

**S H E R M A N**

**C O U N T Y**

**SHERMAN COUNTY AMBULANCE PLAN  
( ASA )  
SHERMAN COUNTY, OREGON**

Revised January 2024

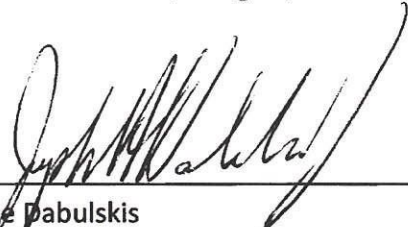
1.

## CERTIFICATION OF SHERMAN COUNTY AMBULANCE SERVICE AREA (ASA) PLAN

The undersigned certify pursuant to Administrative Rule 333, division 260, that

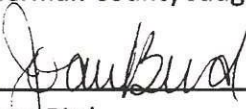
- 1) Each subject or item contained in the Sherman County Ambulance Service Plan has been addressed and considered in the adoption of the plan by this body.
- 2) In this governing bodies judgment, the ambulance service area established in the plan provide for the efficient and effective provision of ambulance services.
- 3) To the extent they are applicable, the county has complied with ORS 682 and existing local ordinances and rules.

Dated at Moro, Oregon, this 21st day of February, 2024.



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Joe Dabulskis  
Sherman County Judge



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Joan Bird  
County Commissioner



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Justin Miller  
County Commissioner

## **2. Overview of County**

Sherman County, with a population of 1955 and an area of 831 square miles, is bordered by the deep canyons of the John Day River to the East, Columbia River on the North and the Deschutes River and Buck Hollow to the West and South.

The county was settled in the 1870's by stockmen; by 1881 the homesteaders arrived, permanently changing the area by plowing and fencing the tall grass. Since that time, the county has been a wheat-growing area with miles of waving grain on rolling hills of wind-blown glacial silt.

The total lack of timber in the county exemplifies the true meaning of the "wide open spaces of the west." The landscape is Pastoral with spectacular views of canyons and rivers with mountains silhouetted in the distance. Recreation abounds on the rivers, from the famous and scenic fly-fishing and whitewater rafting stream of the Deschutes to water-skiing, wind-surfing, boating, fishing, and rafting on the John Day and Columbia rivers.

Sherman County has one Ambulance Service Area, which is served by Sherman County Ambulance.

Sherman County Ambulance is a volunteer, non-profit, membership run organization. Sherman County Ambulance Service provides Basic and Intermediate Life Support Services. Service is provided by on call Licensed EMTs. Emergency calls come in through the 9-1-1 system and volunteers are presently dispatched via a pager, ACTIVE 911 app and/or radio.

Training is kept current to State of Oregon standards through the Oregon Health Authority. Volunteers train with the American Heart Association, local EMS agencies, Columbia Gorge Training Association and others. The Supervising Physician/Medical Director is Erin Burnham, MD, Emergency Medicine Physician. Sherman County Ambulance liability coverage is through the Sherman County Insurance Umbrella.

It should be noted that the entire geographical area of Sherman County can be characterized as "Frontier" under the guidelines of the State Trauma Plan (ORS 431) and Frontier area, the areas of the state with a population density of six or fewer persons per square mile and are accessible by paved roads- 2 hours OAR 333-200-0082 (2)(D).

## **3. DEFINITIONS**

(1) "Advanced Emergency Medical Technician (AEMT or Advanced EMT)" means a person who is licensed by the Division as an Advanced Emergency Medical Technician defined in OAR 333, division 265.



(2) "Ambulance" has the meaning given that term by OAR 333-250-0205(3), any privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided or offered to be provided for the emergency transportation of person who are ill or injured or who have disabilities

(3) "Ambulance Services" has the meaning given that term defined in OAR 333-250-0205(5), any person, government unit, or other entity that operates ambulances and holds itself out as providing prehospital care or medical transport to person who are ill or injured or who have disabilities .

(4) "Ambulance Service Area (ASA)" means a geographic area which is served by one ambulance service provider, and may include all or a portion of a county, or all or portions of two or more Contiguous counties, OAR 333-260-0010(3).

(5) "Ambulance service plan" means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of Ambulance services by establishing ambulance service areas for these rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system, OAR 333-260-0010(4)

(6) "Communication System" means two-way radio communications between ambulances, dispatchers, hospitals, and other agencies as needed. A two-channel multi-frequency capacity is minimally required.

(7) "Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.

(8) "Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.

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

(10) "Emergency Medical Responder" means a person licensed by the OHA as defined in OAR 333, division 265.

(11) "Emergency Medical Service (EMS)" means those prehospital functions and services whose purpose is to prepare for and respond to medical emergencies,

including rescue and ambulance services, patient care, communications and evaluation, OAR 333-200-0080(8)

(12) "Emergency Medical Technician (EMT)" means a person licensed by OHA as defined in OAR 333, division 265.

(13) "Emergency Medical Technician Intermediate (EMT I)" means a person licensed by OHA as defined in OAR 333, division 265.

(14) "Frontier Area" means the areas of the state with a population density of six or fewer persons per sq. mile and are accessible by paved roads – 2 hours, as defined in OAR 333, division 200, OAR 333-200-0080(2)(D).

(15) "Health Officer" means the County Health Officer.

(16) "Ambulance Service License", "Ambulance Vehicle" and "EMS Provider License" means the document issued by OHA found to be in compliance with ORS 682 and OAR 333, division 250,255 and 265.

(17) "Notification time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center ("9-1-1"), and the Notification of all responding emergency medical service personnel, OAR 333-260-0010(9).

(18) "OHA" means Oregon Health Authority, Public Health Division, Emergency Medical Services and Trauma Systems.

(19) "Owner" means the person having all the incidents of ownership in a vehicle or, where the incidents of ownership are in different persons, the person, the person, other than a security interest holder or lesser, entitled to the possession of an ambulance vehicle or operation of an ambulance service under security agreement or a lease for a term of ten (10) or more successive days, OAR 333-250-0205(22).

(20) "Paramedic" means a person licensed by OHA as defined in OAR 333, division 265.

(21) "Patient" means a person who is ill or injured or has a disability who receives emergency or nonemergency care from an EMS provider, OAR 333-255-0000(21)

(22) "Provider" means any public, private or volunteer entity providing EMS OAR 333-260-0010(10).

(23) "Provider selection process" means the process established by the county for selecting an ambulance service provider or providers.



(24) "Response time" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene OAR 333-260-0010 (11).

(25) "Rural Area" means a geographic area 10 or more miles from a population center of 50,000 or more, with a population density of greater than six persons per sq. mile – 45 minutes, as defined in OAR 333-200-0080(2)(C)

(26) "Supervising Physician" has the meaning provided in OAR 847-035-0001(15), means a physician licensed under ORS 677.1000 to 677.288, actively registered and in good standing with the Board, approved by the Board, and who provides direction of care, and is ultimately responsible for emergency and nonemergency care rendered by emergency medical services providers as specified in these rules. The supervising physician is also ultimately responsible for the agent designated by the supervising physician to provide direction of the medical services of the emergency medical services provider as specified in these rules.

(28) "System Response Time" means the elapsed time from when the Public Service Answering Point (PSAP) receives the call until the arrival of the appropriate provider unit(s) on the scene.

#### **4. Boundaries**

- (1) ASA Map with Response Time Map - See Map Attachment #1
- (2) ASA Narrative Description
  - a) Description of geographical area of ASA  
The Sherman County ASA encompasses all territory to the northern boundary of Sherman County at the Columbia River and the southern boundary to Milepost 49, which is the Sherman/Wasco County line. The boundary goes east to the John Day River, at Milepost 114 on Interstate 84. The boundary goes west to the Deschutes River, at Milepost 100 on Interstate I-84.
  - b) Description of 9-1-1, RFPD and incorporated city boundaries and Sheriff Departments  
A map showing the boundaries of the fire districts is attached as Attachment #2
- (3) Map(s) Depicting "9-1-1", Fire Districts and Incorporated Cities – See Maps Attachment #2
- (4) Alternatives Considered to Reduce Response Times
  - (a) Additional alternatives for reducing response times  
In addition to mutual aid, the county uses the nearest available first responders to provide care while the ambulance is in route to the scene. First

responders include the Fire Departments, the Sheriff's Office and ambulance personnel that may be in closer proximity to the scene. Other elements can impact response times include but not limited to

the terrain, road impediments, and weather. In accordance with weather and road travel the providers will communicate with dispatch to relay terrain, road and weather conditions as needed. The following types of barriers may be considered: mountainous terrain and freeways with heavy traffic volumes. Sherman County experiences harsh winter weather that includes extreme ice, snow, and wind conditions. The county expects our ASA provider to consider and plan for these conditions and through Mutual Aid Agreements, with neighboring ASA providers, to mitigate extended response times under these conditions.

## **5. SYSTEM ELEMENTS**

- (1) 9-1-1 Dispatched Calls-Frontier Regional 9-1-1  
Sherman County is served by one 9-1-1 PSAP, located in Condon, Oregon. Calls are then dispatched via ACTIVE 911 app, pagers and portable radios and text.
- (2) Pre-arranged Non-emergency Transfers and Inter-facility Transfers  
There are no non-emergency or inter-facility transfers in Sherman County. Given the size of the county, the possibility of a healthcare facility opening are logistically and economically unfeasible. Therefore, there is no concern for future inter-facility transfers at this time. Non-emergency transfer request will be given the information to the care provider, for the county wide transportation department for non-emergencies.
- (3) Response Times
  - a) Call received to notification time, 4 minutes.
  - b) Roll out time;           0400 - 1800 hrs. = 10 minutes  
                                  1800 - 0400 hrs. = 8 minutes
  - c) Arrival at scene ASA ambulances:  
Rural – 45 minutes  
Frontier – 2 hours  
Search and rescue area – No established prehospital response time
  - d) System response times are the sums of the notification response time, the rollout time, and the ambulance response time. The system response time will have every effort to be met 90% of the time. This will be monitored by the supervising agent of the department with the usage of the patient care reporting system



- (4) **Level of Care**  
Level of care shall be at a minimum of BLS. In concordance with OAR 333-255-0070, the county allows basic life support and a combination of ALS which can include AEMT, EMT-I and Paramedic.
- (5) **Personnel**  
All ambulance personnel are currently volunteers, on call. When staffed an ambulance in Sherman County, all ambulance service providers must be licensed by OHA in accordance with ORS 682 and OAR 333-265.
- (6) **Medical Supervision/Physician Advisor**  
The Supervising Physician for the ambulance agency provides quality assurance through case review and feedback to the agencies. Prospective supervision is through training and situational testing based on the county wide protocols developed and reviewed by the Physician Supervisor and the training officer for each prehospital care provider in the county. On line supervision is through the medical resource hospital, which is Mid-Columbia Medical Center/ Adventist Columbia Gorge. The physician advisor is licensed by the Oregon Medical Board as a medical doctor and approved by the Oregon Health Authority, EMS and Trauma Program as a Medical Director.
- (7) **Patient Care Equipment**  
Patient care equipment meets or exceeds minimum required for any BLS and ALS  
Ambulance accordance to staffing levels and in alignment with OAR 333-255-0072
- (8) **Vehicles**  
Ambulances shall meet the standards, at a minimum according to OAR 333, Division 255, set by state statutes and administrative rules and shall be licensed with the OHA EMS.
- (9) **Training**  
Columbia Gorge Community College is the primary institution of learning that is accessible to the ambulance providers and first response agencies of Sherman County to provide the initial EMR, EMT, AEMT and Intermediate training. Relicensing and continuing education is maintained through in-house training programs and by Columbia Gorge Training Association, the regional training association for this area. All providers in the county maintain continuing medical education and relicensing standards as identified by the OHA, EMS and Trauma. Initial training and continued training for ambulance personnel meets OAR 333-265.
- (10) **Quality Improvement**  
Quality improvement in Sherman County is accomplished through case review, peer review and monthly review by the Physician Supervisor and/or ambulance



governing body. Ultimately, the appropriate state regulatory agency determines the appropriateness of EMS care given, which is the Oregon Health Authority, EMS Section, as identified in OAR 333, Division 260 and ORS 682.

a) Structure

The Board shall appoint a Sherman County Ambulance Service Area Advisory Committee composed of 9 positions:

1. Biggs Jct. Representative
2. City of Grass Valley Representative
3. Town of Kent Representative
4. City of Moro Representative
5. City of Rufus Representative
6. City of Wasco Representative
7. Sherman County Ambulance Representative
8. County Court Member
9. Dispatch Representative

The principle function of the Advisory Committee shall be to monitor the EMS system within Sherman County.

b) Process

Sherman County owns the Sherman County Ambulance Service; therefore, the Sherman County Court, herein referred to as the Court, in order to ensure the delivery of the most efficient and effective prehospital emergency care possible with the available resources, has directed that the ASA Advisory Committee be established. The ASA Advisory Committee will be responsible for monitoring the Sherman County ASA Plan with a yearly review or as needed.

Quality improvement in Sherman County shall be accomplished through frequent case review, peer review, and a monthly review by the Supervising Physician.. The County has established a QI program that monitors compliance of EMS personnel and adherence to patient care standards outlined in Sherman County EMS Protocols. ASA providers are required to submit reports to the County demonstrating active participation in a QI process which at a minimum meets standards outlined in OAR 333-250-0320

Complaints regarding violation of this ASA Plan, or questions involving prehospital care provided, shall be submitted in writing to the Court, who shall forward it to the Court and/or the Supervising Physician. The Court and/or Supervising Physician shall then review the matter and make recommendations or changes on such complaints or questions to the Court. The Court shall also

resolve any problems involving system operations (changing protocols to address recurring problems, etc.). Ongoing input may be provided by consumers, providers or the medical community to any individual on the Court or members of the Committee. Any person of the public, patients, other EMS services, Health Care Providers, etc can file a complaint with the Court, ASA Committee or Emergency Management personnel.

c) Problem Resolution and legal sanctions

Problems involving protocol deviation by EMS providers or dispatchers shall be referred to the respective Supervising Physician or dispatch supervisor. Problems involving a non-compliant provider shall be reviewed by the ASA Committee with possible referral to the Court if necessary. The Court may seek background data and recommendations from the ASA Committee in such instances. However, any member of the Committee who may have a conflict of interest in the matter shall declare such conflict and refrain from participating in any recommendations made.

d) Sanctions for Non-Compliant Personnel or Providers

Suspension or revocation assignment. Upon a recommendation by the Court, or upon its own motion, the Court may suspend or revoke the assignment of an ASA upon a finding that the provider has

1. Willfully violated provisions of an ordinance, the Sherman County ASA Plan or provisions of State or Federal law and regulations; or
2. Materially misrepresented facts or information given in the application for assignment of an ASA or as part of the review of the performance of the service furnished by the mci provider.

In lieu of the suspension or revocation of the assignment of an ASA, the Court may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order, within the period of time stated. Notice of the Court's action shall be provided to the holder of the assignment, which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the holder of the assignment fails to take corrective action within the time required, the Court shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension or revocation of an ASA may request a hearing before the Court by filing with the Court a written request for a hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action, pending the hearing and final determination of the decision, unless a change is required due to an immediate hazard to the public safety. The Court shall set a



time and place for the hearing. Within fourteen (14) days after the conclusion of the hearing, the Court shall affirm, reverse or modify its original decision.

e) Penalties

Any person who violates any provisions of this ASA Plan or Ordinance is guilty of a violation. Failure from day-to-day to comply with the terms of this ASA Plan or Ordinance shall be a separate offense for each such day. Failure to comply with any provision of the Ordinance shall be a separate offense for each such provision.

Violations of the provisions of this ASA Plan or Ordinance are punishable, upon conviction, by a fine of not more than Five Hundred Dollars (\$500) per day per violation.

## **6. Coordination**

(1) The Entity That Shall Administer and Revise the ASA Plan. The Sherman County Ambulance Service Area Advisory Committee will review plan and propose changes every four years. The Committee will also meet biannually or when requested by agencies, citizens or at the direction of the Court.

(2) Complaint Review Process.

Complaints regarding violation of this ASA Plan, or questions involving prehospital care provided, shall be submitted in writing to the Court. The Court shall then forward the complaint to the Committee and/or Physician Supervisor for their review and recommendations or changes on such complaints or questions. The Committee shall also resolve any problems involving system operations (i.e., changing protocols to address recurring problems, etc.).

Ongoing input may be provided by consumers, providers or the medical community to any individual on the Committee or members of the Court. This individual, in turn, will present the complaint, concern, idea or suggestion in writing to the full Court for consideration.

(3) Emergency/Mutual Aid Agreements

Each ambulance service provider shall sign an Emergency/Mutual Aid Agreement with the other providers in the County and with other providers in adjoining counties to respond with needed personnel and equipment in accordance with the agreement.

All requests for emergency/mutual aid shall be made through the appropriate PSAP.



All emergency/mutual aid agreements will be reviewed and modified as needed by mutual consent of all parties.

Mutual Agreements are in Attachments #4

(4) Disaster Response

(a) County Resources other than Ambulances

As a minimal goal at the present time, ambulance providers are expected to examine any given situation in terms of its potential or actual magnitude of disaster and summon any appropriate additional resources that may be available. Specialized rescue units, Air Link, Life Flight, and any other unit deemed necessary by a given situation will be summoned when appropriate.

(b) Out of County Resources - See Resources Attachment #3

(c) Multi-Casualty Incident Plan - Sherman County has a MCI Plan through ATAB 6, which was revised 2022. An electronic copy of the plan is located at the Sherman County Emergency Services Building, 309 Dewey St., Moro, Oregon. See Attachment Mass Causality Incident Plan. This plan will be reviewed and is adopted by the County as changes are made, review and training will happen yearly, either through an actual occurrence or staged exercise by the emergency management administration. The plan is adopted when revisions are made, currently plan is adopted in 2022.

Personnel and Equipment Resources

(1) Non-Transporting EMS Providers – Sherman County has four non-transporting rescue agencies. The rescue units are located within North Sherman County RFPD in Wasco and Rufus, South Sherman County RFPD in Grass Valley, and Moro RFPD Rescue One in Moro. These units are typically manned by Fire Fighters who are EMRs or EMTs.

(2) Non-Transporting Agency –Tessie Adams, stationed out of Grass Valley, has two ambulances, which are seasonally staffed with EMRs, EMTs, EMT Intermediates and EMT Paramedics. They staff the Oregon Raceway, which runs from March – October. Sherman County Ambulance has granted Tessie Adams permission to operate a digital radio at the Oregon Raceway. They DO NOT operate under Sherman County Ambulance ASA.

(3) Hazardous Materials – Sherman County has access to the Gresham Haz Mat team. The team is accessed through the Oregon Emergency

## Response System (OERS)

(4) Search and Rescue – Sherman County Search and Rescue is under the Sherman County Sheriff's Office. (541) 565-3622 Sherman County does have an active rescue unit called a RAT; reach and treat. Sherman County Sheriff's Office has a Memorandum of understanding with Wasco County Search and Rescue. If a rescue mission is initiated, Sherman County Sheriff's Office will contact OERS).800-452- 0311 for an incident number and will assist Wasco County Search and Rescue as needed.

(5) Specialized Rescue - Low angle rescue is provided by Sherman County Fire agencies. Mid angle rescue training was done in May of 2022.

(6) Extrication - North Sherman County RFPD and Moro RFPD has equipment and capabilities for vehicle extrication. Phone numbers can be accessed through the Emergency Services Office 541-565-3100 for these services.

### (d) Emergency Communication and System Access

(1) Telephone - The Frontier Regional Dispatch (9-1-1) Center is located in Condon, Oregon and is the Public Safety Answering Point. This center shall receive all emergency service requests in Sherman County. Persons having access to telephone service will have access to the Sherman County Communications Center by dialing 9-1-1. Upon receipt of a request, all emergency service providers in Sherman County, including fire and ambulance, are dispatched by the Frontier Regional Dispatch Communications Center in Condon, Oregon.

### (2) Dispatch Procedures –

- a. The appropriate personnel shall be notified by the dispatcher via radio pagers within four (4) minutes of receipt of a medical call.
- b. The dispatcher will obtain from the caller, and relay to the first responders the following:
  1. Location of the incident;
  2. Nature of the incident; and
  3. Any specific instructions or information that may be pertinent to the incident.
- c. EMS personnel shall inform the dispatch center, Frontier Regional, by radio when any of the following occurs:

1. In-service;
  2. In-route to scene or destination and type or response;
  3. Arrival on scene or destination;
  4. Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility; and
  5. Arrival at receiving facility.
- d. Ambulance personnel shall inform the receiving hospital by radio or cell of the following:
1. Unit identification number;
  2. Age and sex of each patient;
  3. Condition and chief complaint of the each patient;
  4. Vital signs of each patient;
  5. Treatment rendered; and
  6. Estimated time of arrival

### (3) Radio System

All ambulances in Sherman County shall be equipped to communicate on the following frequencies:

DIGITAL SYSTEM: (Owned by participating Frontier Regional Dispatch Agencies)	SH-1 AMBULANCE SH-MORO TAC SH-NORTH TAC SH-SOUTH TAC
VHF SYSTEM:	592 – 155.145 RX; 158.865 TX 593 - 155.550 RX; 153.935 TX HEAR – 155.340
Sheriff DIGITAL: VHF:	SH-S01 & SH-S02 Same as Ambulance

After the initial dispatch, they will have continuous communications with Sherman County Sheriff's Office and Adventist Columbia Gorge in The Dalles as conditions for radio transmission allow. Sherman County Ambulance has capabilities of using two (2) portable repeaters for services areas that are in the dead zone of all radio traffic. These are located at the Emergency Services Building,

### (4) Emergency Medical Services Dispatcher Training

Sherman County 9-1-1 dispatch is handled by Frontier Regional Dispatch



at this time, which has established guidelines for training their dispatchers in accordance with current regulations of the State of Oregon. Training is provided through DPSST. Frontier Regional Dispatch non emergent phone number is 541-384-2080

(5) Emergency Medical Services Dispatcher Direction and Quality Improvement

Frontier Regional Dispatch works has a quality improvement process established. Calls are reviewed. EMD protocols are developed and reviewed by a Medical Director annually.

## **7. Provider Selection**

### (1) Initial Assignment

No person shall provide ambulance service in Sherman County unless an ambulance service area has been assigned to that person pursuant to this plan. Any person wishing to provide ambulance services within said county shall submit a letter of intent to bid within thirty (30) days of announcement regarding the opening of an Ambulance Service Area (ASA). All bid proposals shall be submitted to the Court. The proposals shall be reviewed by the County ASA Plan Committee. The Committee shall recommend the assignment of an ASA to the Court. Assignment of all ASAs shall be made by the Court. Assignment of an ASA shall be valid for five (5) year terms commencing on the first day of contract implementation and subject to provisions of suspension or revocation as set forth in this plan.

### (2) Reassignment

Not less than ninety (90) days prior to the expiration of the term of assignment to an ASA, any person desiring renewal of assignment shall submit an application for renewal to the Court. The Court shall have thirty (30) days to approve the renewal for an additional five (5) year period. Should renewal be denied, reassignment shall occur in accordance with section titled "Assignment." In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the Court shall set a time by which applications must be submitted for a new assignment of the Ambulance Service Area. The review of the application as assignment of the Ambulance Service Area shall be in accordance with this Section.

### (3) Application for an ASA

Sherman County currently has a Committee, Sherman County Ambulance Service Area Committee that consist of current one (1) residents of each city with the county, the Frontier Regional 911 director and a county the Judge. An application for service of an additional ASA provider can be submitted in writing to said board for review. Should an agency or individual apply for ASA, the Committee shall request more information from the interesting parties. This can include but not limited to, benefit of proposed coverage to the residents/citizens,

any improve emergency medical care, impacts to current medical care responders, and any additional information as needed. Once the information is received, the Committee will make a written or in person review/recommendation to the County Court. Once an ASA is reviewed and approved, the Committee will then enter into an agreement for the ambulance service for a term of two (2) years. All contracts will require approval from the County Court, as required by Ordinances.

(4) Notification of Vacating an ASA

The provider shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving ninety (90) days written notice to the Court. The provider shall not transfer, sell, or exchange the assignment of an Ambulance Service Area or any part thereof. The assignment of the ASA is to provide service to that area and if the provider is unable or unwilling to continue to provide such service, a written notice to the Court for vacating an ASA must be made and the provider must comply with the terms for vacating an ASA under this plan. The county timeline for replacement would be within the ninety (90) days from the written notice. The county in addition, will immediately contract an m temporary ambulance service provider to maintain existing level of service until the county can select a permanent replacement ASA provider.

(4) Maintenance of Level of Service

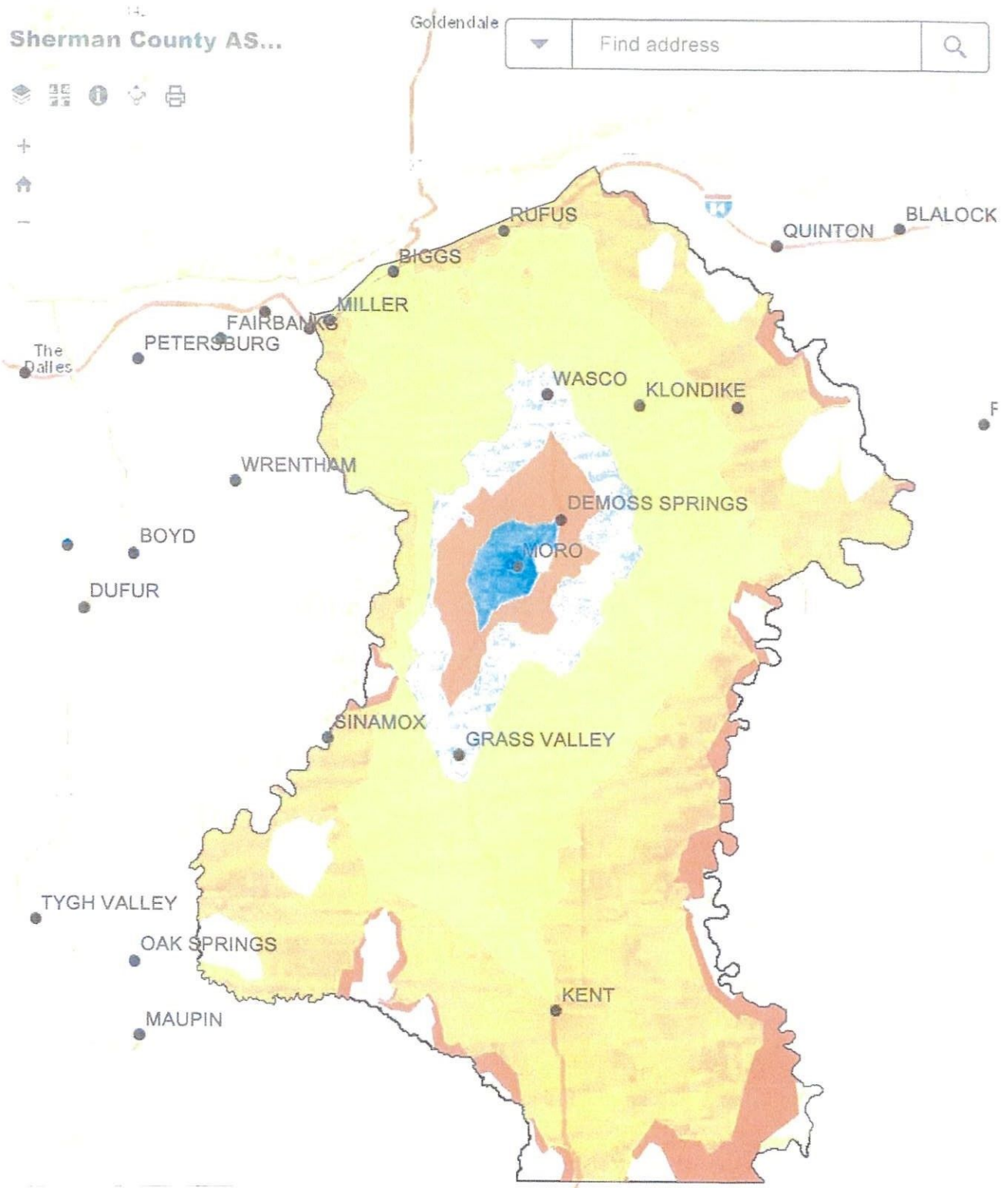
Any significant changes in an ambulance service provider's resources or equipment shall be immediately reported to the Court, who shall transmit the information to the Sherman County Ambulance Service Area Advisory Committee who will make recommendations to the Court regarding these changes. As a safety net for the unexpected discontinuance of service, mutual aid is available to maintain a minimum level of service.

## **8. County Ordinances and Rules**

The Court shall adopt an Ambulance Service Area Ordinance. The Ordinance shall include criteria for administering the Sherman County Ambulance Service Area Plan; limiting ambulance services that may operate in the county; establishing an application process; ambulance franchise terms; enforcement; preventing interruption of service; appeals, abatement and penalties; duties of the franchisee; and establishing membership and duties of the advisory committee.



# ATTACHMENT #1



### TRAVEL TIME GUIDELINES

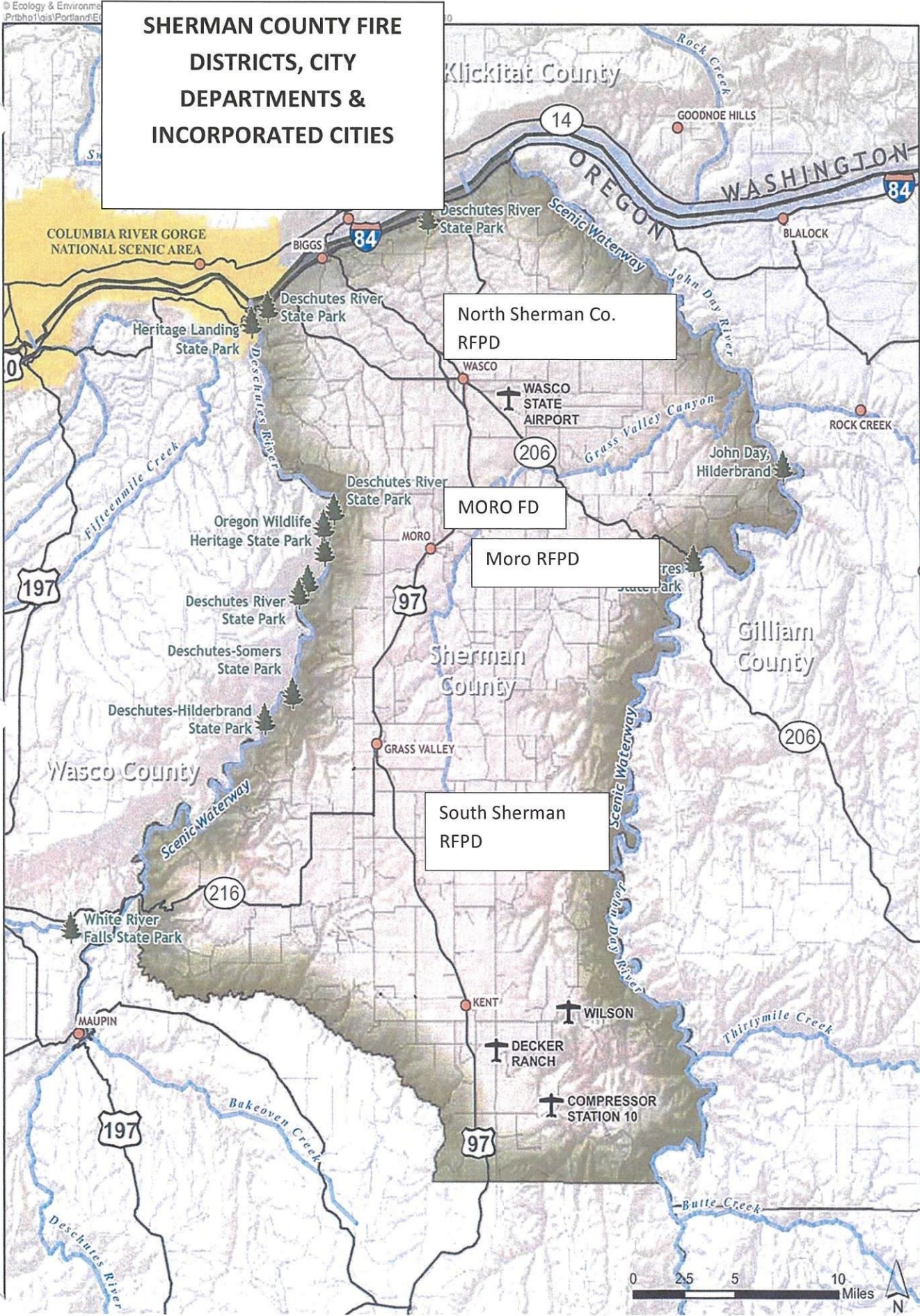
©Lorme, NGA, USGS, NPS

Dark Blue	0-5 Minutes
Dark Orange	5-10 Minutes
Lt. Blue	10-15 Minutes
Yellow	15-30 Minutes
Lt. Orange	30-60 Minutes
Red	60-120 Minutes



ATTACHMENT #2

SHERMAN COUNTY FIRE DISTRICTS, CITY DEPARTMENTS & INCORPORATED CITIES





# ATTACHMENT # 3 OUT OF COUNTY EMERGENCY RESOURCES

## **Fire Departments:**

### Gilliam County:

Contact Dispatch at 1-541-384-2080  
North Gilliam County RFPD  
City of Arlington FD  
South Gilliam County RFPD  
City of Condon FD

### Wasco County:

Contact Dispatch at 1-541-384-2080  
Mid-Columbia Fire and Rescue

### Klickitat County:

Contact Dispatch at 1-541-384-2080

### Other Resources:

Bureau of Land Management Dispatch: 1-541-416-6869

## **Ambulance:**

### Gilliam County:

Contact Dispatch at 1-541-384-2080  
North Gilliam County Ambulance (Arlington)  
South Gilliam County Ambulance (Condon)

### Wasco County:

Contact Dispatch at 1-541-384-2080  
Mid-Columbia Fire and Rescue  
South Wasco County Ambulance

### Other Resources:

Contact Dispatch at 1-541-384-2080  
AirLink (Bend)  
Life Flight (Aurora, Dallesport and Redmond)

## **Hospitals:**

387-6510	Hood River Providence – Hood River
773-4022	Klickitat Valley Hospital - Goldendale (509)
296-1111	Mid-Columbia Medical Center - The Dalles
475-3882	Mountain View Hospital - Madras
382-4321	St. Charles Medical Center – Bend

## **Law Enforcement:**

Contact Dispatch at 1-541-384-2080  
Gilliam County Sheriff  
Wasco County Sheriff  
Oregon State Police

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**ATTACHMENT #4**

**MASS CASUALTY INCIDENT  
PLAN**

**OREGON STATE AREA TRAUMA  
ADVISORY BOARD #6 (ATAB 6)**

**HOOD RIVER COUNTY,  
WASCO COUNTY,  
SHERMAN COUNTY,  
GILLIAM COUNTY**

**WASHINGTON STATE  
SOUTHWEST REGIONAL EMS**

**KLICKITAT COUNTY,  
SKAMANIA COUNTY**

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