there is more than one Department Supervisor on-duty, whoever receives the phone call or is handed the report becomes responsible for the Incident Report's final resolution.

Follow up will be provided by the investigating Supervisor for all complaints in which follow up was requested by the person issuing the complaint, or for events that require regulatory notification. This follow up will be performed via email, phone, or written communication, and will be documented in the Incident Report system prior to closing the complaint. The concerned party will receive feedback from a Department Supervisor or Manager within 24 hours, and the Incident Report is to be closed within 72 hours during the business week.

Complaints and concerns are recorded in the electronic Incident Reporting system and are tracked by department managers and any applicable committees (Quality Improvement Committee, Safety Committee, etc) for trending. Any noted trends are then addressed through training, and the training is then assessed for effectiveness.

COLUMBIA COUNTY  
Public Health



ST. HELENS, OR 97051

230 Strand St.  
Direct (503) 397-7247  
columbiacountyor.gov

October 29, 2024

Columbia County Board of Commissioners  
230 Strand Street  
St. Helens, OR 97051

Dear Commissioners:

This letter contains my recommendations of franchise awards for ambulance services in my position as the Ambulance Service Area Administrator. I submit these recommendations to you for your consideration pursuant to Columbia County Ordinance 2024-1, the Columbia County Ambulance Service Area (ASA) Plan and RFP #S-C00055-00010854.

Between July 1 – September 2, 2024, Columbia County conducted a public notice application process to solicit applications to provide ambulance services. Columbia County regulates ambulance services through its Ambulance Service Area Plan.

Seven Ambulance Service Areas (ASA's) are defined in the Plan with franchises to be established for six of them. Pursuant Ordinance 2024-1, I must submit my recommendation to the Board within 90 days after the applications have been received.

Applications were received from five entities. Applications were submitted by all current ASA franchise holders. I, as the Columbia County Ambulance Service Area Administrator, along with a review committee, reviewed all applications and determined that the applications were responsive to the terms of the procurement. There were no contested (more than one applicant) applications for any Ambulance Service Area.

After reviewing the six applications and taking into account the recent performance of the applicant agencies in providing ambulance services in their ASA within the terms of their current franchises, I recommend the following:

1. I recommend that the Columbia County Board of Commissioners approve a new five-year franchise (with two additional five-year renewals upon satisfactory performance) for the following five entities:



Columbia County Board of Commissioners  
October 29, 2024  
Page 2 of 2

<b>Agency</b>	<b>ASA #</b>
Scappoose Rural Fire District	2
Columbia River Fire & Rescue	3
Columbia River Fire & Rescue	4
Clatskanie Rural Fire Protection District	5
Mist-Birkenfeld Rural Fire Protection District	6
MetroWest	7

These entities completed the application process and have demonstrated the ability to provide consistent ambulance services as proposed in their application. I recommend as a condition of the franchises above that each applicant be required to enter into a franchise agreement in the County's format.

Sincerely,



Jaime Aanensen  
Director of Public Health  
Columbia County ASA Administrator

**COLUMBIA COUNTY**  
Public Health



ST. HELENS, OR 97051

230 Strand St.  
Direct (503) 397-7247  
columbiacountyor.gov

October 29, 2024

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Sincerely,



Jaime Aanensen  
Director of Public Health  
Columbia County ASA Administrator

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR COLUMBIA COUNTY, OREGON

In the Matter of Granting a Franchise for )  
Ambulance Services to Clatskanie Rural Fire ) Order No. 65-2024  
Protection District for Ambulance Service Area 5 )

WHEREAS, pursuant to Section IV of the Columbia County Ambulance Service Area Plan, the Board of County Commissioners for Columbia County, Oregon, adopted Ambulance Service Areas; and

WHEREAS, pursuant to Section 8 of Ordinance No. 2016-1, the Columbia County Ambulance Service Ordinance, the Board mandated that no person may provide ambulance services in Columbia County without being fully franchised in accordance with the Ordinance unless specifically excepted by the Ordinance; and

WHEREAS, on July 1, 2024, the Columbia County Ambulance Service Administrator called for applications to provide ambulance services in Columbia County; and

WHEREAS, Clatskanie Rural Fire Protection District (Clatskanie Fire), submitted its application for the franchise to operate in Ambulance Service Area 5 (ASA-5), which is generally in the Clatskanie area; and

WHEREAS, pursuant to Section 11, of Ordinance No. 2016-1, Jaime Aanensen, Ambulance Service Administrator, reviewed the franchise application with a review committee, and recommended that the Board grant the ambulance service franchise for ASA-5 to Clatskanie Fire; and

WHEREAS, a copy of Clatskanie Fire’s application is attached hereto as Exhibit “A” and is incorporated herein by this reference; and

WHEREAS, a copy of the Ambulance Service Administrator’s recommendation is attached hereto as Exhibit “B” and is incorporated herein by this reference; and

WHEREAS, pursuant to Section 12 of Ordinance No. 2016-1, the Board of Commissioners published notice of a public hearing and held a hearing In the Matter of Awarding Ambulance Service Area Franchises for Columbia County, on December 4, 2024; and

WHEREAS, during the hearing the Board of Commissioners heard the Ambulance Service Administrator’s recommendation and additional public testimony; and

WHEREAS, the Board of County Commissioners thereafter continued the hearing to December 18, 2024, at 10:00 a.m.; and

WHEREAS, on December 18, 2024, the Board of Commissioner received additional testimony, closed the hearing, and voted unanimously to grant the Ambulance Service Franchise for ASA-5 to Clatskanie Fire; and

WHEREAS, Pursuant to Section 13 of Ordinance No. 2016-1, franchise terms are 5 years unless the Board of County Commissioners finds that a longer or shorter term is required in the public interest; and

WHEREAS, the Board of County Commissioners finds that a shorter franchise term of six months is in the public interest because the franchise agreement is not yet in final form;

NOW, THEREFORE, IT IS HEREBY ORDERED as follows:

1. The ambulance service franchise for ASA-5 is hereby granted to Clatskanie Rural Fire Protection District for the period beginning January 1, 2025, and ending June 30, 2025.
2. The franchise granted herein is subject to the terms and conditions of Ordinance No. 2016-1, the Columbia County Ambulance Service Ordinance, and the Columbia County Ambulance Service Plan, adopted by Ordinance No. 2024-1.
3. Notwithstanding the Ambulance Service Plan, Franchisee shall have until July 31, 2027, to equip all ambulances with GPS AVL transponders compatible with Columbia 911 dispatch software.

Dated this 18<sup>th</sup> day of December, 2024.

BOARD OF COUNTY COMMISSIONERS  
FOR COLUMBIA COUNTY, OREGON

By: \_\_\_\_\_  
Casey Garrett, Chair

By: \_\_\_\_\_  
Kellie Jo Smith, Commissioner

By: \_\_\_\_\_  
Margaret Magruder, Commissioner

Approved as to form

By: \_\_\_\_\_  
Office of County Counsel



**ATTACHMENT B  
AMBULANCE SERVICE AREA FRANCHISE  
PROPOSAL COVER SHEET**

Apply to:

Columbia County Public Health  
230 Strand St, St Helens, OR 97051

Organization Name: Clatskanie RFPD

Address: PO Box 807  
Clatskanie OR 97016

Federal Tax ID: 93-058659

Primary Contact Bruce Holsey Title: Assistant Fire Chief

Telephone: 503-728-2025 ext 482 Email: bholsey@clatskaniefire.org

Name of Fire Chief: Steve Sharek

Name of EMS Director/ Coordinator: Craig Granger & Bruce Holsey

ASA being applied for: 5

Locations of proposed service:

Address	Level of Service
<u>280 SE Third St, Clatskanie OR</u>	<u>ALS</u>

Will any of the ambulance service(s) be subcontracted? If yes, by what organization?

NO

# ATTACHMENT B AMBULANCE SERVICE AREA FRANCHISE PROPOSAL COVER SHEET

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Will any of the ambulance service(s) be subcontracted? If yes, by what organization?

NO



# NARRATIVE





# CLATSKANIE RURAL FIRE PROTECTION DISTRICT

PO Box 807 / 280 SE Third St. Clatskanie, OR 97016  
Phone (503) 728-2025 Fax (503) 728-4388  
Email- [bholsey@clatskaniefire.org](mailto:bholsey@clatskaniefire.org)

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## ASA Narrative

August 2, 2024

The Clatskanie Rural Fire Protection District complies with the terms and conditions of the ASA plan and the Columbia County Ambulance Service Ordinance. This is accomplished by assuring that all system elements are in place and that they are being met.

Notification and response times for the Clatskanie Fire District have been met at the 90% or better mark. Times are now reviewed by the use of Image Trend software which allows us the ability to see a daily, monthly and yearly view of our performance.

The level of care and personnel for the Clatskanie Fire District consists of Paramedic coverage twenty-four hours a day, seven days a week. Currently we have 16 Paramedics on staff. Each shift has a minimum of 4 Paramedics a day. We currently have 5 volunteers that range from EMT Basic to Paramedic which support the paid staff.

Medical supervision for the Clatskanie Fire District is provided by Dr. Jenna Wiley. Dr. Wiley trains with us at least six times per year. She is in good standing with the Board of Medical Examiners and with Oregon Department of Human Services. Dr. Wiley sits on our standing orders committee which is used as off line medical control and has designated the ER doctor at St. Johns Medical Center as our on line medical direction. The Assistant Chief is the acting liaison between the physician advisor and the district; as well as a member of the Standing Order Committee to ensure all aspects of patient care are complete.

Patient care equipment for the Clatskanie Fire District does meet or exceed the Department of Human Services EMS Division. The equipment is also in compliance with our Physician Supervisor. All EMS equipment has a shift check and a monthly check to ensure good working order of the equipment.

Vehicles for the Clatskanie Rural Fire Protection District ambulance service consists of three, type one licensed Bruan Ambulances, one heavy rescue BLS equipped, two command response vehicles, and multiple fire engines. All medic units are four wheel drive to ensure a safe response during winter conditions.

Training for the Clatskanie Fire District Personnel meets and exceeds the Department of Human Service EMS Division and the Physician Supervisors requirements. Training is once a month on the third Monday. We also require skill check offs by the Physician Supervisor once a year. In addition our ALS providers stay current in Advanced Cardiac life support, Pediatric Advanced Life Support, and Pre-Hospital Trauma Life Support.

Quality Assurance and Quality Improvement are handled by the Assistant Chief and Dr. Wiley if needed. Every Pre-Hospital Care Report is reviewed by the Assistant Chief. The Assistant Chief reviews patient care, times, documentation, and billing codes. If there are any discrepancies noted the Assistant Chief handles the issue with advisement from Dr. Wiley. The District has a contract with Tim Hennigan to run the Image Trend system. Mr. Hennigan ensures compliance with the EPCR system, and he does Chart refusal review. Mr. Hennigan also makes and sends quarterly reports showing how well the Paramedics are doing with charting. This information is used to see if we need training in certain areas which allows our Paramedics to serve the public at the best care possible.

Respectfully Submitted,



Bruce P. Holsey  
Assistant Chief  
Clatskanie Rural Fire District



# CLATSKANIE RURAL FIRE PROTECTION DISTRICT

PO Box 807 / 280 SE Third St. Clatskanie, OR 97016  
Phone (503) 728-2025 Fax (503) 728-4388  
Email- bholsey@clatskaniefire.org

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## History

July 10, 2024

The Clatskanie Rural Fire Protection District has been providing ambulance service to its constituents since 1970. The Fire District is committed to providing high quality medical care that complies with all of the system elements of the Columbia County Ambulance Service Ordinance and the Ambulance Service Area Plan.

The Fire District operates three ALS ambulances, and one BLS rescue. All three ambulances are stationed at the Main station. The Delena station houses an AED equipped BLS Fire Engine. The Quincy station also uses an AED equipped BLS Fire Engine for medical response. The Main station and Delena station's first out engines are equipped with vehicle extrication tools.

In 2009, the Fire District added one more paramedic due to retirement and promotions bringing the total to six career paramedics. The district's volunteers were instrumental in emergency responses.

The Clatskanie Fire District passed an operating levy in 2013 which has been renewed three times. This levy has allowed the Fire District to have 5 paid paramedics on each shift. This allows us to have five ALS providers twenty-four hours a day.

In 2019 the Fire District hired a full-time certified emergency vehicle technician (advanced level). This has allowed all districts emergency vehicles to be maintained and inspected on a regular basis.

Clatskanie Fire District is a contributing member to the following projects and committees: ASA committee, EMD committee, Priority Dispatch committee, Protocol committee, The MCI Plan, and Training Exercises County wide.

The equipment and vehicles owned and operated by the Clatskanie Rural Fire Protection District meets or exceeds all ORS and OARs. Training and medical direction is handled by the Fire District in accordance with all applicable Department of Human Services EMS Division and County ASA rules and regulations.

Respectfully Submitted.

A handwritten signature in black ink, appearing to read "B. P. Holsey", with a long horizontal flourish extending to the right.

Bruce P. Holsey  
Assistant Chief  
Clatskanie Rural Fire Protection District



# List of vehicles & Licensing

Unit Number	Year	Make	Vin #
M482	2019	FORD	F3HT5KEF22534
M483	2015	CHEVY	KYC86FF556816
M481	2022	CHEVY	YTEY9NF330878

Customer Vehicle ID	Veh ID	Year	Make	Model	License
8106-E481	4P1BAAGF3GA015898	2015	Pierce	Enforcer	8106
8107-HB482	BT016532BFMK	2002	Stewart-Stevens	M1083	8107
8108-HB481	AT1955BAED	1995	Stewart-Stevens	M1078	8108
8109-E487	4P1BAAGF7LA020970	2019	Pierce	Enforcer	8109
ENGINE 2	7634	1942	Ford	Pumper	8110
8601-CLATSK.		1900	Station	Clatskanie	8601
8602-DELENA		1958	Station	Delena	8602
8603-QUINCY		1979	QUINCY	STATION	8603
	1234	2019	Lost Creek	Property	8606
8605-8610	123456789	2020	Shop	48x60	8610
8202-U482	1FTSW31P04EA64911	2004	Ford	F350	E224944
8203-4801	1FMFU16538LA47312	2008	FORD	Expedition XLT	E244148
8204-U483	1FDAF57R79EB15243	2009	FORD	F-550 Super Duty DRW	E249220
8201-COMMAND 48	1FMFU165X9EB03977	2009	Ford	Expedition	E249221
8304-M483	1GB3KYC86FF556816	2015	CHEVROLET	K3500	E265290
8305-M482	1FDRF3HT5KEF22534	2019	Ford	F350	E283153
8306/M481	1GB3YTEY9NF330878	2022	CHEVROLET	Silverado 3500 HD	E291810
8101-E486	4P1CT02S35A000042	1995	Pierce	Dash	E486
8105-E488	4P1CT01H1LA000376	1990	Pierce	Lance	E488
	531901	1985	Monitor	Trailer	FEPP
8401-R481	1FV6GLCC6PL437351	1993	Freightliner	FL70	R481
PUMP STATION		2022	Pump	House	REED RD
8102-SQ481	4P1CA02D5LA000382	1990	Arrow	50' Telesqurt	SQ481
8501-WT486	1HTWYSBT06J304912	2005	International	7600 6x4	WT486

OREGON



**Oregon Health Authority**  
**Emergency Medical Services and Trauma Systems**

**Ambulance Service License**  
presented to

**Clatskanie Rural Fire Protection District**

**License Number: 0501**

280 SE Third ST  
Clatskanie, OR 97016

**Issue Date: 04/19/2024**  
**Expiration Date: 06/30/2025**

Pursuant to ORS 682 and OAR 250, this ambulance service license is valid unless suspended or revoked for violation of any statute under which issued, or any rule or regulation adopted by the Oregon Health Authority, EMS and Trauma Systems Program.

This license is not transferable and is restricted to the location and service listed on this license.

Health





# OREGON

OREGON



**E  
M  
S**

**Clatskanie Rural Fire Protection District**

**Type:** Ground Ambulance  
**License Number:** 41037  
**Year:** 2019  
**Make:** Ford  
**VIN:** 1FDRF3HT5KEF22534

**Expiration Date:** 06/30/2025

Oregon Emergency Medical Services  
800 NE Oregon Street, Suite 305, Portland OR 97232  
**LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES**



# OREGON

OREGON



**E**  
**M**  
**S**

**Clatskanie Rural Fire Protection District**

**Type:** Ground Ambulance

**License Number:** 40336

**Year:** 2015

**Make:** Chevrolet

**VIN:** 1GB3KYC86FF556816

**Expiration Date:** 06/30/2025

Oregon Emergency Medical Services  
800 NE Oregon Street, Suite 305, Portland OR 97232  
**LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES**



# OREGON

OREGON



**E**  
**M**  
**S**

**Clatskanie Rural Fire Protection District**

**Type: Ground Ambulance**

**License Number: 41416**

**Year: 2022**

**Make: Chevrolet**

**VIN: 1GB3YTEY9NF330878**

**Expiration Date: 06/30/2025**

Oregon Emergency Medical Services  
800 NE Oregon Street, Suite 305, Portland OR 97232  
**LICENSE TO BE DISPLAYED IN LICENSED AMBULANCE AT ALL TIMES**



**Oregon Auto Liability Coverage Identification Card**



Member: Clatskanie R.F.P.D.  
 Year/Make/Model: 2009 Ford Truck Code: 4850  
 VIN: 1FD0AF57R79EB15243  
 Agent: WHA Insurance Effective: 1/1/2024  
 Policy Number: 39P52044-511 Expires: 12/31/2024

Up-to-date card should be carried in vehicle as evidence of coverage

**In the Event of Accident or Loss**

- Get medical attention if needed.
- Notify the police immediately.
- Obtain name, address, phone (work & mobile) and license plate numbers of all persons including passengers and witnesses.
- Don't admit fault or discuss the accident with anyone except Special Districts Insurance Services or the police.
- Contact your agent as soon as possible
- If you are unable to contact your agent contact SDIS at 800-305-1736 (phone) or 503-620-9817 (fax).

**Oregon Auto Liability Coverage Identification Card**



Member: Clatskanie R.F.P.D.  
 Year/Make/Model: 2015 Braun Ambulance Code: M483  
 VIN: 1GB3KYC86FF556816  
 Agent: WHA Insurance Effective: 1/1/2024  
 Policy Number: 39P52044-511 Expires: 12/31/2024

Up-to-date card should be carried in vehicle as evidence of coverage

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**Oregon Auto Liability Coverage Identification Card**



Member: Clatskanie R.F.P.D.  
 Year/Make/Model: 2016 Pierce Fire Truck Code: E481  
 VIN: 4P1BAAGF3GA015898  
 Agent: WHA Insurance Effective: 1/1/2024  
 Policy Number: 39P52044-511 Expires: 12/31/2024

Up-to-date card should be carried in vehicle as evidence of coverage

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- Notify the police immediately.
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**Oregon Auto Liability Coverage Identification Card**



Member: Clatskanie R.F.P.D.  
 Year/Make/Model: 2019 Northstar Brau Ambulance Code: M482  
 VIN: 1FDRF3HT5KEF22534  
 Agent: WHA Insurance Effective: 1/1/2024  
 Policy Number: 39P52044-511 Expires: 12/31/2024

Up-to-date card should be carried in vehicle as evidence of coverage

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**Oregon Auto Liability Coverage Identification Card**

**SDIS**

**SPECIAL DISTRICTS  
INSURANCE SERVICES**

Member: **Clatskanie R.F.P.D.**

Year/Make/Model: **2019 Pierce Pumper**

Code: **E487**

VIN: **4P1BAAGF7LA020970**

Agent: **WHA Insurance**

Effective: **1/1/2024**

Policy Number: **39P52044-511**

Expires: **12/31/2024**

Up-to-date card should be carried in vehicle as evidence of coverage

**In the Event of Accident or Loss**

- Get medical attention if needed.
- Notify the police immediately.
- Obtain name, address, phone (work & mobile) and license plate numbers of all persons including passengers and witnesses.
- Don't admit fault or discuss the accident with anyone except Special Districts Insurance Services or the police.
- Contact your agent as soon as possible
- If you are unable to contact your agent contact SDIS at 800-305-1736 (phone) or 503-620-9817 (fax).

**Oregon Auto Liability Coverage Identification Card**

**SDIS**

**SPECIAL DISTRICTS  
INSURANCE SERVICES**

Member: **Clatskanie R.F.P.D.**

Year/Make/Model: **2023 Northstar Brau Ambulance**

Code: **M481**

VIN: **1GB3YTEY9NF330878**

Agent: **WHA Insurance**

Effective: **1/1/2024**

Policy Number: **39P52044-511**

Expires: **12/31/2024**

Up-to-date card should be carried in vehicle as evidence of coverage

**In the Event of Accident or Loss**

- Get medical attention if needed.
- Notify the police immediately.
- Obtain name, address, phone (work & mobile) and license plate numbers of all persons including passengers and witnesses.
- Don't admit fault or discuss the accident with anyone except Special Districts Insurance Services or the police.
- Contact your agent as soon as possible
- If you are unable to contact your agent contact SDIS at 800-305-1736 (phone) or 503-620-9817 (fax).



SPECIAL DISTRICTS  
INSURANCE SERVICES

**Auto Excess Liability Coverage Certificate**

Certificate Number: SDIS-24-01

Coverage Period: 1/1/2024 to 12/31/2024

**Named Participant**  
Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

**Agent of Record**  
WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

Coverage is only provided for those coverages indicated below for which a contribution is shown.

**Excess Auto Liability**

Coverage	Limit of Liability*	Retention	Contribution
Excess Auto Liability	\$4,500,000	\$500,000	Included with Auto Liability
Excess Non-Owned/ Hired Auto Liability	\$4,500,000	\$500,000	Included with Non-Owned/ Hired Auto Liability

Applicable Coverage Document: SDIS Excess Auto Liability Coverage Document - January 1, 2024

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Excess Auto Liability Coverage Document. This Certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Excess Auto Liability Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:   
Authorized Representative  
Special Districts Insurance Services

Date: January 01, 2024

\* Per Accident Limit of Liability.

**SDIS**

**SPECIAL DISTRICTS  
INSURANCE SERVICES**

Auto Supplemental Coverage Declarations

Certificate Number: 99P62044-511

Coverage Period: 1/1/2024 through 12/31/2024

Named Participant

Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

Agent of Record

WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

Coverage is only provided for those coverages indicated below for which a contribution is shown.

Auto Supplemental

Coverage	Limit of Liability	Deductible	Contribution
Personal Injury Protection	See Coverage Document	None	Included with Auto Liability
Uninsured/ Underinsured Motorist Bodily Injury	\$500,000 Per Accident	None	Included with Auto Liability

Applicable Coverage Document: SDIS Auto Supplemental Coverage Document - January 1, 2024

This certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Auto Supplemental Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Auto Supplemental Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions which they relate.

Countersigned by:

Date: January 01, 2024

Authorized Representative  
Special Districts Insurance Services



# Maintenance Records & Statement



# CLATSKANIE RURAL FIRE PROTECTION DISTRICT

PO Box 807 / 280 SE Third St. Clatskanie, OR 97016  
Phone (503) 728-2025 Fax (503) 728-4388  
Email- [bholsey@clatskaniefire.org](mailto:bholsey@clatskaniefire.org)

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July 19, 2024

To whom it may concern:

The Clatskanie Rural Fire Protection maintains all ambulances to manufacturers recommendations. All mechanical issues and preventive maintenance are recorded as a work order and corrected as soon as possible. All units are placed out of service during scheduled and unscheduled mechanical work.

A handwritten signature in cursive script that reads "Rick Fletcher".

Rick Fletcher  
Maintenance Supervisor  
Certified ASE Master Mechanic  
Certified EVT Master Mechanic

Date: String 28

Clatskanie RFPD

11481

INRANGE(Y1d:DatePaid,81088,81652) AND UPPER(Y1d:Lic\_Num) = 'E291810'

### SUMMARY REPORT

Book Page

Date Paid	Customer	Invoice Nbr	Miles Out	Item Code	Qty	Description	Price	Extended Cost	Extended
7/31/2023	6	15074	250	OLATHE FLEET	1.00	2022 K3500 Chassis	55063.00	0.00	55063.00
7/31/2023	6	15074	250	X42784	1.00	Wheel, 17" Gm Dually	398.27	398.27	398.27
7/31/2023	6	15074	250	FREIGHT	1.00	Shipping & Handling	13.95	4.00	13.95
7/31/2023	6	15074	250	CMA-CV3ANTNCG	1.00	Fender Mount Antenna Base	26.99	26.99	26.99
7/31/2023	6	15074	250	RICK	4.00	Mounted Flashlight In Cab, & Tablet Moun	142.06	0.00	568.24
7/31/2023	6	15074	250	RICK	2.00	Supplied Spare Wheel, Radio, Radio Anten	142.06	0.00	284.12
7/31/2023	6	15074	250	FREIGHT	1.00	Shipping & Handling	13.95	4.00	13.95
7/31/2023	6	15074	250	MPL	2.00	Antenna Connector	7.32	14.64	14.64
7/31/2023	6	15074	250	TAX	1.00	Wash Sales Tax.	3.19	0.37	3.19
7/31/2023	6	15074	250	MMSU-1	1.00	Mic Mount, Magnetic	34.99	34.99	34.99
7/31/2023	6	15074	250	CMA-CV3ANTNCG-R	2.00	Fender Mount Antenna Base	26.99	53.98	53.98
7/31/2023	6	15074	250	436486	1.00	Antenna Mount Kit NMO	21.99	21.99	21.99
7/31/2023	6	15074	250	75432	1.00	Flashlight, Stinger LED HL, 12 V Charger	118.96	118.96	118.96
7/31/2023	6	15074	250	MMU-232	1.00	Mount Base & Arm, Magnetic for Tablet	99.99	99.99	99.99
7/31/2023	6	15074	250	85487	1.00	Rain Cap, Antenna	5.56	5.56	5.56
7/31/2023	6	15074	250	FREIGHT	1.00	Shipping & Handling	28.66	4.00	28.66
7/31/2023	6	15074	250	2905401849	1.00	Carbon Monoxide Detector	59.99	59.99	59.99
								847.73	56810.47
8/31/2023	6	15128	971	RICK	3.00	Repair Rear A/c Condensate Drain Hose.	142.06	0.00	426.18
								0.00	426.18
9/29/2023	6	15142	2,512	RICK	2.00	Check For Brake Rubbing Noise. Install P	142.06	0.00	284.12
9/29/2023	6	15144	3,023	RICK	4.00	Travel Time Tto Braun For Brake Light Re	142.06	0.00	568.24
9/29/2023	6	15144	3,023	RICK	2.00	Diagnose No Brake Lights, Installed Back	142.06	0.00	284.12
								0.00	1136.48
10/31/2023	6	15163	5,373	100454	1.00	Oil Filter, M481	11.05	11.05	11.05
10/31/2023	6	15163	5,373	15W40	10.00	Motor Oil, 15w40, Mobil Delvac 1300 CJ4	3.40	34.00	34.00
10/31/2023	6	15163	5,373	RICK	1.00	Change Oil And Filter, Grease Fittings,	142.06	0.00	142.06
10/31/2023	6	15165	5,541	RICK	1.00	Mount Cavicide Wipe And Spray Bottle Hol	142.06	0.00	142.06
								45.05	329.17
11/30/2023	6	15179	6,747	091-264-023	1.00	Usb Charger, A & C	0.01	0.01	0.01
11/30/2023	6	15179	6,747	RICK	0.50	Installed Usb A And Usb C Charger In Fro	142.06	0.00	71.03
11/30/2023	6	15179	6,747	70189011361	1.00	Usb Cable, C To C	18.99	18.99	18.99
11/30/2023	6	15191	7,802	RICK	1.00	Replace Attendant Seat Seat Belts	142.06	0.00	142.06
								19.00	232.09

Date: String 28

Clatskanie RFPD

INRANGE(Y1d:DatePaid,81088,81652) AND UPPER(Y1d:Lic\_Num) = 'E291810'

### SUMMARY REPORT

Book Page

Date Paid	Customer	Invoice Nbr	Miles Out	Item Code	Qty	Description	Price	Extended Cost	Extended
12/29/2023	6	15214	10,622	Q2221QC	2.00	Tire Chains, Cam Lock, LT235/80R17	105.00	210.00	210.00
								210.00	210.00
2/02/2024	6	15236	11,555	15W40	10.00	Motor Oil, 15w40, Mobil Delvac 1300 CJ4	3.86	38.60	38.60
2/02/2024	6	15236	11,555	RICK	0.50	Change Oil And Filter, Grease Fittings,	142.06	0.00	71.03
2/02/2024	6	15236	11,555	100454	1.00	Oil Filter, M481	11.05	11.05	11.05
								49.65	120.68
3/29/2024	6	15271	14,028	600451	1.00	Fuel Filter M481	45.34	45.34	45.34
3/29/2024	6	15271	14,028	RICK	0.75	Replaced Fuel Filter	142.06	0.00	106.55
								45.34	151.89
4/30/2024	6	15288	15,997	RICK	1.00	Install Portable Radio Charger In Cab	142.06	0.00	142.06
4/30/2024	6	15291	16,065	RICK	1.00	Check Left Rear Turn Signal	142.06	0.00	142.06
								0.00	284.12
5/31/2024	6	15316	18,740	6-022	2.00	Wipers, 22"	13.74	27.48	27.48
5/31/2024	6	15316	18,740	15W40	10.00	Motor Oil, 15w40, Mobil Delvac 1300 CJ4	3.86	38.60	38.60
5/31/2024	6	15316	18,740	RICK	2.50	Changed Oil And Filter, Greased Fittings	142.06	0.00	355.15
5/31/2024	6	15316	18,740	90WT	2.00	80-90 Wt Gear Oil (rear Axle)	2.51	5.02	5.02
5/31/2024	6	15316	18,740	RICK	0.25	Check Brake Fluid Level, Add Coolant To	142.06	0.00	35.52
5/31/2024	6	15316	18,740	100454	1.00	Oil Filter, M481	11.05	11.05	11.05
5/31/2024	6	15316	18,740	DEXCOOL	0.50	Coolant, Dexcool 50/50 mix	6.50	3.25	3.25
5/31/2024	6	15318	18,077	RICK	1.50	Fabricate Plastic Piece To Keep Attendan	142.06	0.00	213.09
								85.40	589.16
6/28/2024	6	15324	19,867	RICK	1.00	Install Spare Tire On Rt Outer.	142.06	0.00	142.06
6/28/2024	6	15335	21,377	RICK	2.50	Install Drivers Side Cradle Point Antenn	142.06	0.00	355.15
6/28/2024	6	15338	21,390	RICK	1.50	Installed Right Side Cab Cradle Point An	142.06	0.00	213.09
								0.00	710.30
Grand Total Count: 48								1302.17	61100.54

Date: String 28

Clatskanie RFPD

11492

INRANGE(Y1d:DatePaid,81088,81652) AND UPPER(Y1d:Lic\_Num) = 'E283153'

### SUMMARY REPORT

Date Paid	Customer	Invoice Nbr	Miles Out	Item Code	Qty	Description	Price	Extended Cost	Extended
1/31/2023	6	15020	44,053	RICK	0.50	Mount Cot Battery Charger To Wall At Wor	142.06	0.00	71.03
								0.00	71.03
2/28/2023	6	15027	0	RICK	0.25	Install Cavicide Wipes Holder In Place O	142.06	0.00	35.52
2/28/2023	6	15040	45,988	RICK	0.25	Repair And Adjust Fuel Door Latch	142.06	0.00	35.52
								0.00	71.04
3/28/2023	6	15047	47,338	7151	1.00	Oil Filter, 6.7L	24.58	24.58	24.58
3/28/2023	6	15047	47,338	15W40	13.50	Motor Oil, 15w40, Mobil Delvac 1300 CJ4	3.40	45.90	45.90
3/28/2023	6	15047	47,338	ZXG051	0.50	Coolant, Gold (Ford) 50/50 mix	7.00	3.50	3.50
3/28/2023	6	15047	47,338	RICK	3.00	Change Oil And Filter, Grease Fittings,	142.06	0.00	426.18
3/28/2023	6	15048	47,753	RICK	0.50	Check Streamlight Charger, Replace Charg	142.06	0.00	71.03
3/28/2023	6	15048	47,753	75105	1.00	Charger, Streamlight Stinger	34.60	34.60	34.60
								108.58	605.79
4/28/2023	6	15067	50,100	RICK	0.50	Check A/c Operation, Compressor Seems Bz	142.06	0.00	71.03
								0.00	71.03
5/31/2023	6	15068	50,200	RICK	0.50	Check Ac Operation.	142.06	0.00	71.03
5/31/2023	6	15080	50,883	HART	1.00	Replace A/c Compressor, Flush System, Re	2237.77	170.20	2237.77
5/31/2023	6	15080	50,883	TAX	1.00	Wash Sales Tax.	367.00	0.37	367.00
								170.57	2675.80
7/31/2023	6	15122	55,672	300458	1.00	Fuel Filter, M482	78.19	78.19	78.19
7/31/2023	6	15122	55,672	RICK	1.00	Change Oil And Filter, Grease Fittings,	142.06	0.00	142.06
7/31/2023	6	15122	55,672	7151	1.00	Oil Filter, 6.7L	24.58	24.58	24.58
7/31/2023	6	15122	55,672	15W40	13.00	Motor Oil, 15w40, Mobil Delvac 1300 CJ4	3.40	44.20	44.20
7/31/2023	6	15123	55,746	FT8918F	1.00	Brake Pads, Fleet Semi-Met	96.89	96.89	96.89
7/31/2023	6	15123	55,746	RICK	2.00	Replace Rear Brake Pads, Rotate Front Ti	142.06	0.00	284.12
								243.86	670.04
9/29/2023	6	15155	57,051	6-022	2.00	Wipers, 22"	13.74	27.48	27.48
								27.48	27.48
10/31/2023	6	15164	57,181	RICK	0.25	Check For Pcm/tcm Codes, & Trans Shiftin	142.06	0.00	35.52
								0.00	35.52
11/30/2023	6	15187	57,873	RICK	1.00	Service Call On Saturday To Replace Batt	142.06	0.00	142.06
11/30/2023	6	15187	57,873	7565	1.00	Battery	148.93	148.93	148.93
11/30/2023	6	15188	57,915	RICK	0.25	Removed Small Screw From Left Rear Outer	142.06	0.00	35.52

Book Page



Date: String 28

Clatskanie RFPD

INRANGE(Y1d:DatePaid,81088,81652) AND UPPER(Y1d:Lic\_Num) = 'E283153'

### SUMMARY REPORT

Date Paid	Customer	Invoice Nbr	Miles Out	Item Code	Qty	Description	Price	Extended Cost	Extended
11/30/2023	6	15194	57,957	926-0875-1	1.00	Battery Bolts, 4pk, Ford Wedges	4.42	4.42	4.42
11/30/2023	6	15194	57,957	RICK	0.25	Replace Battery Bolt On Right Side Batte	142.06	0.00	35.52
								153.35	366.45
12/29/2023	6	15213	58,285	Q2228QC	1.00	Tire Chain, Quality Cam Lock, 245/75r17	105.00	105.00	105.00
12/29/2023	6	15223	58,325	RICK	0.25	Added Engine Oil	142.06	0.00	35.52
12/29/2023	6	15223	58,325	15W40	2.00	Motor Oil, 15w40, Mobil Delvac 1300 Cj4	3.86	7.72	7.72
								112.72	148.24
2/02/2024	6	15228	58,290	RICK	0.25	Check Brake Squeel	142.06	0.00	35.52
								0.00	35.52
3/01/2024	6	15254	58,783	RICK	1.00	Replace Left Side Rear Tire Fenderette.	142.06	0.00	142.06
3/01/2024	6	15254	58,783	03609	1.00	Tape, Double Sided Moulding, .5" wide	10.92	10.92	10.92
3/01/2024	6	15254	58,783	51159-03	1.00	Fenderette Aluminum	175.84	175.84	175.84
3/01/2024	6	15254	58,783	FREIGHT	1.00	Shipping & Handling	24.00	4.00	24.00
								190.76	352.82
6/28/2024	6	15321	59,750	819-5583	4.00	Gas Spring, Lift Support, 20#	26.99	107.96	107.96
6/28/2024	6	15321	59,750	RICK	0.40	Replace Patient Compartment Cabinet Gas	142.06	0.00	56.82
6/28/2024	6	15321	59,750	819-5624	4.00	Gas Spring, Lift Support, 20#	34.99	139.96	139.96
6/28/2024	6	15321	59,750	FREIGHT	1.00	Shipping & Handling	9.99	4.00	9.99
								251.92	314.73
								1259.24	5445.49

Grand Total Count: 38

Book Page

Date: String 28

Clatskanie RFPD

INRANGE(Y1d:DatePaid,81088,81652) AND UPPER(Y1d:Lic\_Num) = 'E265290'

11483

### SUMMARY REPORT

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Book

Date Paid	Customer	Invoice Nbr	Miles Out	Item Code	Qty	Description	Price	Extended Cost	Extended
1/31/2023	6	15015	60,462	RICK	0.50	Repair Suction Unit Tubing In Wall	142.06	0.00	71.03
1/31/2023	6	15018	60,486	RICK	0.50	Mounted Gurney Battery Charger On Action	142.06	0.00	71.03
								0.00	142.06
2/28/2023	6	15028	0	RICK	0.25	Install Cavicide Wipes Holder In Place O	142.06	0.00	35.52
2/28/2023	6	15030	60,571	RICK	0.50	Checked Iv Warmer Operation. Not Warming	142.06	0.00	71.03
2/28/2023	6	15033	60,708	RICK	1.00	Service Call On Sunday, Replace Radio Mi	142.06	0.00	142.06
								0.00	248.61
4/28/2023	6	15036	60,708	FREIGHT	1.00	Shipping & Handling	22.80	4.00	22.80
4/28/2023	6	15036	60,708	RICK	0.75	Replaced Iv Warmer In Iv Compartment	142.06	0.00	106.55
4/28/2023	6	15036	60,708	30574	1.00	Iv Warmer	168.00	168.00	168.00
4/28/2023	6	15052	61,272	RICK	0.50	Repair Ems Compartment Door Holder	142.06	0.00	71.03
4/28/2023	6	15058	61,281	7202	1.00	Oil Filter	12.33	12.33	12.33
4/28/2023	6	15058	61,281	15W40	10.00	Motor Oil, 15w40, Mobil Delvac 1300 CJ4	3.40	34.00	34.00
4/28/2023	6	15058	61,281	RICK	1.00	Change Oil And Filter, Grease Fittings,	142.06	0.00	142.06
4/28/2023	6	15058	61,281	VMW148	0.25	Windshield Washer Fluid, #zero	4.39	1.10	1.10
								219.43	557.87
5/31/2023	6	15079	62,157	RICK	0.50	Replace Kussmaul Cover Plate, Check And	142.06	0.00	71.03
5/31/2023	6	15079	62,157	091-55RD	1.00	Cover Plate, Kussmaul 15 Amp Red	31.19	31.19	31.19
								31.19	102.22
7/31/2023	6	15062	61,300	50268	1.00	Spring, Door Closer, HD 3"	42.18	42.18	42.18
7/31/2023	6	15062	61,300	FREIGHT	1.00	Shipping & Handling	22.70	4.00	22.70
7/31/2023	6	15062	61,300	RICK	1.50	Replace Ems Compartment Door Closer, Rej	142.06	0.00	213.09
7/31/2023	6	15062	61,300	50054	1.00	Door Closer Check Dual Spring	36.64	30.53	36.64
								76.71	314.61
11/30/2023	6	15205	63,892	RICK	0.25	Mount Cavicide Spray Bottle Wall Mount	142.06	0.00	35.52
								0.00	35.52
12/29/2023	6	15215	63,907	Q2221QC	1.00	Tire Chains, Cam Lock, LT235/80R17	105.00	105.00	105.00
								105.00	105.00
2/02/2024	6	15238	64,225	RICK	1.00	Medic Damaged By Car In Snow/ice	142.06	0.00	142.06
2/02/2024	6	15238	64,225	LES SCHWAB	1.00	Alignment	114.99	114.99	114.99
								114.99	257.05
3/29/2024	6	15277	65,543	3960XE	1.00	Fuel Filter	63.49	63.49	63.49

Date: String 28

Clatskanie RFPD

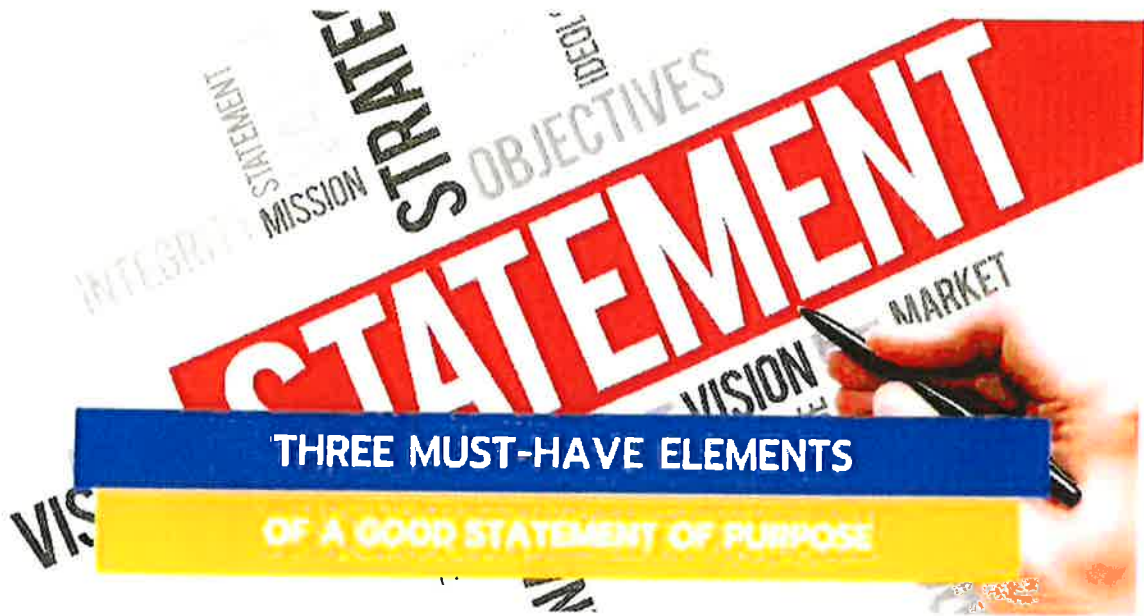
INRANGE(Y1d:DatePaid,81088,81652) AND UPPER(Y1d:Lic\_Num) = 'E265290'

### SUMMARY REPORT

Book Page

Date Paid	Customer	Invoice Nbr	Miles Out	Item Code	Qty	Description	Price	Extended Cost	Extended
3/29/2024	6	15277	65,543	TAX	1.00	Wash Sales Tax.	6.33	0.37	6.33
3/29/2024	6	15277	65,543	15W40	10.00	Motor Oil, 15w40, Mobil Delvac 1300 CJ4	3.86	38.60	38.60
3/29/2024	6	15277	65,543	RICK	4.00	Change Oil And Filter, Grease Fittings,	142.06	0.00	568.24
3/29/2024	6	15277	65,543	19418898	1.00	Exhaust Temp Sensor	77.18	77.18	77.18
3/29/2024	6	15277	65,543	VMW148	0.25	Windshield Washer Fluid, #zero	4.99	1.25	1.25
3/29/2024	6	15277	65,543	7202	1.00	Oil Filter	12.99	12.99	12.99
								193.88	768.08
4/30/2024	6	15290	65,568	RICK	1.00	Install Portabel Radio Charger In Cab.	142.06	0.00	142.06
								0.00	142.06
5/31/2024	6	15300	65,572	819-5624	4.00	Gas Spring, Lift Support, 20#	34.99	139.96	139.96
5/31/2024	6	15300	65,572	819-5583	6.00	Gas Spring, Lift Support, 20#	26.99	161.94	161.94
								301.90	301.90
								1043.10	2974.98

Grand Total Count: 33



ACCEPTED Apply with confidence. Get Accepted. [www.accepted.com](http://www.accepted.com)

Statement that all Equipment and  
Supplies in each Ambulance Conform  
with State Standards



# CLATSKANIE RURAL FIRE PROTECTION DISTRICT

PO Box 807 / 280 SE Third St. Clatskanie, OR 97016  
Phone (503) 728-2025 Fax (503) 728-4388  
Email- bholsey@clatskaniefire.org

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## Statement of Compliance

August 5, 2024

To whom it may concern:

Clatskanie Fire District's medic units meet and or exceed the Oregon Health Authority (EMS Divisions) requirements. The Fire District conforms with all standards set forth for ambulance licensing.

A handwritten signature in black ink, appearing to read "B. P. Holsey".

Bruce P. Holsey  
Assistant Chief  
CRFPD



## Clatskanie Rural Fire Protection District

PO Box 807 / 280 SE Third St. Clatskanie, OR 97016

Phone (503) 728-2025 / Fax (503) 728-4388

July 18, 2024

To whom it may concern:

Our ambulance fleet is inspected periodically by the Oregon EMS and Trauma Systems Program with the most recent inspection taking place in August of 2023. We were found to be deficient in 3 areas. After installing supplies that had valid expiration dates and two policy changes, we are now in compliance with current standards for the State of Oregon.

A handwritten signature in cursive script, followed by a circular stamp or mark.

Craig Granger

EMS Division Officer  
Clatskanie Rural Fire Protection District



# Personnel List & Applicable Certifications

# Personnel

Use the *Position* drop down menu and the search box to search for personnel with specific positions or names. To view all personnel again, click *Clear*.

Click the arrow to the right of each person's name to view additional details about them. To view a list of documents submitted for that person, click the icon in the *Documents* column.

Add an Existing Personnel to Services Roster

Personnel:

Search by Personnel name or License number

- Position -

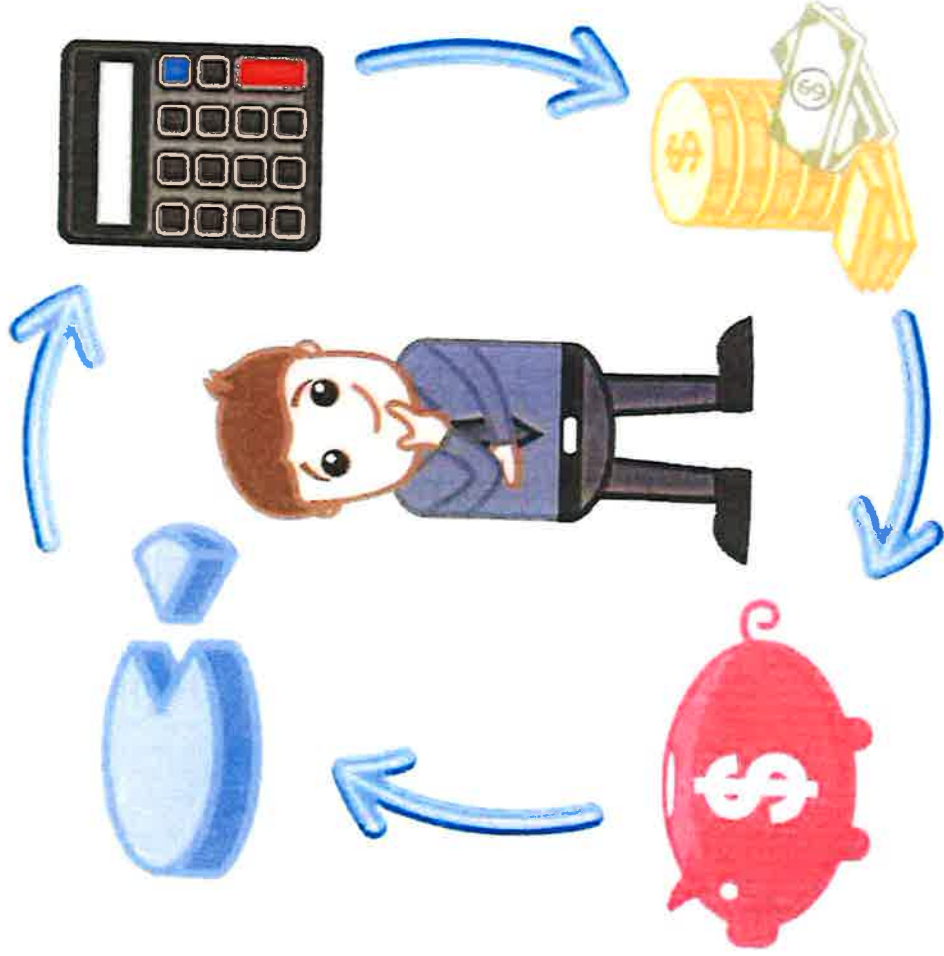


CLEAR

Name ▲	Positions	Personnel ID	Show on EMS Run Form	Number	Select	Level	Issued	Expiration	Status	Docs
Anderson, Daniel J (133716)			Yes	133716	Select	Paramedic	04/21/2023	06/30/2025	Active	
Bringman, Jacob D (143481)			Yes	143481	Select	Paramedic	04/04/2023	06/30/2025	Active	
Bringman, Matthew A (145825)			Yes	145825	Select	Paramedic	04/10/2023	06/30/2025	Active	
Brockner, Ethan R (145562)			Yes	145562	Select	Paramedic	04/04/2023	06/30/2025	Active	
Bullard, Damon L (129576)			Yes	129576	Select	Paramedic	04/10/2023	06/30/2025	Active	
Carpenter, Grant James (201927)			Yes	201927	Select	Paramedic	04/04/2023	06/30/2025	Active	
Curio, Qantu I (145300)			Yes	145300	Select	Paramedic	05/02/2023	06/30/2025	Active	
Goodwin, William R (109566)			Yes	109566	Select	Paramedic	04/10/2023	06/30/2025	Active	
Granger, Craig Daniel (133664)			Yes	133664	Select	Paramedic	04/24/2023	06/30/2025	Active	



Green, Arminda Mae (142074)	Yes	142074 Select Number	Paramedic	04/04/2023	06/30/2025	Active
Hennigan, Timothy R (119201)	Yes	119201 Select Number	Paramedic	05/02/2023	06/30/2025	Active
Holsey, Bruce P (123134)	Yes	123134 Select Number	Paramedic	04/07/2023	06/30/2025	Active
Juetten, Tyler (203489)	Yes	203489 Select Number	Paramedic	04/10/2023	06/30/2025	Active
Karthauser, Diana Mae (125551)	Yes	125551 Select Number	Oregon EMT- Intermediate	04/10/2023	06/30/2025	Active
Kirkland, Joseph N (106680)	Yes	106680 Select Number	Emergency Medical Technician	05/02/2023	06/30/2025	Active
Mustola, Andrew C (135026)	Yes	135026 Select Number	Paramedic	05/02/2023	06/30/2025	Active
Parmley, Elijah Ray (206833)	Yes	206833 Select Number	Emergency Medical Technician	04/06/2023	06/30/2025	Active
Roberts, Ryan Daniel (205816)	Yes	205816 Select Number	Paramedic	05/03/2023	06/30/2025	Active
Sharek, Steven E (106682)	Yes	106682 Select Number	Paramedic	05/01/2023	06/30/2025	Active
Stewart, Jackson R (145849)	Yes	145849 Select Number	Paramedic	04/18/2023	06/30/2025	Active
Thorp, Joseph D (130724)	Yes	130724 Select Number	Paramedic	04/10/2023	06/30/2025	Active
Wiggins, Gabriel Joseph (130218)	Yes	130218 Select Number	Paramedic	04/04/2023	06/30/2025	Active
Wiley MD, Jenna Marie (MD198764)	Yes	MD198764 Select Number	Doctor of Medicine	11/01/2023		Active



# Operating Budget & Financials

Notice of Property Tax and Certification of Intent to Impose a Tax, Fee, Assessment or Charge on Property  
Columbia

Be sure to read instructions in the Notice of Property Tax Levy Forms and Instruction booklet

Check here if this is an amended form.

The Clatskanie RFPD has the responsibility and authority to place the following property tax, fee, charge or assessment on the tax roll of Columbia County. The property tax, fee, charge or assessment is categorized as stated by this form.

PO Box 807 Clatskanie OR 97016 June 25, 2024  
Mailing Address of District City State ZIP code Date  
Cyndi Warren Finance Director 503-728-2025 cwarren@clatskaniefire.org  
Contact Person Title Daytime Telephone Contact Person E-Mail

**CERTIFICATION** - You must check one box if your district is subject to Local Budget Law.

- The tax rate or levy amounts certified in Part I are within the tax rate or levy amounts approved by the budget committee.
- The tax rate or levy amounts certified in Part I were changed by the governing body and republished as required in ORS 294.435.

**PART I: TOTAL PROPERTY TAX LEVY**

		Subject to General Government Limits Rate -or- Dollar Amount			
1.	Rate/Amount levied (within permanent rate limit) .....	1	1.7198		
2.	Local option operating tax .....	2	1.2533		
3.	Local option capital project tax .....	3	0	Excluded from Measure 5 Limits Dollar Amount of Bond Levy	
4.	Levy for pension and disability obligations .....	4	0		
5a.	Levy for bonded indebtedness from bonds approved by voters prior to October 6, 2001 .....	5a.		0	
5b.	Levy for bonded indebtedness from bonds approved by voters on or after October 6, 2001 .....	5b.		0	
5c.	Total levy for bonded indebtedness not subject to Measure 5 or Measure 50 (total of 5a + 5b) .....	5c.		0	

**PART II: RATE LIMIT CERTIFICATION**

6.	Permanent rate limit in dollars and cents per \$1,000 .....	6	1.7198
7.	Election date when your new district received voter approval for your permanent rate limit .....	7	N/A
8.	Estimated permanent rate limit for newly merged/consolidated district .....	8	N/A

**PART III: SCHEDULE OF LOCAL OPTION TAXES** - Enter all local option taxes on this schedule. If there are more than two taxes, attach a sheet showing the information for each.

Purpose (operating, capital project, or mixed)	Date voters approved local option ballot measure	First year levied	Final year to be levied	Tax amount -or- rate authorized per year by voters
OPERATING	May 16, 2023	2023	2027	1.2533

**Part IV. SPECIAL ASSESSMENTS, FEES AND CHARGES**

Description	Subject to General Government Limitation	Excluded from Measure 5 Limitation
1		
2		

If fees, charges, or assessments will be imposed on specific property within your district, you must attach a complete listing of properties, by assessor's account number, to which fees, charges, or assessments will be imposed. Show the fees, charges, or assessments uniformly imposed on the properties. If these amounts are not uniform, show the amount imposed on each property.

The authority for putting these assessments on the roll is ORS \_\_\_\_\_ (Must be completed if you have an entry in Part IV)

**FORM LB-1 NOTICE OF BUDGET HEARING**

A public meeting of the Clatskanie Rural Fire Protection District will be held on **June 12, 2024, at 7:00** am X **pm** at 555 SW Bryant St, Clatskanie, OR, Port of Columbia County Offices (the Old Middle School), Clatskanie, Oregon.  
 The purpose of this meeting is to discuss the budget for the fiscal year beginning **July 1, 2024**, as approved by the Clatskanie Rural Fire Protection District Budget Committee. A summary of the budget is presented below. A copy of the budget may be inspected or obtained at 280 SE Third St, Clatskanie OR, between the hours of 10 a.m. and 2 p.m. This budget is for an X annual    biennial budget period. This budget was prepared on a basis of accounting that is X the same as    different than used the preceding year. If different, the major changes and their effect on the budget are:

Contact: Cyndi Warren Telephone: 503-728-2025 Email: cwarren@clatskaniefire.org

FINANCIAL SUMMARY - RESOURCES			
TOTAL OF ALL FUNDS	Actual Amount 2022-23	Adopted Budget This Year 2023-24	Approved Budget Next Year 2024-25
Beginning Fund Balance/Net Working Capital	2,105,877	2,431,500	2,679,500
Fees, Licenses, Permits, Fines, Assessments & Other Service Charges	1,213,230	689,300	1,186,900
Federal, State and All Other Grants, Gifts, Allocations and Donations	93,708	415,000	60,000
Revenue from Bonds and Other Debt	0		
Interfund Transfers / Internal Service Reimbursements	589,269	772,850	805,850
All Other Resources Except Property Taxes	37,532	15,000	10,000
Property Taxes Estimated to be Received	2,748,098	2,891,178	2,855,900
<b>Total Resources</b>	<b>6,787,714</b>	<b>7,214,826</b>	<b>7,598,150</b>

FINANCIAL SUMMARY - REQUIREMENTS BY OBJECT CLASSIFICATION			
Personnel Services	2,920,790	3,596,300	3,861,032
Materials and Services	567,393	689,650	717,150
Capital Outlay	347,656	1,956,500	2,031,000
Debt Service	0	0	0
Interfund Transfers	589,269	772,850	805,850
Contingencies	0	174,526	158,118
Special Payments	0		
Unappropriated Ending Balance and Reserved for Future Expenditure	2,362,606	25,000	25,000
<b>Total Requirements</b>	<b>6,787,714</b>	<b>7,214,826</b>	<b>7,598,150</b>

FINANCIAL SUMMARY - REQUIREMENTS BY ORGANIZATIONAL UNIT OR PROGRAM *			
Name of Organizational Unit or Program			
FTE for that unit or program			
Fire & EMS Services	6,787,714	7,214,826	7,598,150
FTE	16	18	21
FTE			
FTE			
FTE			
FTE			
FTE			
FTE			
FTE			
Non-Departmental / Non-Program	0	0	0
FTE	0	0	0
<b>Total Requirements</b>	<b>6,787,714</b>	<b>7,214,826</b>	<b>7,598,150</b>
<b>Total FTE</b>	<b>16</b>	<b>18</b>	<b>18</b>

**STATEMENT OF CHANGES IN ACTIVITIES and SOURCES OF FINANCING \***  
 A 5 year local option was approved again by the voters beginning in the 2018-19 fiscal year; allowing the District to make necessary updates to buildings, equipment and continue to add personnel as needed to provide adequate staffing for the District.

PROPERTY TAX LEVIES			
	Rate or Amount Imposed	Rate or Amount Imposed	Rate or Amount Approved
Permanent Rate Levy (rate limit 1.7198 per \$1,000)	1.7198	1.7198	1.7198
Local Option Levy (rate limit 1.2533 per \$1,000)	1.2533	1.2533	1.2533
Levy For General Obligation Bonds	0	0	0

STATEMENT OF INDEBTEDNESS		
LONG TERM DEBT	Estimated Debt Outstanding on July 1,	Estimated Debt Authorized, But Not Incurred on July 1
General Obligation Bonds	\$0	\$0
Other Bonds	\$0	\$0
Other Borrowings	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

\* If more space is needed to complete any section of this form, insert lines (rows) on this sheet or add sheets. You may delete unused lines.

8:13 AM  
07/19/24  
Cash Basis

Clatskanie RFPD  
Profit & Loss Budget vs. Actual  
July 2021 through June 2022

	Jul '21 - Jun 22	Budget	\$ Over Budget	% of Budget
Income				
1 · FIRE GENERAL REVENUE				
1001 · Beginning Cash Balance	812,618.72	1,000,000.00	-187,381.28	81.3%
1002 · Current Year Taxes	2,545,384.85	2,144,844.00	400,540.85	118.7%
1003 · Prior Years Taxes	117,550.69	90,000.00	27,550.69	130.6%
1005 · Interest	4,628.96	9,000.00	-4,371.04	51.4%
1007 · Columbia County Gas Royalties	0.00	4,000.00	-4,000.00	0.0%
1011 · Transfer from Ambulance Fund	189,000.00	189,000.00	0.00	100.0%
1013 · Miscellaneous	16,131.82	10,000.00	6,131.82	161.3%
1014 · Contract Fees	185,953.78	180,000.00	5,953.78	103.3%
1015 · Conflagration Act Revenue	0.00	25,000.00	-25,000.00	0.0%
1017 · CONTRACT MAINTENANCE FEES	44,750.14	30,000.00	14,750.14	149.2%
1021 · Grant Revenue	0.00	50,000.00	-50,000.00	0.0%
1022 · SIP - STRATEGIC INVESTMENT PRGM	283,001.30	290,000.00	-6,998.70	97.6%
<b>Total 1 · FIRE GENERAL REVENUE</b>	<b>4,199,020.26</b>	<b>4,021,844.00</b>	<b>177,176.26</b>	<b>104.4%</b>
3 · AMBULANCE GENERAL REVENUE				
3001 · Beginning Cash Balance	73,976.00	95,000.00	-21,024.00	77.9%
3005 · Interest	440.09	1,000.00	-559.91	44.0%
3013 · Fire Med Subscriptions	7,200.00	7,500.00	-300.00	96.0%
3015 · Customer Fees	337,033.59	275,000.00	62,033.59	122.6%
<b>Total 3 · AMBULANCE GENERAL REVENUE</b>	<b>418,649.68</b>	<b>378,500.00</b>	<b>40,149.68</b>	<b>110.6%</b>
4 · FIRE EQUIPMENT RESERVE FUND				
4001 · Beginning Cash Balance	457,000.00	455,170.00	1,830.00	100.4%
4003 · CONFLAGRATION - EQUIPMENT REIMB	0.00	5,000.00	-5,000.00	0.0%
4005 · Interest	2,231.92	1,800.00	431.92	124.0%
4010 · TRANSFER FROM GF -PPE	12,500.00	12,500.00	0.00	100.0%
4011 · Transfer from GF - Equipment	100,000.00	100,000.00	0.00	100.0%
<b>Total 4 · FIRE EQUIPMENT RESERVE FUND</b>	<b>571,731.92</b>	<b>574,470.00</b>	<b>-2,738.08</b>	<b>99.5%</b>
5 · SICK LEAVE/UNEMPLOYMENT RESERVE				
5001 · Beginning Cash Balance	69,245.60	69,175.00	70.60	100.1%
5005 · Interest	336.81	300.00	36.81	112.3%
5011 · Transfer from General Fund	15,000.00	15,000.00	0.00	100.0%
<b>Total 5 · SICK LEAVE/UNEMPLOYMENT RESE...</b>	<b>84,582.41</b>	<b>84,475.00</b>	<b>107.41</b>	<b>100.1%</b>
6 · EMS EQUIPMENT RESERVE FUND				
6001 · Beginning Cash Balance	395,030.62	394,500.00	530.62	100.1%
6005 · Interest	1,561.73	2,000.00	-438.27	78.1%
6011 · Transfer from GF - Equipment	30,000.00	30,000.00	0.00	100.0%
6012 · Transfer from GF - Vehicle	60,000.00	60,000.00	0.00	100.0%
<b>Total 6 · EMS EQUIPMENT RESERVE FUND</b>	<b>486,592.35</b>	<b>486,500.00</b>	<b>92.35</b>	<b>100.0%</b>
7 · LENGTH OF SERVICE RESERVE FUND				
7001 · Beginning Cash Balance	122,551.39	122,250.00	301.39	100.2%
7005 · Interest	526.44	600.00	-73.56	87.7%
7006 · DIVIDENDS	825.52	600.00	225.52	137.6%
<b>Total 7 · LENGTH OF SERVICE RESERVE FUND</b>	<b>123,903.35</b>	<b>123,450.00</b>	<b>453.35</b>	<b>100.4%</b>
9 · FACILITIES IMPROVE RESERVE FUND				
9001 · BEGINNING CASH BALANCE	0.00	0.00	0.00	0.0%
9005 · INTEREST EARNED	0.00	0.00	0.00	0.0%
9011 · TRANSFER FROM GENERAL FUND	0.00	0.00	0.00	0.0%
<b>Total 9 · FACILITIES IMPROVE RESERVE FUND</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.0%</b>
<b>Total Income</b>	<b>5,884,479.97</b>	<b>5,669,239.00</b>	<b>215,240.97</b>	<b>103.8%</b>

8:13 AM  
07/19/24  
Cash Basis

Clatskanie RFPD  
Profit & Loss Budget vs. Actual  
July 2021 through June 2022

	Jul '21 - Jun 22	Budget	\$ Over Budget	% of Budget
Gross Profit	5,884,479.97	5,669,239.00	215,240.97	103.8%
Expense				
66000 · Payroll Expenses	0.00			
90 · .....				
9100 · Facility Maintenance Reserve	0.00	0.00	0.00	0.0%
Total 90 · .....	0.00	0.00	0.00	0.0%
10 ·				
1000 · FIRE Personnel Services				
1100 · FIRE CHIEF	119,972.83	124,445.00	-4,472.17	96.4%
1106 · Division Officers	308,809.12	304,830.00	3,979.12	101.3%
1109 · PART-TIME / CONFLAG	12,082.50	0.00	12,082.50	100.0%
1111 · ASSISTANT FIRE CHIEF	111,302.54	115,452.00	-4,149.46	96.4%
1112 · FACILITIES MAINT & MECHANIC	85,533.56	88,551.00	-3,017.44	96.6%
1115 · Firefighter/Paramedic	671,934.16	1,122,693.00	-450,758.84	59.9%
1120 · Volunteers - BLOCK SCHED DUTY	2,140.00	10,000.00	-7,860.00	21.4%
1130 · Worker's Compensation	97,432.03	50,000.00	47,432.03	194.9%
1135 · Payroll Tax Expense	111,402.00	150,000.00	-38,598.00	74.3%
1140 · Benefits	790,999.72	780,000.00	10,999.72	101.4%
1160 · Overtime - OPERATIONAL	158,674.32	150,000.00	8,674.32	105.8%
1161 · Overtime - CONTRACT/CONFLAG	2,459.57	75,000.00	-72,540.43	3.3%
1162 · OVERTIME - TRAINING	30,061.62	20,000.00	10,061.62	150.3%
Total 1000 · FIRE Personnel Services	2,502,803.97	2,990,971.00	-488,167.03	83.7%
1200 · FIRE Materials & Services				
1201 · Maintenance & Repair - EQUIPMNT	55,928.73	70,000.00	-14,071.27	79.9%
1202 · CONTRACT MAINTENANCE - RICK	20,838.42	10,000.00	10,838.42	208.4%
1203 · Maintenance & Repair- BLDG/PROP	21,036.94	20,000.00	1,036.94	105.2%
1205 · Operating Supplies & Fuel	31,836.80	35,000.00	-3,163.20	91.0%
1206 · Communication Equipment	4,443.91	10,000.00	-5,556.09	44.4%
1210 · Insurance & Bonds	53,224.00	44,000.00	9,224.00	121.0%
1215 · Department Expense	8,651.56	7,500.00	1,151.56	115.4%
1220 · Training	25,535.50	15,000.00	10,535.50	170.2%
1221 · PROFESSIONAL SERVICE CONTRACTS	96,274.39	115,000.00	-18,725.61	83.7%
1230 · Legal & Audit	78,331.00	80,000.00	-1,669.00	97.9%
1235 · Elections & Publicity	2,508.93	2,000.00	508.93	125.4%
1240 · Conferences	0.00	1,250.00	-1,250.00	0.0%
1245 · Dues & Subscriptions	8,922.08	7,000.00	1,922.08	127.5%
1248 · Uniform Allowance	11,029.15	15,000.00	-3,970.85	73.5%
1250 · Utilities	53,765.07	36,750.00	17,015.07	146.3%
1260 · Office / Technology Expense	25,345.73	25,000.00	345.73	101.4%
1265 · Fire Prevntn / Community Srvc	6,689.98	7,500.00	-810.02	89.2%
1275 · Intern Expense	8,758.76	10,000.00	-1,241.24	87.6%
1276 · Explorer Program @ CMHS	0.00	0.00	0.00	0.0%
1280 · Volunteer Recognition	0.00	2,000.00	-2,000.00	0.0%
1290 · Volunteer - LOSAP	0.00	20,000.00	-20,000.00	0.0%
Total 1200 · FIRE Materials & Services	513,120.95	533,000.00	-19,879.05	96.3%
1300 · FIRE Capital Outlay				
1305 · Personal Protective Equipment	9,985.55	20,000.00	-10,014.45	49.9%
1310 · Fire Equipment/Suppression	374.51	20,000.00	-19,625.49	1.9%
1350 · Buildings & Property - MAIN	69,134.42	25,000.00	44,134.42	276.5%
1351 · Buildings & Property - QUINCY	23,426.16	100,000.00	-76,573.84	23.4%
1352 · Buldings & Property - DELENA	9,852.69	15,000.00	-5,147.31	65.7%
Total 1300 · FIRE Capital Outlay	112,773.33	180,000.00	-67,226.67	62.7%
1400 · Transfers				
1404 · TRANSFER TO FE RESERVCE - PPE	12,500.00	12,500.00	0.00	100.0%
1405 · Transfer to Fire Equip Reserve	100,000.00	100,000.00	0.00	100.0%

8:13 AM  
07/19/24  
Cash Basis

Clatskanie RFPD  
Profit & Loss Budget vs. Actual  
July 2021 through June 2022

	Jul '21 - Jun 22	Budget	\$ Over Budget	% of Budget
1406 · Transfer to EMS Reserve - Equip	30,000.00	30,000.00	0.00	100.0%
1407 · Transfer to EMS Reserve - Vehic	60,000.00	60,000.00	0.00	100.0%
1408 · Transfer to Sick Leave/Unemploy	15,000.00	15,000.00	0.00	100.0%
1409 · TRANSFER TO STATIONS IMPROVEM...	0.00	0.00	0.00	0.0%
Total 1400 · Transfers	217,500.00	217,500.00	0.00	100.0%
1500 · Operating Contingencies	0.00	373.00	-373.00	0.0%
1600 · Unappropriated Ending Fund Bal	0.00	100,000.00	-100,000.00	0.0%
Total 10 · .	3,346,198.25	4,021,844.00	-675,645.75	83.2%
20 · ..				
2200 · AMBULANCE Materials & Services				
2201 · Maintenance & Repair - EQUIPMNT	18,254.16	20,000.00	-1,745.84	91.3%
2205 · Operating Supplies & Fuel	61,815.11	50,000.00	11,815.11	123.6%
2206 · Communication Equipment	1,611.06	15,000.00	-13,388.94	10.7%
2207 · Ambulance Equipment	3,989.31	5,000.00	-1,010.69	79.8%
2208 · Fees and License	1,731.00	3,000.00	-1,269.00	57.7%
2212 · Personnel Safety	4,456.00	8,000.00	-3,544.00	55.7%
2220 · Training	2,863.35	10,000.00	-7,136.65	28.6%
2221 · PROFESSIONAL SERVICE CONTRACTS	36,206.72	64,000.00	-27,793.28	56.6%
2225 · Fire Med Expenses	2,896.48	1,500.00	1,396.48	193.1%
2260 · Customer Refunds	4,357.87	3,000.00	1,357.87	145.3%
Total 2200 · AMBULANCE Materials & Services	138,181.06	179,500.00	-41,318.94	77.0%
2400 · TRANSFERS				
2409 · Transfer to Fire General Fund	189,000.00	189,000.00	0.00	100.0%
Total 2400 · TRANSFERS	189,000.00	189,000.00	0.00	100.0%
2501 · Operating Contingencies	0.00	10,000.00	-10,000.00	0.0%
Total 20 · ..	327,181.06	378,500.00	-51,318.94	86.4%
40 · .....				
4300 · Fire Equipment Reserve Fund				
4301 · Equipment Replacement	5,275.00	561,970.00	-556,695.00	0.9%
4302 · PPE REPLACEMENT	0.00	12,500.00	-12,500.00	0.0%
Total 4300 · Fire Equipment Reserve Fund	5,275.00	574,470.00	-569,195.00	0.9%
Total 40 · .....	5,275.00	574,470.00	-569,195.00	0.9%
50 · .....				
5200 · Sick Lve/Unemploy Reserve Fund				
5201 · Sick Leave & Unemp Obligations	0.00	84,475.00	-84,475.00	0.0%
Total 5200 · Sick Lve/Unemploy Reserve Fund	0.00	84,475.00	-84,475.00	0.0%
Total 50 · .....	0.00	84,475.00	-84,475.00	0.0%
60 · .....				
6000 · EMS Equipment Reserve Fund				
6100 · EMS Equipment	90,871.16	217,000.00	-126,128.84	41.9%
6107 · EMS Vehicle	0.00	269,500.00	-269,500.00	0.0%
Total 6000 · EMS Equipment Reserve Fund	90,871.16	486,500.00	-395,628.84	18.7%
Total 60 · .....	90,871.16	486,500.00	-395,628.84	18.7%
70 · .....				
7000 · Length of Service Reserve Fund				
7100 · Volunteer Retirement - JH	8,519.75	123,450.00	-114,930.25	6.9%

8:13 AM  
 07/19/24  
 Cash Basis

Clatskanie RFPD  
 Profit & Loss Budget vs. Actual  
 July 2021 through June 2022

	Jul '21 - Jun 22	Budget	\$ Over Budget	% of Budget
Total 7000 · Length of Service Reserve Fund	8,519.75	123,450.00	-114,930.25	6.9%
Total 70 · .....	8,519.75	123,450.00	-114,930.25	6.9%
Total Expense	3,778,045.22	5,669,239.00	-1,891,193.78	66.6%
Net Income	2,106,434.75	0.00	2,106,434.75	100.0%



**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**FINANCIAL REPORT**

**FOR THE YEAR ENDED JUNE 30, 2022**



**12700 SW 72<sup>nd</sup> Ave.  
Tigard, OR 97223**

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

**BASIC FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED JUNE 30, 2022**

\*\*\*\*\*

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

<b><u>BOARD OF DIRECTORS</u></b>		<b><u>TERM EXPIRES</u></b>
Robert Keyser	Chair	June 30, 2023
Steven Stadelman	Director	June 30, 2025
James Gibson	Secretary	June 30, 2023
David Scott	Director	June 30, 2025
Bill Mellinger	Director	June 30, 2025

All directors receive their mail at the address listed below

**REGISTERED AGENT**

Steve Sharek, District Fire Chief  
280 SE 3<sup>rd</sup> St.  
PO Box 807  
Clatskanie, Oregon 97016

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

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**PAULY, ROGERS, AND CO., P.C.**  
12700 SW 72<sup>nd</sup> Ave. Tigard, OR 97223  
(503) 620-2632 (503) 684-7523 FAX  
www.paulyrogersandcocpas.com

October 28, 2022

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Clatskanie Rural Fire Protection District  
Columbia County, Oregon

### **Opinions**

We have audited the accompanying cash basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Clatskanie Rural Fire Protection District, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash basis financial position of the governmental activities, each major fund, and the aggregate remaining fund information of Clatskanie Rural Fire Protection District, as of June 30, 2022, and the respective changes in cash basis financial for the year then ended in accordance with the basis of accounting as described in Note 1.

### **Basis for Opinions**

We conducted our audit in accordance with the auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Clatskanie Rural Fire Protection District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### **Emphasis of Matter – Basis of Accounting**

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinions are not modified with respect to this matter.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting as described in Note 1, and for determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Clatskanie Rural Fire Protection District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Clatskanie Rural Fire Protection District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Clatskanie Rural Fire Protection District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplementary Information**

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The supplementary information, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the basic financial statements. The supplementary information, as listed in the table of contents, is the **responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements**. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information, as listed in the table of contents, is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

**Other Information**

Management is responsible for the other information included in the annual report. The other information comprises the other information, as listed in the table of contents, and the listing of board members containing their term expiration dates, located before the table of contents, but does not include the basic financial statements and our auditors' report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

**Report on Other Legal and Regulatory Requirements**

In accordance with Minimum Standards for Audits of Oregon Municipal Corporations, we have issued our report dated October 28, 2022 on our consideration of compliance with certain provisions of laws and regulations, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules. The purpose of that report is to describe the scope of our testing of compliance and the results of that testing and not to provide an opinion on compliance.



Tara M. Kamp, CPA  
PAULY, ROGERS AND CO., P.C.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

**BASIC FINANCIAL STATEMENTS**



**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**

**COLUMBIA COUNTY, OREGON**

**STATEMENT OF NET POSITION - CASH BASIS**

**June 30, 2022**

**ASSETS:**

Cash and Investments	\$ 2,105,876
<b>Total Assets</b>	<b>2,105,876</b>

**NET POSITION:**

Restricted for special receipts	291,434
Restricted for capital projects	962,178
Unrestricted	852,264
<b>Total Net Position</b>	<b>\$ 2,105,876</b>

The accompanying notes are an integral part of this statement.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

**STATEMENT OF ACTIVITIES - CASH BASIS**  
**For the Year Ended June 30, 2022**

<u>FUNCTIONS</u>	<u>PROGRAM RECEIPTS</u>			<u>NET (DISBURSEMENTS) RECEIPTS AND CHANGES IN NET POSITION</u>
	<u>DISBURSEMENTS</u>	<u>CHARGES FOR SERVICES</u>	<u>OPERATING GRANTS AND CONTRIBUTIONS</u>	
Fire Services	\$ 3,372,103	\$ 567,738	\$ -	\$ (2,804,365)
Total Governmental Activities	<u>\$ 3,372,103</u>	<u>\$ 567,738</u>	<u>\$ -</u>	<u>(2,804,365)</u>
<b>GENERAL RECEIPTS</b>				
				2,662,936
				9,724
				283,001
				<u>24,157</u>
Total General Receipts				<u>2,979,818</u>
Change in Net Position				175,453
Beginning Net Position				<u>1,930,423</u>
Ending Net Position				<u>\$ 2,105,876</u>

The accompanying notes are an integral part of this statement.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**  
**BALANCE SHEET - CASH BASIS - GOVERNMENTAL FUNDS**  
**June 30, 2022**

	GENERAL FUND	AMBULANCE FUND	EMS EQUIPMENT RESERVE FUND	FIRE EQUIPMENT RESERVE FUND	TOTAL
<b>ASSETS</b>					
Cash and Investments	\$ 1,052,229	\$ 91,469	\$ 395,721	\$ 566,457	\$ 2,105,876
<b>Total Assets</b>	<b>\$ 1,052,229</b>	<b>\$ 91,469</b>	<b>\$ 395,721</b>	<b>\$ 566,457</b>	<b>\$ 2,105,876</b>
<b>Fund Balances:</b>					
Restricted	\$ 199,965	\$ 91,469	\$ 395,721	\$ 566,457	\$ 1,253,612
Unassigned	852,264	-	-	-	852,264
<b>Total Fund Balances</b>	<b>1,052,229</b>	<b>91,469</b>	<b>395,721</b>	<b>566,457</b>	<b>2,105,876</b>
<b>Total Fund Balances</b>	<b>\$ 1,052,229</b>	<b>\$ 91,469</b>	<b>\$ 395,721</b>	<b>\$ 566,457</b>	<b>\$ 2,105,876</b>

The accompanying notes are an integral part of this statement.

## CLATSKANIE RURAL FIRE PROTECTION DISTRICT

## COLUMBIA COUNTY, OREGON

STATEMENT OF RECEIPTS, DISBURSEMENTS AND CHANGES IN FUND BALANCE - CASH BASIS  
GOVERNMENTAL FUNDS  
For the Year Ended June 30, 2022

	GENERAL FUND	AMBULANCE FUND	EMS EQUIPMENT RESERVE FUND	FIRE EQUIPMENT RESERVE FUND	TOTAL GOVERNMENTAL FUNDS
<b>RECEIPTS:</b>					
Taxes	\$ 2,662,936	\$ -	\$ -	\$ -	\$ 2,662,936
Customer Fees	230,704	337,034	-	-	567,738
Earnings on Investments	5,491	440	1,561	2,232	9,724
Strategic Investment Plan	283,001	-	-	-	283,001
Miscellaneous	16,957	7,200	-	-	24,157
<b>Total Receipts</b>	<b>3,199,089</b>	<b>344,674</b>	<b>1,561</b>	<b>2,232</b>	<b>3,547,556</b>
<b>DISBURSEMENTS</b>					
Personnel Services	2,511,326	-	-	-	2,511,326
Materials and Services	513,676	138,181	-	-	651,857
Capital Outlay	112,774	-	90,871	5,275	208,920
<b>Total Disbursements</b>	<b>3,137,776</b>	<b>138,181</b>	<b>90,871</b>	<b>5,275</b>	<b>3,372,103</b>
Excess of Receipts Over, (Under) Disbursements	61,313	206,493	(89,310)	(3,043)	175,453
<b>Other Financing Sources, (Uses):</b>					
Transfers In	204,000	-	90,000	112,500	406,500
Transfers Out	(217,500)	(189,000)	-	-	(406,500)
<b>Total Other Financing Sources, (Uses)</b>	<b>(13,500)</b>	<b>(189,000)</b>	<b>90,000</b>	<b>112,500</b>	<b>-</b>
Net Change in Fund Balance	47,813	17,493	690	109,457	175,453
Beginning Fund Balance	1,004,416	73,976	395,031	457,000	1,930,423
Ending Fund Balance	\$ 1,052,229	\$ 91,469	\$ 395,721	\$ 566,457	\$ 2,105,876

The accompanying notes are an integral part of this statement.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**  
**STATEMENT OF FIDUCIARY NET POSITION - CASH BASIS**  
**June 30, 2022**

---

FIDUCIARY FUND

	<b>PENSION (AND OTHER EMPLOYEE BENEFIT) TRUST FUND</b>
<b>ASSETS</b>	
Cash and Investments held on behalf of volunteers	<u>\$ 287,567</u>
Total Assets	<u><u>\$ 287,567</u></u>
<b>NET POSITION</b>	
Total Net Position	<u><u>\$ 287,567</u></u>

The accompanying notes are an integral part of this statement.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

**STATEMENT OF CHANGES IN FIDUCIARY NET POSITION**  
**FIDUCIARY FUNDS**  
**For the Year Ended June 30, 2022**

	<b>PENSION (AND OTHER EMPLOYEE BENEFIT) TRUST FUND</b>
<b>Additions</b>	
Contributions of Members	\$ 883
Gain on Investments	550
<b>Total Additions</b>	<b>1,433</b>
<b>Deductions</b>	
Beneficiary Payments to Individuals	50,165
Administration Expense	2,483
<b>Total Deductions</b>	<b>52,648</b>
<b>Change in Net Position</b>	<b>(51,215)</b>
Net Position Beginning of Year	338,782
Net Position End of Year	<b>\$ 287,567</b>

The accompanying notes are an integral part of this statement.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

---

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The basic financial statements of the District have been prepared in conformity with the Cash Basis of accounting as applied to government units, a special purpose framework. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The more significant of the District's accounting policies are described below.

**A. THE FINANCIAL REPORTING ENTITY**

The District was organized under provisions of Oregon Statutes Chapter 478 for the purpose of providing fire protection and other emergency services. Clatskanie Rural Fire Protection District is a municipal corporation governed by an elected five member board. As required by the cash basis of accounting, these financial statements present Clatskanie Rural Fire Protection District (the primary government) and any component units. Component units, as established by GASB Statement 61, are separate organizations that are included in the District's reporting entity because of the significance of their operational or financial relationships with the District. The District has no component units.

The District is an Oregon municipal corporation, exempt from federal and state income taxes.

**B. MEASUREMENT FOCUS, BASIS OF ACCOUNTING AND BASIS OF PRESENTATION**

**BASIS OF ACCOUNTING**

The Statement of Net Position –Cash Basis and the Statement of Activities –Cash Basis were prepared using the economic resources measurement focus and the Cash Basis of accounting. Under the Cash Basis of accounting, receipts are recorded when received and disbursements are recorded as paid in cash or by check. This basis of accounting is applied to both the government-wide financial statements, and the governmental fund financial statements uniformly.

This basis of accounting is not equivalent to the generally accepted accounting principles (GAAP) basis of accounting. Under GAAP the fund financial statements require that revenues be recorded as they become susceptible to accrual (i.e. when they become measurable and available) and expenditures recorded as goods and services received. For the government-wide statements GAAP requires that the accrual basis of accounting be applied. Under the accrual basis of accounting the cost of capital assets is capitalized and depreciated over their estimated useful lives, debt is recorded as incurred, revenues are recorded when earned irrespective of the collection of cash, and expenses, including depreciation, are recorded when incurred. Management believes the Cash Basis of accounting is preferable for the District due to the District's small size and the necessity of assessing available cash resources. The Cash Basis of accounting is allowed under Oregon Local Budget Law.

**GOVERNMENT-WIDE FUND FINANCIAL STATEMENTS**

The District has adopted, at July 1, 2003, the principles of Governmental Accounting Standards Board Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments* (GASB 34), as they are applicable to Cash Basis financial statements. The Statement requires that the District present both government-wide and fund financial statements, and reconcile the two types of statements, if necessary.

The government-wide financial statement report information on the primary government. For the most part, the effect of interfund activity has been removed from these statements. Governmental activities, which

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**B. MEASUREMENT FOCUS, BASIS OF ACCOUNTING AND BASIS OF PRESENTATION (CONTINUED)**

normally are supported by taxes and intergovernmental receipts, are reported separately from business-type activities, which rely to a significant extent on fees and charges for support.

The statement of activities demonstrates the degree to which the direct expenses of a given function are offset by program receipts. Direct expenses are those that are clearly identifiable with a specific function or segment. Program receipts include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function or segment and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function or segment. Taxes and other items not properly included among program receipts are reported instead as general receipts.

**C. DESCRIPTION OF FUNDS**

The District reports the following major funds:

**GENERAL FUND**

This fund accounts for all financial receipts and disbursements of the District, except those required to be accounted for in another fund. The primary sources of receipts are property taxes and interest on investments and the primary disbursements are for public safety. The Length of Service Fund and the Sick Leave/Unemployment Fund do not meet the GASB Statement No. 54 definition of a special revenue fund. Therefore, these funds are consolidated with the General Fund.

**AMBULANCE FUND**

This fund accounts for charges for ambulance service and related disbursements for providing this service. The primary sources of receipts are charges for ambulance service and transfers from the General Fund.

**EMERGENCY MEDICAL SERVICE EQUIPMENT RESERVE FUND**

This fund accounts for the accumulation of receipts to replace emergency medical equipment. The primary sources of receipts are operating transfers from the General Fund and interest on investments.

**FIRE EQUIPMENT RESERVE FUND**

This fund accounts for the accumulation of receipts to replace firefighting equipment. The primary sources of receipts are operating transfers from the General Fund and interest on investments.

Other District funds:

**FIDUCIARY FUND**

This fund accounts for the investments held in the Oregon Fire Districts Directors Association length of service award program (LOSAP) on behalf of the District's volunteers.



**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**D. BUDGET**

A budget is prepared and legally adopted for each fund in the main program categories required by the Oregon Local Budget Law. The budgets for all funds are adopted on a basis consistent with the cash basis of accounting. The District begins its budget process early in each fiscal year with the establishment of the budget committee. Recommendations are developed through late winter with the budget committee approving the budget in early spring. Public notices of the budget hearing are published generally in early spring with a public hearing being held approximately three weeks later. The board may amend the budget prior to adoption; however, budgeted disbursements for each fund may not be increased by more than ten percent. The budget is adopted and appropriations are made no later than June 30th.

Disbursements budgets are appropriated at the following levels for each fund: Personal Services, Materials and Services, Capital Outlay, Interfund Transactions, Debt Service, and Operating Contingency.

Disbursements cannot legally exceed the above appropriations levels. Appropriations lapse at the fiscal year end. Supplemental appropriations may occur if the Board approves them due to a need which exists which was not determined at the time the budget was adopted. Budget amounts shown in the basic financial statements reflect the original appropriations. Disbursements of the various funds were within authorized appropriation levels.

**E. CASH AND EQUIVALENTS**

**Cash and cash equivalents**

The cash and cash equivalents are considered to be cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition.

**Fair Value Inputs and Methodologies and Hierarchy**

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Observable inputs are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are developed based on the best information available about the assumptions market participants would use in pricing the asset. The classification of securities within the fair value hierarchy is based up on the activity level in the market for the security type and the inputs used to determine their fair value, as follows:

**Level 1** – unadjusted price quotations in active markets/exchanges for identical assets or liabilities that each Fund has the ability to access

**Level 2** – other observable inputs (including, but not limited to, quoted prices for similar assets or liabilities in markets that are active, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liabilities (such as interest rates, yield curves, volatilities, loss severities, credit risks and default rates) or other market-corroborated inputs)

**Level 3** – unobservable inputs based on the best information available in the circumstances, to the extent observable inputs are not available (including each Fund's own assumptions used in determining the fair value of investments)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Accordingly, the degree of judgment exercised in determining fair value is greatest for instruments categorized

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

---

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**E. CASH AND EQUIVALENTS (CONTINUED)**

in Level 3. The inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes, the fair value hierarchy classification is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

**F. PROPERTY TAXES**

Property taxes are recorded when received. Real and personal property are assessed and property taxes become a lien against the property as of July 1 of each year. Property taxes are payable in three installments, following the lien date on November 15, February 15, and May 15. Taxes not received by May 15<sup>th</sup> are considered delinquent. As required by law, the County manages tax collections for the District. Substantially all taxes receivable are considered collectible through liens on the underlying property.

**G. RETIREMENT PLANS**

The District is a participating employer in the State of Oregon Public Employees Retirement System Plan. PERS is a defined benefit pension plan that provides retirement and disability benefits, annual cost-of-living adjustments, and death benefits to members and their beneficiaries. Benefits are established by state statute.

Substantially all of the District's employees are participants in the State of Oregon Public Employees Retirement System (PERS). For the purpose of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about fiduciary net position of PERS and additions to/deductions from PERS's fiduciary net position have been determined on the same basis as they are reported by PERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value. GASB Statements 68 and 71 have been implemented as of July 1, 2014.

**H. USE OF ESTIMATES**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of receipts and disbursements during the reporting period. Actual results could differ from those estimates.

**I. NET POSITION**

Net position is comprised of the various net earnings from operations, non-operating receipts, disbursements and contributions of capital. Net position is classified in the following three categories:

**Net investment in capital assets** – consists of all capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.

**Restricted** – consists of external constraints placed on asset use by creditors, grantors, contributors, laws or regulations of other governments or constraints through constitutional provisions or enabling legislation.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

---

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Unrestricted net position – consists of all other assets not included in the other categories previously mentioned.

When both restricted and unrestricted resources are available for use, it is the District's policy to use restricted resources first, then unrestricted resources as they are needed.

**J. FUND EQUITY**

In March 2009, the GASB issued Statement No. 54, *Fund Balance Reporting and Governmental Fund-type Definitions*. The objective of this statement is to enhance the usefulness of fund balance information by providing clearer fund balance classifications that can be more consistently applied and by clarifying the existing governmental fund-type definitions. This statement establishes fund balance classifications that comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed on the use of the resources reported in governmental funds. Under this standard, the fund balance classifications of reserved, designated, and unreserved/undesignated were replaced with five new classifications – nonspendable, restricted, committed, assigned, and unassigned.

- Nonspendable fund balance represents amounts that are not in a spendable form.
- Restricted fund balance represents amounts that are legally restricted by outside parties for a specific purpose (such as debt covenants, grant requirements, donor requirements, or other governments) or are restricted by law (constitutionally or by enabling legislation).
- Committed fund balance represents funds formally set aside by the governing body for a particular purpose. The use of committed funds would be approved by resolution.
- Assigned fund balance represents amounts that are constrained by the expressed intent to use resources for specific purposes that do not meet the criteria to be classified as restricted or committed. Authority to classify portions of ending fund balance as Assigned has been given to the Fire Chief and Finance Director.
- Unassigned fund balance is the residual classification of the General Fund. Only the General Fund may report a positive unassigned fund balance. Other governmental funds would report any negative residual fund balance as unassigned.

The governing body has approved the following order of spending regarding fund balance categories: Restricted resources are spent first when both restricted and unrestricted (committed, assigned or unassigned) resources are available for disbursements. When unrestricted resources are spent, the order of spending is committed, assigned, and unassigned.

**2. CASH AND INVESTMENTS**

Oregon Revised Statutes (294.035) and District policy authorize the authority to invest in obligations of the U.S. Treasury and agencies, time certificates of deposit, bankers' acceptances, repurchase agreements, and the State of Oregon Local Government Investment Pool. Such investments are stated at cost, increased by accretion of discounts and reduced by amortization of premiums, both computed by the straight-line method, which approximates fair value.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**2. CASH AND INVESTMENTS (CONTINUED)**

Cash and Investments at June 30 consisted of:

<u>Deposits with Financial Institutions:</u>		<u>Reported in:</u>	
Demand Deposits	\$ 1,035,561	Governmental Funds	\$ 2,105,876
Investments	1,357,882	Fiduciary Funds	287,567
<b>Total</b>	<b>\$ 2,393,443</b>	<b>Total</b>	<b>\$ 2,393,443</b>

**Investments**

Investments in the Local Government Investment Pool (LGIP) are included in the Oregon Short-Term Fund, which is an external investment pool that is not a 2a-7-like external investment pool, and is not registered with the U.S. Securities and Exchange Commission as an investment company. Fair value of the LGIP is calculated at the same value as the number of pool shares owned. The unit of account is each share held, and the value of the position would be the fair value of the pool's share price multiplied by the number of shares held. Investments in the Short-Term Fund are governed by ORS 294.135, Oregon Investment Council, and portfolio guidelines issued by the Oregon Short-Term Fund Board, which establish diversification percentages and specify the types and maturities of investments. The portfolio guidelines permit securities lending transactions as well as investments in repurchase agreements and reverse repurchase agreements. The fund's compliance with all portfolio guidelines can be found in their annual report when issued.

The LGIP seeks to exchange shares at \$1.00 per share; an investment in the LGIP is neither insured nor guaranteed by the FDIC or any other government agency. Although the LGIP seeks to maintain the value of share investments at \$1.00 per share, it is possible to lose money by investing in the pool. We intend to measure these investments at book value since it approximates fair value. The pool is comprised of a variety of investments. These investments are characterized as a level 2 fair value measurement in the Oregon Short Term Fund's audited financial report. Amounts in the State Treasurer's Local Government Investment Pool are not required to be collateralized.

The audited financial reports of the Oregon Short Term Fund can be found here:  
[http://www.oregon.gov/treasury/Divisions/Investment/Pages/Oregon-Short-Term-Fund-\(OSTF\).aspx](http://www.oregon.gov/treasury/Divisions/Investment/Pages/Oregon-Short-Term-Fund-(OSTF).aspx)

If the link has expired please contact the Oregon Short Term Fund directly.

The District had the following investments and maturities:

<u>Investment Type</u>	<u>Investment Maturities in Months</u>		
	<u>Fair Value</u>	<u>Less than 3</u>	<u>More than 3</u>
State Treasurer's Investment Pool	\$ 1,070,315	\$	\$ 1,070,315
LOSAP Investment	287,567		287,567
<b>Total</b>	<b>\$ 1,357,882</b>	<b>\$ -</b>	<b>\$ 1,357,882</b>

**Deposits**

Deposits with financial institutions include bank demand deposits. Oregon Revised Statutes require deposits to be adequately covered by federal depository insurance or deposited at an approved depository as identified by the Treasury.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**2. CASH AND INVESTMENTS (CONTINUED)**

**Interest Rate Risk**

Oregon Revised Statutes require investments to not exceed a maturity of 18 months, except when the local government has adopted a written investment policy that was submitted to and reviewed by the OSTFB. The District does not have any investments that have a maturity date.

**Credit Risk**

Oregon Revised Statutes does not limit investments as to credit rating for securities purchased from US Government Agencies or USGSE. The State Investment Pool is not rated.

**Concentration of Credit/Deposit Risk**

At year-end, the District's net carrying amount of deposits was \$1,035,561 and the bank balance was \$1,058,803 of which \$250,000 was covered by federal depository insurance and the remainder was collateralized by the Oregon Public Funds Collateralization Program. Oregon Revised Statutes and District policy require depository institutions to maintain on deposit, with the collateral pool manager, securities having a value not less than 10% of their quarter-end public fund deposits if they are well capitalized, 25% of their quarter-end public fund deposits if they are adequately capitalized, or 110% of their quarter-end public fund deposits if they are undercapitalized or assigned to pledge 110% by the Office of the State Treasurer.

**3. PENSION PLAN**

**Plan Description** – The Oregon Public Employees Retirement System (PERS) consists of a single cost-sharing multiple-employer defined benefit plan. All benefits of the system are established by the legislature pursuant to Oregon Revised Statute (ORS) Chapters 238 and 238A. Oregon PERS produces an independently audited Comprehensive Annual Financial Report which can be found at:

<https://www.oregon.gov/pers/Documents/Financials/CAFR/2021-ACFR.pdf>

If the link is expired please contact Oregon PERS for this information.

- a. **PERS Pension (Chapter 238).** The ORS Chapter 238 Defined Benefit Plan is closed to new members hired on or after August 29, 2003.

- i. **Pension Benefits.** The PERS retirement allowance is payable monthly for life. It may be selected from 13 retirement benefit options. These options include survivorship benefits and lump-sum refunds. The basic benefit is based on years of service and final average salary. A percentage (2.0 percent for police and fire employees, and 1.67 percent for general service employees) is multiplied by the number of years of service and the final average salary. Benefits may also be calculated under either a formula plus annuity (for members who were contributing before August 21, 1981) or a money match computation if a greater benefits results.

A member is considered vested and will be eligible at minimum retirement age for a service retirement allowance if he or she has had a contribution in each of five calendar years or has reached at least 50 years of age before ceasing employment with a participating employer (age 45 for police and fire members). General service employees may retire after reaching age 55. Police and fire members are eligible after reaching age 50. Tier 1 general service employee benefits are reduced if retirement occurs prior to age 58 with fewer than 30 years of service. Police and fire member benefits are reduced if retirement occurs prior to age 55 with fewer than 25 years of service. Tier 2 members are eligible for full benefits at age 60. The ORS Chapter 238 Defined Benefit Pension Plan is closed to new members hired on or after August 29, 2003.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**3. PENSION PLAN (CONTINUED)**

- ii. **Death Benefits.** Upon the death of a non-retired member, the beneficiary receives a lump-sum refund of the member's account balance (accumulated contributions and interest). In addition, the beneficiary will receive a lump-sum payment from employer funds equal to the account balance, provided one or more of the following contributions are met:
    - member was employed by PERS employer at the time of death,
    - member died within 120 days after termination of PERS covered employment,
    - member died as a result of injury sustained while employed in a PERS-covered job, or
    - member was on an official leave of absence from a PERS-covered job at the time of death.
  - iii. **Disability Benefits.** A member with 10 or more years of creditable service who becomes disabled from other than duty-connected causes may receive a non-duty disability benefit. A disability resulting from a job-incurred injury or illness qualifies a member (including PERS judge members) for disability benefits regardless of the length of PERS-covered service. Upon qualifying for either a non-duty or duty disability, service time is computed to age 58 (55 for police and fire members) when determining the monthly benefit.
  - iv. **Benefit Changes After Retirement.** Members may choose to continue participation in their variable account after retiring and may experience annual benefit fluctuations due to changes in the fair value of the underlying global equity investments of that account. Under ORS 238.360 monthly benefits are adjusted annually through cost-of-living changes (COLA). The COLA is capped at 2.0 percent.
- b. **OPSRP Pension Program (OPSRP DB).** The ORS Chapter 238A Defined Benefit Pension Program provides benefits to members hired on or after August 29, 2003.
  - i. **Pension Benefits.** This portion of OPSRP provides a life pension funded by employer contributions. Benefits are calculated with the following formula for members who attain normal retirement age:
 

*Police and fire:* 1.8 percent is multiplied by the number of years of service and the final average salary. Normal retirement age for police and fire members is age 60 or age 53 with 25 years of retirement credit. To be classified as a police and fire member, the individual must have been employed continuously as a police and fire member for at least five years immediately preceding retirement.

*General service:* 1.5 percent is multiplied by the number of years of service and the final average salary. Normal retirement age for general service members is age 65, or age 58 with 30 years of retirement credit.

A member of the pension program becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, and, if the pension program is terminated, the date on which termination becomes effective.
  - ii. **Death Benefits.** Upon the death of a non-retired member, the spouse or other person who is constitutionally required to be treated in the same manner as the spouse, receives for life 50 percent of the pension that would otherwise have been paid to the deceased member. The surviving spouse may elect to delay payment of the death benefit, but payment must commence no later than December 31 of the calendar year in which the member would have reached 70½ years.
  - iii. **Disability Benefits.** A member who has accrued 10 or more years of retirement credits before the member becomes disabled or a member who becomes disabled due to job-related injury shall receive a disability benefit of 45 percent of the member's salary determined as of the last full month of employment before the disability occurred.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

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**3. PENSION PLAN (CONTINUED)**

**Contributions** – PERS funding policy provides for monthly employer contributions at actuarially determined rates. These contributions, expressed as a percentage of covered payroll, are intended to accumulate sufficient assets to pay benefits when due. The funding policy applies to the PERS Defined Benefit Plan and the Other Postemployment Benefit Plans. Employer contribution rates during the period were based on the December 31, 2019 actuarial valuation, which became effective July 1, 2021. The state of Oregon and certain schools, community colleges, and political subdivision have made unfunded actuarial liability payments and their rates have been reduced. Employer contributions for the year ended June 30, 2022 were \$333,582, excluding amounts to fund employer specific liabilities.

Since the District's financial statements are reported on the cash basis, no amounts are reported on the balance sheet for pension related assets, deferred outflows, liabilities or deferred inflows. Had the District's financial statements been reported in accordance with GAAP, it would have reported a net pension liability of \$1,944,919 at June 30, 2022 for its proportionate share of the net pension asset. The pension asset was measured as of June 30, 2021, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation dated December 31, 2019. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers, actuarially determined. As of the measurement date of June 30, 2021 and 2020, the District's proportion was .016 percent and .014 percent, respectively. Pension expense for the year ended June 30, 2022 was \$404,906.

The rates in effect for the year ended June 30, 2022 were:

- (1) Tier 1/Tier 2 – 29.08%
- (2) OPSRP general services – 16.01%
- (3) OPSRP Police and Fire – 20.64%

All assumptions, methods and plan provisions used in these calculations are described in the Oregon PERS system-wide GASB 68 reporting summary dated February 25, 2022. Oregon PERS produces an independently audited ACFR which can be found at:

<https://www.oregon.gov/pers/Documents/Financials/CAFR/2021-ACFR.pdf>

**Actuarial Valuations** – The employer contribution rates effective July 1, 2021 through June 30, 2023, were set using the entry age normal actuarial cost method. For the Tier One/Tier Two component of the PERS Defined Benefit Plan, this method produced an employer contribution rate consisting of (1) an amount for normal cost (estimated amount necessary to finance benefits earned by employees during the current service year), (2) an amount for the amortization unfunded actuarial accrued liabilities, which are being amortized over a fixed period with new unfunded actuarial liabilities being amortized over 20 years.

For the OPSRP Pension Program component of the PERS Defined Benefit Plan, this method produced an employer rate consisting of (a) an amount for normal cost (the estimated amount necessary to finance benefits earned by the employees during the current service year), (b) an actuarially determined amount for funding a disability benefit component, and (c) an amount for the amortization of unfunded actuarial accrued liabilities, which are being amortized over a fixed period with new unfunded actuarial accrued liabilities being amortized over 16 years.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**3. PENSION PLAN (CONTINUED)**

**Actuarial Methods and Assumptions:**

Valuation date	December 31, 2019
Experience Study Report	2018, Published July 24, 2019
Actuarial cost method	Entry Age Normal
Amortization method	Level percentage of payroll
Asset valuation method	Market value of assets
Inflation rate	2.40 percent (reduced from 2.50 percent)
Investment rate of return	6.90 percent (reduced from 7.20 percent)
Discount rate	6.90 percent (reduced from 7.20 percent)
Projected salary increase	3.40 percent (reduced from 3.50 percent)
Cost of Living Adjustment	Blend of 2% COLA and graded COLA (1.25%/0.15%) in accordance with <i>Moro</i> decision; blend based on service
Mortality	Healthy retirees and beneficiaries: Pub-2010 Healthy Retiree, sex distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Active members: Pub-2010 Employee, sex distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Disabled retirees: Pub-2010 Disabled Retiree, sex distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation.

Actuarial valuations of an ongoing plan involve estimates of value of reported amounts and assumptions about the probability of events far into the future. Actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future. Experience studies are performed as of December 31 of even numbered years. The method and assumptions shown are based on the 2018 Experience Study which is reviewed for the four-year period ending December 31, 2019.

**Assumed Asset Allocation:**

Asset Class/Strategy	Low Range	High Range	OIC Target
Debt Securities	15.0%	25.0%	20.0%
Public Equity	27.5%	37.5%	32.5%
Real Estate	9.5%	15.5%	12.5%
Private Equity	14.0%	21.0%	17.5%
Alternatives Portfolio	7.5%	17.5%	15.0%
Opportunity Portfolio	0.0%	5.0%	0.0%
Risk Parity	0.0%	2.5%	2.5%
Total			100.0%

(Source: June 30, 2021 PERS ACFR; p. 104)



**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**3. PENSION PLAN (CONTINUED)**

**Long-Term Expected Rate of Return:**

To develop an analytical basis for the selection of the long-term expected rate of return assumption, in May 2021 the PERS Board reviewed long-term assumptions developed by both Milliman's capital market assumptions team and the Oregon Investment Council's (OIC) investment advisors. The table below shows Milliman's assumptions for each of the asset classes in which the plan was invested at that time based on the OIC long-term target asset allocation. The OIC's description of each asset class was used to map the target allocation to the asset classes shown below. Each asset class assumption is based on a consistent set of underlying assumptions, and includes adjustment for the inflation assumption. These assumptions are not based on historical returns, but instead are based on a forward-looking capital market economic model.

<b>Asset Class</b>	<b>Target Allocation</b>	<b>Compound Annual (Geometric) Return</b>
Global Equity	30.62%	5.85%
Private Equity	25.50%	7.71%
Core Fixed Income	23.75%	2.73%
Real Estate	12.25%	5.66%
Master Limited Partnerships	0.75%	5.71%
Infrastructure	1.50%	6.26%
Commodities	0.63%	3.10%
Hedge Fund of Funds - Multistrategy	1.25%	5.11%
Hedge Fund Equity - Hedge	0.63%	5.31%
Hedge Fund - Macro	5.62%	5.06%
US Cash	-2.50%	1.76%
<i>Assumed Inflation - Mean</i>		2.40%

*(Source: June 30, 2021 PERS ACFR; p. 74)*

**Discount Rate** – The discount rate used to measure the total pension liability was 6.90 percent for the Defined Benefit Pension Plan, a reduction approved by the Board from 7.20 percent in the prior fiscal year. The projection of cash flows used to determine the discount rate assumed that contributions from the plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments for the Defined Benefit Pension Plan was applied to all periods of projected benefit payments to determine the total pension liability.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**3. PENSION PLAN (CONTINUED)**

Sensitivity of the District's proportionate share of the net pension liability to changes in the discount rate – The following presents the District's proportionate share of the net pension liability calculated using the discount rate of 6.90 percent, as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percent lower (5.90 percent) or one percent higher (7.90 percent) than the current rate.

	Decrease (6.20%)	Rate (7.20%)	Increase (8.20%)
District's proportionate share of the net pension liability	\$ 3,819,356	\$ 1,944,919	\$ 376,696

**Changes Subsequent to the Measurement Date**

As described above, GASB 67 and GASB 68 require the Total Pension Liability to be determined based on the benefit terms in effect at the Measurement Date. Any changes to benefit terms that occurs after that date are reflected in amounts reported for the subsequent Measurement Date. However, Paragraph 80f of GASB 68 requires employers to briefly describe any changes between the Measurement Date and the employer's reporting date that are expected to have a significant effect on the employer's share of the collective Net Pension Liability, along with an estimate of the resulting change, if available.

There are no changes subsequent to the June 30, 2021 Measurement Date that meet this requirement and thus would require a brief description under the GASB standard.

**Deferred Compensation Plan**

A deferred compensation plan is available to employees wherein they may execute an individual agreement with the District for amounts earned by them to not be paid until a future date when certain circumstances are met. These circumstances are: termination by reason of resignation, death, disability, or retirement; unforeseeable emergency; or by requesting a de minimis distribution from inactive accounts valued less than \$5,000. Payment to the employee will be made over a period not to exceed 15 years. The deferred compensation plan is one which is authorized under IRC Section 457 and has been approved in its specifics by a private ruling from the Internal Revenue Service. The assets of the plan are held by the administrator for the sole benefit of the plan participants and are not considered assets or liabilities of the District.

**OPSRP Individual Account Program (OPSRP IAP)**

*Plan Description:*

Employees of the District are provided with pensions through OPERS. All the benefits of OPERS are established by the Oregon legislature pursuant to Oregon Revised Statute (ORS) Chapters 238 and 238A. Chapter 238 Defined Benefit Pension Plan is closed to new members hired on or after August 29, 2003. Chapter 238A created the Oregon Public Service Retirement Plan (OPSRP), which consists of the Defined Benefit Pension Program and the Individual Account Program (IAP). Membership includes public employees hired on or after August 29, 2003. PERS members retain their existing defined benefit plan accounts, but member contributions are deposited into the member's IAP account. OPSRP is part of OPERS, and is administered by the OPERS Board.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

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**3. PENSION PLAN (CONTINUED)**

*Pension Benefits:*

Participants in OPERS defined benefit pension plans also participate in their defined contribution plan. An IAP member becomes vested on the date the employee account is established or on the date the rollover account was established. If the employer makes optional employer contributions for a member, the member becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, the date the IAP is terminated, the date the active member becomes disabled, or the date the active member dies. Upon retirement, a member of the OPSRP IAP may receive the amounts in his or her employee account, rollover account, and vested employer account as a lump-sum payment or in equal installments over a 5-, 10-, 15-, 20-year period or an anticipated life span option. Each distribution option has a \$200 minimum distribution limit.

*Death Benefits:*

Upon the death of a non-retired member, the beneficiary receives in a lump sum the member's account balance, rollover account balance, and vested employer optional contribution account balance. If a retired member dies before the installment payments are completed, the beneficiary may receive the remaining installment payments or choose a lump-sum payment.

*Contributions:*

Employees of the District pay six (6) percent of their covered payroll. The District did not make any optional contributions to member IAP accounts for the year ended June 30, 2022.

Additional disclosures related to Oregon PERS not applicable to specific employers are available online, or by contacting PERS at the following address: PO Box 23700 Tigard, OR 97281-3700.

<http://www.oregon.gov/pers/EMP/Pages/GASB.aspx>

**4. OTHER POSTEMPLOYMENT BENEFITS**

*Plan Description:*

The IAFF Local Health Trust Retiree Program is a cost-sharing multiple-employer post-employment benefit plan that provides health insurance to eligible retirees of employers who participate in the Trust (an OPEB plan). As of the most recent valuation date (June 30, 2018), the Trust has six participating employers, Tualatin Valley Fire and Rescue, Molalla Rural Fire Protection, Clatskanie Rural Fire Protection, Woodburn Fire District, Canby Fire District, and City of Newberg Police Department. This plan has no assets accumulated in a trust that meets the criteria in paragraph 4 of GASB Statement 75.

The program allows eligible retirees and their dependents to purchase continuation coverage under the Trust's health insurance plans from the date of retirement until eligibility for Medicare. Clatskanie Rural Fire Protection is required by ORS 243.303 to provide retirees with group health insurance from the date of retirement to age 65 at the same rate provided to current employees.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

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**5. OTHER POSTEMPLOYMENT BENEFIT PLAN - (RHIA)**

**Plan Description:**

As a member of Oregon Public Employees Retirement System (OPERS) the District contributes to the Retirement Health Insurance Account (RHIA) for each of its eligible employees. RHIA is a cost-sharing multiple-employer defined benefit other postemployment benefit plan administered by OPERS. RHIA pays a monthly contribution toward the cost of Medicare companion health insurance premiums of eligible retirees. Oregon Revised Statute (ORS) 238.420 established this trust fund. Authority to establish and amend the benefit provisions of RHIA reside with the Oregon Legislature. The plan is closed to new entrants after January 1, 2004. OPERS issues a publicly available financial report that includes financial statements and required supplementary information. That report may be obtained by writing to Oregon Public Employees Retirement System, PO Box 23700, Tigard, OR 97281-3700.

**Funding Policy:**

Because RHIA was created by enabling legislation (ORS 238.420), contribution requirements of the plan members and the participating employers were established and may be amended only by the Oregon Legislature. ORS require that an amount equal to \$60 dollars or the total monthly cost of Medicare companion health insurance premiums coverage, whichever is less, shall be paid from the Retirement Health Insurance Account established by the employer, and any monthly cost in excess of \$60 dollars shall be paid by the eligible retired member in the manner provided in ORS 238.410. To be eligible to receive this monthly payment toward the premium cost the member must: (1) have eight years or more of qualifying service in OPERS at the time of retirement or receive a disability allowance as if the member had eight years or more of creditable service in OPERS, (2) receive both Medicare Parts A and B coverage, and (3) enroll in an OPERS-sponsored health plan. A surviving spouse or dependent of a deceased OPERS retiree who was eligible to receive the subsidy is eligible to receive the subsidy if he or she (1) is receiving a retirement benefit or allowance from OPERS or (2) was insured at the time the member died and the member retired before May 1, 1991.

Participating districts are contractually required to contribute to RHIA at a rate assessed each year by OPERS, and the Districts currently contributes 0.06% of annual covered OPERF payroll and 0.00% of OPSRP payroll under a contractual requirement in effect until June 30, 2022. Consistent with GASB Statement 75, the OPERS Board of Trustees sets the employer contribution rates as a measure of the proportionate relationship of the employer to all employers consistent with the manner in which contributions to the OPEB plan are determined. The basis for the employer's portion is determined by comparing the employer's actual, legally required contributions made during the fiscal year to the plan with the total actual contributions made in the fiscal year of all employers. The District's contributions to RHIA for the years ended June 30, 2020, 2021 and 2022 were \$646, \$185 and \$148, respectively, which equaled the required contributions each year.

Since the District's financial statements are presented on the cash basis of accounting, no RHIA related amounts are reported on the Statement of Net Position.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**6. PROPERTY TAX LIMITATIONS**

The State of Oregon imposes a constitutional limit on property taxes for schools and nonschool government operations. School operations include community colleges, local school districts, and education service districts. The limitation provides that property taxes for nonschool operations are limited to \$10.00 for each \$1,000 of property market value. This limitation does not apply to taxes levied for principal and interest on general obligation bonded debt. The State further reduced property taxes by replacing the previous constitutional limits on tax bases with a rate and value limit in 1997. This reduction is accomplished by rolling property values back to their 1995-96 values less 10% and limiting future tax value growth of each property to no more than 3% per year, subject to certain exceptions. Taxes levied to support bonded debt are exempted from the reductions. The State Constitution sets restrictive voter approval requirements for most tax and many fee increases and new bond issues, and requires the State to minimize the impact to school districts from the impact of the tax cuts.

**7. RISK MANAGEMENT**

The Fire District is exposed to various risks of loss related to torts, theft of, damage to, and destruction of assets, errors and omissions, injuries to employees and natural disasters. The Fire District purchases commercial insurance to minimize its exposure to these risks. Settled claims have not exceeded this commercial coverage for any of the past three years.

**8. INTERFUND TRANSFERS**

Interfund Transfers were done to finance operations between funds.

	<u>Transfers Out</u>	<u>Transfers In</u>
General Fund	\$ 217,500	\$ 204,000
Ambulance Fund	189,000	
EMS Equipment Reserve Fund		90,000
Fire Equipment Reserve Fund		112,500
	<u>                    </u>	<u>                    </u>
Total	<u>\$ 406,500</u>	<u>\$ 406,500</u>

**9. VOLUNTEER YEARS OF SERVICE AWARD PROGRAM**

On January 1, 1990, the District established a whole-life insurance policy program for qualifying volunteers. This program is administered by the District through John Hancock Insurance and is a non-qualified defined benefit plan. The plan provides for a monthly benefit beginning at age 65, equal to \$10 per month for every year of service, not to exceed \$250 per month. The Plan states that no participant shall, at any time, have any vested rights or interest in this plan, or in any benefits or payments payable under the Plan. The Plan may be discontinued, modified or reduced at any time, prior to or after the death or separation from service of any participant or beneficiary. Effective June, 2001, the District is no longer allowing any new volunteers to participate in this program. The District paid \$8,520 in benefits for this program during the fiscal year ending June 30, 2022.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**NOTES TO BASIC FINANCIAL STATEMENTS**

**10. VOLUNTEER LENGTH OF SERVICE AWARD PROGRAM**

On June 13, 2001, the District adopted a length of service award program for volunteers. This plan is a defined contribution plan under which the District has no obligation to make contributions with respect to the plan. The plan assets are held in a fiduciary capacity by the Oregon Fire District Directors Association and are subject to the claims of creditors of the District until distributed to the volunteers. Therefore, the plan assets are reported by the District in a Fiduciary Fund.

The District may authorize and make contributions to the plan for each volunteer based on a point system as described in the Schedule B attachment to the Plan Document. Volunteers are eligible to take plan distributions on the earlier of the date the volunteer becomes totally disabled, reaches age 55 or separates from volunteer service to the District.

Vesting occurs after 5 years of service.

The District's contributions to the Plan for the years ending June 30, 2022, 2021, and 2020 were \$882, \$20,000, and \$19,979 respectively.

**11. TAX ABATEMENTS**

As of June 30, 2022, Columbia County provides tax abatements through one program: Strategic Investment Program.

**Strategic Investment Program (ORS 285C.600)**

- The Oregon Strategic Investment program is a State of Oregon economic development program established, that allows for property tax exemptions for up to fifteen years. In exchange for receiving property tax exemption, participating firms are required to meet the program requirements set by state statute and the local sponsor.

For the fiscal year ended June 30, 2022, Clatskanie Rural Fire Protection District had abated property taxes totaling \$632,785 under these programs.

<u>Tax Abatement Program</u>	<u>Amount of Taxes Abated during the Fiscal Year</u>
Strategic Investment Program (ORS 285C.600)	\$ 632,785
	<u>\$ 632,785</u>

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT**  
**COLUMBIA COUNTY, OREGON**

**SUPPLEMENTARY INFORMATION**

CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON

SUPPLEMENTARY INFORMATION  
For the Year Ended June 30, 2022

SCHEDULE OF THE PROPORTIONATE SHARE OF THE NET PENSION LIABILITY

Year Ended June 30,	(a) Employer's proportion of the net pension liability (NPL)	(b) Employer's proportionate share of the net pension liability (NPL)	(c) CRFPD's covered payroll	(b/c) NPL as a percentage of covered payroll	Plan fiduciary net position as a percentage of the total pension liability
2022	0.01 %	\$ 1,944,919	\$ 1,494,625	130.1 %	87.6 %
2021	0.01	3,113,203	1,330,391	234.0	75.8
2020	0.01	2,250,175	1,326,826	169.6	80.2
2019	0.01	1,753,916	1,040,984	168.5	82.1
2018	0.01	1,428,726	884,568	161.5	83.1
2017	0.01	1,783,742	979,205	182.2	80.5
2016	0.01	448,956	914,330	49.1	91.2
2015	0.01	(128,010)	789,557	(16.2)	103.6
2014	0.01	288,195	553,648	52.1	92.0

The amounts presented for each fiscal year were actuarial determined at 12/31 and rolled forward to the measurement date.

These schedules are presented to illustrate the requirements to show information for 10 years. However, until a full 10-year trend has been compiled, information is presented only for the years for which the required supplementary information is available.

SCHEDULE OF CONTRIBUTIONS

Year Ended June 30,	Statutorily required contribution	Contributions in relation to the statutorily required contribution	Contribution deficiency (excess)	Employer's covered payroll	Contributions as a percent of covered payroll
2022	\$ 333,582	\$ 333,582	-	\$ 1,449,381	23.0 %
2021	329,156	329,156	-	1,494,625	22.0
2020	296,315	296,315	-	1,330,391	22.3
2019	233,624	233,624	-	1,326,826	17.6
2018	205,452	205,452	-	1,040,984	19.7
2017	150,684	150,684	-	884,568	17.0
2016	131,811	131,811	-	979,205	13.5
2015	128,651	128,651	-	914,330	14.1
2014	101,675	101,675	-	789,557	12.9

The amounts presented for each fiscal year were actuarial determined at 12/31 and rolled forward to the measurement date.

These schedules are presented to illustrate the requirements to show information for 10 years. However, until a full 10-year trend has been compiled, information is presented only for the years for which the required supplementary information is available.



CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON

SUPPLEMENTARY INFORMATION  
 For the Year Ended June 30, 2022

SCHEDULE OF CHANGES IN THE TOTAL OPEB - RHIA LIABILITY

Year Ended June 30,	Service Cost	Difference Between Expected and Actual Experience	Changes in Assumptions	Difference Between Projected and Actual Investment Earnings	Employer Actual Contributions	Changes in Employer Proportion	Employer Total Expense
2022	\$ 20,811	\$ 660	\$ 353	\$ 5,635	\$ 148	\$ 21	27,628
2021	21,094	1,883	979	-	185	263	24,404
2020	24,721	2,663	21	1,247	646	593	29,891
2019	13,934	608	34	2,312	5,180	256	22,324
2018	5,332	-	-	1,645	4,562	136	11,675

SCHEDULE OF TOTAL OPEB LIABILITY AND RELATED RATIOS

Year Ended June 30,	Total OPEB Liability Beginning (Asset)	Net Change in Total OPEB Liability (Asset)	Total OPEB Liability (Asset) Ending	Covered Payroll	Total OPEB Liability as a Percentage of Covered Payroll	Discount Rate
2022	\$ (18,422)	\$ (5,290)	\$ (23,712)	\$ 1,449,381	0.0164 %	7.20 %
2021	(20,197)	1,775	(18,422)	1,494,625	0.0123	7.20
2020	(10,724)	(9,473)	(20,197)	1,330,391	0.0152	7.20
2019	(3,551)	(7,173)	(10,724)	1,326,826	0.0081	7.20
2018	2,498	(6,049)	(3,551)	1,040,984	0.0034	7.50

The amounts presented for each fiscal year were actuarial determined at 12/31 and rolled forward to the measurement date.

These schedules are presented to illustrate the requirements to show information for 10 years. However, until a full 10-year trend has been compiled, information is presented only for the years for which the required supplementary information is available.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**SCHEDULE OF RECEIPTS, DISBURSEMENTS AND CHANGES IN FUND BALANCE  
ACTUAL AND BUDGET - CASH BASIS  
For the Year Ended June 30, 2022**

GENERAL FUND

	<u>ORIGINAL BUDGET</u>	<u>FINAL BUDGET</u>	<u>ACTUAL</u>	<u>VARIANCE TO FINAL BUDGET POSITIVE (NEGATIVE)</u>
<b>RECEIPTS:</b>				
Taxes	\$ 2,234,844	\$ 2,234,844	\$ 2,662,936	\$ 428,092
Earnings on Investments	9,000	9,000	4,629	(4,371)
Grants	75,000	75,000	-	(75,000)
Strategic Investment Plan	290,000	290,000	283,001	(6,999)
Contract Fees	210,000	210,000	230,704	20,704
Miscellaneous Income	14,000	14,000	16,132	2,132
<b>Total Receipts</b>	<u>2,832,844</u>	<u>2,832,844</u>	<u>3,197,402</u>	<u>364,558</u>
<b>DISBURSEMENTS:</b>				
Fire Department	3,558,971	3,703,971 (1)	3,129,256	574,715
Contingency	145,373	373 (1)	-	373
<b>Total Disbursements</b>	<u>3,704,344</u>	<u>3,704,344</u>	<u>3,129,256</u>	<u>575,088</u>
Excess of Receipts Over, (Under) Disbursements	(871,500)	(871,500)	68,146	939,646
<b>Other Financing Sources, (Uses):</b>				
Transfers In	189,000	189,000	189,000	-
Transfers Out	(217,500)	(217,500) (1)	(217,500)	-
<b>Total Other Financing Sources, (Uses)</b>	<u>(28,500)</u>	<u>(28,500)</u>	<u>(28,500)</u>	<u>-</u>
Net Change in Fund Balance	(900,000)	(900,000)	39,646	939,646
Beginning Fund Balance	1,000,000	1,000,000	812,618	(187,382)
Ending Fund Balance	<u>\$ 100,000</u>	<u>\$ 100,000</u>	<u>\$ 852,264</u>	<u>\$ 752,264</u>

(1) Appropriation Level

Reconciliation to Governmental Fund Balance as required by GASB #54:

Ending Fund Balance:

Length of Service Fund

Sick Leave/Unemployment Fund

115,383
84,582
<u>\$ 1,052,229</u>

## CLATSKANIE RURAL FIRE PROTECTION DISTRICT

## COLUMBIA COUNTY, OREGON

## SCHEDULE OF RECEIPTS, DISBURSEMENTS AND CHANGES IN FUND BALANCE

## ACTUAL AND BUDGET - CASH BASIS

For the Year Ended June 30, 2022

	<u>AMBULANCE FUND</u>			VARIANCE TO FINAL BUDGET POSITIVE (NEGATIVE)
	<u>ORIGINAL BUDGET</u>	<u>FINAL BUDGET</u>	<u>ACTUAL</u>	
<b>RECEIPTS:</b>				
Customer Fees	\$ 275,000	\$ 275,000	\$ 337,034	\$ 62,034
Earnings on Investments	1,000	1,000	440	(560)
Miscellaneous Income	7,500	7,500	7,200	(300)
<b>Total Receipts</b>	<b>283,500</b>	<b>283,500</b>	<b>344,674</b>	<b>61,174</b>
<b>DISBURSEMENTS:</b>				
Materials and Services	179,500	179,500 (1)	138,181	41,319
Contingency	10,000	10,000 (1)	-	10,000
<b>Total Disbursements</b>	<b>189,500</b>	<b>189,500</b>	<b>138,181</b>	<b>51,319</b>
Excess of Receipts Over, (Under) Disbursements	94,000	94,000	206,493	112,493
Other Financing Sources, (Uses):				
Transfers Out	(189,000)	(189,000) (1)	(189,000)	-
<b>Total Other Financing Sources, (Uses)</b>	<b>(189,000)</b>	<b>(189,000)</b>	<b>(189,000)</b>	<b>-</b>
Net Change in Fund Balance	(95,000)	(95,000)	17,493	112,493
Beginning Fund Balance	95,000	95,000	73,976	(21,024)
Ending Fund Balance	\$ -	\$ -	\$ 91,469	\$ 91,469

(1) Appropriation Level

## CLATSKANIE RURAL FIRE PROTECTION DISTRICT

## COLUMBIA COUNTY, OREGON

SCHEDULE OF RECEIPTS, DISBURSEMENTS AND CHANGES IN FUND BALANCE  
ACTUAL AND BUDGET - CASH BASIS

For the Year Ended June 30, 2022

EMS EQUIPMENT RESERVE FUND

	ORIGINAL BUDGET	FINAL BUDGET	ACTUAL	VARIANCE TO FINAL BUDGET POSITIVE (NEGATIVE)
<b>RECEIPTS:</b>				
Earnings on Investments	\$ 2,000	\$ 2,000	\$ 1,561	\$ (439)
Total Receipts	2,000	2,000	1,561	(439)
<b>DISBURSEMENTS:</b>				
Capital Outlay	486,500	486,500 (1)	90,871	395,629
Total Disbursements	486,500	486,500	90,871	395,629
Excess of Receipts Over, (Under) Disbursements	(484,500)	(484,500)	(89,310)	395,190
<b>Other Financing Sources, (Uses):</b>				
Transfers In	90,000	90,000	90,000	-
Total Other Financing Sources, (Uses)	90,000	90,000	90,000	-
Net Change in Fund Balance	(394,500)	(394,500)	690	395,190
Beginning Fund Balance	394,500	394,500	395,031	531
Ending Fund Balance	\$ -	\$ -	\$ 395,721	\$ 395,721

(1) Appropriation Level

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**SCHEDULE OF RECEIPTS, DISBURSEMENTS AND CHANGES IN FUND BALANCE  
ACTUAL AND BUDGET - CASH BASIS  
For the Year Ended June 30, 2022**

FIRE EQUIPMENT RESERVE FUND

	<u>ORIGINAL BUDGET</u>	<u>FINAL BUDGET</u>	<u>ACTUAL</u>	<u>VARIANCE TO FINAL BUDGET POSITIVE (NEGATIVE)</u>
<b>RECEIPTS:</b>				
Grant Receipts	\$ 5,000	\$ 5,000	\$ -	\$ (5,000)
Earnings on Investments	1,800	1,800	2,232	432
<b>Total Receipts</b>	<u>6,800</u>	<u>6,800</u>	<u>2,232</u>	<u>(4,568)</u>
<b>DISBURSEMENTS:</b>				
Capital Outlay	574,470	574,470 (1)	5,275	569,195
<b>Total Disbursements</b>	<u>574,470</u>	<u>574,470</u>	<u>5,275</u>	<u>569,195</u>
Excess of Receipts over, under Disbursements	(567,670)	(567,670)	(3,043)	564,627
<b>Other Financing Sources, (Uses):</b>				
Transfers In	112,500	112,500	112,500	-
<b>Total Other Financing Sources, (Uses)</b>	<u>112,500</u>	<u>112,500</u>	<u>112,500</u>	<u>-</u>
<b>Net Change in Fund Balance</b>	(455,170)	(455,170)	109,457	564,627
<b>Beginning Fund Balance</b>	455,170	455,170	457,000	1,830
<b>Ending Fund Balance</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 566,457</u>	<u>\$ 566,457</u>

(1) Appropriation Level

## CLATSKANIE RURAL FIRE PROTECTION DISTRICT

## COLUMBIA COUNTY, OREGON

**SCHEDULE OF RECEIPTS, DISBURSEMENTS AND CHANGES IN FUND BALANCE  
ACTUAL AND BUDGET - CASH BASIS  
For the Year Ended June 30, 2022**

SICK LEAVE/UNEMPLOYMENT RESERVE FUND

	ORIGINAL BUDGET	FINAL BUDGET	ACTUAL	VARIANCE TO FINAL BUDGET POSITIVE (NEGATIVE)
<b>RECEIPTS:</b>				
Earnings on Investments	\$ 300	\$ 300	\$ 336	\$ 36
Total Receipts	300	300	336	36
<b>DISBURSEMENTS:</b>				
Personnel Services	84,475	84,475 (1)	-	84,475
Total Disbursements	84,475	84,475	-	84,475
Excess of Receipts Over, (Under) Disbursements	(84,175)	(84,175)	336	84,511
<b>Other Financing Sources, (Uses):</b>				
Transfers In	15,000	15,000	15,000	-
Total Other Financing Sources, (Uses)	15,000	15,000	15,000	-
Net Change in Fund Balance	(69,175)	(69,175)	15,336	84,511
Beginning Fund Balance	69,175	69,175	69,246	71
Ending Fund Balance	\$ -	\$ -	\$ 84,582	\$ 84,582

(1) Appropriation Level

Note: This fund's activities have been combined with the General Fund activities in accordance with GASB #54 due to its financing resources being derived primarily from General Fund transfers.

## CLATSKANIE RURAL FIRE PROTECTION DISTRICT

## COLUMBIA COUNTY, OREGON

SCHEDULE OF RECEIPTS, DISBURSEMENTS AND CHANGES IN FUND BALANCE  
 ACTUAL AND BUDGET - CASH BASIS  
 For the Year Ended June 30, 2022

LENGTH OF SERVICE RESERVE FUND

	ORIGINAL BUDGET	FINAL BUDGET	ACTUAL	VARIANCE TO FINAL BUDGET POSITIVE (NEGATIVE)
<b>RECEIPTS:</b>				
Earnings on Investments	\$ 600	\$ 600	\$ 526	\$ (74)
Miscellaneous Income	600	600	825	225
Total Receipts	1,200	1,200	1,351	151
<b>DISBURSEMENTS:</b>				
Personnel Services	123,450	123,450 (1)	8,520	114,930
Total Disbursements	123,450	123,450	8,520	114,930
Excess of Receipts Over, (Under) Disbursements	(122,250)	(122,250)	(7,169)	115,081
Net Change in Fund Balance	(122,250)	(122,250)	(7,169)	115,081
Beginning Fund Balance	122,250	122,250	122,552	302
Ending Fund Balance	\$ -	\$ -	\$ 115,383	\$ 115,383

(1) Appropriation Level

Note: This fund's activities have been combined with the General Fund activities in accordance with GASB #54 due to its financing resources being derived primarily from General Fund transfers.

**CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
COLUMBIA COUNTY, OREGON**

**AUDITOR'S COMMENTS AND DISCLOSURES  
REQUIRED BY STATE REGULATIONS**





PAULY, ROGERS, AND CO., P.C.  
 12700 SW 72<sup>nd</sup> Ave. Tigard, OR 97223  
 (503) 620-2632 (503) 684-7523 FAX  
 www.paulyrogersandcocpas.com

October 28, 2022

### Independent Auditor's Report Required by Oregon State Regulations

We have audited the basic financial statements of the Clatskanie Rural Fire Protection District as of and for the year ended June 30, 2022, and have issued our report thereon dated October 28, 2022. We conducted our audit in accordance with auditing standards generally accepted in the United States of America.

#### Compliance

As part of obtaining reasonable assurance about whether the basic financial statements are free of material misstatement, we performed tests of compliance with certain provisions of laws, regulations, contracts, and grants, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-10-000 through 162-10-320 of the Minimum Standards for Audits of Oregon Municipal Corporations, noncompliance with which could have a direct and material effect on the determination of financial statements amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

We performed procedures to the extent we considered necessary to address the required comments and disclosures which included, but were not limited to the following:

- **Deposit of public funds with financial institutions (ORS Chapter 295)**
- **Budgets legally required (ORS Chapter 294).**
- **Insurance and fidelity bonds in force or required by law.**
- **Authorized investment of surplus funds (ORS Chapter 294).**
- **Public contracts and purchasing (ORS Chapters 279A, 279B, 279C).**

In connection with our testing nothing came to our attention that caused us to believe the Clatskanie Rural Fire Protection District was not in substantial compliance with certain provisions of laws, regulations, contracts, and grants, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-10-000 through 162-10-320 of the Minimum Standards for Audits of Oregon Municipal Corporations.

#### OAR 162-10-0230 Internal Control

In planning and performing our audit, we considered the internal controls over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the internal controls over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the internal controls over financial reporting, except for the following:

1. During our test of budget programs, we noted that the District did not designate a budget officer in accordance with ORS 294.331.

We noted matters involving the internal control structure and its operation that we consider to be significant deficiencies under standards established by the American Institute of Certified Public Accountants, which are noted in our management letter dated October 28, 2022.

This report is intended solely for the information and use of the Board of Directors and management and the Oregon Secretary of State and is not intended to be and should not be used by anyone other than these parties.



Tara M. Kamp, CPA  
PAULY, ROGERS AND CO., P.C.



# Mutual Aid Agreements

CLATSOP COUNTY AMBULANCE SERVICE AREA  
MUTUAL AID AGREEMENT  
BETWEEN MEDIX ANBULANCE SERVICE AND  
CLATSKANIE RURAL FIRE PROTECTION DISTRICT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and

WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse that other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.

Subcontract within the Clatsop County ASA

This agreement is made and entered into this 25th day of Nov. <sup>1996</sup> ~~1995~~, between the CLATSKANIE RURAL FIRE PROTECTION DISTRICT, an Oregon municipal corporation organized and operated in accordance with Oregon Revised Statutes Chapter 478, hereinafter referred to as Fire District; and MEDIX AMBULANCE SERVICE, INC., an Oregon corporation, the holder of the contract with Clatsop County for ambulance service, hereinafter known as MEDIX. This agreement shall be effective from July 1, 1995, forward regardless of its date of signing

RECITALS:

- A. WHEREAS, Clatsop County has created, designated and determined specific ambulance service area, and
- B. WHEREAS, ambulance providers strive to provide continuous Coverage for the citizens and visitors of Clatsop County, and
- C. WHEREAS, ambulance providers realize that this coverage must be provided regardless of ambulance service area borders,
- D. WHEARAS, direct call routing through PSAP 911 Astoria, is in the patients best Interest.

The aforementioned ambulance providers mutually agree that;

- 1. That the eastern portion of Clatsop County to the crest of US Highway 30 at Bradley, as marked by the summit road sign; to include the town of Westport, James River Mill at Wauna and the surrounding area will be serviced by the Fire District
- 2. It is agreed that Medix will respond into the aforementioned area upon request by Fire District, with the Same limitations as aforementioned.
- 3. The requested coverage will be continuous, and shall continue until MEDIX notifies the Fire District that MEDIX is no longer the county ASA service provider.
- 4. The provider providing the coverage shall at all times comply with all applicable State, County, and other governmental laws, ordinances, rules, and regulations.
- 5. The provider providing the requested coverage shall be solely responsible for any losses, injuries, or other damages it may cause or sustain. Fire District will indemnify and hold MEDIX and the Clatsop County harmless from any liability that might arise as a result of its activities within the geographic boundaries of Clatsop County. Fire district will provide proof of public liability insurance as required by the State Of Oregon Health Division.

6. Fire District shall be responsible for billing and collection from all patients for whom it provides services. Fire District will bill patients at the rates and for services as determined by Fire District's board of directors. A statement of rates shall be filed each year with MEDIX and Clatsop County.

7. This agreement shall be retroactively effective to July 1, 1995. It shall remain in effect until such time arises that the Fire District Cannot meet the requirements established by the County, or until such time as MEDIX is no longer the county ASA service provider..

8. It is further agreed that the Astoria PSAP 911 Center will direct the Emergency Ambulance Calls to the appropriate Service under this agreement.

APPROVED FOR CLATSKANIE RFPD TO PROVIDE SERVICE UNDER ORE 478.260(3)  
PER THIS AGREEMENT

CLATSKANINE RURAL FIRE  
PROTECTION DISTRICT

By *[Signature]* 11/25/96  
President Date  
Board of Directors

*Fire chief  
Instead of Board President*

ATTEST:

MEDIX AMBULANCE SERVICE, INC.

By *[Signature]* 12-2-96  
President Date

Secretary



*Suzette Brown*

*Current Dates*

6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

  
MEDIX Ambulance Service, Inc.

Date: 12-2-96

  
Clatskaine Rural Fire Protection District

Date: 11/25/96

**AMBULANCE SERVICE  
MUTUAL AID AGREEMENT**

Between Clatskanie RFPD and Knappa-Svensen-Burnside RFPD

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

WHEREAS the parties recognize the possibility that numerous medical responses, rescues, and/or disaster conditions could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and,

WHEREAS the Parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's district due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both Parties agree to furnish personnel and equipment to the other Party when requested, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance.
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not create any right in, or obligation to, third Parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is further agreed that both Parties will only dispatch the other Party to Emergency Medical incidents in Clatsop County in conjunction with MEDIX Ambulance Service, Inc. Incidents outside of Clatsop County will follow Mutual-aid and MCI protocols.
5. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof between the Parties, and that neither Party shall be obligated to reimburse the other for use of equipment, supplies, or personnel. During the course of rendering aid, the personnel and equipment of each Party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate



public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

- 6. Nothing in this agreement shall preclude either Party from billing any patient treated or transported according to that Party's current adopted billing schedule.
- 7. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by either Party upon thirty (30) days notice.
- 8. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

  
Clatskanie Rural Fire Protection District

1/28/00  
Date

  
Knappa Svensen Burnside Rural Fire Protection District

1/25/00  
Date

KNAPPA-SVENSEN-BURNSIDE  
RURAL FIRE PROTECTION DISTRICT

DISTRICT RADIO PROGRAM GUIDE

CH#	RX FREQ	TX FREQ	TX ENC	SCAN	PROGRAM NAME
01	158.95500	158.95500		YES	N.COUNTY F-1 (ORANGE)
02	154.26500	154.26500		YES	N.COUNTY F-2 (BLUE)
03	154.32500	154.32500		YES	N.COUNTY F-3 (BLACK)
04	154.38500	154.38500	127.3	NO	S.COUNTY F-2 (GREEN)
05	154.28000	154.28000		NO	STATE FIRE NET (YELLOW)
06	151.16000	151.16000		YES	OREGON STATE FORESTRY (2A DIRECT)
07	151.34000	151.34000	131.8	NO	OREGON STATE FORESTRY (RED NET)
08	155.22000	155.22000		YES	MEDIX AMBULANCE SERVICE
09	152.45000	152.45000	156.7	NO	MEDIX CH-15 (MEDIVAN)
10	155.79000	155.79000	179.9	YES	CLATSOP COUNTY SHERIFF
11	155.80500	155.80500	173.8	NO	CLATSOP COUNTY SEARCH & RESCUE
12	156.80000	156.80000		NO	U.S. COAST GUARD CH.16
13	157.10000	157.10000		NO	U.S. COAST GUARD CH.22A
14	156.15000	156.15000	179.9	YES	OREGON STATE POLICE STA.13
15	154.29500	154.29500		NO	CLATSKANIE FIRE TAC-1
16	158.22000	158.22000		NO	WAUNA MILL EMERGENCY OPS
17	154.13000	154.13000		NO	COLUMBIA COUNTY DISPATCH
18	155.34000	155.34000	179.9	YES	COLUMBIA MEMORIAL HOSPITAL/(OHSU)
19	155.34000	155.34000	162.2	NO	SEASIDE HOSPITAL/EMANUEL TRAUMA CENTER
20	155.34000	155.34000	156.7	NO	ST. JOHNS HOSPITAL

16 July 1999

RADIO PROGRAM GUIDE



# Knappa Fire District

January 19, 2001

## PERSONNEL AND APPARATUS RADIO NUMBERS

### Station 22A (Knappa)

- 2223 1997 Pierce/Freightliner Engine. 1000gal, 1250-gpm pump. Class A and Class B foam.
- 2231 1978 Omco/Ford Tender, 3000 gal, 650-gpm volume pumps.
- 2251 1999 Lifeline/Ford 4X4, licensed ALS ambulance.
- 2261 1993 Ford Ranger
- 2262 1988 Chevrolet Suburban 4X4
- 2271 1986 ODF/Chevrolet Brush engine, 200 gal, 120-gpm pump, class A foam.

### Station 22B (Svensen)

- 2221 1977 Western States/Ford Engine, 1000 gal, 1250-gpm pump. Class A foam.
- 2232 1982 H&W/GMC Tender, 3000 gal, 500-gpm volume pump.
- 2253 1988 ALS Rescue 4X4, Holmatro hydraulic rescue tools, airbags.

### Station 22C (Brownsmead)

- 2222 1983 Boardman/Ford Engine, 750 gal, 1000-gpm pump, class A foam.
- 2272 1993 ODF/Ford Brush engine/BLS rescue, 200gal, 120-gpm pump, class A foam.

### Officers

- |      |                          |              |               |                |
|------|--------------------------|--------------|---------------|----------------|
| 2201 | Chief Paul Olheiser      | Hm. 458-5382 | Cell 791-7911 | Pager 338-1474 |
| 2202 | Asst. Chief Tad Pedersen | Hm. 458-6580 | Cell 791-7858 | Pager 338-1032 |
| 2203 | Captain Mike Petersen    | Hm. 458-6427 | Cell 791-7154 |                |
| 2205 | Captain Ryan Weaver      | Hm. 458-6349 | Cell 791-2130 |                |
| 2206 | Captain Gary Jacobson    | Hm. 458-5160 | Cell 791-2845 |                |

## Clatskanie Rural Fire Protection District and Westport-Wauna Rural Fire Protection District

### Automatic Response Aid Agreement

This agreement is entered into by and between the undersigned Fire Agencies to enable them to provide Automatic Aid Response to each other.

Whereas, this agreement is between Clatskanie Rural Fire Protection District and Westport Wauna Rural Fire Protection District.

Whereas, ORS 190.010 allows units of local government to enter into agreements with other local government units for the performance of any and all functions and activities that each unit has authority to perform, and ORS Chapters 190, 453, 477, and 478 extend the powers and authorities of Fire Agencies beyond their boundaries when operating under this Agreement.

Whereas, it is necessary and proper for Fire Agencies to enter into Mutual Aid , Automatic Aid Response, and Emergency Assistance agreements for the mutual protection of life and property.

Whereas, Mutual Aid and Automatic Response Aid is intended to provide an immediate response.

Whereas, Automatic Response Aid means short term and immediate automatic assistance between fire agencies consisting of equipment and personnel during Emergencies. Fire Agencies have agreed prior to the incident that automatic response between two jurisdictions in certain areas encompassing either jurisdictions or where certain incidents may require more resources than one agency has. This assistance is intended to be for a period not more than twelve (12) hours or the first operational period of the Emergency, whichever is less. The Lender and Borrower may mutually agree to extend Automatic Response.

Whereas, Emergency is a human-caused or natural event or circumstance within the jurisdiction of any Party causing or threatening loss of life, damage to the environment, injury to person or property, human suffering or financial loss, and the event is or is likely to be beyond the capacity of the Party in terms of personnel, equipment and facilities, and therefore requires Emergency Assistance. Events include fire, explosion, flood, severe weather, drought, earthquake, volcanic activity, spills or releases of hazardous materials, contamination, utility or transportation emergencies, disease, infestation, civil disturbance, riots, acts of terrorism or sabotage, and use of weapons of mass destruction.

### Terms and Termination

This agreement takes effect on the date of execution by Fire Agencies, and continues in effect until terminated. Either Party may terminate its participation in this Agreement at any time by giving 30 days' notice of its intention to do so to the other party. Such notice must be given to the governing body with a copy to the chief of the district or the fire agency, and will become effective upon receipt. Any terminating Party will be liable for all obligations incurred during its period of participation.

## Participation

Participation under this Agreement is voluntary and at the sole discretion of the Lender. No Party will be liable to another Party, or considered in breach or default of this Agreement, on account of any delay in or failure to provide Emergency Assistance under this Agreement. Fire Agencies agree to respond to Automatic Aid and Automatic Response and move-up procedures developed and administered by Columbia and Clatsop County Fire Defense Districts Chiefs in conformance with local emergency plans.

## The National Incident Management System

Fire Agencies agree to formally adopt and implement the standards, procedures, and protocols established within the National Incident Management System as best practice during all emergency operations.

## Type of Equipment and Personnel

Subject to the limitations of terms of participation, the Lenders agree to provide Emergency assistance to the Borrowers with the kinds and types of equipment requested, including staffing according to rules and procedures under the Oregon Fire Service Mobilization Plan. Changes to the kinds and types of equipment or personnel will be mutually agreed upon prior to response.

## Supervision

The Borrower has incident command responsibility for the Emergency incident and will establish overall supervision of the Emergency Response personnel and equipment during the Emergency.

However until officers from the Borrower arrive at the incident, the commanding officer of the Lender arriving first will assume incident command until relieved. The Lender may refuse to commit equipment and personnel when, in its sole judgment, doing so would present unreasonable risk or danger of injury or harm to the Lender employees, volunteers, equipment, or any third party.

## Automatic Response

Automatic Response is desirable between two jurisdictions in certain areas encompassing both jurisdictions or to fill the response assignment.

Automatic Response for assigning apparatus and equipment will be predetermined and agreed upon by effected fire agencies prior to programming into Computer Assisted Dispatch.

The automatic response shall be dispatched promptly and that first response by the jurisdiction requesting assistance shall not be a prerequisite to the request for or dispatch of assistance.

## Emergency Assistance

If an Emergency exceeds available Automatic Response Aid and impacts a Fire Agency to the extent that preservation of life and property require the activation of either federal or Oregon emergency laws, this Agreement remains in effect unless it conflicts with federal or Oregon Laws.

Emergency Assistance services may include, but are not limited to, incident management, firefighting, search and rescue, emergency medical services, debris removal and media relations.

## Compensation

The provision of personnel and equipment beyond the initial Operational Period is subject to compensation for the entire period of use as the Lender and Borrower may agree. The costs associated with borrowed personnel and equipment is subject to the reimbursement process outlined in this agreement.

## Contract Labor Status

Lender equipment and personnel is provided as an independent contractor of Borrower In the performance of Emergency Assistance. While performing Emergency Assistance, Lender employees will not be deemed employees of Borrower for and purpose. Wages, hours, and other terms and conditions of employment of Lender remain applicable to all of its employees who perform Emergency Assistance. Lender is solely responsible for payment of its employees, wages payroll taxes and any benefits or other compensation. Borrower is not responsible for paying any wages, benefits, taxes or other compensation to Lenders employees.

## Cost Recovery

Any cost recovery action brought by the Lender under this Agreement is between the Lender Party and the Borrower. Actions against third parties will be coordinated by the Borrower and will be governed by any applicable agreements, understandings or policies between the Borrower and third party. Lenders must provide complete documentation of all reimbursable costs, consistent with this Agreement. Cost recovery between a Lender and the Borrower must be consistent with the policies and guidelines established in the Oregon Fire Service Mobilization Plan or Agency cost recovery documents.

## Payment for Services and Assistance

To the extent budgeted funds are available; payment shall be made within 60 days. Otherwise, payment will be made as soon as funds are available, but in no event later than six months. Extension for payments may be agreed to by the parties.

## Record Keeping

Time sheets or daily logs (Unit logs or ICS 214 form) showing hours worked and equipment and materials used or provided by the Lender will be recorded on a shift by shift basis by the Lender and will be provided to the borrower as needed. If no personnel are loaned, the Lender will provide shipping records for materials and equipment, and the Borrower will provide any required documentation of use of material and equipment for state or federal reimbursement. Under all circumstances, the Borrower

remains responsible for ensuring that the amount and quality of all documentation is adequate for disaster reimbursement.

### **Compliance with Government Regulations**

Fire Agencies will comply with federal, state and local laws, codes, regulations, and ordinances applicable to the work performed under this Agreement. Fire Agencies recognize and agree that ORS Chapters 190, 401, 476, 477, and 478 extend the powers and authorities of Fire Agencies beyond their jurisdictions when operating under this Agreement.

### **INDEMNIFICATION AND LIMITATION OF LIABILITY**

#### **Indemnification**

Each party (the Lender and the Borrower) agree to indemnify and hold harmless the other party for any liabilities, claims, demands, suits, judgments, awards, fines, or penalties arising out of, as a result of, or in the course and scope of their own action or in-action resulting from, this agreement. This portion of the agreement shall conform to the liability guidelines found in Oregon Revised Statute (ORS) 30.265. Any liability under this portion of the agreement shall not exceed the limits of liability found in the Oregon Tort Claims Act, ORS 30.

#### **Activities in Bad Faith or Beyond Scope**

The Borrower is not required to indemnify, hold harmless or defend a Lender from any claim loss, harm, liability, damage, cost or expense caused by or resulting from Lenders willful misconduct or gross negligence. Likewise, the lender does not accept any liability for illegal actions by the borrower.

#### **Liability for participation**

The Borrower agrees to indemnify, hold harmless, and defend, to the fullest extent of the law, each Party to this Agreement, whose only involvement in the transaction or occurrence which is the subject of such claim, action, demand or other proceeding is the execution and approval of this Agreement.

#### **Delay / Failure to Respond**

No Party is liable to another Party, or is considered in breach or default under this agreement, for any delay or failure to perform any obligation under this Agreement.

### **No Dedication of Facilities**

No undertaking by a Party to another Party under this Agreement will constitute a dedication of the assets of such Party, or any portion thereof, to the public or to the other Party. This Agreement does not give a Party any right of ownership, possession, use or control of the assets of any other Party.

### **Litigation Procedures**

Each Party seeking to be released, indemnified, held harmless or defended under this Article for any claim shall promptly notify the Borrower of such claim, and shall not settle such claim without prior consent of Borrower, Which consent shall not be unreasonably withheld. Such Party has the right to participate in the defense of the claim to the extent of its own interest. The Lender shall cooperate and participate in legal proceedings if so requested by the Borrower.

### **Government Authority**

This Agreement is subject to laws, rules, regulations, orders, and other requirements, now or as amended of all governmental authorities having jurisdiction over the Emergencies covered by this Agreement.

### **Workers' Compensation and Employee Claims**

Lender employees, officers or agents remain employees of Lender while engaged in carrying out duties, functions or activities under this Agreement. Each Party remains responsible as employer for all taxes, assessments, fees premiums, wages, withholdings, workers' compensation and other direct and indirect compensation, benefits, and related obligations with respect to its own employees. Each Party must provide worker's compensation in compliance with Oregon statutory requirements. Fire Agencies recognize that although overall incident command supervision will usually be provided by the Borrower supervision of individual employees will be provided by their regular supervisors. The intent of this provision is to prevent the creation of "special employer" relationships under Oregon worker compensation law.

### **No Dedication of Facilities**

NO undertaking by a Party to another Party under this Agreement will constitute a dedication of the assets of such Party, or any portion thereof, to the public or to the other Party. This Agreement does not give a Party any right of ownership, possession, use or control of the assets of any other Party.

### **Relationship of the Parties**

This Automatic Aid agreement constitutes the entire agreement, though prior agreements of Fire Agencies may take precedence over certain provisions of this Agreement.

Each Party waives all claims against all other Parties for compensation for any loss, damage, personal injury, or death occurring to personnel or equipment as a consequence of its performance under this Agreement.



### **No third Party Beneficiary**

This Agreement does not create any rights in or duties to any third party, nor any liability to or standard of care in reference to any third party. This agreement does not confer any right or remedy upon any person other than Fire Agencies. This Agreement does not release or discharge any obligation or liability of any third party to any Party.

### **Successors and Assigns**

This agreement is not transferable or assignable, in whole or in part, and any Party may terminate its participation in this Agreement subject to the Terms and Termination section of this Agreement.

### **Governing Law**

This Agreement is interpreted, construed, and enforced in accordance with the laws of the State of Oregon.

### **Venue**

Any action which may rise out of this Agreement must be brought forth in the county where the Emergency occurred.

### **Waiver of Rights**

Any waiver at any time by any Party of its rights with respect to a breach of default under this Agreement, or with respect to any other matter arising in connection with this Agreement, does not constitute and will not be deemed a waiver with respect to any subsequent breach or default or other matter arising in connection with this Agreement. Any delay in asserting or enforcing any right, except those related to the statutes of limitations, will not constitute a waiver.

Each Party waives all claims against all other Parties for compensation for any loss, damage, personal injury, or death occurring to personnel or equipment as a consequence of its performance under this Agreement.

### **Severability**

If any provision of this Agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions are not affected. The rights and obligations of Fire Agencies will be construed and enforced as if the Agreement did not contain the invalid particular provision.

### **Notices**

Any notice, demand, information report, of item required, authorized, or provided for in this Agreement must be given in writing and will be deemed properly given if 1. Delivered personally, 2. Transmitted and received by telephone facsimile device and receipt confirmed by phone, 3. Transmitted by email and confirmed by telephone or 4. Sent by United States Mail, postage prepaid, to the designated representative having authority for the Party concerned.

**In Witness whereof**, each Party has caused this Agreement for Automatic Response and Emergency Assistance to be executed by a duly authorized agent as of the date of their signatures. All signatures will be executed in counterparts, using the form appearing on this page, or another execution page substantially in that at form.

**Clatskanie Rural Fire Protection District**

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**Westport Wauna Rural Fire Protection District**

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

In Witness whereof, each Party has caused this Agreement for Automatic Response and Emergency Assistance to be executed by a duly authorized agent as of the date of their signatures. All signatures will be executed in counterparts, using the form appearing on this page, or another execution page substantially in that at form.

**Clatskanie Rural Fire Protection District**

Authorized Representative: Grant Kreyser Date: 8-10-2013

Fire Chief: Steven E. Sherek Date: 8-9-2013

**Westport Wauna Rural Fire Protection District**

Authorized Representative: Daniel C. Nguyen Date: 8-28-13

Fire Chief: Mark A. Walker Date: 8-28-13

**COLUMBIA COUNTY  
MUTUAL AID AND AUTOMATIC RESPONSE EMERGENCY ASSISTANCE  
AGREEMENT**

This Agreement is entered into by and between the undersigned Fire Agencies located in Columbia County to enable them to provide Mutual Aid and Automatic Response to each other, and to specify the terms of Emergency Assistance during declared emergencies or conflagrations.

WHEREAS, This Agreement is between Fire Agencies within Columbia County and have entered into this agreement individually; and

WHEREAS, defined terms are set forth in Article II; and

WHEREAS, ORS 190.010 allows units of local government to enter into agreements with other local government units for the performance of any and all functions and activities that each unit has authority to perform, and ORS Chapters 190, 453, 476, 477 and 478 extend the powers and authorities of Fire Agencies beyond their boundaries when operating under this Agreement; and

WHEREAS, Fire Agencies recognize the likelihood that fires or Emergencies occurring within their boundaries could exceed the ability to control them with the equipment and personnel of any one agency or Fire Defense District as defined in the Oregon Fire Service Mobilization Plan; and

WHEREAS, Fire Agencies recognize the necessity to facilitate and comply with the Oregon Conflagration Act (ORS 476.510 to 476.610), and to provide immediate response under the Oregon Fire Service Mobilization Plan prior to the exercise of authority under the Conflagration Act; and

WHEREAS, it is necessary and proper for Fire Agencies to enter into Mutual Aid, Automatic Response and Emergency Assistance agreements for the mutual protection of life and property; and

WHEREAS, Mutual Aid and Automatic Response is intended to provide an immediate response under the Oregon Fire Service Mobilization Plan; and

WHEREAS, ongoing operations during declarations of emergency under ORS 401.055 or during extended operations under the Conflagration Act exceed the intent of Mutual Aid and Automatic Response; and

WHEREAS, the terms and conditions of the Emergency Assistance needed to protect life and property during extended operations needs to be defined and agreed upon by Fire Agencies.

disease, infestation, civil disturbance, riots, acts of terrorism or sabotage, and use of weapons of mass destruction.

- G. "Emergency Assistance" means employees, services, equipment, materials, or supplies offered during an Emergency by the Lender and accepted by the Borrower to assist in maintaining or restoring normal services beyond the first Operational Period of the Emergency when such service has been disrupted by the Emergency and Emergency Assistance from other Parties is necessary or advisable, as determined by the Borrower.
- H. "Lender" means a Party to this Agreement that provides Emergency Assistance to another Party under this Agreement.
- I. "Mutual Aid" means short term and immediate mutual assistance between the Parties consisting of appropriate equipment and personnel during Emergencies where assistance is requested by the Borrower. Mutual Aid is intended to be for a specific incident and not more than twelve (12) hours unless the Parties mutually agree to extend the Mutual Aid and Automatic Response.
- J. "Operational Period" means the time determined by the Incident Commander as necessary to accomplish the operational objectives assigned to personnel and equipment within safe work/rest standards set for the fire service. The initial Operational Period is event driven and unless agreed to by the Parties will not exceed twelve (12) hours.

### Article III – TERMS AND TERMINATION

Any Party may terminate its participation in this Agreement at any time by giving 30 days' notice of its intention to do so to all other Parties. Such notice must be given to the governing body with a copy to the chief of the district or the fire agency, and will become effective upon receipt.

Any terminating Party remains liable for all obligations incurred during its period of participation.

### Article IV – PARTICIPATION

Participation under this Agreement is voluntary and at the sole discretion of the Lender. No Party will be liable to another Party, or considered in breach or default of this Agreement, on account of any delay in or failure to provide Emergency Assistance under this Agreement, except to make payment as required by this Agreement. Fire Agencies agree to respond to Mutual Aid and

### Article VIII – MUTUAL AID

Requests for Mutual Aid must be addressed to the persons designated by Fire Agencies and will be provided under the terms of this Agreement.

- A. Mutual Aid will be for immediate, short duration assistance. The Borrower must release responding units as soon as assistance is no longer required.
- B. Fire Defense Chief's may assume responsibility for coordination of Mutual Aid and move-up procedures developed by the Fire Defense Board.

### Article IX – AUTOMATIC RESPONSE

Automatic Response is desirable between two jurisdictions in certain areas encompassing both jurisdictions or to fill the response assignment.

- A. Automatic Response will be for immediate, short duration assistance. The Borrower must release responding units as soon as assistance is no longer required.
- B. Automatic Response for assigning apparatus and equipment will be predetermined and agreed upon by effected fire agencies prior to programming into Computer Assisted Dispatch.
- C. The automatic response shall be dispatched promptly and that first response by the jurisdiction requesting assistance shall not be a prerequisite to the request for or dispatch of assistance

### Article X – EMERGENCY ASSISTANCE

If an Emergency exceeds available Mutual Aid and Automatic Response and impacts a Fire Agency to the extent that preservation of life and property require the activation of either federal or Oregon emergency laws, this Agreement remains in effect unless it conflicts with federal or Oregon laws.

- A. **EMERGENCY ASSISTANCE SERVICES**  
Emergency Assistance services may include, but are not limited to, incident management, firefighting, search and rescue, emergency medical services, debris removal and media relations.

## Article XI - COMPLIANCE WITH GOVERNMENT REGULATIONS

Fire Agencies will comply with federal, state and local laws, codes, regulations, and ordinances applicable to the work performed under this Agreement. Fire Agencies recognize and agree that ORS Chapters 190, 401, 476, 477 and 478 extend the powers and authorities of Fire Agencies beyond their jurisdictions when operating under this Agreement.

## Article XII – INDEMNIFICATION AND LIMITATION OF LIABILITY

### A. INDEMNIFICATION

Borrower shall indemnify and hold harmless Lenders for any actions, errors or omissions of Borrower and its directors, officers, employees, and agents in connection with the performance or nonperformance by Borrower of its duties pursuant to this Agreement. Likewise, Lenders shall indemnify and hold harmless Borrowers for any acts, errors or omissions of Lender and its directors, officers, employees and agents in connection with the performance or nonperformance by Lender of its duties pursuant to this Agreement. The foregoing indemnity obligations shall include all claims, demands, judgments, and/or reasonable attorney fees and costs incurred by the indemnified party, and shall survive the termination of this Agreement. If Borrower is a public body, the liability of the public body under this provision shall not exceed in the aggregate the amounts in the Oregon Tort Claims Act, ORS 30.270

### B. ACTIVITIES IN BAD FAITH OR BEYOND SCOPE

The Borrower is not required to indemnify, hold harmless or defend a Lender from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from Lender's willful misconduct or gross negligence.

### C. LIABILITY FOR PARTICIPATION

In the event of any liability, claim, demand, action or proceeding, of whatever kind or nature arising from Mutual Aid, Automatic Response or Emergency Assistance under this Agreement, the Borrower agrees to indemnify, hold harmless, and defend, to the fullest extent of the law, each Party to this Agreement, whose only involvement in the transaction or occurrence which is the subject of such claim, action, demand, or other proceeding, is the execution and approval of this Agreement.

### D. DELAY/FAILURE TO RESPOND

No Party is liable to another Party, or is considered in breach or default under this Agreement, for any delay or failure to perform any obligation

#### Article XVI –RELATIONSHIP OF THE PARTIES

This Agreement does not create an association, joint venture or partnership among Fire Agencies or impose any partnership obligation or liability upon any Party. No Party has any undertaking for or on behalf of, or to act or be an agent or representative of, or to otherwise bind any other Party.

Unless expressly authorized by Borrower, a Lender and its officers, employees and agents are not authorized to make any representation, enter into any agreement, waive and right, or incur any obligation in the name of, or on behalf of, or as agent for, Borrower.

#### Article XVI I– NO THIRD PARTY BENEFICIARY

This Agreement does not create any rights in or duties to any third party, nor any liability to or standard of care in reference to any third party. This Agreement does not confer any right or remedy upon any person other than Fire Agencies. This Agreement does not release or discharge any obligation or liability of any third party to any Party.

#### Article XVIII – ENTIRE AGREEMENT/REPEAL OF OTHER AGREEMENTS

This Agreement constitutes the entire agreement, though prior agreements of Fire Agencies may take precedence over certain provisions of this Agreement.

This Agreement does NOT supersede or repeal any Automatic Response agreements or pre-programmed first response agreements, hazardous materials response agreements with the State of Oregon, Mutual Aid and Automatic Response hazardous materials agreements with other State Response Teams, equipment sharing agreements, such as Nuclear, Biological and Chemical agreements with the City of Portland, or emergency planning agreements, such as the Office of Consolidated Emergency Management Cooperative Assistance Agreement, the Oregon Urban Search and Rescue Task Force Mutual Aid and Automatic Response Agreement, or agreements with ODF for provision of services beyond the first twelve (12) hours of an incident. To the extent appropriate, Fire Agencies to this Agreement will respond first under the above agreements. Emergency Assistance provided under the Oregon Emergency Conflagration Act, state and national forest fire defense plans, civil defense plans, and disaster preparedness plans are not governed by this Agreement.



by email and confirmed by telephone or (iv) sent by United States Mail, postage prepaid, to the designated representative having authority for the Party concerned.

IN WITNESS WHEREOF, each Party has caused this Agreement for Mutual Aid, Automatic Response and Emergency Assistance to be executed by a duly authorized agent as of the date of their signatures. All signatures will be executed in counterparts, using the form appearing on this page, or another execution page substantially in that form.

**Columbia County Fire Agencies**

**Clatskanie Rural Fire Protection District:**

  
Authorized Representative

3-10-10  
Date

Stewart E. Sharek  
Fire Chief

3-10-10  
Date

**Columbia River Fire and Rescue:**

  
Authorized Representative

2-9-2010  
Date

John M. Tapp  
Fire Chief

2-09-2010  
Date

**Mist-Birkenfeld Rural Fire Protection District:**

William C. Geyer  
Authorized Representative

20 Apr 10  
Date

David A. Campbell  
Fire Chief

04/20/  
Date

\_\_\_\_\_  
Unit Forester

\_\_\_\_\_  
Date

**Scappoose Rural Fire District:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

**Vernonia Rural Fire Protection District:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

## MUTUAL AID INTERGOVERNMENTAL AGREEMENT

THIS MUTUAL AID INTERGOVERNMENTAL AGREEMENT (the "Agreement") is by and between the undersigned fire protection agencies (collectively, the "Participating Agencies").

### DEFINITIONS

1. **Incident Command:** Assumption of responsibility for all incident activities, including the development of strategies and tactics and the ordering and the release of both Responding Agency and Requesting Agency resources.
2. **Requesting Agency:** Means and refers to any Party to this Agreement which suffers an incident, and which Party requests of another Party to furnish, loan and dispatch additional resources to aid such Party.
3. **Responding Agency:** Means and refers to any Party to this Agreement which has been requested by another Party to this Agreement to furnish, loan and dispatch such as equipment and personnel under the terms of this Agreement.
4. **Resources:** Means typical fire and or EMS response units (i.e., Type I Structural Engine, or Type I Aerial Ladder, or other response and support units as defined in Washington State Fire Chiefs Association Mobilization Plan and Oregon State Mobilization Plan).
5. **Incident:** Means an occurring event that requires the response of fire and emergency services to mitigate and stabilize emergent fire and life safety risks.

### RECITALS

A. The Participating Agencies are those signatory agencies listed from Columbia County, in Oregon, and those fire agencies from Cowlitz County represented by Cowlitz County Fire Chiefs Association, in Washington. Cowlitz fire agencies include: Cowlitz 1 Fire Protection District, Cowlitz 2 Fire & Rescue, Cowlitz 5 Fire Protection District, Cowlitz 6 Fire Protection District and Woodland Fire Department in Cowlitz County, Washington. Each of the parties has an interest in the control of fire, fire prevention, and other emergency support. Each of the parties owns and maintains equipment and retains personnel trained to provide service in the control of fire and other emergency support.

B. The Participating Agencies wish to work together to improve fire emergency response capabilities. The Participating Agencies agree that it is in the best interests of each of the Parties and the residents, property owners and other persons whom they serve to provide for additional Resources in response to an Incident.

C. This Agreement sets forth the terms and conditions of the mutual aid assistance that each Participating Agency offers and makes available to the other Participating Agencies to achieve that goal.

D. This Agreement acknowledges that the Participating Agencies have resources and may be able to provide support in response to an incident.

E. This Agreement is intended to supersede any previous agreements between any Participating Agency for the provision of mutual aid assistance. This Agreement does not create any separate legal or administrative entity. This Agreement shall not relieve any public agency of any obligation or responsibility imposed upon it by law. This Agreement shall remain in effect for a period of ten (10) years from the date of signing unless otherwise cancelled by the Participating Agencies as set forth in paragraph 5 below.

### AGREEMENT

1. **Terms of Aid.** A Participating Agency requiring assistance abating a fire, medical, or other emergencies located within its jurisdiction or within an area over which it exercises jurisdiction may request such assistance from another Participating Agency. The Requesting Agency need not have first responded to the emergency prior to requesting such assistance.

#### 1.1 Equipment and Personnel Provided.

(a) The minimum equipment and personnel a Responding Agency will make available to a Requesting Agency is based on the request and availability for like units. The Minimum Response Unit list will also include the Participating Agency's regular charge rates for equipment and personnel, which will be based on the current "Washington-Oregon Interagency Rate Schedule" in the event costs are or become reimbursable allowing mutual aid agencies to be compensated.

(b) All Parties acknowledge that the equipment and personnel made available under this Agreement may be periodically unavailable due to normal operating requirements. However, when any significant event occurs that affects or will affect available equipment or personnel for more than thirty (30) days, the Participating Agency experiencing such event must notify all other Parties to this Agreement. Nothing in this Agreement prohibits a Participating Agency, in its sole discretion, from providing any equipment or personnel in addition to its stated Minimum Response Unit.

(c) Nothing in this Section is intended to expand the obligations of a Responding Agency beyond those set forth in Section 1.2.

(d) All Parties acknowledge that regular ambulance services, as may be normally needed on a day to day basis, are excluded from this Mutual Aid Agreement. All Parties also acknowledge that ambulance services required for disaster or mass casualty response are included within the scope of this Agreement.

(e) All Parties acknowledge that equipment and personnel made available to a Requesting Agency shall only be used for response to the Incident. Equipment and personnel provided under this Agreement shall not be used for providing back-up coverage while the Requesting Agency responds to the Incident.

(f) All Parties acknowledge the importance of equipment compatibility and interoperability, including communications equipment, and agree to provide notice to all Parties if they substantially change their equipment so that it renders the equipment incompatible with any other party's equipment.

#### 1.2 Responding Agency Obligations.

(a) A Responding Agency will promptly furnish to a Requesting Agency such assistance as the Requesting Agency deems reasonable and necessary to successfully abate an emergency located within the Requesting Agency's jurisdiction or within an area over which the Requesting Agency exercises jurisdiction. However, a Responding Agency may, in its sole discretion, refuse to provide such assistance or withdraw from further assistance to a Requesting Agency when, at the Responding Agency's sole discretion:

(i) Such assistance would lead to an unreasonable reduction in the level of protection within the areas in which the Responding Agency normally exercises jurisdiction;

(ii) An emergency within the areas in which the Responding Agency normally exercises jurisdiction requires the response of the equipment or personnel that would otherwise respond under this Agreement;

(iii) Such assistance would unreasonably damage major equipment and/or endanger the lives of the Responding Agency's personnel; or

(iv) The Responding Party cannot comply with the provisions of Section 1.1 (a) of this Agreement.

(b) A Responding Agency will not be required to furnish assistance in excess of eight (8) hours except by supplemental written authorization from the Requesting Agency or with the Party receiving the service.

### 1.3 Requesting Agency Obligations.

(a) The Requesting Agency shall be responsible for the replacement of any special fire extinguishing agents or any other fire suppression consumable items used by a Responding Agency unless otherwise agreed upon by both Parties. All resources provided under the terms of this Agreement shall be returned to the Responding Agency upon release by the Requesting Agency or upon demand by the Responding Agency for the return of its resources. No Participating Agency shall acquire any interest in any property of any other Participating Agency by virtue of this Agreement

### 1.4 Obligations of Both the Requesting and Responding Agencies.

(a) Dispatching. The Participating Agencies will cooperate in designing, implementing, and maintaining a dispatch or communications system to allow quick and adequate response under this Agreement. Where circumstances require, requests for assistance may take any reasonable form.

(b) Incident Command System. The Participating Agencies will operate in conformance with the National Incident Management System ("NIMS").

(c) Training and Equipment. It is the responsibility of each Participating Agency:

(i) To provide adequate training on that party's own equipment and standard operating procedures; such training shall meet that party's own training requirements.

(ii) To provide adequate certification and/or licensure of their Personnel; such certification and/or licensure shall meet that party's own certification and licensure standards.

(iii) To be responsible for its own equipment and personnel and bear the risk of any loss or damage to its equipment or injury to its personnel occurring as a result of a response to a request under this Agreement.

1.5 Supervision. During response under this Agreement, the party having Incident Command responsibility for the Incident will have overall supervision, as necessary to abate the Incident, of the equipment and personnel provided under this Agreement. However, supervision of individual responding personnel, such as job performance evaluation and/or conduct issues, such as failure to perform work as directed by the party having Incident Command responsibility, will remain with the agency by which the individual is employed.

2. **Extra-Jurisdictional Operating Authority.** By entering into this Agreement, the Participating Agencies specifically authorize the provision of assistance outside their respective jurisdictional boundaries.

2.1 State of Oregon. Where applicable, the Participating Agencies acknowledge that Oregon Revised Statutes ("ORS") Chapters 190, 453, 476, and 478 extend their powers and authorities beyond their regular jurisdictions when operating under this Agreement.

2.2 State of Washington. Where applicable, the Participating Agencies acknowledge that Revised Code of Washington ("RCW") Chapters 39.34 and 52.12 extend their powers and authorities beyond their regular jurisdictions when operating under this Agreement. Parties Domiciled in the State of Washington who are a Washington Fire Protection District upon becoming a Party to this Agreement shall file a copy of the same with the county auditor as required by RCW 39.34.040.

### 3. **Waivers; Insurance; Indemnification.**

3.1 Mutual Waivers. Each Participating Agency, including its elected and appointed officials, contractors, agents and/or employees, waives all claims against the other Participating Agencies, including their elected and appointed officials, contractors, agents and/or employees, for compensation for any loss, damage, personal injury, or death, occurring to equipment and/or personnel arising out of or relating to the performance of this Agreement, unless compensation for such claims is provided for by a mechanism or program which funds cost reimbursement for mutual aid responses.

(a) The Responding Agency waives any right to any claim of lien for Resources provided for by applicable state law in the jurisdiction of the Incident, unless the Requesting Agency specifically authorizes the claim of lien.

3.2 Insurance. Each Participating Agency will obtain and maintain commercial general liability insurance or equivalent coverage, or self-insurance, covering its activities under this Agreement in the minimum of not less than \$1,000,000 per occurrence/\$2,000,000 annual aggregate.

3.3 Indemnification. The Participating Agencies agree that the party assuming Incident Command responsibility at the scene shall assume liability for and hold all other Participating Agencies and their officers, appointed officials, contractors, agents and /or employees harmless from all liabilities which arise out of command decisions or judgments. Subject to the above, each Participating Agency hereto agrees to assume responsibility for the liabilities arising out of the actions of its own personnel and to hold the other Participating Agencies hereto harmless there from as to actions relating to performance under this Agreement.

3.4 Workers' Compensation. The Parties agree that for purposes of workers' compensation coverage and benefits, each party shall provide their personnel [employees as defined in the workers' compensation law of the state of the Party's domicile] benefits for workers' compensation injuries under the laws of the state of the domicile of the Party and in compliance with any then

existing reciprocal agreements for extraterritorial coverage for workers' compensation claims between the state of the Party's domicile and the state within which the Party responds to an Incident. As provided by Oregon Law, any Party which responds to an Incident in the State of Oregon at the time of the response is either an employer that complies with ORS 656.017 or is an employer that is exempt under ORS 656.126. Participating Agencies will not respond to a request out of state unless the workers' compensation coverage provides coverage to its personnel for a response in the state of the Requesting Agency.] Where applicable, such workers' compensation coverage should be extended to volunteers. Each Participating Agency explicitly acknowledges the incident supervisory structure described in Section 1.5. This Agreement does not create any "special employer" relationships under Oregon or Washington worker's compensation laws.

3.5 No Liability for Not Responding. No liability shall be imposed upon or attached to a Party for not responding or furnishing Resources to an Incident.

#### 4. **Recordkeeping and Compensation.**

4.1 Recordkeeping. The Participating Agencies will keep records documenting all assistance provided under this Agreement, including the scope and extent of equipment and personnel committed, operating times, out-of-pocket expenses, and other costs which, but for the response under this Agreement, would not have been incurred. Upon demand, each Participating Agency may access, examine, and copy all records maintained by other Participating Agencies under this Agreement, for any purpose.

4.2 Third Party Compensation. Compensation for a response occurring under this Agreement collected from a third party shall be used to reimburse the Responding Party for its reasonable costs in responding to the Requesting Party. Such costs shall be determined by the recordkeeping of the Responding party as provided by the Responding Party's established cost or rate schedule.

4.3 No Benefits. No additional Public Employees Retirement System or Law Enforcement Officers' and Fire Fighters' Retirement System benefits will accrue under this Agreement beyond the normal accruals of the employees of Participating Agencies. Further no additional employment benefits arise under this Agreement including federal Social Security, unemployment insurance, or worker's compensation.

4.4 Except as otherwise herein specified, the Requesting Party shall not be liable for any compensation to any Responding Party for Resources provided under the terms of this Agreement.



**5. Withdrawal; Cancellation; Amendment.**

5.1 Withdrawal. Any party may withdraw from this Agreement at any time by giving thirty (30) days' written notice of its intention to do so to all other Participating Agencies.

5.2 Refusals to Perform. A Participating Agency's consistent failure to meet the requirements of this Agreement may become the basis for the immediate cancellation of the Agreement with that Participating Agency by the other Participating Agencies.

5.3 Amendment to Agreement. This Agreement may be amended from time to time as needed. Amendments must be in writing and signed by all Participating Agencies.

6. **Notices**. All notices and other communications under this Agreement must be in writing and will be deemed to have been given if delivered personally, sent by facsimile (with confirmation), electronic mail or other form of wire or wireless communication, mailed by certified mail, or delivered by an overnight delivery service (with confirmation) to the Parties at the addresses or facsimile numbers designated beneath each party's signature below (or at such other address or facsimile number as a party may designate by like notice to the other Parties". Any notice or other communication will be deemed to be given (a) on the date of personal delivery, (b) at the expiration of the third (3<sup>rd</sup>) day after the date of deposit in the United States mail, or (c) on the date of confirmed delivery by facsimile or overnight delivery service.

7. **Exhibits**. The exhibits referenced in this Agreement are a part of this Agreement as if fully set forth in this Agreement.

8. **Construction**. The captions used in this Agreement are provided for convenience only and do not affect the meaning or interpretation of any provision of this Agreement. Whenever the words include or including are used in this Agreement, they are deemed followed by the words without limitation.

9. **Entire Agreement**. This Agreement constitutes the entire agreement and understanding of the Parties with respect to the subject matter of this Agreement and supersedes all prior understandings and agreements, whether written or oral, among the Parties with respect to such subject matter.

10. **Waiver; Severability**. The party entitled to the benefit of any provision or condition under this Agreement may waive such provision or condition at any time in writing. Waiver of any breach of any provision is not a waiver of any succeeding breach of the provision or a waiver of the provision itself or any other provision. If any provision of this Agreement is invalid or unenforceable in any respect for any reason, the validity and enforceability of any such provision in any other respect and of the remaining provisions of this Agreement will not be in any way impaired.

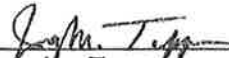
11. **Counterparts.** This Agreement may be executed in counterparts, each of which will be considered an original and all of which together will constitute one and the same agreement.

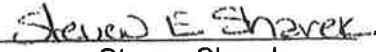
12. **Non-Exclusive Agreement.** The Parties to this agreement shall not be precluded from entering into similar agreements or first response agreements with other municipal corporations.

13. **Benefits.** This agreement is entered into for the benefit of the Parties to this agreement only and shall confer no benefits, direct or implied, on any third persons.

COLUMBIA RIVER FIRE & RESCUE

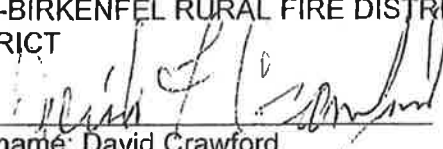
Clatskanie Rural Fire District


By:   
Print name: Jay Tappan  
Title: Fire Chief  
Date Signed: July 20, 2011

By:   
Print name: Steven Sharek  
Title: Fire Chief  
Date Signed: \_\_\_\_\_

MIST-BIRKENFEL RURAL FIRE DISTRICT DISTRICT

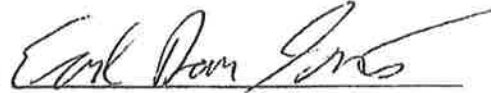
SCAPPOOSE RURAL FIRE

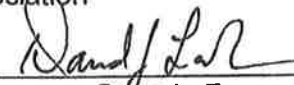
By:   
Print name: David Crawford  
Title: Fire Chief  
Date Signed: 7-21-2011

By:   
Print name: Michael Greisen  
Title: Fire Chief  
Date Signed: July 20, 2011

VERNONIA RURAL FIRE DISTRICT

Cowlitz County Fire Chiefs Association

By:   
Print name: Earl Dean Smith  
Title: Fire Chief  
Date Signed: \_\_\_\_\_

By:   
Print name: Dave LaFave  
Title: President  
Date Signed: 8/11/11

**CLATSOP AND COLUMBIA  
INTER-COUNTY MUTUAL AID AND EMERGENCY ASSISTANCE  
AGREEMENT**

This Agreement is entered into by and between the undersigned Fire District and Fire Department agencies located in Clatsop County and the undersigned Fire District agencies located in Columbia County (the "Parties") to enable them to provide inter-county Mutual Aid to each other, and to specify the terms of Emergency Assistance during declared emergencies or conflagrations.

WHEREAS, This Agreement is between Fire Agencies within Clatsop and Columbia County Fire Defense District and agencies entered into this agreement individually ; and

WHEREAS, defined terms are set forth in Article II; and

WHEREAS, ORS 190.010 allows units of local government to enter into agreements with other local government units for the performance of any and all functions and activities that each unit has authority to perform, and ORS Chapters 190, 401, 453, 455, 476, 477 and 478 extend the powers and authorities of the Parties beyond their boundaries when operating under this Agreement; and

WHEREAS, ORS 401.480 allows the state, counties, and cities, in collaboration with private agencies, to enter into cooperative assistance agreements for emergency aid and resources; and

WHEREAS, the Parties recognize the likelihood that fires or Emergencies occurring within their boundaries could exceed the ability to control them with the equipment and personnel of any one agency or Fire Defense District as defined in the Oregon Fire Service Mobilization Plan; and

WHEREAS, the parties recognize the necessity to facilitate and comply with the Oregon Conflagration Act (ORS 476.510 to 476.610), and to provide immediate response under the Oregon Fire Service Mobilization Plan prior to the exercise of authority under the Conflagration Act; and

WHEREAS, it is necessary and proper for the Parties to enter into inter-county Mutual Aid and Emergency Assistance agreements for the mutual protection of life and property; and

WHEREAS, Mutual Aid is intended to provide an immediate response under the Oregon Fire Service Mobilization Plan; and

WHEREAS, ongoing operations during declarations of emergency under ORS 401.055 or during extended operations under the Conflagration Act exceed the intent of Mutual Aid; and

WHEREAS, the terms and conditions of the Emergency Assistance needed to protect life and property during extended operations needs to be defined and agreed upon by the Parties.

NOW THEREFORE, the Parties agree as follows:

#### Article I – TERM

This Agreement takes effect on the date of execution by the Parties, and continues in effect until terminated as provided in Article III.

#### Article II – DEFINITIONS

- A. "Assistance Costs" mean any direct equipment costs and labor costs that extend beyond the first Operational Period (usual and customary costs) of the event and that are incurred by the Lender in providing any asset requested. Assistance costs will be determined according to Chapter III of the Oregon Fire Service Mobilization Plan.
- B. "Borrower" means the Party that has jurisdiction over the Emergency incident that has made a request for Emergency Response.
- C. "Contact Person(s)" means the person or persons designated by each Party to request Emergency Response or grant Emergency Response to another Party under this Agreement.
- D. "County Fire Defense District" means the association and organization of local fire agencies as ordered by the Oregon State Fire marshal and defined in the Oregon Fire Service Mobilization Plan.
- E. "Emergency" is a human-caused or natural event or circumstance within the jurisdiction of any Party causing or threatening loss of life, damage to the environment, injury to person or property, human suffering or financial loss, and the event is or is likely to be beyond the capacity of the Party in terms of personnel, equipment and facilities, and therefore requires Emergency Assistance. Events include fire, explosion, flood, severe weather, drought, earthquake, volcanic activity, spills or releases of hazardous materials, contamination, utility or transportation emergencies, disease, infestation, civil disturbance, riots, acts of terrorism or sabotage, and use of weapons of mass destruction. .

- F. "Emergency Assistance" means employees, services, equipment, materials, or supplies offered during an Emergency by the Lender and accepted by the Borrower to assist in maintaining or restoring normal services beyond the first Operational Period of the Emergency when such service has been disrupted by the Emergency and Emergency Assistance from other Parties is necessary or advisable, as determined by the Borrower.
- G. "Lender" means a Party to this Agreement that provides Emergency Assistance to another Party under this Agreement.
- H. "Mutual Aid" means short term and immediate mutual assistance between the Parties consisting of appropriate equipment and personnel during emergencies where assistance is requested by the Borrower. Mutual Aid is intended to be for a specific incident and not more than twelve (12) hours unless the Parties mutually agree to extend the Mutual Aid
- I. "Operational Period" means the time determined by the Incident Commander as necessary to accomplish the operational objectives assigned to personnel and equipment within safe work/rest standards set for the fire service. The initial Operational Periods is event driven and, unless agreed to by the Parties, will not exceed twelve (12) hours.

### Article III – TERMS AND TERMINATION

- A. Any Party may terminate its participation in this Agreement at any time by giving 30 days' notice of its intention to do so to all other Parties. Such notice must be given to the governing body with a copy to the chief of the district or the fire agency, and will become effective upon receipt.
- B. Any terminating Party remains liable for all obligations incurred during its period of participation.

### Article IV – PARTICIPATION

Participation under this Agreement is voluntary and at the sole discretion of the Lender. No Party will be liable to another Party, or considered in breach or default of this Agreement, on account of any delay in or failure to provide Emergency Assistance under this Agreement, except to make payment as required by this Agreement. The Parties agree to respond to Mutual Aid requests between their respective Fire Defense Districts under Mutual Aid and move-up procedures developed by the Fire Defense Districts as administered by their respective Fire Defense District Chiefs in conformance with the Oregon Mobilization Plan. Each Party agrees to furnish to a Borrower such assistance

as the Borrower deems reasonable and necessary to successfully abate an Emergency; provided, however, the Lender has sole discretion to refuse such request, or withdraw from a request.

#### Article V – THE NATIONAL INCIDENT MANAGEMENT SYSTEM

The parties agree to formally adopt and implement the standards, procedures and protocols established within the National Incident Management System as best practice during all emergency operations.

#### Article VI – TYPE OF EQUIPMENT AND PERSONNEL.

Subject to the limitations of Article IV, the Lenders agree to provide Emergency Assistance to the Borrowers with the kinds and types of equipment requested, including staffing according to rules and procedures under the Oregon Fire Service Mobilization Plan. Changes to the kinds and types of equipment or personnel will be mutually agreed to between the Parties prior to the response. For Mutual Aid assistance and also subject to the limitations in Article IV, the Parties agree that the Lender will provide to the Borrower personnel and equipment that is normally staffed and assigned to Emergencies and in general conformance with the Oregon Fire Service Mobilization Plan.

#### Article VII - SUPERVISION.

The Borrower has incident command responsibility for the Emergency incident and will establish overall supervision of the Emergency response personnel and equipment during the Emergency. However, until officers from the Borrower arrive at the incident, the commanding officer of the Lender arriving first will assume incident command until relieved. The Lender may refuse to commit equipment and personnel when, in its sole judgment, doing so would present unreasonable risk or danger of injury or harm to the Lender employees, volunteers, equipment, or any third party.

#### Article VIII – MUTUAL AID

Requests for Mutual Aid must be addressed to the persons designated by the Parties and will be provided under the terms of this Agreement.

## Article IX – EMERGENCY ASSISTANCE

If an Emergency exceeds available Mutual Aid and requires activation of either federal or Oregon emergency laws to preserve life or property, this Agreement remains applicable except for those provisions in this agreement that conflict with federal or Oregon emergency laws.

### A. EMERGENCY ASSISTANCE SERVICES

Emergency Assistance services may include, but are not limited to, incident management, firefighting, search and rescue, emergency medical services, debris removal and media relations.

### B. COMPENSATION

The provision of personnel and equipment beyond the initial Operational Period is subject to compensation for the entire period of use as the Lender and Borrower may agree. The costs associated with borrowed personnel and equipment is subject to the reimbursement process outlined in this Article

### C. CONTRACT LABOR STATUS

Lender equipment and personnel is provided as an independent contractor of Borrower in the performance of Emergency Assistance. While performing Emergency Assistance, Lender employees will not be deemed employees of Borrower for any purpose. Wages, hours, and other terms and conditions of employment of Lender remain applicable to all of its employees who perform Emergency Assistance. Lender is solely responsible for payment of its employees' wages, payroll taxes and any benefits or other compensation. Borrower is not responsible for paying any wages, benefits, taxes, or other compensation to Lender's employees.

### D. COST RECOVERY

Any cost recovery action brought by a Lender under this Agreement is between the Lender Party and the Borrower. Actions against third parties will be coordinated by the Borrower and will be governed by any applicable agreements, understandings, or policies between the Borrower and third party. Lenders must provide complete documentation of all reimbursable costs consistent with this Agreement. Cost recovery between a Lender and the Borrower must be consistent with the policies and guidelines established in the Oregon Fire Service Mobilization Plan.

### E. PAYMENT FOR SERVICES AND ASSISTANCE

Borrower shall pay the Lender for all valid and invoiced Assistance Costs within 180 days of receipt of invoice from Lender for all of the Emergency Assistance services provided by the Lender. Lender, in its sole discretion,

may elect to extend the repayment deadline, upon the request of Borrower. If the Lender provides equipment, supplies or parts, the Lender may accept payment of cash or in kind for the equipment, supplies or parts supplied.

F. RECORD KEEPING

Time sheets or daily logs showing hours worked and equipment and materials used or provided by the Lender will be recorded on a shift by shift basis by the Lender and will be provided to the Borrower as needed. If no personnel are loaned, the Lender will provide shipping records for materials and equipment, and the Borrower will provide any required documentation of use of material and equipment for state or federal reimbursement. Under all circumstances, the Borrower remains responsible for ensuring that the amount and quality of all documentation is adequate for disaster reimbursement.

Article X - COMPLIANCE WITH GOVERNMENT REGULATIONS

The Parties will comply with federal, state and local laws, codes, regulations, and ordinances applicable to the work performed under this Agreement. The Parties recognize and agree that ORS Chapters 190, 401, 453, 455, 476, 477 and 478 extend the powers and authorities of the Parties beyond their jurisdictions when operating under this Agreement.

Article XI – INDEMNIFICATION, INSURANCE and LIMITATIONS of LIABILITY

A. INDEMNIFICATION.

Borrower shall indemnify and hold harmless Lender for any actions, errors or omissions of Borrower and its directors, officers, employees, and agents in connection with the performance or nonperformance by Borrower of its duties pursuant to this Agreement. Likewise, Lender shall indemnify and hold harmless Borrower for any acts, errors or omissions of Lender and its directors, officers, employees and agents in connection with the performance or nonperformance by Lender of its duties pursuant to this Agreement. The foregoing indemnity obligations shall include all claims, demands, judgments, and/or reasonable attorney's fees and cost incurred by the indemnified party, and shall survive the termination of this Agreement. If Borrower is a public body, the liability of the public body under this provision shall not exceed in the aggregate the amounts in the Oregon Tort Claims Act, ORS 30.270.

B. INSURANCE.

Each party shall have liability insurance in at least the amounts of liability of public bodies provided in the Oregon Tort Claims Act ORS 30.260 -



.300, as it now exists and as it from time to time may be amended. Each party shall obtain a certificate of insurance naming every other party an additional insured for activities under this agreement, and shall provide such certificate to every other party. Such insurance shall not be cancelled without 30 days notice to every other party.

C. ACTIVITIES IN BAD FAITH OR BEYOND SCOPE.

The Borrower is not required to indemnify, hold harmless or defend a Lender from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from Lender's willful misconduct or gross negligence.

D. LIABILITY FOR PARTICIPATION.

In the event of any liability, claim, demand, action or proceeding, of whatever kind or nature arising from Mutual Aid or Emergency Assistance under this Agreement, the Borrower agrees to indemnify, hold harmless, and defend, to the fullest extent of the law, each Party to this Agreement, whose only involvement in the transaction or occurrence which is the subject of such claim, action, demand, or other proceeding, is the execution and approval of this Agreement.

E. DELAY/FAILURE TO RESPOND.

No Party is liable to another Party, or is considered in breach or default under this Agreement, for any delay or failure to perform any obligation under this Agreement, except to make payment as specified in this Agreement.

F. LITIGATION PROCEDURES.

Each Party seeking to be released, indemnified, held harmless or defended under this Article for any claim shall promptly notify the Borrower of such claim, and shall not settle such claim without prior consent of Borrower, which consent shall not be unreasonably withheld. Such Party has the right to participate in the defense of the claim to the extent of its own interest. The Lender shall cooperate and participate in legal proceedings if so requested by the Borrower.

## Article XII – GOVERNMENTAL AUTHORITY

This Agreement is subject to laws, rules, regulations, orders, and other requirements, now or as amended, of all governmental authorities having jurisdiction over the Emergencies covered by this Agreement.

### Article XIII – WORKERS' COMPENSATION AND EMPLOYEE CLAIMS

Lender employees, officers or agents remain employees of Lender while engaged in carrying out duties, functions or activities under this Agreement. Each Party remains responsible as employer for all taxes, assessments, fees, premiums, wages, withholdings, workers' compensation and other direct and indirect compensation, benefits, and related obligations with respect to its own employees. Each Party must provide worker's compensation in compliance with Oregon statutory requirements. The Parties recognize that although overall incident command supervision will usually be provided by the Borrower, supervision of individual employees will be provided by their regular supervisors. The intent of this provision is to prevent the creation of "special employer" relationships under Oregon worker compensation law.

### Article XIV – NO DEDICATION OF FACILITIES

No undertaking by a Party to another Party under this Agreement will constitute a dedication of the assets of such Party, or any portion thereof, to the public or to the other Party. This Agreement does not give a Party any right of ownership, possession, use or control of the assets of any other Party.

### Article XV – AUTHORITY

This Agreement does not create an association, joint venture or partnership among the Parties or impose any partnership obligation or liability upon any Party. No Party has any undertaking for or on behalf of, or to act or be an agent or representative of, or to otherwise bind any other Party.

Unless expressly authorized by Borrower, a Lender and its officers, employees and agents are not authorized to make any representation, enter into any agreement, waive any right, or incur any obligation in the name of, or on behalf of, or as agent for, Borrower.

### Article XVI – NO THIRD PARTY BENEFICIARY

This Agreement does not create any rights in or duties to any third party, nor any liability to or standard of care in reference to any third party. This Agreement does not confer any right or remedy upon any person other than the Parties. This Agreement does not release or discharge any obligation or liability of any third party to any Party.

#### Article XVII – ENTIRE AGREEMENT/REPEAL OF OTHER AGREEMENTS

This Agreement constitutes the entire agreement, though prior agreements of the Parties may take precedence over certain provisions of this Agreement.

This Agreement does NOT supersede or repeal any automatic aid agreements or pre-programmed first response agreements, hazardous materials response agreements with the State of Oregon, mutual aid hazardous materials agreements with other State Response Teams, equipment sharing agreements, such as Nuclear, Biological and Chemical agreements with the City of Portland, or emergency planning agreements, such as the Office of Consolidated Emergency Management Cooperative Assistance Agreement, the Oregon Urban Search and Rescue Task Force Mutual Aid Agreement, or agreements with ODF for provision of services beyond the first 12 hours of an incident. To the extent appropriate, the Parties to this Agreement will respond first under the above agreements. Emergency Assistance provided under the Oregon Emergency Conflagration Act, state and national forest fire defense plans, civil defense plans, and disaster preparedness plans are not governed by this Agreement.

#### Article XVIII – SUCCESSORS AND ASSIGNS

This Agreement is not transferable or assignable, in whole or in part, and any Party may terminate its participation in this Agreement subject to Article III.

#### Article XIX – GOVERNING LAW

This Agreement is interpreted, construed, and enforced in accordance with the laws of the State of Oregon.

#### Article XX – VENUE

Any action which may rise out of this Agreement must be brought in the county where the Emergency occurred.

#### Article XXI – WAIVER OF RIGHTS

Any waiver at any time by any Party of its rights with respect to a breach or default under this Agreement, or with respect to any other matter arising in connection with this Agreement, does not constitute and will not be deemed a waiver with respect to any subsequent breach or default or other matter arising in

connection with this Agreement. Any delay in asserting or enforcing any right, except those related to the statutes of limitations, will not constitute a waiver.

Each Party waives all claims against all other Parties for compensation for any loss, damage, personal injury, or death occurring to personnel or equipment as a consequence of its performance under this Agreement.

#### Article XXII– SEVERABILITY

If any provision of this Agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions are not affected. The rights and obligations of the Parties will be construed and enforced as if the Agreement did not contain the invalid particular provision.

#### Article XXIII – NOTICES

Any notice, demand, information, report, or item required, authorized, or provided for in this Agreement must be given in writing and will be deemed properly given if (i) delivered personally, (ii) transmitted and received by telephone facsimile device and receipt confirmed by telephone, (iii) transmitted by email and confirmed by telephone or (iv) sent by United States Mail, postage prepaid, to the designated representative having authority for the Party concerned.

IN WITNESS WHEREOF, each Party has caused this Agreement for Mutual Aid and Emergency Assistance to be executed by a duly authorized agent as of the date of their signatures. All signatures will be executed in counterparts, using the form appearing on this page, or another execution page substantially in that form.

**CLATSOP COUNTY FIRE DEFENSE BOARD**

**City of Astoria Fire Department:**

By: \_\_\_\_\_  
Mayor Date

By: \_\_\_\_\_  
City Manager Date

**Cannon Beach Rural Fire Protection District:**

By: \_\_\_\_\_  
Authorized Representative Date

By: \_\_\_\_\_  
Authorized Representative Date

**Elsie-Vinemapple Rural Fire Protection District:**

By: \_\_\_\_\_  
Authorized Representative Date

By: \_\_\_\_\_  
Authorized Representative Date

**Gearhart Volunteer Fire Department:**

By: \_\_\_\_\_  
Mayor Date

By: \_\_\_\_\_  
City Manager Date

**Hamlet Rural Fire Protection District:**

By: \_\_\_\_\_  
Authorized Representative Date

By: \_\_\_\_\_  
Authorized Representative Date

**John Day – Fernhill Rural Fire Protection District:**

By: \_\_\_\_\_  
Authorized Representative Date

By: \_\_\_\_\_  
Authorized Representative Date

**Knappa-Svensen-Burnside Rural Fire Protection District:**

By: \_\_\_\_\_  
Authorized Representative Date

By: \_\_\_\_\_  
Authorized Representative Date

**Lewis & Clark Rural Fire Protection District:**

By: \_\_\_\_\_  
Authorized Representative Date

By: \_\_\_\_\_  
Authorized Representative Date

**Olney Walluski Fire and Rescue:**

By: \_\_\_\_\_  
Authorized Representative Date

By: \_\_\_\_\_  
Authorized Representative Date



# CLATSKANIE RURAL FIRE PROTECTION DISTRICT

PO Box 807 / 280 SE Third St. Clatskanie, OR 97016  
Phone (503) 728-2025 Fax (503) 728-4388  
Email- [bholsey@clatskaniefire.org](mailto:bholsey@clatskaniefire.org)

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## Mutual Aid Columbia County

The attached Mutual Aid Agreement for Columbia County is awaiting final approval from the Fire Defense Board. I have included it due to being a pending document.

**COLUMBIA COUNTY  
MUTUAL AID AND AUTOMATIC RESPONSE EMERGENCY ASSISTANCE  
AGREEMENT**

This Agreement is entered into by and between the undersigned Fire Agencies located in Columbia County to enable them to provide Mutual Aid and Automatic Response to each other, and to specify the terms of Emergency Assistance during declared emergencies or conflagrations.

**WHEREAS**, This Agreement is between Fire Agencies within Columbia County and have entered into this agreement individually; and

**WHEREAS**, defined terms are set forth in Article II; and

**WHEREAS**, ORS 190.010 allows units of local government to enter into agreements with other local government units for the performance of any and all functions and activities that each unit has authority to perform, and ORS Chapters 190, 453, 476, 477 and 478 extend the powers and authorities of Fire Agencies beyond their boundaries when operating under this Agreement; and

**WHEREAS**, Fire Agencies recognize the likelihood that fires or Emergencies occurring within their boundaries could exceed the ability to control them with the equipment and personnel of any one agency or Fire Defense District as defined in the Oregon Fire Service Mobilization Plan; and

**WHEREAS**, Fire Agencies recognize the necessity to facilitate and comply with the Oregon Conflagration Act (ORS 476.510 to 476.610), and to provide immediate response under the Oregon Fire Service Mobilization Plan prior to the exercise of authority under the Conflagration Act; and

**WHEREAS**, it is necessary and proper for Fire Agencies to enter into Mutual Aid, Automatic Response and Emergency Assistance agreements for the mutual protection of life and property; and

**WHEREAS**, Mutual Aid and Automatic Response is intended to provide an immediate response under the Oregon Fire Service Mobilization Plan; and

**WHEREAS**, ongoing operations during declarations of emergency under ORS 401.055 or during extended operations under the Conflagration Act exceed the intent of Mutual Aid and Automatic Response; and

**WHEREAS**, the terms and conditions of the Emergency Assistance needed to protect life and property during extended operations needs to be defined and agreed upon by Fire Agencies.

**NOW THEREFORE**, Fire Agencies agree as follows:

**Article I - TERM**

This Agreement takes effect on the date of execution by Fire Agencies, and continues in effect until terminated as provided in Article III.



Article II - DEFINITIONS

- A. "Assistance Costs" means any direct equipment costs and labor costs that extend beyond the first Operational Period (usual and customary costs) of the event and that are incurred by the Lender in providing any asset requested. Assistance costs will be determined according to Chapter III of the Oregon Fire Service Mobilization Plan.
- B. "Automatic Response" means short term and immediate automatic assistance between fire agencies consisting of equipment and personnel during Emergencies. Fire Agencies have agreed prior to the incident that automatic response between two jurisdictions in certain areas encompassing either jurisdictions or where certain incidents may require more resources than one agency has. This assistance is intended to be for a period not more than six (6) hours or the first operational period of the Emergency, whichever is less. The Lender and Borrower may mutually agree to extend Automatic Response.
- C. "Borrower" means the Party that has jurisdiction over the Emergency incident that has made a request for Emergency Response.
- D. "Contact Person(s)" means the person or persons designated by each Party to request Emergency Response or grant Emergency Response to another Party under this Agreement.
- E. "County Fire Defense District" means the association and organization of local fire agencies as ordered by the Oregon State Fire Marshal and defined in the Oregon Fire Service Mobilization Plan.
- F. "Emergency" is a human-caused or natural event or circumstance within the jurisdiction of any Party causing or threatening loss of life, damage to the environment, injury to person or property, human suffering or financial loss, and the event is or is likely to be beyond the capacity of the Party in terms of personnel, equipment and facilities, and therefore requires Emergency Assistance. Events include fire, explosion, flood, severe weather, drought, earthquake, volcanic activity, spills or releases of hazardous materials, contamination, utility or transportation emergencies, disease, infestation, civil disturbance, riots, acts of terrorism or sabotage, and use of weapons of mass destruction.
- G. "Emergency Assistance" means employees, services, equipment, materials, or supplies offered during an Emergency by the Lender and accepted by the Borrower to assist in maintaining or restoring normal services beyond the first Operational Period of the Emergency when such service has been disrupted by the Emergency and Emergency Assistance from other Parties is necessary or advisable, as determined by the Borrower.
- H. "Lender" means a Party to this Agreement that provides Emergency Assistance to another Party under this Agreement.
- I. "Mutual Aid" means short term and immediate mutual assistance between the Parties consisting of appropriate equipment and personnel during Emergencies where assistance is requested by the Borrower. Mutual Aid is intended to be for a specific incident and not more than six (6) hours unless the Parties mutually agree to extend the Mutual Aid and Automatic Response.
- J. "Operational Period" means the time determined by the Incident Commander as necessary to accomplish the operational objectives assigned to personnel and equipment within safe work/rest standards set for the fire service. The initial Operational Period is event driven and unless agreed to by the Parties will not exceed six (6) hours.

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**Article III - TERMS AND TERMINATION**

Any Party may terminate its participation in this Agreement at any time by giving 30 days' notice of its intention to do so to all other Parties. Such notice must be given to the governing body with a copy to the chief of the district or the fire agency, and will become effective upon receipt.

Any terminating Party remains liable for all obligations incurred during its period of participation.

**Article IV- PARTICIPATION**

Participation under this Agreement is voluntary and at the sole discretion of the Lender. No Party will be liable to another Party, or considered in breach or default of this Agreement, on account of any delay in or failure to provide Emergency Assistance under this Agreement, except to make payment as required by this Agreement. Fire Agencies agree to respond to Mutual Aid and

Automatic Response requests between their respective Fire Agencies under Mutual Aid and Automatic Response and move-up procedures developed and administered by Columbia County Fire Defense District Chiefs in conformance with local emergency plans and the Oregon Mobilization Plan. Each Party agrees to furnish to a Borrower such assistance as the Borrower deems reasonable and necessary to successfully abate an Emergency; provided, however, the Lender has sole discretion to refuse such request, or withdraw from a request.

**Article V - THE NATIONAL INCIDENT MANAGEMENT SYSTEM AND NATIONAL RESPONSE FRAMEWORK**

Fire Agencies agree to formally adopt and implement the standards, procedures and protocols established within the National Incident Management System and ESF#4 of the National Response Framework as best practice during all emergency operations.

**Article VI - TYPE OF EQUIPMENT AND PERSONNEL**

Subject to the limitations of Article IV, the Lenders agree to provide Emergency Assistance to the Borrowers with the kinds and types of equipment requested, including staffing according to rules and procedures under the Oregon Fire Service Mobilization Plan. Changes to the kinds and types of equipment or personnel will be mutually agreed upon prior to the response. For Mutual Aid and Automatic Response assistance and also subject to the limitations in Article IV, Fire Agencies agree that the Lender will provide to the Borrower personnel and equipment that is normally staffed and assigned to Emergencies and is in general conformance with the Oregon Fire Service Mobilization Plan.

**Article VII - SUPERVISION**

The Borrower has incident command responsibility for the Emergency incident and will establish overall supervision of the Emergency response personnel and equipment during the Emergency. However, until officers from the Borrower arrive at the incident, the commanding officer of the Lender arriving first will assume incident command until relieved. The Lender may refuse to commit equipment and personnel when, in its sole judgment, doing so would present unreasonable risk or danger of injury or harm to the Lender employees, volunteers, equipment, or any third party.

**Article VIII - MUTUAL AID**

Requests for Mutual Aid must be addressed to the persons designated by Fire Agencies and will be provided under the terms of this Agreement.

- A. Mutual Aid will be for immediate, short duration assistance. The Borrower must release responding units as soon as assistance is no longer required.
- B. Fire Defense Chief's may assume responsibility for coordination of Mutual Aid and move-up procedures developed by the Fire Defense Board.

**Article IX-AUTOMATIC RESPONSE**

Automatic Response is desirable between two jurisdictions in certain areas encompassing both jurisdictions or to fill the response assignment.

- A. Automatic Response will be for immediate, short duration assistance. The Borrower must release responding units as soon as assistance is no longer required.
- B. Automatic Response for assigning apparatus and equipment will be predetermined and agreed upon by effected fire agencies prior to programming into Computer Assisted Dispatch.
- C. The automatic response shall be dispatched promptly and that first response by the jurisdiction requesting assistance shall not be a prerequisite to the request for or dispatch of assistance

**Article X- EMERGENCY ASSISTANCE**

If an Emergency exceeds available Mutual Aid and Automatic Response and impacts a Fire Agency to the extent that preservation of life and property require the activation of either federal or Oregon emergency laws, this Agreement remains in effect unless it conflicts with federal or Oregon laws.

- A. **EMERGENCY ASSISTANCE SERVICES**  
Emergency Assistance services may include, but are not limited to, incident management, firefighting, search and rescue, emergency medical services, debris removal and media relations.
- B. **COMPENSATION**  
The provision of personnel and equipment beyond the initial Operational Period is subject to compensation for the entire period of use as the Lender and Borrower may agree. The costs associated with borrowed personnel and equipment is subject to the reimbursement process outlined in this Article.
- C. **CONTRACT LABOR STATUS**  
Lender equipment and personnel is provided as an independent contractor of Borrower in the performance of Emergency Assistance. While performing Emergency Assistance, Lender employees will not be deemed employees of Borrower for any purpose. Wages, hours, and other terms and conditions of employment of Lender remain applicable to all of its employees who perform Emergency Assistance. Lender is solely responsible for payment of its employees' wages, payroll taxes and any benefits or other compensation. Borrower is not responsible for paying any wages, benefits, taxes, or other compensation to Lender's employees.

**D. COST RECOVERY**

Any cost recovery action brought by a Lender under this Agreement is between the Lender Party and the Borrower. Actions against third parties will be coordinated by the Borrower and will be governed by any applicable agreements, understandings, or policies between the Borrower and third party. Lenders must provide complete documentation of all reimbursable costs consistent with this Agreement. Cost recovery between a Lender and the Borrower must be consistent with the policies and guidelines established in the Oregon Fire Service Mobilization Plan.

**E. PAYMENT FOR SERVICES AND ASSISTANCE**

To the extent budgeted funds are available; payment shall be made within 60 days. Otherwise, payment will be made as soon as funds are available, but in no event later than six months. Extension for payments may be agreed to by the parties.

**F. RECORD KEEPING**

Time sheets or daily logs (unit logs or ICS form 214) showing hours worked and equipment and materials used or provided by the Lender will be recorded on a shift-by-shift basis by the Lender and will be provided to the Borrower as needed. If no personnel are loaned, the Lender will provide shipping records for materials and equipment, and the Borrower will provide any required documentation of use of material and equipment for state or federal reimbursement. Under all circumstances, the Borrower remains responsible for ensuring that the amount and quality of all documentation is adequate for disaster reimbursement.

**Article XI - COMPLIANCE WITH GOVERNMENT REGULATIONS**

Fire Agencies will comply with federal, state and local laws, codes, regulations, and ordinances applicable to the work performed under this Agreement. Fire Agencies recognize and agree that ORS Chapters 190, 401, 476, 477 and 478 extend the powers and authorities of Fire Agencies beyond their jurisdictions when operating under this Agreement.

**Article XII - INDEMNIFICATION AND LIMITATION OF LIABILITY****A. INDEMNIFICATION**

Borrower shall indemnify and hold harmless Lenders for any actions, errors or omissions of Borrower and its directors, officers, employees, and agents in connection with the performance or nonperformance by Borrower of its duties pursuant to this Agreement. Likewise, Lenders shall indemnify and hold harmless Borrowers for any acts, errors or omissions of Lender and its directors, officers, employees and agents in connection with the performance or nonperformance by Lender of its duties pursuant to this Agreement. The foregoing indemnity obligations shall include all claims, demands, judgments, and/or reasonable attorney fees and costs incurred by the indemnified party, and shall survive the termination of this Agreement. If Borrower is a public body, the liability of the public body under this provision shall not exceed in the aggregate the amounts in the Oregon Tort Claims Act, ORS 30.270

**B. ACTIVITIES IN BAD FAITH OR BEYOND SCOPE**

The Borrower is not required to indemnify, hold harmless or defend a Lender from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from Lender's willful misconduct or gross negligence.

**C. LIABILITY FOR PARTICIPATION**

In the event of any liability, claim, demand, action or proceeding, of whatever kind or nature arising from Mutual Aid, Automatic Response or Emergency Assistance under this Agreement, the Borrower agrees to indemnify, hold harmless, and defend, to the fullest extent of the law, each Party to this Agreement, whose only involvement in the transaction or occurrence which is the subject of such claim, action, demand, or other proceeding, is the execution and approval of this Agreement.

**D. DELAY/FAILURE TO RESPOND**

No Party is liable to another Party, or is considered in breach or default under this Agreement, for any delay or failure to perform any obligation under this Agreement, except to make payment as specified in this Agreement.

**E. LITIGATION PROCEDURES**

Each Party seeking to be released, indemnified, held harmless or defended under this Article for any claim shall promptly notify the Borrower of such claim, and shall not settle such claim without prior consent of Borrower, which consent shall not be unreasonably withheld. Such Party has the right to participate in the defense of the claim to the extent of its own interest. The Lender shall cooperate and participate in legal proceedings if so requested by the Borrower.

**Article XIII- GOVERNMENTAL AUTHORITY**

This Agreement is subject to laws, rules, regulations, orders, and other requirements, now or as amended, of all governmental authorities having jurisdiction over the Emergencies covered by this Agreement.

**Article XIV-WORKERS' COMPENSATION AND EMPLOYEE CLAIMS**

Lender employees, officers or agents remain employees of Lender while engaged in carrying out duties, functions or activities under this Agreement. Each Party remains responsible as employer for all taxes, assessments, fees, premiums, wages, withholdings, workers' compensation and other direct and indirect compensation, benefits, and related obligations with respect to its own employees. Each Party must provide worker's compensation in compliance with Oregon statutory requirements. Fire Agencies recognize that although overall incident command supervision will usually be provided by the Borrower, supervision of individual employees will be provided by their regular supervisors. The intent of this provision is to prevent the creation of "special employer" relationships under Oregon worker compensation law.

**Article XV- NO DEDICATION OF FACILITIES**

No undertaking by a Party to another Party under this Agreement will constitute a dedication of the assets of such Party, or any portion thereof, to the public or to the other Party. This Agreement does not give a Party any right of ownership, possession, use or control of the assets of any other Party.

**Article XVI -RELATIONSHIP OF THE PARTIES**

This Agreement does not create an association, joint venture or partnership among Fire Agencies or impose any partnership obligation or liability upon any Party. No Party has any undertaking for or on behalf of, or to act or be an agent or representative of, or to otherwise bind any other Party.

Unless expressly authorized by Borrower, a Lender and its officers, employees and agents are not authorized to make any representation, enter into any agreement, waive and right, or incur any obligation in the name of, or on behalf of, or as agent for, Borrower.

**Article XVII- NO THIRD-PARTY BENEFICIARY**

This Agreement does not create any rights in or duties to any third party, nor any liability to or standard of care in reference to any third party. This Agreement does not confer any right or remedy upon any person other than Fire Agencies. This Agreement does not release or discharge any obligation or liability of any third party to any Party.

**Article XVIII - ENTIRE AGREEMENT/REPEAL OF OTHER AGREEMENTS**

This Agreement constitutes the entire agreement, though prior agreements of Fire Agencies may take precedence over certain provisions of this Agreement.

This Agreement does NOT supersede or repeal any Automatic Response agreements or pre-programmed first response agreements, hazardous materials response agreements with the State of Oregon, Mutual Aid and Automatic Response hazardous materials agreements with other State Response Teams, equipment sharing agreements, such as. Nuclear, Biological and Chemical agreements with the City of Portland, or emergency planning agreements, such as the Office of Consolidated Emergency Management Cooperative Assistance Agreement, the Oregon Urban Search and Rescue Task Force Mutual Aid and Automatic Response Agreement, or agreements with ODF for provision of services beyond the first twelve (12) hours of an incident. To the extent appropriate, Fire Agencies to this Agreement will respond first under the above agreements. Emergency Assistance provided under the Oregon Emergency Conflagration Act, state and national forest fire defense plans, civil defense plans, and disaster preparedness plans are not governed by this Agreement.

**Article XIX- SUCCESSORS AND ASSIGNS**

This Agreement is not transferable or assignable, in whole or in part, and any Party may terminate its participation in this Agreement subject to Article III.

**Article XX- GOVERNING LAW**

This Agreement is interpreted, construed, and enforced in accordance with the laws of the State of Oregon.

**Article XXI - VENUE**

Any action which may rise out of this Agreement must be brought forth in the county where the Emergency occurred.

**Article XXII- WAIVER OF RIGHTS**

Any waiver at any time by any Party of its rights with respect to a breach or default under this Agreement, or with respect to any other matter arising in connection with this Agreement, does not constitute and will not be deemed a waiver with respect to any subsequent breach or default or other matter arising in connection with this Agreement. Any delay in asserting or enforcing any right, except those related to the statutes of limitations, will not constitute a waiver.

Each Party waives all claims against all other Parties for compensation for any loss, damage, personal injury, or death occurring to personnel or equipment as a consequence of its performance under this Agreement.

**Article XXIII - SEVERABILITY**

If any provision of this Agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions are not affected. The rights and obligations of Fire Agencies will be construed and enforced as if the Agreement did not contain the invalid particular provision.

**Article XXIV - NOTICES**

Any notice, demand, information, report, or item required, authorized, or provided for in this Agreement must be given in writing and will be deemed properly given if (i) delivered personally, (ii) transmitted and received by telephone facsimile device and receipt confirmed by telephone, (iii) transmitted by email and confirmed by telephone or (iv) sent by United States Mail, postage prepaid, to the designated representative having authority for the Party concerned.

IN WITNESS WHEREOF, each Party has caused this Agreement for Mutual Aid, Automatic Response and Emergency Assistance to be executed by a duly authorized agent as of the date of their signatures. All signatures will be executed in counterparts, using the form appearing on this page, or another execution page substantially in that form.

### **Columbia County Fire Agencies**

Clatskanie Fire District

Columbia River Fire & Rescue

Mist Birkenfeld Fire District

Oregon Department of Forestry

Sauvie Island Fire District

Scappoose Fire District

Vernonia Fire District







Agent of record is WHA Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> WHA Insurance Agency 2930 Chad Drive  Eugene OR 97408		<b>CONTACT NAME:</b> Jealica Bomberger <b>PHONE (A/C, No, Ext):</b> (800) 852-6140 <b>FAX (A/C, No):</b> (541) 342-3786 <b>E-MAIL ADDRESS:</b> bomberger@whainsurance.com	
<b>INSURED</b> Clatskanie RFPD PO Box 807  Clatskanie OR 97016		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Special Districts Assoc of OR <b>INSURER B:</b> Genesis Insurance Company <b>INSURER C:</b> SAIF Corporation <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		NAIC #	1119
		36196	

**COVERAGES**

CERTIFICATE NUMBER: 2024 - 2025

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A/B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			39P52044	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ No Limit PRODUCTS - COMP/OP AGG \$ \$
A/B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			39P52044	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Auto Liability \$ 4,500,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		100055728	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance Certificate: ASA contract

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Jealica Bomberger</i>

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SDIS Liability Coverage Declaration

SDIS Trust Number: 0000014-011

Coverage Period: 1/1/2024 through 12/31/2024

**Named Participant**  
 Clatskanie R.F.P.D.  
 PO Box 807  
 Clatskanie, OR 97018

**Agent of Record**  
 WHA Insurance  
 2930 Chad Dr  
 Eugene, OR 97408

SDIS Liability Coverage	Description	Limit <sup>(1)</sup>	Deductible <sup>(2) (3)</sup>
	Per Occurrence Limit of Liability	\$5,000,000	None
	Per Wrongful Act Limit of Liability	\$5,000,000	None
	Annual Aggregate Limit of Liability	No Limit Except As Outlined Below	None

Additional Coverages: List only includes sublimited Additional Coverages. Unless indicated in Section III Additional Coverages, of the SDIS Liability Coverage Document, the following limits are not added to the above identified Limit(s) of Liability.


Coverage	Limit <sup>(4)</sup>	Participant Limit <sup>(5)</sup>	All Participants Limit <sup>(5)</sup>	Deductible	Contribution
Ethics Complaint Defense Costs	\$5,000	\$5,000		None	Included
EEOC/BOLI Defense Costs	\$5,000,000			None	Included
Limited Pollution Coverage	\$250,000	\$250,000		None	Included
Injunctive Relief Defense Costs	\$25,000	\$25,000	Not Applicable <sup>(7)</sup>	None	Included
Criminal Defense Costs	\$100,000	\$100,000	\$500,000	None	Included
Premises Medical Expense	\$5,000	\$5,000		None	Included
Fungal Pathogens (Mold) Defense Costs	\$100,000	\$100,000		None	Included
Applicators Pollution Coverage	\$50,000	\$50,000		None	Included
Lead Sublimit Defense Costs	\$50,000	\$50,000	\$200,000	None	Included
Marine Salvage Expense Reimbursement	\$250,000	\$250,000		None	Included
Communicable Disease Defense	\$50,000	\$50,000	\$2,000,000	None	Included
				<b>Total Contribution:</b>	<b>\$14,616</b>

Reference

- (1) Subject to a \$25,000,000 maximum limit for all SDIS Trust Participants involved in the same Occurrence or Wrongful Act.
- (2) Subject to a \$10,000 controlled burn deductible for failure to follow DPSST guidelines.
- (3) Subject to a \$25,000 Employment Practices Deductible when SDIS not contacted for legal advice prior to termination.
- (4) Named Participant's maximum limit per Occurrence or Wrongful Act.
- (5) Named Participant's maximum limit for the Coverage Period.
- (6) Maximum limit of coverage for all SDIS Trust Participants for the Coverage Period. Does not apply to Injunctive Relief Defense Costs (7).
- (7) Maximum limit of coverage for all SDIS Trust Participants involved in the same Occurrence or Wrongful Act, is \$100,000.

Forms applicable to Named Participant: SDIS Liability Coverage Document - 01/01/2024

This certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Liability Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Liability Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:   
 Authorized Representative  
 Property and Casualty Coverage for Education Trust

Date: January 01, 2024



## Auto Liability and Auto Physical Damage Coverage Declarations

Certificate Number: 39P52044-801

Coverage Period: 1/1/2024 through 12/31/2024

**Named Participant**

Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

**Agent of Record**

WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

Coverage is only provided for those coverages indicated below for which a contribution is shown.

**Auto Liability**

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Liability	\$500,000	None	\$5,761
Non-Owned/ Hired Auto Liability	\$500,000	None	\$175

Applicable Coverage Document: SDIS Auto Liability Coverage Document January 1, 2024

**Auto Physical Damage**

Coverage	Per Accident Limit of Liability	Deductible	Contribution
Auto Physical Damage	Per Schedule	Per Schedule	\$15,821
Hired Auto Physical Damage	\$50,000	\$100/\$500*	\$164

Applicable Coverage Document: SDIS Auto Physical Damage Coverage Document January 1, 2024

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Auto Liability Coverage Document and SDIS Auto Physical Damage Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:

Date: January 01, 2024

Authorized Representative  
Special Districts Insurance Services

\* If two deductibles are displayed (ie: \$100/\$200), the first applies to Comprehensive Coverage and the second Collision Coverage.



**Property Coverage Declarations**

Policy Number: 20240000000000000000

Coverage Period: 1/1/2024 to 12/31/2024

**Named Participant**

Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

**Agent of Record**

WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

**Scheduled Property Values**

- \$5,590,707 Buildings, Other Structures and Scheduled Outdoor Property
- \$286,405 Personal Property
- \$910,075 Mobile Equipment, Scheduled Personal Property and Scheduled Fine Arts

**Total Limit of Indemnification (Per Occurrence)**

- \$6,787,187 The Trust shall not pay, or be liable for more than the Total Limit of Indemnification in any single "occurrence" during the Property Coverage Period, including all related costs and expenses, all costs of investigation, adjustment and payment of claims, but excluding the salaries of your regular employees and counsel on retainer.
- \$300,000,000 SDIS Per Occurrence Aggregate Loss Limit

**Sublimits (Per Occurrence)**

The subjects of coverage listed below are sub-limited within the above shown "Total Limit of Indemnification (Per Occurrence)". The Limits reflect the maximum amount the Trust will pay for losses involving these coverages. The titles below are provided merely for convenience of reference and shall not be deemed in any way to limit or affect the provisions to which they relate.

**Covered Property**

*Section VIII - Covered Property in the SDIS Property Coverage Document*

- \$250,000 Personal Property of Others within your Care, Custody, or Control, other than Mobile Equipment
- \$100,000 Property of Employees/Volunteers (subject to a \$5,000 maximum per person)
- \$100,000 Mobile Equipment of others that is within your Care, Custody or Control or Rented or Leased for up to 30 days
- \$10,000 Unscheduled Fine Arts (Fine Art may be specifically scheduled for higher limits)

**Additional Coverages**

*Section X - Additional Coverages in the SDIS Property Coverage Document*

- \$5,000,000 Debris Removal  
*Sublimit is \$5,000,000 or 25% of the covered portion of the loss, whichever is less.*
- \$50,000 Pollutant Clean-up and Removal from Land or Water  
*Sublimit is \$50,000 or 20% of the scheduled location(s) value, whichever is less.*
- \$10,000 Fungus as a Result of a "Covered Cause of Loss"  
*Sublimit is \$10,000 or 10% of the covered portion of the loss, whichever is less.*
- \$10,000 Preservation of Undamaged Covered Property  
*Sublimit is \$10,000 or 10% of the covered portion of the loss, whichever is less.*

- \$250,000 Professional Services  
*Sublimit is \$250,000 or 10% of the covered portion of the loss, whichever is less.*
- \$25,000 Fire Department Service Charge
- \$10,000 Recharging of Fire Extinguishing Equipment
- \$10,000 Arson Reward
- \$5,000,000 Increased Cost of Construction - Enforcement of Ordinance or Law  
*Sublimit is \$5,000,000 or 25% of the covered portion of the loss, whichever is less.*
- \$500,000 Increased Cost of Construction - Cost Resulting from Unforeseen Delay  
*Sublimit is \$500,000 or 25% of the covered portion of the loss, whichever is less.*
- \$500,000 Expenses for Restoration or Modification of Landscaping, Roadways, Paved Surfaces and Underground Utilities  
*Sublimit is \$500,000 or 25% of the covered portion of the loss, whichever is less.*

**Additional Coverages - Business Income and Extra Expense**

*Section XI - Additional Coverages - Business Income and Extra Expense in the SDIS Property Coverage Document*

- \$1,000,000 Business Income
- \$1,000,000 Extra Expense
- \$25,000 Enforcement of Order by Government Agency or Authority
- \$25,000 Business Income from Dependent Property
- \$100,000 Interruption of Utility Services
- \$25,000 Inability to Discharge Outgoing Sewage

**Coverage Extensions**

*Section XII - Coverage Extensions in the SDIS Property Coverage Document*

- \$2,000,000 Property in the Course of Construction  
*If you have not complied with all of the notification requirements set forth in Section XII.A, within 90 days, the most the Trust will pay for property in the Course of Construction is \$500,000. If after 90 days you have not complied with all the notification requirements set forth in Section XII.A, then no coverage will be provided for property in the Course of Construction.*
- \$500,000 Newly Acquired or Constructed Property  
*No coverage will be provided for newly acquired or constructed property unless you notify the Trust in writing no later than 90 days after the dates specified in section XII.A.*
- \$25,000 Unscheduled Outdoor Property
- \$250,000 Malicious Mischief or Vandalism to Tracks and Artificial Turf Fields
- \$250,000 Property in Transit
- \$250,000 Accounts Receivable
- \$50,000 Property Damaged by Overflow of Sewers or Drains
- \$100,000 Covered Leasehold Interest  
*Sublimit is lesser of amount listed here or an amount prorated based on time between the Loss and the earlier of: Lease Expiration, Re-occupancy of leased property, or lease of new property.*
- \$250,000 Valuable Papers and Records  
*Sublimit is lesser of: Cost to research, restore and replace the lost information; Actual Cash Value in its blank state of the damaged or destroyed paper, tape or other media if records are not actually researched, restored or replaced; or the amount of the sublimit listed here.*
- \$25,000 Data Storage Media
- \$250,000 Miscellaneous Property Damaged by Specified Cause of Loss or Theft  
*Sublimit lesser of: Appraised Value, Fair Market Value, or Sublimit listed here.*
- \$6,787,187 Property Damaged by an Act of Terrorism or Sabotage  
*The most the Trust will pay for Property Damaged by an Act of Terrorism or Sabotage is described in Section XII.K.9.*



**Additional Sublimits**

*Sublimits showing below, if any, are in addition to the sublimits shown above.*

**Locations Covered**

Locations that are specifically listed on the Named Participant's Property Schedule.

**Perils Covered**

Risks of Direct Physical Loss subject to the terms, conditions and exclusions of the current SDIS Property Coverage Document.

**Deductibles**

As indicated on the Schedule of Property Values on file with the Trust.

**Contribution**

\$17,742

Applicable Coverage Document: SDIS Property Coverage Document - January 1, 2024

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This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the applicable SDIS Property Coverage Document. This Certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions apply as described in the SDIS Property Coverage Document. Reference the current SDIS Property Coverage Document for complete terms and conditions.

Countersigned by:



Date: Monday, January 01, 2024

Authorized Representative  
Special Districts Insurance Services



## Earth Movement Endorsement

Certificate Number: 39P52044-511

Coverage Period: 1/1/2024 through 12/31/2024

**Named Participant**

Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

**Agent of Record**

WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

PLEASE CAREFULLY REVIEW THE ENDORSEMENT AS IT WILL MODIFY AND AMEND THE PROPERTY COVERAGE DOCUMENT.

As consideration for an additional contribution paid by the Named Participant, in the amount of \$4,123, the Property Coverage Document will be amended by adding the following to Section XII. COVERAGE EXTENSIONS:

**L. Extension of Coverage for Property Damaged by Earth Movement**

Subject to the additional conditions and limitations set forth below, we will indemnify you for direct physical loss or damage to Covered Property caused by or resulting from earth movement that occurs on premises listed on the Schedule of Property Values on file with the Trust.


1. This Coverage Extension is subject to per-occurrence deductibles as follows:
  - a. The deductible shall be no less than the greater of:
    - (1) \$5,000;
    - (2) Two percent (2%) of the actual cash value of the Covered Property damaged by earth movement in a single occurrence on premises listed on the Schedule of Property Values on file with the Trust; or
    - (3) The Deductible stated in the Declarations.
  - b. The deductible shall be no more than the greater of:
    - (1) \$50,000; or
    - (2) The Deductible stated in the Declarations.
2. For the purposes of this Coverage Extension only, earth movement means:
  - a. Sudden and accidental earthquake, seaquake, shock, tremor, landslide, submarine landslide, avalanche, subsidence, sinkhole, collapse, mud flow, rock fall, volcanic activity, or any similar seismic activity, resulting in cracking, crumbling, lateral movement, rising, shifting, settling, sinking, or upheaval of land;
  - b. Flood that would not have occurred but for tsunami caused by, resulting from, or arising out of earth movement, regardless of any other cause or event that contributes concurrently or in any sequence to such flood; and
  - c. Collapse directly caused by earth movement.
3. Earth Movement does not mean, and we will not indemnify you or anyone else for, damage caused by, resulting from, or consisting of:
  - a. Gradual cracking, crumbling, horizontal, lateral or vertical movement, rising, shifting, settling, sinking, or upheaval of land, occurring over a period of fourteen or more days, caused by, exacerbated by, or arising out of artificial means or artificially created soil conditions, including contraction, corrosion, erosion, excessive or insufficient moisture, expansion, freezing, improperly compacted soil, insufficient fill, liquefaction, slope instability, slumping, subsidence, or thawing;
  - b. Gradual cracking, crumbling, horizontal, lateral or vertical movement, rising, shifting, settling, sinking, or upheaval of land, occurring over a period of fourteen or more days, caused by, exacerbated by, or arising out of underground activity of animals, vegetation, or water; or
  - c. Any water movement or flood, except for flood that would not have occurred but for tsunami caused by, resulting from, or arising out of earth movement as described in section XII.L.2.

- 4. All Earth Movement that occurs within a 72-hour period will constitute a single occurrence.
- 5. This Coverage Extension does not apply, and we will not indemnify you for any damage or loss caused by or resulting from earth movement, unless the damaged Covered Property is expressly identified on the Schedule of Property Values on file with the Trust as having coverage for earth movement.
- 6. This Coverage Extension does not apply, and we will not indemnify you for any damage or loss caused by or resulting from earth movement, unless the damage or loss occurs during the Property Coverage Period, and is discovered and reported to the Trust by you within one year of the ending date of the Property Coverage Period.
- 7. This Coverage Extension does not apply, and we will not indemnify you for any damage or loss caused by or resulting from earth movement, unless you notify us as soon as reasonably possible after the earth movement occurs and allow us to inspect the damaged Covered Property prior to making any repairs or replacing the damaged or destroyed Covered Property.
- 8. Indemnification under this Coverage Extension is subject to the following limits:
  - a. The most we will pay under this Coverage Extension for all damage or loss sustained by the Named Participant in any single occurrence is \$8,787,187;
  - b. The most we will pay under this Coverage Extension for all damage or loss sustained by the Named Participant during the Coverage Period, is an Annual Aggregate Loss Limit of \$8,787,187;
  - c. The SDIS Per-Occurrence Aggregate Loss Limit;
  - d. An SDIS Annual Aggregate Loss Limit of \$300,000,000 for all damage or loss caused by, resulting from, or arising out of earth movement, flood, or both.
- 9. Any amounts paid under this Coverage Extension are included in, subject to, and not in any event in addition to, the Total Limit of Indemnification stated in the Declarations.

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This Endorsement amends Section XII, Coverage Extensions of the Property Coverage Document only, and does not modify, amend, waive or otherwise affect any of the other terms, conditions, limitations, exceptions, or exclusions of the Property Coverage Document.

This certificate is made and is mutually accepted by the Trust and the Named Participant subject to all provisions, stipulations, and agreements of the applicable SDIS Property Coverage Document that it amends. Reference the applicable SDIS Property Coverage Document, as amended by this and any other applicable endorsements, for complete terms and conditions.

Countersigned by:   
 Authorized Representative  
 Special Districts Insurance Services

Date: Monday, January 01, 2024



## Flood Endorsement

Certificate Number: 39P82044-511

Coverage Period: 1/1/2024 through 12/31/2024

**Named Participant**

Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

**Agent of Record**

WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

PLEASE CAREFULLY REVIEW THE ENDORSEMENT AS IT WILL MODIFY AND AMEND THE PROPERTY COVERAGE DOCUMENT.

As consideration for an additional contribution paid by the Named Participant, in the amount of \$1,950, the Property Coverage Document is amended by adding the following to Section XII. COVERAGE EXTENSIONS:

**III. Extension of Coverage for Property Damaged by Flood**

Subject to the additional conditions and limitations set forth below, we will indemnify you for direct physical loss or damage to Covered Property caused by or resulting from flood, including collapse directly caused by flood, that occurs on premises listed on the Schedule of Property Values on file with the Trust.


i. This Coverage Extension is subject to per-occurrence deductibles as follows:

- a. If the damaged Covered Property is not a waterway structure and is located, either partially or wholly, within a federally designated 100-year or greater Special Flood Hazard Area ("SFHA"), as defined by the Federal Emergency Management Agency ("FEMA"), at the time of the occurrence, then the deductible shall be:
  - (1) \$500,000 per occurrence for damage to each covered building, other structure, outdoor property and scheduled outdoor property listed on the Schedule of Property Values on file with the Trust;
  - (2) \$500,000 per occurrence for damage to covered personal property, scheduled personal property, fine arts and scheduled fine arts located within each covered building, other structure, outdoor property and scheduled outdoor property listed on the Schedule of Property Values on file with the Trust; and
  - (3) \$500,000 per occurrence for damage to covered mobile equipment and scheduled mobile equipment listed on the Schedule of Property Values on file with the Trust.
- b. If the damaged Covered Property is not a waterway structure and is located wholly outside of a federally designated 100-year or greater Special Flood Hazard Area ("SFHA"), as defined by the Federal Emergency Management Agency ("FEMA"), at the time of the occurrence, then the deductible shall be:
  - (1) no less than the greater of:
    - (a) \$5,000;
    - (b) two percent (2%) of the actual cash value of the Covered Property damaged by flood in a single occurrence on the premises listed on the Schedule of Property Values on file with the Trust; or
    - (c) the Deductible stated in the Declarations; and
  - (2) no more than the greater of:
    - (a) \$50,000; or
    - (b) the Deductible stated in the Declarations.
- c. If the damaged Covered Property is a waterway structure then the deductible shall be:
  - (1) \$100,000 per occurrence for damage to each waterway structure listed on the Schedule of Property Values on file with the Trust; and
  - (2) \$100,000 per occurrence for damage to covered personal property, scheduled personal property, fine arts and scheduled fine arts located within, on or attached to, each covered waterway structure listed on the Schedule of Property Values on file with the Trust.

2. All Flood including collapse directly caused by flood, that occurs within a 72-hour period will constitute a single occurrence.
3. Whether or not damaged Covered Property is located, either partially or wholly, within a federally designated 100-year or greater SFHA, as defined by FEMA, at the time of occurrence, will be determined solely by reference to FEMA Flood Maps and the FEMA Flood Map Service Center, regardless of any previous information, estimate, or designation provided the Named Participant or appearing in the Declarations.
4. This Coverage Extension does not apply, and we will not indemnify you for any damage or loss caused by or resulting from flood, including collapse directly caused by flood, unless the damaged Covered Property is expressly identified on the Schedule of Property Values on file with the Trust as having coverage for flood.
5. This Coverage Extension does not apply, and we will not indemnify you for any damage or loss caused by or resulting from flood, including collapse directly caused by flood, unless the damage or loss occurs during the Property Coverage Period, and is discovered and reported to the Trust by you during the Property Coverage Period.
6. This Coverage Extension does not apply, and we will not indemnify you for any damage or loss caused by or resulting from flood, including collapse directly caused by flood, unless you notify us as soon as reasonably possible after the flood occurs and allow us to inspect the damaged Covered Property prior to making any repairs or replacing the damaged or destroyed Covered Property.
7. This Coverage Extension does not apply, and we will not indemnify you or anyone else for, any damage or loss to waterway structures located within five miles of the Oregon Coast, whether or not expressly identified as Covered Property, caused by, exacerbated by, or arising out of flood unless damage or loss by flood is caused by a storm surge which occurs over a period of less than 72 hours.
  - a. For the purposes of this Coverage Extension only, waterway structures are defined as boardwalks, bridges, bulkheads, dams, dikes, docks, levees, piers, pilings, seawalls, wharves, breakwater and similar structures located on, in, or over water, and their corresponding appurtenances and accessories.
  - b. Storm Surge is defined as an abnormal rise of water generated by a storm, over and above the predicted astronomical tide as determined by the National Oceanic and Atmospheric Administration (NOAA).
8. Indemnification under this Coverage Extension is subject to the following limits:
  - a. The most we will pay under this Coverage Extension for all damage or loss sustained by the Named Participant in any single occurrence is \$6,787,187;
  - b. The most we will pay under this Coverage Extension for all damage or loss sustained by the Named Participant during the Coverage Period, is an Annual Aggregate Loss Limit of \$6,787,187;
  - c. The SDIS Per-Occurrence Aggregate Loss Limit; ;
  - d. An SDIS Annual Aggregate Loss Limit of \$50,000,000 for all damage or loss to Coverage Property located, either partially or wholly, within a federally designated 100-year or greater SFHA as defined by FEMA.
  - e. An SDIS Annual Aggregate Loss Limit of \$300,000,000 for all damage or loss caused by, resulting from, or arising out of earth movement, flood, or both.
9. Any amounts paid under this Coverage Extension are included in, subject to, and not in any event in addition to, the Total Limit of Indemnification stated in the Declarations.

This Endorsement amends Section XII, Coverage Extensions of the Property Coverage Document only, and does not modify, amend, waive or otherwise affect any of the other terms, conditions, limitations, exceptions, or exclusions of the Property Coverage Document.

This certificate is made and is mutually accepted by the Trust and the Named Participant subject to all provisions, stipulations, and agreements of the applicable SDIS Property Coverage Document that it amends. Reference the applicable SDIS Property Coverage Document, as amended by this and any other applicable endorsements, for complete terms and conditions.

Countersigned by:   
 Authorized Representative  
 Special Districts Insurance Services

Date: Monday, January 01, 2024



**Equipment Breakdown/ Boiler and Machinery Coverage Summary**

Insured by the Travelers Casualty and Surety Company of America **TRAVELERS**

Travelers Policy Number: EMEL-ETS1613A

Coverage Period: 1/1/2024 through 12/31/2024

**Named Participant:**  
Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

**Agent of Record:**  
WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

<b>Covered Equipment:</b>	"Covered Equipment" as defined in the Coverage Form, located at Covered Property listed and specifically described on the Schedule of Property Values on file with the Trust (SDIS).	
<b>Limit of Insurance</b>	\$6,787,187	The most we will pay for any and all coverages for loss or damage from any "One Breakdown."
<b>Sub Limits</b>	\$1,000,000	Business Income/ Extra Expense (excludes any Named Participant generating electrical power for which a survey has not been completed and accepted by Travelers Casualty and Surety Company of America)
	365 Days	Ordinary Payroll
	\$1,000,000	Utility Interruption - (Indirect - Business Income)
	\$250,000	Utility Interruption - (Direct - Spoilage Damage)
	\$1,000,000	Contingent Business Income/ Extra Expense
	\$1,000,000	Spoilage
	\$10,000,000	Expediting Expense
	\$1,000,000	Ammonia Contamination
	\$1,000,000	Water Damage
	\$1,000,000	Hazardous Substances
	\$15,000 / 30 days	Fungus, Wet and Dry Rot
	\$1,000,000	Media and Data
	\$1,000,000	Green Upgrades
	\$2,500,000	Ordinance or Law: Demolition and Increased Cost of Construction for Undamaged Portion of Building
	No Sublimit	Newly Acquired Locations - 120 Day reporting
	Included	Brands and Labels
	Included	CFC Refrigerants
	Included	Computer Equipment
<b>Deductibles:</b>	\$1,000	Direct Damage Deductible from any "One Breakdown" - <b>Except as follows:</b>
	\$10/KVA - \$10,000 minimum	Transformers and Secondary Miscellaneous Electrical Apparatus (MEA)
	\$30/KVA - \$10,000 minimum	Internal Combustion Engines, Generator Units and Turbines
	\$10,000 combined	Spoilage Damage/ Ammonia Contamination
	24 Hours	Business Income and Extra Expense Waiting Period - No Power Generation
	30 Days	Business Income and Extra Expense Waiting Period - With Power Generation
	24 Hours	Utility Interruption 24 hour waiting period - Indirect
	\$5,000	Utility Interruption Direct Deductible
<b>Locations</b>	Per Special Districts Insurance Services (SDIS) Covered Property listed and specifically described on the Schedule of Property Values on file with the Trust (SDIS)	
<b>Contribution</b>	\$1,779	

This document provides a brief summary of Equipment Breakdown Coverage from Travelers Casualty and Surety Company of America (Travelers) and in-no-way replaces or supersedes the Travelers policy or coverage terms. Please refer to the Travelers Equipment Breakdown Protection Coverage Form for detailed coverages, exclusions and conditions that may apply.

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## Comprehensive Crime Coverage Summary

Insured by Travelers Casualty and Surety Company of America **TRAVELERS**

Travelers Policy Number: 105870359

Coverage Period: 1/1/2016 through 12/31/2016

**Named Participant**Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016**Agent of Record**WHA Insurance  
2930 Chad Dr  
Eugene, OR 97406

This summary is a coverage descriptions intended to provide important information about the protection available to the referenced insured under the Crime Master Policy (the "Master Policy"). Keep this coverage description for your records. This coverage description is not an insurance policy and does not amend, extend or alter coverage afforded by the Master Policy described herein. The insurance afforded by the Master Policy as described herein is subject to all the terms, exclusions and conditions of such Master Policy. The period is specified in the Master Policy.

The Master Policy has been issued to: Special Districts Insurance Services Trust - see attached Schedule of Named Insured's listed per spreadsheet List of Special Districts Members, Schedule Limits and Retentions. Address: 727 Center Street NE, Salem, Oregon, 97301. Policy Number 105870359 Underwritten by: Travelers Casualty and Surety Company of America, Hartford, CT 06183 ("Travelers") to provide insurance to an Insured for as described in this Certificate.

<u>Reference</u>	<u>Coverage (For Any One Loss)</u>	<u>Limit</u>	<u>Retention</u>
A1.	Employee Theft - Per Loss Includes Faithful Performance of Duty, same limit as A1, CRI-7126 Non-Compensated Officers, Directors-includes Volunteer Workers as employees, Deletion of Bonded Employee and Treasurer/ Tax Collectors Exclusion - CRI-19044	\$1,000,000	\$10,000
A2.	ERISA Fidelity - same limit as A.1 (CRI-19044)	\$1,000,000	\$10,000
B.	Forgery or Alteration	\$1,000,000	\$10,000
C.	On Premises	\$1,000,000	\$10,000
D.	In Transit	\$1,000,000	\$10,000
E.	Money Order Counterfeit Currency	\$1,000,000	\$10,000
F1.	Computer Fraud	\$1,000,000	\$10,000
F2.	Computer Restoration - same limit as A1 or maximum limit of \$100,000	\$100,000	\$1,000
G.	Funds Transfer Fraud	\$1,000,000	\$10,000
H1.	Personal Accounts Forgery or Alteration - same limit as A.1	\$1,000,000	\$10,000
H2.	Identity Fraud Expense Reimbursement - same limit as A1 or maximum of \$25,000	\$25,000	\$0
CRI-19070	Social Engineering Fraud - same limit as A1 or maximum of \$250,000	\$250,000	\$10,000
I.	Claims Expense	\$5,000	\$0
CRI-7072	Third Party Entity Funds Coverage	Not Covered	Not Covered

Contribution: \$1,419

This document provides a brief summary of Crime Coverage from Travelers Casualty and Surety Company of America (Travelers) and in-no-way replaces or supersedes the Travelers policy or coverage terms. Please refer to the Travelers Crime Coverage Form for detailed coverages, exclusions and conditions that may apply.



### SDIS Cyber Coverage Declarations

Policy Number: 89PS2044-511

Coverage Period: 1/1/2024 through 12/31/2024

**Named Participant**


Clatskanie R.F.P.D.  
PO Box 807  
Clatskanie, OR 97016

**Agent of Record**

WHA Insurance  
2930 Chad Dr  
Eugene, OR 97408

Cyber Total Aggregate Limit of Liability	\$150,000
First Party Coverage's Sublimit of Liability	\$50,000
First Party Coverage Includes:	
Network Interruption	
Event Management	
Cyber Extortion	
Data Restoration	
Computer and Legal Experts	
Public Relations	
Business Income	
Third Party Liability Coverage's Sublimit of Liability	\$100,000
Third Party Coverage Includes:	
Security Failure or Privacy Event	
Media Content	
Regulatory Action	
SDIS Trust Cyber Annual Aggregate Limit of Liability	\$5,000,000
SDIS Member Contribution	included
Applicable Coverage Document: SDIS Cyber Coverage Document, effective January 1, 2024	

This Certificate is made and is mutually accepted by the Trust and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDIS Cyber Coverage Document. This certificate only represents a brief and incomplete summary of coverage. Other conditions and exclusions applies described in the SDIS Cyber Coverage Document. Titles are provided for convenience of reference and shall not be deemed to in any way to limit or affect the provisions to which they relate.

Countersigned by:   
Authorized Representative  
Special Districts Insurance Services

Date: Monday, January 01, 2024



**COLUMBIA COUNTY**  
Public Health



ST. HELENS, OR 97051  
230 Strand St.  
Direct (503) 397-7247  
columbiacountyor.gov

October 29, 2024

Columbia County Board of Commissioners  
230 Strand Street  
St. Helens, OR 97051

Dear Commissioners:

This letter contains my recommendations of franchise awards for ambulance services in my position as the Ambulance Service Area Administrator. I submit these recommendations to you for your consideration pursuant to Columbia County Ordinance 2024-1, the Columbia County Ambulance Service Area (ASA) Plan and RFP #S-C00055-00010854.

Between July 1 – September 2, 2024, Columbia County conducted a public notice application process to solicit applications to provide ambulance services. Columbia County regulates ambulance services through its Ambulance Service Area Plan.

Seven Ambulance Service Areas (ASA's) are defined in the Plan with franchises to be established for six of them. Pursuant Ordinance 2024-1, I must submit my recommendation to the Board within 90 days after the applications have been received.

Applications were received from five entities. Applications were submitted by all current ASA franchise holders. I, as the Columbia County Ambulance Service Area Administrator, along with a review committee, reviewed all applications and determined that the applications were responsive to the terms of the procurement. There were no contested (more than one applicant) applications for any Ambulance Service Area.

After reviewing the six applications and taking into account the recent performance of the applicant agencies in providing ambulance services in their ASA within the terms of their current franchises, I recommend the following:

1. I recommend that the Columbia County Board of Commissioners approve a new five-year franchise (with two additional five-year renewals upon satisfactory performance) for the following five entities:

Columbia County Board of Commissioners  
October 29, 2024  
Page 2 of 2

<b>Agency</b>	<b>ASA #</b>
Scappoose Rural Fire District	2
Columbia River Fire & Rescue	3
Columbia River Fire & Rescue	4
Clatskanie Rural Fire Protection District	5
Mist-Birkenfeld Rural Fire Protection District	6
MetroWest	7

These entities completed the application process and have demonstrated the ability to provide consistent ambulance services as proposed in their application. I recommend as a condition of the franchises above that each applicant be required to enter into a franchise agreement in the County's format.

Sincerely,



Jaime Aanensen  
Director of Public Health  
Columbia County ASA Administrator