



To: Jason Yencopal - Emergency Management Director
Baker County - Commissioners Office
1995 Third Street
Baker City, OR 97814

Date: June 3, 2022

From: J.D Fuiten, Owner/President Metro West Ambulance

Firm Name: Metro West Ambulance Inc.

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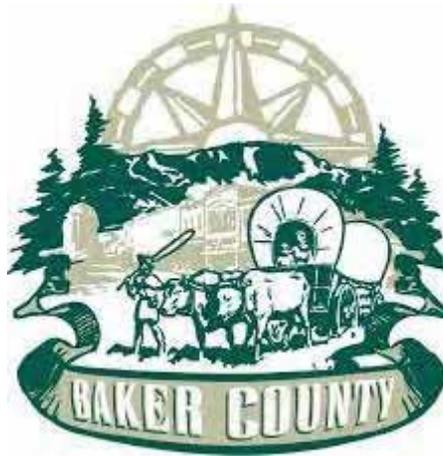
Title: Chief Business Development Officer

Signature:

Date:



In Partnership with



Pre Hospital Care Emergency Medical Ambulance Service for the Baker and
Huntington ASA



June 3, 2022

Selection Committee Members
Jason Yencopal, Emergency Management Director
1995 Third Street
Baker City, OR 97814

Dear Mr. Yencopal and Selection Committee Members:

Thank you for the opportunity to submit this response to the request for proposal for pre-hospital care emergency medical ambulance services for the Baker and Huntington ASA and Huntington ASA. This document represents the spirit of a public/private partnership that is forged by collaboration and executed by a commitment to provide the Baker County the best medical transportation service possible given the difficult operating environment for ambulance services nationwide.

The COVID-19 Public Health Emergency and resulting health care workforce shortage, supply chain difficulty, and resulting increased operating expenses have had dramatic impacts on ambulance services. Our proposal must be evaluated as a best effort system design, subject to conditions at the time of implementation. We anticipate working closely with Baker County and local stakeholders to develop the best deployment plan possible upon implementation and through the life of the contract.

As you read this proposal you'll become aware that it was crafted with the needs and desires of all Baker County healthcare stakeholders. Though the proposal is for emergency medical transportation, the Metro West submission also represents local jobs and a commitment backed by our 69 year-old Oregon company and our goal to create more jobs right here at home.

I'd like to share with you a few details about our proposal, as I believe they are unique to our company and represent our commitment to a partnership with Baker County.

- ▶ Experience. 69 years of experience right here in Oregon. Experience serving rural communities all the way to urban. From the coast to the mountains to the valleys and everything in between. To communities and regions with a plethora of resources to areas where we've stepped in to help because resources were scarce and service very limited. We believe that everyone in Oregon deserves great EMS care and that by working together we can reach that goal.
- ▶ We understand that EMS is best provided with strong partnerships. If Metro West were to be awarded this contract, displacement of personnel is of great concern to the Baker City community which affects the County. We are offering a proposal enhancement that includes A commitment to hiring paramedics and EMTs displaced from the existing contract, and subcontracting with Baker City for Firefighter EMTs and Paramedics to help staff our units while reimbursing the City for their personnel's time. Additionally we would be willing to lease space for our units and staff at Baker City Fire stations and we are offering training and classes at no charge to the Baker City Fire Department to further solidify our relationship with this important agency.



- ▶ Financial Backing - We want to assure all of you at Baker County that we have never pulled out of a community we serve and we have the full faith credit, net asset base of Metro West, and my own personal guarantee of a Baker County operation that will be able to meet the needs of your citizens.
- ▶ Lifeguard Membership- We will offer the LifeGuard membership program to Baker County. A membership program that would cost only \$59 per year that covers the member and all claimed dependents living in their household for ground ambulance transport anywhere in Oregon 24/7/365. This private sector program is similar to Fire Med which is the public sector model.

This proposal represents the combined talent and skill of those I am proud to lead every day and who are backed by my company, an Oregon company, with 69 years of experience in medical transportation and public/private partnerships. Thank you for the opportunity to participate in this procurement process.

Very truly yours,

J.D. Fuiten
President/Owner



RFP (2022-02) – (Pre Hospital Care Emergency Medical Ambulance Services for the Baker and Huntington ASA)

Note: RFP Proposal Requirements as set forth in this RFP are presented in bold type for reference. Metro West Ambulance responses to the proposal requirements are in normal typeset following each proposal requirement.

3.2 PROPOSAL REQUIREMENTS

Proposal must address each of the items listed in this section and all other requirements set forth in this RFP. Proposer shall describe the Goods to be provided or the Services to be performed or both. A Proposal that merely offers to provide the goods or services as stated in this RFP may be considered non-Responsive to this RFP and will not be considered further.

Proposal should not include extensive artwork, unusual printing or other materials not essential to the utility and clarity of the Proposal. Do not include marketing or advertising material in the Proposal, unless requested. Proposal should be straightforward and address the requests of the RFP. Proposal containing unsolicited marketing or advertising material may receive a lower evaluation score if specific information is difficult to locate.

Metro West Ambulance Services, Inc. acknowledges that we are required to address each item listed in this section and all other requirements set forth in this RFP including 3.1 Minimum Qualifications. We will describe all Goods we will provide and all Services we will perform. We understand that a proposal that merely offers to provide goods and services as stated in this RFP may be viewed as a non-responsive bid and will not be considered further.

We have not included extensive artwork, unusual printing or other materials not essential to the utility and clarity of the proposal as requested. We have not included marketing or advertising materials and will only furnish them upon request. Our goal is to clearly present our plan to serve the citizens and the communities of the Baker and Huntington ASA.

We have attempted to make our proposal straightforward in order to clearly address the requests of this RFP. We understand that any proposal containing unsolicited marketing or advertising material may receive a lower evaluation score if specific information is difficult to locate.

Firms interested in submitting proposals for the Emergency Ambulance Services as detailed in this RFP shall submit five (5) original hard copy proposals and one (1) .pdf copy on a flash drive. Proposals shall be signed by an authorized representative; failure to do so may subject the proposal to rejection by the County.

We have five (5) original hard copy proposals and one (1) .pdf copy on a flash drive that contains our RFP offering. They are signed by an authorized representative, our company's Owner and President J.D. Fuiten.

Metro West Ambulance acknowledges the requirement that we must address the following which are used as the Evaluation Criteria:

- A. Vendor Personnel, Equipment, and Service Requirements
- B. Support for the County and Community
- C. Rates
- D. Reimbursement of System Services
- E. Fee for Service

**A. Vendor Personnel,
Equipment, and Service
Requirements**

**Minimum Required Training
and Experience of Vendor
Personnel**



The following is our proposal addressing Evaluation Criteria:

A. Vendor Personnel, Equipment, and Service Requirements: Please describe in detail the training and experience of its personnel, the quantity and quality of the equipment the Vendor intends to deploy, and how it will meet the service requirements described in this RFP if awarded a contract resulting from this proposal. Please include in your answer, at least, the following information:

1. Minimum Required Training and Experience of Vendor Personnel: Please describe how you intend to provide personnel, including EMTs, Paramedics, and Supervisors. Please include in your description, at least, without personal identifying information, but in the aggregate, how many employees you presently employ, including the number of EMTs, paramedics, and supervisors, how many other employees, including supervisory and management personnel, the licenses and certifications the employees hold, their levels of experience in their particular role, the number of EMT advanced and paramedics, you intend to deploy in the Baker and Huntington ASA, and the minimum levels of training and experience in their particular role of those occupations you intend to deploy in the course of the contract. Please also describe how you intend to manage and supervise the EMTs and paramedics deployed in the Baker and Huntington ASA. Please describe all requirements for any new hires, if different.

Proposal Enhancement

We understand that EMS is best provided with strong partnerships. We know that Baker City Fire has experienced and talented EMS providers that currently serve this region. We understand that if Metro West were to be awarded this contract, displacement of personnel is of great concern to the Baker City community which affects the County. As part of our staffing and experience model, we want to start off by proposing to offer shared staffing with Baker City Fire Department. We would be willing to contract with Baker City for Firefighter EMTs and Paramedics to help staff our primary or back up units reimbursing the City for their time spent on units. We would also offer to hire any fire Paramedics or EMT's that lose employment with Baker City. Additionally we would be willing to lease space for our units and staff at Baker City Fire stations. As part of this partnership, we will offer training and classes at no charge to the Baker City Fire Department to further solidify our relationship with this important agency.

If the City/County is not interested in the above proposal, we are fully prepared to provide EMS services for the Baker County ASA. The following illustrates our capabilities.

Metro West Ambulance Services, Inc. has a history rich in meeting the needs and caring for those we serve from very small rural communities to large urban areas. We've had great successes, marked many firsts in our industry, have been a part of the evolution of prehospital care over the decades. We've also had a variety of great learning opportunities-all which have contributed to our company's ability to evolve in order to meet the current needs of our partners and the areas we serve. Once though, we were a very small company that was started in 1953 by James B. Fuiten, a decorated World War II Veteran. During our 69 years, we have grown from a small base operation in Forest Grove to the largest and oldest continuous owner operated ambulance service in the Pacific Northwest. Today our Family of Companies has over 1000 employees and includes seven licensed ALS ambulance services in Oregon, three licensed



ambulance services in Washington, one licensed ALS ambulance service in northern California and one brokerage in Oregon serving the Pacific Northwest.

Under the guidance of J.D. Fuiten, our founder's son and our company's owner and President, Metro West Ambulance has expanded into a Family of Companies serving Oregon, Washington and northern California. Our companies include Metro West Ambulance (corporate location in Hillsboro and additional local location in Clackamas serving the Portland Metro region) and our subsidiary companies which include Pacific West Ambulance (located in Lincoln City and Newport serving the central Oregon coast), Medix Ambulance (located in Warrenton and Ilwaco serving the northern Oregon coast and southwest Washington), Bay Cities Ambulance (located in Bay Cities serving the southern Oregon coast), Umpqua Valley Ambulance (located in Roseburg serving the Roseburg region), Mid-Valley Ambulance (located in Springfield serving the Springfield-Eugene region), Del Norte Ambulance (located in Crescent City serving the northern California coast), Woodburn Ambulance (located in Woodburn serving Marion County) and our Bay Cities Brokerage (located in Coos Bay), Cascade Ambulance (in Bellingham, Washington), Olympic Ambulance (Bremerton, Lacey and Sequim Washington), and Advanced Life Systems (in Yakima Washington)..

What sets us apart is that we keep those we serve first and foremost believing that all communities no matter how large or how small deserve the best regarding mobile healthcare that includes emergency medical services, inter-facility mobile healthcare and mobile integrated healthcare/community paramedicine models. We have a history of expanding into areas with very limited EMS resources and providing needed levels of service. Many of our management team and our EMS providers have a background in volunteer EMS, working and/or teaching in rural EMS settings and partnering with rural providers to provide various EMS resources and services that have been either non-existent or very limited.

Providing EMS services to the Baker and Huntington ASA starts with the selection and development of our team. This will include but is not limited to Paramedics and EMT/AEMTs, and a management/supervisory operations team.

At Metro West Ambulance and in our Family of Companies, we are fortunate to have experienced and visionary leaders in our companies. J.D. Fuiten, Owner/President oversees our management teams at all of our companies and performance is based on standards developed by J.D. and his teams to produce high reliability and customer satisfaction. Our management teams are well versed in development and expansion into new areas and markets. Careful analysis is completed to determine initial staffing and resource needs. Then continuous examination of performance is done to help determine if we are meeting the need of the system from response times, to task times, to unit hour utilization and customer satisfaction. We have the ability to immediately address and correct any real or potential deficiencies to keep our performance at a high level in order to meet the needs of those we serve.

The team that will provide oversight if awarded this RFP will include Owner/President JD Fuiten who will act as the Senior Management Liaison, who at all times will be accessible fifty-two (52) weeks per year, for the term of this contract along with Chief Development Officer Erin Miller (who will serve as a secondary Senior Management Liaison if needed.) The resumes for JD



Fuiten, Erin Miller and Shawn Baird can be located in Attachment 1.

The team we will deploy to serve the Baker and Huntington ASA will include an on-site Operations Manager who will be chosen from the local workforce or our existing companies to provide oversight ensuring we meet all RFP requirements, all county and state requirements or any requirements set forth in providing high quality, high reliability ambulance services. All management staff are required to be experienced and familiar with providing EMS to rural settings. All of our Operations Managers are also experienced EMS Providers so they understand the needs of our crews and the care levels that will be needed to meet the needs of this region's citizens. We will recruit locally and internally for this position. Our Operations Manager will be the immediate contact if Emergency Management, the Chief, their designee, the Emergency Medical Director, hospital or Dispatch has any operational issues or concerns. In addition, they will oversee training of staff under the guidance of Metro West Ambulance Clinical Manager Shawn Wood. In addition our primary Paramedics will also be our Shift Supervisors giving us 24/7/365 lead supervisory personnel. This will give us direct supervision in the field with our EMS crews allowing them an immediate contact if needed for operational issues and also another resource to liaison and work with Emergency Management, the Chief or their designee, Emergency Medical Director, our EMS partners, hospitals and care facilities or Dispatch can contact to handle operational issues and help oversee our day to day operations.

Within Metro West Ambulance and our Family of Companies totaling over 1000 employees, we have a wonderful talent pool of experienced staff that has the experience of leading teams in addition to being experienced care providers. All of companies serve rural areas and we understand the challenges faced. Metro West Ambulance and our Family of Companies have a history of working well together, sharing common goals and assisting each other to ensure all are successful and meeting high performance levels and are able to meet the needs of all of the communities small and large that we serve.

In addition to our management staff, we will attempt to initially deploy a minimum 3 Paramedics and 12 EMTs/Advanced EMTs. All will be required to meet all certifications and licensure expected of a Paramedic or EMT/Advanced EMT in our companies. (Requirements are included in this section). We will staff our ambulances at a BLS level initially, with our Paramedics and or AEMTs responding in a quick response unit to provide ALS patient assessment and care if needed. The Paramedic will triage the patient to be transported by the BLS crew when appropriate or accompany them in the ambulance to provide ALS care if necessary.

As we are able to recruit additional Paramedics and AEMT's we will enhance our deployment to our preferred staffing level of two ALS and one BLS ambulance 24/7.

We will work to recruit volunteers in the Huntington area and provide no cost training with an online/hybrid AEMT course to provide advanced level first response in that area.

If additional units and staff are added to meet any inter-facility/standby medical transport outside of this RFP, they will be both ALS and BLS units depending on service level needed by the patient.. Our licensed Paramedic or AEMT will always be with the patient in the patient compartment of the



ambulance when ALS care is required or being rendered. All of our personnel will meet the requirements of ORS.682.017 to ORS 682.991 and OAR333.250.0048.

We will furnish the County at contract execution and on a semi-annual basis a roster of currently employed personnel, which will include name, home address, years of experience, date of certification, license and registry numbers as outlined in this RFP.

We have a full time recruiter who works with our management team to bring talent into our company. This includes recruitment of EMTs, Paramedics, ED/ICU nurses, administrative staff, office staff, vehicle service technicians, mechanics and if needed, management talent for our Family of Companies. Our recruitment team works with Oregon and Washington schools and colleges to recruit and create interest in our field. They also oversee our on-line recruiting from not only the Pacific Northwest but from across our country bringing in talent to our state. If awarded this RFP we will also immediately begin recruiting local talent and regional talent to attend online hybrid EMT and AEMT course to develop a local workforce. We will select local EMTs to attend our unique online Paramedic training program. These courses are paid for by the company in exchange for an agreement to work for a period of time.

If being awarded this contract causes any displacement of current provider's personnel, Metro West Ambulance will extend invitation for displaced personnel to complete the hiring process with our company. We value the experience and historical knowledge that current providers have of providing EMS in this region. We also understand that this is their home and their community and we would want to afford them the opportunity to continue their service to Baker County.

Metro West Ambulance has strong non-discrimination policies and we do not engage in any practice that violates any provision of the State of Oregon, relative to discrimination in hiring, discharging, compensation or terms, conditions or privileges of employment because of race, color, religious creed, national origin, ancestry, sex, gender identity, age, criminal record, handicap or disability, mental illness, retaliation, sexual harassment, sexual orientation, active military personnel and genetics. We have included our Policy 201 Non-Discrimination and Equal Employment Opportunity along with Policy 221 Americans with Disabilities Act (ADA) regarding this in Attachment 2.

We currently employ 1065 people, and have over 30 in our company paid education programs. This is to demonstrate that we have the ability and resources to form a new service that will be uniquely designed and qualified to meet the needs of the Baker and Huntington ASA.



Let's start with a brief overview of the Executive Management Team for Metro West Ambulance Family of Companies.

Owner/President- J.D. Fuiten. JD has 50 years of experience, working as an Oregon EMT in all areas of management prior to succeeding his father as president in 1978. JD serves on the National Board of Directors for the American Ambulance Association including serving on the Bylaws Committee, Finance Committee and AMBUPAC Committee-keeping his fingers on the pulse of EMS and the provision of medical transport on a national perspective. He is also active in the Oregon Ambulance Association, Washington Ambulance Association and California Ambulance Association. JD also serves on a variety of boards/ committees.

Chief Operating Officer - Shawn Baird. Shawn has over 30 years of experience in EMS. He is an Oregon Licensed Paramedic and serves on our executive team. He works closely with community managers and stakeholders in our regions to assure we are providing the highest level of service possible. He is currently President of the American Ambulance Association. He has served on countless committees in Oregon and nationally.

Chief Business Development Officer- Erin Miller. Erin has 28 years of experience with in EMS business development and marketing along with extensive experience of working closely with fire agencies, local government and allied healthcare agencies. She oversees the community relations staff who works directly with long-term care facilities, area business, hospitals and charitable organizations. Her previous experience included her position as a health issues/senior citizen representative for U.S. Senator Ron Wyden and as a communications specialist for former Portland Mayor Vera Katz.



The following is an aggregate of the Metro West Ambulance Team as requested:

Type of Position	Years Experience	Licensure or Certification
Executive Management (President/Owner; VP of Operations; VP of Business Development; Chief Operating Officer)	25-50 years	COO-Paramedic
Clinical Manager	17 years	Paramedic
Clinical Manager Assistant	4 years	EMT
Emergency Ambulance & Wheelchair Operations Manager	14 years	Paramedic
Special Events/Critical Care Manager	14 years	Paramedic
Non-Emergency Ambulance & Wheelchair Operations Manager	5 years	EMT
Operations Supervisors	5-15 years	Paramedics
Operations Field Supervisors	5-8 years	Paramedics
Operations Wheelchair Supervisors	1-4 years	EMTs
Field Training Officers	4-25 years	Paramedics
Paramedics (includes all of our licensed Paramedics in all positions)	New hire-35 years	Paramedics
EMTs (Includes all of our licensed EMTs in all positions)	New hire-6 years	EMTs, Advanced EMTs, Intermediates
Logistics Coordinator	5 years	EMT
Public Information Officer, Hospital Liaison	31 years	Paramedic
Recruiter/Customer Advocate	16 years	NA
EMS Scheduler	2 years	EMT
Vehicle Service Technicians	New hire to 12 years	Non-EMT & EMTs
Communications Center Manager	27 years	EMD (Emergency Medical Dispatcher)
Communications Center Floor Supervisors	9-10 years	EMD
Dispatchers & Call takers	1-30 years	EMD & some also EMTs
Mobile Health Paramedics	8-32 years	Paramedics
Critical Care RNs	5-20 years	OR/WA RNs
IT Director	17 years	NA
IT Manager	14 years	NA
IT Administrator	3 years	NA
Business Office Supervisor	12 years	NA



Business Office Administrative	8-9 years	NA
Administrative Assistant-VP	8 years	NA
Administrative Assistant President	2 years	EMT
Metro MedCall Coordinator	20 Years	Occupational Health
Metro MedCall EMTs	2-20 years	EMT
Secure Transport EMTs	2-3 years	EMT
Fleet Service Manager	25 years	ASE
Fleet Service Mechanics	2-30 years	ASE

For Metro West Ambulance and our entire Family of Companies- here is the aggregate total as requested in this RFP. Please note the aggregate total is categorized into broad position descriptions but gives an overview of our team.

Type of Position	Grand Total
Administrative	68
Administrative/Operations Manager	19
Administrative/Operations Supervisor	12
Ambulance Clerk	1
EMT	403
Paramedic	331
Ambulance Supervisors	40
Bay Cities Brokerage Call Taker	7
Bay Cities Brokerage Manager	1
Nurses	19
Dispatcher	45
Dispatch Manager	3
Dispatch Supervisor	9
IT Administrator	5
IT Manager	3
MEC- Technician	13
Mechanic Manager	2
Vehicle Service Technician	26
WCD- Wheelchair Driver	52
Wheelchair Supervisors	6
Total Staff of all Companies	1065



In regards to the training and various licenses we require for patient care staff, the following is our requirements for new hires and existing licensed staff:

All of our personnel who are licensed as *Paramedics* must have the following certifications, training requirements and new hire requirements:

- Complete interview process
- Current OR or WA Driver's License (dependent on employee residence and if out of state, must be obtained within 30 days of hire)
- Driving Record
- Background Check (to ensure no criminal record and not on the Office of Inspector General Exclusionary list) on hire and annually
- Pre-employment Drug Test
- Pre-employment BAT Test
- Current State of Oregon Paramedic License (meeting requirement of approved training program & National Registry standards)
- Current CPR card
- Current ACLS certification
- Current PHTLS certification
- Current Pediatric certification (PALS, PEPP, or EPC) Note-we will meet the requirements of this RFP by requiring our Paramedics to maintain PALS at a minimum.
- Initial TB screening
 - Proof of a recent TB skin test (PPD) or QuantiFERON-TB blood test being performed. The test must be from within the last 12 months. The skin or blood test must clearly list the employee's name, and must show that the date of the test and the results of the test. If the employee has had a positive skin test in the past and received an x-ray, they may submit a copy of the x-ray results.
- Hepatitis B Immunization Records or Signed Declination
 - Proof of Hepatitis B immunization must be from a medical provider (immunization records from schools and colleges are not acceptable, unless they physically administered the vaccinations at their clinic and can provide those medical records). The immunization records must clearly list the employee's name, and must show either a full 3 shot hepatitis B immunization series, or a lab titer that was performed showing immunity.
- Bloodborne Pathogens Training Completion Certificate
- Hazardous Materials Training Completion Certificate
- Statement of Physical Ability (SOPA)
- CEVO Test & Driving Course Evaluation (for transfers, copy of current CEVO certificate)
- Orientation Training (rosters or completion certificate)
- Minimum eight (8) hours Incident Command System training



All of our personnel who are licensed as *EMTs, Advanced EMTs, EMT Intermediate* must have the following certifications, training requirements and new hire requirements:

- ❑ Complete interview process
- ❑ Current OR or WA Driver's License (dependent on employee residence and if out of state, must be obtained within 30 days of hire)
- ❑ Driving Record
- ❑ Background Check (to ensure no criminal record and not on the Office of Inspector General Exclusionary list) on hire and annually
- ❑ Pre-employment Drug Test
- ❑ Pre-employment BAT Test (brokerage requirement)
- ❑ Current State of Oregon EMT License (meeting requirement of approved training program & National Registry standards)
- ❑ Current CPR card
- ❑ Initial TB screening
 - Proof of a recent TB skin test (PPD) or QuantiFERON-TB blood test being performed. The test must be from within the last 12 months. The skin or blood test must clearly list the employee's name, and must show that the date of the test and the results of the test. If the employee has had a positive skin test in the past and received an x-ray, they may submit a copy of the x-ray results.
- ❑ Hepatitis B Immunization Records or Signed Declination
 - Proof of Hepatitis B immunization must be from a medical provider (immunization records from schools and colleges are not acceptable, unless they physically administered the vaccinations at their clinic and can provide those medical records). The immunization records must clearly list the employee's name, and must show either a full 3 shot hepatitis B immunization series, or a lab titer that was performed showing immunity.
- ❑ Bloodborne Pathogens Training Completion Certificate
- ❑ Hazardous Materials Training Completion Certificate
- ❑ Statement of Physical Ability (SOPA)
- ❑ CEVO Test & Driving Course Evaluation (for transfers, copy of current CEVO certificate)
- ❑ Orientation Training (rosters or completion certificate)
- ❑ Minimum eight (8) hours Incident Command System training



All of our personnel who are certified as *Critical Care RNs* must have the following certifications, training requirements and new hire requirements:

- ❑ Complete interview process
- ❑ Current OR or WA Driver's License (dependent on employee residence and if out of state, must be obtained within 30 days of hire)
- ❑ Driving Record
- ❑ Background Check (to ensure no criminal record and not on the Office of Inspector General Exclusionary list)
- ❑ Pre-employment Drug Test
- ❑ Current State of Oregon RN License
- ❑ WA State RN License (required within 3 months of hire, provisional ok)
- ❑ Current CPR card
- ❑ Current ACLS Certification
- ❑ Current Critical Care Certification (CCTEMTP, CTRN, CFRN, CCRN)
- ❑ Current Trauma Certification (PHTLS, TNCC, ATCN)
- ❑ Current Pediatric Certification (PALS, PEPP, ENPC or EPC)
- ❑ HIPAA Test
- ❑ Initial TB screening
 - Proof of a recent TB skin test (PPD) or QuantiFERON-TB blood test being performed. The test must be from within the last 12 months. The skin or blood test must clearly list the employee's name, and must show that the date of the test and the results of the test. If the employee has had a positive skin test in the past and received an x-ray, they may submit a copy of the x-ray results.
- ❑ Hepatitis B Immunization Records or Signed Declination
 - Proof of Hepatitis B immunization must be from a medical provider (immunization records from schools and colleges are not acceptable, unless they physically administered the vaccinations at their clinic and can provide those medical records). The immunization records must clearly list the employee's name, and must show either a full 3 shot hepatitis B immunization series, or a lab titer that was performed showing immunity.
- ❑ Bloodborne Pathogens Training Completion Certificate
- ❑ Hazardous Materials Training Completion Certificate
- ❑ Statement of Physical Ability (SOPA)
- ❑ CEVO Test & Driving Course Evaluation (for transfers, copy of current CEVO certificate)
- ❑ Orientation Training (rosters or completion certificate)



All of our personnel who are certified as *APCO Emergency Medical Dispatchers* must have the following certifications, training requirements and new hire requirements:

- Complete interview process
- Background Check (to ensure no criminal record)
- Pre-employment Drug Test
- Current CPR card
- Current First-aid card
- HIPAA Test
- APCO certification-EMD (Emergency Medical Dispatcher) within 1st 6 months
- DPSST-Dispatch certification (for ambulance emergency dispatchers)
- Orientation Training (rosters or completion certificate)

In addition to these specific qualifications, the EMS personnel or crews that respond to EMS calls in the Baker and Huntington ASA will maintain a professional appearance and a professional demeanor. We have specific policies that address uniform expectations including nametags, good grooming, professional behavior, etc. We supply uniforms including shirts, pants, jackets, vests and hats to our uniformed personnel that are distinctly different from Fire and Police uniforms and will do the same for this contract.

Metro West Ambulance will provide ongoing training that is consistent with requirements of the Oregon Health Authority and Department of Transportation curricula. Our Family of Companies knows how important not only initial training, certification and licensure are, but also medical direction, supervision and continuing education including specialized training for new protocols, procedures, equipment and medications. We actively promote continuing education which meets re-licensing standards as specified by the Oregon Health Authority. We will offer appropriate training in order for our personnel to meet re-licensing hour requirements and skills training/assessment for both Oregon and National Registry.

We will assign our employees to attend any training and orientation sessions at the designated authorized hospital responsible for Emergency Medical Direction in the Baker and Huntington ASA EMS system, quality assurance activities and case reviews. We understand that the programs for training and orientation of system Paramedics and EMTS will be prescribed by the standards established by the emergency Medical Director and sessions will be arranged and scheduled at times that are mutually agreed upon by the our company and the Medical Director overseeing our personnel. In addition, our crews will be supervised by a Medical Doctor licensed under ORS 677, who is currently registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD) or Doctor of Osteopathic Medicine. If Baker County already has a Medical Director that oversees County EMS providers, we will gladly be supervised by them. If we are to retain our own Medical Director, we will ensure they meet the same high standards and expectations of position set forth by the State of Oregon and by our own company and are approved by the Baker County Emergency Management Director. DO). Our physician will also be approved by the Oregon medical Boards as a Medical Director.

**Ambulance Staffing and
Coverage Plan**



2. Ambulance Staffing: Please describe how you intend to staff each ambulance with paramedics and EMTs. Please include in your description, at least, how many ambulances you intend to deploy in the Baker and Huntington ASA and for how long each day, what level of service each ambulance will provide, the make, model, and year of each vehicle, who will own, operate, and maintain each vehicle listed, how many EMTs and paramedics each ambulance at each level of service will contain, how and under what circumstances you intend to provide more ambulances than the minimum, any vehicles, besides ambulances, you intend to deploy to the Baker and Huntington ASA on a daily, regular, or irregular basis, and any previous situations where you failed to meet a committed level of service of staffing in a similar sized community and what actions did you take when you fell below your committed level.

Metro West Ambulance plans to deploy a total of 2 ALS and/or BLS ambulances for the Baker and Huntington ASA.

Two of these units will be 24/7 coverage as our Primary ambulances. We will maintain an additional two backup and reserve units to be deployed in case a primary unit is out of service (mechanical, preventative maintenance, etc.) or for inter-facility or standby events if needed. We will own and operate all of our own vehicles and will be fully responsible for all operations of these ambulances.

The two (2) primary ambulances will be staffed with (at minimum) 2 EMT's each. They will provide 2/7/365 coverage and will work 24 hour shifts on a 24 hours on-duty, 48 hours off-duty rotation. We will have at a minimum 6 full-time Paramedics and 6 full-time EMTs to staff these units. Three (3) of the Paramedics on our primary units will be our Shift Supervisors giving us 24/7 /365 Supervisory coverage.

We will have 1 backup ALS ambulance on-site using on-call and on-staff Paramedics and EMTs. This staffing will consist of additional staffing (full and part-time). Exact number to be determined and will be based on further and continuing system usage/need. We acknowledge that our back-up ambulance will be required to maintain the same response time to the scene as a primary ambulance and will always be an ALS ambulance. This will be our own unit-owned, operated and maintained by our company rather than through a mutual aid agreement. We also acknowledge that unless there are extenuating circumstances, as agreed upon by the County and Metro West, the maximum available response time for the for the arrival of the backup unit (or when unit is available to respond to emergency calls will be thirty (30) minutes. We also acknowledge that if any extenuating circumstances arise, we will be required to notify the County, in writing within twenty-four (24) hours.

We will also have 2 reserve ALS Ambulances that will be used to cover a primary unit (in case of preventative maintenance, mechanical needs, etc.). We will ensure that if either of our primary vehicles assigned becomes inoperative or leaves the Baker and Huntington ASA for any reason, it will be replaced by an identical ambulance immediately which is how these units will come into play. In addition, these units may be used to provide inter-facility transfers or standby event transfers in order to preserve the primary units for 9-1-1 service. These units will be fully licensed and stocked ALS units also but may be utilized for BLS level services.

All of our ambulances currently are licensed by the Oregon Health Authority and any other applicable Federal or State agencies. If awarded this contract, the ambulances used for the Baker and Huntington ASA will also be licensed by the Oregon Health Authority and any other applicable Federal or State agencies. Our ambulances currently do and will continue in the future to meet /exceed the requirements set forth in ORS 682.010-682.991 and OAR 333-255-0060. We agree to prominently display via lettering, the designation of "Baker EMS" and "Emergency Call 9-1-1". We understand that final language would be decided during contract negotiations.



By having all five (5) of our ambulances stocked with equipment and supplies at the ALS level, it allows us greater flexibility to staff up if needed to meet any possible unusually high peak service demands. It also allows consistency in our units. Our patient care equipment will meet or exceed the Oregon Health Authority (OHA) Emergency Medical Services and Trauma System Section (OHA-EMS) requirements as specified in ORS 682.010 to ORS 682.991 and OAR 333-255-0070 thru 333-255-0071 and 333-255-0073. We will maintain a list of equipment for our units and will furnish it upon request. All of our ambulances will be operated and maintained with all equipment and supplies required for advanced life support in accordance with the State of Oregon (Oregon Health Authority) under Oregon Revised Statutes and supporting Oregon Administrative rules.

The five (5) ambulances we will be using will be either Type I or Type III ambulances. One of these ambulances will be a four wheel drive vehicle allowing us ability to reach patients in case of severe inclement weather or harsh road conditions. We understand that high quality vehicles and ongoing fleet maintenance play a critical role in the success of EMS systems.

If awarded this RFP, Metro West Ambulance would be willing to negotiate a purchase of all ambulances and equipment from the existing provider at a fair market value. We understand this is outside of this RFP but we wanted to relay our intent and our offer. As we serve a variety of markets in three states, both emergency and non-emergency plus have our own specialized ambulance remount shop, we sincerely would be interested in this.

The current Metro West Ambulance emergency ambulance fleet consists of Type I and III ambulances. The boxes are built by Horton Emergency Vehicles in Columbus, Ohio. Each ambulance is built on a heavy duty chassis. All vehicles either meet or exceed all State and Federal laws governing ambulances.

The make and model of the primary ambulances we plan to deploy to the Baker and Huntington ASA will be 2019 or newer Dodge Ram 3500 Heavy Duty Type I ambulances with Horton boxes. One of the ambulances will also be a four wheeled drive ambulance to be used in severe weather, difficult roadways or in any situation where reaching the patient will depend on having a four wheel drive vehicle. The three (3) other ambulances we plan to deploy as backup and reserve would be 2014 or newer Type III ambulances.

Again all will meet or exceed all State and Federal laws governing ambulances

Metro West Ambulance owns all of our vehicles. We do not lease any of our ambulances. Only Metro West Ambulance employees currently do and will operate our ambulances.

Baker County can be assured that our vehicles will be maintained to the highest level in the industry, and will immediately be removed from service should any deficiency occur that may compromise function. We will maintain and keep all the ambulances required under contract for ambulance service in good mechanical and operating condition. We understand that all of our ambulances must be inspected every one hundred and eighty (180) days or at the County discretion, by a certified automobile mechanic to ensure they are in proper mechanical condition and comply with all safety regulations. All records of inspection and maintenance shall be furnished to the County immediately upon request.

If we are inspected by the Oregon Health Authority, we will forward immediately a copy of all inspection reports issued as they pertain to the County. If any deficiencies are noted, they will be corrected immediately. We will also notify the Commission as to how it intends to correct the deficiencies and further notify the Commission that all deficiencies have been corrected.



We will keep our ambulances in a heated garage or building located in Baker City at all times when used in service except when in response to a call, or strategically placed within Baker City for efficient response, or in the performance of repairs. All of our vehicles currently are and will continue to be properly insured and registered.

Metro West plans to contract with a local automotive shop for many routine functions. If awarded this contract, we will pursue and advise of automotive partner we will be working with. While we have the resources to temporarily replace our ambulances while they are being worked on, we feel the actual downtime will be shorter by using a local shop. For more difficult maintenance issues, our Baker County fleet will be maintained at one of our in-house facilities located in Hillsboro. There we have state of the art facilities including experienced ASA mechanics and oversight by our Fleet Service Center Manager Daniel Silic who has over 25 years' experience.

Metro West's preventative maintenance program is an industry leader. We have pioneered innovative thinking and techniques into fleet maintenance – which will ensure reliable, quality, cared for vehicles for every patient.

- We purchase high-end, thoughtfully specified vehicles and we achieve significant return on our investment by having less unscheduled breakdowns and better reliability of our vehicles, which results in superior reliability.
- Our fleet maintenance system is computerized, logging important data on each vehicle and enabling Metro West mechanics to recognize scheduled preventative maintenance intervals.

Metro West uses FleetWise, a technologically advanced computerized fleet maintenance tracking system. This program tracks vehicle maintenance data and adjusts procedures and schedules maintenance. Through this program, our fleet maintenance staff have at their fingertips printouts of the maintenance history of the vehicle from the last oil change to the last repair enabling them to be thorough and precise, while efficiently using their time.

Metro West is proud of some of the “firsts” we have brought to the ambulance service industry in Oregon. Some of these are:

- Placing the first diesel powered ambulance in service in the state. Metro West recognized the benefits of reliability, longevity, and economy of diesel power before the industry as a whole headed in this direction.
- The first ambulance service in the area to start a comprehensive preventative maintenance program including research and data collection to determine the actual life expectancy of all components and systems, therefore allowing us to replace parts and components before they fail.
- Computerized tracking of all vehicle maintenance.
- The first emergency services fleet in the state to fully integrate synthetic lubrication technology into fleet maintenance. This allows for significant cost savings, vehicle reliability, fuel savings, and makes our company environmentally friendly by allowing us to burn less fuel and produce less waste oil by extending drain intervals.

Regarding any vehicles besides ambulances we intend to deploy to the Baker and Huntington ASA on a daily, regular or irregular basis, we would strongly consider placing other medical transportation service levels there depending on the demand found. This may include medical wheelchair vans, specialized secure transport vehicles for behavioral health patients along with Specialty Care Transport (SCT) which is inter-facility transportation of a critically ill or injured patient by ground ambulance at a service level beyond the scope



of a paramedic (includes a paramedic with additional training), or other health specialty areas such as nursing, emergency medicine, respiratory care, cardiovascular care.

Lastly, to address the statement of “is there any previous situations where you failed to meet a committed level of service of staffing in a similar sized community and what actions did you take when you fell below your committed level”, we have not had any previous situations where we failed to meet committed levels. We have had the Washington County EMS contract for 23 years. The first 10 years were under a 10 year contract and the last 13 years under an evergreen style contract. Out of those 23 years-we have met every monthly compliance and performance standard (276 months) except for one month which was in compliance dispute in November 1999 due to a mandatory Y2K conversion to our CAD and that didn’t put us out of contract compliance, and three months of 2021 due to the Public Health Emergency. We are very proud of our performance and meeting the needs of the areas we serve. Our ability to meet our commitments is due to the fact that we work hard to ensure that upfront, we have the necessary staffing and resources anticipated to meet the needs of the areas we serve. We constantly monitor our performance and take immediate steps to add additional resources and staffing if needed and have the ability to bring in resources from our Family of Companies in times of unusual demand that go beyond expected peak demands. In addition, we can immediately deploy our Operations Manager and Supervisors with administrative staffs (who are also EMTs) to also respond to emergencies in cases of unusually high demand. We monitor demand trends on an hour to hour and day to day basis along with monitoring response times, task times, UHU (unit hour utilization), and compliance daily and overall. We are hands on with many layers of performance monitoring to ensure that we continue to be a high reliability organization.



4. Technology and Communication Equipment: Please describe how you intend to satisfy the RFP requirements regarding communication equipment. Please include in your description, at least, the communication equipment you intend to provide to your employees, the number, make, and model of mobile, portable radios and cellular telephones you intend to provide each vehicle and/or employee you intend to deploy in the Baker and Huntington ASA.

In our line of business, communication needs to be continuous and we need to ensure that every message is understood even with sirens blasting and engines blaring. At Metro West Ambulance, we also expect that our personnel can communicate seamlessly no matter how many agencies or how vast the area. The communication system we plan to deploy works with both analog and digital systems. It is one of the latest state of the art radio systems. As more regions move to digital, it is important to have radios that work in both making the transition seamless. All of our radios-both mobile and portable will be programmed with the Baker County Dispatch Center's frequencies as well as mutual and State interoperability frequencies.

Metro West Ambulance will be equipping all of our ambulances (5 ambulances) with the latest technology- APX™ 7500 Multiband Mobile Radios. The APX 7500 provides interoperability on demand performing across multiple digital and analog networks and operating in any two frequency bands (700/800 MHz, VHF, UHF R1 and UHF R2). Every APX 7500 radio is P25 Phase 2 Capable for twice the voice capacity. That means we can add more users to our system without adding frequencies or infrastructure. Not only does the APX 7500 meet current P25 standards, it's backwards and forwards compatible and future-ready to support new technology and data applications. The features and benefits of the APX 7500 Project 25 Multi-Band Mobile Radios include:

- i. Available in 700/800 MHz, VHF , UHF R1, and UHF R2 bands
- ii. Up to 2000 Channels
- iii. Optional multiband operation
- iv. Trunking Standards supported: Clear or digital encrypted ASTRO® 25Trunked Operation and capable of SmartZone®, SmartZone Omnilink, SmartNet®
- v. Analog MDC-1200 and Digital APCO P25 Conventional
- vii. System Configurations
- viii. Narrow and wide bandwidth digital receiver
- ix. (6.25/12.5/25 kHz)*
- x. Embedded Digital Signaling (ASTRO and ASTRO 25)
- xi. Integrated GPS/GLONASS for outdoor location tracking
- xii. Integrated Encryption Hardware
- xiii. Seamless Wideband Scan
- xiv. Integrated Voice & Data
- xv. Software Key
- xvi. Intelligent Priority Scan
- xvii. Intelligent Lighting
- xviii. Tactical Inhibit
- xix. Instant Recall
- xx. Radio Profiles
- xxi. Unified Call List
- xxii. Expansion Slot Standard
- xxiii. Meets applicable MIL-specs 810C, D, E, F and G
- xxiv. Ships standard IP54



- xxv. Customer Programming Software (CPS) supported on
- xxvi. Windows XP, Vista, 7 and 8
- xxvii. (Windows 7 or 8 required for CPS R12.00.00 [June 2014] and later) - Supports USB Communications and has • Built in FLASHport™ support
- xxviii. Re-uses XTL™ accessories

The APX 7500 Project 25 Multi-Band Mobile Radios will be placed in all of our ambulances. These meet the requirement of a 50 watt or greater multi-channel radio that allows for transmission and reception on Baker County Dispatch repeater sites and secondary 155.340 (HEAR) as stated in this RFP. These radios will be programmed with the Baker County Dispatch Center's frequencies, as well as mutual and State interoperability frequencies. We understand that all requests for mutual aid, other resources or agencies, etc. will be directed to the Baker County Dispatch Center. We will provide this equipment at no cost to the County/City.

Our mobile radios will permit direct two-way radio communication between our units and receiving hospitals; between our units and Baker county Dispatch Center and mobile units via UHF/VHF. Along with using designated fire and Police frequencies as well as frequencies designated by the Emergency Medical Director to communicate intra-agency. They will also be programmed with the Baker County Dispatch Center's frequencies along with mutual and State interoperability frequencies.

For portable radios, Metro West Ambulances will be providing all on-duty crews the single-band APX 6000 P25 portable radio model 2.5. (Portable radios for all of our five ambulances and our Operations Manager totaling at least 6 portable radios). As the ever-increasing needs of our personnel grow, we have the APX 6000 to support newer technologies like Wi-Fi®, Adaptive Audio Engine, and Bluetooth® 4.0 wireless technology. These advances help improve the operational efficiency and response time of public safety agencies like ours while enhancing the safety of our personnel and the communities we serve.

The APX 6000 is equipped with a 3-watt speaker, 3 integrated microphones and the Adaptive Audio Engine. It meets the RFP requirement of a fixe (5) watt portable hand-held radio. This changes the level of noise suppression, microphone gain, windporting and speaker equalization to produce clear and loud audio in any environment. It offers fast and seamless communication and collaboration across all responders arriving on a scene. Mission Critical Geofence automatically changes a radio's active talkgroup based on its GPS location and an agency-defined virtual barrier. For example, an incident commander can create a geofence around the 3-block radius of a burning building so that all arriving personnel are automatically placed in the same talkgroup. It also features "Emergency Find Me"- a Bluetooth-enabled beacon signal guides other Bluetooth-enabled APX radios within range to assist the user in distress.

The features and benefits of the APX 6000 include:

RF BANDS

- 700/800 MHz, VHF, UHF Range 1 & UHF Range 2
- 9600 Baud Digital APCO P25 Phase 1 FDMA and Phase 2 TDMA Trunking
- 3600 Baud SmartNet®, SmartZone®, SmartZone, Omnilink Trunking
- Digital APCO 25, Conventional, Analog MDC 1200, Quick Call II System Configurations Narrow and Wide Bandwidth Digital Receiver (6.25 kHz Equivalent/25/20/12.5 kHz)1

STANDARD FEATURES

- Mission Critical Wireless Bluetooth® 4.0 (LE)2
- Emergency Find Me2



- ASTRO® 25 Integrated Voice & Data
- Integrated GPS/GLONASS for Outdoor Location Tracking
- Intelligent Priority Scan
- Voice Announcements
- Instant Recall
- ISSI 8000 Roaming
- Radio Profiles
- Dynamic Zone
- Intelligent Lighting
- Single-Key ADP Encryption
- IP68 submersion (2 meters, 2 hours)
- IMPRES 2 Battery (PMNN4485)
- Text Message
- Software Key

PROGRAMMING

- Utilizes Windows 7 & 8 Customer Programming Software (CPS) with Radio Management3

ADAPTIVE AUDIO ENGINE (OPTIONAL)

- 3-W Speaker with Adaptive Equalization
- Adaptive Dual-Sided Operation
- Adaptive Noise Suppression Intensity
- Adaptive Gain Control
- Adaptive Windporting

Our portable radios will permit direct two-way radio communication between our units and receiving hospitals; between our units and Baker county Dispatch Center and mobile units via UHF/VHF. Along with using designated fire and Police frequencies as well as frequencies designated by the Emergency Medical Director to communicate intra-agency. They will also be programmed with the Baker County Dispatch Center's frequencies along with mutual and State interoperability frequencies. We understand that all requests for mutual aid, other resources or agencies, etc. will be directed to the Baker County Dispatch Center.

In addition to mobile and portable radios, we will be providing a cellphone on each ambulance and to our Operations Manager. This will allow a backup communication system in case of failure of the radio system.

Our cellphones will have FirstNet, a powerful broadband LTE network built with AT&T that allows first responders and other public safety personnel to send and receive voice, data, video, images, and text without concerns about network congestion. The FirstNet mission is to deploy, operate, maintain, and improve the first high-speed, nationwide wireless broadband network dedicated to public safety. This reliable, highly secure, interoperable, and innovative public safety communications platform brings 21st century tools to public safety agencies and first responders such as our company, allowing them to get more information quickly and helping them to make faster and better decisions.



In case of disasters, severe weather or other events clogging the system-the cellphones our crews will carry will be FirstNet primary users and will receive priority and preemption across the entire nationwide LTE network including Baker City and the majority of Baker County. This means that our crews will be able to communicate at all times with their calls taking priority in the broadband network.



- 5. Mutual Aid and Regional Support: Please describe in detail the Vendor's current and planned activities in the following areas: (i) regional MCI support, including equipment and personnel; and (ii) participation and leadership roles in regional and state-wide public safety organizations. Please also describe any existing or anticipated mutual aid agreements with other ambulance services you presently have or intend to seek.**

Metro West's history of active participation in disaster planning and response in the communities it serves will continue with Baker County. Metro West understands how important it is to be prepared for both natural and man-made disaster. MCI planning, training and regional support is crucial. Knowing that these types of emergencies can occur any time and with little or no warning, preparedness among all stakeholders is vital. Having experience in multi-agency planning incorporating preparedness, response and recovery, we look forward to learning from and working with this region's providers.

Whether large scale disasters or smaller scale events, each has influenced operational policies for all emergency providers while heightening the awareness of the public as to what people desire from their EMS systems.

We will actively participate with the various Fire and EMS services in their disaster planning and response process and work to integrate our services into this region's disaster response. We will also actively work with the planners and hospitals within the Oregon Trauma System Area Trauma Advisory Board (ATAB 9) on all areas of trauma and disaster planning (OAR 333-200-0050 through 300-200-0080).

Metro West Ambulance will comply with the mutual aid agreements in place including EMT-Paramedic intercepts to the Mutual Aid region at no cost to the community requesting such service. We will not use mutual aid, as a general practice, when responding to multiple or overlapping calls. We understand that no more than two (2) percent of all incidents each month shall be handled by requesting mutual aid. If at the end of any month, if more than two percent mutual aid has been used, we will submit notification in writing to the County.

We are willing to be a partner agency in the Baker County Mutual Aid Agreement (An all-hazard approach to prevent, prepare for, response to and recover from incidents- originally dated September 11, 2011) along with Baker County Emergency Management, Baker City Fire Department, Baker Rural Fire Protection District, Bureau of Land Management, Eagle Valley Fire Protection District, Greater Bowen Valley Fire Protection District, Haines Fire Protection District, Huntington Fire Department, Keating Rural Fire Protection District, Medical Springs Fire Protection District, North Powder Rural Fire Department, Oregon Department of Forestry, Pine Valley Fire Protection District, Powder River Fire Protection District, Sumpter Fire Department, Unity Fire & EMS Department, Eagle Valley Ambulance and Halfway Ambulance.

Baker County and the surrounding region have prepared themselves to be an organized and coordinated response to natural disasters, manmade emergencies and acts of terrorism should and when they affect their communities' residents. Metro West believes we can be a valuable resource in the overall disaster plan in cooperation with the region's EMS and Fire providers. We are well versed in emergency operation planning (including EOC, emergency personnel recall, emergency deployment, etc.) We have a Contingency/Emergency Operation Plan which outlines the outlines how as



an organization we will protect the safety of our employees and visitors, safeguard vital records and resources related to the company's mission, and coordinate with other local agencies emergency response and recovery procedure. We will adapt this plan to fit the needs of our Baker County operation if awarded this RFP.

We pledge to provide MCI support in the form of our units and personnel along with available additional supplies and equipment. We have the ability to do a personnel recall for additional crews to respond and deploy to assist with relief efforts, logistics, treatment and triage of the County's residences including our Operations Manager to assist in overall operations. We have the ability to send in additional responding units from Metro West Ambulance and our Family of Companies (closest being Umpqua Valley and Mid-Valley Ambulance) and to also call upon anticipated mutual aid agreements with other ambulance services that serve surrounding counties including Union, Wallowa, Grant, and Malheur counties. We believe in the importance of having mutual aid agreements in place and will work to establish those agreements.

We have a long history of being a fully involved partner, not just a spectator, during numerous MCI drills and training events. We will participate in training programs, exercises and planning sessions and we look forward to learning from the areas providers as to what this region needs and expects.

We fully expect to be involved and take any needed leadership roles in regional and state-wide public safety organizations representing Baker County. Metro West is currently active and involved members in the Oregon Ambulance Association and the American Ambulance Association (national organization). We are involved with the Oregon Trauma System Area Trauma Advisory Board 1 and expect to be involved with ATAB 9 that includes Baker County. In addition, Metro West Ambulance is a member of our region's Fire Defense Board; Washington County Operations Committee; Washington County Quality Improvement Committee; Washington County Training Association; Washington County disaster Preparedness Design Team; WCCCA Quality Improvement Committee (our region's PSAP); active leadership role in our region's Protocol Development Committee that develops EMS protocols for the Portland Metro region; we are members of our region's ED/EMS Managers Committee representing our region's 20 hospitals and multiple EMS agencies including County EMS Management; we are active members on the Washington County Safe Kids Committee; active members on multiple hospitals STEMI, AMI and Stroke committees; are members of various boards including Oregon Medical Case Management Group and Oregon Healthcare Association; various hospital foundation boards; active members on Washington County EMS Operations Board; active member of the NW Fire Diversity Council (NWFDC); member of the State of Oregon EMS Committee; Portland Dispatch Center Consortium; Portland Community College EMS Advisory Board and OHSU/OIT Paramedic Program Advisory Board ; local and regional Public Information Office Meetings; plus many more committees and organizations.

Metro West Ambulance and each of our companies work closely with their area's Emergency Management, County Commissioners, Public Health, County Sheriff and local Police and Fire Departments and we will expect to do the same for Baker County.

We will work hard to be a resource that is informed, organized and valuable to Baker County and the surrounding area.

**Plan to Meet Response
Time Requirements**



6. Plan to Meet Response Times Requirement: Please describe how you intend to satisfy the RFP requirements regarding response times from the receipt of a call by the Vendor to the scene of a medical emergency. Please also include in your description what corrective measures you would intend to take if you fail to meet these response time requirements.

The importance of response time compliance cannot be overstated in terms of patient care, customer service, and adherence to the high performance system contractual compliances. Metro West aggressively pursues the goal to be proactive with our system, not reactive, to ensure that compliance benchmarks are being met or exceeded. Fine-tuning (the constant monitoring and real time adjustments to the system) is something that will occur on an on-going basis within the operation. The following plan description outlines this continual process, listing the events, times, and responsible parties proposed for fine-tuning response deployment within Baker County ASA.

Daily

- i. Review previous day's response times report, noting any problem areas (Operations Manager).
- ii. Review performance reports (Operations Manager).
- iii. Review readiness reports, outlining fleet and equipment issues (Operations Manager).
- iv. Real time review of exceptions (Operations Manager).
- v. Review previous day's exception reports and discuss compliance with staff (Operations Manager).
- vi. Add necessary unit hours or activate back-up ambulance and modify deployment as needed as a corrective action to immediately address performance. (Operations Manager).

Monthly

- Review compliance for the region for the preceding period noting and addressing any areas where improvement is needed.
- Analyze system data related to compliance and response times, including but not limited to: demand analysis, daily exception reports, field performance reports and geographic exception mapping.
- Make recommendations for any plan modifications regarding staffing or call location trends. This will allow us to take immediate corrective action as needed such as moving a unit to a posting location within Baker City to improve response times during certain hours or adding staffing to peak demand time periods.

Biannually

- Consider scheduling process modifications if needed to address demand analysis findings and trends.
- Consider any major system adjustments such as addition of more personnel and resources to meet demand analysis trends.

Our deployment plan includes two 24-hour/7 day a week ambulance full-time coverage stationed in Baker City with additional back-up ambulance as needed plus two reserve units.

We will perform a time-of-day/day-of-week call volume analysis weekly and monthly as well as every 6 months to ensure our deployment of resources matches the call volume demands. In addition we will fine tune on an on-going basis within our operations.

We will make every effort to recognize and immediately correct any deficiencies in staffing and resources so we meet monthly response time expectations.



If for any one-month period of the contract, our response times do not meet the standard of five (5) minutes, for ninety (90%) percent of incidents, we will notify the Chief in writing within seven (7) days, providing a full explanation of the situation and a plan of corrective action.

To help ensure response time compliance, Metro West will utilize a call back system for unexpected peak periods. We currently have a call back bonus for employees that respond to cover peak activities in other ASAs our companies serve and have been successful in using such a program.

Our deployment plan strives for maximum unit hour utilization (UHU) of 0.25 for the 24-hour units (and if in the future we add 12-hour ambulance crews, our maximum UHU would be 0.40). The UHU will be monitored daily for a monthly goal. This goal would enable us to be prepared to make adjustments prior to exceeding the recommended UHU of 0.40 for a 24-hour ambulance. We know how important a factor UHU is because it takes into account how hard the units in the system are working. The higher the UHU, the harder the crew works, which in turn can impact patient care and customer service. Our deployment plan strives to offer not only excellence in response compliance but also excellence in patient care and service to the communities we serve.

Metro West Ambulance acknowledges that the standards established by the State of Oregon, known as Trauma System Response Times Standards OAR 333- 200 and described in the RFP (table page 10 RFP) provides the minimum framework for required response times standard for the Baker County ASA. Response times will be 90% of the time barring inclement weather or other extraordinary conditions. Response times being defined as from the receipt of a call by the Vendor to the scene of a medical emergency.

We also acknowledge that the urban 8 minute response standard and suburban 15 minute response standard are not applicable to Baker County per table provided in RFP on page 10.

We acknowledge that the applicable required response times to this RFP includes:

- 5 minutes within the Baker City Limits for our ALS units meeting minimum of 90% compliance
- Outside of the Baker City limits, dependent on distance/weather road conditions up to 43 minutes meeting minimum of 90% compliance
- In the isolated areas falling into the Frontier areas, response time shall be up to 2 hours but may be delayed due to weather conditions/staffing meeting minimum of 90% compliance with max of 4 hours and 30 minutes also requiring early notification to Baker County Search and Rescue with no response time standard for Search and Rescue.

We acknowledge that notification times for ambulances by Baker County Dispatch shall be within two (2) minutes 90% of the calls. We understand that we will be required, when requested, to dispatch an ambulance to all reported structure fires, and ice and water rescues within this time frame along with all fire or Police emergencies as directed by Baker County Dispatch remaining on scene until released by the Incident Commander. We also understand we will be responsible for any associated costs and if ambulance utilization at these response events exceed one (1) hour in duration, we are required to place another ambulance in-service with personnel of same certification level to maintain emergency response service. We will respond to emergency ambulance calls made directly to our company by the public within the Baker and Huntington ASA and make immediate notification to Baker County Dispatch Center of any on-site calls for emergency medical services or calls we receive directly for emergency services within the Baker and Huntington ASA. We will not respond outside the Baker and Huntington ASA except as dispatched (or through mutual aid agreements, ambulance move up plans, etc.)



We understand that these response time requirements are of the essence to the performance of this agreement. We understand that monitoring of notification of emergency calls and response times will be accomplished through Information Levels and Generated Information.

We will document in writing each request for emergency medical services with a response time in excess of fifteen (15) minutes and we shall identify the cause of the extended response time, as well as our efforts to eliminate repetition of the cause of poor response time performance. We will notify the Emergency Management Director in writing within twenty-four (24) hours, providing a full explanation including, but not specifically limited to the following information:

- Date, time and location of the call
- Nature of the emergency services provided
- Actual response time
- Full and complete explanation as to why the response time of 15 minutes was not achieved

In regards to Monthly Service Reporting, Metro West will keep statistical monthly reports in a form acceptable to the County. Each monthly report shall be completed no later than the fifteenth day of each month following the month reported. These reports shall be sent to the Emergency Management Director and include, at least the following HIPAA-compliant information:

- a. Number of Calls: (i) Daily; (ii) Weekly; and (iii) Monthly.
- b. Calls categorized as follows: (i) ALS; (ii) BLS;
- c. Dispatching Log: (i) Sequential listing of all emergency responses to include, at least, dates, time of call, time of arrival on scene, time spent at scene, transport time to hospital, what hospital transported to point of entry or refusal of care, no patient, DOA, and chief complaint; (ii) Names, dates of birth, addresses, and reason for transport
- d. County/city call break outs

We will work with the Emergency Management Director to compile report into preferred formatting.

In regards to labor disputes or work stoppages affecting our performance and ability to meet response time requirements, Metro West Ambulance has never experienced a labor dispute or work stoppage that has interrupted our service. In the event that this does occur in the future, we agree to provide substitute services and to reimburse the County for all costs the County incurs for interruption of service by our company.

Lastly, we acknowledge that if awarded the RFP, the agreement may be terminated at the County's election for failure to meet the response time criteria required by Baker County.



7. Garaging of Vehicles: Please describe your intended arrangement for garage space and living quarters for the employees you intend to deploy.

Metro West plans to either lease and/or purchase a Baker City Commercial property, or enter into a lease agreement with Baker City Fire if they are interested in housing our crew, in order to provide both a heated garage space and living quarters for our employees and our operation. We understand that we are required to keep our ambulances in a heated garage or building located in Baker City at all times when used in service, except when in response to a call, or strategically placed within Baker City for efficient response or in the performance of repairs.

Our building will also contain an administrative office. In addition, we will have a separate storage space for medical supplies, disposable and non-disposable equipment to be kept in accordance with all applicable OAR's and ORS's. We will have medical waste containers and a service to provide disposal of such along with a laundry service for both contaminated and non-contaminated non-disposable linen and towels. We agree to also accept all medical waste generated at the EMS scene as well as accept medical waste collected by those who responded to the scene and who may act as first responders to an EMS emergency. The living quarters for our crews will include multiple bedrooms allowing crews to rest/sleep during their 24 hour shifts along with bathroom/shower facilities, kitchen facilities and social area along with workstations for them to complete their electronic charting and other applicable paperwork, training, etc. We will also look for a property that allows conference/meeting room and training areas. Final design will depend on availability of properties in Baker City. We understand the importance of taking care of our crews and affording them a safe, comfortable and secure work environment.

We understand that the final arrangement regarding garaging of vehicles and living quarters shall be completed to the satisfaction of the County, keeping foremost the safety of the community and response times as outlined in this RFP.

**B. Support for the County
and Community**



B. Support for the County and Community:

1. Emergency Management: The Emergency Management Director for the County has numerous public safety responsibilities, including preparing for, and coordinating the response to major events, staffing and managing the County's emergency operations center. Please describe (i) your plans to interface and integrate the Vendor as the EMS provider into the County's Incident Command System structure, specifically including responding to weather and special events, such as community events, major storms, blizzards, floods, parades, and sporting events; (ii) your vision of EMS involvement in the emergency operations center structure and what training you have in place and intend to add for that involvement.

Metro West's history of active participation in disaster planning and response in the communities it serves will continue with Baker County if awarded this RFP. We understand how important it is to be prepared for both natural and man-made disasters including those specified in this RFP to include weather and special events such as community events, major storms, blizzards, floods, parades and sporting events. Knowing that these types of emergencies can occur any time and with little or no warning, preparedness among all stakeholders is vital. We will actively participate with the Baker County Emergency Management, Fire and Police partners and other stakeholders in disaster planning and the response process. We will also actively work with the planners and hospitals within the Oregon Trauma System Area Trauma Advisory Board 9 on all areas of disaster planning.

Since February 2003, when President George W. Bush issued Homeland Security Presidential Directive No. 5 (HSPD-5), which mandated the development of the National Incident Management System (NIMS), including the Incident Command System (ICS), agencies across the country have worked hard to become NIMS-compliant. Metro West has and will continue to ensure that its employees are ICS-competent. Metro West will require ICS 100, Introduction to the Incident Command System and IS200, Basic Incident Command System for Initial Response for our Paramedics and EMTs. We will also add additional ICS training at levels that Baker County Emergency Management feels appropriate for our service and staff level.

We do and will devote time to training in order to provide necessary tools in order to be a valuable resource to area fire suppression agencies, emergency medical services, and the community's law enforcement if needed. We understand that providing EMS services isn't limited to transportation only but instead covers a broad spectrum to encompass providing medical care to various activities not related to transportation such as mass gatherings, medical support of rescue operations, and participation in assisting in management of community incidents if needed. Our crews, our Supervisory staff and our Operations Manager will take an active role in the Incident Command Structure in positions deemed appropriate by Emergency Management of Baker County.

In the event that Baker County Emergency Management activates an EOC due to a major event, we will send a representative to be the primary communication link for immediate update on the emergency situation, and for requesting aid or services from governmental agencies. Upon arrival at the county EOC, the representative will:

- a. Establish communication with Baker County EOC at the Baker County EOC location.



- b. Obtain an updated telephone listing with names for all approved shelters, emergency support functions and emergency coordinators.
- c. Ensure the county EOC representatives are aware and communicating that Metro West Ambulance is a transporting agency and not a shelter.
- d. Ensure the county EOC representatives are aware and communicating that Metro West Ambulance personnel will be identified by badges and need to be granted free passage to and from assigned facilities.

Metro West Ambulance already has in place a Contingency/Emergency Operation Plan that we will adapt for Baker County and our operations there. We have included our existing plan as an example in Attachment 3. This plan addresses our internal disaster preparedness in all departments in addition to integration into the County EOC and standing up our own EOC. The objective of this document is to protect Metro West Ambulance patients, staff, visitors and building by:

1. Maintaining quality care for patients
2. Protecting property and assets
3. Resuming normal operation quickly
4. Ensuring self-sufficiency to operate at least 72 hours after an emergency strikes
5. Prioritizing personnel and resources, and outlining tasks to be performed

The following is the table of contents of this document that gives an overview of our Contingency/Emergency Operation Plan we have in place:

- I. OBJECTIVES OF THE CONTINGENCY/EMERGENCY OPERATION PLAN
- II. RECORD OF CHANGES
- III. DEFINITIONS OF ROLES AND RESPONSIBILITIES
- IV. EMERGENCY OPERATIONS CENTER (EOC)
- V. GUIDELINES TO EMERGENCY PREPAREDNESS
- VI. PRE-EMERGENCY PLANNING
- VII. PROCEDURES DURING AN EMERGENCY EVENT
- VIII. RECOVERY PLAN TO RESUME NORMAL OPERATIONS
- IX. EMERGENCY – SPECIFIC SCENARIOS

We have emergency personnel recall procedures in place and will adapt them to our Baker County operations. This involves recall drills completed three times per year. These procedures will help ensure we have the necessary manpower to staff all available units, to have a representative in the County EOC and to maintain our own operations.

Our ambulances will be stocked with MCI bags and triage tags as is standard to all of our units. We adhere to MCI Protocols pertaining to scene ICS. In the event Metro West is needed to respond, a seamless integration will be attainable. We meet all existing protocol expectations regarding MCI/MPS and ICS. If NIMS compliance requirements change, we will adjust our system to meet and/or exceed them. In the event we happen upon any emergency scene requiring ICS, we will immediately turn Incident Command over to the arriving fire department on their arrival.

Metro West looks forward to participating in local and regional exercises and large incident scenarios to develop and maintain, not only competency, but to foster great interagency relations with Baker City Fire and other county first responders. Drill participation will assist in implementing and evaluating our performance in the Incident Command System.



2. Community Support: Please describe in detail any free, for fee, open, pre-existing training and support the Vendor or its personnel would be willing to provide to community, such as CPR, First Aid, drug awareness and treatment education, and AED training. Please include in your description, at least, the types of training, the accreditation body for each type of training, the cost to residents, and staffing to be offered, provided the above does not violate the federal anti-kickback statute.

Metro West Ambulance has a long history of working with the communities we serve to promote education, health and wellness. We believe in investing in our communities and in our EMS partner agencies in all the areas we serve.

One community program we have successfully partnered on since 2017 with our police departments is Narcan administration by our officers to help combat the opioid crisis and to help save lives. A quick overview regarding our current program- the Oregon-Idaho High Intensity Drug Trafficking Area program provided funding to equip the Washington County Sheriff's Office, Beaverton Police Department and Forest Grove Police Department with Narcan overdose kits. Our company, Metro West Ambulance supplies these agencies with additional kits and replaces any kits that are administered or expire at no cost to our police departments. . This program is an example of joint effort between multiple agencies working closely together with the primary goal of saving lives. We feel programs such as these are vital to supporting the communities we serve. We know that the Baker County Sheriff's Office has received free-of-charge naloxone (Narcan) overdose kits along with training and technical assistance from the National Sheriffs' Association (NSA) and their partnership with Purdue Pharma L.P. As a community support partnership, we would like to work with Baker County Sheriff also to expand this program to the Baker City Police Department. If awarded this RFP, we pledge to offer additional Narcan kits to equip more officers in the Baker County Sheriff's Office and to replace administered or expired existing kits and to do the same for Baker City Police Department at no cost to partnering agencies. Baker County has great programs in place already to help combat the opioid problem you are seeing. We know that your County also exceeds the state average in the rate at which paramedics during emergency calls administer naloxone. We feel that by joining in on existing police, fire, county and public health efforts in raising awareness of the opioid crisis and by outfitting more officers with Narcan kits, we can be a resource in addressing this public health concern.

An area that has been a mainstay for our companies regarding training is the School to Work (School to Career) programs. We work with School-to-Work and health career programs in local high schools throughout the communities we serve by offering a ride-along program that affords students a chance to see pre-hospital care firsthand. It is normally offered to youth at least 16 years old who wish to explore this career option. We have also worked with local colleges and EMT programs of all levels to provide internships, ride-alongs, and to help meet other requirements of these types of programs. The accreditation body for these would be the schools and colleges. This would also be offered at no cost.

We support many health fairs and safety fairs offering various awareness and education topics. We would be willing to participate at no charge at these events and work with local groups and committees to promote seatbelt, car seat safety, water safety, drug & alcohol awareness (including meth and opioid usage) all the way to free blood pressure checks at community events. We also work with our various Chambers of Commerce in the areas we serve, local organizations, charitable organizations and community events. Again no cost to events and is a way for us to invest in our communities and those we serve.



CPR, First Aid and AED classes would be offered to the public at a *minimal charge* (to cover program expenses). These classes would be conducted through the American Heart Association and we would either provide instructors from within our ranks or recruit local instructors to assist us. Our current training center for our companies is through our sister company Medix Ambulance.



3. Special Events Services: Please describe what additional services you would be willing to commit during "Special Events," described above. Please include in your description, at least, the event or types of events, the employees, equipment, and services to be provided for each type of event, and the minimum level of training and experience of personnel.

Our company acknowledges the expectation that will shall make available, at no cost to the County, additional ambulances when, in the opinion of the Emergency Management Director, there is the expectation of greater than normal demand for ambulance service in the Baker and Huntington ASA.

We understand that these activities include, but are not limited to Minors Jubilee held each July, the Baker County Fair and Panhandle Rodeo , the Baker City Cycling Classic, special County/City functions and celebrations such as, at least, parades, sporting events, road races, holidays, public safety drills and tactical operations.

Metro West Ambulance shall provide ALS equipped ambulances and personnel from our proposed Baker Operations who meet the minimum staffing and training as required and explained in this RFP. If the event is large enough to warrant additional ambulance coverage to the point it may affect overall emergency response performance, we will provide additional ALS equipped ambulances and qualified personnel through our own internal mutual aid/coverage from our Family of Companies to assist us in EMS coverage of the event. All of our ambulances and Paramedic/EMT personnel throughout our family of companies all meet the same rigorous standards and training that we plan on providing Baker County. Depending on the event and needs of event, we may provide ALS units, First Aid tents with EMTs, EMTs on bikes with first aid kits, EMT's on foot with first aid kits and Paramedic/EMTs on a golf cart with emergency medical kits, airway kit, cardiac monitor/defibrillator and immobilization/splinting equipment and supplies. Our minimum level of training would be EMT up to a Paramedic level. Experience would vary from 1-25+ years depending on what crews would be assigned to an event.

We have extensive experience in providing EMS medical coverage to small events all the way to large scale events. For 20+ years, we have been the Events Medical team for Cycle Oregon where 3,000+ bicyclists and support crews travel across various parts of our state for a weeklong ride providing around-the-clock medical support on the course and in camp. We have crews on the course in ALS ambulances along with support vans and also provide medical tents for in-camp emergencies. We work closely with local EMS providers and Emergency Management of each region. In 2008 we were in Baker County as Cycle Oregon went through Elgin, Union, Baker City, Halfway and Wallowa Lake and again in 2015 as Cycle Oregon visited Baker City again along with Farewell Bend State Park, Cambridge, ID, Halfway, Wallowa Lake State Park and La Grande. Our crews worked with Baker County EMS providers to care for Cycle Oregon riders who were injured or became ill.



Other large rural events we provide a medical team for is the Oregon Raceway Park located in Grass Valley. This 2.3 mile course is located approximately 1 ½ hours from local hospitals. We have experience providing medical care to support small events such as county fairs and rodeos, logging shows, National Night Out, dirt track racing, rally races all the way to the largest events in our state such as all of the events at the Moda Center including the Portland TrailBlazers and at Portland International Raceway (including IndyCars series). We are the most experienced special events providers in Oregon and are happy to bring that experience to special events that occur in Baker County.

Last, we also acknowledge that the County/City will provide as much lead time as possible for the planning of these events and will include us in the planning phases.



C. Rates: Please describe the initial schedule of rates to be charged to recipients of ambulance services. Please also describe the Vendor's proposed credit collection policy, which shall be subject to approval by the County.

The initial schedule of rates to be charged to recipients of ambulance service will be:

<i>Level of Ambulance Service</i>	<i>Base Rate</i>	<i>Mileage Rate</i>
Advanced Life Support (ALS)	\$ 1500.00	\$21 per mile
Basic Life Support (BLS)	\$1500.00	\$21 per mile

Our base rates are inclusive of all care rendered by our EMS providers. There will not be any additional charges for medications, supplies or waiting time, resident vs non-resident of Baker City, etc. Mileage rates are for loaded miles (from patient location to hospital, landing zone, etc.) We understand that all compensation for services shall be billed by our company. We will also assume all costs of our employees, services and supplies to include but not limited to, at least, telephone, rent, gasoline, oil, maintenance, materials, communications systems and equipment to adequately provide EMS to the Baker and Huntington ASA.

We have set our rates according to our anticipated costs of operations for providing service to respond to emergency calls within the Baker City limits and to the areas outside of the city limits but still within the Baker and Huntington ASA. We do not differentiate between city versus rural populations as our goal is equitable service for all who need us in any of the ASA's we serve (including the Baker and Huntington ASA if awarded). Our base rates and our mileage rates will be the same for both ALS vs BLS.

Part of equitable service is equitable rates that are inclusive of all care rendered. Metro West and our Family of Companies are fee for service companies. Our budget is based on the service fees we collect, not what we bill. We have flat fees for various service levels provided (service levels that are actually determined after the call is completed and based on actual care rendered) In order to ensure highest service level potentially needed, we must provide ALS level ambulance and crews at all times which is part of the cost of readiness when providing emergency services. Working with a variety of payers from Medicare/Medicaid, private insurance companies, private pay, etc. we have to include actual costs for services rendered into determining rates but we also have to anticipate predicted collection rates which include changing Medicare fee schedules and reimbursement rates. So our costs of operations does include set costs but is also based on a variety of variables from changing fuel costs to patients ability to pay to ability to collect from various payers.

These are our initial rates. We understand that these rates will be in effect for the entire first year of the contract. After the first year, rate increases will not occur more than twice in any (12) twelve month period. We will complete rate reviews to determine need for increase based on Medicare fee schedule and cost of doing business. We agree to furnish a thirty (30) day notice to the Commissioners of any rate increase.



Metro West will also compile a quarterly report, in an electronic format acceptable to the County, of our complete rate structure and volume of business generated by the Baker and Huntington ASA, with summaries of all charges and receivables by source. This report shall be provided regularly to the Emergency Management Director.

In the Metro West Ambulance Family of Companies, we have defined policies and procedures regarding credit collection. We have developed a Billing Manual that addresses all phases of the process from initial billing to chart review to data entry, actual billing of the transport to applicable payer, posting payments, dealing with denials and rebills, working with insurance companies, Medicare and Medicaid, LEMLA, non-emergency transports and other service lines, the aging process, private pay accounts, estate claims, probate, liens, small claims, mail returns, schedules, hardship policy, memberships, refunds, write offs and debt collection. We make every effort to work with the patients/legal guardians/medical guardian/Power of Attorney. Once all phone calls and efforts to collect have been exhausted by our billing office, the trip is reviewed by a supervisor/manager and then sent to another manager for approval for credit collection. Once approval has been done, only then do accounts sell to an outside collection agency.

We understand that our process, if awarded this RFP will be subject to approval by the County. The following is an outline of the various areas that our Billing Manual addresses in regards to credit collection:

Metro West Ambulance Billing Manual Index

- Section A – AR Procedures
- Section B- Introduction
 - A typical Billing Process
 - Keyboard Shortcuts
 - Citrix Set up
- Section C- Chart Review
 - Chart Review
 - Level of Service Determination
 - Definition of service Levels
 - Inputting the Charge
 - HCPC Definitions
 - Clearing your inbox
 - Exporting & Importing the Charts
- Section D- Daily Run Log
 - Getting your transport for data entry
 - Work-flow & Trip Log
 - Trip paperwork
 - Customer information
 - Searching
 - New

**D. Reimbursement of System
Services**



D. Reimbursement of System Services: The County solicits these services as part of the comprehensive regulatory program to manage effectively the delivery of superior EMS. The County also solicits these services to provide an open, transparent, and competitive bidding method to develop EMS consistent with, but not required by, state government procurement law. Furthermore, the County seeks proposals from the Vendor on reasonable reimbursement for services the County will provide the Vendor that relate directly to the EMS the Vendor will offer to the County's residents. The County does not seek overpayment for its services, nor a fee directly or indirectly based upon the volume or value of the EMS referrals from this solicitation. Instead, the County seeks partial offset of actual costs for the County's operations because of the Vendor's proposed services. Therefore, please describe whether the Vendor would reimburse the County for any part of the services the County will deliver in response to this solicitation, including, but not specifically limited to, at least, under what circumstances the Vendor will reimburse the County, what service the Vendor will reimburse, what percentage of actual costs incurred by the County, and any other information or scenario the Vendor believes necessary to understand its proposal here. Examples would include radio tower repeater maintenance, Computer Aided Dispatch (CAD), Dispatch records requests

Metro West Ambulance proposes that if we are awarded this RFP, due to the extensive investment we will make in resources, personnel, ambulances, equipment, communications equipment, IT system, computerized electronic charting, medical supplies and medications, administrative costs, medical oversight and more to ensure Baker County has an Advanced Life Support Ambulance service that will serve the entire ASA in an equitable manner, that the County forego their request for any fees for at least the first two years to help ensure our success. After the first two years, we would be happy to negotiate reasonable reimbursement for the services the County is providing that relate directly to EMS.



E. Fee for Service: The fee you will charge the County to provide Pre Hospital Care Emergency Medical Ambulance Services, as described in this RFP, for the duration the contract broken out by city and county responses.

Metro West Ambulance will not charge the County any fees to provide Pre Hospital Care Emergency Medical Ambulance Services as described in this RFP. We will not charge any fees for city and county responses for the duration of this contract. In addition, we will not seek any County reimbursement for services provided nor expect any tax base support from the County.

**F. Organizational Structure/
Proof of Financial Ability
to Operate**

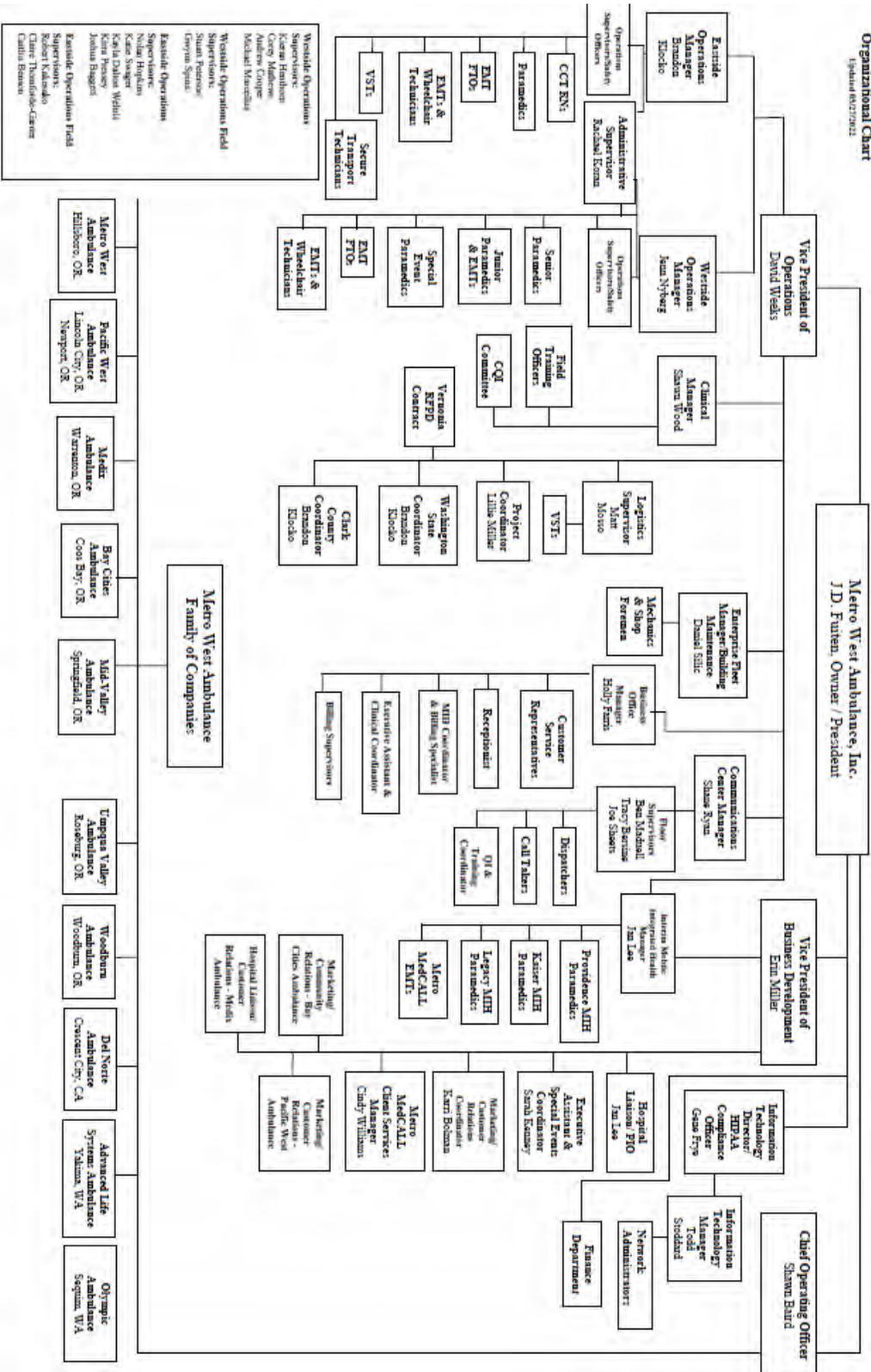


F. Organizational Chart and Financial Statement

The financial statements on the following pages are confidential and not authorized for public release.



Organizational Chart
Updated 06/20/2022



Metro West financial statements are exempt from public disclosure under ORS 192.355(4).



G. Prior Experience

We are experienced in providing services in settings ranging from urban and suburban, to rural and wilderness. We offer specialized resources, including dedicated fire standbys, wildland fire responses, and we participate in swift water rescue. Additionally, ALS provides wheelchair transport and inter-facility transport services.

Metro West Ambulance

Metro West Ambulance as the parent company allows us to blend and augment our leadership team to provide on-location senior management with direct access to corporate support and system resources. Intimate local knowledge of the region we serve, coupled with the broad experience base acquired by the Metro West companies, provides ample depth to continue and expand our services in Yakima County. In 68 years, the Metro West organization has grown from a small base operation in Forest Grove, Oregon, to the largest and oldest continuous owner operated ambulance service in the Pacific Northwest. Today our family of companies has over 1000 employees and includes licensed ALS and BLS ambulance services in Oregon and Washington, as well as a Medicaid transportation brokerage in Oregon serving the Pacific Northwest.

Our companies include:

- Metro West Ambulance (parent company with corporate facilities in Hillsboro, Oregon serving Washington County and the Portland Metro Area. And a satellite station in Vernonia serving Columbia County)
- Pacific West Ambulance (located in Lincoln City and Newport serving the central Oregon coast)
- Medix Ambulance (located in Warrenton, OR and Ilwaco, WA serving the northern Oregon and southern Washington coast)
- Bay Cities Ambulance (located in Coos Bay, OR serving the southern Oregon coast)
- Umpqua Valley Ambulance (located in Roseburg serving the Southern region of Oregon)
- Mid-Valley Ambulance (Springfield-Eugene Oregon region)
- Woodburn Ambulance (Located in Woodburn, OR serving Salem and Marion County in the fast-growing Willamette Valley)
- Olympic Ambulance (Serving the Olympic Peninsula and Pierce County from bases in Bremerton, Lacey, Sequim, and Port Angeles)
- Cascade Ambulance (Located in Ferndale, Washington)

Not only do we provide 9-1-1 emergency medical services, but our companies also provide non-emergency medical transportation services, including ALS/BLS and specialty care ambulance transportation for interfacility transports, emergency transfers for higher level of care, hospital discharges, specialized bariatric transports, long-distance transports, special event coverage, standby coverage, and special contract coverages. Our wheelchair transportation services provide interfacility transports, hospital discharges, specialized bariatric transports, and long-distance transports. As the parent company, Metro West serves approximately 2.49 million citizens in the Portland Metro Region with non-emergency care.



JD FUITEN

P R E S I D E N T & O W N E R

EXPERIENCE

PRESIDENT & OWNER

Metro West Ambulance Family of Companies
1978 - Present

REGION 5 BOARD MEMBER

2005 - Present

OREGON STATE EMS COMMITTEE

Member

1986 - 1990; 2010 - Present

AMERICAN AMBULANCE ASSOCIATION

Member

1982 - Present

REGION X ALTERNATE

1988 - 1992

OREGON AMBULANCE ASSOCIATION

President, Vice President, Secretary

1979 - Present

TUALITY HEALTHCARE FOUNDATION BOARD, EMERITUS

Board of Directors

WASHINGTON COUNTY EMS ADVISORY COUNCIL

MULTNOMAH COUNTY EMS PROVIDER BOARD

WASHINGTON COUNTY VISIONS BOARD

OREGON HEALTH DIVISION EMT & AMBULANCE ADVISORY COUNCIL

EDUCATION & TRAINING

EMS BUSINESS MANAGEMENT CERTIFICATE

American Ambulance Association's Management
1990

SYSTEM STATUS MANAGEMENT

Training Institute
1991, 1993, 1997, 2000

COMMERCIAL PILOT LICENSE

1976

HIGH SCHOOL DIPLOMA

Forest Grove High School
1972

 503-648-6658

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 metrowest.us.com



SHAWN BAIRD

CHIEF OPERATING
OFFICER

EXPERIENCE

CHIEF OPERATING OFFICER

Metro West Ambulance

2019 - Present

CHIEF OPERATING OFFICER/VICE PRESIDENT

Woodburn Ambulance

1995 - 2019

PARTNER

Giard-Baird Associates

2005 - 2014

OREGON AMBULANCE ASSOCIATION

President

2019

AMERICAN AMBULANCE ASSOCIATION

President Elect (2019), Board of Directors,
Past Treasurer, Government Affairs Co-Chair

NATIONAL EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Member

2015 - 2017

OREGON PUBLIC HEALTH ADVISORY BOARD

Member

2008 - 2016

SILVERTON HEALTH/SILVERTON HOSPITAL

Woodburn Advisory Board Member

MEDICAL TEAMS INTERNATIONAL

EMS Consultant - Sri Lanka, Vietnam, Cambodia

NORCOM 911 CENTER

Past Board Member, Past Chair Guide

EDUCATION & TRAINING

LEADING INNOVATION & CHANGE, M.A.

York St. John University

2014

MANAGEMENT & HUMAN RESOURCES

George Fox College

1992 - 1994

PARAMEDIC

Chemeketa Community College

1988 - 1990

SOUTHERN OREGON STATE

1984 - 1985

OREGON PARAMEDIC LICENSE

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ERIN MILLER

CHIEF BUSINESS
DEVELOPMENT OFFICER

EXPERIENCE

CHIEF BUSINESS DEVELOPMENT OFFICER

Metro West Ambulance

1996 - Present

COMMUNICATIONS SPECIALIST

Mayor Vera Katz

1996

PUBLIC RELATIONS DIRECTOR

American Medical Response

1992 - 1996

HEALTH CARE/SENIOR CITIZEN REP.

U.S. Senator Ron Wyden

1987-1992

PUBLIC INFORMATION SPECIALIST

METRO

1986 - 1987

PUBLIC RELATIONS DIRECTOR

Oregon Humane Society

1984 - 1986

WASHINGTON COUNTY AREA AGENCY ON AGING

2020 - Present

AMERICAN AMBULANCE ASSOCIATION EDUCATION COMMITTEE

2019 - Present

PORTLAND PROVIDENCE FOUNDATION

2019 - Present

LEGACY MERIDIAN PARK

2007 - 2017, Emeritus 2017 - Present

WOMEN OF MERIDIAN PARK, FOUNDER

2007 - Present

EDUCATION & TRAINING

SPEECH COMMUNICATIONS, B.S.

Oregon State University

1984

AMBULANCE SERVICE MANAGERS COURSE

AAA Management Training Institute

2001

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Effective Date: November 1, 2010
Replaces: June 1, 2004
Reviewed: May 30, 2017

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

NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY

POLICY

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

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

Affirmative Action

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

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

Compliance with Religion and National Origin Guidelines

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

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

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

Disabled and Vietnam Veterans and Disabled Persons

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

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

Policy:

Effective Date : Jun 1, 2004
Replaces: N/
Revised: May 30, 2017

Section: Personnel and the Personnel Process
Subject: Americans with Disabilities Act

AMERICANS WITH DISABILITIES ACT (ADA)

POLICY

It is the policy of the company to ensure equal employment opportunity for all persons employed or seeking employment without regard to race, color, creed, national origin, religion, sex, age, marital status, or disability.

The realization of a successful worker with disabilities program can only be achieved when individuals with disabilities get the desired jobs for which they are equally qualified and possess all job skills.

The following paragraphs outline the description of the program to convert communications to measurable programs:

Affirmative Action

Since management has the goal of equal employment opportunity and to ensure that the current practices do not have an undue discriminatory effect, the company will take affirmative action to:

1. ensure that all Job Descriptions will be written in compliance with the ADA paragraphs on essential functions of the job and marginal functions of the job.
2. ensure equal employment opportunity to all qualified persons who can perform essential functions of a job with or without reasonable accommodation
3. ensure that all pre-employment inquiries and qualifying factors do not disproportionately screen individuals with disabilities and that applicants will be judged fairly on their ability to perform the job with or without reasonable accommodation.
4. ensure that promotional decisions are in accordance with equal employment opportunity by imposing only valid requirements or promotional opportunities.
5. ensure that no such individual be denied participation in benefits, or be subjected to discrimination under any program or activity sponsored by the company.

The successful achievement of equality in employment requires a conscious, deliberate and total commitment on the part of the administrators and employees so that barriers are eliminated. With the adoption of affirmative action by the management of the company is committed to successfully implementing these established procedures and practices to achieve the goal of equal employment opportunity for all. The Company will maintain a separate

Affirmative action file containing all applications for employment from people with disabilities. This file is maintained to check that people with disabilities are being given equal consideration for employment.

Dissemination of Americans With Disabilities Act

The Safety Office is responsible for printing and distributing information on the company's Americans With Disabilities Act (ADA) Plan. The following is a list of methods used:

Copies of the ADA Compliance plan shall be distributed to department heads and supervisors.

The Employees Complaint Procedure shall be included in the Employee Handbook, and in addition employees shall be given orientation as to the Grievance & Complaint Procedure. See Policy 213 – Grievance & Complaint Procedure.

Annual ADA training shall be held for department heads and supervisors by staff ensuring that current legal information affecting workers with disabilities is disseminated.

Display of appropriate equal employment opportunity posters, notices, etc., on bulletin boards, in personnel files, and in newsletters and publications shall be made current and visible at all times.

External Dissemination

Recruitment sources shall be kept with the company's commitment to equal employment opportunity and the organization shall be advised of current and future job openings, job descriptions, and the employee selection process.

The company's mission will continue to publicly display its willingness and commitment to consider applicants with disabilities on a non-discriminatory basis. In this light, advertisements seeking applicants for employment will identify the company's "Equal Opportunity Employer."

Internal Dissemination

1. Copies of the ADA Compliance plan shall be distributed to department heads and supervisors.
2. The Employees Complaint Procedure shall be included in the Employee Handbook, and in addition employees shall be given orientation as to the complaint and grievance procedure.
3. Annual ADA training shall be held for department heads and supervisors by staff ensuring that current legal information affecting workers with disabilities is disseminated.
4. Display of appropriate equal employment opportunity posters, notices, etc., on bulletin boards, in personnel files, and in newsletters and publications shall be made current and visible at all times.

Job Accommodation Practices

When a qualified individual with a disability requests an accommodation the company will make a reasonable effort to provide an accommodation that is effective for the individual (gives the individual an equally effective opportunity to apply for a job, perform essential job functions, or enjoy equal benefits and privileges).

The obligation to provide reasonable accommodation applies to all aspects of employment. This duty is on going and may arise anytime that a person's disability or job changes.

The Company may consult with the person with the disability as the first step in considering an accommodation. If appropriate the company shall seek guidance from the various resource organizations that may be helpful in designing reasonable job accommodations for such applicants or employees.

EEOC regulations require when necessary an informal interactive process to find an effective accommodation. The process is described below:

1. Metro West Ambulance and the individual will look at the particular job involved and determine its purpose and its essential functions.
2. Metro West Ambulance will consult with the individual with the disability to find out his or her specific mental and physical abilities and limitations.
3. Metro West Ambulance in consultation with the individual will identify potential accommodations and assess how effective each would be in enabling the individual to perform the essential job functions.
4. If there are several effective accommodations that would provide an equal employment opportunity the company will consider the preference of the individual with the disability and select the accommodation that best serves the needs of the company and the individual.

In determining the extent of the company's job accommodations obligations the following factors will be considered:

- a. The nature and cost of the accommodation.
- b. The overall financial resources of the facility.
- c. The overall size of the facility.
- d. The number of facilities within the corporation.
- e. Number of employees at the facility.
- f. Type and location of facility.
- g. Type of operation including composition, structure, and functions of the workforce, the geographic separateness, administrative or fiscal relationship of the facility to the corporation.
- h. The effect on expenses and resources.
- i. The impact of such accommodation upon the operation of the facility.
- j. Business necessity.

Testing Practices

At times the company may give a physical agility test to determine an individual's physical qualifications necessary for the job. The test will be given to all similarly situated applicants or

employees regardless of disability. Physical agility test will be given to all applicants and employees who are applying for field Paramedic or field EMT positions.

Physical agility test will be based on ADA requirements as follows:

- Job related and
- Consistent with the necessary duties needed to do business.

Selection Practices

The application record of each applicant for employment with the company will document the job that the applicant is being considered for employment. If an applicant with a disability is rejected for employment, a written statement shall be appended to the application stating:

1. The reason(s) of such rejection.
2. A comparison of the applicant's qualifications with those of the person selected.
3. A description of the accommodations considered, if any.

Job Advertisements, Accessibility and Notices

All employees of the Company who are engaged in the hiring or selection decisions intend how to comply with the objectives of the ADA.

Job announcements, advertisements, and other communications will include information on the essential functions of the job and information about job operations will be accessible to people with disabilities.

Promotional Practices

The needs of employees with disabilities are reviewed to assure that qualified people are given equal consideration for opportunities for promotion, and training. Where additional training and experience would be helpful for advancement management counsels and assist employees with disabilities.

The personnel file of each known employee with a disability documents any promotion and any training program in which the employee has been considered.

When an applicant or employee is selected for promotion or training, and Modified Workstation tasks or job accommodations on his or her behalf or has previously instituted some accommodation which makes it possible for The Company to place such person on the job. A description of the accommodation shall be included in the employee's personnel file.

In order to promote employees with disabilities to promotion and assist them in advancing to jobs, which will overcome sponsorship, challenge, and other opportunity of development, management and supervisors should have been considered to take the following types of actions:

1. Post promotion opportunities when appropriate.
2. Offer counseling to assist employees with disabilities and deny promotion opportunities, training and development programs that hinder promotion ability, and opportunities for job rotation or transfers.

- 3. Administer the employee performance evaluation program, which is designed to assist employees in meeting performance standards in a nondiscriminatory manner.
- 4. Evaluate requirements for promotion on job-related criteria and ensure that people with disabilities are not required to possess higher qualifications than others.
- 5. Require management and supervisory personnel to explain promotion selection decisions when employees with disabilities are among the candidates rejected for advancement opportunities.

Education and Training Practices

Employees with disabilities are given equal access to all educational and training programs designed to enhance an employee's ability to assume a position of greater responsibility. See Policy 906 - Continuing Education. This information is reviewed periodically to assure that all employees have equal access regardless of disability.

All in-house and off-site education and training meetings will be accessible to employees with disabilities, including meeting rooms, restrooms, exhibits in trade shows, sleeping rooms, and availability of services offered to non-disabled employees.

Supervisory and Disciplinary Practices

Management and supervisory staff have been assigned to take the following actions to assist in meeting the mandate of ADA:

Develop and periodically review forms and instructions on supervisory practices such as interviews, employee evaluations, counseling, training, and discipline.

Offer training for supervisors on Metro West objectives and job-related personnel practices.

Recruitment Practices

When openings occur, Metro West will actively seek qualified people with disabilities for current and future employment. In order to improve recruitment and the flow of qualified people with disabilities, Metro West policy enlists the assistance of recruiting sources where applicable and feasible from:

- State Employment Service
- Vocational Rehabilitation Agency
- State Education Centers
- Social Service Organization
- College Placement Office
- Sheltered Workshop
- Community College
- Trade Journals/Periodicals
- State EMS Office
- And Others

Conclusion

Selecting and retaining qualified employees is the company's most important asset. It is the belief of Metro West that disabilities have little to do with a person's potential as an employee. Therefore, the management and staff of Metro West strive to meet and exceed the mandates of the Americans with Disabilities Act through the development and implementation of the ADA compliance policy.

A Contingency/Emergency Operation Plan are essential building blocks of our company's emergency response. Our Contingency/Emergency Operation Plan outlines how as an organization we will protect the safety of our employees and visitors, safeguard vital records and resources related to the companies mission, and coordinate with other local agencies emergency response and recovery procedure.

Metro West Ambulance

Contingency/Emergency Operation Plan

Updated April 25,2017 by
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Emergency Management
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Created by Mike Sargent 2014

Contingency/Emergency Operation Plan

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I. OBJECTIVE OF THE CONTINGENCY/EMERGENCY OPERATION PLAN

The objective is to protect Metro West Ambulance patients, staff, visitors and building by:

1. Maintaining quality care for patients
2. Protecting property and assets
3. Resuming normal operation quickly
4. Ensuring self-sufficiency to operate at least 72 hours after an emergency strikes
5. Prioritizing personnel and resources, and outlining tasks to be performed

III. DEFINITIONS OF ROLES AND RESPONSIBILITIES

A. Incident Command Officer/Director of Emergency Operations

Throughout the duration of any company emergency, Emergency Management Supervisor will be responsible for making command decisions and/or coordinating decisions with Department Managers & Vice President of Metro West Ambulance to meet the needs of the emergency.

Duties and Responsibilities

1. Suspend, resume and continue operational activities.
2. Coordinate with the county.
3. Authorize evacuation.
4. Coordinate and/or approve activities and decisions of the command staff.
5. Select and/or approve appropriate strategies to meet the emergency.
6. Coordinate the joint planning and implementation of tactical operations.
7. Determine overall objectives to meet the emergency.

B. Risk Management/Coordinator of Emergency Information Services

The Public Information Officer (PIO) will coordinate pertinent information from the members of the command staff and make appropriate releases to the local media under the authority of the director of emergency operations.

Duties and Responsibilities

1. Release information to staff and media pertaining to opening/closing, call back of vital personnel and other information as necessary.
2. Develop and maintain a list of local newspaper, radio and TV contact persons.
3. Initiate phone tree process.
4. Contact director of Web to update Web sites with emergency information.

C. Safety Manager/Damage Documentation Teams

The Logistics Supervisor will be the coordinator of grounds, utilities, building services and maintenance. The Logistics Supervisor will work with the other members of the command staff and report to the director of emergency operations.

Duties and Responsibilities

1. Develop and maintain an intra-departmental plan to meet emergencies, as well as a call-out list of vital personnel.
2. Develop and maintain a list of equipment, supplies, tools and machinery on hand, as well as those needed to meet particular emergencies.
3. Mobilize forces to assist in coping with preparation, response and securing from an emergency.
4. Coordinate requests for gathering and delivery of personnel and supplies.
5. Ensure isolation of emergency area via control of gas, water, power and sanitation.
6. Clear and maintain access routes as required.
7. Have access to building floor plans, schematics and mechanical drawings of buildings.
8. Provide for emergency power to areas requiring such to maintain operations during an emergency.
9. Provide cost estimate of damage.
10. Determine extent of damages.
11. Assist in preparing and securing buildings.
12. Assist with rescue efforts.

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13. Provide for cleanup effort after emergency.
14. Care for utility emergencies (e.g. down power lines).
15. Provide custodial services to shelters and buildings maintaining operations during emergency event.
16. Assist in barricading and physically isolating designated areas.
17. Provide additional vehicles and vehicle maintenance as required.

D. Security and Safety

On Duty Supervisor will make determination of the nature and extent of the emergency situation and report to the director of emergency operations & Department Manager throughout the duration of the event.

Duties and Responsibilities

1. Determine initial condition and extent of emergency situation, response criteria and potential for escalation.
2. Collect and disseminate intelligence information.
3. Control affected areas until relieved by proper authority.
4. Provide radio and telephone communications to command staff.
5. Conduct any necessary searches of area.
6. Preserve law and order.
7. Maintain public safety.
8. Provide for crowd control and movement of personnel.
9. Control vehicular traffic at evacuation routes, as well as ingress/egress to emergency location.
10. Secure and maintain continuous security of buildings.
11. Preservation of emergency scene and evidentiary materials.
12. Monitor weather conditions.
13. Provide continuous updates of emergency conditions as situations escalate or deescalate.
14. Report localized hazardous conditions as they develop in order to limit further damage/injury.
15. Make recommendations for action by other command staff divisions.
16. Perform a rapid triage.
17. Provide initial first aid to injury victims.
18. Provide or assist with rescue efforts.
19. Develop and maintain list of equipment and supplies on hand and those needed for particular emergencies.

E. Critical Employees:

A critical employee is an individual, designated by supervision, who performs essential functions during an emergency or emergency situation and after the event. (Typically, these are people from management, patient care staff, and communications.

IV. EMERGENCY OPERATIONS CENTER (EOC)

A. Primary / Secondary

An announcement of an emergency by the incident commander will formally implement the Contingency/Emergency Operation Plan. A governmental declaration of emergency in our area will supersede the Metro West Ambulance's alert status.

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The primary emergency operation center will be located in Metro West Ambulance Headquarters, unless other location is chosen.

Upon declaration of an emergency alert, members of the command staff will be notified and, if accessible, will report immediately to Metro West Ambulance Headquarters, unless other location is chosen. It will be necessary to communicate command functions to all Metro West Ambulance locations and sites. Metro West Ambulance Vice President of Operations will establish incident command based off resources needed at the Metro West Ambulance Headquarters and Washington County. Incident command will assign duties to supervisors and management by way of ICS procedure and requirements of the county needs.

V. GUIDELINES TO EMERGENCY PREPAREDNESS

Response to any critical situation or emergency involves preplanning. The following pages are guidelines covering immediate considerations, necessary notifications and tactical considerations for preparing and responding to eight possible emergencies.

These guidelines are not designed to be all-inclusive and the thoroughness of advance planning and attention to organizational considerations and support may well determine the success or failure of emergency response.

Employee/Department Responsibilities

1. Print and have available **two copies** of the Contingency/Emergency Operation Plan.
2. Print contact pages to have readily available in the event of emergency.
3. Assess the urgency of the situation and make the appropriate call:
 - a. WCCCA
 - b. Department Managers
 - c. Washington County EOC
 - d. Incident Command
4. Secure office equipment, files and furniture.
5. Make a backup of essential electronic data and keep in a secondary location.
6. Unplug electrical outlets.
7. Cover equipment (desktop computers, printers, monitors, copiers, fax machines).
8. Secure hazardous chemicals.
9. Secure materials according to standard industry practices and policies. Each department is responsible for its own materials.
10. Prepare emergency kit, which should contain items necessary to carry on business in event of an emergency.

VI. PRE-EMERGENCY PLANNING

1. Staff Involvement and Familiarization
The Emergency Management Supervisor will oversee development and education of the emergency plan as part of an orientation program present yearly.
 - a. Department Managers and Supervisors are responsible for ensuring staff members are knowledgeable with the department plans.
 - b. Department Managers and Supervisors are responsible for developing and implementing specific departmental plans, including staffing, before, during and after an emergency event. This includes work and sleep cycles.
 - c. Staffing plans should designate a shift rotation consisting of 12-hour shifts with at least 8-hours of downtime between shifts.

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2. Insurance Policy and Documentation
 - a. Insurance policies are monitored throughout the year, as appropriate, for changes in coverage. In the event of exclusion, alternative means of risk transfer are pursued to maintain adequate coverage, if necessary.
 - b. Conditions of all facilities and grounds will be documented or updated annually during the month of the end of the fiscal year.
3. Liability Issues

Any reported injuries to any on-duty Metro West employee will be duly reported and investigated by a supervisor following policy 504.
4. Backup Records

IT Department is responsible for ensuring that proper backup records are kept. It is recommended that a separate set of backup records be kept at an alternative storage location. Essential electronic records associated with computer systems should be continuously backed up.
5. Computers and Downtime
 - a. If computers are not operational, all departments are to handle actions manually using predetermined paperwork.
 - b. Computer protection is provided if needed.
6. Public Service Coordination
 - a. The Public Information Officer (PIO) will ensure that Metro West Ambulance remains in communication with various public service organizations, especially the county emergency operations center and county officials.
 - b. Metro West Ambulance will have direct communications with local fire departments via the 800 radios or telephone in the Communications Center. Information obtained will be relayed to the emergency operations center.
 - c. The transport coordinator or designee is responsible for coordinating the transportation of patients to other health care facilities. External transportation arrangements will be contracted through Metro West Ambulance, and transportation providers must be qualified to transfer acute care patients.
7. Mutual Aid/Transfer Agreements

If offsite power is interrupted for an extended length of time and/or the building receives substantial damage, Metro West Ambulance may be forced to evacuate employees to another facility. If resources of Metro West Ambulance are overwhelmed, fire agencies with transport capabilities will be used at the discretion of the Communications Supervisor.
8. Supplies
 - a. Each department manager is responsible for providing a list of supplies needed prior to the final checklist implementation.
 - b. The logistics department is responsible for ensuring adequate space is available for supply storage in a clean, dry and secure area.
 - c. Enough linens and appropriate storage to handle biomedical and non-biomedical wastes. A minimum of seven-day supply of additional linens should be ordered to prepare for an emergency-type event. Other supplies include wet-vacs and other items to mitigate water damage in multiple areas due to rain leakage or flooding. Clean linen will not be used to mitigate leaking or flooding.

VII. PROCEDURES DURING AN EMERGENCY EVENT

1. The Emergency Operations Center (EOC) will be located at the Metro West Ambulance Communication Center and will be staffed per this plan. The emergency center backup area will be an alternate EOC staging location.
 - a. The EOC will be responsible for coordinating medical and support staffing.
 - b. Additional responsibilities include:
 - The applicable EOC team member title will coordinate all transports of patients.
 - Damage control and repair will be coordinated by Department Manager, Logistics Supervisor and Vice President.
 - Damage assessment and documentation will be coordinated by Department Manager, Logistics Supervisor and Vice President.
 - Additional supplies not stored in departments will be coordinated by Department Manager & Logistics Supervisor.

2. The employees will bring with them to the Metro West Ambulance:
 - personal medications
 - money for vending machine
 - sleeping items (linens, pillow, sleeping bag, etc.)
 - towels/soap
 - three days of clothing
 - flashlight
 - snacks
 - water

The emergency operations center will be staffed as follows:

- executive staff as designated
- logistics supervisor of facilities
- safety supervisor
- department manager risk management
- department manager of food/nutrition
- chaplain
- representative(s) from offsite facilities, if applicable
- ham radio operator, if applicable

All routine Metro West Ambulance departments shall remain open for resource needs.

- After the emergency has been cleared/safe, employees and management will provide command, control and leadership through the restore phase to resume normal operations. It includes:
 - executive staff as designated
 - logistics supervisor of facilities
 - safety supervisor
 - department manager risk management
 - department manager of food/nutrition
 - chaplain
 - representative(s) from offsite facilities, if applicable
 - ham radio operator, if applicable

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- The communications department will provide at least multiple phone lines for emergencies. One shall be used for damage control reporting and the other for incoming calls to the EOC.
 - The EOC will attempt to set up immediately once an emergency is known and all communications equipment is checked by dispatch Supervisor.
 - Department Managers are responsible for ensuring that all damage is communicated to logistics supervisor and then to the EOC as they occur for documentation and photographs.
 - Backup communications are essential and alternatives must be nearby in ready or stand-by mode.
3. Metro West Ambulance Representative
- The designated person will represent Metro West Ambulance at the Washington County EOC and will be the primary communication link for immediate update on the emergency situation, and for requesting aid or services from governmental agencies. Upon arrival at the county EOC, the representative will:
- a. Establish communication with Washington County EOC at the Washington County EOC location.
 - b. Obtain an updated telephone listing with names for all approved shelters, emergency support functions and emergency coordinators.
 - c. Ensure the county EOC representatives are aware and communicating that Metro West Ambulance is a transporting agency and not a shelter.
 - d. Ensure the county EOC representatives are aware and communicating that Metro West Ambulance personnel will be identified by badges and need to be granted free passage to and from assigned facilities.
4. Media Control
- The Public Information Office (PIO) is in charge of media control.
- a. The Public Information Office (PIO) prepares and disseminates continuous and timely emergency update information to the news media, including condition of Metro West Ambulance, number of patients entering for treatment, nature of treatments and other patient conditions.
 - b. The Public Information Office (PIO) coordinates information regarding activities of the Metro West Ambulance with officials outside and provides information to outside media callers. The Public Information Office (PIO) is authorized to obtain information pertinent to the emergency situation for the express purpose of public information.
 - c. Any members of the press inside the facility must be cleared by the EOC.
 - d. The Public Information Office (PIO) prepares internal and external communications to associates and others from the initiation of this plan through recovery completion.
 - e. The Public Information Office (PIO) ensures that an associate representative of Metro West Ambulance is at the county Emergency Operations Center as a communications link.
5. Vehicle Resources
- a. Metro West Ambulance will follow guidance of the Washington County EOC on placement of ambulances (emergency/nonemergency and critical care transportation), wheelchair vans, and secure transport.
 - b. If not guidance from Washington County EOC, vehicles will be placed by Metro West Ambulance via the Metro West Ambulance EOC and Communication Center.

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6. Staffing
 - a. In order to avoid excessive telephone use during an emergency, a list of staff available to work during or after an emergency event should be completed by each Department Manager annually and verified quarterly.
 - b. Departments not involved with emergency preparation of patient care duties will be assigned to a labor pool. The labor pool will be managed by Emergency Management Supervisor who will determine if there is adequate staffing.
 - c. Upon the declaration of an emergency situation, personnel who are scheduled to work should immediately complete any preparation at home and report for duty at the Metro West Ambulance Headquarters and **Clackamas** at start of shift, if driving is safe.
 - d. Employees scheduled to work after the all-clear should not wait to be called or for the beginning of their regular shifts. All-clear information will be available on the Metro West Ambulance Website and via an ALL CALL page out.
 - e. Employees are to report for assignment according to departmental plans upon arrival, and checkout before leaving the Metro West Ambulance. On Duty Supervisor will coordinate the check-in and check-out process to maintain an employee inventory. Employees may not leave their assigned area unless their supervisor gives the all clear.
 - f. Employee family members will be allowed to stay in the Metro West Ambulance facilities ONLY if approved by Department Manager. **NO PETS WILL BE PERMITTED.**
 - g. Department Managers are responsible for communicating to staff the best place for family members (i.e. approved shelters, secured home, etc.).
 - h. Staffing utilization will be governed by the plan:
 - Each department shall develop and maintain a staffing list to ensure the availability of current information about staff, considering travel time, skills level and regular shift.
 - Each department will determine when relief staff is needed.
7. Non-Metro West Ambulance Related Public
 - a. In the event of an emergency, the Metro West Ambulance will **NOT** function as a shelter.
 - b. A listing of emergency management shelters should be made available to those attempting to seek shelter at a designated area.
 - c. In the event it may become necessary to grant shelter to passersby, the /incident commander must approve it.
 - d. During and after an emergency, the Metro West Ambulance will inevitably attract those seeking shelter, food, medications, etc., and they will not be permitted to stay.
8. Identification

Metro West Ambulance staff identification MUST be worn at all times, including badges for visitors and volunteers. Metro West Ambulance identification will be required to obtain meals.
9. Power and Lighting

In the event of power failure, an emergency generator will be activated. Seven days of generator fuel will be kept on hand. Windows are not to be open, as air movement will be affected.

 - a. All staff must not connect unnecessary electrical appliances to emergency power outlets.
 - b. Battery-operated lamps and flashlights must be kept in all departments. Extra flashlights and batteries will also be available in supply storage.
 - c. Nonessential circuit loads on emergency power maybe subject to load-shedding to conserve fuel.
10. Fuel

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- a. The Metro West Ambulance will have its fuel tanks topped off at all times in preparation for an emergency.
- b. During an emergency, vehicle servicing technicians will report estimates as to how long fuel may last at actual load capacity with the generators in operations to the EOC during briefings and as needed.
- c. Staff must be prepared to sustain operations on generator power for up to seven days.
- d. Metro West Ambulance will be on a priority list for additional fuel once clearance to travel is resumed to affected areas.

In the event Metro West Ambulance is unable to obtain fuel or supplies, the Logistics Supervisor will contact the county emergency operations center requesting fuel.

11. Communications

- a. The communications department is responsible for communication systems before, during and after a disastrous event.
- b. Backup systems agreements will be made in writing with Communications Dispatch Manager and reviewed annually to ensure priority service will be available when requested to restore any communications systems. In the event that all telephone service is interrupted, the following alternatives are available:
 - Cellular phones
 - Designated runners assigned by each department
 - Computers
 - Ham radios
 - Hear system

12. Waste Disposal

The Logistics Supervisor will order additional emergency waste containers. These waste containers should handle at least seven days accumulation of biomedical and regular waste. Biomedical waste must be locked and placed in a secure area, following the current biomedical waste plan policy. The Logistic Department will determine when it is safe to place waste in containers and when to find alternate, temporary storage areas if needed.

13. Linens

In the event of an emergency, the Metro West Ambulance linen supply will be extremely limited, so it is of utmost importance that strict adherence is given to this plan. Clean linens must not be "hoarded" by any departments. An extremely conservative approach to linens will be followed, including changing linens only when necessary.

14. Security

- a. It will be necessary to lockdown specific entrances to Metro West Ambulance. This determination will be made based on collaboration of the Management Team. Most exterior doors not in view of staff are safely locked or are on a timed event system (except during a fire alarm).
- b. Designated staff will be responsible for monitoring all unlocked entrances to stop entry by those without a medical need to be on the premises. Allows security personnel to remain mobile and move about Metro West Ambulance ensuring security of staff. Should the need arise, Hillsboro Police Department or Washington County Sheriff's Office will be called for assistance.

15. Damage Reporting and Repair

- a. In the event damage occurs in your department, immediately notify on duty supervisor and complete incident report documentation that will be given to department managers in the event of emergency situation.

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- b. In the event of a window breakage, contact on duty supervisor. Mechanisms enabling doors of the room to be secured may be installed and boarding will only be done after it is safe to do so.
 - c. Track all damages using incident reporting system that will be given to department manager in the event of emergency situation.
 - d. The damage documentation team will be sent to survey the area as soon as possible.
16. Hospital discharge plan
- a. When notified by local hospital staff for the need to discharge of patient. The communications center floor supervisor will be notified along with the operations supervisor to provide available resources for patients being discharged.
 - b. If patients are able to be transported by wheelchair this will be the means of transporting. Which will allow for more diversity.
 - c. Wheelchair vehicles will be used if conditions are safe for driving to take discharged patients from local hospitals to the appropriate drop off location.
 - d. Ambulances will be used to discharge patients from local hospitals if they are deemed unable to ride in a wheelchair.

VIII. RECOVERY PLAN TO RESUME NORMAL OPERATIONS

1. Damage Assessment and Insurance Reporting
All Metro West Ambulance buildings and contents are covered by property damage insurance. Ensure all damage is documented and photographed.
 - a. Supervisor must notify the incident commander of all damages that result from an emergency immediately via direct communications meaning radio or phone.
 - b. The Logistics Supervisor will ensure that the physical plant, entire property and building roofs are cleared of all debris.
 - c. All hours, including volunteers, must be tracked with description of work performed on worksheet.
2. Repairs and Priority Utilities Restoration
 - a. Electricity: The possibility of having up to seven days without city electricity should be addressed. Any load reductions to prolong generator fuel should be carefully planned to include repercussions to communications, fire alarms, computers and emergency lighting.
 - The Logistics Supervisor will make arrangements with Washington County to ensure priority restoration in the event power is temporarily interrupted.
 - Should generators be damaged, power options will need to be investigated, planned and implemented in advance.
 - b. Communications
 - Telephone arrangements with Metro West Ambulance Telephone Company to ensure priority restoration in the event regular service is disrupted will be made by the Communications Department Manager. Documentation from Telephone Company should be obtained to reflect how they will provide alternate service and that the Metro West Ambulance will receive top priority restoration. In the mean time, the following may be utilized:
 - Ham radios
 - Internal communications such as internal phone systems, two-way radios, runners, etc, or other similar backup systems can be utilized.
 - Alternatives for all code announcements if the page system is inoperable will be included in each department checklist.

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- Alternatives for fire alerting if the fire alarm system is inoperable will be included in each department checklist.
 - Computer alternate plans include using handwritten requests for all computer tasks.
 - In the event of total phone system failure, there are several ways to communicate with the outside: emergency phones, ham radio, hear radio, etc.
- c. Water
- Should a water main break or become contaminated, restoration may be delayed. Alternate plans for water must be devised in the department plans.
 - Non-potable water will only be used for flushing toilets, and all associates must be informed of this policy.
 - Bottled water will be available for consumption.
- d. Waste
- Alternate plans for sewage collection and temporary storage of waste include bagging toilets using red bags.
 - Biomedical waste-approved containers will be provided onsite. In the event that pickup is delayed, the number of onsite biomed waste containers will need to be predetermined.
 - Non-biomedical needs-approved containers will be provided onsite. In the event pickup is delayed, the number of onsite biomed waste containers will need to be predetermined.
3. Supply Replenishment
- Department Managers will ensure that restocking of supplemental supplies is expedited in order to sustain operations. Fuel, food, water, waste disposal, linens and other high usage supplies are to be given priority.
4. Review/Debriefing
- The Department Manager will call for a critique/review of performance. Input will also be obtained from members of the medical staff, as well as external responders. The Contingency/Emergency Operation Plan will be update as necessary to incorporate solutions to issues identified during reviews by emergency management committee.

IX. EMERGENCY-SPECIFIC SCENARIOS

Upon receipt of an emergency alert, the /incident commander implements the Contingency/Emergency Operation Plan and ensures that pre-emergency photos and video histories have been updated at all times using designated personnel or department.

1. The /incident commander will announce an emergency declaration.
2. The /incident commander will notify Metro West the vice president that the Contingency/Emergency Operation Plan has been entered.
3. The /incident commander will schedule a readiness briefing with Management to ensure readiness. Prepared checklists will be used.
4. Departments will simultaneously prepare the following duties:
 - a. Provide adequate availability of supplies.
 - b. Activate internal communication plans. Internal communication will contain standardized verbiage and date/time markings. Communication will be sent via briefings, e-mails, faxes, hotline and cascading of information.
 - c. Ensure computer/electronic equipment protection measures, if applicable, are in place

Tornadoes

1. Immediate Considerations

- a. Move to hallway, closets or go to the corner of the room.
- b. Keep away from windows.
- c. Do not go outside.
- d. Prepare shelter.
- e. Secure loose objects exposed to conditions.
- f. Secure buildings.
- g. Disseminate information to Metro West Ambulance staff.

2. Tactical Command Considerations

- a. Update weather reports.
- b. Clear and maintain access routes.
- c. Check communications.
- d. Do damage evaluation and reporting.
- e. Preserve and order.
- f. Lead a cleanup effort.
- g. Identify and report downed power lines

Structure Fires

1. Immediate Considerations

- a. Call 911 or security if the fire alarm goes off
- b. Locate fire.
- c. Close door to area that has fire.
- d. Evacuate building.
- e. Notify and evacuate surrounding buildings.
- f. Be aware of hydrant locations.
- g. Attempt to extinguish if feasible.
- h. Protect building contents if possible.
- i. Provide scene security.
- j. Secure gas and electricity at location.

Earthquakes

Immediate Consideration

If Indoors:

- If you are indoors, protect yourself, **DROP** to the ground; take **COVER** under a desk or sturdy table; **HOLD ON** till the shaking has stopped. If there is not furniture around, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as light fixtures or furniture.
- Only use a doorway for shelter if it is close proximity to you and you know for a fact it is a loadbearing wall.
- Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to different location inside the building or try to leave.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.

If outdoors:

- Stay there
- Move to a clear area away from trees, signs, buildings, etc.
- Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls.

If in a moving vehicle:

- If you are driving, pull over on the side of the road and stop in a clear area. Stay in the car until the shaking has stopped.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

If trapped under debris:

- Do not light a match
- Do not move about or kick up dust
- Cover your mouth with a handkerchief or clothing
- Tap on pipe or wall so rescuers can locate you. Use whistle if one is available. Shout on as last resort.

A consideration after the shaking has stopped:

- After the tremors, the biggest concern we will be broken underground gas lines. In the event of a gas leak, the following is recommended:
 - DO NOT go into a room and turn on lights. The switch may generate a spark.

Metro West Ambulance Emergency/Emergency Preparedness Plan

- DO NOT strike a match or light any type of flame if the power goes out.
- DO NOT use any room or enclosed space until after it has been checked for gas leaks.

Ambulance Procedure after an Earthquake

- Once shaking has stopped attempt communication over channel 1 and 3 for communication to MWA units out in the field.
- Take role call
- If no communication from dispatch head to the nearest fire station for posting.
- Respond with fire department if needed.

Tactical Command Considerations

- a. evacuation/shelter
- b. first aid
- c. utilities (gas, water, electricity, sanitation)
- d. clearing and maintaining access routes
- e. communications
- f. preserving law and order
- g. security of buildings
- h. damage evaluation and reporting
- i. downed power lines
- j. rescue efforts

Gas Rupture/Explosion

Immediate Consideration

1. Call 911.
2. Identify location.
3. Identify threat to Metro West Ambulance personnel/structures.
4. Take evacuation measures.
5. Establish perimeter and secure area.
6. Secure ignition sources.

Electrical Outage

Immediate Consideration

1. Identify location.
2. Identify threat to personnel/patients.
3. Estimate length of outage.

Freeze

Immediate Consideration

1. Secure buildings.
2. Make vehicle preparations.
3. Disseminate information to employees.

Hazardous Material Incidents (Nuclear, Biological, Chemical)

1. Immediate Considerations

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- a. Call 911.
 - b. Identify nature of incident/material from distance.
 - c. Evacuate.
 - d. Establish perimeter and secure area.
 - e. Secure ignition sources.
2. **Tactical Command Considerations**
- a. Identify specific material if already known.
 - b. Identify wind and weather conditions.
 - c. Have evacuation routes ready.
 - d. Keep personnel upwind and out of immediate area.
 - e. Allow no open flames or ignition sources.
 - f. Provide shelter areas.
 - g. Work with media involvement.

Civil Disorders

1. **Immediate Consideration**
 - a. Call 911 depending on the degree of seriousness.
 - b. Identify location.
 - c. Identify nature and size of incident.
 - d. Identify cause and objectives.
 - e. Determine chances for escalation.
 - f. Provide isolation/containment.
 - g. Determine who is involved.
2. **Tactical Command Considerations**
 - a. strategies to cope with incident
 - b. dispersal methods
 - c. injuries
 - d. involvement of drugs, alcohol, weapons
 - e. negotiations
 - f. Summon law enforcement

Barricaded Suspect/Hostage Situation

Immediate Consideration

1. Call 911.
2. Identify location.
3. Determine nature of incident.
4. Isolate of scene and evacuation.
5. Determine number of persons involved.
6. Establish communications.

Air Crashes

Immediate Consideration

1. calling 911
2. location
3. assessing injuries/fatalities
4. potential for fire/explosion
5. evacuation
6. site security, including landing/crash path

Bomb Threat

1. **Immediate Consideration**

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- a. calling 911 or notifying security, depending on the time of possible detonations
 - b. location of device
 - c. time of detonation
 - d. time call received
2. **Tactical Command Considerations**
- a. evacuation and securing of premises and surrounding area
 - b. establishing perimeter
 - c. suspension of all electronic communications within location
 - d. if located:
 - Leaving for disposal team
 - Evacuation of search personnel
 - Preservation of scene/evidence

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BOMB THREAT FORM

Date: _____ Time call received: _____

Time caller hung up: _____

Exact words of person placing call:

Questions to ask:

1. When is bomb going to explode?

2. Where is the bomb right now?

3. What kind of bomb is it?

4. What does it look like?

5. Why did you place the bomb?

DESCRIPTION OF CALLER'S VOICE

Male: _____ Female: _____

Young: _____ Middle Age: _____ Old: _____

Tone of voice? _____

Accent? _____

Background noise? _____

Was voice familiar? _____

If so - who did it sound like? _____

Remarks: _____

Person receiving call: _____

Department: _____ Phone: _____

Home Address: _____

Home Telephone: _____

Appendix Section

Appendix – Communication Center Contingency/Emergency Operation Plan

Level 1 - Baker/Radio

1. Emergency declared with announcement "Level 1 Baker failure". If the failure impacts both Baker and CAD then see the Level 2 – Multi-system failure procedure.
2. Using 800mz radio at console 6, announce to WCCCA that Metro West Ambulance will be operating under contingency plan.
3. Contact on-duty Supervisor and announce we are operating under contingency plan due to Baker failure.
4. Pull the Emergency Plan Book from Console 6 and flip to the Level 1 tab for a checklist.
5. Unplug the IP Phones from Console 9, 10, and the Manager's Office and plug them in to consoles 1, 4, and 5.
6. Print off open work report by using the *Emergency Plan Open Work* link on your desktop.
7. Ambulance Dispatcher will manage radio traffic while back-up Ambulance Dispatcher will scribe and ensure units statuses are updated in CAD.
8. Call Takers will receive incoming calls on the IP phones and no outgoing calls will be made unless it is an Emergency and those calls will be made from the Supervisor Cell phone.
9. Primary Ambulance Dispatcher will begin unit roll call on OPS 37 using the 800mz radio.
10. After roll call is complete, continue dispatch using the portable radio tuned in to OPS 37.

Level 1 - CAD

1. Emergency declared with announcement "Level 2 Multi-system failure".
2. Contact on-duty Supervisor and announce we are operating under contingency plan due to CAD failure.
3. Pull the Emergency Plan Book from Console 6 and flip to the Level 1 tab for a checklist.
4. Print off open work report by using the *Emergency Plan Open Work* link on your desktop.
5. Ambulance Dispatcher will manage radio traffic while back-up Ambulance Dispatcher will scribe and keep unit locations and assignments updated on the magnet board. And Dispatch Call Sheet(s).
6. Call Takers will be in charge of answering all incoming lines. The Primary Ambulance Dispatcher and Back up Ambulance Dispatcher will not be answering the phone unless directed to by a Supervisor, Manager, Vice President, or President.
7. Primary Ambulance Dispatcher will begin unit roll call.
8. After roll call is complete, continue to take manual copy of 911 calls received over the mobile radio located at console 6 and dispatch out using MWA Channel 1.

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Level 2 - Baker/Radio & CAD

1. Emergency declared with announcement "Level 2 Multi-system failure".
2. Using 800mz radio at console 6, announce to WCCCA that Metro West Ambulance will be operating under contingency plan.
3. Contact on-duty Supervisor and announce we are operating under contingency plan due to Baker and CAD failure.
4. Pull the Emergency Plan Book from Console 6 and flip to the Level 2 tab for a checklist.
5. Unplug the IP Phones from Console 9, 10, and the Manager's Office and plug them in to consoles 1, 4, and 5.
6. Print off open work report by using the *Emergency Plan Open Work* link on your desktop.
7. Ambulance Dispatcher will manage radio traffic while back-up Ambulance Dispatcher will scribe and keep unit locations and assignments updated on the magnet board.
8. Call Takers will receive incoming calls on the IP phones and no outgoing calls will be made unless it is an Emergency and those calls will be made from the Supervisor Cell phone.
9. Primary Ambulance Dispatcher will begin unit roll call on OPS 37 using the 800mz radio.
10. After roll call is complete, continue to take manual copy of 911 calls received over the mobile radio located at console 6 and dispatch out using the portable radio tuned in to OPS 37.

Level 3 - Severe Weather

1. Emergency declared with announcement "Level 3 Severe Weather".
2. Using 800mz radio at console 6, announce to WCCCA that Metro West Ambulance will be operating under contingency plan.
3. Contact on-duty Supervisor and announce we are operating under contingency plan due to severe weather.
4. Pull the Emergency Plan Book from Console 6 and flip to the Level 3 tab for a checklist.
5. Page will go out to ADMIN stating "MWA operating under severe weather guidelines"
6. Communication Center Department Manager will establish an IC and designate an Incident Commander.
7. Command team will determine the following:
 - a. Staffing needs including Emergency Call List and shift changes
 - b. Wheelchair resource needs
 - c. Ambulance resource needs
 - d. Secure Transport resource needs
 - e. Critical Care Transport resource needs
 - f. Estimate time expected to be in Level 3 mode
 - g. Agreement of frequency of communication to staff in regards to resource deployment
 - h. Communication with other agencies and PSAP

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Level 4 – Evacuation

1. Emergency declared with announcement “Level 4 Evacuation”.
2. Using 800mz radio at console 6, announce to WCCCA that Metro West Ambulance will be operating under contingency plan.
3. Contact on-duty Supervisor and announce we are operating under contingency plan due to Evacuation.
4. Pull the Emergency Plan Book from Console 6 and flip to the Level 4 tab for a checklist.
5. Take the Dispatch Supervisor Cell Phone and the Portable 800mz radio and evacuate the building based on the evacuation map posted to the right of the Communication Center door. Please see acceptable gathering places noted in the Emergency Plan Book based on severity of the emergency.
6. Print off open work report by using the *Emergency Plan Open Work* link on your desktop.
7. Ambulance Dispatcher will manage radio traffic while back-up Ambulance Dispatcher will scribe and keep unit locations and assignments updated on the magnet board.
8. Call Takers will receive incoming calls on the Supervisor Cell phone.
9. Primary Ambulance Dispatcher will begin unit roll call on OPS 37 using the 800mz radio.
10. After roll call is complete, continue to take manual copy of 911 calls received over the mobile radio located at console 6 and dispatch out using the portable radio tuned in to OPS 37.

Metro West Ambulance Emergency/Emergency Preparedness Plan

Appendix – Generic Checklist

Completed by: Initials/Date/Time	Checklist Item
<p>EMERGENCY ALERT: Notification 48 to 72 hours before an event Activate portions of the department plans requiring greater than 48 hours to complete.</p>	
	1. Review Contingency/Emergency Operation Plan.
	2. Check supplies and equipment.
	3. Verify availability of supplies.
	4. Verify staff phone numbers and addresses.
	5. Set up staffing plans, which must be completed before or during this phase.
	6. Have incident commander declare entry into the Contingency/Emergency Operation Plan by both pager and e-mail.
	7. Have director/manager ensure this checklist is completed within two hours notification of the alert phase.
	8. Notify the incident commander via e-mail or telephone that the checklist has been completed. Send hard copy to the Contingency/Emergency Operation Plan Committee.
	9. Any additional need add here.
<p>EMERGENCY WATCH: Notification 24 to 36 hours before an event Activate portions of the unit/department plans requiring less than 24 hours to complete.</p>	
	12. Verify staffing plan and make necessary adjustments.
	<p>11. Ensure that department/unit has an adequate supply of emergency items that are available and operable:</p> <ul style="list-style-type: none"> • _____ flashlights • _____ lamps with batteries • _____ toilet paper • _____ hand sanitizer • _____ trash bags • _____ red bio-hazardous bags • _____ disposable washcloths • _____ portable radio • _____ extra linens and blankets • _____ drinking water plan • _____ meal plans in place • _____ oxygen tanks • _____ O2 tubing • _____ computer downtime forms

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	14. Establish sleep and rest areas for staff.
	15. Determine location of extra biomedical waste containers.
	17. Notify the incident commander via e-mail or telephone that the checklist has been completed. Send hard copy to the Emergency Operations Team.
	18. Additional Needs Listed here.
<p>EMERGENCY WARNING: Notification greater than 24 hours before and during event Fully activate staffing plan. Activate portions of the unit/department plans requiring greater than 24 hours to complete.</p>	
	21. Ensure staffing is adequate preceding (if known threat) and during the event.
	22. Perform and document a brief orientation for any staff from other Metro West Ambulances that are assigned to our Metro West Ambulance Headquarters.
	23. Ensure communications backups are with the incident commander.
	24. Designate a "runner" system for your area.
	25. Go over department/unit plan with staff.
	26. Ensure that lamps are located at one central location.
	27. Ensure staff is aware of emergency equipment and supplies locations.
	28. Ask all visitors to leave.
	29. Have director/manager verify completion of activities to incident commander.
	30. Fill containers with water if the need is present.
	31. Any additional needs list here.
<p>Ongoing During the Event</p>	
	32. Notify the incident commander if any help is needed, damage occurs or any other extraordinary change occurs.
	33. Each department shall send the incident commander a status update hourly, or as needed, with the following: <ul style="list-style-type: none"> • status of crew needs • status of facility • status of equipment and supplies • any other items
<p>All-Clear Given by the Incident Commander</p>	
	34. Ensure designated relief staff members have reported to work and notify the incident commander of staffing status.
	35. Begin re-establishing shifts and account for all employees.
	36. Notify the incident commander via e-mail or telephone that the checklist has been completed. Send hard copy to the Emergency Operations Team
	37. Any additional needs listed here.

Appendix – Triage Procedure

Follow Metro Regional EMS Consortium MCI General Guidelines for triage and treatment of patients – 65.100

- Manage the triage function at the incident
- Coordinate personnel/crews performing primary and secondary triage
- Maintain accountability of all triage personnel/crews
- Ensure rapid primary triage is performed – not 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
- Ensures appropriate patient triage log initiated and maintained
- 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

Standard MCI Cards will be used to triage patients during an emergency scene.

Red – Immediate Life Threat – Rapid Transport to survive

Yellow – Delayed – 1-3 hours

Green – Ambulatory – 3+ hours

Black – Dead

On-scene procedures

- Red Patients transported rapidly
- Yellow patients treated on scene
- Green patients transported by bus or vans
- Incident Command will assign transportation coordinator to contact hospitals for destination of patients. Otherwise Metro West Communications will act as transportation coordinator in absence of on scene coordinator.
- For MCI and MPS incidents, Washington County protocol will be utilized.

Appendix – Suggested Personal Items to Bring to Work in the Event of an Emergency*

In the event employees must be “shut-in” during an emergency situation, they should be advised to bring the following items with them to work:

- pillow, linens, sleeping bag, inflatable bed
- towels, soap, shampoo
- toiletries/personal items
- money: cash and change for vending
- flashlight with extra batteries
- battery-powered radio
- food for at least one day, including snacks
- bottled water
- medications
- first aid supplies
- can opener
- blanket

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- zip lock and garbage bags
- baby wipes
- alcohol-based hand sanitizer
- phone numbers
- battery-operated cell phone charger

*[American Red Cross Online Store](#) has personal items available for purchase

Metro West Ambulance Emergency/Emergency Preparedness Plan

Appendix – Local Contact Information

Washington County Emergency Operations Center

Emergency Support Functions Contact Listing:

Support Function:	Agency:	Primary Contact	Secondary Contact
Transportation	Land Use & Transportation	<i>Andrew Singelakis Director Department Office 503.846.4530 Fax 503.846.4412</i>	
Communications	WCCCA: 911	<i>Gina Hensely 503.690.4911 ext 217</i>	
Public Works	NW Natural	<i>Lodd Felix Department Office 503.226.4211x5495</i>	
Firefighting	Tualatin Valley Fire and Rescue	<i>Jeff Rubin Emergency Manager 503.259.1199</i>	
Information and Planning	Emergency Management Cooperative	<i>Scott Porter Director Department Office 503.846.7581</i>	
Mass Care	American Red Cross	<i>Wanda Ohmdahl Wanda.ohmdahl@redcross.org</i>	<i>Michelle Taylor Title Department Office 503.528.565 1</i>
Resource Support	City of Hillsboro	<i>Tammy Bain Department Office 503.615.6617</i>	
Health and Medical	Washington County Public Health	<i>Sue Mohnkern Department Office 503.846.4902</i>	
Hazardous Materials/Environmental Protection	Washington County Emergency Management	<i>Chris Walsh Department Office 503.846.7586</i>	<i>Sharon Gray Department Office 503.846.758 0</i>
Food and Water	Clean Water	<i>Ryan Sandhu</i>	

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	Services	<i>sandhur@cleanwaterservices.org</i>	
Energy	PGE	<i>Ann Steeves</i> <i>Department</i> <i>Office 503.464.7894</i>	
Military Support	Example: county emergency management		
Public Information	Example: county sheriff's department		
Volunteers and Donations	Examples: Salvation Army, Red Cross		
Law Enforcement and Security	Washington County Sheriff		
Animal Protection and Agriculture	Example: county code enforcement department		
Health/Special Needs	Examples: county health department, dialysis centers		
Damage Assessment	Examples: city building department, contracted sources		
Finance	Examples: city finance department		

Appendix – Materials Management Supplier Emergency Phone List

Bound tree medical supplies – 1-800-523-0523

Appendix – Staffing During Emergency/Emergency Event Policy

POLICY: Essential patient caregivers and sufficient support staff will be scheduled and must be available to ensure that appropriate levels of safe, quality care can be provided in the event of a emergency situation.

PROCEDURE:

I. Employee Call-Ins

All employees must contact their immediate supervisor or manager if they are unable to report to duty as scheduled.

All approved vacation during an event will be cancelled. All employees must be available to report for duty if required.

Employees will be assigned to report to duty as follows:

- A. Metro West Ambulance employees will be assigned their duty upon arrival to Metro West Ambulance Headquarter by the on duty supervisor.
- B. Employees who do not provide direct patient care and whose departmental functions can be halted until the emergency situation is over will be designated specific tasks needed.
- C. Employees will bring these items to the Metro West Ambulance Headquarters.
 - pillow, linens, sleeping bag, inflatable bed
 - Metro West Ambulance identification
 - towels, soap, shampoo
 - toiletries/personal items
 - money: cash and change for vending
 - flashlight with extra batteries
 - battery-powered radio
 - food for at least one day, including snacks
 - bottled water
 - medications
 - first aid supplies
 - can opener
 - blanket
 - zip lock and garbage bags
 - baby wipes
 - alcohol-based hand sanitizer
 - phone numbers
 - battery-operated cell phone charger

II. Pay

Employees will be paid normal procedure per the employee manual. Create Shift Log

III. Staff Responsibility

Employees may be required to stay at Metro West Ambulance Headquarters throughout the duration of the emergency, work in various assigned shifts, and/or provide non-routine duties.

IV. Staff Support

To the extent that the Metro West Ambulance's needs permit, space will be provided for families of working staff during the emergency with approval of vice president of operations. Reasonable sleeping, showering, food/water, and employee assistance (EAP) areas will be assigned to off-duty staff.

V. Corrective Action

Employees failing to respond to call during an emergency or refusing to remain on duty in the event of an emergency will be subject to corrective action as defined below. Prior to any termination, all documentation must be reviewed by Paul LeSage. Exceptions involving significant, verifiable emergency situations may be considered.

- Failure to report as instructed, and refusal to report or stay on premises as instructed will be considered insubordination and will result in immediate termination.
- No call and/or no show for two shifts will result in immediate termination.
- A call-in without reporting (unless verified and documented extenuating circumstances) will result in applicable corrective action. **(Needs approval from Management)**

Appendix – Emergency Preparedness Status Briefing Outline*

1. Date and time
2. Current conditions/status
3. What has been done?
4. Explanation of processes in place
5. Instructions for staff
6. Facility issues/damages
7. Current patient holding/admitted
8. Employee Assistance and well being
9. Childcare status
10. Emergency contact hotline (if applicable)
11. Next briefing at: _____.

Appendix – Oregon Trail Chapter American Red Cross

Oregon Trail Chapter 3131 N. Vancouver Ave. Portland, Oregon 97227	503-284-1234
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The Oregon Trail Chapter of the American Red Cross will be used as needed for support after an Emergency has occurred. The Oregon Trail will be contacted when additional supplies and resource are required for effected people in the local area.

Appendix – Staff Notice/Briefing



(Day, Date, Year at Time)

**IMPORTANT
Emergency Preparedness Plan Alert
STAFF NOTICE**

The Metro West Ambulance has currently entered into its
Contingency/Emergency Operation Plan.

For further instructions on your role in the Contingency/Emergency Operation Plan, please contact your manager/supervisor immediately.

Our Metro West Ambulance Contingency/Emergency Operation Plan will be in effect beginning enter time, date.

Please call 503-936-4391 for Metro West Ambulance updates delivered by the incident commander.

Thank you.

Metro West Ambulance Emergency/Emergency Preparedness Plan

Appendix – Procurement Summary Report

<i>#</i>	<i>P.O. #</i>	<i>Date</i>	<i>Time</i>	<i>Item/Service</i>	<i>Vendor</i>	<i>Amount</i>	<i>Requestor</i>	<i>Approval</i>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Appendix – Team Briefing Format

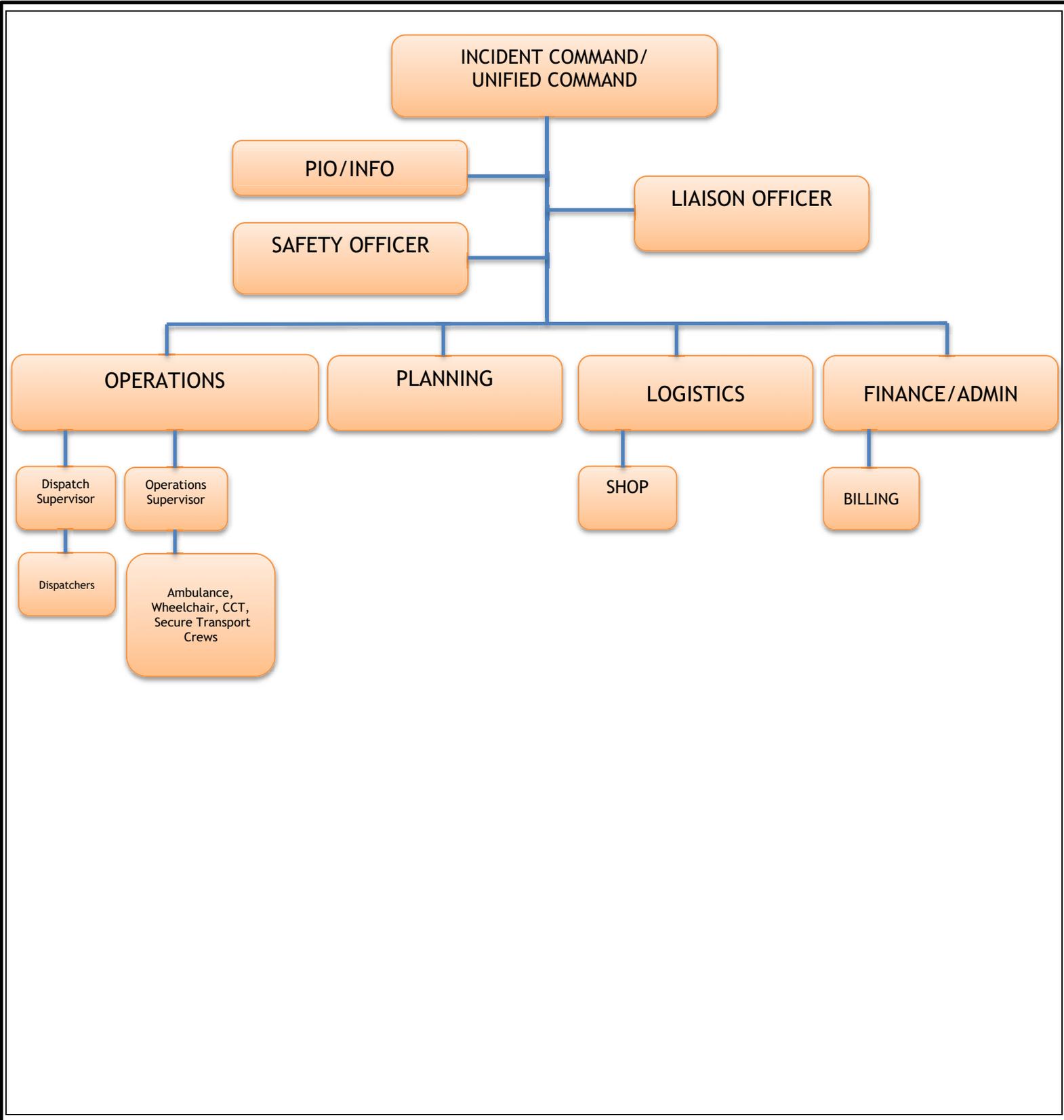
Date: _____

Time: _____

1. Present situation:

- Emergency status
- Incident commander: _____
- Current conditions (present and projected)
- Staff conditions/adequacy
- Damage documentation (areas surveyed and not surveyed)
- Communications system status
- Facility condition (power, leaks, broken glass, etc.)
- Supplies, food, fuel
- Sleep Assignment Team
- Lockdown and Identification Team
- Other pertinent issues
- Reminder of mission
- Problems and resolutions of issues
- Next meeting time: _____ place: _____

Appendix – Emergency Plan Staff Organization Chart*
Metro West Ambulance Emergency Incident Command System



Appendix – Emergency Plan Staff Organization Chart (cont.)

Primary Responsibilities/Missions:

Incident Commander -

- Organize and direct the Emergency Operation Center.
- Give overall direction for Metro West Ambulance operations.
- Authorize evacuation if needed.

Liaison Officer -

Function as incident contact person for representatives from outside agencies (Occupational Safety and Health Administration, Federal Emergency Management Agency, police, etc.).

Safety Officer -

Monitor and have authority over the safety of rescue and hazardous conditions.

Public Information Officer -

Provide information to media and staff.

Security Officer -

Organize and enforce facility protection, traffic and security.

Logistics Officer -

- Organize and direct those operations associated with supplies to support the medical objectives and the Metro West Ambulance's efforts.
- Ensure adequate supplies to sustain operations for 72 hours.

Finance Officer -

- Monitor the utilization of financial assets.
- Oversee the acquisition of supplies and services necessary to carry out the Metro West Ambulance's mission.
- Supervisor documentation of expenditures related to the emergency situation.

Planning Officer -

- Organize and direct all aspects of planning section operations.
- Ensure distribution of critical information and data.
- Compile scenario/resource projections from all section chiefs and effect long-term planning.
- Document and distribute facility action plan.
- Direct measures to provide and ensure operability of information services.

Patient Care Officer -

Organize and direct overall delivery of care in all care of the Metro West Ambulance service area.

Operations Officer -

- Organize and direct overall delivery of care in all ancillary areas of Metro West Ambulance.

Human Services Officer -

- Organize, direct and supervise those services associated with social and psychological needs of patients, staff and their families.
- Organize labor pool, childcare and bed assignments for staff if possible.

Facilities Officer -

- Ensure facilities and equipment is maintained for readiness.
- Direct measures to maintain systems' operability and facility integrity.
- Coordinate repairs.
- Operate emergency equipment.

Appendix – Incident Commander Checklist

Emergency Notification

- The incident commander shall initiate announcement of an event as soon as it is known.
- The incident commander will notify the vice presidents and department managers to enter the Contingency/Emergency Operation Plan and make preparations using their standard preparation checklists and the checklist for guidance.
- The incident commander will schedule a readiness briefing with all of the command staff and department manager to ensure readiness using the format below.
- Information will then be passed on to all Department Managers to commence any activities that need to be completed.

Readiness Briefing Format

- Give a brief synopsis of the Emergency/Emergency Preparedness Plan. (Ask all to review the latest edition.)
- Give current weather conditions to include all facility-owned areas.
- Review preparation expectations per the plan.
- Obtain a synopsis from vice president's area about present readiness, status and issues each is facing.
- Go over staffing.
- Discuss possible need for evacuations to or from the Metro West Ambulance.
- Discuss any necessary miscellaneous items:
 - medical record protection
 - employee record protection
 - financial record protection
 - help from volunteers
 - pay policies
 - infection control if air conditioning is not functioning/sick building scenario/prevention
 - pre-event documentation of facility conditions
 - emergency food supply
 - HIPPA during life and death situations

Plan briefing to last 1 hour.

Metro West Ambulance Emergency/Emergency Preparedness Plan

ANNUAL PREPARATION CHECKLIST (Completed fiscal year)

1. Review the Contingency/Emergency Operation Plan.	Safety/Quality Department	
2. Check all incident command rooms for supplies, phones and phone numbers, TVs, PC and data jacks, and radios.	Safety/Quality Department	
3. Review contractual emergency agreements and renew if needed.	Materials Management	
4. Verify emergency vendor lists and numbers.	Materials Management	
5. Review facility status.		
6. Educate staff.	Safety/Quality Department	
7. Update department phone lists and emergency phone numbers.	All Departments	
8. Monitor community for emergency situation potential.	Risk Management	
9. Check emergency supplies: flashlights, batteries, sandbags, chainsaws, etc.	All Departments per Checklists	

PENDING PRE-EMERGENCY/EMERGENCY SITUATION (KNOWN)

1. Establish routine monitoring of the potential/pending situation.	Risk Management, Safety/Quality	
2. Conduct a readiness briefing.	Incident Commander	
3. Notify all employees via e-mail that the plan is activated (monitoring only).	Risk Management	
4. Make contact with all constructions sites (if applicable) and begin preparedness activities.	Facilities	
5. Evaluate all grounds for materials that may pose an airborne threat, have dumpsters emptied.	Facilities	
6. Conduct visual inventory for items in short supply to include medical and water. Take	Materials Management	

Metro West Ambulance Emergency/Emergency Preparedness Plan

photos if needed.		
7. Check Metro West Ambulance preparation progress to ensure that issues are being addressed.	Quality/Safety	
8. Order removal of chemicals/hazardous waste, bio hazardous and regular dumpster waste.	Environmental Services	
9. Order extra linens.	Environmental Services/ Materials Management	
10 Order food for a five- to seven-day supply; consider increase due to community surge.	Supervisor	
11. Set up Incident Command Center.	Supervisor	
12. Identify and commit staff needed for at least 72 hours.	Unit/Department Managers	
13. Cancel vacation.	Operations	
14. Conduct assessment of staffing.		
15. Conduct complete ambulance counts.	Operations	
16. Check all communications and assign personnel to command post locations.	Communications	
17. Compile a list of critical staff cell phone numbers.	Unit/Department Managers	
18. Initiate an emergency call list.	Unit/Department Managers	
19 Conduct briefings regularly.	Incident Commander	
20. Perform building preparations.	Shop/Facilities	

Metro West Ambulance Emergency/Emergency Preparedness Plan

DURING EMERGENCY EMERGENCY SITUATION AND RESPONSE

2. Ensure damage control teams perform repair where needed and safe.	Shop	
3. Collect damage reports and relay to the.	Damage Documentation Team/Emergency Operations Committee	
4. Maintain communications with county officials.	Emergency Operations Committee	
5. Evaluate damage and establish priority repair list.	Shop/Emergency Operations Committee	
6. Compile costs associated with the event for insurance filing and possible government funding.	Emergency Operations Committee	
7. Assess need for stress debriefings.	Chaplain	
8. Return employees to normal shifts.	All Departments	
9. Schedule a phased deactivation of the emergency plan.	Incident Commander/Emergency Operations Committee	
10. Terminate all incident command activities and exit the Emergency Management Plan.	Incident Commander/Emergency Operations Committee	

Metro West Ambulance Emergency/Emergency Preparedness Plan

Appendix – Contingency/Emergency Exemption Form

Employees meeting any of the following exemptions must complete this form annually in the month of end of the fiscal year and update as necessary.

Employee Name (print): _____

Department: _____

Facility: _____

I have reviewed Appendix – Staffing During Emergency/Emergency Event Policy, and I am requesting exemption from working at any Metro West Ambulance assignments during an emergency or emergency situation because I meet one of the following criteria:

- I provide care for an elderly, immediate relative who cannot provide for himself/herself on a routine basis. There are no other adult family members to provide this care. This person would not otherwise qualify for a special needs shelter.
- I provide care that cannot otherwise be delivered for an immediate relative who is handicapped or has a chronic illness.
- I am the sole caregiver of a child younger than 2 years old and cannot make other arrangements.
- I am the caregiver of a child younger than 2 years and have a spouse who works for another emergency services provider (i.e. nursing, other Metro West Ambulance, fire/rescue, police, city employee) and is required to work.
- I am the caregiver of a child younger than 2 years and have a spouse who works for Metro West Ambulance and is required to work.

I certify that the above checked statement(s) are true. I also understand that false statements may subject me to disciplinary action.

Employee Signature: _____ Date: _____

- Based on the above statement(s), I am in agreement that this employee be granted exemption from working during an emergency/emergency situation.
- Disapproved

Manager Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Metro West Ambulance Emergency/Emergency Preparedness Plan

Appendix – Communications

Systems Available

Type	Ability	Notes
Emergency Radios		
Portable Radios		
Ham Radios		
Telephones		
Fax Machines		
Internet		
TV-Satellite/Cable		
High Frequency Radios		

Facility	Address/Location	Communication Information (Phone Numbers, E-mail, Frequency)
Metro West Ambulance Headquarters	5475 NE Dawson Creek Dr Hillsboro,OR 97134	503-648-6657 Cell. 503-936-4391, 503-707-0080
Metro West Ambulance Clackamas	9353 SE Alansa Dr Clackamas, OR 97015	503-648-6657ext.130 Cell. 503-277-9680

Metro West Ambulance Emergency/Emergency Preparedness Plan

Appendix – Department Emergency/Emergency Checklist

Complete annually in end of fiscal year, and update as necessary through the year.

Department Manager’s Name: _____

Department(s): _____

Facility: _____

	Task:	Check when completed
1.	Review and revise individual department Contingency/Emergency Operation Plan.	
2.	Test emergency equipment and place an order for any emergency items needed.	
3.	Discuss Team assignments.	
4.	Identify and document any special needs for equipment or supplies specific to the threat, and submit to appropriate departments.	
5.	Pre-plan staffing will include the following teams: <ul style="list-style-type: none"> • Team is physically present during event. • Team reports to work after all-clear is issued. 	
6.	Review Emergency/Emergency Plan with employees.	
7.	Review Emergency/Emergency Exemption Form (Appendix), Staffing During Emergency/Emergency Event Policy, (Appendix) and Childcare Staffing Form (Appendix) with employees.	
8.	Provide an Employee Emergency/Emergency Preparedness Handbook to all employees (Appendix).	
9.	Review key points in the Employee Emergency/Emergency Preparedness Handbook	
10.	Have employees complete and return the following forms and route accordingly: Emergency/Emergency Exemption Form, Personal Emergency/Emergency Preparedness Form, and Childcare Enrollment Form.	

Metro West Ambulance Emergency/Emergency Preparedness Plan

Appendix – Employee Emergency/Emergency Checklist

Complete annually end of fiscal year, and update as necessary through the year.

Employee Name: _____

Department(s): _____

Facility: _____

Reviewed:	Initial when completed
Staffing under emergency situations (Appendix)	
Staffing expectations to work for the following team: <ul style="list-style-type: none"> • Team is physically present during event. • Team reports to work after all-clear is issued. 	
Emergency/Emergency Exemption Form (Appendix)	
I understand that I am NOT exempt from working at any facility during an emergency/emergency situation.	
Complete Childcare Enrollment Form, if applicable.	
Emergency/Emergency Preparedness Plan	
Employee Emergency/Emergency Preparedness Handbook	

I have reviewed and acknowledge understanding the items listed above.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Appendix – Post-Impact Assessment Form

(for reporting information to various agencies)

Facility: _____ Facility Type: _____

Address: _____ County: _____

Contact Person Name: _____ Number _____

Facility Census: _____

Impact: Facility Open Facility Closed

Type of Impact: _____ Increased Surge _____ Power Out _____

Water System Out _____ Foundation Damage _____ Sewage Out _____

Wall Damage _____ Mechanical Damage _____ Flooding _____ Elevator damage

Severity of Impact: Major Minor Some Impact

1. Structure:

Fully Functional Partially Functional Non-Functional
Roof Leaking Roof Missing Windows Out Non-Intact Walls

2. Power:

Power On Power Off Generator
Time Left On Fuel Supply _____
HVAC Operational: Yes No

3. Water: Normal Boil Water No Water

4. Communications: Fully Functional Partially Functional Not Functional

5. Replenishables: No Shortages Adequate but Limited Critical Shortage

6. Operations: Fully Functional Partially Functional Not Functional

7. Sanitation Systems: Fully Functional Partially Functional Not Functional

8. Transportation to Offsite Services:

Available/Functional Not Available/Non-functional N/A

9. Evacuations Status:

- Completed
- In Process
- Mode of Transport (MOT)
- Planning
- Return
- Undecided

Number Evacuated: _____

Destination: _____

10. Facility Needs:

Metro West Ambulance Emergency/Emergency Preparedness Plan

- Food
- Water
- Ice
- Generator
- Generator Fuel
- Medical Assistance
- Oxygen
- Medical Equipment
- Non-Medical Equipment
- Portable Toilets
- Security
- Solution
- Transportation
- Tents
- Other: _____

11. Available Ambulances

Facility: _____

TOTAL _____

12. Power:

Company Name _____ Account # _____

13. Water:

Company Name _____ Account # _____

14. Sewer:

Company Name _____ Account # _____



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

Ambulance Service License
presented to

Metro West Ambulance, Inc.

License Number: 3401

5475 NE Dawson Creek Drive
Hillsboro, OR 97124

Issue Date: 04/24/2019

Expiration Date: 06/30/2020

Oregon Health Authority

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

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

STATE OF OREGON



OREGON HEALTH AUTHORITY HEALTH SYSTEMS DIVISION

CERTIFICATE OF APPROVAL

signifies that

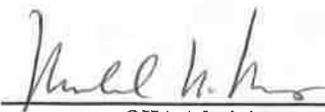
**Metro West Ambulance
5475 N.E. Dawson Creek Drive
Hillsboro, Oregon 97124**

**Is certified in accordance with Oregon Administrative Rules:
309-008-0100 through 309-008-1600; and 309-033-0200 through 309-033-0970
To provide the following services:**

- Certification of Behavioral Health Treatment Services
- General Standards for Involuntary Commitment Proceedings
- Standards for Transportation and Transfer of Persons in Custody or on Diversion

Effective Date: February 1, 2019

Expiration Date: January 31, 2021



OHA Administrator

CERTIFICATE OF PRIDE AND OWNERSHIP 07/22/2019

This ambulance has been operated by

Sr: _____ Jr: _____

Date: _____ Shift: _____ Unit#: _____

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

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

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

Outside Compartments

___ 2 Spider straps
___ 2 Backboards
___ 1 Scoop stretcher
___ 1 Ked w/ bag
___ Flares = to 180min
___ 1 Spare tire w/jack
___ 1 Lug wrench
___ 1 24" Crow bar
___ 1 51" Wrecking bar
___ 2 Pair Leather Gloves
___ 1 Main O2 w/750psi
___ 1 Set Tire chains (winter)
___ 1 Ice Scraper (winter)
___ 2 Wood Blocks(winter)
___ 1 Peds Backboard Pad

C-spine Bag

___ 2 Children Adjustable
___ 4 Adult adjustable
___ 4 Head beds
___ 4 Foam pads
___ 1 Spider strap
___ 2 Back Rafts
___ 1 Raft Pump
___ 1 2" Tape

Cab Supplies

___ 1 Flashlight
___ 1 Haz Mat book
___ 1 USB Keyboard
___ 1 Spotlight
___ 1 Trash Can
___ 1 Charge Cord
___ 1 Hand Sanitizer
___ 1 Box Kleenex
___ 2 Safety Vests
___ 1 Sealed Accident pk

Patient Area

Wall Mounted Suction

___ 1 Suction Tubing
___ 1 Rigid Tip Suction Cath.

Suction Supplies

___ 3 Suction Tubing
___ 3 8 French Cath
___ 3 14 French Cath
___ 2 Rigid Tip Suction Cath
___ 3 Spare Suction Canisters
___ 1 spare portable canister
___ 1 Little Sucker

Airway Supplies

___ 4 Adult Nasal Cannula
___ 2 Peds Nasal Cannula
___ 2 CO2 Cannulas
___ 4 Adult NRB
___ 2 Ped NRB
___ 4 Nebulizers
___ 1 T- Adapter neb/bvm
___ 1 Multi Adapter
___ 1 Adult BVM w/ mask
___ 1 Ped BVM w/
___ 1 Neonate Mask
___ 1 Infant Mask
___ 1 Child Mask
___ 1 Adult Pertrach Kit
___ 2 Protective Glasses
___ 1 Adult Stylet
___ 1 Peds Stylet
___ 2 Adult ET Tube Holders
___ 1 PEDI ET Tube Holder
___ 1 Meconium Aspirator
___ 1 IGel 1
___ 1 IGel 1.5
___ 1 IGel 2
___ 1 IGel 2.5
___ 1 IGel 3
___ 1 IGel 4
___ 1 IGel 5
___ 2 NG Tube 12fr
___ 2 NG Tube 16fr

1 Blue Roll w/

___ 1 2.5 ETT
___ 1 3.0 ETT
___ 1 3.5 ETT
___ 1 4.0 ETT
___ 1 4.5 ETT
___ 1 5.0 ETT
___ 1 5.5 ETT
___ 1 6.0 ETT
___ 1 6.5 ETT
___ 2 7.0 ETT
___ 2 7.5 ETT
___ 2 8.0 ETT
___ 2 8.5 ETT
___ 1 40mm OPA
___ 1 50mm OPA
___ 1 60mm OPA
___ 1 80mm OPA
___ 1 90mm OPA
___ 1 100mm OPA
___ 1 110mm OPA

___ 1 Bite Stick
___ 1 Laryngoscope Handle
___ 1 Size 0 Straight Blade
___ 1 Size 1 Straight Blade
___ 1 Size 2 Straight Blade
___ 1 Size 3 Straight Blade
___ 1 Size 4 Straight Blade
___ 1 Size 2 Curved Blade
___ 1 Size 3 Curved Blade
___ 1 Size 4 Curved Blade
___ 2 Large Bulbs
___ 2 Small Bulbs
___ 2 C Cell Batteries
___ 1 26 French NPA
___ 1 28 French NPA
___ 1 32 French NPA

Chest Decomp Kit

___ 2 10g Angio
___ 2 Alcohol Prep
___ 2 Iodine Prep
___ 2 4X4 Gauze Pads
___ 1 Slotted Foam Pad
___ 1 10 cc Syringe

Glide Scope

___ 1 S1 Blade
___ 1 S2 Blade
___ 1 S3 Blade
___ 1 S4 Blade
___ 1 Stylette(metal)
___ 1 Stylette (peds)
___ 1 Charger

EKG Supplies

___ 2 Pkg EKG Electrodes
___ 3 Ped Quick Combo
___ 3 Adult Quick Combo
___ 1 Trunk Cable
___ 1 3 lead Cable
___ 1 12 lead Cable
___ 1 Load Tester
___ 1 Roll Paper
___ 3 CO2 Detector Lead
___ 4 D-Cell Batteries
___ 3 C-Cell batteries
___ 1 AICD Magnet
___ 2 Peds Pulse OX

___ 10 Trauma Bands
___ 1 Box of Test Strips

Bandaging/ PPE

___ 6 8X10 Abd Pads
___ 12 4X4 Gauze Pads
___ 2 Occlusive Dressing
___ 8 Ice Packs
___ 3 Hot Packs
___ 2 Triangular Bandages
___ 10 Rolls of Kling
___ 2 Burn Sheets
___ 25 Band-Aid
___ 3 500 cc Saline Bottle
___ 2 Sets of Poseys
___ 8 Flex Cuffs
___ 2 OB Kits
___ 2 Emergency Blankets
___ 5 Convenience Bags
___ 2 Large Trash Bags
___ 6 Small Trash Bags
___ 6 BioHazard Stickers
___ 4 Gowns
___ 4 Hepa Masks
___ 4 Mask w/ Eye Shields
___ 4 Chux
___ 1 Nose Clamp
___ Trauma Dressing 10x30

Under Bench

___ 1 Traction splint w/bag
___ 3 Arm Splints
___ 3 Leg Splints
___ 1 Pelvic Sling Small
___ 1 Pelvic Sling Std
___ 1 Pelvic Sling LG
___ 1 SLIPP Transfer
___ 2 Mega Mover
___ 1 Male Urinal
___ 1 Female Urinal
___ 1 Bed Pan
___ 1 MCI w/25 Triage Tags
___ 1 Fire Extinguisher

General Patient Compartment

___ 1 Large Sharps Container
___ 1 Box Gloves XS
___ 1 Box Gloves SM
___ 1 Box Gloves MD
___ 1 Box Gloves LG
___ 1 Tub Sani-Wipes
___ 1 Trash Can
___ 4 Belongings Bags
___ 1 Drug Reference

___ 2 stuffed toys
___ 20 Jr medic Stickers
___ 1 O2 Tank
___ 1 Clipboard
___ 1 Tri-County Protocols
___ 1 Pedi-Mate

Bench

___ 1 Adult BP Cuff
___ 1 Obese BP Cuff
___ 1 Stethoscope
___ 1 Glucometer

Linen Cabinet

___ 12 Flat Sheets
___ 6 Bath Blankets
___ 6 Pillow Cases
___ 1 Wool Blanket
___ 1 Pillow

Paperwork Packet

___ 12 MWA Worksheets
___ 6 English Refusals
___ 6 Spanish Refusals
___ 6 Drug Usage Forms
___ 2 Category B Forms
___ 6 Signature Forms
___ 2 CMN's
___ 3 CPOs
___ 4 Ecg Mount strips
___ 2 Near Miss forms
___ 4 Succ Checksheet
___ 4 Long Resp forms

Phillips MRX

Left Pocket

___ 1 Co2 Inline Detector
___ 1 Razor Blade
___ 4 Nail Polish Removers
___ 1 3 Lead Cable
___ 1 SpO2 Lead
___ 1 NIBP Cuff
___ 1 Peds Pulse Ox Ext
___ 1 Peds Pulse Ox

Right Pocket

___ 1 Package of Electrodes
___ 1 Defib Cable
___ 1 Adult Combo Pads
___ 1 Peds Combo Pads
___ 1 Set 12-Lead Cables
___ 1 Roll of Paper
___ 1 CPR Peanut
___ 3 Peanut Adhesives

I.V. Supplies

- ___ 4 IV Extension Sets
- ___ 4 14 ga Catheter
- ___ 4 16 ga Catheter
- ___ 6 18 ga Catheter
- ___ 6 20 ga Catheter
- ___ 4 22 ga Catheter
- ___ 4 24 ga Catheter
- ___ 6 Tourniquets
- ___ 10 500 cc Saline Bags
- ___ 6 Macro Drips
- ___ 1 Volutrol
- ___ 6 Venigards
- ___ 6 4X4 Gauze Pads
- ___ 40 Alcohol Preps
- ___ 6 Iodine Preps
- ___ 8 VioNex Wipes
- ___ 1 100 cc Saline
- ___ 2 1" Tape
- ___ 1 2" Tape
- ___ 1 Coban
- ___ 1 60 cc Syringe Luer Tip
- ___ 1 60 cc Syringe Cath. Tip
- ___ 1 30 cc Syringe
- ___ 2 20 cc Syringes
- ___ 2 10 cc Syringes
- ___ 2 5 cc Syringes
- ___ 3 3 cc Syringes
- ___ 4 1 cc Syringes
- ___ 8 10cc Saline Flush
- ___ 2 20 ga. Needles
- ___ 2 22 ga. Needles
- ___ 4 Blunt Needles
- ___ 2 Filter Straw
- ___ 2 Transfer Device
- ___ 1 Trauma Shears
- ___ 1 Bandage Shears
- ___ 2 Blood Draw Kits
- ___ 1 Atomizer
- ___ 1 Unifusor

Portable Suction Unit

- ___ 2 Battery
- ___ 1 Reg. Suction Tubing
- ___ 1 8 French Cath
- ___ 1 14 French Cath
- ___ 2 Disposable Canisters
- ___ 1 Little Sucker

Medical Kit

Main Compartment

- ___ 2 Sodium Bicarb
- ___ 1 D10
- ___ 3 Atropine Luer Jet
- ___ 4 Epi 1:10000
- ___ 2 Naloxone
- ___ 3 Lidocaine
- ___ 5 Adenosine
- ___ 1 Glucagon
- ___ 1 Hypo Thermometer
- ___ 1 Rectal Thermometer
- ___ 1 Oral Thermometer
- ___ 2 Red Thermo Covers
- ___ 3 Blue Thermo Covers
- ___ 15 Lancets
- ___ 1 Small Sharps Container
- ___ 1 Glucometer
- ___ 5 Lancets
- ___ 5 Alcohol Preps

- ___ 5 Band-Aids
- ___ Box of Test Strips
- ___ 1 Bandage Shears
- ___ 1 Trauma Shears
- ___ 2 Blood Draw Kits
- ___ 1 Liquid Tylenol
- ___ 2 Liquid Ibuprofen

Soft Blue Case

- ___ 2 Ammonia Inhalants
- ___ 1 Bottle of Baby ASA
- ___ 3 Amiodarone
- ___ 1 Diphenhydramine
- ___ 1 Cal Gluc=10ml/10%
- ___ 1 Epi 1:1000 Single Dose
- ___ 2 Haldol
- ___ 1 Oral Glucose
- ___ 1 Ketorolac
- ___ 1 Lasix
- ___ Mag Sulfate = 4 grams
- ___ 1 NorEpi= 4 mg
- ___ 1 NTG Bottle
- ___ 1 Proparacaine
- ___ 1 Dexamethasone
- ___ 4 Zyprexa Oral Tab
- ___ 1 Zofran/Ondansetron
- ___ 6 Zofran Oral Tablets
- ___ 2 20 ga Needles
- ___ 2 22 ga Needles
- ___ 4 Blunt Needles
- ___ 1 Filter Straw
- ___ 1 Transfer Device
- ___ 1 Razor Blade
- ___ 2 Atomizers
- ___ 2 Ibuprofen Tab pkg
- ___ 2 Tylenol Tab pkg

Front Compartment

- ___ 2 IV Extension Sets
- ___ 2 10cc Saline Flush
- ___ 4 14 ga I.V. Cath
- ___ 4 16 ga I.V. Cath
- ___ 4 18 ga I.V. Cath
- ___ 4 20 ga I.V. Cath
- ___ 4 22 ga I.V. Cath
- ___ 4 24 ga I.V. Cath
- ___ 2 500 cc Saline Bags
- ___ 1 100 cc Saline Bag
- ___ 2 Drip Sets
- ___ 4 Venigards
- ___ 6 4X4 Gauze Pads
- ___ 2 Tourniquets
- ___ 10 Alcohol Preps
- ___ 5 Iodine Preps
- ___ 4 VioNex Wipes
- ___ 2 Kling
- ___ 10 Band-Aids
- ___ 1 Convenience Bags
- ___ 1 Coban Roll
- ___ 1 Ice Pack
- ___ 2 Rigid Eye Shields
- ___ 2 Triangle Bandages
- ___ 1 Small Bio Bag
- ___ 1 Large Bio Bag
- ___ 1 Pen Light
- ___ 1 1" Tape
- ___ 2 8X10 ABD Pad
- ___ 1 Combat Tourniquet
- ___ 1 Nose Clamp

Left End Compartment

- ___ 1 English Refusal
- ___ 1 Spanish Refusal

- ___ 2 Hospital Worksheet
- ___ 1 Protocol Book
- ___ 1 Intraosseous Kit W/
- ___ 1 15 ga Needle
- ___ 1 18 ga Needle
- ___ 1 3-Way Stopcock
- ___ 1 Slotted Foam Pad
- ___ 1 10 cc Syringe

Right End Compartment

- ___ 1 60 cc Luer Tip Syringe
- ___ 1 30 cc Syringe
- ___ 1 20 cc Syringe
- ___ 2 10 cc Syringes
- ___ 2 5 cc Syringes
- ___ 2 3 cc Syringes
- ___ 2 1 cc Syringes

Back Compartment

- ___ 1 Stethoscope
- ___ 1 Child BP Cuff
- ___ 1 Infant BP Cuff
- ___ 1 Adult BP Cuff
- ___ 1 Activated Charcoal
- ___ 1 Peds guide with tape
- ___ 1 Clipboard

Airway Kit

Main Compartment

- ___ 2 Adult NRB
- ___ 1 Peds NRB
- ___ 2 Adult Nasal Cannula
- ___ 1 Peds Nasal Cannula
- ___ 1 CO2 Cannula
- ___ 1 O2 tank, 1500psi w/Regulator
- ___ 2 Masks w/ Eye Shields
- ___ 2 Occlusive Dressings
- ___ 2 HEPA Masks
- ___ 1 Protective Glasses
- ___ 2 Gowns
- ___ 1 Adult BVM w/mask
- ___ 1 Peds BVM w/3 masks
- ___ 1 CPAP
- ___ 1 Lg Mask
- ___ 2 Chux

Rear Compartment

- ___ 1 IGel 1
- ___ 1 IGel 1.5
- ___ 1 IGel 2
- ___ 1 IGel 2.5
- ___ 1 IGel 3
- ___ 1 IGel 4
- ___ 1 IGel 5
- ___ 1 500 cc Saline Bottle
- ___ 1 NG Tube 12fr/16fr

Paralytic Kit

- ___ 2 Succinylcholine
- ___ 2 Vecuronium
- ___ 80 mg of Etomidate
- ___ 1 Bac Static Water
- ___ 1 Atropine Luer Jet
- ___ 1 20cc Syringe
- ___ 2 10 cc Syringe
- ___ 2 5 cc Syringe
- ___ 2 1 cc Syringe
- ___ 2 20 ga Needle
- ___ 2 22 ga Needle
- ___ 2 Blunt Needle
- ___ 1 Checksheet
- ___ 1 RSI Dosing Card

- ___ 3 Syringe Labels (Sux, Vec, Etomidate)

Chest Decomp Kit w/

- ___ 2 10g Angio
- ___ 2 Alcohol Prep
- ___ 2 Iodine Prep
- ___ 2 4X4 Gauze Pads
- ___ 1 Slotted Foam Pad
- ___ 1 10 cc Syringe

End Compartment

- ___ 2 Respiratory Saline
- ___ 2 Racepi .5mg
- ___ 4 Duo-Neb
- ___ 2 Albuterol
- ___ 1 Nebulizer
- ___ 1 T-Adapter neb/bvm
- ___ 1 Multi Adapter

Front Compartment

- ___ 1 Adult ET Tube Holder
- ___ 1 PEDI ET Tube Holder
- ___ 1 Adult Magills
- ___ 1 Peds Magills
- ___ 1 2.5 ETT
- ___ 1 3.0 ETT
- ___ 1 3.5 ETT
- ___ 1 4.0 ETT
- ___ 1 4.5 ETT
- ___ 1 5.0 ETT
- ___ 1 5.5 ETT
- ___ 1 6.0 ETT
- ___ 1 6.5 ETT
- ___ 1 7.0 ETT
- ___ 1 7.5 ETT
- ___ 1 8.0 ETT
- ___ 1 8.5 ET Tube
- ___ 1 Adult Stylet
- ___ 1 Peds Stylet
- ___ 1 Meconium Aspirator
- ___ 2 10 cc Syringe
- ___ 1 Eschmann Cath.
- ___ 1 GlideScope Monitor
- ___ 1 S1 Blade
- ___ 1 S2 Blade
- ___ 1 S3 Blade
- ___ 1 S4 Blade
- ___ 1 Stylette(metal)
- ___ 1 Pedes Stylette

OP Airways

- ___ 1 40mm
- ___ 1 50mm
- ___ 1 60mm
- ___ 1 80mm
- ___ 1 90mm
- ___ 1 100mm
- ___ 1 110mm
- ___ 1 Bite Stick

NP Airways

- ___ 1 26 French
- ___ 1 28 French
- ___ 1 32 French
- ___ 4 Surgilubes

EZIO Kit:

- ___ 1 Driver
- ___ 2 45mm Needle
- ___ 2 25mm Needle

- ___ 2 15mm Needle
- ___ 2 EZ-Stabilizer
- ___ 3 Iodine Preps
- ___ 3 Alcohol Preps
- ___ 1 20cc Syringe

Red Box Inventory

- 1 Adenosine
- 1 Epi 1:1000
- 1 Act. Charcoal
- 2 Resp Saline
- 1 Lasix
- 1 MD Atropine
- 2 Haldol
- 2 Zyprexa Oral Tab
- 1 Benadryl
- 1 Liquid Tylenol
- 3 Liquid Ibuprofen
- 2 Tylenol Tab Pkg
- 2 Ibuprofen Tab Pkg
- 1 NorEpi= 4 mg

Green Box Inventory

- 2 Dexamethasone
- 2 D10
- 3 Nalaxone
- 3 Duo-Neb
- 3 Albuterol
- 1 Oral Glucose
- 1 ASA
- 8 Oral Zofran
- 2 Injection Zofran
- 1 Nitro
- 2 Ammonia Inhalant
- 1 Ketorolac

Blue Box Inventory

- 6 Epi 1:10,000
- 3 Lidocaine
- 2 Bicarb
- 1 Amiodarone
- 4mg-Mag Sulfate

Controlled Drug Box:

- 1 O-Ring
- 3 Syringe Labels (Versed, Fentanyl, Ketamine)
- 1 1cc Syringe
- 1 Blunt Tip

Inventory Supplies:

- ___ 25 Yellow Tags
- ___ 1 Dry Erase Pen
- ___ 1 Sharpie

Policy:

Effective Date: May 30, 2017
Replaces: April 24, 2014
October 1, 2011
June 4, 2004
Reviewed: N/A

Section: Vehicle Safety and Operations
Subject: Eligible Drivers

ELIGIBLE DRIVERS

POLICY

As a prudent practice to protect the general public, yourself, your partner, and the business interests of the company, *all* employees are required to maintain their level of acceptability under the company's criteria for driver eligibility to drive company vehicles.

The company will promulgate rules from time to time, which drivers must meet in order to be and remain eligible to drive. Such rules may include but are not limited to motor vehicle driving record, ambulance operation experience, and history and physical health requirements.

Drivers License

All authorized drivers of company vehicles must have in their possession while on duty a valid Oregon or Washington Driver's license.

Upon renewal of your driver's license, a clear and readable copy (front and back) must be submitted to the Training Supervisor within ten (10) business days after you receive it.

Minimum Age for Insurability

Employees must be 21 years old or older to be considered for driver eligibility.

Eligibility Criteria

The following criteria apply to all employees who drive any company vehicle. The criteria listed below would include vehicle collisions or citations that are issued during on-duty or off-duty incidents in any state they have had a driver's license issued in the previous three (3) years. On-duty collisions will be considered even if they do not show on the Motor Vehicle Record.

An employee's driving record that falls into one or more of the below listed categories may be unacceptable and may subject the employee to termination.

- D.U.I.I., B.A.C., (blood alcohol content), driving with an open container, refusing a Breathalyzer test or drug abuse
- Convicted of hit and run or leaving the scene of an accident
- Vehicular manslaughter

- More than two moving violations or accidents within the last 36 months
- Two at-fault or preventable accidents in the past 36 months
- Combination of one at-fault accident and two moving violations or non-fault accidents in the last 36 months
- Currently suspended or revoked license
- Driving while license is suspended
- Fraudulent use of a driver's license
- Reckless, negligent, or careless driving citation
- Use of a vehicle in a felony
- Any citation for speed contest
- Fleeing or eluding a police officer in a motor vehicle
- Citation for exceeding marked speed limit by 15 mph or more
- Drag racing or other street racing

Any employee that receives a traffic citation or written warning while operating a company vehicle must notify the Operations Supervisor immediately. Any employee that receives a traffic citation off-duty must notify the Operations Supervisor within three business days. The Operations Supervisor will then notify the Training Supervisor.

Employees who drive company-owned vehicles must report suspension or revocation of their driver's license to the Vice President of Operations immediately upon receiving notification of the suspension or revocation or the intent of suspension or revocation of their driver's license.

If a driving record shows activity that threatens an employee's ability to meet the acceptable criteria, the Support Services Coordinator will be notified and will in turn notify the employee's supervisor and the employee.

The employee will be required to submit documentation relating to the activity. The documentation will be reviewed and if necessary given to the Vice President of Operations for a decision of driver eligibility. During this time, the employee will not be eligible to drive company-owned vehicles.

The employee will be responsible for obtaining documentation and/or information in support of their situation. Time spent to obtain the necessary documentation/information must be during off-duty hours. Employees will not be compensated for this time.

The company will verify by official records the complete driving record of employees from time to time to verify continued driver eligibility.

Employees suspended for not maintaining their level of driver eligibility are not eligible to be transferred to any other aspect of the company operation without going through the regular hiring process for that position.

Metro West bases its driver acceptability on "evidence of conviction" as well as employee's motor vehicle record and any other documented driving history. "Documented driving history" refers to the employee's driving experience with Metro West Ambulance. Vehicle collisions and damage which the employee contributed to or was the cause of and which may not be recorded on the employee's motor vehicle record may contribute to determining acceptability.

Changes in the employee's driving record could result in changes to the employee's vehicle operation driving status and must be reported. Failure to report changes in the employee's driving record could result in corrective action.

All full and part-time employees will furnish Metro West Ambulance with all necessary information that could affect the employee's driving acceptability status upon request.

Effective Date: April 24, 2014
Replaces: November 1, 2010
June 30, 2005
Reviewed: May 30, 2017

Section: Personnel and the Personnel Process
Subject: Hiring

HIRING

POLICY

It is the policy of Metro West Ambulance to seek out the best-qualified individual based solely on the ability of the individual and the requirements of the job, and to employ him/her for performance of the job pursuant to company policies and procedures.

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

Employment Practices

The company's strength and growth depend directly upon the contributions made by each individual within the organization. This can only result from a meaningful job experience and from the opportunity each individual receives and accepts for his/her development.

The company's employment policy is designed to:

1. Place each employee within reasonable accommodation in a position, which best suits his/her nature, aptitudes and skills.
2. Offer each employee the opportunity for professional development and advancement.
3. Recognize the importance of each employee's work to the overall results of the company.

Employment Objectives

The company's employment objective is to employ individuals who possess high levels of personality, character and training and occupational qualifications, capacity for growth and a willingness to become a living part of our organization.

Promotion From Within

Job openings will be filled through promotion of personnel from within the organization whenever deemed appropriate by management.

Outside Recruitment

When it is necessary to recruit personnel from outside the organization Metro West will take into consideration the prospective employees personal references, job history, educational background, and all criteria necessary for the particular job opening. If a background investigation discloses any misrepresentation of information on the application form indicating that the individual is not suited for employment, the applicant will be refused employment or may be subject to termination if already employed by Metro West.

Tests may be given to determine qualifications for particular job assignments or promotions.

Date of Hire

Any employee is officially hired as of the day and time that the employee begins his/her first shift of duty and first begins to offer compensable services to the company.

Posting of Jobs

Metro West Ambulance uses multiple methods to recruit, attract, and attain the right employees. These methods are aimed at bringing in the right type of applicants for the open position. The following methods are used when attempting to fill positions externally as well as internally.

An email is sent to employees, and a posting is placed on the Electronic Bulletin Board and with the Department Supervisor for internal notification.

Metro West Ambulance will utilize both conventional and non-conventional job posting methods. Conventional methods include, but are not limited to, newspaper advertisements, job based Internet sites, recruiting presentations at schools and colleges, and postings in trade journals. These opportunities provide us a means to make contact with large groups about open positions.

Non-conventional methods used to recruit and fill open positions at Metro West Ambulance include: internships and job shadowing. These methods offer a more focused approach on fewer individuals and will give Metro West Ambulance a more in-depth opportunity to see the applicant in a work setting.

Application Selection Process

After receipt of an application, the department-hiring manager screens it for completeness. The hiring manager reviews each application in detail to determine if it meets the minimum qualifications for the position.

Following a review of all applications submitted for an open position, the hiring manager schedules a panel interview. Members of the management team conduct the panel interview. Interview questions are asked using a bank of questions developed by the management team and are relevant to the knowledge, skills and abilities associated with the vacant position(s). Based upon the answers to these questions, the panel interview team makes a recommendation to the manager of the department where the vacant position(s) exist. All potential new hires will also complete a physical agility and a clinical skills test.

The Ambulance department does have two or more additional stages to the hiring process. After the initial interview, a series of 3rd person ride-a-long is scheduled and completed with a Metro

West Ambulance Field Training Officer (FTO) or Senior Paramedic on an Ambulance. The observer completes a questionnaire on the employee and submits it to the Training Department assessing the teamwork and customer service skills and talents that will best fit the culture of Metro West Ambulance.

The Department Manager, based upon this thorough screening process, then does selection of EMT applicants after completion of a driving record check, criminal background check, medical screening form, and drug tests.

The Metro West Ambulance Medical Director gives guidance and assistance through established protocols and evaluation tools. This indirect guidance is then followed up by direct input during the selection of the EMT by reviewing medical information forms and drug screens.

We are an equal opportunity employer. Metro West Ambulance meets the Equal Employment Opportunities Commission (EEOC) guidelines in the following ways.

Adverse Impact

Metro West Ambulance through its hiring process is sensitive to all protected groups and recognizes the adverse impact guidelines. These groups include all women, all non-Caucasians and all people who are forty years of age or older. In addition, the Americans with Disabilities Act states that you can't ask any questions that might intentionally or unintentionally uncover any physical or mental disability.

Pool of Candidates

Metro West Ambulance collects many applications and uses large hiring pools to select qualified applicants from.

Objectivity

Our questioning and hiring process is consistent with the EEOC guidelines that suggest that the interview process must be objective rather than subjective. They point out that you can accomplish this by having more than one interviewer. Two interviewers can be present in the same interview or they can conduct two separate interviews. The criteria must be clear and the interviews must be consistent. We accomplish this by using more than one manager during the hiring process.

Tests

Through the use of both clinical and non-clinical pre-employment tests we add to the objectiveness of our hiring process. The same test is given to all new EMTs and contains routine EMT knowledge that is based up the Department of Transportation's EMT Curriculum. The EEOC states that the use of a pre-employment "test" is one way to assure objectivity in the interview process. The test, or tests that you choose must be reliable (you can depend upon the results to be accurate) and consistent in their findings, while showing no adverse impact on the protected minorities. The guidelines further suggest that if you use a test, the same test must be administered to all of the candidates. The test you choose should be both EEOC Compliant and Validated.

From the EEOC text:

Section 703(h) of the Act provides that "notwithstanding any other provision of this subchapter, it shall not be an unlawful practice for an employer . . . to give and to act upon the results of any professionally developed ability test provided that such test, its administration or action upon the results is not designed, intended or used to discriminate because of race, color, religion, sex or national origin."

Americans with Disabilities Act

Metro West Ambulance adheres to ADA guidelines for hiring and promotion. See Policy 221 – Americans with Disabilities Act



Subject Information:

Client Information:

Subject:		Prepared For:	Kelsi Dow
Alias(es):		Company:	Metro West Ambulance
Date of Birth:	12/20/XXXX	Delivery Type:	Website
Social Security Number:	XXX-XX-8680		
Order Number(s):	557139		
Program Name(s):	Comprehensive Package plus MVR		
Date/Time Last Initial Request:	April 3, 2019 01:28 PM		
Date/Time Last Update:	April 4, 2019 05:32 PM		

Report Summary Information:

Component	Status	Last update
SSN Address Trace for SSN XXX-XX-8680, page 2	COMPLETE-clear	4/03/19 01:28 PM Eastern
Address to Criminal History (7 year) for JOHN K ANGEL, page 2	COMPLETE-clear	4/03/19 01:28 PM Eastern
County Criminal History in YAMHILL county Oregon for JOHN K ANGEL, page 2	COMPLETE-clear	4/04/19 11:53 AM Eastern
County Criminal History in SAN BENITO county California for JOHN K ANGEL, page 2	COMPLETE-clear	4/04/19 05:32 PM Eastern
National Criminal and Sex Offender Database for JOHN K ANGEL Synopsis: , page 2	COMPLETE-clear	4/03/19 01:28 PM Eastern
Motor Vehicle Report in California for JOHN K ANGEL, page 3	COMPLETE-clear	4/03/19 01:28 PM Eastern
Federal Criminal Court, page 4	COMPLETE-clear	4/04/19 11:07 AM Eastern

Notice : The information provided is a consumer report as defined in the federal Fair Credit Reporting Act [15 U.S.C. 1681-1681u]. It contains confidential information on the individual named. It is submitted to the conditions contained in your Subscriber Agreement with CriminalRecordCheck.com and may be used solely as a factor in evaluating the named individual for property renting/leasing, employment, promotion, reassignment or retention as an employee. CriminalRecordCheck.com maintains strict procedures designed to insure that the information is complete and up to date. While the information furnished is from reliable sources, its accuracy is not guaranteed. Proper use of this report and final verification of the named individual's identity is your sole responsibility. If any adverse action is taken based in whole or in part on this consumer report, a copy of this report and a summary of the consumer's rights must be provided to the consumer prior to taking adverse action.

SSN Address Trace for SSN XXX-XX-8680-clear :

Requested Information
SSN: XXX-XX-8680

Retrieved Information
CALIFORNIA In 1996

Summary Information

NAME VARIATIONS: 2

JOHN K ANGEL
JOHN ANGEL

UNIQUE JURISDICTIONS: 2

CA SAN BENITO
OR YAMHILL

Address to Criminal History (7 year) for JOHN K ANGEL -clear :

Ordered searches in the following jurisdictions :
YAMHILL, OR
SAN BENITO, CA

County Criminal History in YAMHILL county Oregon for JOHN K ANGEL -clear :

Search Type : Felony Including Misdemeanor

No Records Found

County Criminal History in SAN BENITO county California for JOHN K ANGEL -clear :

Search Type : Felony Including Misdemeanor

No Records Found

National Criminal and Sex Offender Database for JOHN K ANGEL -clear :

No Records Found

Motor Vehicle Report in California for JOHN K ANGEL -clear :

CALIFORNIA Driver Record - D2244 Order Date: 04/03/2019

Host Used: Online Bill Code:
Reference: CRC:557139:3342437

License: F3387755

Name: ANGEL, JOHN KENNETH Report Clear: YES
Address:
City, St:
As of:

Sex : MALE Weight: 159 lbs. DOB : 12/20/1995 AGE: 23
Eyes: GREEN Height: 6'02" Iss Date: 11/02/2012
Hair: RED Exp Date: 12/20/2020

Approx. Year Lic. First Issued: 2010 STATUS: VALID

MVR Score: 0 STANDARD

Violations/Convictions And Failures to Appear And Accidents

** NONE TO REPORT **

Suspensions/Revocations

*** NO ACTIVITY ***

License and Permit Information

License: PERSONAL Issue: 11/02/2012 Expire: 12/20/2020 Status: VALID
Class: C NON-COMMERCIAL

Miscellaneous State Data

FIRST RENEWAL BY MAIL

CONFIDENTIAL INFORMATION - TO BE USED AS PER STATE AND FEDERAL LAWS.
MISUSE MAY RESULT IN A CRIMINAL PROSECUTION

FOR STATED BUSINESS	Underwriting:	Policy	Initials:
PURPOSES ONLY			
	Date:	Issue Date:	
	/ /	/ /	Control Number: 77RSL8

END OF DRIVING RECORD

No Records Found

END-USERS: PLEASE NOTE THIS IS A SAMPLE TEMPLATE DISCLOSURE/AUTHORIZATION PROCESS ONLY, AND IT SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. YOU SHOULD CONSULT WITH COUNSEL TO CONFIRM THAT YOUR DISCLOSURE AND AUTHORIZATION PROCESS COMPLIES WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Metro West Ambulance (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.com, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

END-USERS: PLEASE NOTE THIS IS A SAMPLE TEMPLATE DISCLOSURE/AUTHORIZATION PROCESS ONLY, AND IT SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. YOU SHOULD CONSULT WITH COUNSEL TO CONFIRM THAT YOUR DISCLOSURE AND AUTHORIZATION PROCESS COMPLIES WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Metro West Ambulance** (“the Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.com (“the Agency”), another outside organization acting on behalf of **Metro West Ambulance**, and/or **Metro West Ambulance** itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

New York applicants and employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____

Print Name: _____

END-USERS: PLEASE NOTE THIS IS A SAMPLE TEMPLATE DISCLOSURE/AUTHORIZATION PROCESS ONLY, AND IT SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. YOU SHOULD CONSULT WITH COUNSEL TO CONFIRM THAT YOUR DISCLOSURE AND AUTHORIZATION PROCESS COMPLIES WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Metro West Ambulance ("the Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.com. The source of any credit report will be CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.com. Information regarding CRC's, privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at www.criminalrecordcheck.com

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you which is required to be provided by the California Civil Code and will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



APPLICANT/EMPLOYEE INFORMATION SHEET

Job Applicants/Employees: Please provide the following information about yourself. It will be used to facilitate the background check that you have authorized.

First Name

Middle Name

Last Name

____/____/_____
Date of Birth (MMDDYYYY)

Other Names Known By

Male Female

____-____-_____
Social Security Number

____/____/_____
Primary Telephone Number

Driver's License Number

License State

Email Address

Current Address

#yrs at address

City

State

Zip Code

If you have lived at another address in the last seven years, please provide information below as to each such address. (Note: If you do not have enough space below, please provide additional address information on a separate sheet of paper.)

Past Address

#yrs at address

City

State

Zip Code

Past Address

#yrs at address

City

State

Zip Code

Signature

____/____/_____
Today's Date

HIPAA Compliance Plan

A. Introduction

This HIPAA Compliance Plan contains Metro West's policies, procedures, and standards of conduct designed to ensure our compliance with applicable federal laws and regulations. Failure to abide by the rules, policies and procedures established by this Plan or behavior in violation of any HIPAA law, regulation or rule may result in disciplinary action. Willful failure by any employee to comply with the policies and procedures contained in this Plan, will result in employment dismissal. Consult the Personnel Policy Manual or contact our HIPAA Compliance Personnel if you have any questions about our commitment to effective compliance routines.

B. Compliance Mission Statement

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

C. Compliance Personnel

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

Privacy Officer

Metro West has appointed Gene Frye as our Privacy Officer to oversee the privacy of patient information.

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

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

- Ensure that independent contractors who furnish services to Metro West are aware of the privacy requirements of the company's HIPAA Compliance Plan.
- Coordinate our privacy compliance efforts within the company, and establish methods both to improve the efficiency and quality of services and to reduce the vulnerability to privacy policy abuse.
- Revise the HIPAA Compliance Program periodically, in light of changes in the needs of the company or changes in the law of Government and private payor's health plans.
- Develop mechanisms to receive and investigate reports of privacy abuse and monitor subsequent corrective action and/or compliance.

Security Officer

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

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

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

- Develop policies and programs that encourage employees to report non-compliance without fear of retaliation.

Metro West Expectations

Every employee of the Metro West is expected both to be familiar with our company's commitment and to cooperate with the Compliance Officers as requested to do so. All are encouraged to comply fully with all reasonable requests made by the Compliance Officers. Failure to comply fully may result in disciplinary action appropriate to the non-compliance.

D. Training and Education

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

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

Positions Affected

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

- a. EMT
- b. Paramedic
- c. Billing Specialists
- d. Billing Clerk
- e. Field Supervisor
- f. Billing/Collections and Account Receivable Personnel
- g. Front Desk
- h. Dispatcher
- i. Training Coordinator
- j. Department Managers

Mandatory Attendance

All Affected Employees are required to attend at least one HIPAA Compliance Program 4 hours per calendar year. The office manager, in conjunction with HIPAA Compliance Personnel, shall maintain a list of "approved" compliance education/training programs. Attendance at HIPAA compliance education and training by all affected employees will be documented on the approved attendance forms and maintained in each employer's personnel file.

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

E. Communication and Reporting

Dissemination of Material

All information obtained including manuals, changes in regulations and the like shall be promptly made available to all employees. Employees who receive information which they believe to be relevant to the HIPAA compliance efforts, are required to provide such information to Compliance Personnel.

Except as otherwise noted, Compliance Personnel shall be responsible for disseminating relevant materials to employees. Metro West employees shall also maintain all relevant materials in designated location for periodic review.

Questions and Concerns

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

Reporting of Violations or Suspected Violations

Any employee who is aware of any actual or suspected violation of any compliance policy is required immediately to report such violation to Compliance Personnel for investigation. Violations may include: an actual or suspected violation of Federal or State legislation, regulations, or requirements pertaining to the security, integrity, or confidentiality of individually identified health information. If Compliance Personnel are not immediately available or the reporting employee is concerned that Compliance Personnel are or have been involved in the violation(s), the employee shall report the violation(s) to any member of the Executive Committee.

Confidentiality

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

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

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

Investigation and Remedial Action

Compliance Personnel shall consult with legal counsel with respect to any reported violation to ascertain the most appropriate means of investigating and responding to such report. Compliance Personnel and/or legal counsel, as appropriate shall conduct investigations in a timely manner.

Based upon the findings of such investigation, Compliance Personnel, with legal counsel, as appropriate, will take such remedial action to ensure (1) that the violation ceases immediately and (2) that the violation will be prevented from occurring in the future. All reports of violations (suspected or deemed actual after investigation), investigative findings, and remedial actions taken shall be documented and maintained by Compliance Personnel.

Disciplinary Action

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

- The nature of the violation(s)
- The employee's level of intent in committing such violation(s) (e.g., negligence, willful)
- Special circumstances surrounding or contributing to the violation(s).

The disciplinary action(s) that may be taken against an employee who is found to have committed a violation are spelled out in the Personnel Policy Manual and generally include:

- Admonishment
- Written reprimand (which shall be included in the employee's personnel file)
- Suspensions
- Employment termination.

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

F. Auditing and Monitoring

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

- Protection of patient information
- Security measures for information systems

Audits will include a complete evaluation of procedures, a detailed examination of randomly selected transactions, and a report of the findings for Compliance Personnel

records. In addition, Compliance Personnel, in conjunction with the department supervisors, will regularly monitor the performance of all employees to ensure compliance with all applicable compliance standards and policies. If, based upon an audit, Metro West is found to be non-compliant with any HIPAA law or regulation, Compliance Personnel, in conjunction with the legal counsel, as appropriate, shall take prompt remedial action.

G. Responding to Inquiries

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

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

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

Metro West Ambulance
Identity Theft Prevention Program

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Summary of the Metro West Ambulance Identity Theft Prevention Program

The Federal Trade Commission (FTC) will begin enforcement of its “Red Flags Rules,” a result of the Fair and Accurate Credit Transactions Act of 2003 (FACTA), on January 1, 2011. The penalty for noncompliance with the Red Flags Rule is up to \$3,500 per violation. This federal law was enacted to require financial institutions and “creditors” with “covered accounts” to implement a program to detect, prevent and mitigate instances of identity theft.

Because many entities provide ambulance services or emergency transport where the cost is billed to the patient after the transport, they are considered a “creditor” with a “covered account.” See, 16 U.S.C. § 681.2(b)(3). Under this federal law, Metro West Ambulance is required to have a written identity theft prevention program to detect, prevent and mitigate identity theft of patient account information.

Below are the steps that Metro West Ambulance will take to comply with FACTA:

1. Metro West Ambulance will make sure it’s Health Insurance Portability and Accountability Act (“HIPAA”) compliance program is up to date, and we are operating as a “covered entity.”
2. Identify which accounts are “covered accounts” under FACTA. See, 16 C.F.R. § 681.2(c). A “covered account” is (1) an account primarily for personal, family or household purposes that involves or is designed to permit multiple payments or transactions; or (2) any other account for which there is a reasonably foreseeable risk to customers or the safety and soundness of Metro West Ambulance from identity theft. 16 C.F.R. § 681.2(b)(3).
3. Perform a risk assessment on the “covered accounts.” This risk assessment is to see which accounts have a high risk of identity theft. Metro West Ambulance must consider: (1) the way that it opens accounts; (2) the way that it provides/allows access to the accounts; and (3) past experience with identity theft. 16 C.F.R. § 681.2(c)(1)-(3).
4. Develop and implement a written identity theft prevention program to address identity theft risks referred to as “red flags.” A “red flag” is a pattern, practice or specific activity that indicates the possible existence of identity theft. 16 C.F.R. § 681.2(b)(9). In other words, suspicious activity that raises a “red flag.” The written identity theft prevention program must include policies and procedures to: (1) identify relevant red flags; (2) detect red flags; (3) explain appropriate responses for when a red flag is discovered; and (4) address how the program is updated to reflect the changes in risk to patients (or customers) and to reflect changes in the safety and soundness of Metro West Ambulance from identity theft. 16 C.F.R. § 681.2(d)(2).

5. Administer the identity theft prevention program. Metro West Ambulance will ensure that: (1) a senior level of management will oversee the development, implementation and administration of the program; (2) train staff; and (3) make sure that parties who contract with Metro West Ambulance for services related to the accounts sign business associate agreements or otherwise ensure compliance with FACTA. See, 16 C.F.R. § 681.2(2) and 16 C.F.R. § 681.2(e).

Purpose

This policy sets forth Metro West Ambulance's commitment to comply with the standards established by the Federal Trade Commission under the Identity Theft Red Flags and Address Discrepancies under the Fair and Accurate Credit Transaction Act of 2003 ("the Red Flag Rules"). 16 C.F.R. § 681.2. This Identity Theft Prevention Program ("Program") is designed to detect, prevent and mitigate identity theft in connection with the opening of a "covered account" (i.e., ambulance patients' accounts) or any existing "covered account."

Scope

This Program contains policies and procedures that are designed to identify, detect and respond to suspicious activity on ambulance patient's billing by Metro West Ambulance. This Program will provide staff with the direction to respond appropriately to "Red Flags" or suspicious activity that indicates the possibility of identity theft on these accounts. It also contains policies and procedures for the periodic identification of "covered accounts" and for the general administration of the Program. As a "creditor" with "covered accounts" under the Red Flag Rules, Metro West Ambulance is required to:

1. Periodically identify "covered accounts";
2. Establish a written Identity Theft Prevention Program; and
3. Administer the Identity Theft Prevention Program.

Definitions

(a) "Covered account" means:

1. An account that Metro West Ambulance offers or maintains, primarily for personal, family, or household purposes, that involves or is designed to permit multiple payments or transactions; and
2. Any other account that Metro West Ambulance offers or maintains for which there is a reasonably foreseeable risk to individuals or to the safety and soundness of Metro West Ambulance from identity theft, including financial, operational, compliance, reputation, or litigation risks.

This includes patient ambulance accounts

(b) "Identity theft" means a fraud committed or attempted using the identifying information of another person without authority.

(c) "Identifying information" means a person's name, credit card account information, debit card information, bank information, drivers' license information, social security number, government issued identification number, alien registration number, government issued passport number, employer or taxpayer identification number, mother's birth name, date of birth, health insurance information, Medicare or Medicaid number and/or health care claim number.

(d) "Program" means this written Identity Theft Prevention Program developed and implemented by Metro West Ambulance.

(e) "Red Flag" means a pattern, practice, or specific or suspicious activity that indicates the possible existence of identity theft.

(f) "Red Flags Compliance Officer" means that person appointed by the Board of Directors who has the responsibility for oversight, ongoing development, implementation, and administration of the Program and who has the responsibility to develop periodic updates to the program to reflect changes in risk to customers and to the safety and soundness of the organization.

(g) "Service provider" means a person or company that provides a service directly to Metro West Ambulance, including third party billing companies and other organizations that perform service in connection with Metro West Ambulance's covered accounts.

Procedure: Identify Covered Accounts

(a) Each year, the Red Flags Compliance Officer shall make a recommendation to the Board of Directors as to whether Metro West Ambulance continues to offer or maintain covered accounts (see definition of "covered account" in this Program). The Red Flags Compliance Officer shall document this determination.

(b) Each year, the Red Flags Compliance Officer shall conduct an annual risk assessment of the company's accounts to determine whether it offers or maintains accounts that carry a reasonably foreseeable risk to patients or to the safety and soundness of Metro West Ambulance from identity theft, including financial, operational, compliance, reputation, or litigation risks. In determining whether Metro West Ambulance offers or maintains such accounts, the Red Flags Compliance Officer will conduct an annual risk assessment that takes into consideration:

1. The methods that Metro West Ambulance uses to open its accounts;

2. The methods that Metro West Ambulance uses to access its accounts; and
3. Metro West Ambulance's previous experiences with identity theft, if any.

(c) When possible, the annual identification of covered accounts will be conducted by an evaluation or audit team appointed by and acting under the direction and control of the Board.

Procedure: Identify Red Flags

(a) Once the Red Flags Compliance Officer has identified Metro West Ambulance's covered accounts, he or she shall identify Red Flags (see definition in this Program) for those accounts. This shall be conducted on an annual basis in conjunction with Metro West Ambulance's identification of covered accounts. The Red Flags Compliance Officer will also identify red flags as they arise and incorporate them into this Program.

(b) The Red Flags Compliance Officer shall consider the following factors in identifying relevant Red Flags for covered accounts, as appropriate:

1. The types of covered accounts that Metro West Ambulance offers or maintains;
2. The methods that Metro West Ambulance provides to open its covered accounts;
3. The methods that Metro West Ambulance provides to access its covered accounts; and
4. Any incidents of identity theft that Metro West Ambulance has experienced.

(c) The Red Flags Compliance Officer shall also consider the examples of Red Flags listed in Supplement A to Appendix A to 16 C.F.R. Part 681. The Program shall include relevant Red Flags from the following categories, as appropriate:

1. Alerts, notifications and other warnings from consumer report agencies or service providers, such as fraud detection services;
2. The presentation of suspicious documents;
3. The presentation of suspicious personal identifying information, such as a suspicious address change;
4. The unusual use of an address change;
5. Notice from customers, victims of identity theft, law enforcement or other persons regarding possible identity theft in connection with covered accounts.

(d) The Red Flags Compliance Officer shall also incorporate Red Flags from sources such as:

1. New and changing risks that he or she has identified; and
2. Any applicable supervisory guidance from the FTC or other appropriate sources.

(e) The following are Red Flags identified for Metro West Ambulance's covered accounts as of the most recent update to this Program:

1. Patterns of activity on payment accounts that are inconsistent with prior history;
2. Increases in the volume of inquiries to an account;
3. The presentation of information that is inconsistent with other sources, (e.g., the address, date of birth, or social security number listed for the patient does not match the address given or is inconsistent with other identifying information provided by the patient);
4. Personal identifying information is identified by third-party sources as having been associated with known fraudulent activity;
5. Personal identifying information is of a type commonly associated with fraudulent activity (e.g., fictitious address, use of mail drop, or phone number that is invalid or associated only with a pager or answering service);
6. The social security number provided by the patient is a duplicate of that of other patients;
7. The address or telephone numbers given are the same or similar to those of other patients, particularly recent ones;
8. Attempts to access an account by persons who cannot provide authenticating information;
9. Requests for additional authorized users on an account shortly following change of address;
10. Uses of an account that are inconsistent with established patterns of activity (e.g., nonpayment when there is no history of late or missed payments);
11. Nonpayment of the first payment on the account;
12. Inactivity on an account for a reasonably lengthy period of time;

13. Mail correspondence sent to the provided address is returned and mail is returned despite continued activity in the account;
14. Notification of an unauthorized transaction by the patient;
15. Notification by the patient, a law enforcement authority or other person that it has opened a fraudulent account;
16. A complaint or question from a patient based on the patient's receipt of:
 - a) A bill for another individual;
 - b) A bill for a service that the patient denies receiving;
 - c) A bill from a health care provider that the patient never utilized;
 - d) A notice of insurance benefits or Explanation of Benefits for health services never received; or
 - e) A patient or insurance company report that coverage for legitimate healthcare service is denied because insurance benefits have been depleted or a lifetime cap has been reached.
17. A complaint or question from a patient about information added to a credit report by a health care provider or insurer;
18. A dispute of a bill by a patient who claims to be the victim of any type of identity theft;
19. A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance;
20. A notice or inquiry from an insurance fraud investigator for a private insurance company or a law enforcement agency;
21. A security breach;
22. Unauthorized access to a covered account by personnel;
23. Unauthorized downloading of patient files;
24. Loss or theft of unencrypted data;
25. Inappropriate access of a covered account;
26. A computer virus or suspicious computer program;

27. Multiple failed log-in attempts on a workstation;
28. Theft of a password;
29. The presentation of an insurance card or form of identification that is clearly altered;
and
30. Lost, stolen or tampered equipment.

Procedure: Detect Red Flags

(a) Metro West Ambulance shall adopt reasonable policies and procedures to address the detection of Red Flags in connection with the opening of covered accounts and existing covered accounts by:

1. Obtaining identifying information about, and verifying the identity of, a person opening a covered account; and
2. Authenticating patients, monitoring transactions, and verifying the validity of change of address requests.

(b) The following procedures have been adopted by Metro West Ambulance to address the detection of Red Flags as of the most recent update to this Program:

1. Suspicious Documents at the Time of Transport. Metro West Ambulance personnel shall be on the alert for patients who present suspicious documents such as an insurance card or form of identification that appears to have been altered or does not match other information about the patient. Whenever possible, the crew shall attempt to verify the identity of the patient with someone who knows the patient and/or someone who has rendered care to the patient. **Personnel shall not delay the provision of care when verifying this information and should obtain this information after the transport when it could delay the provision of care.**
2. ID Verification before Discussing Patient Account Information or Change of Address. Before discussing any information related to a covered account with any individual, or making a change to address information in a covered account; Metro West Ambulance personnel shall sufficiently ascertain the identity of the individual.

a) If a patient or appropriate representative makes a telephone inquiry or request regarding a patient account, Metro West Ambulance personnel shall require the patient or appropriate representative of the patient to verify the date of birth, social security number (or at least the last 4 digits), and address of the patient to whom the account pertains.

b) If the patient or appropriate representative of the patient presents in person to the Billing Department of Metro West Ambulance, s/he shall be required to provide a valid government issued photo ID in addition to the date of birth, social security number (or last 4 digits), and address of the patient to whom the account pertains.

c) If the patient or appropriate representative of the patient is unable to provide the necessary information to verify the identity of the patient, Metro West Ambulance staff shall make a notation of the inquiry or address change request in the patient account file and alert an appropriate supervisor without providing access or honoring the address change request.

3. Under the HIPAA Privacy and Security Rules, is required to implement policies and procedures regarding the protection of protected health information and to implement administrative, physical and technical safeguards to protect electronic protected health information. The following policies and procedures from Metro West Ambulance's HIPAA compliance program serve the dual purpose of detecting identity theft in connection with the opening of existing covered accounts at Metro West Ambulance and they are hereby incorporated in this Program by reference:

Procedure: Respond to Red Flags

(a) Metro West Ambulance will respond to Red Flags of which it becomes aware in a manner commensurate with the degree of risk posed by the Red Flag. In determining an appropriate response, Metro West Ambulance will consider aggravating factors that may heighten the risk of identity theft. For example, notice to Metro West Ambulance that a patient has provided information to someone fraudulently claiming to represent Metro West Ambulance may suggest that identity theft is more likely.

(b) Metro West Ambulance shall assess whether the Red Flag detected poses a reasonably foreseeable risk of identity theft and if it does, respond appropriately. If Metro West

Ambulance determines that the Red Flag does not pose a reasonably foreseeable risk of identity theft, it shall have a reasonable basis choosing not to respond to the Red Flag.

(c) If any personnel at Metro West Ambulance believe identity theft has occurred or may be occurring, s/he shall immediately notify a supervisor. The supervisor will contact the designated Red Flag Rule Compliance Officer who will determine the appropriate response.

(d) Appropriate responses may include the following:

1. Monitoring a covered account for evidence of identity theft;
2. Contacting the patient;
3. Changing any passwords, security codes, or other security devices that permit access to a covered account;
4. Reopening a covered account with a new account number;
5. Not opening a new covered account;
6. Closing an existing covered account;
7. Not attempting to collect on a covered account or not selling a covered account to a debt collector;
8. Notifying law enforcement; or
9. Determining that no response is warranted under the particular circumstances.

(e) Patient Notification. If there is a confirmed incident of identity theft or attempted identity theft, Metro West Ambulance will notify the patient after consultation with law enforcement about the timing and the content of such notification (to ensure notification does not impede a law enforcement investigation) via certified mail. Victims of identity theft will be encouraged to cooperate with law enforcement in identifying and prosecuting the suspected identity thief, and will be encouraged to complete the FTC Identity Theft Affidavit.

(f) Investigation of Suspected Identity Theft. If an individual claims to be a victim of identity theft, Metro West Ambulance will investigate the claim. The following guidelines apply:

1. The individual will be instructed to file a report with law enforcement for identity theft.
2. The individual will be instructed to complete the FTC ID Theft Affidavit, including supporting documentation.
3. The individual will be requested to cooperate with comparing his or her personal information with information in Metro West Ambulance's records.
4. If following investigation, it appears that the individual has been a victim of identity theft, Metro West Ambulance will take the following actions:

- a) Cease collection on open accounts that resulted from identity theft. If the accounts had been referred to collection agencies or attorneys, the collection agencies/attorneys will be instructed to cease collection activity.
 - b) Cooperate with any law enforcement investigation relating to the identity theft.
 - c) If an insurance company, government program or other payor has made payment on the account, the provider will notify the payor and seek instructions to refund the amount paid.
 - d) If an adverse report had been made to a consumer reporting agency, the provider will notify the agency that the account was not the responsibility of the individual.
5. If following investigation, it does not appear that the individual has been a victim of identity theft, Metro West Ambulance or the collection agency will give written notice to the individual that he or she is responsible for payment of the bill. The notice will state the basis for determining that the person claiming to be a victim of identity theft was in fact the patient.

(g) Amendment of Records. Patient medical records and payment records must be corrected when identity theft has occurred. This is necessary to ensure that inaccurate health information is not inadvertently relied upon in treating a patient, and that a patient or a third-party payer is not billed for services the patient did not receive. Patient records will be corrected in consultation with the patient and the patient's treating health care provider(s), and in a manner consistent with the Metro West Ambulance's HIPAA policy on amendments to medical records.

(h) Disclosure/Unauthorized Access to Unencrypted Data. If there is a disclosure of, or an unauthorized access to, unencrypted computerized data containing a person's first name or first initial and last name and (1) a social security number, (2) driver's license number, or (3) financial account number (including a credit or debit card number), notify the patient (or customer, if County provides utility or other services).

(i) The Presentation of Suspicious Documents at the Time of Transport. When a patient presents a suspicious document such as an insurance card or form of identification that is clearly altered or does not match other information about the patient, ambulance personnel shall:

1. Note the nature of the incident and circumstances surrounding the incident in an incident report or other appropriate document so that the claim is "flagged" for review.

2. If possible, attempt to obtain identifying information about the patient from other sources such as individuals who know or have treated the patient.
3. Notify the Red Flag Rules Compliance Officer as soon as possible after the transport about the incident and the circumstances surrounding the incident.
4. Before opening a covered account under the name given, the Red Flag Rules Compliance Officer, or other designated individual, shall make attempts to verify the identity of the patient through any means possible. If it appears the patient has attempted to commit identity theft, the procedures for notification and investigation of the incident (above) shall be followed.

Procedure: Update the Program

(a) Metro West Ambulance shall update this Program (including identifying Red Flags determined to be relevant) annually.

(b) The update shall reflect changes in risks of identity theft to patients or to the safety and soundness of Metro West Ambulance's information.

The review and update will be based on factors such as:

1. The experiences of Metro West Ambulance with identity theft;
2. Changes in methods of identity theft;
3. Changes in methods to detect, prevent, and mitigate identity theft;
4. Changes in the types of accounts that Metro West Ambulance offers or maintains;
and
5. Changes in the business arrangements of Metro West Ambulance, including mergers, acquisitions, alliances, joint ventures, and service provider arrangements.

Procedure: Administer the Program

(a) Program Oversight. The Board of Directors has designated a Red Flag Rules Compliance Officer who is in charge of Red Flag Rules compliance. This individual shall be involved in the

oversight, development, and implementation and administration of the Program. The individual shall be responsible for:

1. Implementation of this Program;
2. Reporting to the Board of Directors or an appropriate designated committee of the board at least annually on compliance by Metro West Ambulance with this Program. The report shall address material matters related to the Program and evaluate issues such as:
 - a) The effectiveness of the policies and procedures of Metro West Ambulance in addressing the risk of identity theft in connection with the opening of covered accounts and with respect to existing covered accounts;
 - b) Service provider arrangements;
 - c) Incidents involving identity theft and management's response; and
 - d) Recommendations for material changes to the Program.

(b) After reviewing official annual reports, the Board of Directors or appropriate designated committee shall approve changes to this Identity Theft Prevention Program, as necessary.

Procedure: Train Employees

(a) Metro West Ambulance will conduct a general training session for all personnel to provide them with a general overview of this Program. All new personnel shall undergo such training during their orientation process. Documentation of training, including copies of all rosters and sign in sheets showing the training dates and the names of attendees, shall be maintained for at least four years.

(b) All staff that are responsible for the administration of the Program and staff who regularly deal with covered accounts should be trained on an annual basis.

Procedure: Oversee Service Provider Arrangements

If Metro West Ambulance engages a third party to perform an activity in connection with one or more covered accounts (e.g., billing companies, collection agencies), Metro West Ambulance will:

(a) Review the third party's policies for preventing, detecting, and mitigating identity theft and determine if those policies are acceptable to Metro West Ambulance; or

(b) Require the third party to comply with the applicable terms of this Program through contract or agreement.

Policy:**915**

Effective Date: June 1, 2004
Replaces: N/A
Reviewed: May 30, 2017

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

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

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

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

Therefore:

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

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

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

Records Maintenance-Patient Records

All employees shall maintain strict confidence on all patient records.

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

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

Release of EMS Report Forms:

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

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

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

Retention of Pre-hospital Records:

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

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

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

Records affected by this policy are:

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

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

Records Maintenance & Retention – other records

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

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

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

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

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

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

Destruction Method

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

Policy Suspension

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



Metro West Ambulance

Policy on Patient Access, Amendment and Restriction on Use of Protected Health Information

Purpose:

Under the HIPAA Privacy Rule, individuals have the right to access and to request amendment or restriction on the use of their protected health information, or PHI, and restrictions on its use that is maintained in “designated record sets,” or DRS. (See policy on Designated Record Sets).

To ensure that Metro West Ambulance only releases the PHI that is covered under the Privacy Rule, this policy outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.

This policy also establishes the procedure by which patients or appropriate requestors may access PHI, request amendment to PHI, and request a restriction on the use of PHI.

Policy

Only information contained in the DRS outlined in this policy is to be provided to patients who request access, amendment and restriction on the use of their PHI in accordance with the Privacy Rule and the Privacy Practices of METRO WEST Ambulance.

Procedure

Patient Access:

1. Upon presentation to the business office, the patient or appropriate representative will complete a Request for Access Form.
2. The Company employee must verify the patient’s identity, and if the requestor is not the patient, the name of the individual and reason that the request is being made by this individual. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose.
3. The completed form will be presented to the Privacy Officer for action.

4. The Privacy Officer will act upon the request within 30 days, preferably sooner. Generally, the Company must respond to requests for access to PHI within 30 days of receipt of the access request, unless the designated record set is not maintained on site, in which case the response period may be extended to 60 days.
5. If the Company is unable to respond to the request within these time frames, the requestor must be given a written notice no later than the initial due date for a response, explaining why the Company could not respond within the time frame and in that case the Company may extend the response time by an additional 30 days.
6. Upon approval of access, patient will have the right to access the PHI contained in the DRS outlined below and may make a copy of the PHI contained in the DRS upon verbal or written request.
7. The business office will establish a reasonable charge for copying PHI for the patient or appropriate representative.
8. Patient access may be denied for the reasons listed below, and in some cases the denial of access may be appealed to the Company for review.
9. The following are reasons to deny access to PHI that are not subject to review and are final and may not be appealed by the patient:
 - a. If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
 - b. If the information the patient requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
10. The following reasons to deny access to PHI are subject to review and the patient may appeal the denial:
 - a. If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;

- b. If the protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
 - c. If the request for access is made by a requestor as a personal representative of the individual about whom the requestor is requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.
 - d. If the denial of the request for access to PHI is for reasons a, b, or c, then the patient may request a review of the denial of access by sending a written request to the Privacy Officer.
 - e. The Company will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. The Company will promptly refer the request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. The Company will provide the patient with written notice of the determination of the designated reviewing official.
 - f. The patient may also file a complaint in accordance with the Procedure for Filing Complaints About Privacy Practices if the patient is not satisfied with the Company's determination.
11. Access to the actual files or computers that contain the DRS that may be accessed by the patient or requestor should not be permitted. Rather, copies of the records should be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated Company staff member. **UNDER NO CIRCUMSTANCES SHOULD ORIGINALS OF PHI LEAVE THE PREMISES.**
12. If the patient or requestor would like to retain copies of the DRS provided, then the Company may charge a reasonable fee for the costs of reproduction.
13. Whenever a patient or requestor accesses a DRS, a note should be maintained in a log book indicating the time and date of the request, the date access was provided, what specific records were

provided for review, and what copies were left with the patient or requestor.

14. Following a request for access to PHI, a patient or requestor may request an amendment to his or her PHI, and request restriction on its use in some circumstances.

Requests for Amendment to PHI

15. The patient or appropriate requestor may only request amendment to PHI contained in the DRS. The "Request for Amendment of PHI" Form must be accompanied with any request for amendment.
16. The Company must act upon a Request for Amendment within 60 days of the request. If the Company is unable to act upon the request within 60 days, it must provide the requestor with a written statement of the reasons for the delay, and in that case may extend the time period in which to comply by an additional 30 days.

Granting Requests for Amendment

17. All requests for amendment must be forwarded immediately to the Privacy Officer for review.
18. If the Privacy Officer grants the request for amendment, then the requestor will receive a letter indicating that the appropriate amendment to the PHI or record that was the subject of the request has been made.
19. There must be written permission provided by the patient so that the Company may notify the persons with which the amendments need to be shared. The Company must provide the amended information to those individuals identified by having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.
20. The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving the Company permission to provide them with the updated PHI.
21. The Company will add the request for amendment, the denial or granting of the request, as well as any statement of disagreement

by the patient and any rebuttal statement by the Company to the designated record set.

Denial of Requests for Amendment

22. The Company may deny a request to amend PHI for the following reasons: 1) If the Company did not create the PHI at issue; 2) if the information is not part of the DRS; or 3) the information is accurate and complete.
23. The Company must provide a written denial, and the denial must be written in plain language and state the reason for the denial; the individual's right to submit a statement disagreeing with the denial and how the individual may file such a statement; a statement that, if the individual does not submit a statement of disagreement, the individual may request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or to the Secretary of Health and Human Services.
24. If the individual submits a "statement of disagreement," the provider may prepare a written rebuttal statement to the patient's statement of disagreement. The statement of disagreement will be appended to the PHI, or at the Company's option, a summary of the disagreement will be appended, along with the rebuttal statement of the Company.
25. If the Company receives a notice from another covered entity, such as a hospital, that it has amended its own PHI in relation to a particular patient, the ambulance service must amend its own PHI that may be affected by the amendments.

Requests for Restriction

26. The patient may request a restriction on the use and disclosure of their PHI.
27. The Company is not required to agree to any restriction, and given the emergent nature of our operation, we generally will not agree to a restriction.

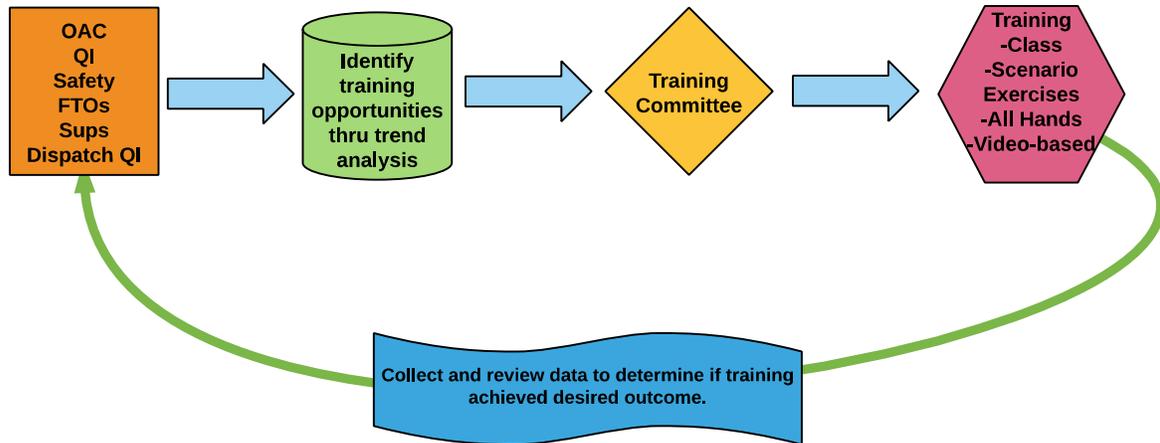
28. ALL REQUESTS FOR RESTRICTION ON USE AND DISCLOSURE OF PHI MUST BE SUBMITTED IN WRITING ON THE APPROVED COMPANY FORM. ALL REQUESTS WILL BE REVIEWED AND DENIED OR APPROVED BY THE PRIVACY OFFICER.
29. If the Company agrees to a restriction, we may not use or disclosed PHI in violation of the agreed upon restriction, except that if the individual who requested the restriction is in need of emergency service, and the restricted PHI is needed to provide the emergency service, the Company may use the restricted PHI or may disclose such PHI to another health care provider to provide treatment to the individual.
30. The agreement to restrict PHI will be documented to ensure that the restriction is followed.

A restriction may be terminated if the individual agrees to or requests the termination. Oral agreements to terminate restrictions must be documented. A current restriction may also be terminated by the Company as long as the Company notifies the patient that PHI created or received after the restriction is removed is no longer restricted. PHI that was restricted prior to the Company voiding the restriction must continue to be treated as restricted PHI.



Metro West Ambulance
Clinical Quality Assurance and
Improvement Program
2019

Metro West Ambulance
Quality Improvement-Overview
2017



Metro West Ambulance Clinical Quality Assurance and Improvement Program 2019

Mission:

To provide patient-centered, continuous quality assurance and improvement of the clinical practice of Metro West Ambulance paramedics and EMTs through orientation, education and training. This mission is carried out in a collaborative effort of internal employees and external partners of the Washington County EMS System.

Goals:

- Continue to follow the principles and practices of Just Culture when performing CQI/CQA in order to promote a culture of safety and improvement
- Maintain trend files that help identify opportunities for improvement
- Encourage the reporting of near misses in the interest of identifying opportunities to improve the safety of our practice.
- Utilize Root Cause Analysis of sentinel events to help identify strengths and weaknesses of our clinical practice and operations.
- Use techniques and practices that reflect the principles of a High Reliability Organization (HRO)
- Continuously evaluate our practice and equipment with new advances in medicine and EMS.

Organization:

- Clinical Manager
- Medical Directors
- QI Committee
- Training Committee
- Safety Committee
- Operations Advisory Committee

QI Committee:

The MWA QI Committee members are:

- Clinical Manager
- Washington County Medical Directors (2)
- Metro West Ambulance Physician Advisor
- Paramedics-Ambulance Division (3)
- EMT

- Communication Center Representative
- Mobile Health Paramedic
- CCT RN
- Metro Med Call EMT
- Washington County Quality Improvement and Education Coordinator

Committee members will be appointed a minimum of two years. Selection process is outlined in the Employee Manual.

QI Committee Meeting:

The MWA QI Committee meets monthly on the first Monday of every month for 2 hours. Meeting times can be flexible if need arises for sentinel events. Meetings are paid. Committee members must attend 75% of scheduled meetings to be in good standing.

Meetings consist of a review of trend files and near miss files, review of a sampling of calls from low frequency/high risk events category, frequency events category and other noteworthy charts found in regular monthly review by the Clinical Manager.

All reviewed calls are assigned a clinical severity score that is tracked monthly to identify overall clinical trends.

QI Committee Scope/Priority:

The Committee has the responsibility to conduct in-depth analysis of organizational practices, procedures, and events related to clinical practices using Just Culture principles and practices and root cause analysis. The Committee is encouraged to ask for outside technical or professional assistance when necessary. The

Committee will forward all conclusions to the relevant parties by providing findings and feedback for quality improvement.

Decision-making Process: All recommendations that are made will be submitted to the Clinical Manager and the Ambulance Department Manager for review. Final approval of all recommendations will be made by the VP of Operations.

Input Sources:

- Routine Case Reviews
- Data Analysis
- Customer Input
- Employee Self-reporting
- Safety Committee
- Operations Advisory Committee
- Washington County EMS QI Committee

QI Committee Review Topics:

Low Frequency/High Risk Events:

- Pediatric Cardiac Arrest
- Penetrating trauma to head or chest
- Equipment Failures
- Unrecognized Esophageal Intubations
- Needle Decompressions
- Cricothyrotomy
- 2nd out transports from Vernonia (Dual EMT staffed)
- LVAD

Frequency Events

- Missed STEMI
- Medication Errors

- Protocol Deviation without OLMC orders
- Charting Errors

Quality Improvement and Quality Assurance Monthly Focused Chart Review: (NEW 2017)

- Cardiac Arrest: 10% (3)
- Cardiac (ACS): 1% (3-4)
- Altered Mental Status: 1% (3)
- Diabetic: 1% (2)
- Seizure: 10% (1-2)
- Respiratory: 5% (3-4)
- Falls: 10% (4)

Communication of Quality Improvement Findings

- Publishing of generic findings (Patient and crew remain private) in meeting minutes
- Publishing of a summary of clinical scoring
- Presentations of findings in company All Hands Meetings
- Email Announcements/Newsletters
- Involved crewmembers meeting with the Clinical Manager or Medical Director

Success Indicators:

- Constant improvement in organizational culture, reporting and analysis
- Consistently meets or exceeds performance goals
- A self-sustaining, self-reporting and near-miss system
- Focused training by the Training Committee based on QI findings

Training Objectives Workbook

METRO WEST AMBULANCE

DIRECTIONS:

Prior to your first training shift, please read thru these training objectives so that you are familiar with the items that will need to be observed, discussed, or performed. **Please carry this with you on every training shift during your FTEP.** If an item is observed/discussed/performed, please have your FTO initial under the appropriate column. We understand that not you will not necessarily perform every skill or administer every medication in this list, but it needs to be discussed or observed (with some appropriate follow-up discussion with your FTO). Each item only needs one set of FTO initials.

FTEP Completion:

Upon completion of the objectives in this workbook, please submit it to the Clinical Manager with the date of completion noted on the front of the book. **YOUR FIELD TRAINING PROGRAM WILL NOT BE COMPLETE UNTIL THIS TRAINING OBJECTIVES BOOK IS COMPLETED AND SUBMITTED AND ALL A360 TRAINING FORMS ARE COMPLETED.**

Trainee: _____

Date Completed: _____

Item/Skill/Procedure	Section	Observe	Discuss	Perform
Clock In / Clock Out Procedures	Admin			
ePro Scheduler	Admin			
NarcBox	Admin			
Logging Into Devices and Services	Admin			
Review EAP, CISM, Health and Wellness	Admin			
Review Just Culture and CQI program	Admin			
Employee Policy Manual	Admin			
MWA Uniform Standards	Admin			
Cell Phone Policy	Admin			
EMS Consortium Protocols	Clinical			
STEMI Activation	Clinical			
Stroke Activation	Clinical			
Patient Refusals	Clinical			
Oral Airways (OPA)	Equipment			
Nasal Pharyngeal Airway (NPA)	Equipment			
Pulse Oximetry	Equipment			
Nasal Cannula	Equipment			
Non-Rebreather Mask	Equipment			
Bag-Valve-Mask	Equipment			
Stethoscope	Equipment			
Oxygen Tanks, Regulators, Ports	Equipment			

Endotracheal Intubation	Equipment			
King Airway	Equipment			
CPAP	Equipment			
Cricothyrotomy using PerTrach	Equipment			
Needle Decompression	Equipment			
End Tidal CO2 (Nasal Cannula/Endotracheal)	Equipment			
Suctioning (Oral and endotracheal)	Equipment			
Magill Forceps	Equipment			
MCI Kit	Equipment			
Nasal Atomizer	Equipment			
Cardiac Monitor-3 Lead	Equipment			
Cardiac Monitor-12-Lead	Equipment			
Cardiac Monitor- Defibrillation	Equipment			
Cardiac Monitor- Pacing	Equipment			
Cardiac Monitor- Cardioversion	Equipment			
Traction Splint	Equipment			
Stryker Power Loader System	Equipment			
Stryker Power Pro Gurney	Equipment			
Cardiac Monitor - Data Management	Equipment			
AICD Magnet	Equipment			
NIBP	Equipment			
EZ-IO	Equipment			

Backboard- Adult and child	Equipment			
Scoop Stretcher/Clam Shell	Equipment			
Bariatric Equipment	Equipment			
Zoll Navigator	Equipment			
Acetaminophen	Medication			
Activated Charcoal	Medication			
Adenosine	Medication			
Albuterol	Medication			
Amiodarone	Medication			
Aspirin	Medication			
Atropine Sulfate	Medication			
Calcium Gluconate	Medication			
Dexamethasone	Medication			
Dextrose	Medication			
Diphenhydramine	Medication			
Epinephrine	Medication			
Etomidate	Medication			
Fentanyl	Medication			
Furosemide	Medication			
Glucose	Medication			
Glucagon	Medication			
Hydroxocobalamin	Medication			

Ibuprofen	Medication			
Ipratropium Bromide	Medication			
Ketamine	Medication			
Lidocaine	Medication			
Magnesium Sulfate	Medication			
Midazolam	Medication			
Naloxone	Medication			
Nitroglycerin	Medication			
Norepinephrine	Medication			
Olanzapine	Medication			
Ondansetron	Medication			
Oxygen	Medication			
Proparacaine	Medication			
Sodium Bicarbonate	Medication			
Succinylcholine	Medication			
Vecuronium	Medication			
Ziprasidone	Medication			
WCCCA and MWA radio systems.	Operations			
Daily Ambulance Inspection and Checkout	Operations			
Ambulance Maintenance and Special Conditions	Operations			
Controlled Drugs	Operations			
Paperwork	Operations			

Inventory Tagging System and CPOs	Operations			
Operative IQ Inventory Awareness	Operations			
Mapping Tools	Operations			
Overview of SSM and Posting Plan	Operations			
Review of Local Hospitals and Trauma Centers	System			
Review Incident Command System/PIC	System			
Trauma Entry Procedure	System			
EMS Agency Partners	System			

Metro West Ambulance EMT Ambulance Certification Workbook

This Ambulance Certification Workbook is formal documentation of training completed prior to be granted formal, 911 ambulance certification (EMT-2). All portions of this workbook must be completed with all documentation and signatures legible. Upon completion of training, the Clinical Manager will make final approval of your ambulance qualification.

Process:

First step of the training program includes successful completion of an MWA Ambulance Boot Camp. This Boot Camp includes demonstration of how to check out an ambulance, kit and equipment familiarization, general overview of Washington County EMS Operations, and review of the Oregon EMT Scope of Practice. Boot Camp is a full day course with an exam that requires a minimum score of 80%.

Upon completion of Boot Camp, EMTs are eligible to begin 911 Training Rides. There are 4 required 911 rides. These are paid rides. During these 911 training rides, EMTs will be working as a 3rd rider on an ambulance staffed by an FTO/Designated Ambulance EMT FTO. During these 4 rides, the expectation is that the EMT be an integral part of the EMS team. EMTs should be mapping and driving, communicating on the radios, conducting patient assessments including taking vital signs, making hospital reports and completing ePCRs. Each day, the EMT trainee will receive evaluations completed by the FTO. At the bottom of each evaluation, both the EMT and the FTO will sign the evaluation. Each day, trainees should review the previous day's evaluation to be reminded of areas to strengthen. Any questions or items that need clarification should be addressed to the FTO.

After completion of your 911 training rides, there is an additional 2 shifts required in the 90's division out of the Eastside MWA location. During these 90's shifts, you are a partner! You will be working with a Paramedic running interfacility/non-emergent calls. This is an opportunity for you to venture out on your own and put into practice much of the operational details that you learned during your 911 rides. It is also an opportunity for you to learn about Eastside operations and good interfacility, customer service. There is a place in this workbook for you to document the dates of your 90's shifts.

Scheduling of Rides:

In order to obtain the optimal training experience, it is preferred that EMTs schedule rides with the no more than two different FTOs/Designated Ambulance EMT FTOs. All four rides should occur over the course of 6 weeks. Rides scheduled with large gaps are not acceptable as they do not foster good development. To schedule your rides, please contact the MWA Scheduling Department by phone.

Questions/Topics to learn about during your training:

1. Where is the battery switch located? When should this be turned on/off?
2. What are 5 important things you need to check before going on the air?
3. What minimum level should our main O2 tank be at the beginning of shift?
4. Where is the inverter?
5. Where are the backboards and scoop stretcher located? How many of each should we have at start of shift?
6. Where is the c-spine kit located?
7. How do you "spike a bag?"
8. What is a veniguard and where can we find this in the ambulance and in the kit?
9. What equipment is kept under the bench?
10. How is a Pedi-Mate installed?
11. Where can you find the CBG kit?
12. Where can you find the nebulizer?
13. Where is the pediatric pulse oximeter?
14. What is the Portland Stroke Scale?
15. What are the expectations of code 3 driving? Code 1 driving? How are they different?
16. When should you bring portable suction in on scene?
17. As passenger in the ambulance, what is your role in a 911 response? If you are driving to the hospital, what is your role and duties?
18. How do you change the radio to FireCom Dispatch? Ops channels? Hospitals? And then back to Dispatch?
19. What are things to listen for on the radio during a 911 response?
20. When and what should you say to FireCom and MWA dispatch during an emergency response?
21. What minimum equipment is necessary to take on scene on all 911 calls?
22. What is indication for a c-collar? How would you explain it to a patient?
23. When should vitals be taken on 911 calls? How often?
24. Should manual BPs be obtained? When?
25. How are 3 leads placed on a patient? What types of patients need cardiac monitoring?
26. How is a 12-lead placed and obtained?
27. When is it appropriate to take a CBG?
28. When should shoulder straps be used? How are they applied?
29. Can the patient have family/friends ride with them? How and where?
30. Where is the Trauma Communications Channel? When is it used? When can you turn back to FireCom?
31. When should you give your hospital radio report?
32. What does TAD mean? Can it be overridden? In what cases?
33. How do I check an emergency patient into the hospital? What should I leave with?
34. What and how do I give a report to an RN/MD?
35. Describe the content and recommended length of a hospital radio report?
36. Describe what a bedside report to the RN should include?
37. What patient movement tools do we carry for large patients or patients that we need to carry downstairs or move to another bed?
38. Where can I find the weight limits of the gurney and PowerLoad System?
39. Do I know how to troubleshoot the Stryker Power Load System?

Post Locations:

1.	9.	17.	31.
2.	10.		
3.	11.		
4.	12.		
5.	13.	26.	
6.	14.	27.	
7.	15.		
8.	16.	30.	

911 EMT Training Ride #1 Evaluation

Date: _____ Shift: _____ FTO: _____ EMT Trainee: _____

Professionalism	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
General Appearance					
Professionalism-Overall					
Customer Service/Empathy/Compassion					
Time Management/Initiative/Self-Motivation					

Safety/Operations	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Driving					
Geography/Posting					
Radio Communications-Company/FireCom					
Patient Handling					
PPE					

Interactions	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
With patients/family					
With partners					
With fire					
With hospital staff					

Patient Management	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Anticipates Needs of patient and paramedic					
BLS Airway Management					
BLS Skills					
Physical Assessment					

Patient Reports	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Handoff with Fire					
Hospital Radio Report					
Written Worksheet					
ePCR Documentation					

911 EMT Training Ride #2 Evaluation

Date: _____ Shift: _____ FTO: _____ EMT Trainee: _____

Professionalism	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
General Appearance					
Professionalism-Overall					
Customer Service/Empathy/Compassion					
Time Management/Initiative/Self-Motivation					

Safety/Operations	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Driving					
Geography/Posting					
Radio Communications-Company/FireCom					
Patient Handling					
PPE					

Interactions	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
With patients/family					
With partners					
With fire					
With hospital staff					

Patient Management	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Anticipates Needs of patient and paramedic					
BLS Airway Management					
BLS Skills					
Physical Assessment					

Patient Reports	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Handoff with Fire					
Hospital Radio Report					
Written Worksheet					
ePCR Documentation					

911 EMT Training Ride #3 Evaluation

Date: _____ Shift: _____ FTO: _____ EMT Trainee: _____

Professionalism	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
General Appearance					
Professionalism-Overall					
Customer Service/Empathy/Compassion					
Time Management/Initiative/Self-Motivation					

Safety/Operations	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Driving					
Geography/Posting					
Radio Communications-Company/FireCom					
Patient Handling					
PPE					

Interactions	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
With patients/family					
With partners					
With fire					
With hospital staff					

Patient Management	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Anticipates Needs of patient and paramedic					
BLS Airway Management					
BLS Skills					
Physical Assessment					

Patient Reports	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Handoff with Fire					
Hospital Radio Report					
Written Worksheet					
ePCR Documentation					

911 EMT Training Ride #4 Final Evaluation

Date: _____ Shift: _____ FTO: _____ EMT Trainee: _____

Professionalism	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
General Appearance					
Professionalism-Overall					
Customer Service/Empathy/Compassion					
Time Management/Initiative/Self-Motivation					

Safety/Operations	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Driving					
Geography/Posting					
Radio Communications-Company/FireCom					
Patient Handling					
PPE					

Interactions	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
With patients/family					
With partners					
With fire					
With hospital staff					

Patient Management	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Anticipates Needs of patient and paramedic					
BLS Airway Management					
BLS Skills					
Physical Assessment					

Patient Reports	Not Observed	1 Needs Improvement	2 Satisfactory	3 Good	4 Superior
Handoff with Fire					
Hospital Radio Report					
Written Worksheet					
ePCR Documentation					

EMT Trainee: _____

90's Series EMT Training Shifts:

Date of shift #1: ___/___/___ **Shift #:** ____

Date of shift #2: ___/___/___ **Shift #:** ____

911 Remedial Training (if necessary):

Date of shift #1: ___/___/___ **Shift #:** ____

Date of shift #2: ___/___/___ **Shift #:** ____

911 FTO Final Signature of approval upon completion of remedial Training: _____

Congratulations on completion of your EMT Ambulance Training! Please insure that your Training Workbook is complete with all necessary signatures. Once you have reviewed your packet for completion. Please turn your packet into Shawn Wood or Teresa Hudson in the Clinical Department at Dawson Creek for final approval. You will receive a confirmation email and link to a training survey indicating that you are now Ambulance Certified. This will also go to Scheduling, Payroll and the Supervisors as a formal announcement of completion of your training.

Date of Receipt by Clinical Manager: ___/___/___

Clinical Manager Approval Signature: _____

New Employee Orientation Agenda

Week of September 23rd - September 27th

Monday Sept 23rd		
Time	Presenter	Topic
8:30 – 9:30	HR-Karri Bolman, Customer Advocate	Introductions, ID Badge Photos, Building Tour, i9 paperwork
9:30 – 10:00	Mike Sargent, Program Manager	Benefits and Employee Handbook
10:00-10:15	Mike Sargent, Program Manager	Specialty Programs Overview
10:15-10:30	Break	
10:30-11:15	Jake Grant, Operations Manager	Organizational Overview
11:15-12:00	Jake Grant, Operations Manager	Operational Policies and Procedures
12:00-12:45	Lunch with Management	
12:45-1:00	Break	
1:00-1:30	Shawn Wood, Clinical Manager	Washington State certification process/fill out application
1:30-2:45	Shawn Wood, Clinical Manager	Hazmat First Responder Course info
2:45 – 3:00	Break	
3:00-5:00	Jake Grant, Operations Manager	CEVO Video & Quiz
Tuesday Sept 24th		
Time	Presenter	Topic
8:30-9:00	Karri Bolman, Customer Advocate	Intranet overview/IR discussion/Trouble Ticket system
9:00-9:30	Shane Ryan, Dispatch Manager/Tracy Bersine Dispatch Supervisor	Communication Center Overview
9:30-10:30	Karri Bolman, Customer Advocate	Fraud Waste Abuse Training Quiz/Childseat Safety Quiz WA st paperwk
10:30-10:45	Break	
10:45-11:45	Shawn Thurston, Inspired Life Fit	Wellness and Nutrition discussion
11:45-12:30	Lunch on your own	
12:30-1:30	Jan Lee, Hospital Liason/PIO	Harassment & Diversity Awareness
1:30-2:30	Jan Lee, Hospital Liason/PIO	Customer Service Training
2:30-2:45	Break	
2:45-3:00	Holly Farris, Billing Supervisor	Billing/Charting information
3:00-5:00	Shawn Wood, Clinical Manager	Just Culture Overview

New Employee Orientation Agenda

Week of September 23rd - September 27th

Time	Presenter	Wednesday Sept 25th Topic
8:00 – until done	Ryan Powell, Paramedic	CEVO Drivers Course, Safe Maneuvers (Pizza Provided)
11:30-12:30	Danijel Silic, Fleet Manager	Fleet & Vehicle Overview
12:30-1:15	Jake Grant, Operations Manager	Timekeeping and Payroll/Scheduling and Epro
1:15-2:00	Todd Stoddard, IT Manager/Karri Bolman, Customer Advocate	IT Overview HIPAA Quiz
2:00-3:30	Lyft employees/Washington State brokerage fingerprinting	(Lyft)(fingerprinting) You will rotate through kitchen/small conference rm
3:30-5:00	Wheelchair Supervisor	Wheelchair bootcamp

Time	Presenter	Thursday Sept 26th Topic
8:00-4:00	Shawn Wood, Clinical Manager	Ambulance Bootcamp and Orientation (bring your lunch)

Time	Presenter	Friday Sept 27th Topic
8:00 - 9:00	Mike Sargent, Special Programs Manager	Clackamas Office Building Tour 11785 SE Hwy 212 #309 Clackamas
9:45 – 12:45	Michelle Preston, Paramedic	Special Events Training - PIR/MODA Center Meet at the Annex parking garage on Drexler Dr. 111 SW Columbia St #600 Portland OR 97204
1:00-until done	PBOT certification-send copy of certificate to Karri	**send copy of certificate to Karri



MAJOR EMERGENCY/DISASTER OPERATIONS

PURPOSE

Major emergencies/disasters may occur without warning. The intent of this guideline is not to provide a solution to every problem that could arise during a major event, such as an earthquake. Rather, it is meant to provide a command and procedural framework within which incident managers can develop an emergency plan that provides guidance to prioritize resource distribution and respond to problems that a major emergency or disaster will create.

This guideline incorporates the following transitions from normal operations:

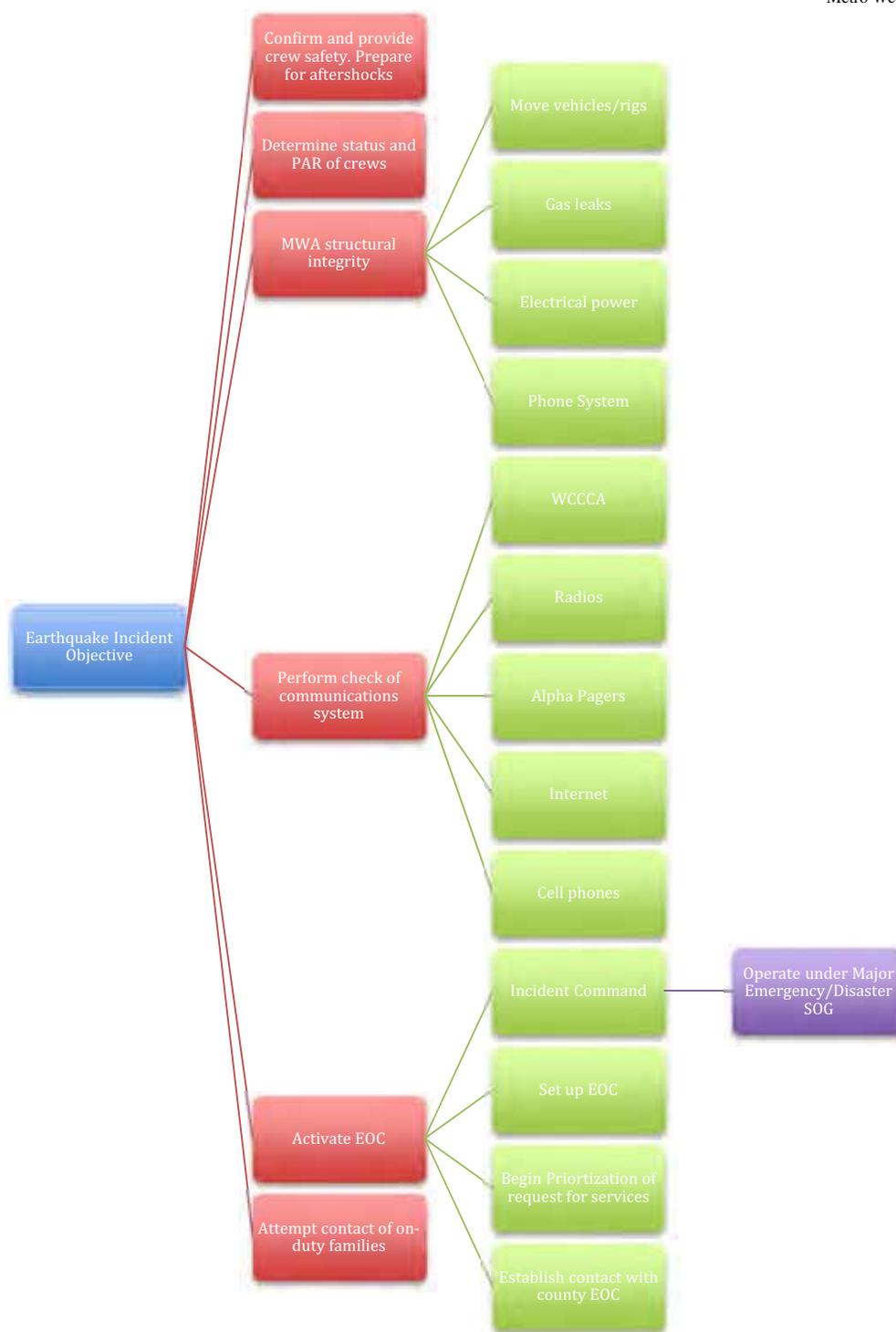
- It identifies immediate actions required of Incident Managers/Supervisors to preserve resource capabilities.
- It supersedes normal operations.
- It continues until otherwise determined by Management.

Setting up the EOC is a priority in major and disaster emergencies. Please see the procedures folder for instructions on how the EOC is to be set up.

1. Initial Procedures- designed for earthquake but may be used for other major emergencies.



Metro West Ambulance





2. MODES OF OPERATIONS

- I. Major Operations: Normal communications are functioning.
- II. Disaster Operations: Normal communications are not functioning.
 - i. In Disaster Operations mode, Operations Manager coordinates all resources and are the point of all operations and support issues.
 - ii. The Operations Manager may change the operational mode, based on further knowledge of the overall situation, and consultation with each other.

3. ACTIVATION

- A. Major Emergency Operations:
 - a. Activation by Operations Manager may activate this procedures when appropriate.
 - b. Operations Manager and Communications Center Manager should direct Dispatch to implement 'Major Emergency Operations' guidelines.
- B. Disaster Operations- Self-Triggering Event. A sudden catastrophic event, such as major earthquake, volcanic eruption or terrorist attack, may generate a self-triggering activation. If normal communications are not functioning and no contact with Dispatch is possible, then Operations automatically defaults to Disaster Operations mode.

4. IMPLEMENTATION

- A. Major Emergency Operations



Metro West Ambulance

- i. Upon activation by an appropriate individual, or in case of a self-triggering event, Dispatch takes the following actions:
 - a. Generate an “all-call” page to all staff.
 - b. Announce: “We are now operating under Major Emergency Guidelines. Follow the Major Emergency Guidelines and standby for PAR.”
- ii. Depending on the situation, the on duty Supervisor should consider callback of off-duty personal for additional resources. Request for these resources should be submitted to upper management.

B. Disaster Operations

- i. In the event of a sudden, catastrophic event, which disrupts normal Dispatch and communications, Supervisors and Management automatically default to Disaster Operations. In Disaster Operations mode, Supervisors must initiate all actions identified in this guideline:
 - a. Implementation of Initial Operational Period Plan.
 - b. Status Reports (via Simplex channels, VHF, or other means possible)
 - c. Windshield survey of Metro West/ Metro East facilities.
 - d. Incident prioritization.

5. PERSONNEL ACCOUNTABILITY REPORT

The Personnel Accountability Report (PAR) is conducted to determine the status of all units following a potentially damaging event.



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- A. If Management (appoint name here) is not able to assume his or her duties than a Supervisor assumes those duties until relieved.
- B. During PAR of all units, on duty Ambulance Supervisor must account for staffed vehicles (wheelchair & Ambulance), either by facility report or by separately checking with units that might be out of quarters. **Immediate follow-up should be initialized by Management for units not answering PAR.**
- C. PAR is conducted on (*designate a radio channel*). Supervisor reports the status to Management.

6. STATUS REPORTS

A. Major Emergency Operations

If a PAR is conducted, Status Reports are given by Supervisor to Management.

- i. Status Check: Immediately upon the activation of Major Emergency Operations mode, Supervisors complete a status check of personnel utilizing the “Facility Damage Control Plan.” This information is relayed to Management as a status report during PAR.
- ii. Status Reports: Facility status reports during PAR must be **brief, providing only pertinent, immediate, “need to know” information** in the following order (as provided on Supervisor Checklist). **Only report items that are not normal**, unit availability, and special comment information, if out of the ordinary.
 - a. Personnel: Minor injury, major injury, trapped, fatality,
 - b. Facility: Minor damage, major damage, doors stuck.
 - c. Power: Backup power, no power.



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- d. Units Available: Ambulance, wheelchair (indicate staffed.)
 - e. Special Comment: Briefly report hazards and damage visible from facility. **Do not comment unless important.**
 - f. If status is normal, respond: "Ambulance 55 or Wheelchair 95 is available."
-
- iii. If structural damage prevents removal of units from facility, personnel shall, if safety permits, retrieve medical bags, supplies and portable radios. Determine what assistance is required for extrication of units. Report availability and conditions to Management on *Channel 1*.
 - iv. Following the preparation for PAR and status reports, Supervisors and units shall monitor dispatch for further assignments.

B. Disaster Operations

If units are unable to establish contact with Dispatch or Supervisor, units should consider themselves in the Disaster Operations mode.

7. WINDSHEILD SURVEY

One of the most important functions for emergency service personnel following a disaster is to evaluate the impact on departmental resources. This assessment may include observations of structural damages, flooding, injuries, access, status of critical resources (such as hospitals, power stations, etc.) and status of transportation capabilities with regard to road accessibility and the operational capability of District equipment. Windshield surveys are rapid procedures conducted to assess the scope of the problem and assist in identifying response priorities in a unit's response area.

When in Disaster Operations mode, Management and Supervisors should automatically initiate a windshield survey.



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- A. A rapid assessment of response areas to determine potential or actual life-threatening situations is essential. This assessment enables law enforcement, fire, and EMS to prioritize incidents and concentrate resources in areas where life loss potential is greatest. Units may have to bypass fires, collapsed buildings and other ongoing non-life threatening emergencies to accurately assess their district for the highest life safety priority.
- B. Windshield survey status reports should only be for abnormal reporting.
- C. Should the windshield surveys indicate significant damage, Management may determine a need to change the mode of operation.

NOTE: For earthquakes, significant after-shocks may require supplemental windshield surveys.

- D. Walk-Ins: If citizens request assistance via direct arrival at one of the facilities, or by stopping a unit during the windshield survey, units should render aid if possible. Units **MUST** notify Dispatch of their status by staying in service to be available to respond to higher priority calls; if there is no contact with Dispatch, units should attempt to notify the Supervisor. Units should log all calls. Facilities may experience an influx of civilians seeking medical attention. Triage is a critical factor. Serious injuries and illnesses should be treated to stabilize, with transport handled in the most expedient manner. Minor injuries should be directed to the nearest hospital.

8. INCIDENT PRIORITIZATION



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During a major emergency in which routine the dispatch of resources cannot keep pace with the incident demand, requests for resources must be “triaged.” The following incident priorities have been established and should serve as a guideline for the assignment of resources:

INCIDENT PRIORITIES:

- A. *Priority One:* IMMEDIATE ATTENTION. Known life-safety risk and/or incidents with confirmed multiple victims/patients.
- B. *Priority Two:* Unknown life-safety risk or an incident involving minor injuries.
- C. *Priority Three:* Involving property damage, alarms (except medical) or public assistance calls. These incidents receive resources when available.

9. FACILITY LEADERS

In Disaster Operations Mode, when additional staffing permits, the senior Supervisor on duty at each facility (west side or east side) should assign a facility leader until the EOC is established. Facility leaders should operate in the duty office or reception area and the position must be staffed on a 24-hour basis. This duty may be assigned to any employee who is knowledgeable of Metro West Ambulance Protocols.

The Facility Leader is responsible for the following actions:

- A. Maintaining a “Major Actions Log” (ICS 214) for incident documentation.
- B. Compiling and distributing situation status information for the facility.



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- C. Inventorying and ordering supplies. Supply orders are placed through the Logistics Section at the EOC; if activated.
- D. Tracking incidents responses and maintaining unit response rotation.
- E. Responding to citizen requests and questions.
- F. Providing periodic status reports, compiling and forwarding to Management.
- G. Maintaining listings of hospitals and shelters (provided by the EOC).
- H. Assisting Supervisors as requested.

In the event of a catastrophic event when normal communications are not functioning, staff should tend to the immediate needs of their family- and then automatically report to their nearest facility.

10. TEMPORARY DISCONTINUATION OF RESPONSE

- A. In the event of severe weather, Supervisors should consider the need to temporarily cease emergency services. Severe weather effects may include:
 - i. High winds/flying debris
 - ii. Heavy rain
 - iii. Obstructed roads
 - iv. Flooding of streets
 - v. Poor visibility



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Hazmat/WMD Note: Supervisors may direct units/personnel to shelter-in-place as the most appropriate response.

- B. Once emergency services have been terminated, Dispatch should maintain a record of all requests for response and establish a priority response list.
- C. If radio systems are inoperable, Supervisors and Management should use their best judgment, and consider local regional conditions in determining when to cease operations.
- D. Upon receipt of orders to cease operations, units should complete current assignments as quickly and safely as possible, and return to quarters, or if conditions necessitate, to the nearest available fire station. All units report their status to their Supervisor, who ensures that all units are accounted for and forward notification to the EOC.

11. EMERGENCY COMMUNICATIONS

A. FAILSOFT

In a major damaging event, the 800-MHz radio system may not function due to either equipment damage or volume overload. If components of the trunking system fail, the radios revert to *Failsoft mode*. In *Failsoft mode*, the system operates with limited talk groups. There are only 10 talk groups available, which necessitates the grouping of multiple agencies on one talk group. When operating in this mode, it is necessary to keep communications concise.

B. SIMPLEX CHANNELS

In a worst case scenario, such as the failure of Failsoft, the only possible radio communications are via simplex channels. Simplex channels have



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a very limited range. If units have no other communications means, they should attempt to establish contact with their Supervisor on **Simplex 1**. Under these circumstances, companies will likely be operating in the Disaster Operations Mode. In the event of total trunked radio system failure, the Supervisor should deploy human repeaters to post locations.

C. OTHER COMMUNICATION RESOURCES

In Disaster Operations Mode where normal communications have been lost, Supervisors and Management may need to use other forms of communication. Supervisors should attempt to communicate with Management via 800-MHz, Failsoft mode, simplex channels, amateur radio, or other available means. If contact cannot be established by that method, Supervisors should explore human repeaters or runners.

12. RECALL OF OFF-DUTY OPERATIONS PERSONNEL

A. Major Emergencies

- i. Normal communications (paging or individual calls) are used to recall off-duty personnel for most incidents scenarios.
- ii. Tend to immediate family needs. Monitor home telephone, department websites, news media broadcasts and/or Emergency Alert System (Primary Station KXL 750 AM) channels for requests to return to duty, along with specific instructions and reporting locations.

B. Disaster Operations

In case of a sudden, catastrophic event with no communications (phone, radio, etc.), all off-duty personnel shall tend to immediate family needs and then report to their regularly assigned work site for assignment. If



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personnel cannot make it to their work site, they shall report to the closest appropriate fire facility for assignment.

13. DOCUMENTATION AND RECORDKEEPING

Accurate documentation is critical for reimbursement, should a disaster be declared. Information should be recorded for activities in order to complete incident reports, payroll, and other financial reports following the emergency. All managers and supervisors should attempt to document their major actions (such as incident response) on an ICS 214 form or suitable temporary substitute.

14. EMPLOYEE AND FAMILY WELFARE

- A. Employees are urged to prepare their families for a disaster and the ability to be self-sufficient for at least 72 hours, but preferably one to two weeks, including establishing out-of-area emergency contacts for themselves and family members. In short, employees and their families should make every effort to establish their own preparedness and emergency communications resources.

- B. MWA will provide emergency shelter for employees and their immediate families if they are not prepared to be self-sufficient. We are limited on space and facilities but will make every effort to accommodate.



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EMERGENCY COMMUNICATIONS

PURPOSE

To establish standard practices for communicating imminent hazards and threats to personnel.

COMMON TERMINOLOGY

Abandon: The term “abandon” is used to direct crews operating in the Hazard Zone to immediately exit via escape routes to a safe place.

Code Zero: A law enforcement term used to request all available officers to respond code 3 to an incident. To be used only when unable to transmit clear text and someone’s life is in imminent danger.

Emergency Traffic: The phrase “Emergency Traffic” is used in radio communications to indicate a critical, life safety related message. “Emergency Traffic” communications have priority over all other radio communications with the exception of a Mayday message.

Evacuate: The term “Evacuate” will be limited to removal of civilians who are exposed, or are potentially exposed to hazards presented by the incident.

Personal Accountability Report (PAR): A report designed to provide the EOC with information concerning the identity of crewmembers and their locations.

PROCEDURE

1. Any member with an “emergency traffic” message will transmit that message on main dispatch channel.
2. If EOC receives an “emergency traffic” message via dispatch, they will immediately retransmit the message over the main dispatch channel.

PERSONAL ACCOUNTABILITY REPORT (PAR)

1. A PAR is conducted when:
 - A. A staff or crew is presumed missing.
 - B. When changing operations.
 - C. A catastrophic event occurs/changes.
 - D. When the EOC determines that a need exists for a PAR.
2. PAR radio transmissions should be completed in a rapid and efficient manner. To accomplish this, a standard method of radio response is necessary. When PAR is called for, the appropriate supervisor will report when the PAR is complete and will specify which crewmember/crews are under their supervision.



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EMERGENCY TRANSMIT BUTTON

When faced with a threat against a person, the orange Emergency Transmit Button (ETB) on the portable radio may be activated to notify dispatch of a possible emergency.

1. The ETB will function only if the radio is set on a dispatch trunked system talk group.
2. Dispatch will respond by announcing on the air that an ETB has been activated, giving the persons radio number, crew ID, and last known location.
3. Notify dispatch and/or EOC immediately after an accidental activation. In the event of an accidental activation dispatch will ask for a “status check” of the radio activated. If there is no emergency response, the EOC is to be notified immediately.



Oregon Health Authority EMS & Trauma Systems Program
 &
 Multnomah County Emergency Medical Services
 2018
 Ground Ambulance Inspection Form



<input type="checkbox"/> INITIAL INSPECTION	<input type="checkbox"/> RE-INSPECTION
<input type="checkbox"/> ANNOUNCED INSPECTION	<input type="checkbox"/> SELF INSPECTION

Agency Name:		Date:	
Contact Person:		Time:	
Office Phone:			
Cell Phone:			
Fax:			
Email:			
Business Address:			
City:	State: Oregon	Zip:	
Physical Address:			
City:	State:	Zip:	

Level of Care:

<input type="checkbox"/> BLS	<input type="checkbox"/> ALS
<input type="checkbox"/> First Responder	

Vehicle Status:

<input type="checkbox"/> On-Line	<input type="checkbox"/> Reserve	<input type="checkbox"/> New in service
Make of Vehicle:	Year of Manufacture:	
License:	Vehicle Shop Number:	
Vin:	Mileage:	
	>100,000 miles <input type="checkbox"/> YES <input type="checkbox"/> NO	
Model:	<input type="checkbox"/> Type I	<input type="checkbox"/> Type II
	<input type="checkbox"/> Type III	<input type="checkbox"/> Other

Pass: Present and in good working order or placed at time of inspection
Fail: Not present or not in good working order
Notes: Note any item placed on the unit at time of inspection or any other relevant comment
MCR: Indicates Multnomah County Requirements in addition to State of Oregon Requirements

Rating Categories:

CE Critical Equipment: Equipment in this category that is either missing or not in good working order shall result in the immediate suspension of the license to operate until corrected.

Any issue of equivalency is the responsibility of the licensee.

A number represents the required inventory for a unit to be placed into service. A number in parenthesis in the minimum quantity required for a unit to remain in service after beginning the duty hours, for example:

CE Obstetrical Kit (Disposable) 2 (1)

Vehicle Equipment Minimum Standards for BLS Ambulance

Audio Warning Devices:

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Siren / electronic with two speakers mounted in grille	<input type="checkbox"/>	<input type="checkbox"/>	
1	Public address system	<input type="checkbox"/>	<input type="checkbox"/>	
1	Horn	<input type="checkbox"/>	<input type="checkbox"/>	
1	Backup alert system	<input type="checkbox"/>	<input type="checkbox"/>	

Visual Warning and Lighting Devices (Refer to KKK-A-A1822B, C, D or E diagram for Type I,II,III)

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
2	Headlights / white with dim bright switch	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front side marker lights (amber)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front side reflectors (amber)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front turn signals (amber)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front identification lights (amber)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front clearance lights (amber)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear side marker lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear side reflectors (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear back reflectors (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear identification lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear clearance lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear tail lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear brake lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear turn signal lights (red or amber)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear backup lights (white)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear license plate lights (white)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front warning light (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front warning light (white)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear warning lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Rear warning light(amber)	<input type="checkbox"/>	<input type="checkbox"/>	
2 per side	Side warning lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Grille lights (red)	<input type="checkbox"/>	<input type="checkbox"/>	
1 per side	Intersection lights (white)	<input type="checkbox"/>	<input type="checkbox"/>	
1 per side	Flood lights	<input type="checkbox"/>	<input type="checkbox"/>	
1	Rear flood light	<input type="checkbox"/>	<input type="checkbox"/>	

Shocks, Wheels, Tires and Tire Changing Equipment

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
2	Front tires (minimum tread of 3/32" even wear and good condition)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear tires (minimum tread of 3/32" even wear and good condition)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Spare tire (minimum tread of 3/32" even wear and good condition)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Jack with handle	<input type="checkbox"/>	<input type="checkbox"/>	
1	Lug wrench	<input type="checkbox"/>	<input type="checkbox"/>	
1	Procedure outlining damaged wheel or tire in lieu of carrying spare tire, jack, and lug wrench	<input type="checkbox"/>	<input type="checkbox"/>	
*	Main brakes (in good working condition)	<input type="checkbox"/>	<input type="checkbox"/>	
	Parking brake (in good working condition)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Front shocks	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rear shocks	<input type="checkbox"/>	<input type="checkbox"/>	

Windows, Mirrors and Cleaning Equipment

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Windshield free from excessive rock chips or cracks	<input type="checkbox"/>	<input type="checkbox"/>	
2	Windshield wipers in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	
1	Windshield washer unit functional with sufficient washer fluid	<input type="checkbox"/>	<input type="checkbox"/>	
1	Windshield defroster	<input type="checkbox"/>	<input type="checkbox"/>	
*	Side and rear windows free from excessive rock chips or cracks	<input type="checkbox"/>	<input type="checkbox"/>	
1	Window between cab and patient compartment (type II & III)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Side rear view mirrors R & L	<input type="checkbox"/>	<input type="checkbox"/>	

Seat Belts (in good working condition)

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	One for each seat in cab	<input type="checkbox"/>	<input type="checkbox"/>	
1	One for each seat in patient compartment	<input type="checkbox"/>	<input type="checkbox"/>	
2	Fasten seatbelt signs conspicuously displayed in both driver's and patient compartments	<input type="checkbox"/>	<input type="checkbox"/>	

Engine, Transmission and Electrical Systems

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
	Engine oil level	<input type="checkbox"/>	<input type="checkbox"/>	
	Transmission fluid level	<input type="checkbox"/>	<input type="checkbox"/>	
	Fan belts	<input type="checkbox"/>	<input type="checkbox"/>	
1	Ignition switch	<input type="checkbox"/>	<input type="checkbox"/>	
1	Electrical system (with all lights on, amp meter reads)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Battery system, (dual 12-volt system with labeled selector device)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Dual batteries (in engine compartment with heat shields)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Dual batteries (in ventilated pull out compartment)	<input type="checkbox"/>	<input type="checkbox"/>	

Exhaust System

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
	Exhaust system (in good working condition with mufflers and tailpipes vented to sides of vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	

Heating, Cooling and Ventilation Systems

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Heater front	<input type="checkbox"/>	<input type="checkbox"/>	
1	Heater patient compartment	<input type="checkbox"/>	<input type="checkbox"/>	
1	Air conditioner front	<input type="checkbox"/>	<input type="checkbox"/>	
1	Air conditioner rear	<input type="checkbox"/>	<input type="checkbox"/>	
1	Exhaust fan patient compartment	<input type="checkbox"/>	<input type="checkbox"/>	

Security and Rescue Equipment

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Fire extinguisher, 5 lb type 2A-10BC must be mounted and accessible from patient and driver's compartment	<input type="checkbox"/>	<input type="checkbox"/>	
1	Flashlight rechargeable or has extra batteries and bulbs sufficient for crew	<input type="checkbox"/>	<input type="checkbox"/>	
2 pr	Leather gloves	<input type="checkbox"/>	<input type="checkbox"/>	
	Flares or red chemical lights = 180 minutes, or reflective triangles	<input type="checkbox"/>	<input type="checkbox"/>	
1	24" crow bar*	<input type="checkbox"/>	<input type="checkbox"/>	
1	51" wrecking bar*	<input type="checkbox"/>	<input type="checkbox"/>	
1	Pry-ax type tool may replace crowbar and wrecking bar*	<input type="checkbox"/>	<input type="checkbox"/>	
1	DOT ERG Hazmat 2016 or newer	<input type="checkbox"/>	<input type="checkbox"/>	

*See State of Oregon OAR 255 section 333.255.0070

*Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment. 333-255-0070

Communications System

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
1	Two way radio system which provides reliable contact between the ambulance and dispatch	Mobile			
		VHF <input type="checkbox"/> UHF <input type="checkbox"/>			
		800 MHz ID <input type="checkbox"/> # SEE NOTE	<input type="checkbox"/>	<input type="checkbox"/>	
		Portable			
		VHF <input type="checkbox"/> UHF <input type="checkbox"/>			
		800 MHz ID <input type="checkbox"/> # SEE NOTE			
		Automatic Vehicle Locator (AVL)	<input type="checkbox"/>	<input type="checkbox"/>	
		Cellular Telephone	<input type="checkbox"/>	<input type="checkbox"/>	
		Mobile Data Terminal (MDT)	<input type="checkbox"/>	<input type="checkbox"/>	
		MDC Name:			
		Mobile Terminal Vehicle Adaptor (Radio Charger)	<input type="checkbox"/>	<input type="checkbox"/>	

Patient Care Reporting

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
*	Division specified PCRf (sufficient quantity)	6 (1)Adult	<input type="checkbox"/>	<input type="checkbox"/>	
*	Division specified electronic data field as outlined in 333-250-0044 (e)		<input type="checkbox"/>	<input type="checkbox"/>	
		Information Form 6 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Oregon Trauma System ID bracelets		<input type="checkbox"/>	<input type="checkbox"/>	
25	Triage tags		<input type="checkbox"/>	<input type="checkbox"/>	

Signage, licenses & Certificates

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
Front	Unit ID placard in 4" block numbers		<input type="checkbox"/>	<input type="checkbox"/>	
	Word "AMBULANCE" in 4" blue block letter in mirror image, centered above the grille on an orange or white background, (or approved alternative. See below)		<input type="checkbox"/>	<input type="checkbox"/>	
1	"Star of Life" or final stage vehicle manufacturing certificate:		<input type="checkbox"/>	<input type="checkbox"/>	
	Location:				
1	DHS-EMS ambulance license Location: Rear window License # Expiration Date:		<input type="checkbox"/>	<input type="checkbox"/>	
	3" blue Star of Life emblem located left and right of the word ambulance		<input type="checkbox"/>	<input type="checkbox"/>	
Side	Multnomah County Contractor Lettering (as specified)		<input type="checkbox"/>	<input type="checkbox"/>	
	Word "AMBULANCE" in 6" blue block letters on each side (or approved alternative)		<input type="checkbox"/>	<input type="checkbox"/>	
	16" blue Star of Life emblem on each side		<input type="checkbox"/>	<input type="checkbox"/>	
	Sign reading "FOR EMERGENCIES CALL 9-1-1, on each side		<input type="checkbox"/>	<input type="checkbox"/>	
Rear	Unit ID placard in 4" block numbers		<input type="checkbox"/>	<input type="checkbox"/>	
	Word "AMBULANCE" in 6" blue block letters on each side (or approved alternative)		<input type="checkbox"/>	<input type="checkbox"/>	
	12" blue Star of Life in emblem on each rear door		<input type="checkbox"/>	<input type="checkbox"/>	
Top	32" blue Star of Life in emblem		<input type="checkbox"/>	<input type="checkbox"/>	

ORS 333-255-0060.5.C – acceptable alternatives for the word “AMBULANCE” includes generic terms “MEDIC UNIT”, “FIRE MEDIC UNIT”, “EMERGENCY MEDICAL SERVICES”, “EMS UNIT”, or other phrases approved by the Authority.

Signage, licenses & Certificates (continued)

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
		Ambulance license decal Rear window ambulance license	<input type="checkbox"/>	<input type="checkbox"/>	
		NO SMOKING signs and FASTEN SEATBELT signs, both must be in each compartment driver's <input type="checkbox"/> patient's <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(MC) Ambulance Colors

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
		White with an RED or ORANGE stripe and Blue lettering, OR, other colors	<input type="checkbox"/>	<input type="checkbox"/>	
		Basic color: Stripe color: Lettering color:			

(MC) Ambulance Exterior

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
		Need of body work? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Need of painting? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Cleanliness <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	

(MC) Ambulance Interior

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
		Need of upholstery work <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Specify:			
		Equipment organized in a neat and organized manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		Cleanliness <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	

**Patient Care Equipment – All Licensees
Onboard-Installed Medical Oxygen System**

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Installed oxygen tank with at least 3000 liter capacity and at least 500 liter at inspection, color coded green in ventilated compartment free from non-secured items, dirt, or combustible items	<input type="checkbox"/>	<input type="checkbox"/>	
1	Installed single stage regulator set to at least 50 psi	<input type="checkbox"/>	<input type="checkbox"/>	
1	Pressure regulator meter and controls visible and accessible from inside the patient compartment	<input type="checkbox"/>	<input type="checkbox"/>	
2	oxygen flow-meters mounted and visible from the airway seat and squad bench with minimum range of 0-15 LPM	<input type="checkbox"/>	<input type="checkbox"/>	

**Patient Care Equipment - BLS, ILS, ALS Level of Care
Portable Medical Oxygen Equipment**

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Portable tank with at least 300 liter capacity and contains at least 500 psi	<input type="checkbox"/>	<input type="checkbox"/>	
1	Yoke regulator with pressure gauge with delivery range of at least 0-15 lpm	<input type="checkbox"/>	<input type="checkbox"/>	
1	Spare portable tank with at least 300 liter capacity that is full, tagged and sealed	<input type="checkbox"/>	<input type="checkbox"/>	

Medical Oxygen Administration Equipment

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
3	Adult non-rebreather masks with tubing		<input type="checkbox"/>	<input type="checkbox"/>	
2	Pediatric non-rebreather masks with tubing		<input type="checkbox"/>	<input type="checkbox"/>	
3	Adult nasal cannulas with transparent tubing		<input type="checkbox"/>	<input type="checkbox"/>	
1	Bag valve mask ventilation device with reservoir and universal adaptor; must be manually operable with or without oxygen, and be self-refilling	2 adult child/2 newborn 2(1)	<input type="checkbox"/>	<input type="checkbox"/>	
	Bag valve mask – newborn to adult		<input type="checkbox"/>	<input type="checkbox"/>	
*	Ventilation masks transparent and semi-rigid in sizes adult, child and infant/newborn		<input type="checkbox"/>	<input type="checkbox"/>	
*	PEAD (Combi-tube, King, etc) if approved by supervising physician in assorted sizes	King Airway sizes 2, 2.5, 3, 4, 5 -OR- i-Gel sizes 1, 1.5, 2, 2.5, 3, 4, 5	<input type="checkbox"/>	<input type="checkbox"/>	
*	End tidal CO2 detection devices, adult and pediatric sizes may be colorimetric, capnometric, or capnographic	End tidal CO2 awake and intubated tubing	<input type="checkbox"/>	<input type="checkbox"/>	
*	Oropharyngeal airways sizes ranging from adult to newborn/infant	2 ea	<input type="checkbox"/>	<input type="checkbox"/>	
*	Nasopharyngeal airways sizes ranging from adult to newborn/infant	2 of 26 fr, 28 fr, 32 fr	<input type="checkbox"/>	<input type="checkbox"/>	

Suction Equipment

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Onboard suction unit electrically operated or engine-vacuum	<input type="checkbox"/>	<input type="checkbox"/>	
2	Collection canisters (sealable and disposable or sealable liners)	<input type="checkbox"/>	<input type="checkbox"/>	
	Must provide adequate suction and be adjustable for pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	
*	Portable suction unit which can operate independent from electrical source for at least 20 minutes and provides adequate suction	<input type="checkbox"/>	<input type="checkbox"/>	
1	8 oz bottle of water for clearing suction tubing	<input type="checkbox"/>	<input type="checkbox"/>	
4	Suction tubing (at least 1/4 inch diameter, clear, does not collapse under pressure)	<input type="checkbox"/>	<input type="checkbox"/>	
*	Suction catheters ranging from adult to infant/newborn sizes	<input type="checkbox"/>	<input type="checkbox"/>	

Cardiac Monitoring Equipment

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
1	Automatic/semiautomatic/or manual defibrillator (LS/ALS)		<input type="checkbox"/>	<input type="checkbox"/>	
3 sets	Adult defibrillator pads	4 (2)	<input type="checkbox"/>	<input type="checkbox"/>	
3 sets	Pediatric defibrillator pads	4 (2)	<input type="checkbox"/>	<input type="checkbox"/>	
		Pace cables 2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Defibrillator paddles pediatric and adult or pads 3 sets each		<input type="checkbox"/>	<input type="checkbox"/>	
*	Monitoring electrodes adult and infant sizes with adequate supply	Adult 12 (2) Pediatric 3 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
2 sets	ECG monitor cables		<input type="checkbox"/>	<input type="checkbox"/>	
*	ECG monitor paper	3 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
		AICD deactivation magnet (1)	<input type="checkbox"/>	<input type="checkbox"/>	

Portable cardiac monitor/defibrillator must be capable of operating independently of an electrical outlet and delivering total defibrillation energy sufficient to meet the number of shocks and power settings prescribed in the EMS Supervising Physicians standing orders and be inclusive of the 2005 American Heart Association or equivalent standards and guidelines for emergency cardiac care.

Stretchers, Fasteners and Anchorages:

No. of Items	State of Oregon Requirement	Pass	Fail	Notes:
1	Wheeled Stretcher: Must be capable of securely fastening to the ambulance body, have a minimum of three restraining devices, and upper torso (over the shoulders) restraint, contain a standard size waterproof foam mattress and be capable of having the head of the stretcher tilted upwards to a 60 degree semi-sitting position	<input type="checkbox"/>	<input type="checkbox"/>	
1	Folding Stretcher: The number required is based on the stretcher-carrying capacity of the ambulance. An additional long backboard may be substituted for the folding stretcher. The stretcher must be capable of being securely fastened to the squad bench when carrying a patient and have a minimum of three restraining devices and an upper torso device.	<input type="checkbox"/>	<input type="checkbox"/>	

Immobilization Equipment

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
1	Scoop stretcher		<input type="checkbox"/>	<input type="checkbox"/>	
1	Short backboard or equivalent		<input type="checkbox"/>	<input type="checkbox"/>	
1	Long backboard		<input type="checkbox"/>	<input type="checkbox"/>	
1	Pediatric immobilization device		<input type="checkbox"/>	<input type="checkbox"/>	
*	Adequate number of restraining devices and sufficient supplies for immobilizing the head	4 (2)	<input type="checkbox"/>	<input type="checkbox"/>	
*	Extrication collars in assorted sizes from adult to pediatric		<input type="checkbox"/>	<input type="checkbox"/>	
*	Traction splint adult and pediatric or combination		<input type="checkbox"/>	<input type="checkbox"/>	
*	Extremity splints assorted sizes		<input type="checkbox"/>	<input type="checkbox"/>	
		Pelvic Wrap	<input type="checkbox"/>	<input type="checkbox"/>	
		Child Restraint System(s) 10-99lbs	<input type="checkbox"/>	<input type="checkbox"/>	

Bandaging and Dressing Material

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
*	Conforming gauze bandages		<input type="checkbox"/>	<input type="checkbox"/>	
*	Sterile 4x4 gauze sponges		<input type="checkbox"/>	<input type="checkbox"/>	
*	Occlusive dressings 4x4		<input type="checkbox"/>	<input type="checkbox"/>	
*	Sterile bulk dressings 8x30 (4) or 7x8 (8)		<input type="checkbox"/>	<input type="checkbox"/>	
	Arterial Tourniquet	Trauma Tourniquet	<input type="checkbox"/>	<input type="checkbox"/>	
		Hemostatic dressing *Israeli emergency bandage	<input type="checkbox"/>	<input type="checkbox"/>	
2	Triangular bandages	4	<input type="checkbox"/>	<input type="checkbox"/>	
*	Adhesive hypo-allergenic tape in assorted sizes	3 (1) 1" 2"	<input type="checkbox"/>	<input type="checkbox"/>	
*	Bandage shears		<input type="checkbox"/>	<input type="checkbox"/>	
		Burn sheet *sterile or fabric	<input type="checkbox"/>	<input type="checkbox"/>	
		Rigid eye shields	<input type="checkbox"/>	<input type="checkbox"/>	

Miscellaneous Equipment

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
1	Obstetrical kit (disposable)	2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
1	Hypothermia thermometer	Meconium Aspirator 2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
		Oral thermometer with protective case - 2	<input type="checkbox"/>	<input type="checkbox"/>	
*	Chemical cold packs	Rectal thermometer with protective case - 2	<input type="checkbox"/>	<input type="checkbox"/>	
*	Chemical hot packs		<input type="checkbox"/>	<input type="checkbox"/>	
*	Emesis containers/bags		<input type="checkbox"/>	<input type="checkbox"/>	
1	Urinal female & male		<input type="checkbox"/>	<input type="checkbox"/>	
1	Bedpan		<input type="checkbox"/>	<input type="checkbox"/>	
1 set	Extremity restraining devices		<input type="checkbox"/>	<input type="checkbox"/>	
1	Stethoscope adult and child		<input type="checkbox"/>	<input type="checkbox"/>	
*	Blood pressure cuffs in assorted sizes ranging from large adult to pediatric	Extra large adult 1 Adult 1 Child 1	<input type="checkbox"/>	<input type="checkbox"/>	
1	Blood glucose testing device or strips		<input type="checkbox"/>	<input type="checkbox"/>	
1 bottle (min 5)		Blood glucose strips	<input type="checkbox"/>	<input type="checkbox"/>	
		Earliest Expiration Date:			
1		McGrath video laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	

Personal Protective Equipment

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
*	Non-latex disposable gloves	1 bx S 1 bx M, 1 bx L 15 pr ea	<input type="checkbox"/>	<input type="checkbox"/>	
*	Disposable face masks	6 (2)	<input type="checkbox"/>	<input type="checkbox"/>	
*	Protective eyewear	1 per crew member	<input type="checkbox"/>	<input type="checkbox"/>	
*	Disposable isolation gowns		<input type="checkbox"/>	<input type="checkbox"/>	
*	Hand cleaning solution or gown		<input type="checkbox"/>	<input type="checkbox"/>	
*	Surface cleaning disinfectant		<input type="checkbox"/>	<input type="checkbox"/>	
1	Sharps container for the patient compartment		<input type="checkbox"/>	<input type="checkbox"/>	
1	Sharps container for each kit carrying needles		<input type="checkbox"/>	<input type="checkbox"/>	
		Hepa face masks, NIOSH approved N95 2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
		Ty-Chem S-L Protective Suits 1/crew	<input type="checkbox"/>	<input type="checkbox"/>	
		Full face APR (air purifying respirator gloves, booties	<input type="checkbox"/>	<input type="checkbox"/>	
*	Infectious waste disposal bags		<input type="checkbox"/>	<input type="checkbox"/>	

Multnomah County Medications, Equipment & Supplies Authorized for use as an EMT-Basic as Required By Supervising Physician

No. of Items (MCR)	State of Oregon Requirement	MCR	Pass	Fail	Notes:
4 (2)	Needles, sterile filter 18g or 21g		<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)	Syringes, sterile 1cc TB type with needle		<input type="checkbox"/>	<input type="checkbox"/>	
50 (10)	Cleansing pads, alcohol or betadine		<input type="checkbox"/>	<input type="checkbox"/>	
2 tubes (1)	Lubricant, (e.g. K-Y)	Earliest Expiration Date:	<input type="checkbox"/>	<input type="checkbox"/>	

Intermediate Level Service Ambulance

Multnomah County EMS does not recognize the Intermediate level Scope of Practice for ambulance licensees; Therefore, no equipment list or requirements for MCEMS Exist.

Advanced Level Service

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
*	Copy of Advanced Level Protocols signed by supervising physician within the past year	Copy of Protocols signed by supervising physician within the past year	<input type="checkbox"/>	<input type="checkbox"/>	
	Pediatric Quick Reference Guide	Pediatric Guide – current edition	<input type="checkbox"/>	<input type="checkbox"/>	
*	If carrying controlled substances, must adhere to procedures specified in OAR 333-250-0049 (2) (a) (b)		<input type="checkbox"/>	<input type="checkbox"/>	
*	Nasogastric tubes in assorted sizes	Nasogastric tube 5 Fr., 12 Fr., 14 Fr.	<input type="checkbox"/>	<input type="checkbox"/>	
*	Cardiac monitoring equipment		<input type="checkbox"/>	<input type="checkbox"/>	
*	Laryngoscope handle with assorted blades, sizes from adult to pediatric	Curved and straight	<input type="checkbox"/>	<input type="checkbox"/>	
*	Spare dated batteries for laryngoscope handle	2 Batteries Earliest Expiration Date:	<input type="checkbox"/>	<input type="checkbox"/>	
2 each		Extra bulbs	<input type="checkbox"/>	<input type="checkbox"/>	
	Endotracheal tubes in assorted sizes adult to pediatric		<input type="checkbox"/>	<input type="checkbox"/>	
2 each (1)		Endotracheal tubes sizes 2.5-6.5	<input type="checkbox"/>	<input type="checkbox"/>	
3 each (1)		Endotracheal tubes sizes 7.0-8.5	<input type="checkbox"/>	<input type="checkbox"/>	
2 (1)		Endotracheal tube holder	<input type="checkbox"/>	<input type="checkbox"/>	
2 each (1)	Endotracheal tube stylettes adult to child	Intubation stylette adult and pediatric	<input type="checkbox"/>	<input type="checkbox"/>	
1		Tracheal introducer bougie ¹	<input type="checkbox"/>	<input type="checkbox"/>	
1	Magill forceps adult to child		<input type="checkbox"/>	<input type="checkbox"/>	
*	Colorimetric, capnometric, or capnographic CO2 detection device		<input type="checkbox"/>	<input type="checkbox"/>	
	Oxygen saturation monitor		<input type="checkbox"/>	<input type="checkbox"/>	
2 (1)		Tracheal lumen airway device (Quicktrach)	<input type="checkbox"/>	<input type="checkbox"/>	
	Chest decompression equipment	Chest decompression kit AND 12 ga catheter/10 ga catheter 2 (1)	<input type="checkbox"/>	<input type="checkbox"/>	
2 (1)		#15 scalpel	<input type="checkbox"/>	<input type="checkbox"/>	
2 (1) each		Pulse oximeter adult and pediatric cable	<input type="checkbox"/>	<input type="checkbox"/>	
4 (1)		Nebulizer mask, with tubing	<input type="checkbox"/>	<input type="checkbox"/>	
1		CPAP device	<input type="checkbox"/>	<input type="checkbox"/>	
1		LUCAS device	<input type="checkbox"/>	<input type="checkbox"/>	

Intravenous Fluids and Equipment

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
*	Sterile I.V. agents and medications authorized by supervising physician				
		Normal saline/sterile, plastic containers	<input type="checkbox"/>	<input type="checkbox"/>	
8 (2)		Intravenous fluids: <u>Normal Saline</u> 500 mL <input type="checkbox"/> 1000mL <input type="checkbox"/> Earliest Expiration Date:	<input type="checkbox"/>	<input type="checkbox"/>	
		<u>Lactated Ringers</u> 500 mL <input type="checkbox"/> 1000mL <input type="checkbox"/> Earliest Expiration Date:	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		Blood pump administration set (10gtt/cc)	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		Regular administration set (15 gtt/cc)	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		three-way stopcock	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		Volutrol® administration set (60 gtt/cc)	<input type="checkbox"/>	<input type="checkbox"/>	
4		Extension set (5" minimum)	<input type="checkbox"/>	<input type="checkbox"/>	
4		Sodium Chloride preloads Earliest Expiration Date:	<input type="checkbox"/>	<input type="checkbox"/>	
6 (2), 2 (1)		IV tourniquet disposable adult and pediatric	<input type="checkbox"/>	<input type="checkbox"/>	
		Fluid cooler	<input type="checkbox"/>	<input type="checkbox"/>	

Intravenous Fluids and Equipment (continued)

No. of Items	State of Oregon Requirement	MCR	Pass	Fail	Notes:
*	Over the needle catheters in assorted sizes 24 gauge through 14 gauge				
10 (4)		14 gauge	<input type="checkbox"/>	<input type="checkbox"/>	
10 (4)		16 gauge	<input type="checkbox"/>	<input type="checkbox"/>	
10 (4)		18 gauge	<input type="checkbox"/>	<input type="checkbox"/>	
10 (4)		20 gauge	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		22 gauge	<input type="checkbox"/>	<input type="checkbox"/>	
		24 gauge	<input type="checkbox"/>	<input type="checkbox"/>	
*	Specifically designed needles for introsseous infusions	EZ IO needles	<input type="checkbox"/>	<input type="checkbox"/>	
		Syringes, sterile			
4 (2)		1 cc	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		2 cc or 3 cc	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		5 cc	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		10 cc	<input type="checkbox"/>	<input type="checkbox"/>	
4 (2)		20 cc	<input type="checkbox"/>	<input type="checkbox"/>	
2		60 cc catheter tip	<input type="checkbox"/>	<input type="checkbox"/>	
2 (1)		60 cc luer lock	<input type="checkbox"/>	<input type="checkbox"/>	
		Needles, Sterile, Straight			
4 (1)		Straight	<input type="checkbox"/>	<input type="checkbox"/>	
		20 ga or 21 ga	<input type="checkbox"/>	<input type="checkbox"/>	
		18 ga or 19 ga	<input type="checkbox"/>	<input type="checkbox"/>	
		Filter straws	<input type="checkbox"/>	<input type="checkbox"/>	
		Twin Paks	<input type="checkbox"/>	<input type="checkbox"/>	

Required Multnomah County Medications

Activated Charcoal	<input type="checkbox"/> 50 g -- 2 (1)
Earliest Expiration Date:	
Adenosine, 6 mg	<input type="checkbox"/> 12 mg (3 mg/mL)
Earliest Expiration Date:	
Albuterol	<input type="checkbox"/> 2.5 mg/3 mL --5 (2)
Earliest Expiration Date:	
Amiodarone	<input type="checkbox"/> 150 mg/3 mL --6 (4)
Earliest Expiration Date:	
Aspirin	<input type="checkbox"/> 81 mg tablets --
Earliest Expiration Date:	
Atropine	<input type="checkbox"/> 1 mg/10 mL-- 6 (3)
Earliest Expiration Date:	
Calcium Gluconate	<input type="checkbox"/> 10% (.465 mg/mL) 4 (2)
Earliest Expiration Date:	
Dexamethasone (Decadron)	<input type="checkbox"/> 10 mg/mL
Earliest Expiration Date:	
Dextrose (IV)	<input type="checkbox"/> 50%, 50 mL (0.5 g/mL)-- 4 (2)
Earliest Expiration Date:	
Dextrose (Oral)	<input type="checkbox"/> 24 g --2 (1)
Earliest Expiration Date:	
Diphenhydramine	<input type="checkbox"/> 50 mg/mL -- 2 (1)
Earliest Expiration Date:	
Epinephrine	<input type="checkbox"/> 1:1,000, 30 mL -- 2 (1)
Earliest Expiration Date:	
	<input type="checkbox"/> 1:1,000, 1 mg/mL -- 2 (1)
Earliest Expiration Date:	
	<input type="checkbox"/> 1:10,000, 1 mg/10 mL -- 10 (4)
Earliest Expiration Date:	
Etomidate (Amidate)	<input type="checkbox"/> 40 mg (2 mg/mL) 4 (2)
Earliest Expiration Date:	
*Fentanyl (Sublimaze)	<input type="checkbox"/> 100 mcg/2 mL 10 (5)
Earliest Expiration Date:	
Furosemide	<input type="checkbox"/> 40 mg/4 mL -- 4 (2)
Earliest Expiration Date:	
Glucagon	<input type="checkbox"/> 1 mg/mL -- 2 (1)
Earliest Expiration Date:	
Ipratropium	<input type="checkbox"/> 1 mg/ml 2(1)
Earliest Expiration Date:	
Ketamine	<input type="checkbox"/> 50mg/ml
Earliest Expiration Date:	

[9-1-1 Responding Units Only] * must be locked and counted at each shift change

Required Multnomah County Medications, continued

Lidocaine	<input type="checkbox"/>	2%, 100 mg/5 ml 6 (3)
	<input type="checkbox"/>	2%, viscous Jelly 2
Earliest Expiration Date:		
Magnesium Sulfate	<input type="checkbox"/>	10% 2g/20cc 4(2)
Earliest Expiration Date:		
*Midazolam	<input type="checkbox"/>	10mg/2ml 4 (1)
Earliest Expiration Date:		
Naloxone	<input type="checkbox"/>	2mg/2ml 9(3)
Earliest Expiration Date:		
Nitroglycerine	<input type="checkbox"/>	Tablets 0.4 mg 9 (1) 2 bottles
Earliest Expiration Date:		
Norepinephrine	<input type="checkbox"/>	1mg/1mL 4 ml vial
Earliest Expiration Date:		
Olanzapine (Zyprexa)	<input type="checkbox"/>	10 mg ODT
Earliest Expiration Date:		
Ondansetron	<input type="checkbox"/>	4mg/2mL 3(1) 6 vials also carry ODT 8 mg and 4 mg
Earliest Expiration Date:		
Proparacaine	<input type="checkbox"/>	0.5% Ophthalmic drops bottle 15 mL
Earliest Expiration Date:		
Rocuronium	<input type="checkbox"/>	10mg/1mL Multiple dose vial
Earliest Expiration Date:		
Sodium Bicarbonate	<input type="checkbox"/>	50 mEq/50 mL 3 (2) 5 on hand
Earliest Expiration Date:		
Succinylcholine	<input type="checkbox"/>	500 mg 2(1)
Earliest Expiration Date:		
Vasopressin	<input type="checkbox"/>	20 U/mL 4(2)
Earliest Expiration Date:		
Vecuronium	<input type="checkbox"/>	10 mg-powder (1mg/mL)
Earliest Expiration Date:		
Ziprasidone (Geodon)	<input type="checkbox"/>	20 mg
Earliest Expiration Date:		

* must be locked and counted at each shift change

MULTNOMAH COUNTY INSPECTION FINDINGS and DISPOSITION

Initial Inspection Acceptable:

<input type="checkbox"/>	PASS Date:
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Initial Inspection NOT Acceptable:

<input type="checkbox"/>	FAIL Deficiencies noted on form Date:
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Re-inspection acceptable:

<input type="checkbox"/>	YES Date:	<input type="checkbox"/>	NO Date:
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Copy of GROUND AMBULANCE INSPECTION FORM to Oregon Health Authority office:

Date:

Time:

Sent by:

Electronic

Mailed

INSPECTION COMPLETED BY:

Name:	
Date:	
Time:	

Prior to issuing of the Multnomah County decals indicating licensure within Multnomah County the ambulance company must provide:

Copy of the Ambulance License issued by the State of Oregon:

For the Multnomah County contractor, the ambulance title has been received at the MC EMS office:

Fully completed MC EMS paperwork for ambulance licensing with fee attached (if applicable)

Date Multnomah County tags delivered:

Person Delivering Tags:

NOTES

EMERGENCY RECALL DRILL

DISASTER RESPONSE

Metro West Ambulance shall maintain an effective plan for the immediate recall of personnel for the staffing of additional units in a disaster situation or times of peak overload. The plan shall be exercised three times per calendar year. One exercise shall be conducted outside of normal business hours. Cumulative exercise results shall be compiled and an internal assessment conducted with each exercise. These findings shall be reviewed as part of the 18 month period assessment.

During a man-made or natural disaster, (i.e., ice, snow, wind, flooding, earthquake or multiple patient scene or mass casualty incident), a declared emergency by an appropriate governmental agency, or any other situation as determined by the County, Metro West Ambulance's normal mode of operation shall be enhanced or otherwise modified in order to provide services which are appropriate for the nature of the situation and which are collaborative with local disaster plans and protocols. If, despite the best efforts of Metro West Ambulance, the disaster/situation necessarily impairs Metro West Ambulance's ability to conform to the requirements of this agreement, as determined in good faith and reasonably by the County, Metro West Ambulance shall not be subject to penalty or declared in breach. During the course of the disaster/situation, emergency (Code 3) responses associated with this agreement shall take priority over non-emergency services.

DATE:

PRIOR NOTIFICATION: Y / N

REPORT COMPLETED BY:

REPORTED SUBMITTED TO:

ADDITIONAL INFO:

ROUTE OF NOTIFICATION:

RESPONSE ANALYSIS:

Response by level;

EMT/WHEELCHAIR –

JUNIOR PARAMEDIC –

SENIOR PARAMEDIC –

BUSINESS OFFICE –

DISPATCH –

Response by Estimated Time to Arrival (ETA) to designated location:

0 – 15 minutes –

15 – 30 minutes –

30 – 45 minutes –

>1 hour –

RESOURCES ALREADY ON THE ROAD:

Ambulance Schedule

Wheelchair Schedule

Dispatch Schedule

INTERNAL CRITIQUE OF EVENT:

EXTERNAL CRITIQUE OF EVENT:

**Metro West Ambulance
Ford 6.0 Liter Ambulance Preventative Maintenance Schedule**

PM Code	Description	Service Interval
PM - A/C - VAC - BELT - TENS	Replace A/C compressor, condenser, accumulator, vacuum & water pump, serpentine belts, belt tensioners, alternator and all idler pulleys	Every 100,000 miles
PM - BATTERY	Replace all batteries	Every 365 days
PM - DIFF SERVICE	Service the differential. Drain the fluid, clean the inside of the housing and refill with synthetic 75w-140 gear oil.	Every 50,000 miles
PM - EGR SERVICE	Service the EGR valve. Remove the EGR valve, clean, and re-seal it.	Every 80,000 miles
PM - FULL SERVICE	Replace the air filter and fuel filter. Perform regular PM tests and inspections.*	Every 40,000 miles
PM - OIL	Change the oil and replace the oil filter.	Every 18,000 miles
PM - SHOCKS	Inspect and Replace all four shocks as needed.	Every 120,000 miles
PM - STARTER	Replace the starter and inspect all battery cable connections	Every 120,000 miles
PM - SUSPENSION REBUILD EVALUATION	Inspect all serviceable components in the steering and suspension system, replace as needed	Every 120,000 miles
PM - TRANS SERVICE	Change the transmission fluid and replace the transmission filter	Every 45,000 miles

**Metro West Ambulance
GM 6.6L Ambulance Preventative Maintenance Schedule**

PM Code	Description	Service Interval
PM - BATTERY	Replace all batteries.	Every 365 days
PM - DIFF SERVICE	Service the differential. Drain the fluid, clean the inside of the housing and refill with synthetic 75w-140 gear oil.	Every 50,000 miles
PM - FULL SERVICE	Replace the air filter and fuel filter. Perform regular PM tests and inspections.*	Every 40,000 miles
PM - OIL	Change the oil and replace the oil filter.	Every 18,000 miles
PM - SHOCKS	Inspect and Replace all four shocks as needed.	Every 120,000 miles
PM - DURAMAX	Inspect and Replace as needed EGR Valve, clean EGR cooler. Replace thermostats, serpentine belt, tensioner, idler pulleys, inspect coolant and boost hoses	Every 120,000 miles
PM - SUSPENSION REBUILD EVALUATION	Inspect all serviceable components in the steering and suspension system, replace as needed.	Every 120,000 miles
PM - TRANS SERVICE	Change the transmission fluid and replace the transmission filter	Every 45,000 miles

* Regular PM tests and inspections include the following: Test all lights, Test seatbelt operation and inspect seat condition, Check all safety equipment (fire extinguisher, etc.), Test starter operation, Test siren operation, Test electric horn, Test radio and speakers operation, Inspect windshield / mirrors, test wipers, washers, & blades, Test park brake operation, Test operation of all windows, Test A/C - heater operation, Test transmission shift control, Check exhaust system, Lubricate entire unit, Check drive line U-joints, Suspension, Brakes, Tires, Check coolant level and freeze point, Check ball and tensioner, Check fan and shroud, Check P/S & brake fluid levels, Fill windshield washer reservoir.

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

PM Code	Description	Service Interval
PM - BATTERY	Replace all batteries	Every 365 days
PM - DIFF SERVICE	Service the differential. Drain the fluid, clean the inside of the housing and refill with synthetic 75w-140 gear oil.	Every 50,000 miles
PM - FULL SERVICE	Replace the air filter and fuel filter. Perform regular PM tests and inspections.*	Every 40,000 miles
PM - OIL	Change the oil and replace the oil filter.	Every 18,000 miles
PM - SERP - TENS	Inspect and Replace as needed, serpentine belt, cooling system components, tensioner, and both idler pulleys.	Every 60,000 miles
PM - SHOCKS	Inspect and Replace all four shocks as needed.	Every 120,000 miles
PM - SUSPENSION REBUILD EVALUATION	Inspect all serviceable components in the steering and suspension system, replace as needed	Every 120,000 miles

PM - TRANS SERVICE	Change the transmission fluid and replace the transmission filter.	Every 45,000 miles
PM - WP - ALT	Replace the water pump, alternator, and thermostat and coolant.	Every 100,000 miles
PM-RADIATOR	Inspect radiator, overall engine cooling system and replace as needed	Every 100,000 miles

*Test A/C - heater operation. Test transmission shift control. Check exhaust system. Lube entire unit. Check drive line U-joints. Suspension, Brakes, Tires. Check coolant level and freeze point. Check belt and tensioner. Check fan and shroud. Check P/S & brake fluid levels. Fill windshield washer reservoir.

Maintenance is subject to change based on performance and or evaluation.

Metro West Ambulance Dodge/Freightliner Sprinter Maintenance Schedule

PM Code	Description	Service Interval
PM-ALTERNATOR	Replace alternator. Inspect all related wiring.	Every 200,000 miles
PM - BATTERY	Replace battery (Long life AGM Batteries Only)	Every 120,000 miles or 1095 days
PM - COOLANT LINE REPLACEMENT	Inspect and Replace as needed all soft lines/hoses for the engine cooling and HVAC system.	Every 250,000 miles
PM - DIFF SERVICE	Drain and refill the differential fluid. Inspect for moisture or debris.	Every 54,000 miles
PM - FULL SERVICE	Replace the air and fuel filters. Perform regular PM tests and inspections.*	Every 10,000 miles
PM - OIL	Replace engine oil and oil filter	Every 10,000 miles
PM - SERP - TENS	Replace serpentine belt, tensioner, and any related idler pulleys	Every 60,000 miles
PM - SHOCKS	Replace all four shock absorbers	Every 200,000 miles
PM - TRANS SERVICE	Change the transmission fluid and replace the transmission filter.	Every 50,000 miles
PM - WATER PUMP	Replace water pump and related gaskets	Every 100,000 miles

* Regular PM tests and inspections include the following: Test all lights. Test seatbelt operation and inspect seat condition. Check all safety equipment (fire extinguisher, etc.). Test starter operation. Test starter operation. Test electric horn. Test radio and speaker's operation. Inspect windshield / mirrors. Test wipers, washers, & blades. Test park brake operation. Test operation of all windows. Test A/C - heater operation. Test transmission shift control. Check exhaust system. Lube entire unit. Check drive line U-joints. Check suspension. Check tire condition. Check Brakes. Check coolant level and freeze point. Check belt and tensioner. Check fan and shroud. Check P/S & brake fluid levels. Fill windshield washer reservoir.

** Maintenance is subject to change based on performance and or evaluation.

PM Code

**Metro West Ambulance
Ford Transit Wheelchair Van Preventative Maintenance Schedule**

Description

Service Interval

PM - AIR /FUEL FILTER	Replace the air and fuel filters	Every 30,000 miles
PM - BATTERY	Replace all batteries.	TWO YEARS
PM - COOLANT DRAIN/REFILL	Service the cooling system. Drain the coolant, flush and refill antifreeze.	Every 100,000 miles
PM - DIFF SERVICE	Service the differential. Drain the fluid, clean the inside of the housing and refill with synthetic 75w-140 gear oil.	Every 100,000 miles
PM - FULL SERVICE	Perform regular PM tests and inspections detailed below *	Every 10,000 miles
PM - OIL	Change the oil and replace the oil filter.	Every 10,000 miles
PM - SERP/TENS	Replace belt tensioner and serpentine belt.	Every 150,000 miles
PM - SHOCKS	Replace all four shocks.	400,000 MILES
PM - TRANS SERVICE	Change the transmission fluid and replace the transmission filter.	Every 100,000 miles
PM - W/P	Replace the water pump, alternator and thermostat.	Every 100,000 miles

* Regular PM tests and inspections include the following: Test all lights, Test seatbelt operation and inspect seat condition, Check all safety equipment (fire extinguisher, etc.), Test Starter operation, Test electric horn, Test radio and speakers operation, Inspect windshield / mirrors, Test wipers, washers, & blades, Test park brake operation, Tires inspection and rotation, Brakes inspection, MIL inspection, Test operation of all windows, starter operation, Test A/C - heater operation, Test transmission shift control, Check exhaust system, Lube engine unit, Check drive line U-joints, couplings, Check coolant level and freeze point, Check belt and tensioner, Check fan and shroud, Check PS & brake fluid levels, Fill windshield washer reservoir, Test wheelchair lift operation

** Maintenance schedule is subject to change based on performance and or evaluation

