NORTH CENTRAL
EMERGENCY CARE COUNCIL
ADVOCACY & EDUCATION

# NORTH CENTRAL REGION EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

## S T R A T E G I C  P L A N

## July 1, 2023 – June 30, 2025

Submitted by the North Central Region EMS and Trauma Care Council

Approved by EMS & Trauma Steering Committee *May 2023*

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# INTRODUCTION

The North Central Region was established in 1990 as part of the Emergency Medical Service (EMS) and Trauma Care System through the Revised Code of Washington (RCW 70.168.100-70.168.130) and Washington Administrative Code (WAC 246-976-960). The Regions administer and facilitate EMS & Trauma Care System coordination, evaluation, planning, and develop system recommendations for the WA State EMS and Trauma Steering Committee and the Department of Health. Washington State regulations require Council membership to be comprised of Local Government, Prehospital, and Hospital agencies. Additional positions can be Medical Program Directors, Law Enforcement, federally recognized Tribes, Dispatch, Emergency Management, Local Elected Official and Consumers. Council members are appointed volunteer representatives.

The Region Council has adopted the following DBA name, mission and motto that are incorporated into the regional planning process and vision for the future of North Central Region.

DBA Name: North Central Emergency Care Council

Mission: To Promote and Support a Comprehensive Emergency Care System"
Vision: "Getting the Right Patient, to the Right Place in the Right Amount of Time"

The Region Council is primarily funded by contract with the DOH to complete the work in this plan. The Region Council is a private 501 (C)(3) nonprofit organization. The Chair, Vice Chair, Treasurer, and Secretary make up the Executive Committee which oversees the routine business of the Council between regular Council meetings. The Region Council is staffed by one employee, the Executive Director. The role and responsibilities of the Executive director include: develop, coordinate, and facilitate the work in this Region System Plan, manage the day to day business of the Region Council office, meet the federal 501 ©(3) standards of financial management and the WA State Auditor Office accounting requirements, administer all contracts and grants, attend and participate in the WA EMS Steering Committee and it's multiple Technical Advisory Committees (TAC) meetings, WA DOH meetings, coordinate Region Council meetings, support and attend local County Council meetings as well as collaborate with EMS and Trauma System partners. Overall oversight remains the responsibility of the entire Council. All financial transactions are approved at meetings, and substantive business decisions are made by a vote of the full Region Council.

The North Central Region Council and East Region Council have successfully consolidated administrative services via contract since July 2013.
This consolidation has reduced the duplication of administrative tasks and expenses, which allows both regions to accomplish the work of the DOH contract independently while maximizing system administrative funding. Both region councils have worked together to accomplish the work of the strategic plans while maintaining the same level of system support to create congruency in Region PCPs, min/max assessments, prehospital transportation services, and training and education of EMS providers.

The North Central Region Council has established committees and workgroups to address Recruitment and Retention, Education for EMS Providers, Injury and Violence Prevention, and Public Information:

- Executive Committee: Comprised of the Council President, Vice President, Treasurer, Secretary, and the Chair of any standing Committee. Provides oversight of Administration and governance of the Region Council.

- Training and Education Committee: Comprised of members of the Region Council, Local Councils, and Training Program Coordinators, to review regional training needs, develop regional training programs based on the needs assessment, and quality improvement for training, and education to improve patient outcomes.

- North Central Region QI Committee: Comprised of members of each designated facility's medical staff, the RN Coordinator of each service, EMS Providers, Medical Program Directors, and Region Council members. The Mission of the North Central Region QI Committee is "strives to optimize Emergency Systems of Care through a collaborative multidisciplinary approach to improve patient outcomes."

Medical Program Directors (MPD) are physicians recognized to be knowledgeable in their county's administration and management of pre-hospital emergency medical care and services. Medical Program Directors (MPD) are physicians certified by the Department of Health to provide oversight of EMS providers. MPD duties are described in WAC 246-976. MPDs of each county supervise and provide medical control and direction of certified EMS personnel. This is done verbally and by developing written protocols directing patient care, attendance at county council meetings, and establishing quality assurance programs. MPDs participate with the local and regional EMSTC Councils to determine education for ongoing training, approve initial training courses; and assist in development of county operating procedures, regional patient care procedures, and regional strategic plans.

The Region Council informs ongoing WA EMS & Trauma Care System development with relevant partners in the Emergency Care System through the exchange of information, committee participation, meeting attendance, Prehospital and hospital planning, and special projects relevant to the Emergency Care System. The Region Council maintains collaborative partnerships in the Emergency Care System (examples of partners include Cardiac, Stroke, and Trauma QI, local EMS & trauma care councils, health care coalitions, local, regional, and state public health partners, Emergency Management, E911 communications, accountable communities of health, injury prevention organizations, law enforcement, behavioral health/chemical dependency organizations, the State EMS Steering Committee and its various TACs.) This broad representation cultivates the development of a practical, system wide approach to the coordination and planning of the WA EMS & Trauma Care System.

The North Central Region Council has had several successes during the 2021-2023 planning period:

- Accomplished the work outlined in the 2021-2023 strategic plan including the review of min/max numbers, trauma response area maps, and review of agency information provided by the Department of Health.
- Completed Council roles and responsibilities education required by the State of Washington for Councils.
- Completed State Assessment Audits of financial accountability without findings.
- Provided leadership assistance to Local Councils addressing strategic planning, licensure, certification, financial documentation, and council structure.
- Provided training grants to Local Councils for provider requested training specific to their county needs that included ongoing training required for recertification, COVID-19 related expenses for training, equipment, and PPE, EMS training equipment, partial funding of Initial EMS Courses, and EMS Evaluator renewal courses, SEI renewal course, agency leadership workshops.
- Provided virtual online format for EMS education, Local Council meetings, and COVID-19 MPD led meetings.
- Collaborated with regional MPD's on development of a regional set of MPD Protocols. This project will benefit providers who work in more than one county within the region and provide consistent patient care across Chelan, Douglas, Okanogan, and Grant Counties.
- Maintained status of the Department of Health approved Training Program for initial EMS courses and EMS course support to Instructors. The Training Program works closely with the Senior EMS Instructors, EMS Evaluators, Lead Instructors, and MPD's to ensure quality courses are provided consistent with National Education Standards and WAC.

- Provided funding to Injury Prevention Partners for continuation of programs that address senior falls, bicycle safety, child passenger safety, distracted driving, driving under the influence, Public First Aid/CPR training AHA CPR/First Aid, and AED training, Lifejacket loaner boards, and babysitting safety for the child and sitter.
- Participated in Regional Advisory Committee, Prehospital TAC, Rule Making, EMS Education Workgroup, and attended State Steering Committee meetings.
- Continued Administrative Services contract with East Region EMS & Trauma Care Council, decreasing administrative cost and allowing more funding towards programs.
- Region Council members participated at the County and local level in planning and coordination of COVID-19 vaccination clinics.
- Region Council members participated in County MPD led and Public Health COVID-19 information sharing meetings.
- EMS Agencies partnered with Public Health to provide COVID-19 contact tracing, home health checks, and COVID testing.
- Region Council members participated in the EMS & Trauma Care System Assessment and Public Forums.
- Received an EMSC grant from Department of Health for pediatric transport equipment for twenty-seven transporting agencies in the Region.

The North Central Region has had several ongoing challenges during the 2021-2023 planning period:

- COVID-19 Pandemic placed a significant burden on EMS agencies in response, treatment, and transport. Response costs increased while transport revenues decreased.
- COVID-19 Vaccination requirements caused a decrease in personnel retention, resulting in overtime and fatigue issues.
- EMS Agencies have experienced a decline in EMS personnel that has created issues in their ability to staff ambulances and placed a burden on the neighboring agencies to assist in response.
- Absence of the previous local Region 7 Healthcare Coalition made it difficult for EMS and hospitals to quickly access patient placement information and surge capacity. The local nuances for response were lost in the declaration of the COVID-19 Pandemic. REDi Healthcare Coalition reports were delayed in status, and there was no local representation.
- The COVID-19 Pandemic has brought to light there are areas of the EMS System that are not well connected. These areas are Department of Health, Public Health, Emergency Management, Healthcare Coalitions, Hospitals, Clinics, and EMS.

- Despite the efforts of the Region, 23 of the 43 agencies in the North Central Region are not reporting to WEMSIS.

Several WAC revisions for prehospital EMS and Trauma Designated facilities will be adopted by the onset of the 2023-2025 Strategic Plan. The North Central Region has identified the following priorities for the 2023-2025 planning period:

- Distribute revised WAC to prehospital services, providers, Medical Program Directors, agencies, educators, and cardiac, stroke, and trauma facilities.
- Provide assistance and education to prehospital services on licensure changes.
- Provide assistance and education to prehospital providers on credentialing changes and education requirements.
- Provide assistance and education to EMS Educators on credentialing changes and education requirements.
- Provide assistance to Medical Program Directors on OTEP and education requirements for recertification of EMS providers.
- Provide assistance and education to prehospital services on electronic medical records and rules for reporting.
- Provide assistance and education for trauma designation of Level I/II facilities.

The North Central Region is comprised of Chelan, Douglas, Grant, and Okanogan Counties of Washington State. The region covers 12,779 square miles with a population of approximately 269,150 residents. The region is rural in nature, with the Greater Wenatchee and Moses Lake areas being the largest population demographic. The major things that draw people to our Region and Counties are the lakes, rivers, wilderness, and the 6$^{th}$ Largest dam in the world.

There are 49 Licensed and Trauma Verified aid, ambulance, and Emergency Service Support Organization (ESSO) response agencies within North Central Region; the region has 832 certified EMS providers, with 42% of those being volunteer.

- Chelan County is on the eastern slopes of the Cascade Mountain range. The county covers 2,924 sq. miles with a population of 80,650, it is the third largest county by area in WA State with 5 cities, 4 census-designated places, and 16 unincorporated communities. Two major highways run through the county; U.S Route 2 and U.S Route 97/97A. Notable geographic features are the Cascade, Chiwaukum, Entiat, Wenatchee, Chelan Mountains, and The Enchantments. Lake Chelan, and Columbia, Entiat, and Wenatchee Rivers are known for fishing, rafting, and boating activities.

  The county has 16 EMS agencies with 354 EMS providers; of which 29% are volunteers. Chelan County has two ESSO agencies, two BLS Aid agencies, three

BLS Verified Ambulance agencies, five BLS Aid Verified agencies, and four ALS Verified Ambulance agencies that provide ALS rendezvous to neighboring towns.

- Douglas County is located near the geographic center of WA State. The county covers 1,849 sq. miles and has a population of 44,000 with 3 cities, 3 towns, and 6 unincorporated communities. Two major highways run through the county; U.S Route 2 and U.S. route 97. Notable geographical features are the Columbia River known for fishing, rafting, and boating activities.

  The County has 5 EMS agencies with 62 EMS providers; of which 54% are volunteers. Douglas County has two BLS Verified Aid agencies, three BLS Verified Ambulance agencies, zero ALS agencies, and depends on ALS rendezvous from neighboring cities.

Chelan and South Douglas County share one Medical Program Director due to ALS rendezvous and patient transport patterns. The Local Council for Chelan S. Douglas County is the Greater Wenatchee Local Council. The North Central Region maintains a regional website and provides access to county council and MPD information. http://ncecc.net/chelan-s-douglas-county/

- Grant County covers 2,791 sq. miles and has a population of 101,800 with 10 cities, 5 towns, 11 census-designated places, and 10 unincorporated communities. Five major highways run through the county: I-90, I-90 BL, U.S. Route 2, State Route 17, and State Route 28. Notable geographic features are the Columbia River, Soap Lake, Potholes Reservoir, and Moses Lake known for fishing and boating activities. Grant county is also home of the Grand Coulee Dam, “A Man-Made Marvel” which was the key to the development of power on the Columbia River and forms Lake Roosevelt extending 151 miles upstream to the Canadian border.

  The county has 18 EMS agencies with 283 EMS providers; of which 54% are volunteers. Grant County has one BLS Aid agency, five BLS Verified Aid agencies, nine BLS Verified Ambulance agencies, and three ALS Verified agencies that provide ALS rendezvous to neighboring towns.

The Local Council for Grant County is the Grant County EMS & TCC. The North Central Region maintains a regional website and provides access to county council and MPD information. http://ncecc.net/grant-county/

- Okanogan County is located along the Canada-Us Border. The county covers 5,215 sq. miles, making it the largest county in WA State, and has a population of 42,700 with 6 cities, 7 towns, and 11 unincorporated communities. Three major highways run through the county: U.S. Route 97, State Route 20, and State Route 153. Notable geographic features are the Cascade and North Gardner

Mountains. The Columbia and Okanogan Rivers, and Beaner Lake which are known for fishing and boating activities.

The county has 10 EMS agencies with 133 EMS providers; of which 44% are volunteers. Okanogan County has one ESSO agency, one BLS Aid agency, three BLS Verified Aid agencies, two BLS Verified Ambulance agencies, one ILS Verified Ambulance agency, and two ALS Verified Ambulance agencies that provide ALS rendezvous to neighboring towns.

Okanogan and North Douglas County share one Medical Program Director due to ALS rendezvous and patient transport patterns. The Local Council for Okanogan N. Douglas County is the Okanogan N. Douglas County EMS & TCC. The North Central Region maintains a regional website and provides access to county council and MPD information. http://ncecc.net/n-okanogan-douglas-county/

The North Central Region EMS and Trauma Care Council website, www.ncecc.org, provides information to the regions agencies, MPDs, county councils, instructors, and other system partners.

# GOAL 1

## Maintain, Assess, and Increase Emergency Care Resources

In an effort to increase access to a quality, integrated emergency care system, we involve our local EMS councils and regional Trauma and Emergency Cardiac and Stroke QI partners to provide input on designation, categorization, and min/max distribution.

With WAC revisions for Level I/II trauma designated services there will be work to accomplish with Department of Health in providing a guidance document to system partners who may wish to review their current designation for services.

The Region Council relies on input and recommendations from Local Council, County Medical Program Directors, and system partners to identify and recommend minimum and maximum numbers for Prehospital levels of licensed and verified agencies, and development of regional Patient Care Procedures and County Operating Procedures.

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| Objective 1: By May 2025, the Region Council will Determine min/max numbers for verified prehospital services. | Strategy 1: By June 2024, Region Council members will review the process and provide guidance on determining min/max numbers for verified prehospital services to Local Councils. |
| | Strategy 2: By October 2024, the Region Council will request Local Councils perform a min/max assessment to determine min/max needs for their county council area. |
| | Strategy 3: By January 2025, Local Councils will provide the results and recommendations of the Local Council min/max assessment for verified prehospital services to the Region Council. |
| | Strategy 4: By March 2025, the Region Council will submit recommendations, with supporting documentation from Local Councils to the Department for verified prehospital services as identified by the Local Councils min/max assessment. |
| Objective 2: By June 2025, the Region Council will distribute DOH guidelines for | Strategy 1: On an ongoing basis, the Region Council will participate in DOH development of guidelines for trauma designated and rehabilitation services. |

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| trauma designated and rehabilitation services. | Strategy 2: On an ongoing basis, the Region Council will distribute DOH guidelines for trauma designated and rehabilitation services to system partners and provide assistance and education on utilization of the guidance document. |
| Objective 3: By August 2024, the Region Council will Determine min/max numbers for designated trauma and rehabilitation services. | Strategy 1: By March 2024, the Region Council will submit the current Department list of designated trauma and rehabilitation services to the Regional QI Committee with a request for recommendation of trauma service needs. |
| | Strategy 2: By June 2024, the Regional QI Committee will submit recommendations to the Regional Council for designated trauma and rehabilitation services. |
| | Strategy 3: By August 2024, the Region Council will submit recommendations to the Department for designated trauma and rehabilitation services identified by the Regional QI Committee. |
| Objective 4: By August 2024, the Region Council will review, and document categorized cardiac and stroke facilities. | Strategy 1: By March 2024, the Region Council will submit the current Department list of categorized cardiac and stroke services to the Regional QI Committee with a request for review and recommendations of cardiac and stroke service needs. |
| | Strategy 2: By June 2024, the Regional QI Committee will submit recommendations for categorized cardiac and stroke services to the Region Council. |
| | Strategy 3: By August 2024, the Region Council will submit recommendations for categorized cardiac and stroke services to the Department as identified by the Regional QI Committee. |
| Objective 5: During July 2023-June 2025, the Region Council will review County Operating Procedures for congruency with Regional Patient Care Procedures. | Strategy 1: On an ongoing basis, the Regional Prehospital and Transportation Committee will request County Councils and Medical Program Directors review of County Operating Procedures for consistency with Regional Patient Care Procedures. |
| | Strategy 2: On an ongoing basis, the Regional Prehospital and Transportation Committee will assist County Council and Medical Programs Directors with updating County Operating Procedures. |

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| Objective 6: During July 2023-June 2025, the Region Council will review and update regional Patient Care Procedures (PCPs); and work toward statewide standardization of Regional PCPs. | Strategy 1: On an ongoing basis, the Regional Prehospital and Transportation Committee will utilize Department of Health guidance document and format to review Regional Patient Care Procedures (PCPs). |
| | Strategy 2: On and ongoing basis, the Regional Prehospital and Transportation Committee will include system partners, local councils, and county MPDs in review and development of Regional PCPs. |
| | Strategy 3: Annually by February, the Regional Prehospital and Transportation Committee will review, develop, and submit recommended drafts and revisions of the Regional PCPs to the Regional Council for approval. |
| | Strategy 4: Annually by April, the Region Council will submit approved Regional PCPs to the Department for approval. |
| | Strategy 5: Annually, by July, The Region Council will distribute Department approved Regional PCPs to system partners, local councils, and Medical Program Directors. |
| Objective 6: By June 2025, the Region Council will survey the Prehospital EMS Services to identify challenges for EMS Workforce. | Strategy 1: By February 2025, the Region Prehospital Transportation Committee will survey Prehospital EMS Services to determine challenges in recruitment and retention of personnel, and other agency challenges. |
| | Strategy 2: By April 2025, the Region Prehospital Transportation Committee will summarize survey results and provide a report to the Region Council with a request for suggestion of solutions. |
| | Strategy 3: By June 2025, the Region Council will provide a report prehospital services challenges and identified solutions to the Department of Health. |

# GOAL 2

## Support Emergency Preparedness, Response, and Resilience Activities

The North Central Region participates with Emergency Response Coalitions and Local Healthcare Alliances in planning processes to ensure that stakeholders are informed of system issues and can be involved in resolving local and regional concerns to enhance EMS system readiness.

Over recent years the structure and roles of the various preparedness organizations have changed. It is necessary to identify the current organizations and roles to determine how the Region Council can effectively integrate preparedness planning, exercise/drills, and quality improvement.

During a declared emergency, the local Department of Emergency Management and County Public Health will collaborate with the EMS agencies serving their taxing districts to provide quality patient care during medical surge events.

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| Objective 1: During July 2023-June 2025, the Region Council will coordinate with, and participate in, emergency preparedness and response to all-hazards incidents, patient transport, and planning initiatives. | Strategy 1: On an ongoing basis, the Region Council, Executive Director will disseminate emergency preparedness information, and updates provided by Healthcare Coalitions, and Department of Health to regional system partners |
| | Strategy 2: On an ongoing basis, the Region Council, Executive Director will monitor for disaster, MCI, Special Pathogens related drills and exercises, and disseminate opportunities for participation to system partners. |
| | Strategy 3: On an ongoing basis, the Region Council will report on EMS agency collaborations between local Department of Emergency Management and County Public Health Departments during a declared emergency. |
| | Strategy 4: On an ongoing basis, the Region Council will work with DOH to develop a situational awareness report to inform EMS Partners of surge events. |
| Objective 2: During July 2023-June 2025, the Region Council will develop a Regional PCP for DMCC/WMCC activation. | Strategy 1: On an ongoing basis, the Region Council, Executive Director will attend DOH Preparedness section meetings. |
| | Strategy 2: On an ongoing basis, the Region Council, Executive Director will work with DOH to develop |

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| | guidance for all hazards PCP, disaster triage, DMCC/WMCC, and other emergency preparedness topics. |
| | Strategy 3: On an ongoing basis, the Region Council will develop an all hazards, disaster triage, DMCC/WMCC region PCP. |
| | Strategy 4: On an ongoing basis, the Region Council will submit all hazards, disaster triage, DMCC/WMCC region PCPs to DOH for approval. |
| | Strategy 5: On an ongoing basis, the Region Council will disseminate DOH approved Region PCPs to system partners. |

# GOAL 3

## Plan, Implement, Monitor, and Report Outcomes of Programs to Reduce the Incidence and Impact of Injuries, Violence, and Illness in the Region

The North Central Region promotes programs and policies to reduce the incidence and impact of injuries, violence, and illness.

Programs supported by the North Central Region include Senior Falls/Fall Risk, Safe Kids for bicycle safety and helmet fittings, Child Passenger Safety, Public Automated External Defibrillator training, AHA First Aid and CPR Courses, Safe Sitter babysitting classes, Life jacket Loaner Boards, and The Force is With You focused on teen injury prevention education.

Other system partners in prevention include Prehospital EMS, Fire Departments, Law Enforcement, Public Health, and hospital facilities.

The State and Region Council recognizes there is a significant change in funding and availability of services within our communities. This will require a multidisciplinary collaborative approach to delivering healthcare in a more efficient and fiscally responsible way in getting "The right patient, to the right facility, with the right transportation, at the right cost, in the right amount of time."

The North Central Region members of the Region and Local Council, Medical Program Directors, Critical Access Hospital, Hospital Based EMS Agencies, Fire Departments, Emergency Room Trauma Coordinators, and other system stakeholders participate in State and National Initiatives for a Community based Paramedicine and/or Mobile Integrated Healthcare System that promotes collaboration of healthcare partners within the North Central Region to address community challenges for care and/or transport of patients.

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| Objective 1: Annually, by March, the Region Council will review relevant data from Department of Health and other data sources and utilize regional injury and violence prevention partners to identify and recommend evidence-based and/or best-practice activities to support | Strategy 1: Annually, by July, the Region Council will review relevant regional/injury data from Department of Health and identify regional partners that will provide best-practice prevention programs. |
| | Strategy 2: Annually, by October, the Region Council will choose regionally funded prevention activities to support. |
| | Strategy 3: Annually, by December, the Region Executive Director will secure deliverable contracts with selected injury prevention partners to provide injury prevention programs. |

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| prevention efforts in the North Central Region. | Strategy 4: Annually, by June, the contracted injury prevention partners will provide the Region Council with program activity reports and accomplishments as outlined in the contract agreement. |
| | Strategy 5: On an ongoing basis, as available, the Region Council will include program activity reports in the bi-monthly deliverable report to Department of Health. |
| Objective 2: During July 2023-June 2025, the Region Council will identify and explore emerging concepts for Mobile Integrated Healthcare (MIH) Community Paramedicine. | Strategy 1: On an ongoing basis, the Region Council will continue to collaborate with stakeholders to participate in State Initiatives or trainings regarding MIH Community Paramedicine concepts. |
| | Strategy 2: On an ongoing basis, the Region Council will provide stakeholders with information acquired from Initiatives and trainings pertaining to MIH Community Paramedicine. |
| | Strategy 3: On an ongoing basis, the Region Council will collaborate with stakeholders to implement Regional PCPs for MIH Community Paramedicine as they are developed. |
| Objective 2: During July 2023-June 2015, the Region Council will support EMS agency programs for Mobile Integrated Healthcare (MIH) Community Paramedicine. | Strategy 1: On an ongoing basis, the Region Council will assist agencies with MIH/CP data collection programs. |
| | Strategy 2: On an ongoing basis, the Region Council will request agencies present MIH/CP program updates to the Region Council. |

# GOAL 4

## Assess Weaknesses and Strengths of Quality Improvement Programs in the Region

The North Central Region Quality Improvement Committee is committed to optimal clinical care and system performance in the Region as it relates to trauma, cardiac, and stroke patients as evidenced by patient outcomes. A multidisciplinary team approach to concurrent and retrospective analysis of care delivery, patient care outcomes and compliance with the requirements of Washington State as per ***RCW 70.168.090*** is the fundamental goal. Region Council members attend the Regional QI Committee meetings and are actively involved in QI for the Region.

With completion of CR-103 for WEMSIS in WAC 246-976; Region councils will work with the Department of Health to implement guidance and develop training for agencies to meet the requirements set forth.

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| Objective 1: During July 2023-June 2025, the Regional QI Committee will review regional emergency care system performance. | Strategy 1: On an ongoing basis, the Regional QI Committee will identify issues of emergency care system performance during quarterly meetings using key performance indicators and Department of Health data. |
| | Strategy 2: On an ongoing basis, the Region Council representative will participate in Regional QI and report back to the Region Council quarterly. |
| | Strategy 3: On an ongoing basis, the Region Council will disseminate Regional QI system performance information to EMS system partners and Medical Program Directors. |
| Objective 2: During July 2023-June 2025, the Region Council will support EMS agency participation in WEMSIS. | Strategy 1: By June 2024, the Region Council will distribute legislative updates and reporting requirements for WEMSIS submission to EMS partners within the region. |
| | Strategy 2: By September 2024, the Region Council will consult with DOH WEMSIS team in developing a survey of EMS partners to identify barriers in WEMSIS utilization and agency reporting. |
| | Strategy 3: By December 2024, the Region Council will provide EMS partner survey results identifying barriers in utilization to the DOH WEMSIS Workgroup. |
| | Strategy 4: By March 2025, the Region Council will request DOH WEMSIS staff provide training in areas identified as barriers to utilization. |

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| Objective 3: During July 2023-June 2025, the Region will review WEMSIS submission quality metrics. | Strategy 1: On an ongoing basis, the Region Council will distribute WEMSIS Region Level Data Submission Report provided by DOH to region EMS providers, Region QI, and Medical Program Directors for the purpose of education and quality improvement. |

WA State Department of Health Resource links:
WA State Data Section and Key Performance Measures

# GOAL 5

## Promote Regional System Sustainability

Pursuant with RCW 70.168.100 and WAC 246-976-960; The East and North Central Region has demonstrated efficiency by sharing administrative resources since 2013. The two regions maintain independent business operations while serving the needs of the communities.

The North Central Region has multi-disciplinary workgroups and committees, Local EMS Councils, and County Medical Program Directors involved in regional programs provided to strengthen the emergency care system.

The North Central Region is an approved Training Program for initial EMR, EMT, and AEMT courses. This provides the ability for instructors to maintain their autonomy with their instructor credential while working under a program that provides policy and procedures consistent with DOH guidelines, monitors delivery of courses to be consistent with National Education Standards, and provide ongoing training and evaluation of SEI.

The North Central Region EMS TCC maintains quality assurance of initial EMS courses by monitoring Instructors, participant success with National Registry Testing, and providing reports to County Medical Program Directors.

The Regional Training and Education Committee utilizes the Local Council Training Survey results to determine funding allocations for educational programs for Prehospital providers. This funding includes Ongoing Training Programs and vendor support, initial EMS courses, provider credential endorsements, instructor education and development, and Medical Program Directors protocol implementation.

The North Central Region EMS TCC maintains quality assurance of initial EMS courses by monitoring Instructors, participant success with National Registry Testing, and providing reports to County Medical Program Directors.

The North Central Region agencies have experienced a decrease in personnel making it difficult to maintain enough personnel to staff ambulances. Agencies are having to depend on neighboring agencies to respond to calls because they are at level zero for staffing. The North Central Region Council has identified Initial EMS Training as a priority to support funding and EMS course oversight.

Several WAC revisions for prehospital EMS and Trauma Designated facilities will be adopted by the onset of the 2023-2025 Strategic Plan. The North Central Region has identified priorities for the 2023-2025 planning period to provide assistance and

education on each section of revisions in WAC 246.976 to EMS agencies, providers, County Councils, and Medical Program Directors in implementation of changes.

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| Objective 1: During July 2023-June 2025, the Region Council will manage the business of the Council, 501(c)(3) status, and Department contractual work, of the Region Council. | Strategy 1: Annually, by June, the Region Council will review and approve a fiscal year budget for Administration and Programs as outlined in the Department contract. |
| | Strategy 2: On an ongoing basis, the Region Council will review and approve financial reports and Department contract deliverables. |
| | Strategy 3: On an ongoing basis, the Region Council Executive Director, will coordinate Council and Committee meetings and communications with regional partners. |
| | Strategy 4: On an ongoing basis, the North Central and East Region councils will continue to evaluate the collaboration of administrative resources and additional opportunities for sustainability. |
| Objective 2: During July 2023-June 2025, the Region Council will manage Council membership to ensure membership as outlined in RCW 70.168.120 is represented. | Strategy 1: Annually, by January, the Region Council will review current membership to identify and recruit for open positions. |
| | Strategy 2: On an ongoing basis, the Region Council Executive Director, will maintain a current roster with Region Council membership positions, appointment expirations, and maintain records of all Council appointments and reappointments. |
| | Strategy 3: On an ongoing basis, the Region Council Executive Director will maintain a current roster with Region Council member compliance with Open Public Meeting Act and other pertinent council member training. |
| Objective 3: Annually, by June, the Region Council will enhance workforce development, and support training and education for prehospital providers and educators. | Strategy 1: By February 2024, the Regional Training and Education Committee will distribute a Training and Education Survey to EMS Agencies, providers, and Medical Program Directors. . |
| | Strategy 2: Annually, by April, the Regional Training and Education Committee will review the compiled results of the Training and Education Survey. |
| | Strategy 3: Annually by June, the Regional Training and Education Committee will utilize the results of the Training and Education Survey to determine a fiscal year training plan and budget. |

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| | Strategy 4: Annually, by June, the Regional Training and Education Committee will submit the proposed fiscal year training plan and program budget to the Region Council for approval. |
| | Strategy 5: Annually, by July, the Region Council will submit the compiled results of the Training and Education Survey to the Department with the Region Council approved program outline and budget. |
| Objective 4: During July 2023-June 2025, the Region Council will promote opportunities to improve sustainable practices for rural EMS services. | Strategy 1: By June 2024, the Region Council will distribute the 2019 Rural EMS Service Survey Results and EMS Attributes of Success Workbook provided by the Department of Health to rural EMS services. |
| | Strategy 2: On an ongoing basis, the Region Council will distribute materials and educational opportunities received for improving sustainable practices to rural EMS services. |
| Objective 5: During July 2023-June 2025, the Region Council will assist DOH in distribution and implementation of WAC 246.976 section revisions. | Strategy 1: On an ongoing basis, the Region Council will disseminate WAC 246.976 revisions, supporting documents, and other related communications to county councils, agencies, facilities, EMS providers, and Medical Program Directors. |
| | Strategy 2: On an ongoing basis, the Region Council will provide assistance and education to prehospital services, providers, Medical Program Directors, agencies, educators, and cardiac, stroke, and trauma facilities on WAC 246.976 revisions. |

# APPENDICIES



*NOTE: The appendices within this plan contain detailed charts with specific information for use in system planning. These are living documents and as such change during the plan period.*

**Appendix 1. Adult and Pediatric Trauma Designated Hospitals and Rehabilitation Facilities**

https://doh.wa.gov/sites/default/files/2022-02/530101.pdf

**Appendix 2. Approved Minimum/Maximum (Min/Max) numbers of Designated Trauma Care Services**

| Level | State Approved | | Current Status |
|---|---|---|---|
| | Min | Max | |
| **I** | 0 | 0 | 0 |
| **II** | 1 | 1 | 0 |
| **III** | 2 | 2 | 2 |
| **IV** | 4 | 7 | 7 |
| **V** | 3 | 3 | 2 |
| **I Ped** | 0 | 0 | 0 |
| **II Ped** | 1 | 1 | 0 |
| **III Ped** | 1 | 1 | 1 |

Numbers are current as of May 2023

**Appendix 3. Approved Minimum/Maximum (Min/Max) numbers of Designated Rehabilitation Trauma Care Services**

| Level | State Approved | | Current Status |
|---|---|---|---|
| | Min | Max | |
| **II** | 1 | 1 | 1 |

Numbers are current as of May 2023

**Appendix 4. Washington State Emergency Cardiac and Stroke (ECS) System Categorized Hospitals**

https://doh.wa.gov/sites/default/files/2022-02/345299.pdf?uid=62cf1c21ae7c2

## Appendix 5. EMS Resources, EMS Verified Services

| | | | | | | Ground Vehicles | | Personnel | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **County** | **Credential #** | **Agency Name** | **City** | **Agency Type** | **Care Level** | **# AMB** | **# AID** | **# BLS** | **# ILS** | **# ALS** |
| **Chelan** | | | | | | | | | | |
| | AIDV.ES.61171887 | Chelan Fire and Rescue | Chelan | AIDV | BLS | 0 | 8 | 16 | 0 | 0 |
| | ESSO.ES.61444609 | Mission Ridge Ski Area | Wenatchee | ESSO | | 0 | 0 | 0 | 0 | 0 |
| | AIDV.ES.61369174 | Wenatchee Valley Fire Department | Wenatchee | AIDV | BLS | 0 | 20 | 50 | 0 | 0 |
| | AIDV.ES.00000030 | Chelan County Fire District #3 | Leavenworth | AIDV | BLS | 0 | 3 | 0 | 0 | 0 |
| | AIDV.ES.00000042 | Chelan County Fire District 6 | Monitor | AIDV | BLS | 0 | 6 | 2 | 0 | 0 |
| | AIDV.ES.60449836 | Lake Wenatchee Fire and Rescue | Leavenworth | AIDV | BLS | 0 | 2 | 13 | 0 | 0 |
| | AMBV.ES.00000032 | Chelan County Fire District #8 | Entiat | AMBV | BLS | 1 | 1 | 12 | 0 | 0 |
| | AMBV.ES.00000039 | Cashmere Fire Department | Cashmere | AMBV | BLS | 1 | 3 | 10 | 0 | 0 |
| | AMBV.ES.00000047 | Ballard Ambulance | Wenatchee | AMBV | ALS | 9 | 0 | 18 | 0 | 11 |
| | AMBV.ES.00000048 | Cascade Medical | Leavenworth | AMBV | ALS | 6 | 1 | 45 | 1 | 7 |
| | AMBV.ES.00000049 | Lake Chelan Community Hospital Emergency Medical Services | Chelan | AMBV | ALS | 5 | 1 | 15 | 0 | 14 |
| | AMBV.ES.00000051 | LifeLine Ambulance | Wenatchee | AMBV | ALS | 4 | 4 | 19 | 0 | 4 |
| | AMBV.ES.60358237 | Chelan County Fire Protection District #5 | Manson | AMBV | BLS | 0 | 2 | 10 | 0 | 0 |
| | ESSO.ES.60343761 | Chelan County Public Utility District | Wenatchee | ESSO | | 0 | 0 | 12 | 0 | 0 |
| | AID.ES.60958997 | Stevens Pass Mountain Resort | Leavenworth | AIDV | BLS | 0 | 0 | 22 | 0 | 0 |
| | ESSO.ES.60427779 | Beacon Occupational Health & Safety Services | Anchorage-Holden | ESSO | | 0 | 0 | 0 | 0 | 2 |
| **Douglas** | | | | | | | | | | |
| | AIDV.ES.61369157 | Wenatchee Valley Fire Department | East Wenatchee | AIDV | BLS | 0 | 6 | 33 | 0 | 0 |
| | AIDV.ES.00000118 | Douglas County Fire District #4 | Orondo | AIDV | BLS | 0 | 1 | 7 | 0 | 0 |
| | AMBV.ES.00000120 | Bridgeport Volunteer Fire | Bridgeport | AMBV | BLS | 1 | 1 | 7 | 0 | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | and EMS Department | | | | | | | | |
| | AMBV.ES.00000121 | Mansfield Ambulance | Mansfield | AMBV | BLS | 2 | 2 | 11 | 0 | 0 |
| | AMBV.ES.00000122 | Waterville Ambulance Service | Waterville | AMBV | BLS | 2 | 0 | 5 | 0 | 0 |
| **Grant** | | | | | | | | | | |
| | AID.ES.60356927 | Reclamation Fire Dept | Grand Coulee | AID | BLS | 0 | 1 | 5 | 2 | 0 |
| | AIDV.ES.00000138 | Grant County Fire Dist #3 | Quincy | AIDV | BLS | 0 | 12 | 19 | 0 | 0 |
| | AIDV.ES.61243994 | Grant County Fire Protection District 7 | Soap Lake | AMBV | BLS | 1 | 1 | 9 | 0 | 0 |
| | AIDV.ES.00000146 | Grant County Fire District #13 | Ephrata | AIDV | BLS | 0 | 4 | 9 | 0 | 0 |
| | AIDV.ES.60053432 | Grant County Fire Protection Dist #12 | Wilson Creek | AIDV | BLS | 0 | 1 | 10 | 0 | 0 |
| | AIDV.ES.60795718 | Centerra Fire Department | Moses Lake | AIDV | BLS | 0 | 2 | 7 | 0 | 0 |
| | AID.ES.61023441 | Boeing Fire Department | Seattle/Moses Lake | AIDV | BLS | 0 | 1 | 0 | 0 | 0 |
| | AMBV.ES.00000140 | Grant County Fire Dist # 5 | Moses Lake | AMBV | BLS | 1 | 6 | 25 | 0 | 1 |
| | AMBV.ES.00000141 | Grant County Fire Dist #6 | Hartline | AMBV | BLS | 1 | 0 | 6 | 0 | 0 |
| | AMBV.ES.00000143 | Grant County Fire District #8 | Mattawa | AMBV | BLS | 4 | 0 | 11 | 0 | 0 |
| | AMBV.ES.00000144 | Grant County Fire District No 10 | Royal City | AMBV | BLS | 3 | 2 | 12 | 4 | 0 |
| | AMBV.ES.00000147 | Coulee City Fire Department | Coulee City | AMBV | BLS | 2 | 0 | 8 | 0 | 0 |
| | AMBV.ES.00000148 | Grand Coulee Volunteer Ambulance | Grand Coulee | AMBV | BLS | 3 | 0 | 27 | 3 | 0 |
| | AMBV.ES.00000149 | Moses Lake Fire Department | Moses Lake | AMBV | ALS | 4 | 4 | 21 | 0 | 16 |
| | AMBV.ES.00000155 | Ephrata Fire Department | Ephrata | AMBV | BLS | 1 | 3 | 15 | 0 | 0 |
| | AMBV.ES.60162099 | American Medical Response | Spokane | AMBV | ALS | 8 | 2 | 20 | 1 | 14 |
| | AMBV.ES.60231631 | Protection-1 LLC | Quincy | AMBV | ALS | 3 | 0 | 7 | 1 | 5 |
| | AMBV.ES.60642727 | Grant County Fire District #4 | Warden | AMBV | BLS | 1 | 2 | 12 | 0 | 0 |
| **Okanogan** | | | | | | | | | | |
| | AID.ES.60875601 | Okanogan County Fire District #12 | Tonasket | AID | BLS | 0 | 2 | 1 | 0 | 0 |
| | AIDV.ES.00000446 | Conconully Fire and Rescue | Conconully | AIDV | BLS | 0 | 1 | 4 | 0 | 0 |
| | AIDV.ES.60310971 | Okanogan County Fire Protection District #16 | Tonasket | AIDV | BLS | 0 | 1 | 1 | 1 | 0 |
| | AIDV.ES.60483069 | Okanogan County Fire District #3 | Okanogan | AIDV | BLS | 0 | 3 | 6 | 0 | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | AMBV.ES.00000443 | Douglas Okanogan County Fire Dist.15 | Brewster | AMBV | ILS | 3 | 2 | 11 | 5 | 1 |
| | AMBV.ES.00000453 | Aero Methow Rescue Service | Twisp | AMBV | ALS | 5 | 8 | 23 | 13 | 5 |
| | AMBV.ES.00000454 | Colville Tribal Emergency Services | Nespelem | AMBV | BLS | 8 | 0 | 14 | 8 | 0 |
| | AMBV.ES.00000456 | LifeLine Ambulance Inc | Omak | AMBV | ALS | 11 | 3 | 22 | 9 | 8 |
| | ESSO.ES.60291376 | North Cascades Smokejumber Base | Winthrop | ESSO | 0 | 0 | 0 | 1 | 0 | 0 |
| | AMBV.ES.60922878 | Grant Coulee Volunteer Ambulance | Grand Coulee | AIDV | BLS 2 | 0 | 0 | 0 | 0 | |

Numbers are current as of May 2023 EMS Resource List

| Total EMS Verified Services by County | | | | | | |
|---|---|---|---|---|---|---|
| **County** | **AMBV-ALS** | **AMBV-ILS** | **AMBV-BLS** | **AIDV-ALS** | **AIDV-ILS** | **AIDV-BLS** |
| **Chelan** | 4 | 0 | 3 | 0 | 0 | 5 |
| **Douglas** | 0 | 0 | 3 | 0 | 0 | 2 |
| **Grant** | 3 | 0 | 9 | 0 | 0 | 5 |
| **Okanogan** | 2 | 1 | 2 | 0 | 0 | 3 |

Numbers are current as of May 2023 EMS Resource List

| Total EMS Non-Verified Services by County | | | | | | | |
|---|---|---|---|---|---|---|---|
| **County** | **AMB-ALS** | **AMB-ILS** | **AMB-BLS** | **AID-ALS** | **AID-ILS** | **AID-BLS** | **ESSO** |
| **Chelan** | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| **Douglas** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Grant** | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **Okanogan** | 0 | 0 | 0 | 0 | 0 | 1 | 1 |

Numbers are current as of May 2023 EMS Resource List

**Appendix 6. Approved Minimum/Maximum (Min/Max) Numbers of Verified Trauma Services by Level and Type by County**

| County | Verified Service Type | Care Level | State Approved Minimum # | State Approved Maximum # | Current Status (total # verified for each service type) |
|---|---|---|---|---|---|
| Chelan | AIDV | BLS | 4 | 6 | 5 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |
| | AMBV | BLS | 3 | 3 | 3 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 4 | 4 | 4 |

| County | Verified Service Type | Care Level | State Approved Minimum # | State Approved Maximum # | Current Status (total # verified for each service type) |
|---|---|---|---|---|---|
| Douglas | AIDV | BLS | 1 | 2 | 2 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |
| | AMBV | BLS | 3 | 3 | 3 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |

| County | Verified Service Type | Care Level | State Approved Minimum # | State Approved Maximum # | Current Status (total # verified for each service type) |
|---|---|---|---|---|---|
| Grant | AIDV | BLS | 4 | 11 | 5 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |
| | AMBV | BLS | 4 | 9 | 9 |
| | | ILS | 0 | 5 | 0 |
| | | ALS | 1 | 4 | 3 |

| County | Verified Service Type | Care Level | State Approved Minimum # | State Approved Maximum # | Current Status (total # verified for each service type) |
|---|---|---|---|---|---|
| Okanogan | AIDV | BLS | 1 | 5 | 3 |
| | | ILS | 0 | 0 | 0 |
| | | ALS | 0 | 0 | 0 |
| | AMBV | BLS | 3 | 4 | 2 |
| | | ILS | 0 | 1 | 1 |
| | | ALS | 1 | 2 | 2 |

Numbers are current as of May 2023

## Appendix 7. Trauma Response Areas (TRAs) by County

### Chelan County

| Chelan County | Trauma Response Area Number | Name of Agency Responding in Trauma Response Area | Description of Trauma Response Area's Geographic Boundaries | Number of Verified Services in Trauma Response Area |
|---|---|---|---|---|
| | #1 | Wenatchee Valley Fire Department<br>Ballard Ambulance<br>Lifeline Ambulance | Current Boundaries of Chelan County Fire District #1 Proper | AIDV-BLS-1<br>AMBV-ALS-2 |
| | #2 | Lake Wenatchee Fire and Rescue<br>Cascade Medical | Current Boundaries of Lake Wenatchee Fire and Rescue | AIDV-BLS-1<br>AMBV-ALS-1 |
| | #3 | Lake Wenatchee Fire and Rescue<br>Cascade Medical | Current Boundaries of Lake Wenatchee Fire & Rescue | AIDV-BLS-1<br>AMBV-ALS-1 |
| | #4 | Chelan County FD6<br>Cashmere FD<br>Cascade Medical | Current Boundaries of Chelan County Fire District #6 Proper | AIDV-BLS-1<br>AMBV-ALS-1<br>AMBV-BLS-1 |
| | #5 | Chelan County FD8<br>Ballard Ambulance | Current Boundaries of Chelan County Fire District #8 Proper | AMBV-ALS-1<br>AMBV-BLS-1 |
| | #6 | Lake Chelan Community Hospital EMS<br>Chelan Fire & Rescue | Current Boundaries of Chelan County PHD #2 Proper | AIDV-BLS-1<br>AMBV-ALS-1 |
| | #7 | Chelan County FD6<br>Cashmere FD | Current Boundaries of City limits of Cashmere Proper | AIDV-BLS-1<br>AMBV-BLS-1 |
| | #8 | Wenatchee Valley Fire Department<br>Ballard Ambulance<br>Lifeline Ambulance | Current Boundaries of City limits of Wenatchee proper | AIDV-BLS-1<br>AMBV-ALS-2 |
| | #9 | Lake Chelan Community Hospital EMS | Town of Stehekin and surrounding wilderness area | AMBV-ALS-1 |
| | U-1 | Chelan County FD6<br>Cascade Medical | East border encompasses NF7340, NF7322. NW Border encompasses Colchuck Lake, Mile Lake and westerly riverbed. Northern most borders include NF7601, NF11 and border the southern border of trauma response area U-2. Northeastern border follows the southwestern border of trauma response area #4. Eastern border, borders western border of U-17, encompassing Sand Creek Road, the westerly border of trauma response area U-19, including Devils Gulch Trail. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-2 | Chelan County FD3<br>Lake Wenatchee Fire and Rescue<br>Cascade Medical | Western border includes Trout Lake heading north to Donell Lakes. Northern border includes trauma response area U-4's southern border, Chwaukum Lake, Winton Road, Carl Road, Hill Street. Eastern borders include the Western boundary of trauma response area #2 and trauma response area #3, including Alder Street. | AIDV-BLS-2<br>AMBV-ALS-1 |

| | | | | |
|---|---|---|---|---|
| | U-3 | Chelan County FD6<br>Cascade Medical | Southwest border follows trauma response area U-2 northwest boundary, including NF125, and Derby Canyon. Northwest border encompasses trauma response area U-5 SE border, including NF020, NF 7503 NF 7500. Eastern border includes trauma response area U-10 western border, including Ollala Canyon Road, NF7410. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-4 | Lake Wenatchee Fire and Rescue<br>Cascade Medical | Western border includes Upper Mill Creek Road, Yodelin Place, Smithbrook Road, north to the eastern end of the Little Wenatchee River Bed, encompassing NF400. Northwestern border includes 65 Road, NF6506, NF6400, NF6200, Eastern border includes NF1408. Southeastern border includes NF1409, Chikamin Ridge Road, and includes northwestern boundary of trauma response areas U-6 and trauma response area U-9. Southeastern boundary includes NF6208, NF6102, NF300 and borders the trauma response area U-12 northwestern boundary. Southern boundary includes CR22, Bretz Road, Riche Road and borders the trauma response area U-2 north boundary. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-5 | Chelan County FD3<br>Cascade Medical | Western boundary follows the trauma response area #2 and trauma response area #3 eastern boundaries. Northern boundary includes NF6103 eastern boundary borders the western trauma response area U-12 boundary, including NF315, NF7801, NF7502. Southern boundary includes NF7502, NF7500, NF7503, NF7401 and borders the trauma response area U-3 NW boundary. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-6 | Lake Chelan Community Hospital EMS<br>Chelan Fire & Rescue | West boundary includes NF1409, and borders the NE trauma response area U-4 boundary. Northern boundary includes the northern Entiat River Bed, encompasses NF5100, Hope Ridge Road, NF1433, NF112 and the trauma response area U-16 southern border. Eastern border includes NF1443, NF116, NF1448, NF211, Johnson Creek Road and borders the west trauma response area U-7 border and the trauma response area #5 west border. South border includes north border of trauma response area U-8 and NF5300, NF5320, NF114. The southwestern border encompasses the bordering northern section of trauma response area #4, to include NF5390, NF312, and NF5503. | AIDV-BLS-1<br>AMBV-ALS-1 |

| | | | | |
|---|---|---|---|---|
| | U-7 | Lake Chelan Community Hospital EMS<br>Chelan Fire & Rescue | Western border includes NF8410, NF118, NF114, Shady Pass Road, and the trauma response area U-6 eastern border. North border includes Shady Pass Road, NF5900, NF127 and the SE corner of trauma response area U-16. Eastern border includes NF127, NF233 and the western border of trauma response area #6. Southern border includes NF1448, and the southeastern border of trauma response area U-6. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-8 | Chelan County FD8<br>Ballard Ambulance<br>Lifeline Ambulance | Western border encompasses the section of NE trauma response area #4, including NF5305, NF5310, and County Road 287. The Northern border includes trauma response area U-6 southern border, NF114, NF5320, Mudd Creek Road and County Road 63. Eastern Border includes trauma response area #5's western border from County Road 63 to Tiny Canyon Road. Southern border follows the NE section of trauma response area #4, including Tiny Canyon Road, NF302. | AMBV-BLS-1<br>AMBV-ALS-2 |
| | U-9 | Lake Wenatchee Fire and Rescue<br>Cascade Medical<br>Chelan County FD8<br>Lake Chelan Community Hospital EMS | Southwest border encompasses NF500 and the trauma response area U-12 NE border, Western border encompasses Mad Lake and the trauma response area U-4 NE border. Northern border includes the trauma response area U-6 S border and eastern border is the NW section of the trauma response area #4, including NF5702, NF5700, NF400, and NF800. | AIDV-BLS-1<br>AMBV-ALS-2<br>AMBV-BLS-1 |
| | U-10 | Chelan County FD6<br>Cascade Medical | West Border includes the east border of trauma response area U-3, NF7410, Ollala Canyon Road, North Fork Road; Northern border encompasses a portion of the trauma response area U-12 south border, including NF11. Eastern border, borders trauma response area U-11 West border, NF5200, Orchid Street and the northwestern section of trauma response area #7. South border includes the north section of trauma response area #7 including Hay Canyon and NF7410. | AIDV-BLS-1<br>AMBV-ALS-1 |

| | | | | |
|---|---|---|---|---|
| | U-11 | Chelan County FD6<br>Cascade Medical | West border includes the east border of trauma response area #7, NF7415, Orchid Street, North border includes NF6210, South border of trauma response area U-12 and northern section of trauma response area #4, including Mills Canyon Road. Eastern border is the west boundary of trauma response area #4, including Swakane Road. Southern border includes northern trauma response area #8, including Burch Mtn. Road. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-12 | Chelan County FD8<br>Ballard Ambulance<br>Lifeline Ambulance | Western border includes east border of trauma response area U-5, NF6102, NF300, NF6104. North border is the south boundary of trauma response area U-9, including NF5700. Eastern border includes the western boundary of trauma response area #4 including Mad River Road, NF110, Roaring Creek Road. Southern border includes the North boundary of trauma response area U-11 and trauma response area U-10, including NF6210. | AMBV-ALS-2<br>AMBV-BLS-1 |
| | U-13 | Lake Chelan Community Hospital EMS<br>Chelan Fire & Rescue<br>Chelan County FD8 | West border is the trauma response area #5 east border. North border is the trauma response area #6 south border, including Foot Trail. East border follows the western border of trauma response area #6. South border is the northern border of trauma response area #5. | AIDV-BLS-1<br>AMBV-ALS-1<br>AMBV-BLS-1 |
| | U-14 | Lake Chelan Community Hospital EMS<br>Chelan Fire & Rescue | West border is the eastern shore of Lake Chelan from the North section of trauma response area #6 to the south border of trauma response U-15. NW border includes the trauma response area U-15 border and NF8200. NE border is the County Line, including NF8220, NF3107, NF430, NF3107, NF8210. South border is the north section of trauma response area #6 including NF8045. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-15 | Lake Chelan Community Hospital EMS<br>Chelan County FD5 | West and southwest border is the eastern shore of Lake Chelan from trauma response area U-14 NW border, encompassing the entire trauma response area #9. The western border follows the northern shores of Lake Chelan. The northwest and north borders encompass trauma response area #9. The north and eastern borders follow the Okanogan County Line encompassing the Sawtooth Wilderness Area in Chelan County. The southern border is the northern border of trauma response area U-14. | AMBV-ALS-1<br>AMBV-BLS-1 |

| | | | | |
|---|---|---|---|---|
| | U-16 | Lake Chelan Community Hospital EMS<br>Chelan Fire & Rescue | Western border is the eastern border of ARCA#1. The Northwestern border encompasses Lyman Lake, continues north to the NW corner of trauma response area U-15. The Northern border includes Battalion Lake and the NW border of trauma response area U-15. Eastern border is the south shore of Lake Chelan, including NF112, the southern border includes the northern borders of trauma response area U-7 and trauma response area U-6. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-17 | Cashmere FD<br>Chelan County FD6<br>Ballard Ambulance<br>Lifeline Ambulance | Western border includes Sand Creek Road, Tripp Canyon Road, and the eastern border of trauma response area U-1. Northern and eastern border is the southern and western borders of trauma response area #7. Southern border includes GR11 and the SE border of trauma response area #7. | AIDV-BLS-1<br>AMBV-ALS-1<br>AMBV-BLS-2 |
| | U-18 | Cashmere FD<br>Chelan County FD6<br>Ballard Ambulance<br>Lifeline Ambulance | Western borders area the eastern boundary of trauma response area #7, including Mission Creek Road, Northern borders area the southern borders of trauma response area #7, including Yaksum Canyon Road. The eastern border is the southern border of trauma response area #7. The Southern borders are the northern border of trauma response area U-19, including Horse Lake Road. | AIDV-BLS-1<br>AMBV-ALS-1<br>AMBV-BLS-2 |
| | U-19 | Wenatchee Valley Fire Department<br>Ballard Ambulance<br>Lifeline Ambulance | Western border includes NF9712, Devils Gulch and the Eastern border of trauma response area U-1. Northern border includes the southern border of trauma response area U-18 and the southern border of trauma response area #7. Eastern border includes the western border of trauma response area #1and trauma response area #8, NF7101, Upper Reservoir Loop Road, Stemilt Loop Road, Upper Hedges Road, Jump Off Road, the southern borders are the county line, including Ingersoll Road, Schaller Road, and Naneum Ridge Road as well as NF330, NF9712. | AIDV-BLS-1<br>AMBV-ALS-2 |

**Douglas County:**

| Douglas County | Trauma Response Area Number | Name of Agency Responding in Trauma Response Area | Description of Trauma Response Area's Geographic Boundaries | Number of Verified Services in Trauma Response Area |
|---|---|---|---|---|
| | # 1 | Waterville Ambulance | Current Boundaries of Douglas County Fire District #1 Proper | AMBV-BLS-1 |
| | #2 | Waterville Ambulance<br>Ballard Ambulance<br>Lifeline Ambulance | Current Boundaries of Douglas County Fire District #2 Proper | AMBV-ALS-2<br>AMBV-BLS-1 |
| | #3 | Bridgeport VFD & EMS | Current Boundaries of Douglas County Fire District #3 Proper | AMBV-BLS-1 |
| | #4 | Douglas County FD4<br>Lake Chelan Health EMS<br>Ballard Ambulance | Current Boundaries of Douglas County Fire District #4 Proper | AIDV-BLS-1<br>AMBV-ALS-2 |
| | #5 | Douglas County FD4<br>Mansfield Ambulance<br>Lake Chelan Health EMS | Current Boundaries of Douglas County Fire District #5 Proper | AIDV-BLS-1<br>AMBV-ALS-1<br>AMBV-BLS-1 |
| | #6 | Bridgeport VFD & EMS | Current Boundaries City of Bridgeport Proper | AIDV-BLS-1 |
| | U-1 | Waterville Ambulance | Encompassed by response area #1 to the West, North and East borders. Southern border is the northwest border of trauma response area U-9 including the south Jamison Lake Road. | AMBV-BLS-1 |
| | U-2 | Bridgeport VFD & EMS<br>Mansfield Ambulance | Western and Southern border is the east border of trauma response area U-3, North border is the south border of trauma response area #6. East border is the west border of trauma response area #3. | AMBV-BLS-2 |
| | U-3 | Douglas Okanogan County FD 15 | West border is the Douglas County Line, including Bailey Way. North border is the South border of U-10, including CR73960, Grange Road NE, Moe Road NE. East border is the county line and west border of trauma response area #6. Southern border is the north border of trauma response area #5, including CR72300. | AMBV-ILS-1 |
| | U-4 | Coulee City Fire Department | Southwest and North borders area encompassed by trauma response area #1. The east border is encompassed by trauma response area U-9. | AMBV-BLS-1 |

| | | | | |
|---|---|---|---|---|
| | U-5 | Grant County FD3<br>Coulee City Fire Department<br>AMR | West border is the east border of trauma response area U-6. North border is the south border of trauma response area #1, including Ponderosa Drive. Northern border is encompassed by trauma response area #1 and trauma response area U-9. The East border is the southwest trauma response area U-9 boundary, and includes Road C SE. The South border is the North border of trauma response area #10 and the north border of trauma response area U-8, including Road 12 SE, Douglas/Grant shared and Grant County Route. | AIDV-BLS-1<br>AMBV-BLS-1<br>AMBV-ALS-1 |
| | U-6 | Waterville Ambulance Ballard Ambulance<br>Lifeline Ambulance | Southwest border is the NE boundary of trauma response area U-7. North border is the South border of trauma response area #1. East border is the west trauma response area U-5 border. South border is the north border of trauma response area U-8, including Road 24 NW. | AMBV-ALS-2<br>AMBV-BLS-1 |
| | U-7 | Ballard Ambulance<br>Lifeline Ambulance | Southwest border is the NE border of trauma response area #2. NW border is the SE border of trauma response area #1. NE Border is the SW border of trauma response area U-6, and the SE border is the NW border of trauma response area #1. | AMBV-ALS-2 |
| Unable to locate on DOH GIS Map | U-8 | | West border is the east border of trauma response area U-7. North border is the south border of trauma response area U-6 and trauma response area U-5 including Road 24 NW. The east border is the northwest border of trauma response area #10. The south border is the north border of trauma response area #1. | |
| | U-9 | Coulee City Fire Department | West border includes Road C SE, and the west borders of trauma response area U-5, trauma response area U-4 and trauma response area U-1. The North border includes the southern border of trauma response area #5, including Road 6 NE, St Andrews West Road NE, St. Andrews East Road NE, Road O NE. The East and SE borders are the Grant County Line, including Road 6 SE. South border follows the Grant County Line, including Road 24 NW. | AMBV-BLS-1 |
| | U-10 | Okanogan Douglas County FD15 | To the West, East and North borders the Okanogan County Line, including Chambers Road. South border follows the North border of trauma response area U-3, including CR74690 and CR73960. | AMBV-ILS-1 |

**Grant County:**

| Grant County | Trauma Response Area Number | Name of Agency Responding in Trauma Response Area | Description of Trauma Response Area's Geographic Boundaries | Number of Verified Services in Trauma Response Area |
|---|---|---|---|---|
| | #1 | Grant County FD3<br>Protection-1, LLC | The current boundaries of Grant County Fire District #3 Proper | AIDV-BLS-1<br>AMBV-ALS-1 |
| | #2 | Grant County FD4<br>AMR | The current boundaries of Grant County Fire District #4 Proper | AMBV-ALS -1<br>AMBV-BLS-1 |
| | #3 | Grant County FD5<br>AMR | The current boundaries of Grant County Fire District #5 Proper | AMBV-ALS -1<br>AMBV-BLS-1 |
| | #4 | Grant County FD6<br>Coulee City FD | The current boundaries of Grant County Fire District #6 Proper | AMBV-BLS-2 |
| | #5 | Grant County FD7<br>Coulee City FD<br>AMR | The current boundaries of Grant County Fire District #7 Proper | AIDV-BLS-1<br>AMBV-ALS-1<br>AMBV-BLS-1 |
| | #6 | Grant County FD8 | The current boundaries of Grant County Fire District #8 Proper | AMBV-BLS-1 |
| | #7 | Grant County FD10 | The current boundaries of Grant County Fire District #10 Proper | AMBV-BLS-1 |
| | #8 | Grant County FD10 | The current boundaries of Grant County Fire District #11 Proper | AMBV-BLS-1 |
| | #9 | Grant County FD12<br>Coulee City FD<br>AMR | The current boundaries of Grant County Fire District #12 Proper | AIDV-BLS-1<br>AMBV-ALS-1<br>AMBV-BLS-1 |
| | #10 | Grant County FD13<br>AMR | The current boundaries of Grant County Fire District #13 Proper | AMBV-ALS-1<br>AMBV-BLS-1 |
| | #11 | Grand Coulee Volunteer Ambulance | The current boundaries of Grant County Fire District #14 Proper | AMBV-BLS-1 |
| | #12 | Grant County FD5<br>AMR | The current boundaries of Grant County Fire District #15 Proper | AMBV-ALS-1<br>AMBV-BLS-1 |
| | #13 | Coulee City FD | The current boundaries of City Limits of Coulee City Proper | AMBV-BLS-1 |
| | #14 | Ephrata FD<br>AMR | The current boundaries of City Limits of Ephrata Proper | AMBV-ALS-1<br>AMBV-BLS-1 |
| | #15 | Grand Coulee Volunteer Ambulance | The current boundaries of City Limits of Grand Coulee Proper | AMBV-BLS-1 |
| | #16 | Moses Lake FD | The current boundaries of City Limits of Moses Lake Proper | AMBV-ALS-1 |
| | #17 | Centerra FD<br>Boeing FD<br>Grant County FD5<br>AMR | Port District boundaries, Grant County International Airport & surrounding industries. | AIDV-BLS-2<br>AMBV-ALS-1<br>AMBV-BLS-1 |
| | U-1 | Grand Coulee Volunteer Ambulance<br>Grant County FD6 | Northrup Canyon area between Grant County Fire District #14 south & Grant County Fire District #6 east. | AMBV-BLS-2 |

| | | | | |
|---|---|---|---|---|
| | U-2 | Grand Coulee Volunteer Ambulance | Banks Lake North, south of Grant County Fire District #14 – Section 16 North, west of Grant County Fire District #6, North of Million Dollar Mile. | AMBV-BLS-1 |
| | U-3 | Coulee City FD | Banks Lake South of Coulee City Area, Section 26: Township 26N: Range 28E, south and west of Grant County Fire District #6 to Douglas County Line. | AMBV-BLS-1 |
| | U-4 | Coulee City FD | Sun Lakes West and North, west to Grant County Fire District #7 – Over to County Line; west of Park Lake, west of Blue Lake. | AMBV-BLS-1 |
| | U-5 | Coulee City FD | West Lake Lenore. | AMBV-BLS-1 |
| (3 Devils Grade Area) | U-6 | Grant County FD3<br>AMR | North of Grant County Fire District #7 boundary, along shoreline of Lake Lenore, along Grant County Fire District #7 boundary, over to county line. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-7 | Grant County FD12<br>AMR | South of Road 24 NW west to County line. 1 mile south, 2 miles west, 1 mile south, 4 miles east to Grant County Fire District #13 boundary. West 2 miles to County Line (Road 24 NW). | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-8 | Grant County FD7<br>AMR | Between Grant County Fire District #7 and Grant County Fire District #13: North of Road 20 NE. | AMBV-ALS-1<br>AMBV-BLS-1 |
| | U-9 | Grant County FD12<br>AMR | East of Grant County Fire District #7; North of Grant County Fire District #13; Canal Bank NE; South of Road 19NE; South of E SW. | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-10/10A | AMR | South and east of Grant County Fire District #12 to County Line. North of Grant County Fire District #5, North of Road 12 NE; west of County Line; north to Road 16 NE over to V NE, 1 mile north –<br><br>1 mile west – 3 miles south – 2 miles west – south to Road 12 NE. | AMBV-ALS-1 |
| | U-11 | AMR | East of Grant County Fire District #5, north of Grant County Fire District #13, east of Grant County Fire District #3, west of Potholes Reservoir, West Potholes Reservoir edge to 4 miles, one piece is north and east of Grant County Fire District #11/east of Potholes. West – 3 miles south. | AMBV-ALS-1 |

**Okanogan County:**

| Okanogan County | Trauma Response Area Number | Name of Agency Responding in Trauma Response Area | Description of Trauma Response Area's Geographic Boundaries | Number of Verified Services in Trauma Response Area |
|---|---|---|---|---|
| | #1 | Lifeline Ambulance | The current boundaries of Okanogan County Fire District #1 Proper | AMBV-ALS-1 |
| | #2 | Grand Coulee Volunteer Ambulance | The current boundaries of Okanogan County Fire District #2 Proper | AMBV-BLS-1 |
| | #3 | Okanogan County FD3<br>Lifeline Ambulance | The current boundaries of Okanogan County Fire District #3 Proper | AIDV-BLS-1<br>AMBV-ALS-1 |
| | #4 | Lifeline Ambulance | The current boundaries of Okanogan County Fire District #4 Proper | AMBV-ALS-1 |
| | #5 | Douglas Okanogan FD15 | The current boundaries of Douglas/Okanogan County Fire District #15 Proper | AMBV-ILS-1 |
| | #6 | Aero Methow Rescue Service | The current boundaries of Aero Methow Rescue Response area | AMBV-ALS-1 |
| | #7 | Lifeline Ambulance | The current boundaries of Okanogan County Fire District #7 Proper | AMBV-ALS-1 |
| | #8 | Colville Tribal EMS<br>Lifeline Ambulance | The current boundaries of Okanogan County Fire District #8 Proper | AMBV-ALS-1<br>AMBV-BLS-1 |
| | #9 | Conconully Fire and Rescue<br>Lifeline Ambulance | The current boundaries of Okanogan County Fire District #9 Proper | AIDV-BLS-1<br>AMBV-ALS-1 |
| | #10 | Lifeline Ambulance | The current boundaries of Okanogan County Fire District #10 Proper | AMBV-ALS-1 |
| | #11 | Lifeline Ambulance | The current boundaries of Okanogan County Fire District #11 Proper | AMBV-ALS-1 |
| | #12 | Lifeline Ambulance | The current boundaries of Okanogan County Fire District #12 Proper | AMBV-ALS-1 |
| | #13 | Colville Tribal EMS<br>Grand Coulee Volunteer Ambulance<br>Lifeline Ambulance | The current boundaries of the Colville Tribal Reservation within Okanogan County | AMBV-ALS-1<br>AMBV-BLS-2 |
| | U-1 | Lifeline Ambulance | East Boundary: West boundary of trauma response area #7. North Boundary: Encompasses Chewiliken Road, east to NF125, Southeast through NF200 and NF30. South Boundary is a portion of the North border of trauma response area #13. | AMBV-ALS-1 |

| | | | | |
|---|---|---|---|---|
| | U-2 | Lifeline Ambulance | West border of trauma response area #4, encompassing areas to the north, Longaneker Road. Northwestern boundary includes Talkire Lake Road, heading southwest, along vehicle road. Southern boundary along northern boundary of trauma response area U-1. | AMBV-ALS-1 |
| | U-3 | Okanogan County FD6<br>Lifeline Ambulance | Aeneas Valley | AIDV-BLS-1<br>AMBV-ALS-1 |
| | U-4 | Lifeline Ambulance | Western boundary includes NF3820 along Cecile Creek Road, heading north to Chopaka Lake, north to Canadian Border. Northwest border encompasses Chopaka Road heading south to Palmer Lake, southwest to Palmer Mt. Road, southwest to Wannacut Lake Road, heading west to trauma response area #1 western border continuing south to trauma response area #4 westerly border. South boundary encompasses Silver Star Mine Road, Horse Springs Coulee Road and the northern border of trauma response area U-6. | AMBV-ALS-1 |
| | U-5 | Lifeline Ambulance | West border meets the western border of trauma response area U-4. Northern border encompasses Loomis/Oroville Road and north to the Canadian Border. Eastern border is the western border of trauma response area #1. Southern border includes trauma response area U-4's northern border. | AMBV-ALS-1 |
| | U-6 | Lifeline Ambulance | Western border includes NF3820 and reaches to trauma response area U-7's eastern border. Northern border encompasses trauma response area U-4's southern border including Sinlahekin Road. Eastern trauma response area U-6 border meets trauma response area #4's western border, trauma response area #7, trauma response area #9 and trauma response area #3 eastern borders. Southwestern border includes Old 97 Highway, Monse South Road, and follows the Columbia River south to trauma response area #5 northern border. Follows Okanogan County Line to the west encompassing NF4330 to FS Trail 408-North to | AMBV-ALS-1 |

| | | | | |
|---|---|---|---|---|
| | | | the southern border of trauma response area #6. | |
| | U-7 | Unknown | Western border meets trauma response area #6 eastern border; north border is the Canadian Border; western border encompasses eastern border of trauma response area U-4, including NF3820, eastern border of trauma response area U-6 and eastern border of trauma response area #9, including Medicine Lake, County Road 2017, Buzzard Lake Road. Southwest border encompasses trauma response area #3 border including B&O West Road; south border includes Davis Canyon Road, NF115 over to NF325. | |
| | U-8 | Lifeline Ambulance | Responded to out of Ferry County. Unsure of the defined boundaries by State Mapping. | AMBV-ALS-1 |
| | U-9 | Aero Methow Rescue Service | City Limits of Twisp | AMBV-ALS-1 |

Numbers are current as of May 2023

## Appendix 8. Approved EMS Training Programs

| Credential # | Status | Expiration Date | Facility Name | Site City | Site County |
|---|---|---|---|---|---|
| TRNG.ES.60850963-PRO | APPROVED | 10/31/2023 | LifeLine Ambulance | Wenatchee | Chelan |
| TRNG.ES.60119536-PRO | APPROVED | 10/31/2023 | North Central Region EMSTCC | Wenatchee | Chelan |
| TRNG.ES.60119457-PRO | APPROVED | 10/31/2024 | Wenatchee Valley College | Wenatchee | Chelan |
| TRNG.ES.60124290-PRO | APPROVED | 10/31/2024 | Grant County Fire District 5 | Moses Lake | Grant |
| TRNG.ES.60751916-PRO | APPROVED | 10/31/2023 | Moses Lake Fire Department | Moses Lake | Grant |

## Approved EMS Educators by County

| County | SEI | SEI-C | ESE |
|---|---|---|---|
| Chelan | 6 | 0 | 77 |
| Douglas | 4 | 0 | 30 |
| Grant | 8 | 0 | 73 |
| Okanogan | 7 | 2 | 33 |

**Numbers are current as of May 2023**

**Appendix 9. Patient Care Procedures (PCPs)**

# NORTH CENTRAL REGION EMS & TRAUMA CARE COUNCIL
# REGIONAL PATIENT CARE PROCEDURES

## TABLE OF CONTENTS

# REGULATIONS

The following regulations provide guidance on subject matter contained in this document. Please note, that this is not an inclusive list. For more information, please contact a Department of Health Emergency Care System representative.

## 1.1 Revised Code of Washington (RCW):

- **RCW 18.73** – Emergency medical care and transportation services
  - RCW 18.73.030 - Definitions
- **RCW Chapter 70.168** – Statewide Trauma Care System
  - RCW 70.168.015 – Definitions
  - RCW 70.168.100 – Regional Emergency medical Services and Trauma Care Councils
  - RCW 70.168.170 – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

## 1.2 Washington Administrative Code (WAC):

- **WAC Chapter 246-976** – Emergency Medical Services and Trauma Care Systems
  - WAC 246-976-920 – Medical Program Director
  - WAC 246-976-960 – Regional emergency medical services and trauma care councils
  - WAC 246-976-970 – Local emergency medical services and trauma care councils

## 1.1 DISPATCH OF AGENCIES

Effective Date: 4/4/2001
Revised: 10/2021

**1. PURPOSE:**

A. To provide timely & appropriate care to all emergency medical & trauma patients.
B. To minimize "response time" in order to get appropriately trained EMS personnel to the scene as quickly as possible.
C. To establish uniform & appropriate dispatch of response agencies.
D. To utilize criteria-based trained dispatchers to identify potential major trauma incidents & activate the trauma system by dispatching the appropriate services.

**2**. **SCOPE**:

All licensed and verified ambulance & aid services shall be dispatched to emergency medical & trauma incidents in a timely manner in accordance with WAC 246.976.

**3**. **GENERAL PROCEDURES:**

A. The most appropriate aid or ambulance services shall be dispatched as identified in the North Central Region Trauma Response Area maps, or as defined in local and/or county operating procedures.
B. Licensed verified aid or ambulance services shall be dispatched by trained dispatchers to all emergency medical and trauma incidents.
C. All Communication/Dispatch Centers charged with the responsibility of receiving calls for Emergency Medical Services shall develop or adopt a Program and Implementation Guidelines.

**4. DEFINITIONS:**

- ***"Agency Response Time"*** is defined as "the time from agency notification until the time of first EMS personnel arrive at the scene."
- ***"Appropriate"*** is defined as "the verified or licensed service that normally responds within an identified service area."

| Submitted by: | Change/Action: | Date: | Type of Change |
|---|---|---|---|
| Regional Council | | 10/2021 | ☐ Major ☒ Minor |
| | | | ☐ Major ☐ Minor |

## 1.2 TIMELY & APPROPRIATE EMS RESPONSE

Effective Date: 4/4/2001
Revised: 10/2021

**1. PURPOSE:**

To ensure that emergency medical and trauma patients who live in an area that is serviced by two or more ambulance providers, which have the same level of licensure, receive the timeliest & highest level of care that is available.

**2**. **SCOPE**:

If available, the highest-level "appropriately staffed" ambulance within the designated area shall be dispatched to emergency medical & trauma incidents.

**3**. **GENERAL PROCEDURES:**

A. Except when "extraordinary circumstances" exist, the highest-level "appropriately staffed" licensed and verified ambulance shall respond to all emergency medical & trauma incidents.
B. When a licensed ambulance provider is unable to immediately respond an "appropriately staffed" ambulance to an emergency medical or trauma incident, and there exists another ambulance which is "appropriately staffed" and capable of responding to the incident in a timely manner, then the service that was originally dispatched shall transfer the call to the second ambulance for response.
C. This procedure shall only apply to emergency calls received through the county 911 dispatch center.

**4. DEFINITIONS:**

- ***"Extraordinary Circumstances"*** shall be defined as situations "out-of-the-usual" when all available ambulances from local licensed ambulance providers are committed to calls for service.
- ***"Appropriately staffed"*** shall be defined as an ambulance which immediately initiates its response to an emergency medical or trauma incident with the minimum staffing levels as outlines in WAC 246.976.
- ***"Highest- Level"*** shall be defined as the service within the response area that has the highest level of certified personnel available, at the time of the call.

| Submitted by: | Change/Action: | Date: | Type of Change |
|---|---|---|---|
| Regional Council | | 10/2021 | ☐ Major ☒ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |

## 1.3 RESPONSE TIMES

Effective Date: 4/4/2001
Revised: 10/2021

**1. PURPOSE:**

A. To define prehospital response times for emergency medical & trauma incidents to urban, suburban, rural and wilderness areas in the North Central Region.
B. To define urban, suburban, rural and wilderness response areas.
C. To provide medical and trauma patients with appropriate & timely care.

**2. SCOPE:**

All licensed and verified ambulance & aid services shall respond to emergency medical & trauma incidents in a timely manner in accordance with WAC 246-976.

**3. GENERAL PROCEDURES:**

A. The Regional Council, with input from prehospital providers and Local Councils, shall identify response areas & times as urban, suburban, rural and wilderness. (see chart below)
B. Licensed and Verified aid and ambulance services shall collect and maintain documentation to ensure the following response times are met as established by PCP, COP or WAC 246-976.

| | **Aid Vehicle** | **Ambulance** |
|---|---|---|
| **Urban** | 8 minutes | 10 minutes |
| **Suburban** | 15 minutes | 20 minutes |
| **Rural** | 45 minutes | 45 minutes |
| **Wilderness** | ASAP | ASAP |

C. Licensed and verified aid and ambulance services shall maintain documentation on major trauma cases to show the above response times are met 80% of the time.
D. County Operating Procedures must meet the above standards.

**4. DEFINITIONS:**

As defined in WAC 246-976, *An agency response area or portion thereof:*

- ***"Urban"*** an incorporated area over thirty thousand; or an incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square mile.
- ***"Suburban"*** an incorporated or unincorporated area with a population of ten thousand to twenty-nine thousand nine hundred ninety-nine or any area with a population density of between one thousand and two thousand people per square mile.
- ***"Rural"*** an incorporated or unincorporated area with a total population less than ten thousand people, or with a population density of less than one thousand people per square mile.
- ***"Wilderness"*** means any rural area not readily accessible by public or private maintained road.
- ***"Agency Response Time"*** means the interval from dispatch to arrival on the scene

| Submitted by: | Change/Action: | Date: | Type of Change |
|---|---|---|---|
| Regional Council | | 10/2021 | ☐ Major ☒ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |

## 3 AIR AMBULANCE SERVICES – ACTIVATION AND UTILIZATION

Effective Date: 9/1/ 2020

**1. PURPOSE:**

Provide guidelines for those initiating the request for air ambulance services to the scene.

**2**. **SCOPE**:

Air ambulance services activation and response that provides safe and expeditious transport of critically ill or injured patients to the appropriate designated and/or categorized receiving facilities.

**3**. **GENERAL PROCEDURES:**

A. Air ambulance services should be used when it will reduce the total out-of-hospital time for a critical trauma, cardiac, or stroke patient by 15 minutes or more; or provide for the patient to arrive at a higher-level trauma, cardiac, or stroke hospital within 30 minutes or less even if a lower level hospital is closer.
B. Prehospital personnel enroute to the scene make the request for early activation of the closest available air ambulance service resource to the location of the scene, or place them on standby for an on-scene response.
C. When appropriate; the call should be initiated through the emergency dispatching system. Notify dispatch of request for air ambulance services if the call has been initiated through a mobile device application.
D. The air ambulance service communications staff will give as accurate of an ETA possible from the closest fully staffed and readily available resource to the dispatch center requesting a scene response. This ETA will include the total time for air ambulance to arrive on scene. If ETA of closest fully staffed resource for that agency is extended, call should go to the next closest fully staffed resource, even if it is another service.
E. The responding air ambulance service will make radio contact with the receiving facility.
F. An air ambulance service that has been launched or placed on standby can only be cancelled by the highest level of certified prehospital personnel dispatched to the scene. Responding personnel may communicate and coordinate whether cancellation is appropriate with the highest-level personnel dispatched prior to their arrival on scene.
G. Scene flights; the air ambulance service responding to the scene will have contact with an agency on scene based on each county's established air to ground frequency.

H. Air ambulance services must be appropriately utilized during an MCI. If such request is made, the requesting prehospital agency should clearly communicate the need for either on scene or rendezvous location to respond to. Air ambulance services will determine most appropriate aircraft for transport based on patient status, weather, and location of incident.

**4. TRANSPORT CONSIDERATIONS**:

A. Mechanism of Injury – considerations utilizing the *"Prehospital Trauma Triage Destination Procedure"*
    a. Death in the same vehicle
    b. Ejected from vehicle
    c. Anticipated prolonged extrication: greater than 20 minutes with significant injury
    d. Long fall: greater than 30 feet for adults, 15 feet for children
    e. Sudden or severe deceleration
    f. Multiple casualty incidents
B. Patient characteristics – considerations utilizing the *"Prehospital Trauma Triage Destination Procedure"*
    a. Glasgow Coma Scale (GCS) less than or equal to 13
    b. Patient was unconscious and not yet returned to GCS of 15
    c. Respiratory rate less than a 10 or greater than 29 breaths per minute
    d. BP less than 90 mmHg or clinical signs of shock
    e. Penetrating injury to the chest, neck, head, abdomen, groin or proximal extremity
    f. Flail chest/unstable chest wall structures
    g. Major amputation of extremity
    h. Burns second-degree >20 percent
    i. Burns third-degree >10 percent
    j. Burns third-degree involving the eyes, neck, hands, feet, or groin
    k. Burns, high voltage-electrical
    l. Facial or airway burns with or without inhalation injury
    m. Paralysis/spinal cord injury with deficits
    n. Suspected pelvic fracture
    o. Multi-system trauma (three or more anatomic body regions injured)
C. Acute Coronary Syndrome – considerations utilizing the *"Prehospital Cardiac Triage Destination Procedure"*
    a. Post CPA – ROSC
    b. Hypotension and/or Pulmonary edema
    c. ST elevation myocardial infarction
    d. High Risk Score > 4
D. Stroke – considerations utilizing the *"Prehospital Stroke Triage Destination Procedure"*

a. F.A.S.T. and L.A.M.S. > 4
   Note: (With the extended window for thrombectomy, particularly for patients outside the window for tPA it is important that direct transport to a thrombectomy capable center be considered if the LAMS is > 4 and time of symptom onset is within 24 hours.

**5. CONSIDERATIONS FOR AIR AMBULANCE TRANSPORT:**

In general, prehospital providers must communicate to air ambulance any of the following circumstances that could affect ability to transport:

a. Hazardous materials exposure
b. Highly infectious disease (such as Ebola)
c. Inclement weather
d. Patient weight and size

If any of the conditions above are present:

a. Consider initiating ground transport and identifying a rendezvous location if air ambulance confirms the ability to transport.
b. Consider utilization of air ambulance personnel assistance if additional manpower is necessary

**6. SAFETY OF GROUND CREWS AROUND AIRCRAFT**

To promote safety of all personnel, ground crews must:

a. NOT approach the aircraft until directed to do so by the flight crews.
b. NOT approach the tail of the aircraft.
c. Use situational awareness while operating around aircraft.

**7. LANDING ZONE CONSIDERATIONS:**

***All situations for safety and consideration of landing zones are at the pilot's discretion.***

To promote safe consistent practices for EMS and air ambulance services in managing landing zones for helicopters. EMS MUST:

A. Select a location for the landing zone that is at least:
   b. Night; 100 ft. x 100 ft.
   c. Daytime: 75 ft. x 75 ft.
B. Assure the landing zone location is free of loose debris.
C. Assure the approach and departure paths are free of obstructions, and identify to the pilot hazards such as wires, poles, antennae, trees, wind speed and direction, etc.
D. Provide air ambulance services with the latitude and longitude of the landing zone. Avoid using nomenclature such as "Zone 1."
E. Mark night landing zones with lights. Cones may be used if secured or held down. Do not use flares.

F. Establish security for the landing zone for safety and privacy.
G. Avoid pointing spotlights and high beams towards the aircraft. Bright lights should be dimmed as the aircraft approaches.
H. Do not approach an aircraft unless escorted by an aircrew member.
I. Consult with aircrew members before loading and unloading. Loading and unloading procedures will be conducted under the direction of the flight crew.

**8. DEFINITIONS:**

- ***"Standby"*** Upon receiving the request, dispatch will notify the pilot and crew of the possible flight. The crew will respond to the aircraft and ensure they are in a flight ready status. The crew will then remain at or near the aircraft until such time as they are launched or released from standby.
- ***"Launch time"*** launch time is the time the skids lift the helipad en route to the scene location.
- ***"Early activation"*** Departing for a requested scene prior to arrival of the first responders, based on a high index of suspicion that specialty services will be necessary.

**9. APPENDICES**

**Prehospital Trauma Triage Destination Procedure**
**https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf**

**Prehospital Cardiac Triage Destination Procedure**
**https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf**

**Prehospital Stroke Triage Destination Procedure**
**https://www.doh.wa.gov/Portals/1/Documents/Pubs/530182.pdf**

| Submitted by: | Change/Action: | Date: | Type of Change |
|---|---|---|---|
| Regional Council | New | 6/3/2020 | ☐ Major ☒ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |

## 5.2 CARDIAC TRIAGE AND DESTINATION PROCEDURE

Effective Date: 11/1/2018

**1. PURPOSE:**

A. To implement regional policies and procedures for all cardiac patients who meet criteria for cardiac triage activation as described in the State of Washington Prehospital Cardiac Triage Destination Procedure.
B. To ensure that all cardiac patients are transported to the most appropriate categorized facility as described in RCW 70.168.150
C. To allow the receiving facilities adequate time to activate their Cardiac response team.

**2**. **SCOPE**:

A. All ambulance and aid services shall comply with the State of Washington Prehospital Cardiac Triage Destination Procedure.
B. All ambulance services shall transport patients to the most appropriate categorized cardiac facility as identified in the County Operating Procedures (COPs).
C. All categorized receiving facilities will determine when it is appropriate to divert ambulances to another categorized facility.
D. All ambulance and aid services shall consider ALS rendezvous or Air Medical services if beyond the designated time requirements in the Triage Destination Procedure.

**3**. **GENERAL PROCEDURES:**

The first certified EMS provider determines that a patient:

A. Presents with signs, symptoms, or past medical history suggesting a cardiac event (in accordance with the State of Washington Prehospital Cardiac Triage Destination Procedure).
B. Meets the cardiac triage criteria.
C. The provider shall care for the patient as described in the Medical Program Director's (MPD) patient care protocol for cardiac patients.
D. The provider then determines destination based upon the criteria identified and the following:
    a. For patients meeting Cardiac Triage criteria, transport destinations will comply with the triage tool and COPs.
    b. Agencies unable to meet the transport destination criteria will utilize Online Medical Control for determination of transport mode.
    c. Online medical control for all counties shall be accessed per County Operating Procedures (COPs).
E. The EMS provider will initiate communication with the receiving facility as soon as possible, to allow the receiving facility adequate time to activate their cardiac response teams.

F. The receiving facility will notify the transporting ambulance service about diversion in accordance with COPs.
G. Medical Control and/or the receiving facility shall be provided with patient information, as outlined in the Prehospital Destination Tool and COPs.
H. All information shall be documented on an appropriate medical incident report (MIR) form approved by the County MPD.

**4. APPENDICES:**

Appendix 1. State of Washington Prehospital Cardiac Triage Destination Procedure
https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf
Appendix 2. State of Washington Emergency Cardiac and Stroke Categorized Facilities
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EmergencyCardiacandStrokeSystem/ForMPDsandEMS

| Submitted by: | Change/Action: | Date: | Type of Change |
|---|---|---|---|
| Regional Council | Approved Draft | 02/07/2018 | ☐ Major ☒ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |
| | | | ☐ Major ☐ Minor |

## 5.3 STROKE TRIAGE AND DESTINATION PROCEDURE

Effective Date: 11/1/2018

**1. PURPOSE:**

A. To implement regional policies and procedures for all stroke patients who meet criteria for stroke triage activation as described in the State of Washington Prehospital Stroke Triage Destination Procedure.
B. To ensure that all stroke patients are transported to the most appropriate categorized facility as described in RCW 70.168.150
C. To allow the receiving facilities adequate time to activate their stroke response team.

**2**. **SCOPE**:

A. All ambulance and aid services shall comply with the State of Washington Prehospital Stroke Triage Destination Procedure.
B. All ambulance services shall transport patients to the most appropriate categorized stroke facility as identified in the County Operating Procedures (COPs).
C. All categorized receiving facilities will determine when it is appropriate to divert ambulances to another categorized facility.
D. All ambulance and aid services shall consider ALS rendezvous or Air Medical services if beyond the designated time requirements in the Triage Destination Procedure.

**3**. **GENERAL PROCEDURES:**

The first certified EMS provider determines that a patient:

A. Presents with signs, symptoms, or past medical history suggesting a stroke event (in accordance with the State of Washington Prehospital Cardiac Triage Destination Procedure).
B. Meets the stroke triage criteria.
C. The provider shall care for the patient as described in the Medical Program Director's (MPD) patient care protocol for stroke patients.
D. The provider then determines destination based upon the criteria identified and the following:
    a. For patients meeting Stroke Triage criteria, transport destinations will comply with the triage tool and COPs.
    b. Agencies unable to meet the transport destination criteria will utilize Online Medical Control for determination of transport mode.
    c. Online medical control for all counties shall be accessed per County Operating Procedures (COPs).
E. The EMS provider will initiate communication with the receiving facility as soon as possible, to allow the receiving facility adequate time to activate their stroke response teams.

F. The receiving facility will notify the transporting ambulance service about diversion in accordance with COPs.
G. Medical Control and/or the receiving facility shall be provided with patient information, as outlined in the Prehospital Destination Tool and COPs.
H. All information shall be documented on an appropriate medical incident report (MIR) form approved by the County MPD.

**4. APPENDICES:**

Appendix 1. State of Washington Prehospital Stroke Triage Destination Procedure
https://www.doh.wa.gov/Portals/1/Documents/Pubs/530182.pdf
Appendix 2. State of Washington Emergency Cardiac and Stroke Categorized Facilities
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EmergencyCardiacandStrokeSystem/ForMPDsandEMS

| Submitted by: | Change/Action: | Date: | Type of Change |
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| Regional Council | Approved Draft | 02/07/2018 | ☐ Major ☒ Minor |
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## 5.4 MENTAL HEALTH AND CHEMICAL DEPENDENCY DESTINATION PROCEDURE

Effective Date: 11/1/2018

**1. PURPOSE:**

To operational licensed EMS aid and/or ambulance services who may transport patients from the field to mental health or chemical dependency services in accordance with WA State legislation HB 1721.

**2**. **SCOPE**:

In 2015, the WA State Legislature passed HB 1721 allowing Emergency Medical Services (EMS) licensed ambulance and aid services to transport patients from the field to mental health or chemical dependency services. In the North Central Region, licensed EMS ambulance services may transport patients from the field to mental health or chemical dependency services in accordance with RCW 70.168.170, if approved by their county Medical Program Director (MPD).

**3**. **GENERAL PROCEDURES:**

A. Prehospital EMS agency and receiving mental health and/or chemical dependency facility participation is voluntary.
B. Participating agencies and facilities will adhere to the WA State Department of Health Guideline for Implementation of HB 1721 (see attached appendices)
C. Facilities that participate will work with county Medical Program Director (MPD) and EMS agencies to establish criteria that all participating facilities and EMS agencies will follow for accepting patients.
D. MPD and the Local EMS and Trauma Care Council must develop a county operating procedure (COP). The COP must be consistent with the WA State Department of Health Guideline for Implementation of HB 1721 and this PCP.
E. Prior to implementing and during ongoing operation of transport to alternate receiving facilities the following must be in place with DOH approval:
    a) County operating procedure
    b) MPD patient care protocol
    c) Ensure EMS providers receive training in accordance with WA State Department of Health Guideline for Implementation of HB 1721
    d) Facilities that accept referrals directly from prehospital providers

**4**. **APPENDICES:**

Appendix 1. WA State Department of Health Guideline for Implementation of HB 1721

| Submitted by: | Change/Action: | Date: | Type of Change |
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| Regional Council | Approved Draft | 02/07/2018 | ☒ Major ☐ Minor |
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## 5.5 IDENTIFICATION OF MAJOR TRAUMA & EMERGENCY MEDICAL PATIENTS

Effective Date: 10/23/1998
Revised: 10/2021

**1. PURPOSE:**

A. To implement regional policies and procedures for all emergency medical patients and all trauma patients who meet the criteria for trauma system activation as described in the Washington Prehospital Trauma Triage Destination Procedure.
B. To ensure that all emergency medical patients are transported to the closest most appropriate facility in the shortest time possible.
C. To ensure that all major trauma patients are transported to the most appropriate facility capable of meeting the patient's need in accordance with WAC 246-976.
D. To notify the designated facility to allow sufficient time to activate their emergency medical and/or trauma resuscitation team.

**2. SCOPE**:

A. Major trauma patients will be identified in the initial EMS field assessment using the most current State of Washington Prehospital Trauma Triage Destination Procedure as published by the Department of Health.
B. Major trauma patients will be identified by the region's prehospital services and hospitals for the purposes of state trauma registry inclusion, using the trauma registry inclusion criteria as outlined in WAC 246-976-420.
C. Major trauma patients will be identified for the purpose of regional quality improvement based on known care issues, facility(s) Trauma Team Activation Criteria, and the State EMS and trauma data registries.
D. Patients not meeting the criteria to activate the trauma system will be transported to the closest most appropriate local facility as outlined in local procedures.

**3. GENERAL PROCEDURES:**

A. The first certified EMS provider will:

    a. Perform patient assessment.
    b. Determine if patient(s) meet trauma triage criteria.
    c. Determine Step level and most appropriate destination.

d. Contact receiving facility.

B. The receiving facility shall be provided with the following information, as outlined in the Washington Prehospital Triage Destination Tool:

a. Identification of EMS agency.
b. Patient's age
c. Patient's chief complaint or problem.
d. Severity and anatomical location of injuries.
e. Vital signs
f. Level of consciousness
g. Other factors that require consultation with medical control
h. Number of patients
i. Estimated time of arrival to facility.

C. Whenever needed, BLS agencies may request ILS or ALS agencies be dispatched to the scene by ground or air.

D. In accordance with WAC 246-976-330 (2)(b); "Within twenty-four hours of arrival, a complete written or electronic patient care report……." Shall be provided to the receiving facility.

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## 7 HOSPITAL DIVERSION

Effective Date: 10/23/1998
Revised: 10/2021

**1. PURPOSE:**

A. To define criteria for the initiation of trauma center diversion in the region.
B. To define the methods of notification for the initiation of trauma center diversion.

**2. SCOPE**:

*All trauma facility diversion requirements can be found in WAC 246-976-700 (12)*

A. Each designated trauma center will have a hospital-approved policy for the diversion of major trauma patients when the facility is temporarily unable to care for those patients. Designated trauma centers shall consider diversion when the surgeon is unavailable, the operating room is unavailable, CT imaging is down, or in the event of an internal facility disaster.
B. When diversion results in a substantial increase in transport time for an unstable patient, patient safety may over-ride the decision to divert when stabilization to the closest emergency department might be lifesaving based on prehospital county operating procedures. Examples may include, but not limited to; airway compromise and traumatic arrest.

**3. GENERAL PROCEDURES:**

A. The trauma designated facility will have a method of documenting and tracking trauma diversion to include date, time, duration, and rationale.
B. All facilities initiating diversion must have a procedure to notify EMS transport agencies and other designated trauma centers in their area.

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## 9.0 INTERFACILITY TRANSFER

Effective Date: 10/23/1998
Revised: 10/2021

**1. PURPOSE:**

A. To define the referral resources for interfacility transfers of patients requiring a higher level of care or transfer, due to situational inability to provide care.
B. To recommend criteria for interfacility transfer of major trauma patients from receiving facility to a higher level of care.

**2**. **SCOPE**:

A. Written transfer agreements will be in place among all facilities in the region and tertiary care facilities commonly referred to which are out of the region. A standard transfer agreement shall be utilized.
B. All interfacility transfers shall be compliant with EMTALA laws.
C. Level IV and V trauma facilities are recommended to transfer the following adult and pediatric patients to a Level I, II, III or closet higher-level trauma facility for post resuscitation care and stabilization:

   a. Central Nervous System Injury
   b. Head injury with any of the following
      - Open, penetrating, or depressed skull fracture
      - Severe coma (Glasgow Coma Score <10)
      - Lateralizing signs
      - Unstable spine or spinal cord injury
   c. Chest Injury
      - Suspected great vessel or cardiac injuries
      - Major chest wall injury
      - Patients requiring prolonged ventilation
   d. Pelvis Injury:
      - Pelvic ring disruption with shock requiring more than 5 units of blood transfusion
      - Evidence of continued hemorrhage
      - Compounded/open pelvic fracture or pelvic visceral injury
   e. Multiple System Injury
      - Severe facial injury with head injury
      - Chest injury with head injury
      - Abdominal or pelvic injury with head injury
      - Burns with head injury

f. Specialized Problems
   - Burns > 20% BSA or involving airway
   - Carbon Monoxide poisoning
   - Barotrauma

g. Secondary Deterioration (Late Sequelae)
   - Patients requiring mechanical ventilation
   - Sepsis
   - Organ system(s) failure (deterioration in CNS, cardiac, pulmonary, hepatic, renal or coagulation systems)

D. All pediatric patients less than 15 years of age triaged under Step I or II of the Prehospital Trauma Triage Destination Tool; or are unstable after ED resuscitation or emergent observation intervention at hospital with general designations, should be considered for immediate transfer to a designated level I or II pediatric hospital by a WA State licensed and trauma verified Ambulance Service.

**3**. **GENERAL PROCEDURES:**

A. The Interfacility Transfer Guidelines and/or the Pediatric Transfer Guidelines established by the Department of Health should be followed. Each designated trauma facility is required to develop procedures, protocols, and criteria defining which patients they keep or transfer.
B. The receiving facility must accept the transfer prior to the patient leaving the sending facility.
C. All appropriate documentation must accompany the patient to the receiving facility.
D. The transferring physician's order shall be followed during transport as allowed by MPD protocols. Should the patient's condition change during the transport, the transferring/sending physician, if readily available, should be contacted for further orders.
E. The receiving facility will be given the following information:

   a. Brief history
   b. Pertinent physical findings
   c. Summary of treatment
   d. Response to therapy and current condition.

F. MPD approved Prehospital Protocols will be followed during transport, unless direct medical orders are given to the contrary.
G. The transferring facility must arrange for the appropriate level of care during transport. For interfacility transfer of critical major trauma patients, trauma verified air or ground ALS transport services shall be used. Air or ground

interfacility transport shall be based on patient acuity and consideration of total out of hospital time in consultation with the receiving physician.

H. Transport of patients out of region shall be consistent with these standards.

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## 10.1 MASS CASUALTY INCIDENT (MCI)

Effective Date: 12/06/2006
Revised: 10/2021

**1. PURPOSE:**

A. To develop and communicate information for response, prior to an MCI.
B. To implement county MCI plans during an MCI.
C. To provide safe mass transportation with pre-identified EMS personnel, equipment, and supplies per the approved County Mass Casualty Incident Plan.

**2**. **SCOPE**:

A. EMS personnel, licensed and verified ambulance and aid services shall respond to a Mass Casualty Incident (MCI) as identified in this document.
B. All licensed and verified ambulance and aid services shall respond to an MCI per the county MCI plans.
C. Licensed ambulance and aid services shall assist during an MCI, per county MCI plans, when requested.
D. Pre-identified patient mass transportation, EMS staff, and equipment to support patient care may be used.
E. All EMS agencies working during an MCI event shall operate within the National Incident Management System (NIMS) or the Incident Command System (ICS) as identified in the jurisdiction that has authority.

**3**. **GENERAL PROCEDURES:**

A. Incident Commander (IC) shall follow the county MCI Plan to inform medical control and possible appropriate medical facilities when an MCI condition exists. (Refer to county- specific Department of Emergency Management Disaster Plan).
B. Medical Program directors agree that protocols being used by the responding agency should continue to be used throughout the transport of the patient, whether it is in another county, region or state. This ensures consistent patient care will be provided by personnel trained to use specific medicines, equipment, procedure, and/or protocols, until delivery at the receiving facility has been completed.

**4. DEFINITIONS:**

- ***"County Disaster Plan"*** County Emergency Management Plan (CEMP)
- ***"Medical Control"*** MPD authority to direct medical care provided by certified EMS personnel in the prehospital system.

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## 10.2 ALL HAZARDS

Effective Date: 12/06/2006
Revised: 10/2021

**1. PURPOSE:**

General Algorithm for response to a Prehospital Mass Casualty Incident (MCI)

**2**. **SCOPE**:
Major incidents/emergencies that create hazardous conditions that threaten public health that exceed local resources, and may involve multiple counties and states.

**3**. **GENERAL PROCEDURES:**

A. Receive dispatch
B. Respond as directed
C. Arrive at scene and establish Incident Command (IC)
D. Scene assessment and size-up
E. Determine if mass casualty conditions exist
F. Implement county MCI plan
G. Request additional resources as needed
H. The dispatch center shall coordinate notification and dispatch of required agencies and resources including notification of the County Department of Emergency Management (DEM) and possible receiving facilities. The Local Health Jurisdiction (LHJ) shall be notified in events where a public health threat exists.
I. Identify hazards and determine needs to control or eliminate them. Take immediate action to isolate and deny access (Site Access Control) or mitigate the hazards as necessary to prevent additional injuries. Consider possibility of terrorist attack (WMD, secondary device)
J. Initiate START
K. Reaffirm additional resources
L. Initiate ICS 201 or similar tactical worksheet
M. Notification to receiving hospital of numbers and severity of patients being transported.
N. Upon arrival at hospital/medical center, transfer care of patients to facility's staff (Hospital/medical center should activate their respective MCI Plan as necessary)
O. Prepare transport vehicle and return to service

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**Appendix 10. EMS and Trauma System Links**

**WA State DOH Triage Destination Tools:**

**State of Washington Prehospital Stroke Triage Destination Procedure**
**https://www.doh.wa.gov/Portals/1/Documents/Pubs/530182.pdf**

**State of Washington Prehospital Cardiac Triage Destination Procedure**
**https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf**

**State of Washington Prehospital Trauma Triage Destination Procedure**
**https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf**

**WA State DOH EMS & Trauma Hospital Designations & Response Areas (Interactive map)**
**https://fortress.wa.gov/doh/ems/index.html**