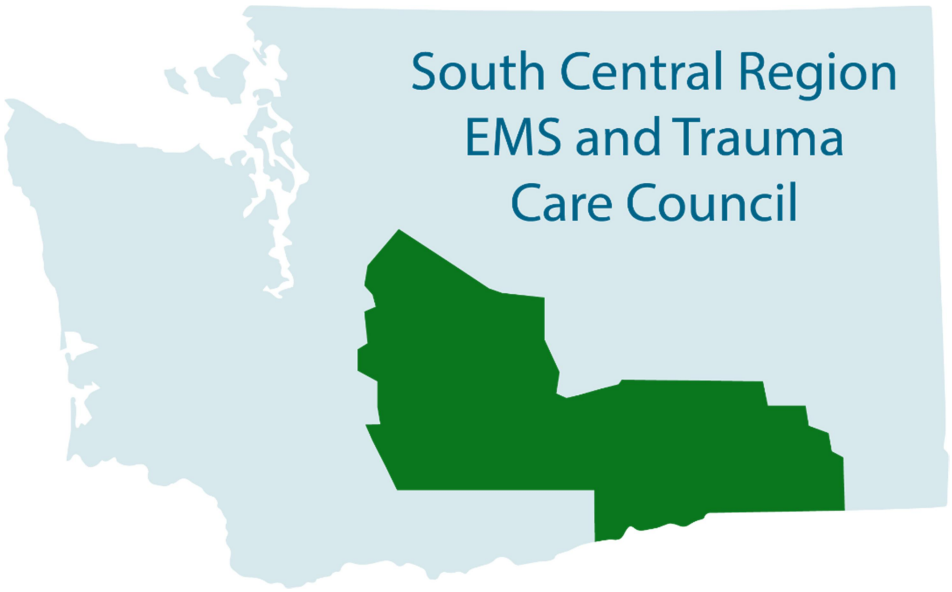
South Central Region
EMS & Trauma Care Council

System Plan

July 1, 2023 – June 30, 2025



Submitted By: South Central Region EMS and Trauma Care Council
Approved by WA EMS and Trauma Steering Committee on May 17, 2023

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MISSION: Advance the Emergency Medical Service (EMS) and Trauma Care System.

VISION: A Region EMS and Trauma Care System of coordinated planning to provide the highest quality continuum of care from injury prevention to return to the community.

Executive Summary:
The South Central Region Emergency Medical Services (EMS) and Trauma Care Council (Region Council) sustains and advances the WA EMS & Trauma Care System within Columbia, Benton, Franklin, Kittitas, Walla Walla, and Yakima Counties.

The Region Council was established in 1990 as a component of the WA EMS & 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 RCW and WAC task the Region Council and County Councils to 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 (DOH).

The Region Council is a private 501(c)3 nonprofit organization. The Region Council receives funding from the state Department of Health, and may apply for, receive, and accept gifts and other payments as described in RCW 70.168.100. The Chair, Vice Chair, Treasurer, and Secretary make up the Executive Committee which oversees the routine business of the Council between regular Council meetings. Overall, oversight remains the responsibility of the entire Council. All financial transactions are approved at council meetings, and substantive business decisions are made by a vote of the full Region Council. 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 501c3 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 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. The South Central (SC) Region Council and Southwest (SW) Region Council successfully consolidated administrative work via contract since July 2012. 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.

The Region Council advises ongoing WA EMS & Trauma Care System development through the exchange of information for the betterment of the entire EMS and trauma system. The Region Council is comprised of twenty-one (21) volunteer stakeholder representative positions. Stakeholders represent; prehospital EMS agencies, fire districts, hospitals, Medical Program Directors (MPD), 911 dispatch centers, law enforcement, elected officials, injury prevention, air medical, preparedness, and community members. The DOH appoints the Region Council Members with the local County Council recommendation. Region Council Members serve in their local role as the position describes for the betterment of the entire region. There are no standing sub-committees. The Council appoints workgroup ad-hoc committees as needed. The role and responsibility of an ad-hoc committee is defined at the time of formation. The Region Council invites all the Medical Program Directors (MPD) to engage in regional planning activities, developing the Regional Patient Care Procedures, and quality improvement (QI). The Region Council maintains collaborative relationships with other relevant partners in the Emergency Care System examples include: quality improvement committees such as trauma, cardiac, stroke, 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 it's various TACs. The broad representation collaboration cultivates the development of a practical, system wide approach to the coordination and planning of the WA EMS & Trauma Care System.

Region EMS and Trauma Response Area Maps were developed as a tool for use in system planning. The maps describe geographic areas and the location of EMS agencies and hospitals providing services within each area. Although some areas may appear to coincide with fire district jurisdictions the area boundaries do not belong to any individual EMS agency jurisdiction. DOH maintains an interactive Region EMS and Trauma Response Area Map within the EMS and Trauma Region and County Maps at: https://fortress.wa.gov/doh/ems/index.html

The Region Council had many accomplishments during the 2021-2023 plan period. Noteworthy successes are:

- In response to the Covid-19 pandemic the Region and County EMS Councils, EMS agencies, and MPDs worked with local public health care coalitions, emergency management (DEM) and all hazards preparedness partners to coordinate plan and support the Covid-19 response.
- The Region Council annually provided $75,440.00 in training grants to all County Councils. The training grants benefit 51 EMS agencies and the Region’s approximately 1,300 EMS providers annually. The grants to County Councils

reimburse direct initial EMS course expenses, OTEP, continuing education, and training equipment such as OTEP, textbooks, manikins, and other course supplies.

- The Region Council updated and reformatted the Region PCPs using the new state template. The next step is a collaboration with the Region Council, County Councils, and MPDs to revise and update the County Operating Procedures (COPs).
- The Region assessed the verified prehospital EMS Min/Max using the Region's Min/Max guidance.
- The Region Council and Region QI Committees assessed the designated trauma and rehabilitation Min/Max numbers.
- The Region Council continues to serve as the fiscal agent for the Region CQI Committee.
- Completed WA State Auditor's assessment audit of financial accountability with no findings.
- Council Members participated in EMS and Trauma Steering Committee Technical Advisory Committees, to include Cardiac and Stroke TAC, Prehospital TAC, Hospital TAC, Pediatric TAC, and Regional Advisory TAC.
- Council Members and staff participated in the WAC revision workgroup.

The Region Council has identified several challenges:

- There is a need for local County Operating Procedures (COPs) to be revised and reformatted in a similar standardized template for consistency with the Region PCPs.
- Local rural and suburban volunteer EMS agencies continue to struggle with work force shortages and finding enough volunteer EMS providers.
- There is a need to identify unserved and underserved areas within the region.
- Usable measurable WEMSIS data continues to be unavailable for system assessment, including patient outcomes, and planning for system improvement, to the Region Council, County Councils, MPDs, EMS agencies, and hospitals.
- WAC revisions need to be brought to County Councils, MPDs, and EMS agencies.
- Adequate sustainable funding remains a challenge for the region.
- Population growth and increases in recreational areas strain EMS and healthcare services.
- A lack of specialty care services at rural access hospitals in the region.

Ongoing Priorities:

- Complete the local County Operating Procedures (COPs) updates.

- Introduce the newly revised WAC to County Councils, MPDs, EMS Agencies, and system partners.
- Support EMS system updates as they relate to the newly revised WAC.
- Improve integration and collaboration with HCC and Emergency Preparedness.
- Resource work force development opportunities.

The work set forth in this plan is designed to enhance the South Central Region EMS and Trauma Care System. Directed by the RCW and WAC, the Region Councils are tasked to provide an objective system-level analysis and make recommendations for system quality improvements to support and advance the system, the Region Council and County Councils will accomplish the work as outlined. The goals, objectives, and strategies section of this plan provide detail on how work will be completed. Each objective in this plan is crafted to build upon previous work so time is spent as efficiently as possible. The plan objectives and strategies are accomplished either by the Council Members during council meetings, in conjunction with County Councils, ad hoc committees or with a mix of approaches. In the past, the Region Council maintained a number of standing sub-committees. However, this created an environment where the same small number of people shouldered the majority of the work. Now ad-hoc work groups are appointed as needed and have replaced standing subcommittees. This change has fostered a more inclusive “all hands” participation approach.

This work is made possible by the DOH contract to maintain a forum, at Region Council and County Council meetings for County Council Members, MPDs, local EMS agencies, MPDs, hospitals, dispatch centers and other stakeholders to report what is working, what is not, and to collaborate on practical solutions. The information drawn will create a better understanding of standing practices and the ability to implement practical solutions to fine-tune the system. Region Council and County Councils will continue to engage partners to collaborate on solutions to system challenges, and most importantly give them a voice in the future direction of the WA State EMS and Trauma Care System.

The Region Council regularly collaborates with County Councils to support and advance the local EMS & Trauma Care System. On an ongoing basis the Region Council and County Councils maintain system sustainability through routine Council work, such as assessing min/max numbers, PCPs, COPs, reviewing applications for new EMS agencies, etc. The Council Members receive “just in time training” which serves to address the task at hand and allow all Members to better understand the components of the EMS and Trauma System. While conducting the County Council business, system information is exchanged amongst the County Councils, local EMS Agencies and County EMS Providers, Region Council and DOH.

- **Benton County** has a land area of 1,700.38 square miles and a population of 204,390. The Hanford Nuclear site as well as many wineries and agricultural areas are located in Benton County. The Columbia River bisects Benton & Franklin Counties. Benton and Franklin Counties have joined together to form a joint local Council known as the Mid-Columbia EMS & Trauma Care Council. The Mid-Columbia Council usually meets the first Monday of even months.

Benton County Resource Statistics					
EMS Providers	284 - BLS	28 - ILS	119 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	11	2	0		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Kadlec Regional Medical Center, Richland WA	II	II	III	I	II
Trios Hospital, Kennewick	III	N/A	N/A	I	II
Prosser Memorial Hospital, Prosser WA	IV	N/A	N/A	II	III
Training Program	Columbia Safety, Kennewick WA				
Training Program	Columbia Basin College Richland Health Science Center, Richland				

Columbia County

Columbia County has a land area of 873 square miles and a population of 3952. The county is mostly rural/wilderness. Located in the Blue Mountains, from the subalpine area of Oregon Butte (Elevation 6387) to semi-arid area of the Snake River (Elevation 1190). Its primary economy is linked to ranching, farming (both agriculture and wind), and tourism/recreation. Bluewood is a small ski resort accessed by the north Touchet from Dayton WA. The Snake River is another popular recreation area for water sports and fishing. accessed from highway 261 and the town of Starbuck. The upper Tucannon River is very popular camping hunting and fishing area, with Camp Wooten State Park environmental learning center which is very popular with the schools in Eastern Washington. Hunting season is also a time where out of area folks come to recreate. Highway 12 is the main highway running through Columbia County. Highway 12 is a main artery with traffic from I-84 and the Tri Cities connecting to Lewiston, Idaho. It is also one of the annual routes of people traveling to Sturgis, SD from Washington, Oregon, and Northern California. Dayton has a level V

trauma verified hospital. Dayton General Hospital is a part of Columbia County Health Systems that also provides palliative care (in facility and out), wound care, and physical therapy. Columbia County Fire District #3 (BLS AMB) is the Primary Ground Transporting Agency. Life Flight Network provides most of the ALS assists or air transports.

Columbia County Resource Statistics					
EMS Providers	23 - BLS	3 - ILS	0 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	2	0	1		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Dayton General Hospital, Dayton WA	V	N/A	N/A	II	III
Training Program	None				

- Franklin County has a land area of 1,242.17 square miles and a population of 95,222. It is a mostly rural agricultural area. The Columbia River bisects both Benton & Franklin Counties. Benton and Franklin Counties have joined together to form a joint local Council known as the Mid -Columbia EMS & Trauma Care Council. The northern part of Franklin County surrounding Kahlotus WA and the state highway is unserved with no EMS service due to a lack of resources. Air medical services assist greatly reduces incident response and transport times. The Mid-Columbia Council usually meets the first Monday of even months.

Franklin County Resource Statistics					
EMS Providers	110 - BLS	25 - ILS	34 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	4	0	0		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Lourdes Medical Center, Pasco WA	IV	IIR	N/A	II	II
Training Program	None				

Kittitas County has a land area of 2,297.27 square miles and a population of 47,935. The county is mostly rural/wilderness. Located in the Cascade Mountains, from the upper Yakima River Valley to the Columbia River. It is home to Central Washington University, the annual Kittitas County Fair & Ellensburg Rodeo, all of which draw a large number of visitors to Kittitas County. Interstate 90 connects western and eastern WA over "Snoqualmie Pass". Hwy. 97 (+ Blewett Pass) and I82 connect the north and south of central Washington in the center of Kittitas County. At times I90 is closed for extended periods due to severe accidents and poor road conditions during winter months. This creates challenges for out of county transfers to higher level facilities, especially for critical trauma, cardiac and stroke patients. The I90 closures impede ground transport access from the whole of eastern WA to the only Level I Trauma Center Harborview. I90 is a main thoroughfare all year long for the transient population and recreating visitors. Especially during the summer months, I90 traffic can be backed up for miles and impassable by emergency vehicles. Frequent and long duration construction projects on I90 also contribute to these significant traffic issues and effect all eastern Washington. Emergency response agencies coordinate with DOT to plan how to manage the impact responding to the scene or transporting patients to their needed destination.

Kittitas County Resource Statistics					
EMS Providers	108 - BLS	0 - ILS	28 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	10	0	3		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Kittitas Valley Healthcare, Ellensburg WA	IV	N/A	N/A	II	II
Training Program	CWU EMS PM Program, Ellensburg WA				
Training Program	Kittitas County EMS Division, Cle Elum WA				

- Walla Walla County has a land area of 1,270.13 square miles and a population of 60,760. This rural agricultural County is situated along the Columbia River in southeastern WA.

Walla Walla County Resource Statistics					
EMS Providers	117 - BLS	2 - ILS	39 - ALS		

	Trauma Verified	EMS Licensed	ESSO		
EMS Agencies	10	0	0		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Providence St Mary Medical Center, Walla Walla	III	II R	III P	I	II
Training Program	Walla Walla County EMS, Walla Walla WA				
Training Program	Walla Walla Community College, Walla Walla WA				

Yakima County has a land area of 4,295.40 square miles and a population of 256,728. Yakima is the second largest county in Washington state at 2.75 million acres. Three entities own 63.4 percent of this total: the Yakama Indian Reservation (the 15th largest reservation in the United States) (1,074,174 acres), the U.S. Forest Service (503,726 acres), and the Yakima Training Center (165,787 acres). The geography varies from Mount Adams a popular recreational destination, agricultural lands, densely timbered, mountainous terrain in the west, rolling foothills, broad valleys, and arid regions to the east and fertile valleys in its central and southern areas. Agriculture has been the staple of the economy over the last 100 years. Population surges are experienced annually with associated harvest seasons of crops. Yakima County enjoys all 4 seasons and can experience adverse weather conditions during the winter months. Transfer patterns for those requiring a high level of care can often be interrupted during the winter months with long transport times, unsafe road conditions, or mountain pass closures.

Yakima County Resource Statistics					
EMS Providers	429 - BLS	9 - ILS	48 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	20	1	3		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Sunnyside Community Hospital	IV	N/A	N/A	I	III
Astria Toppenish Community Hospital	IV	N/A	N/A	II	II

Yakima Valley Memorial	III	N/A	IIIP	I	II
Training Program	Yakima County Dept. of EMS, Yakima WA				

Goal 1 ***Maintain, assess, and increase emergency care resources.***	
The work within goal 1 reviews and assesses existing EMS & Trauma resources. This review will gather necessary information to identify system gaps and develop a plan to address our findings. During the 2023-2025 planning period, the Council will identify challenges that are encountered when recruiting and retaining EMS personnel and continue to support and improve EMS trainings.	
Objective 1 **By January 2025, Review and recommend Prehospital Trauma Verified Min/Max Numbers and Trauma Response Area Maps.**	Strategy 1 By September 2024 - Collaborate with the County Councils to review and recommend Prehospital Trauma Min/Max numbers.
	Strategy 2 By September 2024 - Collaborate with the County Councils to review Trauma Response Area Maps and identify unserved and underserved areas.
	Strategy 3 By January 2025 - Collaborate with County Councils and DOH to address identified areas of deficiencies in the GIS Regional Trauma Response Area Map.
	Strategy 4 By January 2025 - Update EMS Agency contact information.
Objective 2 **Review the Designated Trauma and Rehabilitation and recommend Min/Max numbers.**	Strategy 1 By November 2024 - Collaborate with the Regional QI Committee to review and recommend the Designated Trauma, Rehabilitation Hospital Min/Max Numbers and Levels of Categorized Cardiac and Stroke Hospitals.
	Strategy 2 By June – 2025 - Advise the QI committee on and introduce the new DOH Trauma Designation Min/Max Guidance.
Objective 3 **Review and update County Operating Procedures (COPs).**	Strategy 1 By September 2023 - Collaborate with the County Councils and MPDs review and update the PCPs as needed.
	Strategy 2 By December 2023 - Collaborate with the County Councils and MPDs to review and update the COPs as needed, using the new format and consistency with the Region PCPs.
Objective 4	Strategy 1

Throughout the plan period, the Region Council will provide EMS training grants to County Councils, for prehospital provider education.	By May annually, the Region Council will initiate the training grant process by distributing the grant application/agreement and training needs assessment to the County Councils.
	Strategy 2 July annually, the Region Council will allocate funds to the training grant program.
	Strategy 3 July annually, the County Councils will submit a completed grant application/agreement and training needs assessment to the Region Council office.
	Strategy 4 By August annually, the Region Council will establish grant agreements with each County Council.
	Strategy 5 Throughout the grant period, the Region Council will disburse grant funds as completed documentation is received at the Region Council office.
	Strategy 6 By June annually, the Region Council will collect, analyze, and report information to understand the outcomes of the grants.
Objective 5 **By June 2024 - Identify specific challenges for EMS workforce recruitment and retention of EMS providers in the region.**	Strategy 1 By March 2024 - Conduct a survey of EMS agencies to identify challenges to recruitment and retention of EMS providers of paid and volunteer personnel. Topics will include, QI, IVP, access to training programs and testing sites etc.
	Strategy 2 By June 2024 - Provide findings report to the Region Council, the QI Committee, and DOH to collaborate on solutions and share best practices.
	Strategy 3 During the plan period - Provide Leadership training to EMS Agencies when and where practical.
	Strategy 4 By June 2024 - Distribute DOH education materials that have been developed to support rural EMS sustainability.
Objective 6 **By December 2024 - Identify specific challenges for EMS training programs and instructors.**	Strategy 1 By September 2024 - Conduct a survey of EMS Training Programs and SEIs to identify challenges for EMS training programs and SEIs.
	Strategy 2 By December 2024 - Provide findings report to the

	Region Council, the QI Committee, and DOH to collaborate on solutions and share best practices.

Goal 2 ***Support emergency preparedness, response, and resilience activities.***	
Work within goal 2 collaborates with emergency preparedness partners to ensure emergency preparedness response, and resiliency systems are in place in the event of a medical or disaster incident. Our work in the 2023-2025 planning period includes developing Regional Patient Care Procedures, response plans, and interagency training/exercises.	
Objective 1 **June 2024 - Collaborate with the REDi Health Care Coalition (HCC) and emergency management to identify Region Council roles and responsibilities before, during, and after a medical surge or disaster event.**	Strategy 1 By March 2024 - Collaborate with REDi HCC and emergency management to identify roles and responsibilities of the Region Council before, during, and after a medical surge or disaster event.
	Strategy 2 By June 2024 - Document roles and responsibilities, provide a report to the Region Council, the Region QI Committee, and DOH.
Objective 2 **June 2025 - Develop Patient Care Procedures (PCPs) for all hazards and other emergency preparedness topics as identified by DOH.**	Strategy 1 January 25 - Collaborate with the DOH, RAC, and preparedness partners to develop PCPs which address all hazards and other emergency preparedness topics as identified in accordance with DOH guidance.
	Strategy 2 January 2025 - Request the County Councils and MPDs participate in the development of the new PCPs.
Objective 3 **On an ongoing basis - Improve the emergency care system preparedness, response, and resilience, to public health, all hazards' incidents, planning and exercise activities to the extent possible with existing resources.**	Strategy 1 On an ongoing basis - Disseminate preparedness activities, drills and exercises information to EMS agencies and County Councils to encourage prehospital participation.
	Strategy 2 On an ongoing basis - Region Council participate in REDi HCC preparedness planning activities, drills, exercises and after actions report hot washes.
	Strategy 3 On an ongoing basis - Participate in REDi HCC meetings.

Goal 3 ***Plan, implement, monitor, and report outcomes of prevention programs to reduce the incidence and impact of injuries, violence, and illness in the region.***	
The work within goal 3 promotes injury and violence prevention (IVP) programs. This work will be achieved by sharing best practices, disseminating IVP related activities, information, and opportunities, as well as participation on the State IVP TAC.	
Objective 1 **On an ongoing basis - Promote available Injury and Violence Prevention (IVP) best and promising practices and programs.**	Strategy 1 On an ongoing basis - Disseminate information, promote best and promising IVP practices and programs.
	Strategy 2 On an ongoing basis – Engage with prevention partnerships pre-hospital providers, hospitals, and public health organizations.
	Strategy 3 On an ongoing basis - Participate in the State IVP TAC when practical.

Goal 4 ***Assess weakness and strengths of quality improvement programs in the region.***	
The work within goal 4 will identify the challenges and barriers our prehospital providers experience while using the WEMSIS data collection system. Then our Council will use this information to develop an effective quality improvement resource in the region.	
Objective 1 **December 2023 - Identify challenges and barriers to EMS service participation in WA Emergency Medical Service Information System (WEMSIS) data registry, identify ways to reduce challenges and barriers, and improve the quality of data.**	Strategy 1 September 2023 – The Region Council with DOH WEMSIS will survey agencies who are not participating in WEMSIS to determine the challenges and solutions.
	Strategy 2 December 2023 - Provide findings report to the Region Council, the Region QI Committee, and DOH to collaborate on solutions and share best practices.
	Strategy 3 December 2023 - Collaborate with stakeholders on ways to use WEMSIS data to support EMS system quality improvement processes

<table>
<tr><th colspan="2">Goal 5
Promote regional system sustainability.</th></tr>
<tr><td colspan="2">The work within goal 5 is to monitor and complete the work required by the DOH contract. Our Council also intends to focus on the distribution and implementation, of the newly revised EMS and WEMSIS WA Administrative Code (WAC).</td></tr>
<tr><td rowspan="2">Objective 1
On an ongoing basis - Manage work and deliverables required by the DOH contract.</td><td>Strategy 1
On an ongoing basis - Manage work and deliverables required by the DOH contract.</td></tr>
<tr><td>Strategy 2
On an ongoing basis - Manage regional council membership to ensure all Medical Program Directors and stakeholders are represented.</td></tr>
<tr><td rowspan="2">Objective 2
During July 2023-June 2025 - the Region Council will assist DOH in distribution and implementation of WAC 246.976 section revisions.</td><td>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.</td></tr>
<tr><td>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.</td></tr>
</table>

Appendix 1
Adult and Pediatric Trauma Designated Hospitals and Rehabilitation Facilities

http://www.doh.wa.gov/Portals/1/Documents/Pubs/530101.pdf

	Adult and Pediatric Trauma Designated Hospitals and Rehabilitation Facilities	Designated Trauma	Designated Peds	Designated Rehab
Benton	Kadlec Regional Medical Center (Richland)	II	III P	
Benton	Trios Hospital (Kennewick)	III		
Walla Walla	Providence St Mary Medical Center (Walla Walla)	III	III P	II R
Yakima	Yakima Valley Memorial Hospital (Yakima)	III	III P	
Kittitas	Kittitas Valley Healthcare (Ellensburg)	IV		
Franklin	Lourdes Medical Center (Pasco)	IV		II R
Benton	Prosser Memorial Hospital (Prosser)	IV		
Yakima	Sunnyside Community Hospital (Sunnyside)	IV		
Yakima	Astria Toppenish Community Hospital (Toppenish)	IV		
Columbia	Dayton General Hospital (Dayton)	V		

Current as of February 1, 2023

Appendix 2
Approved Minimum/Maximum (Min/Max) Numbers of Designated Trauma Care Hospitals

Approved Minimum/Maximum Numbers of Designated Trauma Care Hospitals			
Level	**State Approved**		**Current Status**
	Min	**Max**	
II	1	2	1
III	5	6	4
IV	4	5	5

V	1	2	1
II P	0	1	0
III P	3	3	3
II R	3	4	2

Current as of February 1, 2023

Appendix 3

Approved Minimum/Maximum (min/max) Numbers of Designated Rehabilitation Trauma Care Services
http://www.doh.wa.gov/Portals/1/Documents/Pubs/689168.pdf

Level	State Approved		Current Status
	Min	Max	
II	3	4	3
III*	0	0	0

**There are no restrictions on the number of Level III Rehab Services*
Current as of February 1, 2023

Designated Trauma Rehabilitation Care Services		Designated Rehab
County	Facility Name	
Benton	Kadlec Regional Medical Center	II
Franklin	Lourdes Medical Center	II
Walla Walla	Providence St Mary Medical Center	II

Current as of February 1, 2023

Appendix 4

WA State Emergency Cardiac and Stroke (ECS) System Categorized Hospitals
http://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

Cardiac Level I	Cardiac Level II	Cardiac Uncategorized	Stroke Level I	Stroke Level II	Stroke Level III	Stroke Uncategorized
5	5			7	3	

Cardiac Level	Stroke Level	Name	City	County
II	III	Dayton General Hospital	Dayton	Columbia
I	II	Kadlec Regional Medical Center	Richland	Benton
I	II	TRIOS Healthcare	Kennewick	Benton
II	II	Kittitas Valley Healthcare	Ellensburg	Kittitas
II	II	Lourdes Medical Center	Pasco	Franklin
II	III	Prosser Memorial Hospital	Prosser	Benton
I	II	Providence St Mary's Medical Center	Walla Walla	Walla Walla
I	III	Sunnyside Community Hospital	Sunnyside	Yakima
II	II	Toppenish Community Hospital	Toppenish	Yakima
I	II	Yakima Valley Memorial Hospital	Yakima	Yakima

Current as of February 1, 2023

Appendix 5

EMS Resources, Prehospital Verified Services, Prehospital Non-Verified Services

								Ground Vehicles		Aircraft		Personnel		
EMS County UDL	Credential #	Agency Name	Mailing City	Expiration Date	Organization Type	Agency Type	Care Level	# AMB	# AID	# FIXED	# Rotary	# BLS	# ILS	# ALS
Benton	AID.ES.6001363 4	Horn Rapids Motorsports Complex	Spokane Valley	04/30/2024	Private for Profit	AID	BLS	0	1	0	0	0	0	0

Benton	AID.ES.6035565 2	Mid Columbia Pre Hospital Care Association	Kennewick	10/31/2023	Private Volunteer Association	AID	BLS	0	1	0	0	18	0	0
Benton	AIDV.ES.60583166	West Benton Regional Fire Authority	Prosser	09/30/2023	Fire District	AIDV	BLS	0	1	0	0	7	0	0
Benton	AMBV.ES.00000008	Benton County Fire Protection District #2	Benton City	11/30/2023	Fire District	AMBV	ILS	5	4	0	0	17	10	5
Benton	AMBV.ES.00000011	Benton County Fire District 6	Paterson	11/30/2024	Fire District	AMBV	ILS	2	0	0	0	4	0	2
Benton	AMBV.ES.00000017	Kennewick Fire Department	Kennewick	04/30/2024	City Fire Department	AMBV	ALS	6	0	0	0	60	4	31
Benton	AMBV.ES.00000018	Richland Fire and Emergency Services	Richland	04/30/2024	City Fire Department	AMBV	ALS	7	12	0	0	29	8	39
Benton	AMBV.ES.00000026	Prosser Memorial Health	Prosser	01/31/2024	Hospital District	AMBV	ALS	4	2	0	0	6	3	7
Benton	AMBV.ES.60202198	Benton County Fire Protection District #4	West Richland	11/30/2023	Fire District	AMBV	BLS	3	4	0	0	11	1	12
Benton	AMBV.ES.6066	Life Flight Network	Aurora	08/31/2024	Private Non-Profit	AMBV	ALS	3	0	0	0	1	0	7

	1332													
Benton	AMBV.ES.60789012	American Medical Response	Yakima	06/30/2024	Private for Profit	AMBV	ALS	4	1	0	0	7	0	0
Benton	AMBV.ES.61044713	Benton County Fire District #1	Kennewick	11/30/2022	Fire District	AMBV	BLS	2	15	0	0	40	2	3
Benton	AMBV.ES.61137289	Hanford Fire Department	Richland	05/31/2023	Federal Fire Department	AMBV	ALS	6	0	0	0	82	4	13
Columbia	AIDV.ES.000000092	Columbia County Fire District #1	Starbuck	11/30/2022	Fire District	AIDV	BLS	0	1	0	0	3	0	0
Columbia	AMBV.ES.00000093	Columbia County Fire District #3	Dayton	10/31/2023	Fire District	AMBV	BLS	3	1	0	0	16	1	0
Columbia	ESSO.ES.6028139 1	Bluewood Ski Patrol	Dayton	10/31/2024		ESSO		0	0	0	0	4	1	0
Franklin	AMBV.ES.00000024	American Medical Response	Yakima	09/30/2023	Private for Profit	AMBV	ALS	5	0	0	0	17	0	1
Franklin	AMBV.ES.00000132	Pasco Fire Department	Pasco	07/31/2024	City Fire Department	AMBV	ALS	7	6	0	0	40	10	30
Franklin	AMBV.ES.00000133	Franklin County Public Hospital District	Mesa	07/31/2023	Municipality (city/county)	AMBV	BLS	7	3	0	0	42	12	0

		#1												
Franklin	AMBV.ES.60334626	Franklin County Fire District 3	Pasco	08/31/2023	Fire District	AMBV	ILS	2	3	0	0	25	4	2
Kittitas	AIDV.ES.00000344	Kittitas County Fire District #1	Thorp	08/31/2023	Fire District	AIDV	BLS	0	7	0	0	4	0	0
Kittitas	AIDV.ES.00000346	Kittitas County Fire Dist #3	Easton	02/28/2023	Fire District	AIDV	BLS	0	2	0	0	8	0	0
Kittitas	AIDV.ES.00000358	South Cle Elum Volunteer Fire Department	South Cle Elum	11/30/2024	City Fire Department	AIDV	BLS	0	2	0	0	0	0	0
Kittitas	AIDV.ES.60119626	Kittitas County Fire District #6	Ronald	02/28/2023	Fire District	AIDV	BLS	0	4	0	0	10	0	0
Kittitas	AIDV.ES.61302355	Roslyn Fire Department	Roslyn	05/31/2024	City Fire Department	AIDV	BLS	0	0	0	0	6	0	0
Kittitas	AMBV.ES.00000345	Kittitas Valley Fire and Rescue	Ellensburg	02/28/2023	Fire District	AMBV	ALS	7	1	0	0	42	0	19
Kittitas	AMBV.ES.00000348	Kittitas County Fire District 7	Cle Elum	08/31/2024	Fire District	AMBV	BLS	2	6	0	0	21	0	0
Kittitas	AMBV.ES.0000	Cle Elum Fire Departm	Cle Elum	11/30/2023	City Fire Department	AMBV	BLS	2	1	0	0	2	0	0

	0354	ent												
Kittitas	AMBV.ES.00000359	Upper Kittitas County Medic One	Cle Elum	11/30/2024	Hospital District	AMBV	ALS	4	0	0	0	4	0	9
Kittitas	AMBV.ES.60832495	Snoqualmie Pass Fire and Rescue	Snoqualmie Pass	05/31/2024	Fire District	AMBV	BLS	2	0	0	0	0	0	0
Kittitas	ESSO.ES.602850 38	Cle Elum Police Department	Cle Elum	08/31/2024		ESSO		0	0	0	0	1	0	0
Kittitas	ESSO.ES.604327 21	Kittitas County Sheriff's Office	Ellensburg	12/31/2023		ESSO		0	0	0	0	6	0	0
Walla Walla	AIDV.ES.000007 64	Walla Walla County Fire Protection District #1	Prescott	01/31/2024	Fire District	AIDV	BLS	0	1	0	0	0	0	0
Walla Walla	AIDV.ES.000007 66	Walla Walla Fire Protection District No. 3	Prescott	01/31/2023	Fire District	AIDV	BLS	0	1	0	0	4	0	0
Walla Walla	AIDV.ES.000007 69	Walla Walla FPD #6	Touchet	01/31/2024	Fire District	AIDV	BLS	0	4	0	0	8	0	0
Walla Walla	AIDV.ES.000007 71	Walla Walla County Fire District #8	Dixie	01/31/2024	Fire District	AIDV	BLS	0	1	0	0	4	2	0

Walla Walla	AIDV.ES.6044643434	Walla Walla County Fire Protection District # 7	Prescott	01/31/2024	Fire District	AIDV	BLS	0	2	0	0	5	0	0
Walla Walla	AIDV.ES.6093782727	Columbia - Walla Walla Co. Fire District No. 2	Waitsburg	01/31/2024	Fire District	AIDV	BLS	0	2	0	0	4	0	0
Walla Walla	AMBV.ES.00000767	Walla Walla County Fire District #4	Walla Walla	01/31/2025	Fire District	AMBV	ALS	2	0	0	0	33	0	8
Walla Walla	AMBV.ES.00000777	City of Walla Walla Fire Department	Walla Walla	07/31/2024	City Fire Department	AMBV	ALS	5	5	0	0	20	0	30
Walla Walla	AMBV.ES.60444006	Walla Walla County Fire District 5	Burbank	01/31/2024	Fire District	AMBV	ALS	2	1	0	0	13	0	3
Walla Walla	AMBV.ES.60779352	College Place Fire Department	College Place	07/31/2024	City Fire Department	AMBV	BLS	3	2	0	0	21	0	0
Yakima	AID.ES.6041442 6	Yakima Training Center FD	Yakima	09/30/2024	Federal Fire Department	AID	BLS	0	4	0	0	20	0	0
Yakima	AIDV.ES.00000855	Highland Fire Department	Cowiche	03/31/2024	Fire Distict	AIDV	BLS	0	2	0	0	6	0	0

Yakima	AIDV.ES.00000856	Selah Fire Department	Selah	03/31/2024	City/Fire District Combination	AIDV	BLS	0	7	0	0	22	0	1
Yakima	AIDV.ES.00000857	Naches Fire Department	Naches	03/31/2024	Fire District	AIDV	BLS	0	6	0	0	16	0	0
Yakima	AIDV.ES.00000858	Yakima County Fire Dist #4	Yakima	03/31/2023	Fire District	AIDV	BLS	0	3	0	0	21	0	0
Yakima	AIDV.ES.00000859	Yakima County Fire Dist. 5	Zillah	12/31/2024	Fire District	AIDV	BLS	0	14	0	0	69	0	0
Yakima	AIDV.ES.00000860	Fire Protection Dist #6 Yakima County	Yakima	03/31/2024	Fire District	AIDV	BLS	0	2	0	0	12	0	0
Yakima	AIDV.ES.00000861	Naches Heights Fire Department	Cowiche	03/31/2024	Fire District	AIDV	BLS	0	4	0	0	7	0	0
Yakima	AIDV.ES.00000863	West Valley Fire Department	Yakima	06/30/2024	Fire District	AIDV	BLS	0	7	0	0	33	0	0
Yakima	AIDV.ES.00000864	Nile-Cliffdell Fire Department	Naches	06/30/2024	Fire District	AIDV	BLS	0	2	0	0	5	0	0
Yakima	AIDV.ES.00000873	Grandview Fire Department	Grandview	12/31/2024	City Fire Department	AIDV	BLS	0	1	0	0	12	0	0
Yakima	AIDV.ES.00000	City of Granger Fire	Granger	12/31/2024	City Fire Department	AIDV	BLS	0	1	0	0	0	0	0

	74	Department												
Yakima	AIDV.ES.000008779	Toppenish Fire Department	Toppenish	12/31/2023	City Fire Department	AIDV	BLS	0	1	0	0	3	0	0
Yakima	AIDV.ES.000008781	Wapato Fire Department	Wapato	12/31/2023	City Fire Department	AIDV	BLS	0	1	0	0	0	0	0
Yakima	AIDV.ES.000008782	Yakima Fire Department	Yakima	02/28/2024	City Fire Department	AIDV	BLS	0	21	0	0	95	0	0
Yakima	AIDV.ES.000008783	Zillah City Fire	Zillah	12/31/2024	City Fire Department	AIDV	BLS	0	1	0	0	1	0	0
Yakima	AIDV.ES.6044019 0	Mabton Fire Department	Mabton	12/31/2023	City Fire Department	AIDV	BLS	0	2	0	0	4	0	0
Yakima	AMBV.ES.00000877	City of Sunnyside Fire Department	Sunnyside	06/30/2024	City Fire Department	AMBV	ALS	5	7	0	0	17	2	10
Yakima	AMBV.ES.00000892	White Swan Ambulance	White Swan	09/30/2023	Tribal EMS	AMBV	ILS	4	0	0	0	0	1	0
Yakima	AMBV.ES.00000893	American Medical Response	Yakima	09/30/2023	Private for Profit	AMBV	ALS	20	2	0	0	58	0	21
Yakima	AMBV.ES.00000894	Advanced Life Systems	Yakima	09/30/2024	Private for Profit	AMBV	ALS	16	1	0	0	27	3	17

Yakima	ESSO.ES.603223 42	Yakima Police Department	Yakima	09/30/2023		ESSO		0	0	0	0	2	0	0
Yakima	ESSO.ES.604732 98	Yakima County Search & Rescue	Yakima	03/31/2023		ESSO		0	0	0	0	5	0	0
Yakima	ESSO.ES.613082 12	Yakima County Dept of EMS	Union Gap	04/30/2024		ESSO		0	0	0	0	1	1	0

Current as of February 1, 2023

Total EMS Verified Services by County						
	AMBV-ALS	AMBV-ILS	AMBV-BLS	AIDV-ALS	AIDV-ILS	AIDV-BLS
Benton	6	2	2	0	0	1
Columbia	0	0	1	0	0	1
Franklyn	2	1	1	0	0	0
Kittitas	2	0	3	0	0	5
Walla Walla	3	0	1	0	0	6
Yakima	3	1	0	0	0	16

Appendix 6

Approved Min/Max numbers of Verified Trauma Services by Level and Type by County

County	**Verified Service Type**	**State Approved - *Minimum number***	**State Approved *Maximum number***	**Current Status (# Verified for each Service Type)**
Benton County	AID – BLS	4	4	1

	AID –ILS	0	0	0
	AID – ALS	0	0	0
	AMB –BLS	0	2	2
	AMB – ILS	0	2	2
	AMB - ALS	4	6	6
Columbia County	AID – BLS	2	3	1
	AID –ILS	0	0	0
	AID – ALS	0	0	0
	AMB –BLS	1	1	1
	AMB – ILS	0	0	0
	AMB - ALS	0	0	0
Franklin County	AID – BLS	1	3	0
	AID –ILS	0	0	0
	AID – ALS	0	0	0
	AMB –BLS	2	2	1
	AMB – ILS	0	1	1
	AMB - ALS	1	2	2
Kittitas County	AID – BLS	5	8	5
	AID –ILS	0	0	0
	AID – ALS	0	0	0
	AMB –BLS	1	3	3
	AMB – ILS	0	0	0
	AMB - ALS	2	2	2
Walla Walla County	AID – BLS	8	8	6
	AID –ILS	0	0	0
	AID – ALS	0	0	0
	AMB –BLS	1	3	1
	AMB – ILS	0	1	0

	AMB - ALS	1	4	3
Yakima County	AID – BLS	1	16	16
	AID –ILS	0	0	0
	AID – ALS	0	0	0
	AMB –BLS	0	1	0
	AMB – ILS	0	1	1
	AMB - ALS	1	3	3

Appendix 7

Trauma Response Areas
DOH Map Link to Trauma Response Areas
https://fortress.wa.gov/doh/eh/maps/EMS/index.html

- Trauma Response Areas are used by the Region Council for planning purposes. The identified areas within the maps are a description of general geographic areas. The maps are used as a means of describing what level of EMS service is available in any given geographic area (i.e., area 1 has 2 BLS AID services and 1 ALS AMB service). Although the trauma response areas identified may sometimes align with an EMS agency borders, the trauma response areas do not determine any EMS agency's actual service boundary. The level of EMS service provided in a given area is in the chart.

***Key: For each level the type and number should be indicated**

AID-BLS = A Ambulance-BLS = D
AID-ILS = B Ambulance-ILS = E
AID-ALS = C Ambulance-ALS = F

Explanation: The *type and number* column of this table accounts for the level of care available in a specific trauma response area that is provided by verified services. Some verified services (agencies) may provide a level of care in multiple trauma response areas therefore the **total type and number of verified services depicted in the table may not represent the actual number of State verified services available in a county; it may be a larger number in Trauma Response Area table. The verified service minimum/maximum table will provide accurate verified service numbers for counties.

Benton County	Trauma Response Area Number	Name of Agency Responding in Trauma Response Area	Description of Trauma Response Area's Geographic Boundaries	Type and # of Verified Services available in each Response Areas
	#1	Kennewick Fire Dept.	Within the current city limits of Kennewick	AMBV BLS -1

		Benton Fire District #1 Life Flight, AMR	and boundaries of Kennewick Fire Department and Benton County Fire District #1	AMBV ALS -3
	#2	Richland Fire Dept. Benton Fire District #4 AMR	Within the current city limits of Richland and West Richland and boundaries of the Richland Fire Department and Benton County Fire District #4.	AMBV BLS -1 AMBV ALS -2
	#3	Hanford Fire	Within the current boundaries of the Hanford Nuclear Reservation, with north boundaries the Columbia River, east and west boundaries the county lines and south boundaries with trauma service areas #2, #4 and #5.	AMBV ALS -1
	#4	Benton Fire District #2, AMR	In the current city limits of Benton City and the boundaries of Benton County Fire District #2	AIDV ILS - 1 AMBV ALS - 1
	#5	West Benton Fire Authority, Prosser Memorial Health	Within the current boundaries of Prosser Hospital District, Benton County FD #3, south on Highway 22 to south of Horrigan Road, west boundary the county line, north boundary with trauma service area #3, east boundary with trauma service areas #4 and #6.	AIDV BLS- 1 AMBV ALS - 1
	#6	Benton County FD #6 AMR	Within the current city limits of Paterson, the boundaries of Benton County FD #6, north to Sellards Road, east to Plymouth Road, west to county line, south to the Columbia River, east to boundary with trauma service area #1.	AMBV ILS - 1 AMBV ALS -1
Columbia County	**Trauma Response Area Number**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
	#1	Columbia FD # 1 Columbia FD # 3	Within the boundaries of Columbia County	AIDV BLS- 1 AMBV BLS - 1
Franklin County	**Trauma Response Area Number**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
	#1	Pasco Fire Department, Franklin County FD #3 AMR	Within the current City limits of Pasco, Franklin County FD #3 boundaries, and north to Sagemore Road.	AIDV BLS – 1 AMBV ILS - 1 AMBV ALS - 2

	#2	Franklyn PHD #1,	Within the boundaries of Franklin County Hospital District #1 that includes the communities of Connell, Mesa, Basin City and Merrill's Corner, west to the Columbia River and south to Sagemore Road.	AMBV BLS - 1
	#3		Within the current city limits of Kahlotus and the boundaries of Franklin County Fire District #2	None
Kittitas County	**Trauma Response Area Number**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
	#1	Kittitas County FD#1 Kittitas County FD#2 Kittitas County FD#7 Kittitas Valley Fire & Rescue KCHD#2 – Medic One	Kittitas County Hospital District #1 (KCHD#1) boundaries serve as Kittitas County trauma response are #1. These boundaries align with the county border to the east along Grant County, to the north with Douglas and Chelan County, and to the south with Yakima County. To the west HD#1 boundaries align with Kittitas County Hospital District #2 (KCHD#2) border, which runs mostly north to south. On I90 this boundary meets at Exit 93 (MP 93.5) and SR10 west to MP 93 per mutual aid agreement. Trauma response area #1 includes the Cities of Ellensburg and Kittitas, the rural communities of Vantage and Thorp, KCFD#1, KCFD#2, KCFD#4 and surrounding rural and wilderness areas.	AIDV BLS – 1 AMBV BLS – 1 ABMBV ALS 2
	#2	Roslyn Fire Department S. Cle Elum Fire Dept. Kittitas County FD #3 Kittitas County FD#6 Cle Elum Fire Depart. Kittitas County FD#7 Snoqualmie Pass FR KCHD#2 – Medic One	Kittitas County Hospital District #2 (KCHD#2) boundaries serve as Kittitas County trauma response are #2. These boundaries align with the county border to the west along King County, to the north with Chelan County, and to the south with Yakima County. To the east HD#2 boundaries align with Kittitas County Hospital District #1 (KCHD#1) border, which runs mostly north to south. Per mutual aid agreements On I90 this boundary meets at Exit 93 (MP 93.5) and SR10 east to MP 93 per mutual aid agreement. Trauma response area #2 includes the Cities of Cle Elum and Roslyn,	AIDV BLS – 4 AMBV BLS – 3 ABMBV ALS 1

			the Town of S. Cle Elum, the rural communities of Ronald (KCFD#6), Easton (KCFD#3), KCFD#7, Snoqualmie Pass and the surrounding rural and wilderness areas.	
Walla Walla County	**Trauma Response Area Number**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
	#1	Walla Walla FPD #1 Walla Walla FPD #3 Walla Walla FPD #6 Walla Walla FD #8 Walla Walla FPD #7 Columbia-Walla Walla FPD #2 Walla Walla FD #4 City of Walla Walla FD Walla Walla FD #5 College Place FD	Within the current boundaries of Walla Walla County	AIDV BLS - 6 AMBV BLS - 1 AMBV ALS - 3
Yakima County	**EMS & Trauma Response Area #**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
	#1	Highland Fire Dept. Selah Fire Dept. Yakima FD #4 Yakima Fire District #5, Yakima FD #6 Naches Fire Dept. West Valley Fire Dept. Nile-Cliffdell Fire Dept. Grandview Fire, Granger Fire Dept. Toppenish Fire Dept. Wapato Fire Dept. Yakima Fire Dept. Zillah City Fire Mabton Fire Dept. White Swan Ambulance AMR, Advanced Life Service	North county line to west county line; south to south county line; east to Boundary Road; along Boundary Road to Newland Road and north on Newland Road to Yakima River; north along the Yakima River to Beam Road; north on Beam Road to end of the road and directly east to County line.	AIDV BLS - 15 AMBV ILS - 1 AMBV ALS - 2
	#2	Yakima Fire District #5	North Beam Road east to county line;	AIDV BLS – 1

		Sunnyside Fire	county line south to Alexander Extension; southwest on Alexander Extension to Yakima River; and Yakima River north to Beam Road.	AMBV ALS -1
	#3	Grandview Fire, Yakima Fire District #5, City of Grandview Sunnyside Fire	Alexander Extension southwest to Yakima River; north from Yakima River on Newland Road; south to county line, east on county line; and north to Alexander Extension,	AIDV BLS - 3 AMBV ALS - 1

Appendix 8
Approved EMS Training Programs

Credential #	Status	Expiration Date	Facility Name	Site City	Site County
TRNG.ES.60136631-PRO	APPROVED	08/31/2022	Clarkston Fire Department	Clarkston	Asotin
TRNG.ES.60124026-PRO	APPROVED	09/30/2022	Columbia Basin College Richland Health Science Center	Richland	Benton
TRNG.ES.60866234-PRO	APPROVED	09/30/2023	Columbia Safety Training Center	Kennewick	Benton
TRNG.ES.60136659-PRO	APPROVED	09/30/2023	Mid-Columbia EMS and Trauma Care Council	Kennewick	Benton
TRNG.ES.60124931-PRO	APPROVED	09/30/2023	CWU EMS Paramedicine Program	Ellensburg	Kittitas
TRNG.ES.60124934-PRO	APPROVED	09/30/2024	Kittitas County EMS Division	Cle Elum	Kittitas
TRNG.ES.60136527-PRO	APPROVED	09/30/2022	Walla Walla Community College	Walla Walla	Walla Walla
TRNG.ES.60265035-PRO	APPROVED	09/30/2022	Walla Walla County Emergency Medical Services	Walla Walla	Walla Walla
TRNG.ES.60136616-PRO	APPROVED	09/30/2023	Yakima County Dept of EMS	Union Gap	Yakima

Appendix 9
Patient Care Procedures

Table of Contents

The following regulations provide guidance on the 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.

Regulations

1.1 Revised Code of Washington (RCW):

A. **RCW 18.73** – Emergency medical care and transportation services
   1. RCW 18.73.030 - Definitions

B. **RCW Chapter 70.168** – Statewide Trauma Care System
   1. RCW 70.168.015 – Definitions
   2. RCW 70.168.100 – Regional Emergency Medical Services and Trauma Care Councils
   3. RCW 70.168.170 – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

1.2 Washington Administrative Code (WAC):

A. **WAC Chapter 246-976** – Emergency Medical Services and Trauma Care Systems
   1. WAC 246-976-920 – Medical Program Director
   2. WAC 246-976-960 – Regional Emergency Medical Services and Trauma Care Councils
   3. WAC 246-976-970 – Local Emergency Medical Services and Trauma Care Councils

1. Level of Medical Care Personnel to Be Dispatched to An Emergency Scene

1. **PURPOSE:**
   The appropriate level of emergency, BLS, ILS, ALS personnel, aid or ambulance services will be dispatched to the emergency incident scene to provide timely patient care.

2. **SCOPE**:
   Appropriate licensed and trauma verified aid and ambulance services are dispatched to all emergency medical and trauma incidents within an identified service area.

3. **GENERAL PROCEDURES:**
   a. **Dispatch**
      i. Local EMS and Trauma Care Council's should identify primary and secondary Public Safety Answering Point (PSAP)/dispatch in each county and provide information to the Region Council of any changes.
      ii. Dispatchers should be trained in and use an Emergency Medical Dispatch (EMD) Guidelines Program to include pre-arrival instructions.
      iii. The appropriate level of service will be dispatched to the incident.
      iv. EMS services should proceed in an emergency response mode until they have been advised of non-emergent status unless advised of non-emergent status by dispatch.
      v. EMS services are responsible to update; PSAP/dispatch Center, DOH, Local and Region Councils, of any response area changes as soon as possible.
      vi. In the event a patient approaches a service seeking help or a unit happens upon an incident, PSAP/dispatch must be contacted to activate the EMS system.

   b. **Response Times**
      Response times are measured from the time the call is received by the responding agency until the time the agency arrives on scene.

   c. **Cancellation of Response Criteria**
      In coming units and on-scene EMS providers will communicate patient status report before cancelling response when practical.

      For all level EMS Agencies:

i. The responsible party for patient care decisions is the highest-level EMS provider on scene with the patient.
ii. Communication with PSAP/dispatch that no patient is found or non-injury or the following conditions are confirmed. (Proceed if requested by law enforcement.)
   a. Decapitation
   b. Decomposition
   c. Incineration
   d. Lividity and Rigor Mortis

d. **Slow Down**
   i. Transport units may be slowed by first in on scene emergency responder.
   ii. The first in on scene unit may convey available patient information to responding transport units.

e. **Diversion to another emergency call**

An EMS transport unit may be diverted to another call when:
   i. It is obvious the second call is a life-threatening emergency and first-in EMT's and/or paramedics report that first call can await a second unit.
   ii. A second ambulance is requested to the first call.
   iii. The highest-level transport responding unit is closer to the second call and may be vital to the patient's outcome.
   iv. If Priority Dispatch System used, follow local county operating procedures (COPs) for diversion to another call.

f. **Staging/Standby**

Dispatch should provide ALL pertinent information to the responding units so they can make a determination as to whether to stage and provide the same information to law enforcement responding units. Units will advise Dispatch of intent to stage and request Law Enforcement response.

4. **APPENDICES: None**

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved	5/28/20	X Major ☐ Minor
			☐ Major ☐ Minor
			☐ Major ☐ Minor
			☐ Major ☐ Minor

2. Guidelines for Rendezvous with Agencies That Offer Higher Level of Care

1. **PURPOSE:**
   To guide EMS providers to initiate rendezvous with a higher level of care while en route to a receiving hospital based on patient needs and resource availability.

2. **SCOPE**:
   BLS or ILS units may rendezvous with a higher level of care. Rendezvous is appropriate when.

   a. Patient may benefit from a higher level of care.
   b. Resources may be limited or not available.

3. **GENERAL PROCEDURES:**
   a. The BLS/ILS ambulance may request ALS ambulance rendezvous by contacting dispatch.
   b. Ground ambulance should rendezvous with a higher level of care based on patient illness or injury,
   c. Benefit to patient should outweigh increase to out of hospital time.
   d. Based on updated information, requesting units may cancel the rendezvous by contacting dispatch.
   e. EMS providers should use effective communication with all incoming and on scene emergency responders at all times with patient care as their highest priority.
   f. Communication should include patient report when appropriate.

4. **APPENDICES: None**

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3. Air Medical Services - Activation and Utilization

1. **PURPOSE:**
   Air Medical Service activation and utilization provides expeditious transport of critically ill or injured patients to the appropriate hospital including designated/categorized receiving facilities.

2. **SCOPE**:
   Licensed and trauma verified aid and/or ambulance services utilize the county protocols and county operating procedures (COPs) consistent with current "WA Statewide Recommendations for EMS Use Air Medical" (within the WA State Air Medical Plan) to identify and direct activation and utilization of air medical services.

3. **GENERAL PROCEDURES:**
   a. For scene transport to be efficacious and optimize patient outcome, the air medical response should take significantly less time (greater than 20 minutes time savings) than it takes to travel by ground to the closest appropriate facility. If this is not the case, strong consideration should be given to activating the helicopter from the scene, and meeting at the local hospital. This decision should be made in conjunction with local medical control. This is particularly important for head injured and hypotensive patients.
   b. Responders should involve dispatch to contact and activate air medical response to maintain system safety and integrity. The dispatching agency will provide the helicopter with the correct radio frequency to use for contacting EMS ground units.
   c. Responding EMS service may activate air medical service prior to arrival on scene based on dispatch information or upon arrival on scene based on initial assessment.
   d. Air medical Service will provide ETA of available fully staffed closest air ambulance.
   e. The final patient transport and destination decisions will be made on the scene.
   f. Air medical service will notify PSAP/dispatch when activated by a mechanism outside the emergency dispatch system.

Air Medical transport is recommended for the following:

Trauma:

a. Head injured patients with one of the following:
    i. Revised Trauma score <12 or deteriorating
    ii. Pediatric Revised Trauma score <10 or deteriorating
    iii. Change in LOC and/or neurological deficits
    iv. Significant penetrating injury above mid-thigh, torso, or head.
b. Patients with the following chest injuries:
    i. Possible tension pneumothorax
    j. Major chest wall injury
    k. Potential cardiac injury
    l. Penetrating chest wound
c. Patients with unstable vital signs including hypotension, tachypnea, severe respiratory failure.
d. Patient with burns of greater than 10% BSA or major burns of face, hands, feet, or perineum.
e. Major electrical or chemical burns.
f. Patients with spine injuries with neurologic involvement and potential airway/breathing compromise.
g. Amputation or near amputation.
h. Two or more long bone fractures or a major pelvic fracture.
i. Patients with scalping injury or “degloving” injury.
j. Patients with a significant mechanism of injury, hemodynamic instability, and associated signs and symptoms including:
    i. MVA with significant structural intrusion into victim’s space.
    ii. Speed of vehicle >55 mph.
    iii. MVA with extrication time >15 minutes or prolonged entrapment time.
    iv. MVA with patient ejected.
    v. MVA with associated fatalities.
    vi. Motorcycle victim ejected at >20 mph.
    vii. Pedestrian struck and thrown >15 feet.
    viii. Fall from a height of 20 feet or greater.
    ix. Crushing injuries to the abdomen, chest, or head.
    x. Near-drowning injuries, with or without existing hypothermia.
    xi. Trauma patients <12 or >55 years old.

Non-trauma:

a. Any patient airway that cannot be maintained.

b. Patient with cardiac disease and is experiencing a progressively deteriorating course, is unstable, and/or requires measures not available en route (e.g. ALS level care, cardiac catheterization, thrombolytic therapy.)
c. Patient is experiencing a severe neurological illness requiring neurosurgical or other intervention that is not available en route. (CVA, uncontrolled seizures, etc.)

EXCEPTIONS

Some patients that do not meet the above indications for air transport may still be candidates for air transport under the following circumstances:

a. Long distance transport of critical patients (more than 2 hours by ground)
b. Remote locations with isolated injury patients that could create a prolonged painful transport (i.e. logging injury).
c. Situations where a ground CCT unit will not be available for an extended time period.
d. Situations where resources at the sending facility and/or scene are severely limited.
e. Mass casualty situations
f. Lack of availability of ground transport
g. Lack of availability of specialty care personnel (with a minimum of one registered nurse) to accompany patient
h. Road conditions which may extend ground transport times (e.g. icy roads, flooding, remote locations, bridge openings, heavy traffic, etc.)
i. Land transport would deplete the local community of vital EMS services for an extended period of time.
j. EMS regional or state-approved protocol identifies need for on-scene air transport.

EXCLUSIONS

Patients for whom air medical transport is contraindicated include:

a. Patients who have been pronounced dead. (The need for or potential for cardiopulmonary resuscitation is not a contraindication for air transport.)
b. Obstetrical patients in advanced active labor and in whom an imminent and /or precipitous delivery can be expected.

c. Patients with actual or potential for violent or self-destructive behavior that cannot be adequately and safely restrained or controlled using chemical or physical restraints.
d. A patient in traumatic full arrest if another critically injured patient requires air transport and is determined to have a greater chance of surviving with rapid transport by air.
e. HAZMAT victims not appropriately decontaminated that pose a risk to the crew or could potentially contaminate the aircraft.

4. **APPENDICES:**

Link to DOH website:
WA State Air Medical Plan
https://www.doh.wa.gov/portals/1/Documents/Pubs/530129.pdf
WA Trauma Triage Destination Procedure:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf

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4. On Scene Command

1. **PURPOSE:**
   Provide coordinated and systematic delivery of patient centric emergency medical care and transport services at all incidents, to include single EMS agency, multi-agency, and multi-jurisdictional responses.

2. **SCOPE**:
   The National Incident Management System (NIMS) Incident Command System (ICS) will be used when establishing on scene command.

3. **GENERAL PROCEDURES:**
   a. Agencies are responsible for ensuring responders are trained in NIMS ICS per FEMA guidelines at the appropriate level.
   b. ICS guidelines will be followed when establishing command and assigning other roles based on incident needs.
   c. The Medical Group Supervisor should be an individual trained in the ICS, familiar with both the local EMS resources and the county Mass Casualty Incident and Disaster Plan, and capable of coordinating the medical component of a multiple patient incident.
   d. Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

4. **APPENDICES: None**

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5. Prehospital Triage and Destination Procedure

1. **PURPOSE:**
   Provide guidance for transport destination decisions for Trauma, Cardiac, Stroke, Mental Health and Chemical Dependence patients from the emergency medical scene to the appropriate receiving facility.

2. **SCOPE**:
   Coordinated system of care which identifies hospital levels of services available for specific categories of patient need. The triage destination procedures inform EMS providers of patient triage criteria algorithm to identify the transport destination to the appropriate designated/categorized hospital receiving facilities.

3. **GENERAL PROCEDURES:**
   EMS providers use the statewide triage destination procedures to identify transport of critically ill or injured patients to the appropriate designated/categorized hospital receiving facilities for definitive care.

4. **APPENDICES: None**

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5.1 Trauma Triage and Destination Procedure

1. **PURPOSE:**
   Trauma patients are identified and transported to the most appropriate trauma designated hospital receiving facility to reduce death and disability.

2. **SCOPE**:
   Licensed and trauma verified aid and/or ambulance services utilize the most current State of WA Prehospital Trauma Triage (Destination) Procedure to identify and direct transport of patients to the appropriate trauma designated hospital.

3. **GENERAL PROCEDURES:**
   Prehospital providers will utilize the most current State of WA Prehospital Trauma Triage (Destination) Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate WA State trauma designated hospital receiving facility.

4. **APPENDICES:**
   Link to DOH website: WA Trauma Triage Destination Procedure:

   https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf

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5.2 Cardiac Triage and Destination Procedure

1. **PURPOSE:**
   Patients presenting with signs and symptoms of acute cardiac distress are identified and transported to appropriate categorized WA State Emergency Cardiac System participating hospital to reduce death and disability.

2. **SCOPE**:
   Licensed and trauma verified aid and/or ambulance services utilize the most current State of WA Prehospital Cardiac Triage Destination Procedure to identify patients with signs or symptoms of acute cardiac distress and transport to the appropriate categorized cardiac hospital.

3. **GENERAL PROCEDURES:**
   Prehospital providers will utilize the most current State of WA Prehospital Cardiac Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized WA State Emergency Cardiac System participating hospital.

4. **APPENDICES:**
   Link to DOH website: WA Cardiac Triage Destination Procedure:

   https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf

   Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals

   https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

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5.3 Stroke Triage and Destination Procedure

1. **PURPOSE:**
   Patients presenting with signs and symptoms of acute stroke are identified and transported to the appropriate categorized WA State Emergency Stroke System participating hospital to reduce death and disability.

2. **SCOPE**:
   Licensed and trauma verified aid and/or ambulance services utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure to identify patients with signs or symptoms of acute stroke and transport to the appropriate categorized stroke hospital.

3. **GENERAL PROCEDURES:**
   Prehospital providers will utilize the most current State of WA Prehospital Stroke Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized WA State Emergency Stroke System participating hospital.

4. **APPENDICES:**
   Link to DOH website: WA Stroke Triage Destination Procedure:

   https://www.doh.wa.gov/Portals/1/Documents/Pubs/346049.pdf

   Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals

   https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

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5.4 Mental Health and Chemical Dependency Destination Procedure

1. **PURPOSE:**
   Operationalize licensed ambulance services transport of patients from the field to alternate facilities for mental health or chemical dependency services.

2. **SCOPE**:
   Licensed ambulances may transport patients from the field to mental health or chemical dependency services in accordance with RCW 70.168.170.

3. **GENERAL PROCEDURES:**
   a. Prehospital EMS agencies 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 Guidelines in accordance with RCW 70.168.170.
   c. Facilities that participate will work with the MPD and EMS agencies to establish criteria for accepting patients.
   d. MPD and Local EMS and Trauma Care Council will develop county operating procedures.
   e. Upon implementation and during ongoing operation of transport to alternate receiving facilities the following will be in place with DOH approval;
      i. County Operating Procedure (COPs)
      ii. MPD patient care protocols
      iii. EMS provider education

4. **APPENDICES: none**

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6. EMS/Medical Control Communications

1. **PURPOSE:**
   Communications between prehospital personnel, base station hospital (online medical control) and all receiving healthcare facilities are interoperable to meet the system needs.

2. **SCOPE**:
   Communications between prehospital personnel, base station hospital (online medical control) and all receiving health care facilities (to include designated trauma services and categorized cardiac and stroke services) utilize effective communication to expedite patient care information exchange.

3. **GENERAL PROCEDURES:**
   a. Communication between EMS providers and healthcare facilities may be done directly or indirectly via local PSAP/dispatch.
   b. Based on geographic area communication via radio and cell phone and telephone may be used to expedite the exchange of information as needed.
   c. EMS agencies and receiving healthcare facilities will maintain communication equipment and training to communicate effectively.
4. **APPENDICES: none**

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Regional Council	Approved	5/28/20	X Major ☐ Minor
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7. Hospital Diversion

1. **PURPOSE:**
   Hospitals have diversion policies to divert trauma, cardiac, or stroke patients to other appropriate facilities based on that facility's inability to provide care and intervention.

2. **SCOPE**:
   All designated trauma services and categorized cardiac and stroke hospitals within the Region have written policies to divert patients to other appropriate designated or categorized facilities.

3. **GENERAL PROCEDURES:**
   a. Hospitals identify communication procedures for redirection/diversion of trauma, cardiac and stroke patients to another facility when resources are unavailable. The hospital must notify the EMS transport agencies and other designated services in their area.
   b. Exceptions to redirection/diversion:
      i. Airway compromise
      ii. Cardiac arrest
      iii. Active seizing
      iv. Persistent shock
      v. Uncontrolled hemorrhage
      vi. Urgent need for IV access, chest tube, etc.
      vii. Disaster Declaration
      viii. Paramedic Discretion

4. **APPENDICES: None**

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Regional Council	Approved	5/28/20	X Major ☐ Minor
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8. Cross International Border Transport

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1. PURPOSE:

2. **SCOPE**:

3. **GENERAL PROCEDURES:**

4. **APPENDICES:**

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9. Inter-Facility Transport Procedure

1. **PURPOSE:**
   Guidance on transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.

2. **SCOPE**:
   All interfacility patient transfers via ground or air shall be provided by appropriate licensed or verified service with appropriate certified personnel and equipment to meet the patient's needs.

3. **GENERAL PROCEDURES:**
   a. Medical responsibility during transport should be arranged at the time of the initial contact between referring and receiving physicians, and transfer orders should be written after consultation between them.
   b. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols, prehospital personnel shall advise the facility that they do not have the resources to do the transfer.
   c. When online medical control is not available, prehospital protocols shall be followed during an EMS transport in the event that an emergency situation occurs while in route that is not anticipated prior to transport.
   d. While en route, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service per MPD local protocols and COPs.

4. **APPENDICES: none**

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10. Procedures to Handle Types and Volumes of Patients That Exceed Regional Resources

1. PURPOSE:

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

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:**

All EMS agencies and Incident Commanders working during an MCI event shall operate within the National Incident Management System (NIMS).

Based on available local resources, prehospital EMS responders will use appropriate protocols and procedures consistent with the WA State DOH "Mass Casualty-All Hazard Field Protocols" during an All-Hazards-MCI incident. Prehospital EMS responders will additionally follow any other All-Hazards-MCI protocols/county operating procedures (COPs) set forth by the County Medical Program Director (MPD) and County EMS & Trauma Care Council.

The appropriate local Public Health Department will be notified where a public health threat exists. County Local Governing Officials with authority will proclaim a "state of emergency" for incidents/emergencies with health implications that threaten to overwhelm the emergency response resources and healthcare system.

4. **APPENDICES: None**

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10.1 MCI

1. PURPOSE:

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

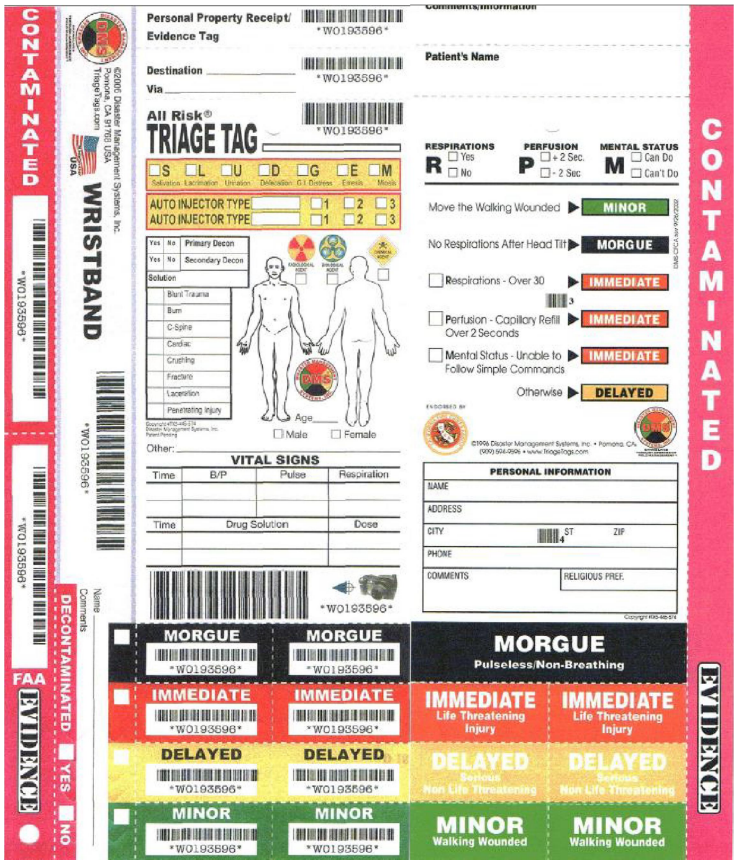
2. **SCOPE**:

The following material represents a broad guideline for the common practice of our EMS providers when dealing with a mass casualty event

3. **GENERAL PROCEDURES:**

a. Triage System:
    i. Initial triage should be rapid with an emphasis on identifying severe but survivable injuries.
    ii. A single system should be used throughout our EMS system. START and Jump/START are simple and effective tools for initial triage.
    iii. A triage tag or identifier should be applied at the time of initial EMS contact.
    iv. Secondary triage should be applied at the scene (treatment area) with a focus on identifying patients whose outcome will depend primarily on time critical hospital-based interventions (surgery/critical care).
b. Initial Treatment after triage may include:
    i. Immediate lifesaving treatments should be done as soon as possible at the time of initial EMS contact based on available resources.
        a. Maintain open airway.
        b. Control severe bleeding.
        c. Treat open (sucking) chest wounds.
        d. Treat for shock.
    ii. Secondary treatment
        a. Spinal restriction (prior to moving the patient).
        b. Definitive airway placement and oxygen administration.
        c. Needle decompression of tension pneumothorax.
c. Transport:
    i. RED (critical) patients should be the priority for earliest transport to receiving hospitals with an emphasis on those that need immediate surgical interventions.
    ii. EMS staffed transport vehicles should be loaded to full capacity and provide ALS level EMS during transport, if possible.
    iii. When ambulance capacity is exceeded, alternate transport vehicles (buses, etc.) should be considered to move the less severely injured. EMS personnel should be assigned to the vehicles.

4. APPENDICES:



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10.2 All Hazards

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1. PURPOSE:

2. **SCOPE**:

3. **GENERAL PROCEDURES:**

4. **APPENDICES:**

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10.3 Highly Infectious Disease

1. PURPOSE:

To provide guidance to Medical Program Directors and EMS agencies regarding the identification, triage, treatment, transport, and post incident management of patients with suspected highly infectious diseases.

2. **SCOPE**:

The incidence and risk associated with highly infectious diseases and requires a modified level of response from Emergency Medical Services.

3. **GENERAL PROCEDURES:**

Use of the Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients under Investigation (PUIs) for in the United States as published by the Centers for Disease Control and Prevention (CDC) is endorsed by the Washington State Department of Health for inclusion in policies, procedures, and protocols.

EMS agencies that have self-identified as being capable of transporting patients with highly infectious diseases can be found on the WA State DOH website: EMS & Trauma GIS Resource Map. This map also identifies the hospitals capable of assessing and/or treating HID's.

4. **APPENDICES:**

Link to DOH EMS & Trauma GIS Resource Map
https://fortress.wa.gov/doh/ems/index.html

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