

FILED 450  
FEB 20 2015  
TASSI O'NEIL  
COUNTY CLERK

BEFORE THE BOARD OF COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

In the Matter of Establishing Ambulance )  
Service Areas; Setting Application Fees; )  
Assigning Ambulance Service Providers; )  
Creating an Emergency Medical ) ORDINANCE NO. 41  
Services Council; Providing for ) AS AMENDED February 18,  
Administration, Enforcement and ) 2015  
Penalties; and Prescribing Effective Dates; )

The Board of Commissioners for Tillamook County ordains as follows:

Section 1. Title

This ordinance shall be known as the "Tillamook County Emergency Medical Service ordinance", and it may be cited and pleaded, and shall be cited herein as "this ordinance."

Section 2. Authority

This ordinance is enacted pursuant to ORS 682.205, 682.275 and ORS 203.035.

Section 3. Policy and Purpose

The Board of Commissioners finds:

A. That ORS 682.205 requires Tillamook County to develop and adopt a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.

B. That this ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each Ambulance Service Area (ASA), and which establishes the Tillamook County Emergency Medical Services Council, together with the document known as the Tillamook County Ambulance Service Area Plan (ASA Plan), attached hereto as Exhibit "A" and incorporated herein by this reference, make up the complete plan for ambulance service within Tillamook County and its incorporated cities.

Section 4. Definitions

A. For the purpose of this ordinance, words used in the present tense include the future, the singular number includes the plural, the word "shall" is mandatory and not directory, and the term "this ordinance" shall be deemed to include all amendments hereafter made to this ordinance.

B. The words and phrases in this ordinance shall have the meaning provided elsewhere in this ordinance, (the ASA Plan), in ORS Chapter 682 and OAR Chapter 333, Divisions

250, 255, 260 and 265, unless specifically defined in this section to have a different meaning.

C. Other specific definitions include:

Annual Call Volume. The number of emergency responses dispatched by the Tillamook County 9-1-1 during the prior calendar year.

Section 5. Exemptions

This ordinance shall not apply to:

A. Ambulances owned by or operated under the control of the United States Government.

B. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality is unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.

C. Vehicles operated solely on private property within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.

D. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

Section 6. Compliance

A. Upon the effective date of this ordinance, no person shall operate or allow to be operated an emergency ambulance in Tillamook County unless an Ambulance Service Area has been assigned to that person pursuant to this ordinance.

B. Upon the effective date of this ordinance, no person shall provide or allow to be provided emergency ambulance services in violation of this ordinance or the Tillamook County Ambulance Service Area Plan.

Section 7. Ambulance Service Areas

For the efficient and effective provision of ambulance services in accordance with the Tillamook County Ambulance Service Area Plan, the ambulance service areas shown on the map in Section 4.1 of the ASA Plan, are hereby adopted as the Ambulance Service Areas for Tillamook County. The Board of Commissioners, by the adoption of an order, may adjust the boundaries of the Ambulance Service Areas from time to time as necessary to provide efficient and effective ambulance services.

Section 8. Existing Ambulance Service Providers

Persons who meet the requirements of Section 7.2 of the ASA Plan and who were

providing service on the effective date of this ordinance shall be authorized to provide ambulance service for the ASA they were serving on the effective date of this ordinance and may continue providing such service until such time as the Board completes the provider selection process, described in Section 7.2 of the ASA Plan, and assigns a provider for the ASA.

Section 9. Application for Ambulance Service Area

A. Any person desiring to provide ambulance services within Tillamook County beginning July 1, 2020 shall submit a notice of intent to be assigned an Ambulance Service Area not less than 60 days prior to July 1, 2020. The provider selection and application process shall be as set forth in Section 7.2 of the ASA Plan.

B. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the Board of Commissioners shall set a time by which applications must be submitted for reassignment of the Ambulance Service Area and publish notice of such vacancy and the due date for applications. The review of the application and assignment of the Ambulance Service Area shall be in accordance with Section 7.2 of the ASA Plan and the assignment shall be for the remainder of the term unless otherwise specified by the Board of Commissioners.

C. Not less than fifteen (15) days prior to the date for a public hearing before the Board on an assignment or reassignment of an Ambulance Service Area, the Board shall cause notice of such date, time and place of the public hearing to be published at least once in a newspaper of general circulation in Tillamook County.

Section 10. Application for Reassignment of Ambulance Service Area.

In addition to the requirements contained in Section 7.2 of the ASA Plan, any person desiring to make application for reassignment of an ASA shall also provide the following:

A. A detailed summary of how the proposed change will improve patient care, including but not limited to ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.

B. Evidence that the call volume in the ASA is sufficient to support the service to be provided or evidence of additional funding sufficient to support the required level of service.

C. Information, in the form of run logs, medical records, physician advisory correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.

Section 11. Duties of Ambulance Service Provider

Upon assignment of an Ambulance Service Area to a person in accordance with this ordinance, the person providing ambulance service:

A. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance, the Tillamook County Ambulance

Service Area Plan and dispatch protocols.

B. Shall not fail or refuse to respond to an emergency call for service if the person's ambulance is available for service.

C. Shall not respond outside its assigned Ambulance Service Area except:

1. when a request for a specific ambulance service provider is made by the person calling for the ambulance and the request does not indicate an emergency response.

2. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond and the person is requested by the other provider or 9-1-1 dispatch to respond; or

3. when the response is for supplemental assistance or mutual aid.

D. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the Board of Commissioners. The written notice shall include an application for reassignment of the Ambulance Service Area submitted by the transferee.

E. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving one hundred twenty (120) days written notice to the Board of Commissioners.

F. Shall comply with the requirements for ASA boundaries, coordination of ambulance services and standards for service. Compliance with these requirements may be determined by any one or combination of the following: as part of the provider selection process, the application of Quality Improvement standards, compliance with the ASA Plan generally and Section 7.2 of the Plan specifically, and the execution of mutual aid agreements.

G. Shall comply with the standards for effective delivery of pre-hospital care at a reasonable cost to the consumer. Compliance with these requirements will be determined as part of the provider selection process and may also be determined for existing providers by Board review. The rates for Ambulance charges to patients are subject to review by the Board, and upon request of the Board the provider shall submit documentation to support such rates. In the event the Board finds such rates to be inequitable and the provider fails or refuses to moderate such rates to the Board's satisfaction, the Board may open the service area for reassignment under the procedures established in Section 7.2 of the ASA Plan.

H. Shall not permit or allow an RN to perform pre-hospital emergency care in conjunction with an ambulance or quick response team unless the RN is certified at the EMT level at which the RN wishes to perform, or the RN is currently certified in

Advanced Cardiac Life Support and has completed a Prehospital or Basic Trauma Life Support course, a Pediatric Advanced Life Support course and be certified by the physician advisor for the ambulance service for which the RN wishes to perform. This subsection does not apply to emergency inter-hospital patient transport.

I. Shall cooperate with the EMS Council and QI Coordinator. Such cooperation shall include but is not limited to, appearance before the Council when requested, submitting ambulance run sheets to the QI Coordinator when requested by the QI Coordinator and providing such other information as requested as part of a QI review. Failure to provide such cooperation may be taken into account when considering renewal of an existing ASA.

J. Shall provide to the EMS Council upon request a written system for 24 hour coverage that includes a procedure for notifying 9-1-1 when the ambulance is not available for service.

Section 12. Corrective Actions, Suspension or Revocation of Assignment

A. Upon a recommendation by the Tillamook County EMS Council, QI Coordinator or upon its own motion, the Board of Commissioners may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:

1. willfully violated provisions of this ordinance, the Tillamook County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
2. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.

B. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the Board may order that the violation be corrected and make the suspension or revocation contingent upon noncompliance with the order within the period of time stated therein. Notice of the Board action shall be provided to provider which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the provider fails to take corrective action within the time required, the Board shall notify the provider that the assignment is suspended or revoked upon receipt of the notice.

C. At such time that the EMS Council finds that there is evidence that a provider is not in compliance with minimum standards, the EMS Council may transmit its documented findings to the QI Coordinator, who shall present the findings to the Board together with the Council's recommended corrective actions.

D. Upon a revocation or vacation of an assigned ASA, the Board will negotiate with adjoining providers for interim coverage of the vacated ASA until reselection and reassignment can be completed.

E. As soon as practical, the Board shall advertise the ASA vacancy and request proposals and conduct review and reassignment under the procedures contained in Section 10 of this ordinance and Section 7.2 of the ASA Plan.

### Section 13. Appeal

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension of an Ambulance Service Area may request a hearing before the Board of Commissioners by filing with the Board of Commissioners a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the Board of Commissioners unless the Board of Commissioners make a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The Board of Commissioners shall set a time and place for a hearing which shall be denovo on the record or a full denovo hearing, as determined by the Board. Within fourteen (14) days after the conclusion of the hearing, the Board shall affirm, reverse or modify its original decision.

### Section 14. Emergency Medical Services Advisory Council

A. There is hereby created a Tillamook County Emergency Medical Services Advisory Council, the membership of which is set forth in the Tillamook County ASA Plan Section 5.8. The membership, powers, duties and authority shall be as set forth in the Section 5.8 of the ASA Plan.

B. The Council shall develop and implement a quality improvement program to ensure compliance with the Tillamook County ASA Plan. As part of this program the Council shall develop, promulgate and periodically update as required, Quality Improvement Standards for adoption by the Board of Commissioners as a part of the ASA Plan.

### Section 15. Initial Responder

A. Nothing in this ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this section.

B. The first arriving unit will establish command. In scenes involving multiple patients, vehicular accidents or otherwise complex incidents, the incident command system shall be implemented and adhered to.

C. The initial responder shall be a municipal corporation or a special district within Tillamook County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.

D. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be responsible for the continuation of emergency medical services pursuant to the standing orders applicable to the provider.

E. In the event an ambulance service provider is unable to reach the scene the initial responder may transport a patient after radio or telephone communication and consent from a medical resource facility if such communication is reasonably possible.

#### Section 16. Penalties

A. Any person who violates any provision of this ordinance is guilty of a violation. Failure from day to day to comply with the terms of this ordinance shall be a separate offense for each such day. Failure to comply with any provision of this ordinance shall be a separate offense for each such provision.

B. Violations of the provisions of this ordinance are punishable, upon conviction by a fine of not more than Five Hundred (\$500) Dollars for a non-continuing offense, i.e., an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e., an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this ordinance is punishable by a fine of not more than Five Hundred (\$500) Dollars per day up to the maximum of One Thousand (\$1,000) Dollars as provided by law.

#### Section 17. Nuisance

In addition to penalties provided by Section 16, violation of any of the provisions of this ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. This Ordinance shall also be enforceable by OR-EMS in a proceeding in Circuit Court for equitable relief.

#### Section 18. Repeal of Inconsistent Ordinances

All other Tillamook County ordinances or orders that are inconsistent herewith are hereby repealed.

#### Section 19. Severance Clause

If any section, subsection, provision, clause or paragraph of this ordinance shall be adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect the validity of the remaining portions of this ordinance; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

#### Section 20. Effective Date of Ordinance.


This ordinance shall become effective 90 days following adoption by the Board.

Adopted the 18th day of February, 2015.

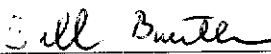
First Reading: February 4, 2015

Second Reading: February 18, 2015

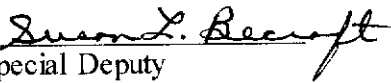
**THE BOARD OF COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON**

  
\_\_\_\_\_  
Tim Josi, Chair

\_\_\_\_\_  
Mark Labhart, Vice-Chair

  
\_\_\_\_\_  
Bill Baertlein, Commissioner

ATTEST: Tassi O'Neil,  
County Clerk

By:   
Special Deputy

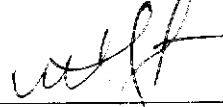
Date: February 18, 2015

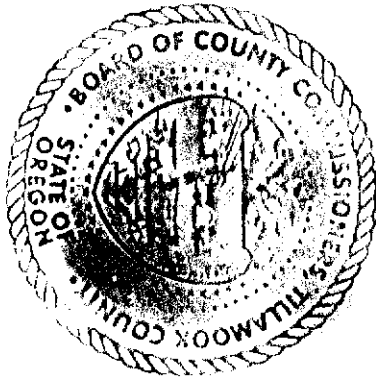
Aye	Nay	Abstain/absent
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APPROVED AS TO FORM:

  
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William K. Sargent,  
County Counsel





TILLAMOOK COUNTY  
AMBULANCE SERVICE AREA PLAN

BY  
TILLAMOOK COUNTY  
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

February 18, 2015  
Exhibit "A" to  
EMS Ordinance No. 41

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BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

In the Matter of Certifying the )  
Tillamook County Ambulance ) RESOLUTION  
Service Area Plan ) #15 - 004

This matter coming on to be heard this 18<sup>th</sup> day of February, 2015, at which time it appears that Oregon Administrative Rule (OAR) 333-260-020 (2) requires than an Ambulance Service Area (ASA) Plan submitted to the OHA-EMS for approval shall contain a certification signed by the County governing body that certain subjects or items were addressed and considered in the adoption process.

NOW THEREFORE, BE IT RESOLVED that the Board of Commissioners for Tillamook County hereby certifies that:

1. Each subject or item contained in the amended plan was addressed and considered when the amended plan was adopted on February 18, 2015.
2. In the Board's judgment, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services; and
3. To the extent that they are applicable, the County has complied with ORS 682.062 (3) and (4) and 682.063 and existing local ordinances and rules.

DATED THIS 18<sup>th</sup> DAY OF February 2015.

BOARD OF COUNTY COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

Aye    Nay    Abstain/Absent

*Tim Josi*  
Tim Josi Chair

✓                1  

        
Mark Labhart, Vice-Chair

                      1✓  

*Bill Baertlein*  
Bill Baertlein, Commissioner

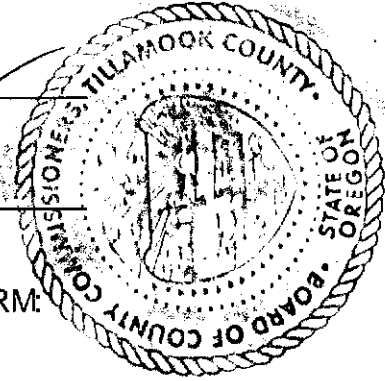
✓                1  

ATTEST: Tassi O'Neil, County Clerk

APPROVED AS TO FORM:

BY: *Susan L. Beecraft*  
Special Deputy

*William K. Sargent*  
William K. Sargent, County Counsel



## 2. TILLAMOOK COUNTY DEMOGRAPHIC/GEOGRAPHIC OVERVIEW

Tillamook County is located on the north coast of Oregon. It is bordered by Clatsop County on the North, Columbia County on the Northeast, Washington and Yamhill Counties on the East, Polk County on the southeast, Lincoln County on the South, and the Pacific Ocean on the west. The entire county is situated on the west slopes of the Coast Range Mountains; consequently, all rivers in the county drain westward into the Pacific Ocean. The county has an area of 1,125 square miles and a coastline which is 57 miles long. Publicly owned land, most of which is forest land, amounts to 65.5 percent of the county, while agricultural land amounts to 9.3 percent.

The topography of Tillamook County is quite varied. There are nine major rivers and five estuaries. The county extends eastward from a relatively straight coastline with broad, sandy beaches. The lower reaches of the major rivers broaden into wide valleys, which are used extensively for agriculture. This narrow coastal strip constitutes approximately 10 percent of the County land area and contains about 90 percent of the County's 24,000 population. The Coast Range Mountains extend from the eastern edge of this coastal strip to the crest of the mountains with peaks that exceed elevations of 3500 feet. The mountain areas are very steep and rugged. The remaining 10 percent of the county population is situated in the foothills of the coast range and along the narrow river canyons in the mountainous areas.

The seven incorporated cities in Tillamook County are, in order of decreasing size, Tillamook, Garibaldi, Bay City, Rockaway Beach, Manzanita, Wheeler and Nehalem. All are situated within the coastal strip either along the beach or estuaries.

Tillamook County has a typical marine climate. The average annual rainfall is over 93 inches, 84 percent of which falls between October and May. The average temperature is 50 degrees F. January is the coldest month with an average temperature of 42.5 degrees F. Snow falls frequently at higher elevations, but does not last throughout the winter. Floods are often caused by a combination of snowmelt and rainfall. It is not unusual for 4 to 6 inches of rain to fall in one day. Most of the major rivers rise to or above flood stage several times each winter. Because the county is located along the coast, storms are often accompanied by high winds.

Highway 101 is the major transportation corridor along the coast. Only three paved roads provide access over the coast range including the Wilson River Highway (Highway 6) from Tillamook to Portland, Highway 22 in south county from Hebo to Valley Junction, and Highway 53 in north county from Wheeler to its junction with the Sunset Highway in Clatsop County. The three mountain routes are often subject to slides and icy conditions during winter months. County roads provide access to local populations along sloughs, around estuaries and up river canyons. Only a few of these are interconnected in upland areas. As a result, local geography and climate often present a formidable barrier or impediment to transportation and access.

### 3. DEFINITIONS

*"Advanced Emergency Medical Technician (AEMT)" has the meaning given that term in OAR chapter 333, division 265.*

"**Administrative Rules**" means the rules adopted by the OR-EMS relating to emergency medical services.

*"Ambulance" or "ambulance vehicle" means a privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.*

"**Ambulance Provider**" means a licensed ambulance service that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.

*"Ambulance Service" means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ambulances and that holds itself out as providing pre-hospital care or medical transportation to persons who are ill or injured or who have disabilities.*

"**Ambulance Service Area**" (ASA) means a geographic area which is served by one ambulance service provider and may include all or a portion of a county, or all or a portion of two or more contiguous counties.

*"Ambulance Service Plan (Plan)" means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan shall not depend upon whether it maintains an existing system of providers or changes the system.*

"**Board**" means the Board of Commissioners for Tillamook County, Oregon.

"**BME**" means the Oregon Board of Medical Examiners.

"**Communications System**" means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed.

"**Council**" means the Emergency Medical Services Council established by the EMS Ordinance.

*"Division" means the Public Health Division, Oregon Health Authority.*

"**Disaster**", also known as "Mass Casualty Incident", means any incident or combination of incidents which depletes the resources of any single provider or providers during the normal course of daily operations.

**"Effective Provision of Ambulance Service"** means ambulance services provided in compliance with the county ASA plan provisions of boundaries, coordination and system elements.

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

*"Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.*

*"Emergency medical services provider" means a person who has received formal training in prehospital and emergency care, and is licensed to attend any person who is ill or injured or who has a disability.*

*"Emergency Medical Responder (EMR)" has the meaning given that term in OAR chapter 333, division 265.*

**"Emergency Medical Services" (EMS)** means those pre-hospital functions and services whose purpose is to prepare for and respond to medical and traumatic emergencies, including rescue and ambulance services, patient care and treatment, communications and evaluation.

*"EMS Medical Director" has the same meaning as "Supervising Physician" in ORS 682.025.*

**"Emergency Medical Technician (EMT)"** means a person who has received formal training in prehospital emergency and non-emergency care and is state-certified to attend any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical technician" are "emergency medical technicians" within the meaning of ORS Chapter 682.

*"EMT-Basic" has the meaning given that term in OAR chapter 333, division 265.*

*"EMT-Intermediate" has the meaning given that term in OAR chapter 333, division 265.*

*"EMT-Paramedic" or "Paramedic" has the meaning given that term in OAR chapter 333, division 265.*

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

*"License" means the documents issued by the Division to the owner of an ambulance service when the service and its ambulance are found to be in compliance with ORS Chapter 682, OAR chapter 333, division 255 and these rules.*

**"Mutual Aid"** means the provision of emergency medical services by one ASA provider to another ASA provider in response to unusual circumstances, which include either a specific request by a provider or an automatic dispatch protocol, including ALS assist.

**"Notification Time"** means the length of time between the initial receipt of the request for emergency medical service by either a provider or the emergency dispatch center (9-1-1), and the notification of all responding emergency medical service personnel.

**"On Line Medical Control"** means the direction provided by a physician to EMS providers through radio or telephone communications.

*"Owner" means the person having all the incidents of ownership in an ambulance service or an ambulance or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.*

*"Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.*

*"Person" means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together for a common purpose, or organization of any kind and includes any receiver, trustee, assignee, or other similar representative thereof.*

**"Provider"** means any public, private or volunteer entity providing emergency medical services.

**"Provider Selection Process"** means the process established by the Board for selecting an ambulance service provider or providers.

*"Prehospital Care" means that care rendered by emergency medical technicians as an incident of the operation of an ambulance as defined by ORS Chapter 682 and that care rendered by emergency medical technicians as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined by ORS Chapter 682.*



*"Prehospital Care Report Form (PCRF)" means a Division-approved form or electronic field data format that is completed for all patients receiving prehospital assessment, care or transportation to a medical facility.*

**"Quick Response Team" (QRT)** means an emergency medical vehicle operated by a fire department or district within Tillamook County that is dispatched to calls for emergency medical services within their response area and which meets the standards set forth in Section 5.2(A), 5.3(A), 5.4 and 5.5(A) and (B) of the ASA Plan. All QRT's will be approved by the EMS Advisory Council and designated by Board order.

**"R.N."** means a licensed registered nurse in good standing with the Board of Nursing of the State of Oregon.

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

**"Rural"** means an incorporated community of 2,000-10,000 population which is not urban or suburban, and the area within a radius of 30 miles of that community's center.

**"Scope of Practice"** means the maximum level of emergency care or non-emergency care that an EMT may provide.

**"Standing Orders"** means the written protocols that an EMS Provider follows to treat patients when direct contact with a physician is not maintained.

*"Supervising physician" means a medical or osteopathic physician licensed under ORS chapter 677, actively registered and in good standing with the board, who provides direction of emergency or nonemergency care provided by emergency medical services providers.*

**"System Response Time"** means the elapsed time from when the 9-1-1 center received the call until the arrival of the appropriate provider(s) unit(s) on the scene.

**"Tillamook 9-1-1"** means the 9-1-1 communications center located at the Tillamook County Emergency Communications District facility in Tillamook.

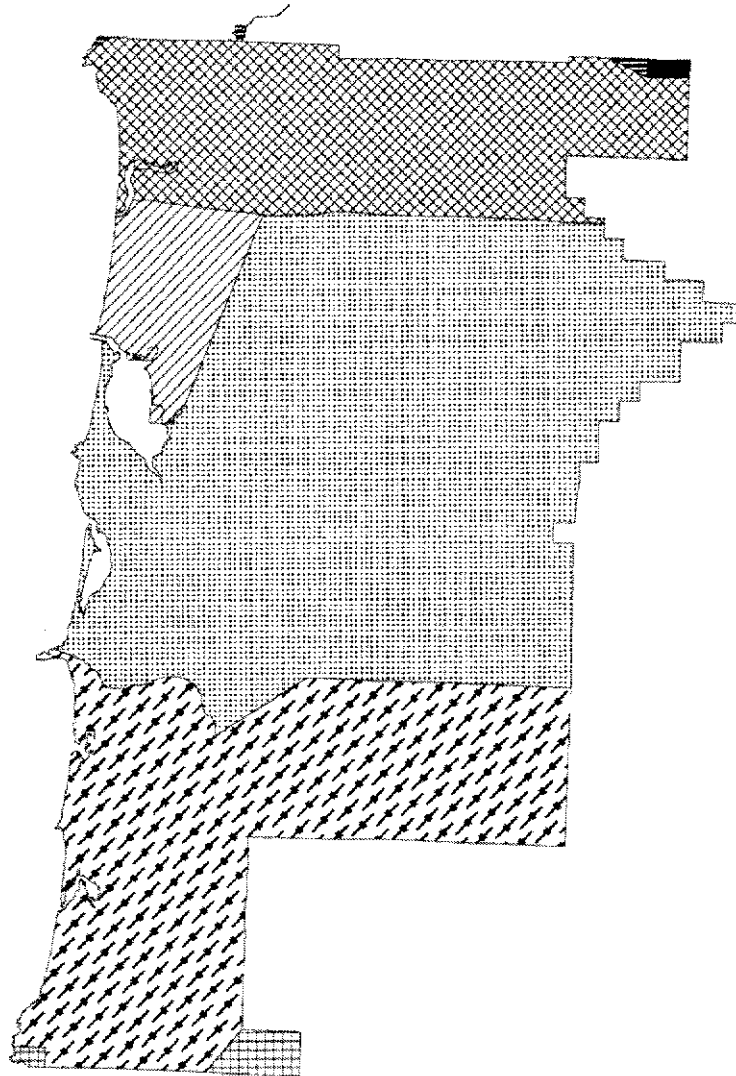
**"Vehicle"** means an ambulance, Quick Response Team (QRT) vehicle or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck.








#### **4.1 ASA BOUNDARIES**

4.1. All of Tillamook County is covered by an ASA. The intent of boundary definitions is to limit the effects of artificial and geographic barriers on response times, recognizing that response patterns will change due to local conditions such as road closures and weather. Tillamook

County has many natural response barriers, including roads, bays, rivers, and large roadless areas, which were considered when designating ASAs. In addition, boundaries such as highways, nomenclature of county and city address systems, and county and telephone service areas also impacted the ASA designations. The current ASA Boundaries are delineated on the following Map.

### TILLAMOOK COUNTY EMS DISTRICTS



EMS DISTRICT	
	PAC-WEST AMBULANCE
	MANZANITA DISTRICT
	GARIBALDI DISTRICT
	MEDIX AMBULANCE
	METRO WEST AMBULANCE
	PACIFIC CITY DISTRICT
	TILLAMOOK DISTRICT

## **4.2 ASA BOUNDARY & RESPONSE TIME MAP**

(ORIGINAL COPIES OF THIS MAP ARE ON FILE WITH THE OR-EMS, THE TILLAMOOK COUNTY CLERK, AND THE TILLAMOOK COUNTY 9-1-1 CENTER)

### 4.2(A) Medix ASA Description

Those portions of the community of Falcon Cove, located in the extreme Northwest corner of Tillamook County, that lie within the County; Sections 1-4, 9-16, and 21-24 of Township 3 North, Range 7 West; and those Sections of Township 3 North, Range 6 West lying within Tillamook County.

### 4.2(B) Tillamook ASA Manzanita Sector Description

Those portions of Tillamook County bounded as follows: North on Hwy. 101 to the Tillamook/Clatsop county line, just North of Oswald West State Park at approximately MP 37; Northeast on Hwy. 53 to the Tillamook/Clatsop county line, at approximately MP 11.4; South on Hwy. 101 to MP Z47, last address of 29200, located at Brighton Beach Moorage; South from Hwy. 53 on Miami-Foley Rd. to MP 9, last residence in this ASA is 29805; East boundary is the Tillamook/Washington county line.

### 4.2(C) Tillamook ASA Garibaldi Sector Description

Those portions of Tillamook County bounded as follows: North on Hwy. 101 to MP Z47 just south of Brighton Beach Moorage (last address of 27550 Jetty Fishery); North on Miami-Foley Rd. to MP 9, last residence in this ASA is 29000; South on Hwy. 101 to but not including Alderbrook Road, south of Bay City.

### 4.2(D) Tillamook ASA Tillamook Sector Description

North on Highway 101 to and including Alderbrook Road, South of Bay City; South on Highway 101 to MP 76 (last address 16915); West on Hwy 131 including all of Netarts, Oceanside and Cape Meares; South on Whiskey Creek Road to the crest of Cape Lookout Road, South of Trail's Head Park; East on Hwy 6 (Wilson River Hwy) to Tillamook/Washington County line approximately MP 33, including Brown's Camp.

### 4.2(E) Tillamook ASA Pacific City Sector Description

North on Hwy 101 to MP 76 (last address 17801); North on Cape Lookout Rd. to the crest, just South of Trails Head Park; South on Hwy 101 to MP 102.9; East on Upper Nestucca River Rd (Blaine Rd.) to Tillamook/Yamhill county line; Southeast on Hwy 22 to Tillamook/Yamhill county line, approximately MP 10.5, just East of Dolph Junction.

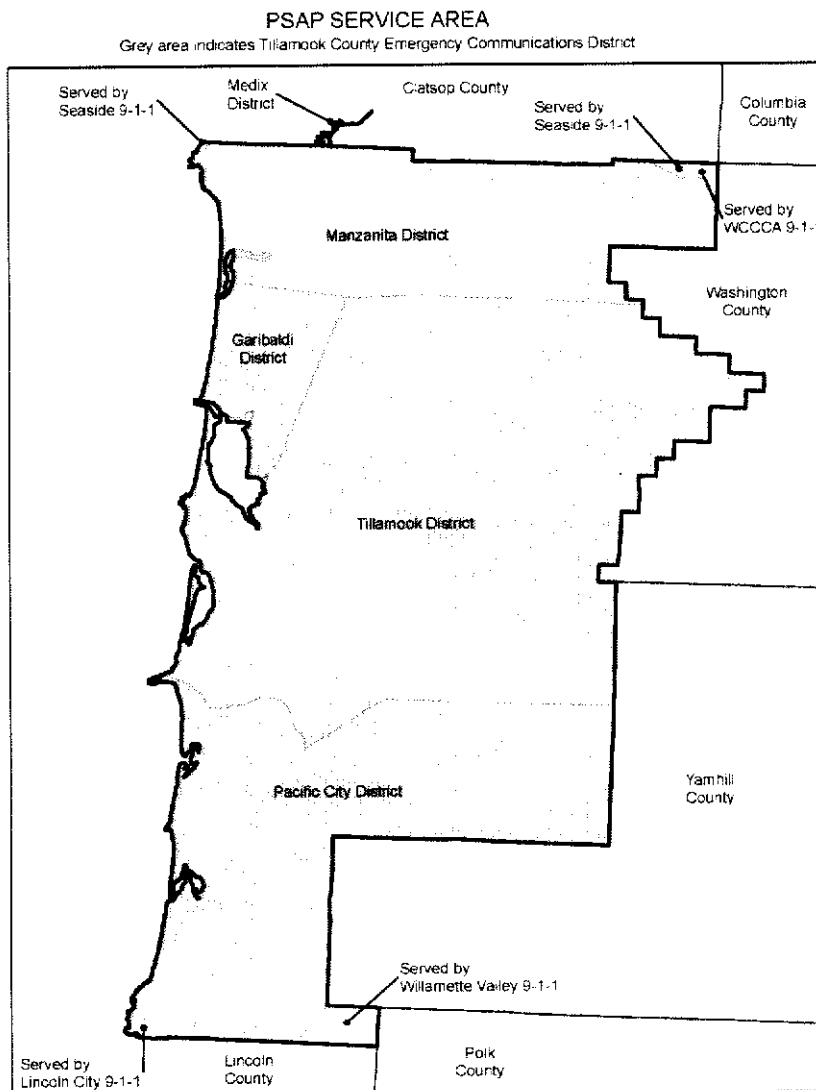
### 4.2(F) Pacific West ASA Description

Hwy 101 to the Tillamook/Lincoln County line at approximately MP 102.9. Those portions of Sections 1, 2 and 3 of T6SR9W that lie within Tillamook County; Section 7-18 of T6SR9W; Those portions of T6R10W, Section 5, 6 and 9 that are accessed from Hwy 101 South of the Tillamook County line at approximately MP 102.9; Section 7, 8 and 12-18 of T6SR10W; and Section 1-3 and 10-15 of T6SR11W.

#### 4.3(A) 9-1-1 BOUNDARY MAP

"9-1-1" boundaries can be described as encompassing all of Tillamook County. The entire County was served by 9-1-1 as of September 30, 1986. The community of Falcon Cove, located in the extreme Northwest corner of the County, is served by South Clatsop County 9-1-1. The community of Three Rocks, located in extreme Southwest corner of the County, is served by the Lincoln City 9-1-1. Portions of Highway 18 in the extreme southeast corner of Tillamook County are served by the Yamhill County PSAP. The rest of the County is served by the Tillamook 9-1-1 located within the City of Tillamook. The Boundaries of the four 9-1-1 centers serving Tillamook County are shown on Map 4.3(A).

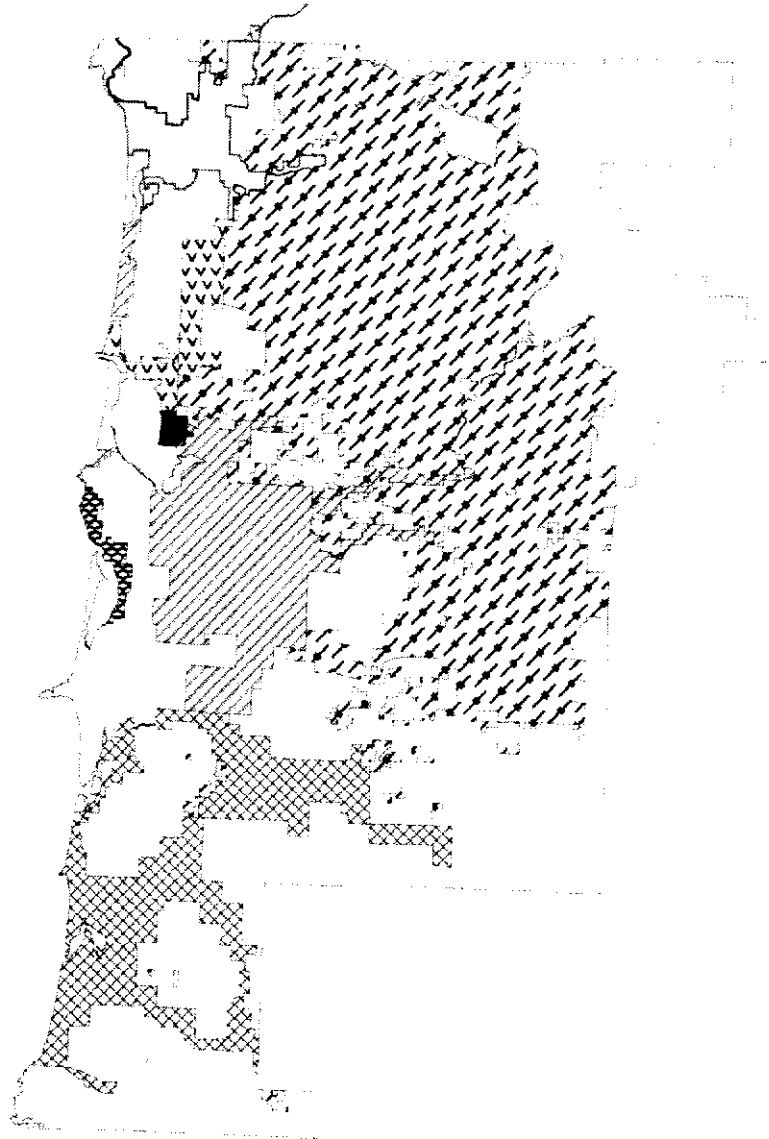
(ORIGINAL COPIES OF THIS MAP ARE ON FILE WITH THE OR-EMS, THE TILLAMOOK COUNTY CLERK, AND THE TILLAMOOK 9-1-1 CENTER)














### 4.3(B) MAP OF TILLAMOOK COUNTY FIRE DISTRICTS

(ORIGINAL COPIES OF THIS MAP ARE ON FILE WITH THE Oregon Health Authority, THE TILLAMOOK COUNTY CLERK, AND THE TILLAMOOK 9-1-1 CENTER)

### TILLAMOOK COUNTY FIRE DISTRICTS



FIRE DISTRICT					
	BAY CITY FIRE		N. LINCOLN FIRE		NETARTS/OCEANSIDE FIRE
	DEPARTMENT OF FORESTRY		GARIBALDI FIRE		OUTSIDE OF FIRE DISTRICT
	DEPARTMENT OF FORESTRY		NEHALEM BAY FIRE AND RESCUE		ROCKAWAY BEACH FIRE
	NESTUCCA RURAL FIRE		TILLAMOOK FIRE		

#### **4.4 BOUNDARIES - ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES**

Since no fire district or governmental agency provides ambulance service in Tillamook County, there are no artificial barriers, (i.e. governmental boundaries) to response times. Tillamook County has many natural (geographic) barriers to response times including bays, rivers, estuaries, limited access (canyon) roads, and roadless areas which were taken into consideration when establishing ASA boundaries. The intent of boundary definitions was to limit the effect of these barriers on response times, recognizing that response patterns will change due to local conditions such as road closures, and weather. As a result there were a number of alternatives that were considered and implemented as part of this plan due to changes in these local conditions. The implemented alternatives include the EMS Move-up protocols which are implemented whenever conditions exist that would affect response times.

#### **5.1 SYSTEM ELEMENTS - NOTIFICATION AND RESPONSE TIMES**

5.1(A) Notification times for all responding emergency medical services personnel shall not exceed three (3) minutes on 90% of all EMS calls.

5.1(B) All of Tillamook County lies within the Rural Response Time Zone as shown on the ASA Boundary & Response Time Zone Map. (Section 4.1). Response times for ASA providers shall not exceed twenty (20) minutes on 90% of all EMS calls within this zone. *In considering average response times, responses by QRTs and Fire Department Rescue vehicles may be included in the calculation.*

#### **5.2 SYSTEM ELEMENTS - LEVEL OF CARE**

To establish a minimum level of EMS care within Tillamook County, all ASA providers and Quick Response Teams (QRT's) shall conform to the following standards:

- (A) All QRT's units shall:
  - (1) provide a minimum level of basic life support care at *the Emergency Medical Responder* level.
- (B) All ASA providers shall:
  - (1) provide the minimum level of care as licensed by *the Oregon Health Authority*.
- (C) Advanced Life Support (ALS) shall be dispatched as available on all requests for emergency medical services.

- (D) All emergency *medical* personnel who respond within Tillamook County shall have successfully completed the following.
  - CPR, Health Care Provider
  - Standard First Aid (meet or exceed)

### **5.3 SYSTEM ELEMENTS - PERSONNEL**

To establish a minimum level of personnel staffing within Tillamook County, all ASA providers and QRT Agencies shall conform to the following standards:

- (A) *All QRT units shall respond with a minimum of one (1) person licensed at or above the Emergency Medical Responder level.*
- (B) All ASA providers shall respond with the minimum number and level of certified persons, as *required by the Oregon Health Authority.*
- (C) All ASA providers shall ensure a sufficient number of personnel who are available on-call to respond within 15 minutes, in order to meet the requirements contained in Section 7.2.2(4) of this Plan.

### **5.4 SYSTEM ELEMENTS - MEDICAL SUPERVISION**

To establish a minimum level of medical supervision within Tillamook County, all ASA providers, QRT agencies, and *Supervising Physicians* shall conform to the following standards:

- (A) All agencies that provide QRT units and all ASA providers shall maintain a *Supervising Physician.*
- (B) The *Supervising Physician* shall comply with OAR 847-35-025.

### **5.5 SYSTEM ELEMENTS - PATIENT CARE EQUIPMENT**

To establish a minimum standard for patient care equipment within Tillamook County, all ASA providers and QRT agencies shall conform to the following standards:

- (A) All agencies that provide QRT units shall equip in sufficient quantities and maintain in proper working condition patient care equipment and supplies to provide the minimum level of patient care which they could reasonably expect to provide.
- (B) All ASA providers shall maintain on each ambulance, patient care equipment and supplies which conform to *the rules promulgated by the Oregon Health Authority pursuant to OAR 333-255-0070 through 0073.*

## 5.6 SYSTEM ELEMENTS - VEHICLES

To establish a minimum standard for ambulances within Tillamook County, all ASA providers shall conform to the following:

- (A) *Ambulance providers shall use ambulances which shall be in good condition, and shall meet or exceed state of Oregon administrative rule standards at the time of the vehicles' original manufacture.*
- (B) *When such standards conflict with State of Oregon standards, the State standards shall prevail.*
- (C) All ASA providers shall maintain all necessary records to demonstrate compliance with (A) and(B) above.
- (D) All ASA providers shall operate each ambulance in accordance with applicable motor vehicle codes, rules and statutes, and in a safe manner with due regard for lights, traffic, road and weather conditions.

## 5.7 SYSTEM ELEMENTS - TRAINING

In order to create a consistent level of education and training, the Tillamook County EMS Advisory Council shall cooperate with all agencies and educational facilities to create opportunities for continuing education and training for all EMS personnel.

- (A) Tillamook Bay Community College is the primary source of EMT training within Tillamook County. Emergency Medical Responder is taught through the local fire departments. Paramedic training is only available outside of the county.
- (B) ASA providers in cooperation with the local fire departments provide EMS continuing education.
- (C) All ASA providers shall comply with requirements for training in Hazardous Materials, Incident Command Systems, Blood Borne Pathogens and OSHA regulations.
- (D) All ASA providers shall become familiar with their roles and responsibilities when responding to Hazardous Materials Incidents as contained in the pre-hospital treatment protocols.



## **5.8 SYSTEM ELEMENTS - QUALITY IMPROVEMENT**

5.8.1 In order to ensure the delivery of efficient and effective pre-hospital emergency care, an EMS Quality Improvement (QI) Program is hereby established.

### **5.8.2 Quality Improvement Program Structure**

The QI program shall be implemented through the establishment and operation of the EMS Council and the Quality Improvement (QI) Coordinator.

5.8.2.1 The EMS Advisory Council shall consist of the following:

- (1) Two representatives nominated by and from each ambulance service organization.
- (2) One representative nominated by and from the Tillamook County Fire Defense Board who is actively involved with a QRT, but who is not directly employed by an ASA provider.
- (3) One representative nominated by and from the Tillamook County Office of Emergency Management.
- (4) One representative nominated by and from the Tillamook County Emergency Communications District.
- (5) One Supervising Physician for each ambulance service organization who wish to participate.
- (6) The Quality Improvement Coordinator as designated by the Board.
- (7) One representative from Tillamook County General Hospital.

5.8.2.2 Membership on the Council for positions 1-4 becomes effective upon the organization's filing the nomination letter with the Board of Commissioners and the QI Coordinator. Such memberships shall remain in effect until the member is removed by the Board or replaced by the organization through the filing of a new nomination letter. The Board shall appoint the QI Coordinator. All members shall serve at the pleasure of the Board without compensation. The Council shall meet as needed and on the call of the chair by written notice. The council shall choose its own chairperson.

5.8.2.3 In the event a member of the council holding positions 1 through 5 is unable to attend a meeting, the member shall cause another representative of their organization to attend by issuance of a letter of proxy. Failure of such membership to have a member in regular attendance at the meetings may be cause for loss of a membership on the council or other corrective action pursuant to the EMS ordinance.

5.8.2.4 There is hereby created the position of QI Coordinator who shall be appointed by the Board and shall be responsible for administering the ASA plan and EMS Ordinance.

### 5.8.3 Quality Improvement - Process

5.8.3.1 The EMS Advisory Council shall have the following powers, duties and responsibilities:

- (1) Advise the Board on all matters relating to pre-hospital emergency medical care.
- (2) Review and comment to the Board on all proposed changes or amendments to the ASA Plan and EMS Ordinance.
- (3) Annually review and update the ASA Plan.
- (4) Plan, assist and coordinate programs for the improvement of EMS throughout Tillamook County.
- (5) Advise the Board as to the standards for information required of applicants for ASA's.
- (6) Provide a forum for members of the public to comment on or discuss EMS issues.
- (7) Foster cooperation among pre-hospital care providers and the medical community.
- (8) Serve as Advisory Council for the Tillamook Bay Community College EMT program.
- (9) Facilitate continuing education and training opportunities for all EMS personnel.
- (10) Investigate medically related issues and items.
- (11) Maintain familiarization with the policies and procedures of facilities in Tillamook County that receive or send patients via ambulance.
- (12) Periodically conduct a random review of each ASA's cases.
- (13) Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.
- (14) Attempt to negotiate the correction of substandard pre-hospital care provided within Tillamook County.
- (15) Follow the guidance set forth in the Quality Improvement Guidelines.
- (16) Report directly to the Board on all matters coming before the Committee.

5.8.3.2 A quorum shall consist of those members present, unless corrective action is being implemented on a QI review, then a majority shall consist of a quorum of the membership which shall include the physician.

5.8.3.3 The EMS Council shall conduct their meetings in accordance with the Oregon Public Meetings laws and comply with the Oregon Public Records law, ORS Chapter 192. Executive sessions closed to the public may be held by the EMS Council pursuant to ORS 192.660(1)(c) and 42 CFR, Part 2 when conducting investigations and reviews of patient care. Both the records and minutes of executive sessions shall be handled to ensure patient confidentiality in compliance with state and federal laws.

5.8.3.4 Upon appointment, the QI Coordinator shall have the following duties, powers and responsibilities:

- (1) Act as staff to the EMS Advisory Council.
- (2) Maintain a filing system for EMS records.
- (3) Provide for the administration of appeals and hearings to the appropriate government bodies.
- (4) Administer the ASA Plan and EMS Ordinance.
- (5) Review all applications for an ASA and make documented findings and recommendations to the EMS Advisory Council and Board on provider selection.
- (6) Upon discovery of non-compliance with the ASA Plan or EMS Ordinance, report such non-compliance to the EMS Advisory Council and the Board.

#### 5.8.4 Quality Improvement Problem Resolution

5.8.4.1 In the event that the EMS Advisory Council identifies a problem involving compliance with the ASA Plan, or that fails to conform to established protocols, the council shall:

- (1) request any additional information necessary to establish whether a violation or failure occurred.
- (2) contact the noncompliant provider, individual or organization in writing and identify the specific facts, laws, rules or protocols concerning the violation or failure to conform.
- (3) request that within thirty days the noncompliant provider, individual or organization submit a written response and a plan to correct the deficiencies.

5.8.4.2 Upon receipt of the written response, the EMS Advisory Council shall:

- (1) review the response to ensure that it responds to the request for information and to all aspects of the facts, laws, rules or protocols.
- (2) review the written plan for resolution of the deficiency.
- (3) upon findings of compliance, continue to monitor the plan for resolution of the deficiencies.
- (4) upon findings of continued noncompliance, serve written notice to comply with the ASA Plan or protocol.
- (5) if compliance is not evident within ten days of receipt of the notice, schedule a meeting within the next 10 days and attempt to gain compliance.
- (6) attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.

### 5.8.5 Quality Improvement - Sanctions for Noncompliance

5.8.5.1 In the event the EMS Council refers any matter or deficiency to the Board of Commissioners, the Board shall:

- (1) conduct a public hearing pursuant to Section 6.2 of the ASA plan.
- (2) consider action authorized by Tillamook County EMS Ordinance #41, Section 12 Corrective Actions, Suspension or Revocation of Assignment; Section 16 Penalties; or Section 17 Nuisance.
- (3) refer the matter to OR-EMS.

## 6.1 COORDINATION - ADMINISTRATION OF PLAN

6.1.1 The Tillamook County ASA Plan shall be administered by the QI Coordinator. In addition to functions delegated under this plan to the QI Coordinator and EMS Advisory Council shall:

- (A) Annually review all aspects of the ASA plan and EMS Ordinance.
- (B) recommend changes to the ASA plan and EMS Ordinance designed to:
  - (1) remedy identified deficiencies.
  - (2) address potential problem areas.
  - (3) address ongoing growth and changes in EMS within Tillamook County, state and nation.

## 6.2 COORDINATION - COMPLAINT REVIEW PROCESS

6.2.1 In the event the EMS Advisory Council is unable to obtain compliance or correction of a deficiency under the procedures contained in Section 5.8.4 of this plan, a hearing shall be conducted by the Board of Commissioners.

6.2.2 If any provider, individual or organization is dissatisfied with the results of a meeting with the EMS Advisory Council, a request for a hearing before the Board of Commissioners may be made by filing a written request with the QI Coordinator within 30 days of the meeting, setting forth the reasons for the hearing and the issues to be heard. The Board may prescribe forms for filing of a request for hearing.

6.2.3 A hearing of the Board of Commissioners under this Section shall be conducted by the Board Chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedure.

6.2.4 In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board may petition and request relief from OR-EMS, or the Board of Medical Examiners or the Tillamook County Circuit Court.

6.2.5 Any decision of the Board may be appealed to OR-EMS or the Tillamook County Circuit Court as appropriate.

### **6.3 COORDINATION-MUTUAL AID AGREEMENT**

6.3.1 All ASA providers shall sign a mutual aid agreement with the other providers within the County and respond with needed personnel and equipment in accordance with the agreement.

6.3.2 All requests for Mutual Aid shall be made through the appropriate 9-1-1.

6.3.3 The Mutual Aid agreement will be reviewed annually and modified as needed by mutual consent of all parties.

### **6.4 COORDINATION - DISASTER RESPONSE**

#### **6.4.1 County Resources Other Than Ambulances**

- (1) When resources other than ambulances are required for the provision of emergency medical services during a Mass Casualty Incident (MCI);
  - a. a request for additional resources shall be made through 9-1-1 in accordance with the MCI Plan;
  - b. for resources that are not provided by the MCI plan, a request by the Incident Command will be made to the Director of the Office of Emergency Management
- (2) The Director of the Office of Emergency Management shall be responsible for locating and coordinating all requested resources any time that the MCI Plan is implemented.
- (3) The Director of the Office of Emergency Management shall work directly with local agencies, departments and governments to coordinate requested resources during any implementation of the MCI Plan.

#### **6.4.2 Out of County Resources**

- (1) When resources other than ambulances are required for the provision of emergency medical services during an Mass Casualty Incident (MCI);
  - a. a request for additional resources shall be made through 9-1-1 in accordance with the MCI Plan;

- b. for resources that are not provided by the MCI plan, a request by the Incident Command will be made to the Director of the Office of Emergency Management
- (2) The Director of the Office of Emergency Management shall be responsible for locating and coordinating all requested resources any time that the MCI Plan is implemented.
- (3) The Director of the Office of Emergency Management shall work directly with local agencies, departments and governments to coordinate requested resources during any implementation of the MCI Plan.

#### 6.4.3 Mass Casualty Incident (MCI) Plan

- (1) The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations.
- (2) The plan shall identify the responsibility of all emergency responders concerning:
  - (a) coordination
  - (b) communication
  - (c) move up
  - (d) triage
  - (e) transportation
- (3) The Tillamook County MCI Plan, (an Appendix of the ASA Plan) and shall be a part of the Tillamook County Emergency Operations and Management Plan upon adoption of the ASA plan by the Board. The MCI plan may, however, be amended by Board order without amending the ASA Plan.

6.4.4 All ASA providers shall comply with the County Plans for Response to Terrorism and Response to Natural Disasters.

### 6.5 COORDINATION - PERSONNEL AND EQUIPMENT RESOURCES

Under special circumstances, specialized resources may be required for the management of unusual problems and situations. The inventories of these specialized resources are maintained by the Office of Emergency Management, and are continually updated.

#### 6.5.1 Non-transporting EMS Providers

The regulation of QRT's is addressed in Sections 5.3 through 5.5 of this plan. Tillamook County has no direct authority over non-transporting EMS entities.

#### 6.5.2 Other Personnel and Equipment Resources

Specialty operations and related specialty equipment within the county shall fall to the

appropriate lead agency having jurisdiction. The EMS interface shall be through a Unified Command Structure utilizing the ICS system. In Tillamook County the lead agencies with jurisdiction are generally:

Hazardous Materials: Fire Departments, Search and Rescue: Sheriff's Office, Specialized Rescue: (incident specific), and Extrication/Rescue: Fire Departments.

## **6.6 COORDINATION - EMERGENCY COMMUNICATIONS AND SYSTEM ACCESS**

### **(A) Telephone**

To establish a single access telephone number throughout Tillamook County, 9-1-1 shall be available to all telephone exchanges within Tillamook County.

- (1) No person shall advertise for or otherwise solicit requests for emergency medical services utilizing any telephone number other than 9-1-1.
- (2) Tillamook 9-1-1 serves as the county's public safety answering point and is integrated into the public telephone exchange receiving both landline and wireless calls.

### **(B) Dispatch Procedures**

To establish a minimum standard for medical dispatch within Tillamook County, Tillamook 9-1-1 shall:

- (1) Follow the protocols procedures for emergency medical dispatch, established by the Tillamook County Emergency Communications District Board of Directors.
- (2) Conform to a notification time standard of (3) minutes on 90% of all EMS calls.
- (3) When EMS dispatch protocols or procedures require amendment, the 9-1-1 Administrator will consult with the 9-1-1 Advisory Board and EMS Advisory Council. Thereafter, the 9-1-1 Administrator shall seek approval of the Tillamook County Emergency Communications District Board of Directors.
- (4) If it is determined by an ASA Provider and the 9-1-1 Administrator that a procedure or protocol should be amended immediately, the Administrator shall immediately implement such amendment and then seek the approvals required by subsection 3 of this section at the earliest opportunity.

### **(C) Radio System**

- (1) Tillamook 9-1-1 shall:
  - (a) maintain radio consoles capable of communication through Tillamook County's radio system with all emergency medical services providers dispatched by them.
  - (b) utilize plain English and approved 12 codes.

- (2) All ASA Providers shall:
  - (a) Equip and maintain radios in each ambulance which allows for the transmission and reception on all public safety dispatch and tactical channels that are presently in use, or in the future may be placed in use, by Tillamook 9-1-1 and the Office of Emergency Management.
  - (b) All operational and tactical radio communications will be conducted on the channel(s) assigned by Tillamook 9-1-1. It is the intent to ensure complete radio operability among emergency responders, for all EMS and fire calls within Tillamook County.
  - (c) Equip and maintain the radios in each ambulance which allows for the ability to communicate directly with Tillamook Hospital, on the radio frequencies described in subsection 6.6(C)(2)(a)

(D) Emergency Medical Services Dispatcher Training

- (1) All Tillamook 9-1-1 dispatchers shall receive training and certification in Emergency Medical Dispatch (EMD) in accordance with the standards established by the Board on Public Safety Standards and Training.

**7.1 PROVIDER SELECTION - INITIAL ASSIGNMENT**

(A) Effective December 28, 1988 no person shall provide or allow to be provided ambulance service in Tillamook County unless an Ambulance Service Area has been assigned to that person pursuant to the ASA Plan and the EMS Ordinance #41.

(B) The initial assignment of ambulance service areas was made by the Board effective December 28, 1988.

(C) The initial assignments shall be valid until July 1, 2005. Subsequent assignments of contested ASAs shall be for a period of three years.

(D) Upon an order of the Board, duly made and entered, the initial assignment of ambulance service areas may be extended for five years.

**7.2 PROVIDER SELECTION - REASSIGNMENT/APPLICATION**

7.2.1(A) Not less than sixty (60) days prior to the expiration of an assignment of an ambulance service area, any person desiring an assignment of an ambulance service area, shall submit a notice of intent to the Tillamook County Quality Improvement (QI) Coordinator requesting said assignment and identifying the ASA(s) for which the notice is filed.

- A(1) Upon the filing of a notice of intent, the ASA(s) for which such notice is filed is a contested ASA.



A(2) The QI Coordinator shall thereupon notify the existing provider(s) of the contested ASA(s) and publish notice that any person may make application for such ASA's pursuant to this section.

(B) Each applicant for the contested assignment or reassignment of an ASA shall pay a non-refundable fee at the time of filing application, in the amount of \$00.75 per call according to the prior annual call volume within the ASA for which application is made, except ASAs of less than 51 annual calls where there shall be no fee.

(C) The QI Coordinator shall review all applications, make documented findings and make a recommendation based on conformity with the requirements of Oregon law for providing ambulance services, the general and specific criteria of this Section, and the need for effective and efficient ambulance services within Tillamook County.

(D) Upon completion of the findings and recommendation, the QI Coordinator shall schedule a public hearing before the Board on such findings and recommendation.

(E) Not less than 30 days prior to the date set for hearing, the QI Coordinator shall file with the Board, the applicants and the EMS Advisory Council a copy of the applications, the findings and recommendation.

(F) Prior to the date set for hearing the EMS Advisory Council or any applicant may file with the Board an objection to any portion of the QI Coordinator's findings and recommendation. Any such objection shall cite the specific findings and recommendation objected to and shall be based on the application of a specific section(s) of Oregon law, administrative rule, the ASA Plan or EMS Ordinance #41.

(G) At the time and date set for hearing, the Board shall conduct a hearing for the purpose of receiving testimony and making such additional findings as may be required on each application for which no objection has been filed.

(H) At the time and date set for hearing on an application for which an objection has been filed, the Board shall announce that an objection has been filed and state the basis for that objection. At that time the Board shall also schedule an additional hearing to consider the objection and other relevant matters to be held not less than 30 days nor more than 45 days thereafter.

(I) The Board shall cause public notice of the time, date and place for the additional hearing to be published in a newspaper of general circulation not less than 15 days prior to the date set for hearing.

(J) At the time and date set for the additional hearing, the Board shall receive testimony, take evidence concerning the objections, consider any other relevant matters and shall thereafter make such additional findings as might be required.

(K) Following a hearing or an additional hearing on provider selection, the assignment of an ASA shall be made by an Order of the Board.

(L) In the event that an assignment of an Ambulance Service area may expire during the provider selection process for such service area, the Board may continue the existing provider until completion of the provider selection process.

(M) An application for assignment or reassignment of an ASA shall include the following:

- (1) The name and address of the person making application.
- (2) The ASA the person desires to service, the location(s) from which ambulance service shall be provided, and whether the level of service will be Basic Life Support (BLS), Intermediate Level Life Support (ILS), or Advanced Life Support (ALS).
- (3) A statement as to whether or not the provider will be subcontracting for any service to be provided. If some service will be provided by subcontract, a copy of the subcontract shall be provided.
- (4) A list of vehicles to be used in providing ambulance services, including the year, make and model, as well as verification that each vehicle is licensed by OR-EMS.
- (5) A list of personnel to be used in providing ambulance service and their current Oregon EMT certificate number.
- (6) Proof of public liability insurance in the amount of not less than the amounts described in Subsection 7.2.3(3) of this ASA Plan.
- (7) Such additional information deemed necessary by the QI Coordinator, the EMS Council or the Board.

(N) The following is the General Criteria for assignment or reassignment of an ASA:

- (1) Improve ambulance response time, quality and level of service to the ASA without adversely affecting the existing first response system.
- (2) Demonstrate that the call volume is sufficient to financially justify the service provided or otherwise demonstrate financial soundness.
- (3) Does not jeopardize the financial ability of other ambulance service providers to provide effective and efficient service to the remainder of the County.

(O) The following are the Specific Criteria for the assignment or reassignment of an ASA:

- (1) Level of Care - There shall be at least one of the following levels of care:
  - a. Paramedic Support Services
  - b. Intermediate
  - c. Basic Life Support Services
- (2) All persons shall be in compliance with OAR Chapter 847, Division 35.

(3) Equipment

- a. Vehicles - to meet OAR Chapter 333, Division 255 unless a variance from this specification has been granted by the Administrator of the Division.
- b. Equipment carried on vehicles will meet current OAR Chapter 333-Division 255.

7.2.2 Response Time

All of Tillamook County lies within the Rural Response Time Zone as shown on the ASA Boundary & Response Time Zone Map. (Section 4.1). Response times for First Responders and ASA providers shall not exceed twenty (20) minutes on 90% of all EMS calls within this zone. In considering average response times, responses by QRTs and Fire Department Rescue vehicles may be included in the calculation.

(1) Ambulance Posting Locations

Ambulances will be posted within the service area and sectors of service areas as designated by the Board. In those service areas with sector designations, an ambulance will be posted within each sector so that 80% of the sector population can be responded to within a response time of 7 minutes or less.

(2) Staffing

- a. Sufficient staff will be maintained, either on duty at the ambulance location or on call, to permit standard 7.2.2(1) to be met.
- b. Secondary (backup) ambulances will be manned and in service in the service area within 15 minutes of request.

(3) Percent Immediate Availability

- a. ASAs served by three or more ambulances will have an ambulance immediately available for response in and for that ASA 95% of the time.

7.2.3 Business Practice Standards

(1) Management Structure

- a. An organization chart will be maintained that accurately reflects the service's organization structure, including lines of administration authority and operational supervision, and training officer.

b. Job descriptions will be maintained for the positions (as appropriate) of emergency medical care providers and manager/supervisor/administrator that provide the following minimum information:

- 1) Job Title
- 2) Salary
- 3) Benefits
- 4) Work Schedule
- 5) Immediate Supervisor and Title
- 6) General Statement of Duties
- 7) Supervision Received
- 8) Supervision Exercised
- 9) Typical Examples of Work
- 10) Desirable Qualifications for Employment
  - a) Knowledge
  - b) Skills
  - c) Experience
- 11) Experience Required
- 12) Training Required

(2) Vehicle and Equipment Maintenance

- a. A vehicle maintenance schedule will be maintained.
- b. Vehicle inventory check lists signed and dated by the person making the inventory will be regularly maintained.
- c. Inspection, maintenance, and replacement schedules will be maintained for equipment carried on ambulances.

(3) The ASA provider shall provide a certificate of coverage at the time of execution of this agreement, indicating proof of insurance coverage with limits not less than the following:

Property Damage:

- \$500,000 (one claimant)
- \$1,000,000 (all claimants)

Personal Injury or Death:

- \$1,000,000 (one claimant)
- \$2,000,000 (all claimants)

Professional Liability/Errors and Omissions:

- \$1,000,000

Such insurance shall be on an occurrence basis only and be evidenced by a Certificate of Insurance provided to the county, indicating coverages, limits and effective dates, by an insurance company licensed to do business in the State of Oregon. An endorsement shall be issued by the company showing the county as an additional insured on all coverages, excepting medical/professional malpractice insurance. The endorsement shall also contain a thirty (30) day notice of cancellation provision.

- (4) Billing Practices  
Services will demonstrate and document a system for billing that is well-documented, easy to audit and addresses third parties, private and public parties, collection policies and write-off policies.
- (5) Employee Benefits
  - a. Workers Compensation will be carried for each employee based on the employee's actual salary.
  - b. Malpractice/errors and omissions coverage shall be provided.

#### 7.2.4 Communications Standards

- (1) Licenses - All radio equipment subject to FCC licensure will be licensed in accordance with current FCC Rules and Regulations.
- (2) Operation - All radio equipment subject to FCC licensure will be operated in accordance with current FCC Rules and Regulations.
- (3) All communications will be coordinated with Tillamook 9-1-1

#### 7.2.5 Continuing Education

- (1) A continuing education program that meets or exceeds the requirements of the Oregon Health Authority / National Registry of Emergency Medical Technicians will be documented.
- (2) Procedure for identifying and correcting quality of care problems within the provider service will be documented.

#### 7.2.6 Quality Improvement

- (1) The ASA provider will establish a procedure to provide the Tillamook County EMS Advisory Council the necessary information for case reviews, screens and investigations.
- (2) The ambulance service provider will cooperate with the Tillamook County EMS Advisory Council.

#### 7.2.7 Mutual Aid

- (1) The ASA Provider will be signatory to the Tillamook County EMS Mutual Aid Agreement.

- (2) The ASA provider will be signatory to EMS mutual aid agreements for adjacent counties, as appropriate.
- (3) The ASA provider will participate in disaster planning, training and response as coordinated by the Tillamook County Office of Emergency Management.

### **7.3 PROVIDER SELECTION - NOTIFICATION OF VACATING AN ASA**

(A) An ASA provider shall not voluntarily discontinue service to the assigned ambulance service area without giving one hundred twenty (120) days written notice to the Board of Commissioners.

(B) As soon as practical after receiving notice of a vacation of an ASA, the Board shall advertise the ASA vacancy, request proposals, and conduct review and reassignment under the procedures contained in Section 10 of the EMS ordinance and Section 7.2 of the ASA Plan.

### **7.4 PROVIDER SELECTION - MAINTENANCE OF LEVEL OF SERVICE**

(A) Upon vacation of an ASA, if necessary, the Board will negotiate with other providers for interim coverage of the vacated ASA until reselection and reassignment can be completed.

(B) Each ASA applicant will provide a written procedure for ensuring continuity of service should any of the following occur:

- (1) Decreased personnel levels
- (2) Financial failure
- (3) Revocation of contract due to noncompliance

APPENDIX A

**AUTOMATIC AID AGREEMENT BETWEEN MEDIX AMBULANCE, INC.,  
AND TILLAMOOK REGIONAL MEDICAL CENTER AMBULANCE**

This agreement is made and entered into effective on the 1<sup>st</sup> day of November 2014, by and among the parties who have duly executed this Agreement.

**WHEREAS**, Medix Ambulance is the Ambulance Service Area (ASA) provider for Hwy 53 in Clatsop County; and

**WHEREAS**, Tillamook Regional Medical Center Ambulance is the ASA provider for Hwy 53 in Tillamook County; and

**WHEREAS**, Nehalem Bay Fire and Rescue District includes a portion of Hwy 53, and has a response area for motor vehicle crashes up to milepost eight (8); and

**WHEREAS**, Tillamook 9-1-1 is the public safety answering point and dispatch center for Tillamook Regional Medical Center Ambulance and Nehalem Bay Fire and Rescue; and

**WHEREAS**, the parties to this agreement recognize the necessity to cooperate and work together to provide for automatic aid for emergency medical responses; and

**WHEREAS**, the Members further recognize the need to provide for an organized means of resolving conflicts, concerns and questions between and among their respective Members.

NOW, THEREFORE, IT IS AGREED BY AND AMONG THE PARTIES WHO HAVE DULY EXECUTED THIS AGREEMENT AS FOLLOWS:

**SECTION 1. Automatic Aid Agreement:**

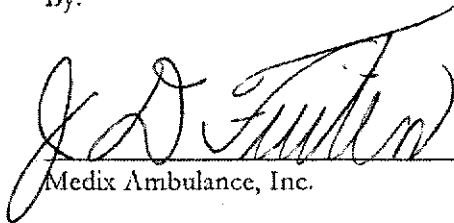
1. For all 9-1-1 calls requiring an ambulance within the Nehalem Bay Fire and Rescue District and/or their response area on Hwy 53, the Tillamook 9-1-1 center will dispatch the available Tillamook Regional Medical Center ambulance.
2. Should an ambulance from Tillamook Regional Medical Center not be readily available, the call will be assigned to Medix Ambulance.

**SECTION 2. Term of Agreement**

This Agreement shall be in full force and effect upon execution by all parties hereto. This Agreement shall remain in effect for a period of two (2) years unless cancelled by any party by giving thirty days written notice to all the parties to the agreement. The Agreement may be amended by agreement of all of the parties.

IN WITNESS THEREOF, the following parties have duly executed this Agreement:

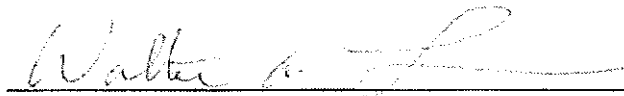
By:

  
\_\_\_\_\_  
Medix Ambulance, Inc.

10/13/2014  
Date

  
\_\_\_\_\_  
Nehalem Bay Fire and Rescue District

10/16/14  
Date

  
\_\_\_\_\_  
Tillamook Regional Medical Center Ambulance  
**WALTER A. LARSON**  
**VICE PRESIDENT, FINANCE/CFO**

OCT 3, 2014  
Date

  
\_\_\_\_\_  
Tillamook County Emergency Communications District

10/23/14  
Date



APPENDIX B  
MCI RESPONSE



Pre-Hospital Treatment Guidelines  
Multi-Casualty Incidents



60.010	MCI GENERAL GUIDELINES
<b>PURPOSE:</b> The National Incident Management System (NIMS) will be used to manage all mass casualty incidents.	
<b>PROCEDURE:</b> <ol style="list-style-type: none"><li>1. Incident Command (IC) is the responsibility of the agencies having jurisdiction. A Unified Command model will be used.</li><li>2. Each assisting agency shall retain full authority to operate within the scope of its agency operational and administrative protocols and procedures.</li><li>3. Agencies that are assisting in the support of a single jurisdiction will function under the direction of that jurisdiction's designated Unified Incident Command.</li><li>4. Incident Command of a multi-discipline event should be predicated on the "Primary Hazard" of the event.</li><li>5. In a Unified Command, the "Lead Agency" may change as priorities change.</li><li>6. The Mass Casualty Incident Protocol is a tool that may be used in part or whole as determined by the on-scene Incident Command in situations where the number of patients exceeds the resources of the on-scene responders.<ul style="list-style-type: none"><li>• If the incident involves multiple asymptomatic patients (HazMat exposure) set up secure evaluation area.</li><li>• During a declared MCI, patients with traumatic injuries may require transport to non-trauma designated hospital. However, every attempt should be made to send them to a Trauma Center.</li><li>• If transport resources are limited, more than one critical patient may be placed in an ambulance.</li><li>• Patients that are triaged as "green", may be transported by Transportation District bus to alternate care locations, e.g., Urgent Care, Clinics, Health Department.</li></ul></li></ol>	
<b>NOTES &amp; PRECAUTIONS:</b> <ol style="list-style-type: none"><li>1. Do not relocate MCI to hospital(s).</li><li>2. The first arriving ambulance should be a part of initial ICS structure and is generally the last ambulance to depart.</li><li>3. During an MCI event, only one (1) ambulance is permitted at the ambulance entrance at Tillamook Regional Medical Center:<ol style="list-style-type: none"><li>a. All other ambulances stage on north side of Third Street adjacent to ambulance entrance;</li><li>b. Ambulances will be called forward by the hospital triage coordinator.</li></ol></li></ol>	
<b>KEY CONSIDERATIONS:</b> <ol style="list-style-type: none"><li>1. MCI Levels:<ol style="list-style-type: none"><li>a. Level 2 5 to 10 Patients</li><li>b. Level 3 11 to 20 Patients</li><li>c. Level 4 21 to 30 Patients</li></ol></li><li>2. Dispatching Guidelines:<ol style="list-style-type: none"><li>a. The 9-1-1 Center will dispatch units according to the MCI Matrix based on the number of known patients;</li><li>b. The 9-1-1 Center will dispatch units according to the MCI Matrix when on-scene responders provide dispatch personnel the number of patients;</li><li>c. Unified Incident Command should cancel any unnecessary resources.</li></ol></li></ol>	
<b>Effective Date:</b> July 2014	
<b>Revision:</b>	
<b>References:</b>	



### MCI TASK CARD - MEDICAL

Reports to Incident Commander (or Operations in larger incidents)

**OBJECTIVES:**

1. Coordinate all On-Scene EMS activity.
2. Coordinate Medical activities with Incident Commander (IC), and other ICS branches as needed.
3. Provide accountability for supervised personnel.

**ACTIONS:**

- Establish Medical with Command.
- Obtain a separate working radio channel for use by Medical.
- Establish the following roles/functions and hand out vest, triage tags and task cards:
  - o Triage
  - o Treatment
  - o Transportation
  - o Destination (reports to Transportation)
  - o Staging Area (confirm area, and proper talk group)
  - o An assistant to help you with radio and face-to-face communications.
  - o Landing Zone (LZ)
- Order additional resources and ambulances through Incident Command.
- Establish accountability system for personnel working within Medical.
- Refer to Medical checklists (over).
- Monitor performance of subordinates. Provide support and changes as needed.



MCI TASK CARD - MEDICAL					
SCENE CHECKLIST					
Functional Assignments	OPS	Order Resources	OPS	OPS	HazMat
Triage		Ambulances (#)			Mass Decon
Treatment		Law Enforcement			Safety
Transportation		Busses			Rescue
Destination		EMS Task Force			
Staging Area		Medical Examiner			
Landing Zone		Red Cross			
		Speciality Teams			
OTHER ASSIGNMENTS					
Incident Commander	Triage	Treatment	Transportation		
Destination	Staging Area	Landing Zone	_____		



### MCI CARD - TREATMENT

Reports to Medical (Use assigned radio channel)

Coordinates with Triage and Transportation

**OBJECTIVES:**

1. To rapidly treat and transport all patients.
2. Identify and establish large treatment area(s) to stabilize and care for patients until transported.
3. Coordinate all activities within the treatment area.
4. Coordinate movement of patients from treatment area(s) with Transportation.
5. Provide accountability for personnel working in Treatment.

**ACTIONS:**

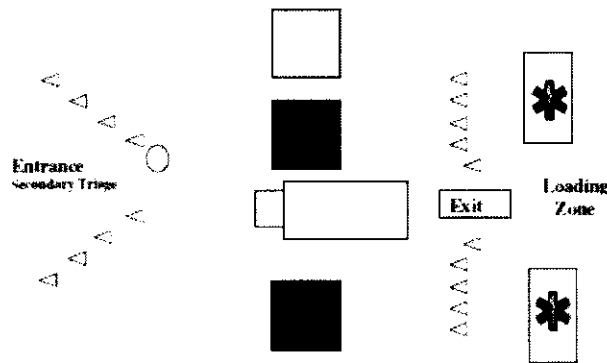
- Establish treatment area(s) large enough to receive estimated number of patients. Set up area with room to expand if necessary. Provide for environmental protection of victims and allow easy ambulance access and egress. If multiple treatment areas are needed, identify each geographically. (e.g. - North/South, street name, division name, etc.).
- Order additional resources through Medical.
- Clearly identify treatment area entry point. Assign a person at the entrance to conduct primary or secondary triage, attach triage tags and direct patients to correct treatment area.
- Consider appointing "Red," "Yellow," and "Green" Treatment Team
- Leaders and assign support personnel.
- Establish a medical supply drop area for incoming ambulances and fire units.
- Provide BLS care in the treatment area until resources allow a higher level.
- Ensure all patients in treatment area have been tagged with a triage tag.
- Identify the order in which patients are to be transported. Coordinate patient movement to the loading zone with Transportation.
- Provide accountability for personnel working within treatment area.



**MCI TASK CARD - TREATMENT**

**Treatment Area Guidelines**

- Set up treatment area **WELL AWAY** from Hazardous. Consider ambulance access/egress, wind direction and slope.
- Make it **BIG**. Set up in an area that will allow you to expand.
- Clearly identify entry point and exit point for patient transportation.
- Utilize colored tarps and flags to identify each treatment area.
- Separate the **green** area from yellow/red area. Consider separating with CBRNE unit or other natural barrier.
- Assign treatment team leaders to each area and identify them with the appropriate colored vests.



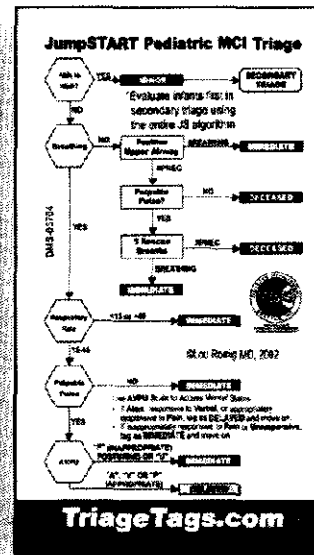
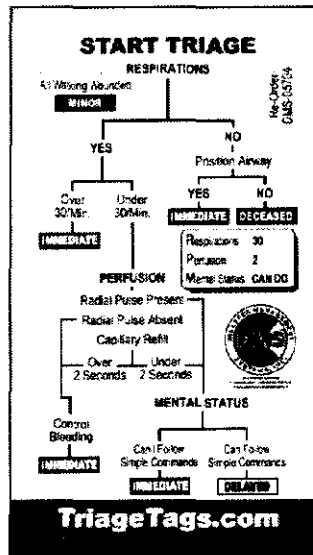


MCI TASK CARD - TREATMENT				
SCENE CHECKLIST				
OPS Channels:	Medical:	Treatment:	Transport:	
Assign Treatment Team Leaders		Current Patients in Treatment Area		
YELLOW Team Leader:		YELLOW		
Supply Team Leader		BLACK		
Additional Company Assignments		Notes:		
Company	Assignment			
Other Assignments				
Command OPS: _____	Operations OPS: _____	Triage OPS: _____	Staging OPS: _____	Destination OPS: _____



**MCI TASK CARD - TRIAGE**

- Manage the triage (using START Triage method) function at the incident (should not perform task level triage)
- Coordinate personnel/crews performing primary and secondary triage
- Maintain accountability of all triage personnel/crews
- Ensure rapid primary triage is performed – no more than 30 seconds per patient
- Ensure secondary triage point is established when necessary or that secondary triage is accomplished in place
- Coordinates movement of triaged patients to treatment/collection/transport area. (order personnel and equipment as appropriate to accomplish this)
- Ensures appropriate patient triage log is initiated and maintained. (multiple logs may need to be managed and information integrated depending on the scope of the incident)
- Relay triage information up the chain-of-command and updates status as needed
- After triage is completed, assists treatment and transport supervisors/teams to locate their patients.
  - In a hazardous incident, patients may not be able to be triaged until they are removed from the hazard zone.
  - Consider having crews utilize triage tags during secondary triage so that primary triage may be performed at appropriate speed.





**TRIAGE TAGS**

**FRONT**

Personal Property Receipt/Evidence Tag  
 Evidence Tag # 1234567

Destination: \_\_\_\_\_  
 Via: \_\_\_\_\_

**TRIAGE TAG**  
 Evidence Tag # 1234567

**RESPIRATIONS** **PERFUSION** **MENTAL STATUS**

**R** **P** **M**

None/No working wound(s) → **MINOR**

No response after head tilt → **MORGUE**

Blackout/Over 15 → **IMMEDIATE**

Reflexes/Response to eye opening → **IMMEDIATE**

Ment. status - unable to → **IMMEDIATE**

Elbow/ankle/Comms → **IMMEDIATE**

Otherwise → **MINOR**

**VITAL SIGNS**

Temp	BP	Rate	S. O <sub>2</sub>

Other: \_\_\_\_\_

**MORGUE**

**IMMEDIATE** **IMMEDIATE**

**MINOR** **MINOR**

**BACK**

Customer's Information

Patient's Name: \_\_\_\_\_

**RESPIRATIONS** **PERFUSION** **MENTAL STATUS**

**R** **P** **M**

None/No working wound(s) → **MINOR**

No response after head tilt → **MORGUE**

Blackout/Over 15 → **IMMEDIATE**

Reflexes/Response to eye opening → **IMMEDIATE**

Ment. status - unable to → **IMMEDIATE**

Elbow/ankle/Comms → **IMMEDIATE**

Otherwise → **MINOR**

**PERSONAL INFORMATION**

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

POB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**MORGUE**

**IMMEDIATE** **IMMEDIATE**

**MINOR** **MINOR**

Operations 60.010                      MCI Response                      Page 8 of 13





**MCI TASK CARD - TRANSPORTATION**

Reports to Medical (Use assigned radio channel)

**OBJECTIVES:**

1. Coordinate movement of patients from treatment area with Treatment
2. Coordinate all activities within loading zone.
3. Coordinate flow of transport vehicles with staging.
4. Provide accountability for personnel working in Transportation.

**ACTIONS:**

- Establish patient loading zone.
- Establish one-way vehicle access/egress with Staging.
- Request additional resources as needed from Medical.
- Assign Medical Communications.
- Supervise patient movement to lading zone with Treatment.
- Monitor medical radio channel to estimate number of incoming patients.



MCI TASK CARD - TRANSPORTATION		
<b>Loading Zone Location:</b>		
_____		
_____		
<b>Access / Egress Location:</b>		
_____		
_____		
<b>Resources Requested:</b>		
Time	Resource	Unit / Agency
<b>Medical Communications:</b>		
<b>Name:</b> _____		
<b>Unit / Agency:</b> _____		



**MCI TASK CARD - DESTINATION**

**Reports to Transportation**

**OBJECTIVES:**

1. Coordinate hospital destination for patients leaving the loading zone.
2. Maintain the patient transport log.

**ACTIONS:**

- Establish communications with Tillamook Regional Medical Center or "Regional Hospital" as appropriate.
  - o Tillamook Regional Medical Center: 503-815-2280
  - o Regional Hospital: 503-494-7333
- Confirm that MCI has been declared with 9-1-1 Center, Tillamook Regional Medical Center, or Regional Hospital.
- Provide total number of estimated patients.
- Establish communications with loading zone to receive information on patients ready for transportation (e.g., face-to-face, runner, radio, etc.).
- When a unit is ready to transport, contact the destination hospital, (or Regional Hospital for patient being transported directly to the Portland metro area). Provide and record the following information:
  - o Triage Tag #s / UPI if available
  - o Triage color / category
  - o Age / Gender
  - o Unit number of transporting vehicle
- Confirm hospital destination when using Regional Hospital, and record.
- Inform the transporting unit of its destination.

Pre-Hospital Treatment Guidelines  
**Multi-Casualty Incidents**



**MCI TASK CARD - DESTINATION**

Triage Tag # (last 4 digits)	Triage Level	Age	Sex	Injury Type / Location	Destination	Unit #	Transport Time
	<b>RYG</b>						
	<b>RYG</b>						
	<b>RYG</b>						
	<b>RYG</b>						
	<b>RYG</b>						
	<b>RYG</b>						
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	<b>RYG</b>						
	<b>RYG</b>						
	<b>RYG</b>						



**MCI TASK CARD - DESTINATION**

TAG #	PATIENT LOCATION	TRANSPORT NUMBER	TAG #	PATIENT LOCATION	TRANSPORT NUMBER	TAG #	PATIENT LOCATION	TRANSPORT NUMBER
<b>1</b>			<b>2</b>			<b>3</b>		
TRIAGE			TRIAGE			TRIAGE		
GCS & MAJOR INJURIES			GCS & MAJOR INJURIES			GCS & MAJOR INJURIES		
AGE & SEX			AGE & SEX			AGE & SEX		
TRAUMA BAND ID			TRAUMA BAND ID			TRAUMA BAND ID		
TRANSPORT UNIT			TRANSPORT UNIT			TRANSPORT UNIT		
HOSPITAL			HOSPITAL			HOSPITAL		
<b>4</b>			<b>5</b>			<b>6</b>		
TRIAGE			TRIAGE			TRIAGE		
GCS & MAJOR INJURIES			GCS & MAJOR INJURIES			GCS & MAJOR INJURIES		
AGE & SEX			AGE & SEX			AGE & SEX		
TRAUMA BAND ID			TRAUMA BAND ID			TRAUMA BAND ID		
TRANSPORT UNIT			TRANSPORT UNIT			TRANSPORT UNIT		
HOSPITAL			HOSPITAL			HOSPITAL		
<b>7</b>			<b>8</b>			<b>9</b>		
TRIAGE			TRIAGE			TRIAGE		
GCS & MAJOR INJURIES			GCS & MAJOR INJURIES			GCS & MAJOR INJURIES		
AGE & SEX			AGE & SEX			AGE & SEX		
TRAUMA BAND ID			TRAUMA BAND ID			TRAUMA BAND ID		
TRANSPORT UNIT			TRANSPORT UNIT			TRANSPORT UNIT		
HOSPITAL			HOSPITAL			HOSPITAL		

**MASS CASUALTY INCIDENT LEVEL 2**

1/17/2015 10:30:17 AM EST

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	13 NEHALEM BAY FIRE	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	CANNON BEACH	STAND-BY AT STATION
	MANZANITA AMBULANCE	1141 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 TO THE SCENE
	TILLAMOOK AMBULANCE	7542 TO 31 FOR COVER
	PACIFIC CITY AMBULANCE	8241 TO HEMLOCK FOR COVER
<b>CALL:</b>	MEDIX AMBULANCE	1 AMBULANCE TO THE SCENE
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS ON STAND-BY
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	SEASIDE 911	CANNON BEACH FIRE TO MANZANITA FOR COVER
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 1</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 3**

<b>IV INCIDENT</b>		
<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	13 NEHALEM BAY FIRE	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	CANNON BEACH	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	STAND-BY AT STATION
	41 BAY CITY FIRE	STAND-BY AT STATION
	71 TILLAMOOK FIRE	RESPOND MCI TRAILER TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
	GARIBALDI AMBULANCE	3141 RESPOND TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO TILLAMOOK FOR COVER
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>MEDIX AMBULANCE</b>	<b>2 AMBULANCES TO THE SCENE</b>
	LINCOLN COUNTY	1 AMBULANCE TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFFOR DESIGNEE
	SEASIDE 911	CANNON BEACH FIRE TO MANZANITA FOR COVER
	METRO WEST AMBULANCE	RESPOND TO TILLAMOOK FOR COVER
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 1</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 4**

<b>LEVEL 4</b>		
<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	13 NEHALEM BAY FIRE	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	CANNON BEACH	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	TO BAY CITY FOR COVER; AND MCI TRAILER TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
	GARIBALDI AMBULANCE	3141 RESPOND TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>MEDIX AMBULANCE</b>	<b>2 AMBULANCES TO THE SCENE</b>
	LINCOLN COUNTY	1 AMBULANCE TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	METRO WEST AMBULANCE	RESPOND TO TILLAMOOK FOR COVER
	COLUMBIA COUNTY	MIST AMBULANCE TO STATION 21 FOR COVER
	SEASIDE 911	CANNON BEACH FIRE TO MANZANITA FOR COVER
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 1</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	



**MASS CASUALTY INCIDENT LEVEL 2**

FIRE DISTRICT		RESPONSE
DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	31 GARIBALDI FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 TO THE SCENE; AND 7542 TO STATION 21 FOR COVER
	PACIFIC CITY AMBULANCE	8241 TO HEMLOCK FOR COVER
CALL:	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS ON STAND-BY
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 1
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 3**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	13 NEHALEM BAY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	STAND-BY AT STATION
	CANNON BEACH	STAND-BY AT STATION
	71 TILLAMOOK FIRE	RESPOND WITH MCI TRAILER TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	MEDIX AMBULANCE	2 AMBULANCES TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	LINCOLN COUNTY	1 AMBULANCE TO TILLAMOOK FOR COVER
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 1
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 4**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	13 NEHALEM BAY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS-OCEANSIDE FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	MEDIX AMBULANCE	2 AMBULANCES TO THE SCENE
	METRO WEST AMBULANCE	4 AMBULANCES TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	LINCOLN COUNTY	1 AMBULANCE TO TILLAMOOK FOR COVER
	SEASIDE 9-1-1	CANNON BEACH FIRE RESPOND TO MANZANITA FOR COVER
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 1
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 2**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	STAND-BY AT STATION
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 TO THE SCENE
	TILLAMOOK AMBULANCE	7542 RESPOND TO STATION 21 FOR COVER
	PACIFIC CITY AMBULANCE	8241 TO HEMLOCK FOR COVER
	MANZANITA AMBULANCE	1141 TO THE SCENE
CALL:	MEDIX AMBULANCE	1 AMBULANCE TO THE SCENE
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS ON STAND-BY
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 2
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 3**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	STAND-BY AT STATION; AND MCI TRAILER TO THE SCENE
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	MEDIX AMBULANCE	2 AMBULANCES TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	HEALTH DEPARTMENT	
	LIFE FLIGHT	STAND-BY
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	LINCOLN COUNTY	1 AMBULANCE MOVE FOR COVER
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 2
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 4**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO SCENE
	13 NEHALEM BAY FIRE	RESPOND TO THE SCENE
	81 NESTUCCA RURAL FIRE	STAND-BY AT STATION
	61 NETARTS / OCEANSIDE FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	MEDIX AMBULANCE	2 AMBULANCE TO THE SCENE
	METRO WEST AMBULANCE	2 AMBULANCES TO THE SCENE
	LINCOLN COUNTY	2 AMBULANCE TO THE SCENEN; AND 1 AMBULANCE MOVE FOR COVER
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	SEASIDE 911	CANNON BEACH FIRE TO MANZANITA FOR COVER
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 2
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 2**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	STAND-BY AT STATION
	71 TILLAMOOK FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 RESPOND TO HEMLOCK FOR COVER
	MANZANITA AMBULANCE	1141 TO THE SCENE
<b>CALL:</b>	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS ON STAND-BY
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	MEDIX AMBULANCE	RESPOND TO STATION 21 FOR COVER
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	



**MASS CASUALTY INCIDENT LEVEL 3**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS / OCEANSIDE FIRE	STAND-BY AT STATION
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
CALL:	MEDIX AMBULANCE	1 AMBULANCE TO THE SCENE; AND 1 AMBULANCE TO ROCKAWAY FOR COVER
	LINCOLN COUNTY	1 AMBULANCE TO THE SCENE; AND 1 AMBULANCE TO BEAVER FOR COVER
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	MEDIX AMBULANCE	RESPOND TO STATION 21 FOR COVER
	METRO WEST AMBULANCE	1 AMBULANCE MOVE FOR COVER
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 2
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	



**MASS CASUALTY INCIDENT LEVEL 4**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO THE SCENE
	61 NETARTS / OCEANSIDE FIRE	RESPOND TO THE SCENE
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	81 NESTUCCA RURAL FIRE	STAND-BY AT STATION
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	MEDIX AMBULANCE	3 AMBULANCE TO THE SCENE; AND 1 AMBULANCE TO ROCKAWAY FOR COVER
	LINCOLN COUNTY	2 AMBULANCE TO THE SCENE; AND 1 AMBULANCE TO BEAVER FOR COVER
	METRO WEST AMBULANCE	2 AMBULANCE TO THE SCENE; AND 2 AMBULANCE MOVE FOR COVER
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 2
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 2**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	STAND-BY AT STATION
	61 NETARTS / OCEANSIDE FIRE	STAND-BY AT STATION
	TILLAMOOK AMBULANCE	7541 & 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 RESPOND TO STATION 21 FOR COVER
<b>CALL:</b>	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	HEALTH DEPARTMENT	
	TILLAMOOK TRANSPORTATION	BUS ON STAND-BY
	USCG ASTORIA	HELO ON STAND-BY
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	LINCOLN COUNTY	1 AMBULANCE TO HEMLOCK FOR COVER
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 3**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	61 NETARTS / OCEANSIDE FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	81 NESTUCCA RURAL FIRE	STAND-BY AT STATION
	TILLAMOOK AMBULANCE	7541 & 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	LINCOLN CITY PD	NORTH LINCOLN FIRE TO STAND-BY AT STATION
	LINCOLN COUNTY	1 AMBULANCE TO THE SCENE
	MEDIX AMBULANCE	1 AMBULANCE TO TILLAMOOK FOR COVER
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 2
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**MASS CASUALTY INCIDENT LEVEL 4**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	61 NETARTS / OCEANSIDE FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	81 NESTUCCA RURAL FIRE	83 TO THE SCENE; OTHER STATIONS STAND-BY AT STATION
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	TILLAMOOK AMBULANCE	7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	PUBLIC INFORMATION OFFICER	SHERIFF OR DESIGNEE
	SEASIDE 911	CANNON BEACH FIRE TO MANZANITA FOR COVER
	LINCOLN CITY PD	NORTH LINCOLN FIRE STAND-BY AT STATION
	LINCOLN COUNTY	2 AMBULANCES TO THE SCENE
	MEDIX AMBULANCE	1 AMBULANCE TO THE SCENE; AND 1 AMBULANCE RESPOND TO TILLAMOOK FOR COVER
	METRO WEST AMBAULANCE	2 AMBUALNCES TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 2
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**FIRE DISTRICT: TILLAMOOK EAST OF HWY 6 MP 21 (LEE'S CAMP)****MASS CASUALTY INCIDENT LEVEL 2**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	<b>71 TILLAMOOK FIRE</b>	<b>RESPOND TO THE SCENE</b>
	<b>61 NETARTS / OCEANSIDE FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>41 BAY CITY FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>TILLAMOOK AMBULANCE</b>	<b>7541 &amp; 7542 TO THE SCENE</b>
	<b>GARIBALDI AMBULANCE</b>	<b>3141 TO THE SCENE</b>
	<b>PACIFIC CITY AMBULANCE</b>	<b>8241 TO HEMLOCK</b>
	<b>MANZANITA AMBULANCE</b>	<b>1141 TO STATION 21 FOR COVER</b>
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	<b>WASHINGTON CO 911 (WCCCA)</b>	<b>FOREST GROVE FIRE TO THE SCENE</b>
	<b>METRO WEST AMBULANCE</b>	<b>1 AMBULANCE TO THE SCENE</b>
	<b>TILLAMOOK TRANSPORTATION</b>	<b>BUS ON STAND-BY</b>
	<b>USCG ASTORIA</b>	<b>HELO ON STAND-BY</b>
	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	<b>HEALTH DEPARTMENT</b>	
	<b>EMERGENCY MANAGEMENT</b>	<b>PAGE DEM NOTIFICATIONS GROUP</b>
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 6</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	

**FIRE DISTRICT: TILLAMOOK EAST OF HWY 6 MP 24 (LEE'S CAMP)**

**MASS CASUALTY INCIDENT LEVEL 3**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	61 NETARTS / OCEANSIDE FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	STAND-BY AT STATION
	81 NESTUCCA RURAL FIRE	RESPOND TO TILLAMOOK FOR COVER
	TILLAMOOK AMBULANCE	7541 & 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	WASHINGTON CO 911 (WCCCA)	FOREST GROVE FIRE TO THE SCENE
	METRO WEST AMBULANCE	2 AMBULANCES TO THE SCENE
	MEDIX AMBULANCE	1 AMBULANCE TO ROCKAWAY FOR COVER
	LINCOLN COUNTY	1 AMBULANCE TO HEMLOCK FOR COVER
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 6</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	



**FIRE DISTRICT: TILLAMOOK EAST OF HWY 6 MP 24 (LEE'S CAMP)**

**MASS CASUALTY INCIDENT LEVEL 4**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS / OCEANSIDE FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	RESPOND TO GARIBALDI FOR COVER
	81 NESTUCCA RURAL FIRE	RESPOND TO TILLAMOOK FOR COVER
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	TILLAMOOK AMBULANCE	7541 & 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	WASHINGTON CO 911 (WCCCA)	FOREST GROVE FIRE TO THE SCENE
	WCCCA	TRI-CITIES FIRE REMAIN ON STANDBY
	LINCOLN CITY PD	NORTH LINCOLN FIRE; EMS UNIT TO HEMLOCK FOR COVER; AND RESCUE UNIT TO CLOVERDALE FOR COVER
	METRO WEST AMBULANCE	2 AMBULANCES TO THE SCENE
	LINCOLN COUNTY	M11 AND M14 TO THE SCENE
	MEDIX AMBULANCE	1 AMBULANCE TO THE SCENE; AND 1 AMBULANCE TO ROCKAWAY FOR COVER
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 6</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	

**MASS CASUALTY INCIDENT LEVEL 2**

LEVEL 2 CASUALTY

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	61 NETARTS / OCEANSIDE FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	STAND-BY AT STATION
	81 NESTUCCA RURAL FIRE	STAND-BY AT STATION
	TILLAMOOK AMBULANCE	7541 & 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 RESPOND TO STATION 21 FOR COVER
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN COUNTY	M11 TO HEMLOCK FOR COVER
	TILLAMOOK TRANSPORTATION	BUS ON STAND-BY
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	



**FIRE DISTRICT: NETARTS / OCEANSIDE**

**MASS CASUALTY INCIDENT LEVEL 3**

11/17/2014 10:30 AM

11/17/2014

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	<b>61 NETARTS / OCEANSIDE FIRE</b>	<b>RESPOND TO THE SCENE</b>
	<b>71 TILLAMOOK FIRE</b>	<b>RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE</b>
	<b>81 NESTUCCA RURAL FIRE</b>	<b>1 CREW RESPOND TO THE SCENE/OTHERS STAND-BY AT STATION</b>
	<b>41 BAY CITY FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>TILLAMOOK AMBULANCE</b>	<b>7541 &amp; 7542 TO THE SCENE</b>
	<b>GARIBALDI AMBULANCE</b>	<b>3141 TO THE SCENE</b>
	<b>PACIFIC CITY AMBULANCE</b>	<b>8241 TO THE SCENE</b>
	<b>MANZANITA AMBULANCE</b>	<b>1141 TO THE SCENE</b>
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	<b>LINCOLN COUNTY</b>	<b>M11 TO THE SCENE</b>
	<b>MEDIX AMBULANCE</b>	<b>ANY AVAILABLE RESPOND TO TILLAMOOK TO COVER COUNTY</b>
	<b>EMS</b>	<b>CAD PAGE "EMS All Call-Report to Hospital for MCI"</b>
	<b>TILLAMOOK TRANSPORTATION</b>	<b>BUS RESPOND TO STAGING AREA</b>
	<b>USCG ASTORIA</b>	<b>HELO ON STAND-BY</b>
	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	<b>HEALTH DEPARTMENT</b>	
	<b>EMERGENCY MANAGEMENT</b>	<b>PAGE DEM NOTIFICATIONS GROUP</b>
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	

**FIRE DISTRICT: NETARTS / OCEANSIDE**

**MASS CASUALTY INCIDENT LEVEL 4**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO SCENE</b>
	61 NETARTS / OCEANSIDE FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	81 NESTUCCA RURAL FIRE	82, 83, 85 RESPOND TO THE SCENE
	31 GARIBALDI FIRE	RESPOND TO THE SCENE
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	TILLAMOOK AMBULANCE	7541 & 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; UNIT TO CLOVERDALE FOR COVER
	LINCOLN COUNTY	M11 AND M14 TO THE SCENE
	METRO WEST AMBULANCE	2 AMBULANCES TO THE SCENE
	MEDIX AMBULANCE	1 AMBULANCE TO THE SCENE; AND 1 AMBULANCE RESPOND TO TILLAMOOK TO COVER COUNTY
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**FIRE DISTRICT: HEMLOCK BEAVER & BLAINE NRF**

**MASS CASUALTY INCIDENT LEVEL 2**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	<b>81 NESTUCCA RURAL FIRE</b>	<b>RESPOND TO THE SCENE</b>
	<b>71 TILLAMOOK FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>61 NETARTS - OCEANSIDE FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>PACIFIC CITY AMBULANCE</b>	<b>8241 RESPOND TO THE SCENE</b>
	<b>TILLAMOOK AMBULANCE</b>	<b>7541 &amp; 7542 RESPOND TO THE SCENE</b>
	<b>GARIBALDI AMBULANCE</b>	<b>3141 RESPOND TO THE SCENE</b>
	<b>MANZANITA AMBULANCE</b>	<b>1141 RESPOND TO ST 21 FOR COVER</b>
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	<b>LINCOLN CITY PD</b>	<b>NORTH LINCOLN FIRE; TO NESKOWIN FOR COVER</b>
	<b>LINCOLN COUNTY</b>	<b>M11 RESPOND PACIFIC CITY FOR COVER</b>
	<b>TILLAMOOK TRANSPORTATION</b>	<b>BUS ON STAND-BY</b>
	<b>USCG ASTORIA</b>	<b>HELO ON STAND-BY</b>
	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	<b>HEALTH DEPARTMENT</b>	
	<b>EMERGENCY MANAGEMENT</b>	<b>PAGE DEM NOTIFICATIONS GROUP</b>
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	

**FIRE DISTRICT: HEMLOCK BEAVER & BLAINE NRF**

**MASS CASUALTY INCIDENT LEVEL 3**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO SCENE</b>
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS-OCEANSIDE FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	STAND-BY AT STATION
	31 GARIBALDI FIRE	STAND-BY AT STATION
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; EMS UNIT RESPOND TO PACIFIC CITY TO COVER; AND RESCUE TO THE SCENE???
	LINCOLN COUNTY	M11, M12, AND M14 TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**FIRE DISTRICT: HEMLOCK BEAVER & BLAINE NRF**

**MASS CASUALTY INCIDENT LEVEL 4**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO SCENE</b>
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS-OCEANSIDE FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	STAND-BY AT STATION
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; EMS UNIT TO THE SCENE; AND RESCUE UNIT TO THE SCENE; AND FIRE UNIT TO NESKOWIN TO COVER????
	LINCOLN COUNTY	M1, M11, M12, M14 TO THE SCENE
	METRO WEST AMBULANCE	2 AMBULANCES RESPOND TO THE SCENE
	MEDIX	ANY AVAILABLE UNITS RESPOND TO TILLAMOOK TO COVER COUNTY
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 2</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**FIRE DISTRICT: HWY 22 HEBO CLOVERDALE LITTLE NESTUCCA RIVER NRF  
 MASS CASUALTY INCIDENT LEVEL 2**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	STAND-BY AT STATION
	61 NETARTS - OCEANSIDE FIRE	STAND-BY AT STATION
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 TO THE SCENE
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; RESPOND TO NESKOWIN FOR COVER
	LINCOLN COUNTY	M11 AND M12 TO THE SCENE
	TILLAMOOK TRANSPORTATION	BUS ON STANDY-BY
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 3</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**FIRE DISTRICT HWY 22 HEBO CLOVERDALE LITTLE NESTUCCA RIVER NRF  
MASS CASUALTY INCIDENT LEVEL 3**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS-OCEANSIDE FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	STAND-BY AT STATION
	31 GARIBALDI FIRE	STAND-BY AT STATION
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 RESPOND TO TILLAMOOK TO COVER COUNTY
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; EMS UNIT RESPOND TO THE SCENE; AND RESCUE UNIT RESPOND TO THE SCENE
	PACIFIC WEST AMBULANCE	M11 AND M12 TO THE SCENE
	Y-COM	1 WILLAMINA AMBULANCE TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 3</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	



**FIRE DISTRICT: HWY 22 HEBO CLOVERDALE LITTLE NESTUCCA RIVER NRF  
 MASS CASUALTY INCIDENT LEVEL 4**

DISPATCH:	CLOSEST POLICE UNIT	RESPOND TO SCENE
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS-OCEANSIDE FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	RESPOND TO THE SCENE
	31 GARIBALDI FIRE	STAND-BY AT STATION
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	13 NEHALEM BAY FIRE	STAND-BY AT STATION
	PAGIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 RESPOND TO TILLAMOOK TO COVER COUNTY
END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"		
CALL:	PUBLIC INFORMATION) OFFICER	SHERIFF OR DESIGNEE
	LINCOLN CITY PD	NORTH LINCOLN FIRE; EMS UNIT TO THE SCENE; AND RESCUE TO THE SCENE
	LINCOLN COUNTY	M1, M11, M12, M14 TO THE SCENE
	Y-COM	WILLAMINA AMBULANCE: 1 AMBULANCE TO THE SCENE; AND MCMINVILLE AMBULANCE: 2 AMBULANCES TO THE SCENE
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
EMS IC:	NOTIFIES:	HOSPITAL
HOSPITAL:	CALLS:	RED-CROSS AND MEDICAL EXAMINER
COMMS:	INCIDENT COMMAND	TAC 3
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	



**FIRE DISTRICT: NESKOWIN HWY 101 TO BOUNDARY ON CASCADE HEAD****MASS CASUALTY INCIDENT LEVEL 2**

1X126 03/17/15

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	<b>81 NESTUCCA RURAL FIRE</b>	<b>RESPOND TO THE SCENE</b>
	<b>71 TILLAMOOK FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>PACIFIC CITY AMBULANCE</b>	<b>8241 TO THE SCENE</b>
	<b>TILLAMOOK AMBULANCE</b>	<b>7541 MOVE TO PACIFIC CITY FOR COVER</b>
	<b>GARIBALDI AMBULANCE</b>	<b>3141 MOVE TO TILLAMOOK FOR COVER</b>
	<b>MANZANITA AMBULANCE</b>	<b>1141 MOVE TO ROCKAWAY FOR COVER</b>
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	<b>LINCOLN CITY PD</b>	<b>NORTH LINCOLN FIRE; STAND-BY AT STATION</b>
	<b>LINCOLN COUNTY</b>	<b>M11, M12, AND M14 TO THE SCENE</b>
	<b>TILLAMOOK TRANSPORTATION</b>	<b>BUS ON STAND-BY</b>
	<b>USCG ASTORIA</b>	<b>HELO ON STAND BY</b>
	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	<b>HEALTH DEPARTMENT</b>	
	<b>EMERGENCY MANAGEMENT</b>	<b>PAGE DEM NOTIFICATIONS GROUP</b>
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 6</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	

**FIRE DISTRICT NESKOWIN HWY 101 TO BOUNDARY ON CASCADE HEAD**

**MASS CASUALTY INCIDENT LEVEL 3**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	<b>81 NESTUCCA RURAL FIRE</b>	<b>RESPOND TO THE SCENE</b>
	<b>71 TILLAMOOK FIRE</b>	<b>RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE</b>
	<b>61 NETARTS-OCEANSIDE FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>41 BAY CITY FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>PACIFIC CITY AMBULANCE</b>	<b>8241 TO THE SCENE</b>
	<b>TILLAMOOK AMBULANCE</b>	<b>7541 AND 7542 TO THE SCENE</b>
	<b>GARIBALDI AMBULANCE</b>	<b>3141 TO THE SCENE</b>
	<b>MANZANITA AMBULANCE</b>	<b>1141 RESPOND TO TILLAMOOK TO COVER COUNTY</b>
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	<b>LINCOLN CITY PD</b>	<b>NORTH LINCOLN FIRE: EMS UNIT TO THE SCENE; AND RESCUE UNIT RESPOND TO THE SCENE</b>
	<b>LINCOLN COUNTY</b>	<b>M1, M11, M12, AND M14 TO THE SCENE</b>
	<b>Y-COM</b>	<b>WILLAMINA AMBULANCE; RESPOND PACIFIC CITY FOR COVER</b>
	<b>EMS</b>	<b>CAD PAGE "EMS All Call-Report to Hospital for MCI"</b>
	<b>TILLAMOOK TRANSPORTATION</b>	<b>BUS RESPOND TO STAGING AREA</b>
	<b>USCG ASTORIA</b>	<b>HELO ON STAND-BY</b>
	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	<b>HEALTH DEPARTMENT</b>	
	<b>EMERGENCY MANAGEMENT</b>	<b>PAGE DEM NOTIFICATIONS GROUP</b>
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 3</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	

**FIRE DISTRICT: NESKOWIN HWY 101 TO BOUNDARY ON CASCADE HEAD**

**MASS CASUALTY INCIDENT LEVEL 4**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS-OCEANSIDE FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	STAND-BY AT STATION
	31 GARIBALDI FIRE	STAND-BY AT STATION
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 TO THE SCENE
	21 ROCKAWAY FIRE	ON STANDBY

**END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"**

<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; EMS UNIT TO THE SCENE; AND RESCUE TO THE SCENE
	Y-COM	WILLAMINA AMBULANCE; RESPOND TO PACIFIC CITY FOR COVER; AND MCMINVILLE AMBULANCE; 2 AMBULANCES RESPOND TO THE SCENE
	LINCOLN COUNTY	M1, M3, M11, M12 AND M14 TO THE SCENE
	METRO WEST AMBULANCE	RESPOND TO TILLAMOOK TO COVER THE COUNTY
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 3</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**FIRE DISTRICT: PACIFIC CITY - TIERRA DEL MAR - SANDLAKE NRF**

**MASS CASUALTY INCIDENT LEVEL 2**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO SCENE</b>
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	STAND-BY AT STATION
	61 NETARTS-OCEANSIDE FIRE	STAND-BY AT STATION
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 TO THE SCENE; AND 7542 TO PACIFIC CITY FOR COVER
	GARIBALDI AMBULANCE	3141 MOVE TO TILLAMOOK FOR COVER
	MANZANITA AMBULANCE	1141 MOVE TO ROCKAWAY FOR COVER
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; STAND-BY AT STATION ???
	LINCOLN COUNTY	2 AMBULANCES RESPOND TO THE SCENE
	TILLAMOOK TRANSPORTATION	BUS ON STAND-BY
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 3</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	

**FIRE DISTRICT PACIFIC CITY - TIERRA DEL MAR - SANDLAKE NRF**

**MASS CASUALTY INCIDENT LEVEL 3**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO SCENE</b>
	<b>81 NESTUCCA RURAL FIRE</b>	<b>RESPOND TO THE SCENE</b>
	<b>71 TILLAMOOK FIRE</b>	<b>RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE</b>
	<b>61 NETARTS-OCEANSIDE FIRE</b>	<b>RESPOND TO THE SCENE</b>
	<b>41 BAY CITY FIRE</b>	<b>STAND-BY AT STATION</b>
	<b>PACIFIC CITY AMBULANCE</b>	<b>8241 TO THE SCENE</b>
	<b>TILLAMOOK AMBULANCE</b>	<b>7541 AND 7542 RESPOND TO THE SCENE</b>
	<b>GARIBALDI AMBULANCE</b>	<b>3141 TO THE SCENE</b>
	<b>MANZANITA AMBULANCE</b>	<b>1141 RESPOND TO TILLAMOOK TO COVER COUNTY</b>
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	<b>LINCOLN CITY PD</b>	<b>NORTH LINCOLN FIRE; EMS UNIT TO THE SCENE; AND RESCUE UNIT RESPOND TO THE SCENE???</b>
	<b>LINCOLN COUNTY</b>	<b>M11, M12, AND M14 RESPOND TO THE SCENE</b>
	<b>EMS</b>	<b>CAD PAGE "EMS All Call-Report to Hospital for MCI"</b>
	<b>TILLAMOOK TRANSPORTATION</b>	<b>BUS RESPOND TO STAGING AREA</b>
	<b>USCG ASTORIA</b>	<b>HELO ON STAND-BY</b>
	<b>LIFE FLIGHT</b>	<b>STAND-BY</b>
	<b>HEALTH DEPARTMENT</b>	
	<b>EMERGENCY MANAGEMENT</b>	<b>PAGE DEM NOTIFICATIONS GROUP</b>
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 3</b>
	<b>FIRE GROUND OPS</b>	
	<b>EMS OPS</b>	
	<b>TRANSPORTATION</b>	

**FIRE DISTRICT: PACIFIC CITY - TIERRA DEL MAR - SANDLAKE NRF**

**MASS CASUALTY INCIDENT LEVEL 4**

<b>DISPATCH:</b>	<b>CLOSEST POLICE UNIT</b>	<b>RESPOND TO THE SCENE</b>
	81 NESTUCCA RURAL FIRE	RESPOND TO THE SCENE
	71 TILLAMOOK FIRE	RESPOND TO THE SCENE; AND MCI TRAILER TO THE SCENE
	61 NETARTS-OCEANSIDE FIRE	RESPOND TO THE SCENE
	41 BAY CITY FIRE	STAND-BY AT STATION
	31 GARIBALDI FIRE	STAND-BY AT STATION
	21 ROCKAWAY FIRE	STAND-BY AT STATION
	PACIFIC CITY AMBULANCE	8241 TO THE SCENE
	TILLAMOOK AMBULANCE	7541 AND 7542 RESPOND TO THE SCENE
	GARIBALDI AMBULANCE	3141 TO THE SCENE
	MANZANITA AMBULANCE	1141 RESPOND TO THE SCENE
<b>END OF PAGE INCLUDE: "ALL AVAILABLE EMS PERSONNEL RESPOND TO 75 QUARTERS"</b>		
<b>CALL:</b>	<b>PUBLIC INFORMATION OFFICER</b>	<b>SHERIFF OR DESIGNEE</b>
	LINCOLN CITY PD	NORTH LINCOLN FIRE; EMS UNIT TO THE SCENE; AND RESCUE UNIT TO THE SCENE
	LINCOLN COUNTY	M1, M11, M12 AND M14 TO THE SCENE
	Y-COM	WILLAMINA AMBULANCE; TO THE SCENE; AND MCMINVILLE AMBULANCE; 2 AMBULANCES TO THE SCENE
	METRO WEST AMBULANCE	RESPOND TO THE SCENE
	MEDIX AMBULANCE	MOVE TO COVER TILLAMOOK COUNTY
	EMS	CAD PAGE "EMS All Call-Report to Hospital for MCI"
	TILLAMOOK TRANSPORTATION	BUS RESPOND TO STAGING AREA
	USCG ASTORIA	HELO ON STAND-BY
	LIFE FLIGHT	STAND-BY
	HEALTH DEPARTMENT	
	EMERGENCY MANAGEMENT	PAGE DEM NOTIFICATIONS GROUP
<b>EMS IC:</b>	<b>NOTIFIES:</b>	<b>HOSPITAL</b>
<b>HOSPITAL:</b>	<b>CALLS:</b>	<b>RED-CROSS AND MEDICAL EXAMINER</b>
<b>COMMS:</b>	<b>INCIDENT COMMAND</b>	<b>TAC 3</b>
	FIRE GROUND OPS	
	EMS OPS	
	TRANSPORTATION	



Facility: Tillamook County General Hospital

System-wide Corporate Policy

Standard Policy

Model Policy:

Policy No: GR 07

Page 1 of 3

Department: Ambulance

Category/Section: Governing Rules

Computer Code:

**POLICY: COVERAGE PROTOCOL**

**PHILOSOPHY/PURPOSE:**

This protocol is to be used as a guideline in providing routine coverage within our four ASA's.

**POLICY:**

1. Multiple ambulances/crews should not be at one location for extended time periods leaving minimal coverage in the other areas.
2. If only one ambulance is available 9-1-1 will request mutual aid.
3. Always notify Station 800, by radio or MDT, of your coverage location so they can send the closest ambulance.

**ROUTINE MOVE UP**

**MANZANITA**

3141 to 21

\*Second 911 call for Manzanita area while 3141 is covering

7541 to 21  
7542 to 75

If no 7542 unit available

7541 to 31  
8241 to Hemlock

**GARIBALDI**

1141 to 21

\*Second 911 call for Garibaldi area while 1141 is covering  
If call is North of Hobsonville Point Road 1141 should take call.  
(1141 will take Hobsonville Point Road) Coverage as follows:

7541 to 21  
7542 to 75

If no 7542 unit available

7541 to 31  
8241 to Hemlock

If 911 call is South of Hobsonville Point Road 7541 should take call. Coverage as follows:

1141 to 21  
7542 to 75

If no 7542 unit available

1141 to 31  
8241 to Hemlock

**TILLAMOOK**

Short Duration (local, non-critical) No move up

Short Duration defined area:

- N. Hwy 101 at Cheese Factory
- S. Hwy 101 at Long Prairie Rd.
- E. Hwy 6 at at Wilson River Loop
- W. Hwy 131 at Frasier Road

Medium Duration 3141 to 41

Medium Duration Defined area:

Outside Short Duration area

Long Duration 7542 to 75

If no 7542 unit available 3141 to 75  
1141 to 21

\*Second 911 call for Tillamook District with no 7542 unit 8241 to Hemlock  
1141 to 31

Long Duration Defined:

Long Duration calls for all station, requiring second call to be paged in include but are not limited to the following: Hwy 6, Code Blue, Trauma, Multiple Victims, out of the area transfers, and Pacific City coverage.

**PACIFIC CITY** 7541 to Hemlock  
7542 to 75

If no 7542 unit 7541 to Hemlock  
3141 to 75  
1141 to 21

\*If a second 911 call comes in and 8241 is at N. Lincoln and available to take a call response is as follows:

South of Little Nestucca River Road 8241 should respond. (8241 will take Nestucca River Road)

North of Little Nestucca River Road Unit covering at Hemlock should respond.

**REQUEST FOR LINCLON CITY COVERAGE** 8241 to Neskowin



If 9-1-1 call is South of Blaine Road 8241 will take the call. (8241 will take Blaine Rd.)  
If 9-1-1 call is North of Blaine Road 7541 will take call.

**Remember if only two ambulances are available coverage should be at Hemlock and Station 31.**

**Hemlock coverage will take any calls South of Les Schwab.**

**31 coverage will take any calls from Les Schwab North.**

**Return transfers to 3141's area and 1141's area:**

1. When at level 4, 3141 will move to 41 for coverage. 1141 will not move, and 7542 will not be paged.
2. When at any level 3:
  - a. 0800 to 2200: page 7542;
  - b. 2200 to 0800 units will move to level 2.

**Flexibility:**

Members have the ability to work together to provide flexibility in coverage. For example, if 1141 is at 21 for a long period of time, they can work with 3141 to cover at 41 while they return to quarters for supplies, equipment, food, etc.

**Supervisors have final discretion on coverage protocol.**

APPLICABLE STANDARDS OR REGULATORY REQUIREMENTS:

REFERENCES:

AUTHOR:

APPROVED:

EFFECTIVE DATE: June 1995

DISTRIBUTION:

REVISION: 01/01; 11/05; 12/05, 03/07, 5/08, 09/12,

REVIEWED: 01/13

POLICY HISTORY:

ATTACHMENTS:

APPENDIX D

TILLAMOOK COUNTY

EMERGENCY MEDICAL QUALITY IMPROVEMENT STANDARDS

I. GENERALLY

A. The goals of the Tillamook County Quality Improvement Program for pre-hospital care are as follows:

1. Assure prompt appropriate level of care to person in need of emergency medical care.
2. Assure proper emergency medical care for the patient.
3. Assure transport of patient to proper hospital.
4. Assure compliance with the Tillamook County ASA Plan, EMS Ordinance, Physician Standing Orders, and State laws and regulations.

B. The EMS Council will use the following generated information levels for achieving the QI goals:

1. Public
2. Dispatch process
3. Other EMS providers
4. Pre-hospital care
5. Emergency Department
6. Critical Care
7. EMS Administration
8. Trauma Centers
9. ATAB

C. The types of information used by the Council may include the following:

1. Complaint

2. Patient care form
3. Emergency department form
4. Critical care form
5. Hospital record
6. Communication report
7. Medical resource hospital record
8. Trauma communications record
9. Radio transmission tape
10. On scene report
11. Trauma registry form

## II. SYSTEM QUALITY IMPROVEMENT SCREENS AND Q.A. MEASURES

A. The EMS Council shall assure the prompt appropriate level of care to a person in need of medical care, utilizing the following screens and, if deviations are found, may take any action described below:

1. Determine whether system was entered appropriately by 9-111 utilizing the following information types:
  - a. Communications report
  - b. Patient care sheet
  - c. Emergency department form
  - d. EMS Mutual Aid Plan
2. If deficiencies are found, the Council may:
  - a. Examine triage guidelines and recommend changes if necessary;
  - b. Recommend retraining of Communications personnel if necessary.
3. The Council shall determine whether response times

were in accordance with the ASA Plan and EMS Ordinance by using the following information types:

- a. Communications report
  - b. Patient care form
  - c. Refer incident and findings to physician advisor
4. If deviations are found, the Council may:
- a. Examine communications procedures and recommend changes if necessary.
  - b. Examine ambulance response procedures and recommend changes if necessary to the appropriate facility, committee or body;
  - c. Examine ambulance service response areas and recommend changes if necessary to the appropriate facility, committee or body.

B. The Council shall assure proper emergency medical care for the patient by the following:

1. Determine whether the correct patient assessment was made by the EMT. In making this determination the Council may use the following information types:
  - a. Patient care form
  - b. Emergency department form
  - c. Critical care form
  - d. Hospital record
2. Determine whether the correct treatment was made by the EMT using the following information types:
  - a. Patient care form
  - b. Radio transmission tape
  - c. Emergency department form
  - d. On scene report

3. If deficiencies are found in the delivery of proper emergency medical care for the patient by the EMT, the Council may:
  - a. Examine the care for appropriateness and provide necessary action for the EMT;
  - b. Examine the treatment protocol for appropriateness and recommend changes if necessary.
4. Determine whether treatment was provided to the patient in a timely manner using the following information types:
  - a. Patient care form
  - b. Radio transmission tape
  - c. Emergency department record
  - d. On scene report

C. The Council shall assure the transport of patient to the proper hospital:

1. Determine whether a trauma patient was transported to facility able to care for the patient's needs by using the following information types:
  - a. Patient care form
  - b. Emergency department form
  - c. Trauma registry
  - d. Applicable ATAB and SAG guidelines
2. If it is determined that a trauma patient was not transported to the appropriate facility, the Council may:
  - a. Examine the triage criteria into the trauma system and recommend changes if necessary
  - b. Examine the assessment procedure by the EMT and take necessary action

3. Determine whether the hospital receives proper notification and is in readiness with appropriate staff/facilities by using the following information types:
  - a. Radio transmission tape
  - b. patient care form
  - c. Trauma registry form
4. If it is determined that the hospital did not receive proper notification or was not ready with the appropriate staff/facilities, the EMS Council may:
  - a. Examine the notification system and recommend changes as necessary with the radio system and the EMT;
  - b. Examine the trauma facility and personnel standards and recommend changes as necessary;
  - c. Examine the hospital in-house standards and recommend areas of change

III. IN CONDUCTING ITS QUALITY IMPROVEMENT REVIEWS, THE EMS COUNCIL MAY ALSO USE THE FOLLOWING ADDITIONAL SCREENS:

- A. All pre-hospital deaths
- B. All emergency department deaths where the patient was transported by ambulance.
- C. Any calls requested by an EMT, nurse, physician or administrator
- D. Any other calls or screens as directed by the EMS Council.