

Council Communication

05/17/2016, Business Meeting

Ambulance Operator's License Renewal

FROM:

John Karns, Fire Chief, Ashland Fire & Rescue karnsj@ashland.or.us

SUMMARY

The Ashland Municipal Code requires that all ambulance service providers in the City obtain an ambulance operator's license. This is the Fire Department's request for the renewal by Council of the Fire Department's Ambulance Operator's License per AMC 6.40.110.

BACKGROUND AND POLICY IMPLICATIONS:

Ashland Municipal Code (AMC) Chapter 6.40.110 requires ambulance service providers operating within the City of Ashland to apply annually for an ambulance operator's license. The Fire Department has provided emergency services in Ashland since 1885. From 1926 to 1936, the fire department operated the ambulance service in Ashland, and in 1936 the ambulance service was sold to Litwiller Funeral Home. The fire department obtained its first medical response vehicle (Rescue 9) through community donations in 1973, and began providing first response emergency medical services to the community. In January 1996, the City of Ashland purchased the Ashland Life Support Ambulance Company and Ashland Fire & Rescue began providing ambulance services within a 650 sq mile ambulance service area in south Jackson County, known as ASA III. Ambulance services in Oregon are regulated by county governments, and within the City of Ashland they are required to obtain an ambulance operator's license. This license is renewed on an annual basis.

FISCAL IMPLICATIONS:

The license fee is \$300 plus \$100 per ambulance, for a total of \$800. This is provided for by a line item in the department's emergency medical services budget (604160).

STAFF RECOMMENDATION AND REQUESTED ACTION:

Staff recommends renewal of the Ambulance Operator's License for Ashland Fire & Rescue.

SUGGESTED MOTION:

I move approval of the application for an Ambulance Operator's License for Ashland Fire & Rescue.

ATTACHMENTS:

Ambulance license renewal application.



Ashland Fire & Rescue

Ashland, OR

This report was generated on 5/10/2016 4:22:48 PM



State IDs per Personnel

ID	NAME	STATE EMS ID	EMS CERT. LEVEL	STATE TRAINING ID
1144	Beck [P], Todd	124333	EMT Paramedic	9119
089170	Boyersmith [P], Steve	120378	EMT Paramedic	5901
089667	Burns [P], Andrew	139879	EMT Paramedic	27749
9472	Burns [P], Kelly	120248	EMT Paramedic	12147
089437	Foss [P], Justin	131705	EMT Paramedic	20624
25664	Freiheit [P], Matt	121237	EMT Paramedic	9854
089466	Garfas-Knowles [P], Ron	132871	EMT Paramedic	25087
1126	Hadden [P], Jennifer	124336	EMT Paramedic	13281
33984	Hanstein [P], David	111814	EMT Paramedic	7088
089515	Hegdahl [P], Tim	135298	EMT Paramedic	25030
089289	Hickman [EMT], Margueritte	128889	EMT	13324
36864	Hollingsworth [P], Scott	113607	EMT Paramedic	3629
089399	Knutson [P], Brent	130961	EMT Paramedic	19472
089163	Lacoste [P], Rod	127119	EMT Paramedic	13893
089465	Manning [P], Ashley	132690	EMT Paramedic	22552
089625	Mekkers [P], Mike	135069	EMT Paramedic	5585
089277	Menold [P], Lance	125954	EMT Paramedic	17566
089565	Palmesano [P], Nick	134776	EMT Paramedic	25485
089255	Rasor [P], Marshall	126969	EMT Paramedic	13980
089436	Roselip [P], David	130561	EMT Paramedic	17793
69056	Rosenlund [P], Derek	121067	EMT Paramedic	12485
089666	Safko [P], Kyle	143902	EMT Paramedic	31523
69248	Sallee [P], Dana	116336	EMT Paramedic	12486
1052	Shepherd [P], David	123197	EMT Paramedic	9766
1053	Stephens [P], Robert	123787	EMT Paramedic	12148
77560	Stoy [P], Trent	118911	EMT Paramedic	12483
089295	Stubbs [P], Todd	130277	EMT Paramedic	16319
089665	Thomason [P], Jim	139172	EMT Paramedic	28470
089428	Trask [P], Robert	130008	EMT Paramedic	16743
089394	Turner [P], Shannon	126208	EMT Paramedic	12628
089630	Winwood [P], Brandon	136263	EMT Paramedic	25223

All active personnel

CITY OF ASHLAND
APPLICATION FOR AMBULANCE OPERATOR LICENSE
AMC Ch. 6. 6.40
2016

Applicant's Name:	CITY OF ASHLAND		
Trade Name, if any:	ASHLAND FIRE & RESCUE		
Address:	455 Siskiyou Boulevard Ashland OR 97520		
Telephone number:	(541) 482-2770		
Ambulance descriptions	Manufacturer	Vin #	License #
1. 2002 Ford	LIFELINE	1FDXF47F63EA10341	EXEMPT
2. 2016 Ford	HORTON	1FDUF4HTXGEA67381	EXEMPT
3. 2011 Ford	LIFELINE	1FDUF4HTOBEC53861	EXEMPT
4. 2006 FORD	LIFELINE	1FDXF47F06ED06467	EXEMPT
5. 2008 FORD	LIFELINE	1FDXF47R48ED90832	EXEMPT

- ☐ Attach information showing that every proposed driver, attendant and driver-attendant is qualified as required in Ashland Municipal Code Chapter 6.40 and as required by the laws of the State of Oregon.
- ☐ Enclose with the application, the initial license fee of \$300 plus \$100 per ambulance.
- ☐ Enclose a performance bond in the amount of \$500,000.
- ☐ Enclose an insurance policy meeting the requirements of AMC §6.40.110.7. Attach additional pages as necessary. Explain any box not checked.

Submit your application and required enclosures to Barbara Christensen, City Recorder, City Hall, 20 East Main Street, Ashland, Oregon 97520.

I certify that each ambulance listed above is adequate and safe for the purposes for which it is to be used and that it is equipped as required by Ashland Municipal Code Chapter 6.40 and the laws of the State of Oregon.

Signature: *Kimberley Summers*
Print name: Kimberley Summers
Title: Administrative Assistant
Date: 05-17-2016

ROSTYKUS, PAUL S MD
 ASHLAND FIRE DEPARTMENT
 MED DIRECTOR: DR PAUL ROSTYKUS
 455 SISKIYOU BLVD
 ASHLAND, OR 97520-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BA3050692	04-30-2018	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-19-2015
ROSTYKUS, PAUL S MD LIMITED TO OFFICIAL GOVERNMENT DUTIES ONLY ASHLAND FIRE DEPARTMENT 455 SISKIYOU BLVD ASHLAND, OR 97520-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Restricted to Government personnel for official duties only.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (4/07)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BA3050692	04-30-2018	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5.	PRACTITIONER	03-19-2015
ROSTYKUS, PAUL S MD LIMITED TO OFFICIAL GOVERNMENT DUTIES ONLY ASHLAND FIRE DEPARTMENT 455 SISKIYOU BLVD ASHLAND, OR 97520-0000		

**CONTROLLED SUBSTANCE/REGULATED CHEMICAL
 REGISTRATION CERTIFICATE**
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Restricted to Government personnel for official duties only.

Sections 304 and 1008 (21 USC 824 and 958) of the
 Controlled Substances Act of 1970, as amended, provide
 that the Attorney General may revoke or suspend a
 registration to manufacture, distribute, dispense, import or
 export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF
 OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,
 AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**REPORT
 CHANGES
 PROMPTLY**

Form DEA-223/511 (4/07)

**REQUESTING MODIFICATIONS TO YOUR
 REGISTRATION CERTIFICATE**

To request a change to your registered name, address, the drug
 schedule or the drug codes you handle, please


1. visit our web site at deaddiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:

**Drug Enforcement Administration
 P.O. Box 28083
 Washington, DC 20083**

See Title 21 Code of Federal Regulations, Section 1301.51
 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

CERTIFICATE OF COVERAGE

Agent DIRECT	This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. This certificate does not amend, extend or alter the coverage afforded by the coverage documents listed herein.	 citycounty insurance services
Named Member or Participant City of Ashland 20 East Main Street Ashland, OR 97520	Companies Affording Coverage COMPANY A - CIS COMPANY B - National Union Fire Insurance Company of Pitts, PA COMPANY C - RSUI Indemnity	


LINES OF COVERAGE

This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

Type of Coverage	Company Letter	Certificate Number	Effective Date	Termination Date	Coverage	Limit
General Liability X Commercial General Liability X Public Officials Liability X Employment Practices X Occurrence	A	14LASH	7/1/2014	7/1/2015	General Aggregate: Each Occurrence:	\$15,000,000 \$5,000,000
Auto Liability X Scheduled Autos X Hired Autos X Non-Owned Autos	A	14LASH	7/1/2014	7/1/2015	General Aggregate: Each Occurrence:	None \$5,000,000
Auto Physical Damage X Scheduled Autos X Hired Autos X Non-Owned Autos	A	14APDASH	7/1/2014	7/1/2015		
X Property	A / C	14PASH	7/1/2014	7/1/2015		Per Filed Values
X Boiler and Machinery	A	14BASH	7/1/2014	7/1/2015		Per Filed Values
X Excess Crime	B	14ECASH	7/1/2014	7/1/2015	Per Loss:	\$250,000
Excess Earthquake						
Excess Flood						
Excess Cyber Liability						
Workers' Compensation						

Description:

Jackson County is named as additional insured per the agreement made between Jackson County and the City of Ashland giving Ashland Fire & Rescue the exclusive right to provide ambulance service in ASA #3.

Certificate Holder: Jackson County 1005 East Main Street Medford, OR 97504	CANCELLATION: Should any of the coverage documents herein be cancelled before the expiration date thereof, CIS will provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CIS, its agents or representatives, or the issuer of this certificate. <div style="text-align: center;">  By: _____ Date: August 25, 2014 </div>
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OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

AUDIT NO.

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS PROGRAM

60906

AGENCY NUMBER:

1501

STATE EMS OFFICE COPY

City of Ashland #1501
455 Siskiyou Blvd
Ashland, OR 97520



05/05/2015

OPERATION DATES
MO. DAY YR. THRU MO. DAY YR.

06/30/2016

PAYMENT DATE
MO. DAY YR.

05/05/2015

CITY OF ASHLAND

May 27, 2015

Director Mark Orndoff,
Jackson County Health & Human Services
1005 E. Main Street
Medford, Oregon 97504

Dear Director Orndoff,

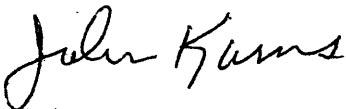
Please accept this letter as evidence of Ashland Fire & Rescue's intent to reapply for assignment of Jackson County Ambulance Service Area #3 pursuant to Jackson County Ordinance Chapter 1075, Exhibit A, Five year assignment per Section 7.3 A. Reassignment of Ambulance Service Area 3 (South County-Ashland/Talent) to Ashland Fire & Rescue will serve to ensure the continued integration of emergency medical services within Jackson County. Since 1996, Ashland Fire & Rescue has been providing high quality ambulance services to the resident of south Jackson County as the primary ambulance services provider.

We continue to receive above average approval ratings from our patients regarding the ambulance services provided, as evidenced by their many notes, letters and e-mail comments to both the Fire Department and our billing service. In addition to receiving high approval ratings from our patients, we enjoy a strong cooperative working relationship with all other EMS providers within the county, and also with adjacent service providers outside of Jackson County.

Ashland Fire & Rescue has consistently operated well within all Jackson County ASA response time standards, and met or exceeded all other standards and requirements of our ASA agreement. We continue to be a major participant in decisions and activities directed toward the ongoing improvement of county-wide EMS services, and we have faithfully executed our assigned stewardships within the EMS community.

We are looking forward to the potential renewal of our ASA service contract with Jackson County and the continued and uninterrupted provision of quality ambulance services to the citizens of south Jackson County.

Respectfully,



John Karns
Fire Chief

ASHLAND FIRE & RESCUE

455 Siskiyou Boulevard
Ashland, OR 97520
(541) 482-2770 • Fax (541) 488-5318
TTY: 800-735-2900



6.40.110 Application for License

A. Any person desiring to obtain an ambulance operator license shall apply upon forms available from the city recorder. Each application shall be accompanied by a surety bond in the amount provided in this chapter. The application shall include the following information:

1. The name of the applicant and trade name, if any, under which the applicant intends to conduct the business; or if it is a corporation, its name, date and place of incorporation, address of its principal place of business and the names of its principal officers, together with their respective residence addresses; or if a partnership, association or unincorporated company, the names of the partners, or of the persons comprising such association or company, and the business and residence address of each partner or person.
2. A description of each ambulance or other vehicle used, or proposed to be used, by the applicant, with the name of the manufacturer, engine and serial numbers, state motor vehicle license number, together with a certification that each ambulance is adequate and safe for the purposes for which it is to be used and that it is equipped as required by this chapter and the laws of the state of Oregon.
3. The address and description of the premises at and from which it is proposed to maintain and operate such ambulances.
4. Information showing that every proposed driver, attendant, and driver-attendant is qualified as required in this chapter and as required by the laws of the state of Oregon.
5. The applicant shall furnish such additional information as the city may require.
6. Upon application for an ambulance operator's license, applicant shall furnish the city with a good and sufficient cash bond or surety bond in the sum of \$500,000.00 which shall be continued in effect during the period that such ambulance operator shall do business in the city. The bond shall be given as a guarantee that the ambulance operator will furnish and maintain ambulance service from the date of obtaining a city license without interruption of service, except that by giving 180 days' notice to the city, such ambulance operator shall be authorized to discontinue service without penalty. If, for any reason, the licensed ambulance operator shall cease operations or discontinue business for any reason whatsoever, voluntarily or involuntarily, without giving the notice herein required, such cash bond or surety bond shall be forfeited to the city.
7. No ambulance operator's license shall be issued unless there is also on file with the city an insurance policy approved by the city administrator, whereby the owner and driver of each of the vehicles described in this license are insured against liability for damage to property and for injury to, or death of, any person resulting from the ownership, operation, or other use thereof. This policy shall be in the sum of not less

than \$500,000.00 for property damages, personal injuries to, or death of persons in any single accident.

a. The insurance policy shall contain an endorsement providing that this policy of insurance will not be canceled until notice in writing shall have been received by the city administrator at least thirty days prior to the time such cancellation shall become effective.

b. The insurance policy must be issued by a company authorized to do business in the State of Oregon. This policy shall further provide that there shall be a continuing liability thereon, notwithstanding any recovery on this policy. If, at any time, this insurance policy shall be canceled by the company issuing the same, or the authority of the company to do business in the state of Oregon shall be revoked, the certificate holder shall replace the policy with another policy approved by the city administrator.

B. The initial license fee and each yearly renewal thereafter shall be \$300 for an Ambulance Operator's License plus \$100 per ambulance providing emergency medical services to the city. Changes in the amount of these fees may be made by resolution of the council.

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Memo

DATE: May 10, 2016
TO: Lee Tuneberg
Cindy Hanks
FROM: Kimberley Summers
RE: Renewal of City of Ashland Ambulance Operators License Fee

Lee,

Our ambulance license is due to expire on June 30, 2016 and we need to renew our ambulance operator's license for July 1, 2016 to June 30, 2017. Would you please do an inner-departmental transfer or check for the ambulance licensing fees in the amount of \$800.00. It will need to be transferred from EMS account # 110.07.13.00.604160 and put into the City of Ashland Accounts Receivable.

This will need to be included in the renewal application for ambulance operator's license that includes the required certifications and documentation required by the AMC 6.40 a memo will be sent to Dave Kanner and a Council Communications requesting ambulance license renewal. I have contacted Diana Shiplet to have this placed on the next council meetings consent items agenda.

As in the past the fees and bond have just been charged to our budget please let me know if this is still the correct procedure. I would like to know if we can streamline the process to obtain our annual business license.

Thank you for your time
Kimberley Summers

OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS PROGRAM

AUDIT NO.

AGENCY NUMBER:

1501

OPERATION DATES
MO. DAY YR. THRU MO. DAY YR.

05/12/2016

6/30/2017

AMBULANCE AGENCY LICENSE - POST IN AGENCY

City of Ashland #1501
455 Siskiyou Blvd
Ashland, OR 97520

PAYMENT DATE
MO. DAY YR.

05/12/2016

MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE