



SHERMAN COUNTY

AMBULANCE SERVICE

AREA (ASA) PLAN

January 2018

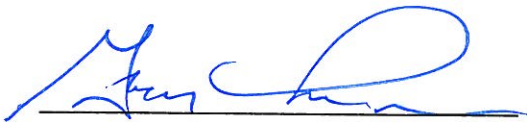
1.

**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 7 day of Feb., 2018.



Gary Thompson
Sherman County Judge

2. Overview of County

Sherman County, with a population of 1950 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 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 at the Mid-Columbia Medical Center 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 OAR 333-200-0080.

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 333-265-0000.

(2) "Advanced Life Support (ALS) Units" means those units staffed by an Oregon-licensed EMT-Paramedic defined in OAR 333-255-0072.

(3) "Ambulance" has the meaning given that term by OAR 333-250-0205

(4) "Ambulance Services" has the meaning given that term by OAR 333-265-0000.

(5) "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 defined by OAR 333-260-0010.

- (6) "Ambulance Service Plan" means a written document, which outlines a process for establishing a county emergency medical services system, defined in OAR 333-260-0010. 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.
- (7) "Basic Life Support (BLS) Units" means those units staffed by an Oregon-licensed EMT Basic defined in OAR 333-255-0070.
- (8) "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.
- (9) "Effective provision of ambulance services" means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.
- (10) "Efficient provision of ambulance services" means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection.
- (11) "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.
- (12) "Emergency Medical Responder" means a person licensed by the OHA as defined in OAR 333-265-0000.
- (13) "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 as defined in OAR 333-265-0000.
- (14) "Emergency Medical Technician (EMT)" means a person licensed by OHA as defined in OAR 333-265-0000.
- (15) "Emergency Medical Technician Intermediate (EMT I)" means a person licensed by OHA as defined in OAR 333-265-0000.
- (16) "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 333-200-0080.
- (17) "Health Officer" means the County Health Officer.
- (18) "Intermediate Life Support (ILS) Units" means those units staffed by an Oregon-licensed EMT-Intermediate defined in OAR 333-255-0000.
- (19) "License" means the document issued by OHA to the owner of an ambulance service when the service and its ambulances are found to be in compliance with ORS Chapter 682, OAR 333-250-0205 and OAR 333- 255-0010-0020.

(20) "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.

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

(22) "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, other than a security interest holder or lesser, entitled to the possession of a vehicle under security agreement of a lease for a term of ten (10) or more successive days.

(23) "Paramedic" means a person licensed by OHA as defined in OAR 333-265-0000.

(24) "Patient" means an ill, injured, or disabled person who may be transported in an ambulance.

(25) "Provider" means any public, private or volunteer entity providing EMS.

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

(27) "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.

(28) "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.

(29) "Supervising Physician" has the meaning provided in OAR 847-35-0001.

(30) "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 Travel Time Guidelines - 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

5. SYSTEM ELEMENTS

- (1) 9-1-1 Dispatched Calls
Sherman County is served by Frontier Regional 911, located in Condon, Oregon. Calls are then dispatched via pagers and portable radios and text.
- (2) Alternatives Considered to Reduce Response Times

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 EMRs and EMTs from North Sherman County RFPD, who are also active members of the Sherman County Ambulance, South Sherman Fire and Rescue and the Sheriff's Office.
- (3) 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.
- (4) 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 shall be met 90% of the time.
- (5) Level of Care
Level of care shall be at a minimum of BLS, with ILS when available.
- (6) Personnel
All ambulance personnel are currently volunteers, on call. When operating an ambulance in Sherman County, all ambulance service providers shall meet the requirements of ORS 682.025 to 682.991 and OAR 333-255-0070 and/or through OAR 333-255-0072.
- (7) Medical Supervision
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 Supervising Physician 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.

- (8) Patient Care Equipment
Patient care equipment meets or exceeds minimum standards established by state statutes and administrative rules for BLS and ILS, as appropriate.
- (9) Vehicles
Ambulances shall meet the standards set by state statutes and administrative rules and shall be on file at the State EMS office.
- (10) 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 333-265-0012 through 333-265-0015 and OAR 333-265-0110.
- (11) Quality Improvement
Quality improvement of prehospital care of patients in Sherman County is accomplished through case review, peer review and periodic review by the Supervising Physician and/or ambulance Board of Directors.

Evaluation and quality improvement of the ASA Plan, which includes, but is not limited to dispatch notification, response times, staffing, equipment variances and mutual aid requests are to be completed by the ASA Committee. The ASA Committee meets twice each year to review EMS response statistics.

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. The Committee shall serve as the principal entity to administer and accept written proposals for amendments to this ASA Plan. The committee will have a designated administrator and chairperson.

b) Process

Sherman County owns the Sherman County Ambulance Service; therefore, the Board of Commissioners, herein referred to as the Board, 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.

Quality improvement in Sherman County shall be accomplished through frequent case review, peer review, and periodic review by the Supervising Physician.

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

c) Problem Resolution

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 Board if necessary. The Board 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 Committee, or upon its own motion, the Board 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 provider.

In lieu of the suspension or revocation of the assignment of an ASA, the Board 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 Board'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 Board 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 Board by filing with the Board 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 Board shall set a time and place for the hearing. Within fourteen (14) days after the conclusion of the hearing, the Board 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 Board.

- (2) Complaint Review Process.

Complaints regarding violation of this ASA Plan, or questions involving prehospital care provided, shall be submitted in writing to the Board. The Board 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.).

- (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.

- (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 April 2015. The Plan is currently being updated. An electronic copy of the plan is located at the Sherman County Emergency Services Building, 309 Dewey St., Moro, Oregon. See Attachment # 4.

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. These units each carry vehicle extrication and other rescue tools.
- (2) Transporting Agency – South Sherman RFPD, stationed out of Grass Valley, has two ambulances, which are seasonally staffed with EMTs, EMT Intermediates and EMT Paramedics. They staff the Oregon Raceway, which runs from March – October. Sherman County Ambulance has granted South Sherman RFPD permission to operate at the Oregon Raceway. They DO NOT operate under Sherman County Ambulance ASA. They also have a rescue unit with vehicle extrication and other rescue tools.
- (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 Sheriffs Office. Sherman County does not have an active rescue unit; therefore Sherman County Sheriffs Office has a Memorandum of Understanding with Wasco County Search and Rescue. If a rescue mission is initiated, Sherman County Sheriffs Office will contact OERS 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.
- (6) Extrication - North Sherman County RFPD, South Sherman RFPD and Moro RFPD has equipment and capabilities for vehicle extrication.
- (f) 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 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:

VHF SYSTEM:	592 – 155.145 RX; 158.865 TX
	593 - 155.550 RX; 153.935 TX
	HEAR – 155.340
DIGITAL SYSTEM:	SH-AMBULANCE

(Owned by participating
Frontier Regional Dispatch
agencies)

Sheriff VHF:	Same as Ambulance
DIGITAL:	SH-S01 & SH-S02

After the initial dispatch, they will have continuous communications with Sherman County Sheriff's Office and Mid Columbia Medical Center in The Dalles as conditions for radio transmission allow.

(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.

(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.

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 Board. The proposals shall be reviewed by the County ASA Plan Committee. The Committee shall recommend the assignment of an ASA to the Board. Assignment of all ASAs shall be made by the Board. 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 Board. The Board 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 Board 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

In the event an ambulance assigned area becomes vacant or in danger of becoming vacant, an application for ASA will be developed.

(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 Board. 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 Board for vacating an ASA must be made and the provider must comply with the terms for vacating an ASA under this plan.

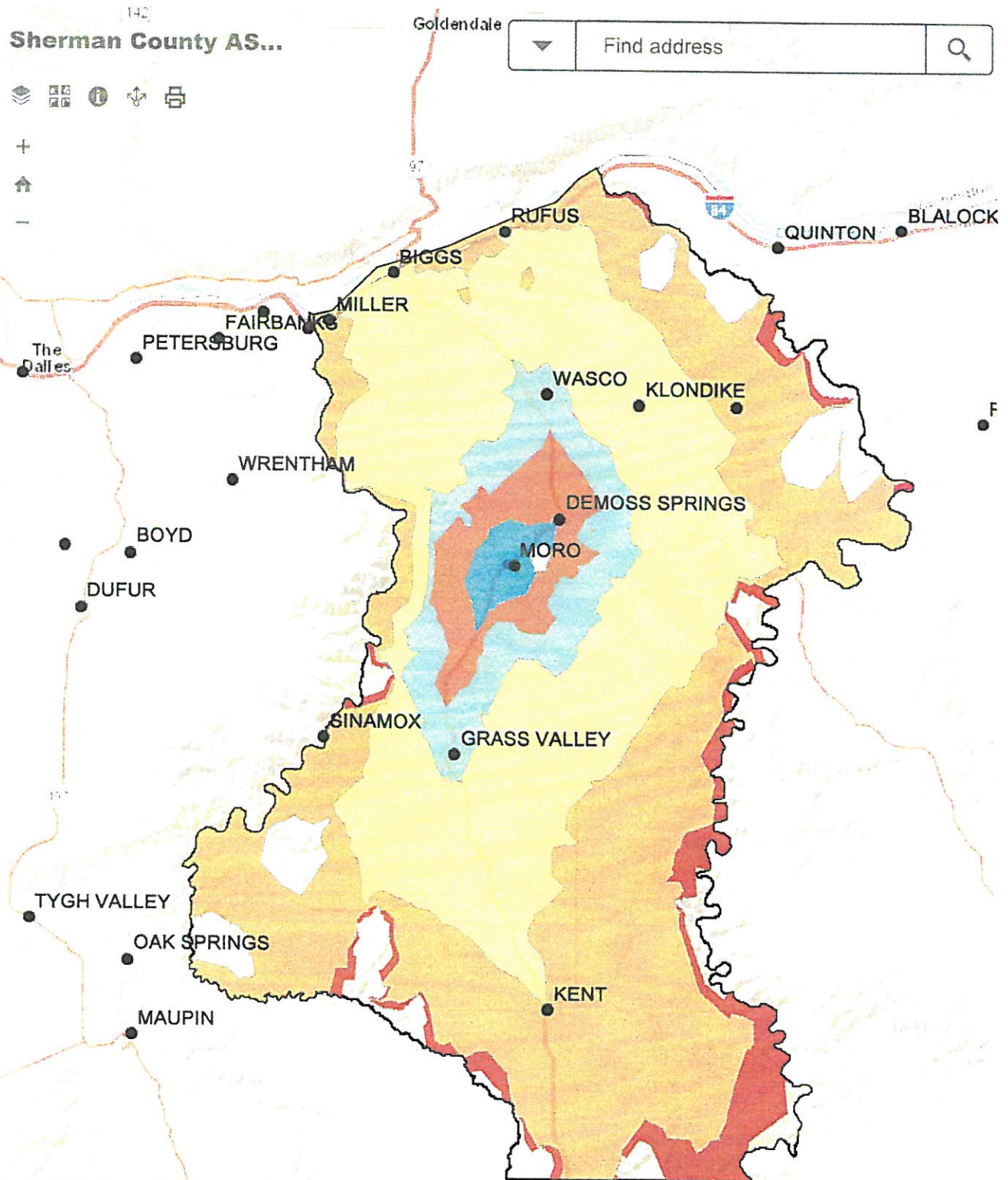
(4) Maintenance of Level of Service

Any significant changes in an ambulance service provider's resources or equipment shall be immediately reported to the Board, who shall transmit the information to the Sherman County Ambulance Service Area Advisory Committee who will make recommendations to the Board 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 Board 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



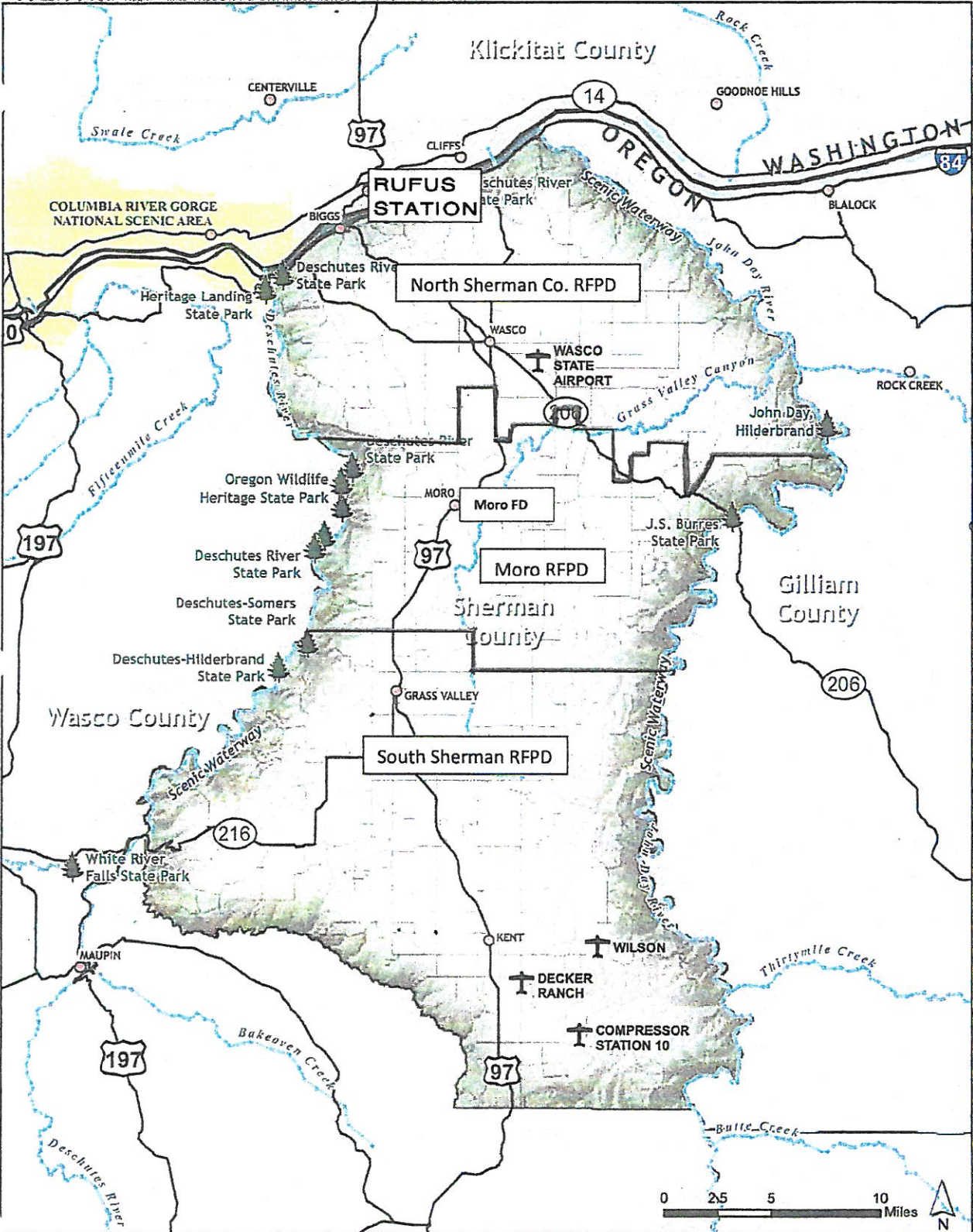
TRAVEL TIME GUIDELINES

Source: 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

Ecology & Environment, Inc. GIS Department Project #002247 C
 Projections: Portland UTM Zone 12N, Datum: NAD83, Units: Meters, Date: 05/12/2010



SHERMAN COUNTY FIRE DISTRICTS 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

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**

Revision 4.00 1/1/2012