

THURSTON COUNTY MEDIC ONE
EMERGENCY MEDICAL SERVICES COUNCIL
EMERGENCY SERVICES CENTER/EOC

AGENDA

June 19, 2013, **3:30 PM**

- I. CALL TO ORDER/ROLL CALL
- II. APPROVAL OF AGENDA
- III. PUBLIC PARTICIPATION
- IV. REVIEW AND APPROVAL OF MINUTES
 - A. EMS Council - May 15, 2013
 - B. Operations Committee - June 6, 2013
- V. COMMITTEE REPORTS
 - A. Operations Committee – Ops Chair or Representative
 - B. West Region EMS Council – WREMS Representative
 - C. Staff Report – Romines

VI. OLD BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	TRPC Update	Paul Brewster	Update
B.	EMS Policy Review	Wright	Discussion
C.			
D.			

OLD BUSINESS - ISSUES & ACTIONS PENDING

VII. NEW BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	City of Olympia Contract Amendment #1	Romines	Recommendation
B.	WREMS Appointment	McPhee	Discussion
C.	Response Time Report	Romines	Update
D.			

VIII. GOOD OF THE ORDER

IX. ADJOURNMENT

- PRESENT:** Margaret McPhee, Dr. Tom Fell, Karen Rogers, Frank Kirkbride, Russ Hendrickson, Rich Gleckler, Kathleen Bostwick, Pete Kmet, John Ricks, Karen Valenzuela, Greg Wright
- EXCUSED:** Dr. Larry Fontanilla
- GUESTS:** John Carpenter, Mel Low, Steve Brooks, Terry Ware, Russ Kaleiwahea, Lenny Greenstein, Alex Christensen
- STAFF:** Steve Romines, Fay Flanery, Pete Suver, Cindy Hambly, Anna Lee Drewry, Alan Provencher
- I. CALL TO ORDER/ROLL CALL** – Chairman McPhee called the regular meeting of the Emergency Medical Services Council (EMSC) to order at 3:32 PM. Roll was recorded by staff.
- II. APPROVAL OF AGENDA** – Romines asked for an addition to Old Business Item B an AVL (automatic vehicle locator) update. **MSC** (Kirkbride/Ricks) move to approve the agenda adding Old Business Item B. AVL Update. McPhee added that she had received several comments requesting only EMS Council members sit at the table. In addition, she is adding Public Participation at the end of this and all future meetings to allow public to comment before and after the meetings. McPhee introduced Mayor Pete Kmet as representative for City of Tumwater until they appoint a new councilmember.
- III. PUBLIC PARTICIPATION** – None.
- IV. REVIEW AND APPROVAL OF MINUTES**
- A. EMS COUNCIL – March 20, 2013 (April mtg. canceled) – **MSC** (Kirkbride/Ricks) to approve.
- B. OPERATIONS COMMITTEE – May 2, 2013 (April mtg. canceled) (Informational Only)
- V. COMMITTEE REPORTS**
- A. OPERATIONS COMMITTEE – Wright will report during New Business Item B. Special Projects.
- B. WEST REGION EMS COUNCIL– No report.
- C. STAFF REPORT– Romines highlighted on staff report included in the packet:
- EMS Week is May 19 – 25th, the BOCC signed a proclamation for EMS Week along with a event which is also scheduled to kick-off EMS Week
 - New Medic Unit (M6) out front for viewing for councilmember
 - News articles regarding EMS transport fees, thank you letter from National MS walk for participation, email thank you from a citizen whose grandchild had a choking incident, thank you for CPR/AED training class instructor, Chinook Middle School cardiac arrest save news article
 - Legislative report – per handout with an update CPR in High Schools requirement bill has been approved
 - BOCC meeting CPR Flashmob demo on 5/7/13
 - Washington State EMS Rules and Responsibility Committee – Romines reported on the systems development and the progress the committee has made.
 - Paramedic exam May 14 & 15, 2013
 - EMT course underway at District #9 with 28 enrolled in the class.
- VI. OLD BUSINESS** –
- A. TRPC Update – Kirkbride reported that the steering committee met with Paul Brewster who has completed his interviews and data collection. TRPC expects to present at the June 19, 2013 EMS Council meeting.
- B. AVL Update – Romines provided an overview of the AVL (automatic vehicle locator) system and how it is intended to work and what its' impact has been on response times. Suver provided a presentation that went into more depth explaining AVL and both triumphs and setbacks encountered during live trials. Council questions and discussion followed.
- VII. NEW BUSINESS** –
- A. Budget Committee appointments – McPhee appointed John Ricks, Frank Kirkbride and Chair McPhee to the Budget Committee.

- B. Special Projects Recommendations – Ops Chair Wright reported on the special projects matrix included in the packet. Chair Wright expanded on the special projects process and budget. He added that this year the total non-SORT special projects applications total \$6,912 and SORT totals \$5,000. Chair Wright asked for approval of the special projects requests as listed, and approve the SORT team requests as listed. Council discussion followed. **MSC** (Kmet/Kirkbride) move to approve the non-SORT and the SORT special projects requests as listed for a total of \$11,912.
- C. MPD Review (Executive Session) – Council adjourned to executive session at 5:06 PM. Council reconvened at 5:18 PM with a **MSC** (Ricks/Henderson) move to give full MPD performance bonus. Kirkbride added for the record “our MPD is doing an outstanding job meeting most if not all of our expectations and thanks to Steve for his oversight”.

VIII. PUBLIC PARTICIPATION – John Carpenter commented on a few issues Tumwater FD experienced during the AVL live trials. Additional Council discussion followed.

IX. GOOD OF THE ORDER – Romines has Duck Dash tickets available.

X. ADJOURNMENT – **MSC** Meeting adjourned at 5:22 PM.

**THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ REGULAR MEETING
EMERGENCY OPERATIONS CENTER/ECC
June 6, 2013**

PRESENT: Greg Wright, Brian VanCamp, Karen Hoffman, John Carpenter, Jim Fowler, Scott Puhalla, Mel Low, Larry Fontanilla MD (MPD), Mary Campbell

EXCUSED: Steve Brooks, Kathy Pace, Wendy Kruse, Jim Quackenbush

ABSENT: Dave Johnson

GUESTS: Terry Ware, Mike Tomasheck, William Hurley, Becky Means (CMC)

STAFF: Steve Romines, Fay Flanery, Alan Provencher

- I. **CALL TO ORDER/ROLL CALL** - Chairman Wright called the regular meeting of the Operations Committee to order at 2:10 PM. Roll was recorded by staff. Romines played the CPR Flash mob video from May 18 at the Capital Mall as part of EMS week.
- II. **APPROVAL OF AGENDA – MSC** (Carpenter/Fowler) to approve the agenda and add New Business Item A. Healthcare Reform and move Old Business Item D. Medic One Policies Review to the end of New Business.
- III. **PUBLIC PARTICIPATION** – Becky Means was introduced as the new Chief Nursing Officer at CMC and will be an alternate to the Operations Committee for CMC.
- IV. **REVIEW AND APPROVAL OF MINUTES**
 1. OPERATIONS COMMITTEE – May 2, 2013 **MSC** (Low/Carpenter) to approve.
 2. EMS COUNCIL – May 15, 2013 – (Informational Only).
- V. **COMMITTEE REPORTS**
 - A. WEST REGION – Romines reported the min/max request from Thurston County was processed. Campbell reported WREMS is accepting nominations for new officer, Romines added there is a vacancy on WREMS Council from Thurston County EMS Council and Chair McPhee will be asking if anyone is interested in being a representative on West Region.
 - B. SUBCOMMITTEES
 1. Equipment Committee (EqC) – No meeting, no report.
 2. Mass Casualty Incident (MCI) Committee – Wright reported MCI committee is working with the OTEP curriculum and the active shooter protocol.
 3. Training Advisory Committee (TAC) – No report.
 - C. STAFF - Romines highlighted on Staff report handout:
 - EMS Week May 19 – 25, BOCC did proclamations. We Flash mobbed the EMS Council and BOCC. There was a flash mob demonstration at Capital Mall on May 18th at 1:00 PM. Videos were produced, copies of the video will go out to all departments, tee shirts will be sent to all participants in the flash mob demonstration.
 - The Health Department has sent out several health alerts having to do with a Botulism case and Hepatitis A outbreak.
 - EMS related Legislative bills – The bill for high school students mandatory CPR training passed. Romines reported he met with the Thurston County School Districts and offered to either train their instructors, send instructors to do the training, connect them with local fire agencies for training or any combination to help them with the unfunded mandate. Romines added he is looking into a matching program with the schools to help support the training materials.
 - Protocol App update – the “go-live” date for the app has been pushed out to June 15 to complete the database that will maintain provider install and update acknowledgements.
 - Vehicle surplus – up to 2 medic units and 2 sprint units to surplus. Romines clarified the sort order of the current list (comprised of the 2009 list with 2011 additions). We will work off the approved list in the

scoring order, first with the City of Olympia then District 16 then District 17. The Town of Bucoda and SET put in for Sprint units, with Town of Bucoda making the first request.

- System response goals update – Romines provided an updated chart showing both previous reporting data and corrected reporting data for system average response time goals. He explained how the County-wide overall response time calculations were found and corrected.
- System Study – TRPC will be giving a report at the EMS Council June 19, 2013 meeting. Anyone wanting to attend it will be held at 3:30, it is a report only with no action at this meeting.
- Medic hiring exam is completed and now have 5 new paramedics on the hiring list.
- State Homeland Security Committee update - the committee meeting has been suspended.
- Spring EMT class will complete in June.

Wright reported for the record, Vice-chair Brian VanCamp has joined (3:31PM)

VI. OLD BUSINESS

- A. EMS Council Action Report– Wright reported he took special projects recommendation forward to EMS council; they took actions to fund both SORT (\$5,000) and special projects (\$6,912). In addition they approved the annual MPD review; Wright quoted one councilmember “for the record our MPD is doing an outstanding job meeting most if not all of our expectations and thanks to Steve for the oversight”. Romines provided an update on council membership due to several turn-over in members to include Dave (Jon) Ribacchi and Betsy Spath who both moved out of state. Mayor Pete Kmet from City of Tumwater is filling in until they appoint a replacement and John Christiansen has been appointed from BOCC Sandra Romero’s District Two as the Citizen Representative to replace Dave Ribacchi.
- B. BLS Response Time Report – Romines provided an updated BLS response time report using filters requested by the committee, showing average response times with a disclaimer statement. The response time data could be posted on the Medic One website with hyperlinks to each agencies website or a contact phone number. The data will include a disclaimer statement and list filters used for the data reporting. Committee discussion followed. Committee requested agency square miles and population be added to the table. Staff will seek Fire Chiefs Association input and return to Ops Committee.
- C. Communicable Disease Exposure Plan – Dr. Fontanilla reported on a recent exposure that occurred that created confusion about the process for notifying our providers of a potential exposure. All responders who have been notified of a potential exposure will report to St. Pete’s Hospital for initial care but St. Pete’s Hospital does not have the ability to provide ongoing care. Romines added that TCOMM is willing to be the I-number contact for potential exposures and will contact the Health officer. Cindy will bring back an update at the next Ops meeting in August.
- D. Medic One Policies Review – Flanery brought forward the standard policy/procedures format with the policy for preparing policies and procedures. **MSC** (VanCamp/Carpenter) to adopt the standard format and the policy/procedure guidelines policy. Flanery continued, during the 2009 policy review, policy 10 (Handling of Medic One Donations) & policy 17 (Release of Patient Information) were at the table to rescind and rewrite as Standard Operating Procedures (SOP’s), no formal action was taken. Flanery requested formal action to rescind policies 10 & 17, **MSC** (Carpenter/Fowler) motion to recommend rescinding policies 10 & 17 and staff to rewrite as SOP’s.

VII. NEW BUSINESS

- A. Healthcare Reform – VanCamp ask the committee to consider the impact of the Affordable Care Act on the EMS and prehospital systems and craft a knowledgeable response to our commissioners and citizens. The committee requested that Romines contact local and State sources to begin information gathering and report back the committee on a regular basis as with the Legislative report.

VIII. GOOD OF THE ORDER – None

IX. ADJOURNMENT - The meeting adjourned at 3:06 PM.

EMS Council Meeting

5C

Medic One/EMS, Staff Report, June 2013

Capital Mall CPR Flash Mob, EMS Week, 41 responders, Thanks!

Legislative update attached

SETRFA Ambulance upgrade request to WREMS Council, to DOH/EMS, denied, appeal hearing scheduled June 20-21, mediation scheduled Apr 12, **Ambulance license issued.**

EMS System Operational Review, TRPC as Process Project Manager, proposed at July meeting, recommending contract to BOCC. Signed by BOCC September 25, TRPC initiating, last session 12/19, contacting Chiefs/Com, **Report 6/19 EMS Council meeting 3:30**

BOCC approves renewal of 5 year ALS contracts as recommended by EMS Council. SPRINT 14 upgraded to Medic 14 (+1 FTE 2012) completed, phase in upgrade of M6 12 hour to 24 hour starting 2012 (+0.5FTE) implementing completing 2014 (+1.5 FTE 2013, +1FTE 2014), reorganization of administrative cost with net \$34,000 annual savings.

Roles/ Responsibilities workgroup for DOH/EMS, WREMS reps Anne Benoist & Steve Romines, **next mtg 6/17**

Protocol app (iphone/android) contract signed, **to start by June 15, 2013.**

Medic hiring and oral exams took place in late October, with 1 addition to the hiring list. October 2012: 21 applicants (19 to written, 4 new candidates to oral), 8 passed written, 2 oral retakes, 7 to oral, 1 passed oral, 3 already on list= 4 total on current list. **Next exam May 14&15, 2013**, applications open 3/11, **closed with 44 new apps/5 retest oral, 9 pass written, 7 pass oral board.**

NurseLine Criteria Based Dispatch Program, started December 11, 8AM, calls routed to Evergreen Hospital "Healthline," contract completed, implemented: 15 in August 2003, 14 September, 15 October, 15 November, 16 December, 11 January 2004, 13 February, 11 March, 8 April, 11 May, 7 June, 11 July, 8 Aug, 12 Sept, 8 Oct, 8 Nov, 13 Dec, 11 Jan 2005, 13 Feb, 12 Mar, 10 Apr, 11 May, 10 June; 11 July; 6 Aug; 4 Sept; 9 Oct; 5 Nov; 12 Dec; 14 Jan 2006; 11 Feb; 4 Mar; 14 Apr; 4 May; 9 June; 9 July; 11 Aug; 8 Sep; 7 Oct; 15 Nov; 6 Dec; 10 Jan; 12 Feb; 13 Mar; 7 Apr; 20 May; 15 June; 18 July; 10 Aug; 13 Sept; 8 Oct; 15 Nov; 11 Dec; Jan '08 11, 15 Feb, 10 Mar, 12 Apr, 14 May, 11 June, 14 July, 15 Aug; 22 Sept; 11 Oct; 14 Nov; 7 Dec. 5 Jan '09, 7 Feb, 6 Mar, 17 Apr, 7 May; 10 Jun; 17 Jul; 7 Aug; 10 Sep; 11 Oct; 15 Nov; 14 Dec; 11 Jan 2010; 7 Feb; 14 Mar; 10 Apr; 10 May, 16 Jun, 21 Jul, 18 Aug, 23 Sep, 14 Oct, 10 Nov, 16 Dec; 11 Jan 2011, Feb 15, Mar 24, Apr 19, May 20, Jun 10, July 21, Aug 14, Sep 17, Oct 15, Nov 10, Dec 21; 12 Jan 23, Feb 16, Mar 17, Apr 18, May 19, Jun 14, Jul 9 Aug 25, Sep 16, Oct 13, Nov 14, Dec 16; **Jan 13, Feb 9, Mar 9, Apr 14, May 5: Total to date= 1,486/117 (avg 12.7/month) Rate \$16.10/call**

EMS Data 2012 (TCOMM source), 25,729 system call volume +1,583 calls, +6.5% (2011 data volume 24,146). ALS response time 11.7 minutes average countywide, 94% goals achieved, call volume 8,742, -299 calls, responses -3.3% (2010 response time 11.7 minutes, 94% of goals, 9,041 responses). BLS call volume 16,987, -6, -0% (2011 16,993) Countywide BLS average response time 7.02 minutes, all BLS. BLS TCOMM Data Warehouse report, **final draft to Chiefs Association then Ops Committee.**

Medic Unit in vehicle EMS data system. Field implementation beginning. Tiberon connectivity quote returned, \$33,000 plus \$4,000 annual maintenance cost, approved, interface completed. AVL Tiberon interface issue identified, AVL in test environment, mobile gateway/AVL interface created, ER&R completed, AVL operational test-halted CAD software issue, rewrite. EMS Council approves EMS agency by agency supervisor QI access to SafetyPad, interface stable, AVL trial, Restart Jan 9 7 AM to end May 12, reviewing. Initiating BLS data system pilot with Tenino (*Strategic area*)

CHS of the State Emergency Management Council, **function suspended**

WATRAC Advisory Group member started, first meeting July 1

TRAINING: average pass rate NR EMT exam = national 79%, WA state 85%, WR 90%, CR 93%, TC 93%
First Responder Course, 2012?

EMT Course 13-1 scheduled, Station 9-5, started 3/4, **28 enrolled, graduation 6/27 graduation!**

EMT Course 12-2 scheduled, Station 3-4, started 9/4, 30 enrolled, 24 Graduated, complete

NIMS online training available at <http://training.fema.gov/EMIweb/IS/is700.asp>

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LEGISLATIVE UPDATE - 03/01/2013

updated 5/21/2013

EMS & TRAUMA CARE STEERING COMMITTEE

For Questions: Call 1-360-236-2800 or (360)236-2831

Introduction

This *Legislative Update* will be updated weekly and emailed to the members of the EMS and Trauma Care Steering Committee and its sub-committees every week during the 2013 Legislative Session. This update is being provided for information purposes only and is provided at the request of the EMS and Trauma Care Steering Committee. This update is not intended to convey support or opposition on any issue. If you have any questions, please contact Sandra Dlugosz at (360) 236-2831.

For additional information regarding the 2013 Legislative Session and Washington Legislative bills being introduced, please go to: www.leg.wa.gov.

Important 2013 Session Cut-off Dates

- 1/14 First Day of Session.
 - 2/22 Last day to read in committee reports in house of origin, except House fiscal committees and Senate Ways & Means and Transportation committees.
 - 3/1 Last day to read in committee reports from House fiscal committees and Senate Ways & Means and Transportation committees in house of origin.
 - 3/13 Last day to consider bills in house of origin (5 p.m.).
 - 4/3 Last day to read in committee reports from opposite house, except House fiscal committees and Senate Ways & Means and Transportation committees.
 - 4/9 Last day to read in opposite house committee reports from House fiscal committee and Senate Ways & Means and Transportation committees.
 - 4/17 Last day to consider opposite house bills (5 p.m.) (except initiatives and alternatives to initiatives, matters necessary to implement budgets, amendments, differences, and business related to the interim or closing the session).
 - 4/28 Sine Die -- Last day allowed for regular session under state constitution.
- The Governor has five (5) days, excluding Sundays, to take action on any bill passed by the Legislature, provided adjournment does not occur within those five (5) days.

Bill # Sponsor	Bill Title	Brief Description	Status
BILLS STILL MOVING			
HB 1404 Rep Liias, et al	Preventing alcohol poisoning deaths	Amends RCW 66.44.270 by exempting anyone under twenty-one years of age from being charged or prosecuted as a result of seeking medical assistance for alcohol poisoning. The exemption is also included for anyone under twenty-one seeking medical help for another under age person experiencing alcohol	Jan 25-1st reading, referred to Public Safety Feb 12- Scheduled for public hearing in House Cmte on

		<p>poisoning.</p> <p style="text-align: center;"><i>Senate</i> <i>4/1 public hearing</i> <i>4/2 Exec Action</i> <i>4/3 Majority do pass</i> <i>Passed to Rules 2nd reading</i> <i>Majority do pass</i> <i>4/15 rules suspended</i> <i>Passed 44 yea, 3 nay</i> <i>4/16 House, Speaker signed</i> <i>4/17 Senate, President signed</i> <i>4/23 to Governor</i> <i>5/1 Signed, effective 7/28/13</i></p>	<p>Public Safety at 8:00 AM Feb 14-Executive action taken in House Cmte on Public Safety Feb 19-Passed to Rules Cmte Feb 22-Placed on 2nd reading by Rules Cmte Mar 1-1st reading, referred to Law & Justice Mar 5-3rd reading, Passed Mar 7-1st reading, referred to Law & Justice</p>
<p>ESHB 1448 Rep Bergquist, et al</p>	<p>Telemedicine</p>	<p>Requires a health plan or health carrier to reimburse treating or consulting providers for diagnosis, consultation, or treatment provided via distant site at the same rate as in-person consultation or contact. The bill defines “distant site”, originating site”, and “telemedicine”.</p> <p>Substitute: The proposed substitute:</p> <ul style="list-style-type: none"> • Adds criteria for reimbursement for telemedicine. • Provides a non-exhaustive list of example originating sites. • Prohibits carriers/plans from distinguishing between rural and urban originating sites. • Allows carriers/plans to subject telemedicine services to all the terms and conditions of the plan that are applicable to in-person service. • Does not require reimbursement to a provider for services that are not a covered benefit or is not a covered provider. <p>Engrossed Substitute: The engrossed substitute: 1) Includes language to clarify the reimbursement process to include the originating sites preparation of the patient for the telemedicine process; 2) Requires MQAC, NQAC and Osteopathic Board to coordinate efforts to create policies for out of state health care providers to deliver telemedicine; and 3) requires DOH to provide an update on progress of the commissions’ efforts to the appropriate legislative committees by 12/31/2013.</p>	<p>Jan 28-1st reading, referred to Health Care & Wellness Feb 14-Public hearing in House Cmte on HC & W Feb 22-Executive session in House Cmte on HC&W at 1:30 PM; Passed to Rules Cmte of 2nd reading Mar 1-Placed on 2nd reading Mar 6-1st substitute bill sub. Floor amendment adopted. Placed on 3rd reading-passed Mar 8-1st reading, referred to Health Care <i>Senate</i> <i>Mar 27 public hearing</i> <i>Health Care Com</i> <i>5:30pm</i> <i>4/28 Rules 3rd reading</i></p>
<p>ESB 5305 Sen Becker, et al</p>	<p>Requiring hospitals to report when providing treatment for bullet, gunshot,</p>	<p>Amends RCW 70.41.440 to require hospitals to report to local law enforcement as soon as reasonably possible when the hospital provides treatment to all patients for a bullet, gunshot or stab wound. Current law requires</p>	<p>Jan 25-1st reading, referred to Health Care Feb 7-Public</p>

	and stab wounds	<p>reporting only for those patients who are unconscious. All other language in this section of the law remains the same.</p> <p>Engrossed: Adds that the hospital must alert a case manager, social worker, domestic violence advocate or other patient advocate to coordinate with law enforcement officer who responds to the report required by this section. Then the law enforcement officer and case manager, social worker, domestic violence advocate, or other patient advocate must determine whether there should be a delay in contact with the patient, suspect or other witness to assist the patient in ensuring his or her safety or the safety of the patients family.</p> <p><i>House</i> Mar 28 Exec Session Health Wellness 1:30pm Majority do pass, Minority do not pass Apr 1 passed to Rules for 2nd reading Apr 16 floor amendment Passed 94 yea, 2 nay Apr 22 Senate concurs with House 4/23 President signed 4/25 House Speaker signed 4/27 to Governor 5/15 Governor signed, effective 7/28/2013</p>	<p>hearing in the Senate Cmte on Health Care Feb 19-Passed to Rules Cmte for 2nd reading Feb 25-Placed on 2nd reading by Rules Cmte Mar 4-Floor amendment adopted. Placed on 3rd reading-Passed Mar 6-1st reading, referred to Health Care & Wellness Mar 21-Scheduled for public hearing in House Cmte on Health Care & Wellness at 9:00 AM</p>
<p>SSB 5437 Sen Padden, et al <i>Companion 1758</i></p>	Boating Safety	<p>Amends RCW 79A.040 by increasing penalties for boating under the influence (BUI). It requires operators suspected of boating under the influence to submit to a breathalyzer or blood test or be subject to a Class 1 civil infraction punishable by a \$500 fine. It also elevates the penalty for a BUI conviction to a gross misdemeanor, which is punishable by imprisonment up to 364 days, a fine of up to \$5,000, or both.</p> <p>It requires boat rental businesses to supply all of the necessary safety equipment, at no extra cost.</p> <p>It allows officers to cite or arrest a negligent boater when, through the course of an investigation, the officer determines the operator's boating safety violation caused or contributed to the collision (eliminating the requirement for the officer to witness the collision).</p> <p>Substitute: The substitute changed language in two sections of RCW 10.31.100. The first clarifies that that an officer can <i>arrest</i> a boat operator for a <i>criminal violation</i> of any part of chapter 79A.60 RCW in connection with an accident. The second change clarifies that an officer can <i>issue an infraction</i> to a boat operator for a violation of chapter 79A.40 RCW in connection with an accident. The difference from the original version is that in the original the language stated an officer could arrest the operator for any violation of a boating law or rule.</p>	<p>Jan 30-1st reading, referred to Law & Justice Feb 8-Public hearing in Senate Cmte on Law & Justice Feb 21-Executive action taken in Senate Cmte on Law & Justice at 5:30 PM Feb 22-1st substitute passed, Passed to Rules Cmte for 2nd reading Feb 27-Made eligible to be placed on 2nd reading Mar 5-Placed on 2nd reading Mar 7-1st substitute bill sub. Placed on 3rd reading-Passed Mar 9-1st reading,</p>

		<p>4/9 to Rules for 2nd reading 4/15 Placed on 2nd reading 4/17 Committee amended, passed 84Y, 13N 4/22 Senate, concur w/House, passed 46Y, 2N 4/23 President signed 4/25 House Speaker signed 4/27 To Governor 5/16 Governor signed, effective 7/28/2013</p>	<p>referred to Public Safety Mar 21- Scheduled for public hearing in House Cmte on Public Safety at 10:00 AM</p>
<p>SHB 1000 Rep Moeller</p>	<p>Physician Order for Life Sustaining Treatment (POLST)</p> <p>Senate Mar 27 Public hearing Law/justice 1:30pm 4/28 to House Rules 3rd reading</p>	<p>Amends RCW 43.70.480 to grant immunity to certain health care providers and health care facilities who comply with the patient care orders included on the Physician Order for Life Sustaining Treatment (POLST) form. Immunity is granted to physicians, osteopathic physicians, ARNPs, PAs, osteopathic PAs, as well as credentialed health care providers acting within the scope of their license and under the direction of a physician, PA or ARNP.</p> <p>Substitute bill: The substitute bill’s language does not directly impact the prehospital EMS providers. The language extends immunity to other professions and health care facilities. Additional requirements must be met in order for providers and facilities to be immune from liability for following the instructions on a POLST form. Immunity will only be granted if the form has been signed by the patient, the statutory standard of care is complied with in providing treatment, and negligence as described in statute is absent.</p>	<p>Jan 14-1st reading, referred to Judiciary; Jan 16-Public hearing in House Cmte on Judiciary at 8:00 Jan 29-Executive action taken in House Cmte on Judiciary -1st substitute passed Feb 1- Passed to Rules Cmte for 2nd reading Mar 1-Placed on 2nd reading Mar 13-1st reading, referred Law & Justice</p>
<p>SSB5562 Sen Becker, et al</p>	<p>Concerning providers and facilities' participation in the provision of medical care or in the withholding or withdrawal of life-sustaining treatment in accordance with a form developed by the department of health.</p>	<p>This bill would provide immunity from legal liability to all health care providers and facilities when following a patient’s medical order refusing life sustaining treatment. These medical orders are currently captured on a Physician Orders for Life-Sustaining Treatment (POLST) form previously developed by DOH and WSMA. Providers must act in good faith, within the scope of their credential, and not be found negligent under chapter 7.70 RCW for the immunity to apply.</p> <p>Substitute: Corrects the technical errors in Section 1 subsection (2) by clarifying that providers listed in subsection (3)(a)(i)through (v). This clarifies which providers are covered by the immunity provision by inserting a correct cross reference. The amendment also includes long term care workers exempt from registration as home care aides in the list of providers entitled to immunity under subsection (2).</p> <p>Adds Home Care Agency and Community Residential Services Business under 71A.10 to the types of facilities entitled to immunity under the bill.</p> <p>Amendment 1: Requires the patient and physician signatures to be notarized.</p>	<p>Feb 4-1st reading, referred to Health Care Feb19-Public hearing in Sen. Cmte on Health Care at 10:00 AM Feb 21-Executive action taken Feb 22-1st substitute passed to Rules Cmte for 2nd reading Feb 27-Made eligible for 2nd reading Mar 5-Placed on 2nd reading by Rules Cmte Mar 26 Senate X file</p>

		Amendment 2: Sets an expiration date of the POLST of one year. It cannot be renewed - requires the patient to obtain a new POLST each year.	
ESB 5104 Sen Mullet, et al <i>House</i> Mar 26 Exec Sess Ed Comm 1:30pm Majority do pass, Minority do not pass Mar 28 Referred to Appropriations on Ed Apr 4 Public hearing 1:30 Apr 9 Passed to Rules for 2nd reading Apr 16 Passed 96 yea, 0 nay Apr 23 Senate passed 47Y, 0N Apr 24 President signed Apr 25 House Speaker signed Apr 27 to Governor May 16 Governor signed effective 7/28/2013	Placing epinephrine in schools	Adds new section to RCW 28A.210 to provide an overview of allergies, anaphylaxis and need during a life-threatening emergency (anaphylaxis) and importance of having an epinephrine autoinjector (EpiPen®) readily available the school setting. This is a bill that authorizes school districts and nonpublic schools to obtain and store epinephrine auto-injectors to treat students who develop allergic reactions based on a physician's standing orders. The bill identifies those individuals who may administer epinephrine to a student when the student suffers an allergic reaction. Floor amendment: Amended to insert that school employees (except those licensed under RCW 18.79) may file with the school district a written letter of refusal to use epinephrine autoinjectors. This letter may not serve as grounds for discharge, nonrenewal of an employment contract, or other action adversely affecting the employee's contract status.	Jan 18-1st reading, referred to Early Learning & K-12 Education Feb 1 -Public Hearing in the Sen Cmte on Early Learning & K-12 Ed at 8:00 AM Feb 5 -Passed to Rules Cmte for 2 nd Reading Feb 8 -Floor amendment adopted. Placed on 3 rd reading. 3 rd reading passed Feb 11 -1 st reading in House, referred to Education Mar 14 - Scheduled for public hearing in House Cmte on Ed at 8:00 AM
SHB 1556 Rep Van De Wege, et al <i>Companion SB 5428 (dead)</i>	Initiatives in high schools to save lives in the event of cardiac arrest	Amends RCW 28.A.300 and 28A.230 by requiring high schools to conduct training in cardio-pulmonary resuscitation (CPR) and use of an automated external defibrillator (AED). CPR and AED training will be required of students beginning with the graduating class of 2017. The instruction is a requirement for passing at least one health and fitness class necessary for graduation. The DOH is required to consult with OSPI in providing guidelines and advice for seeking grants for the purchase of AED's. Substitute: Changes the time frame when students will begin the CPR training. Original bill language stated the time frame as "beginning with the graduating class of 2017". The substitute bill states "beginning with the 2013-14 school year, instruction in CPR must...".	Jan 30 -1 st reading, referred to Education Feb 15 -Public hearing in House Cmte on Ed at 1:30 PM Feb 21 -Executive action, 1 st substitute bill- Passed Feb 22 -Referred to Appropriations Sub Cmte on Ed Feb 25 -Public hearing & executive action taken-Passed Mar 1 -Passed to Rules for 2 nd reading Mar 5 -Placed on

Senate

		<p>Mar 12 First Reading Early learning K12 Mar 25 Public hearing K-12 Com 1:30PM Apr 3 Exec Action taken EDU Majority do pass with amendments Minority do not pass Passed to Rules for second reading Apr 12 Placed for third reading Passed 41 yea, 5 nay Apr 22 House concur, passed 83Y, 12N Apr 23 Speaker signed</p>	<p>2nd reading Mar 8-1st substitute bill sub. Placed on 3rd reading-Passed Mar 12-1st reading, passed, referred to Early Learning & K-12 Ed</p>
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Apr 24 President signed
 Apr 25 To Governor
 May 8 Governor signed, effective 7/28/2013

AGENDA ITEM INFORMATION SHEET

Thurston County
Operations Committee Meeting
May 2, 2013

Presenter/

Committee: Fay Flanery, Medic One Staff / Operations Committee

Topic: Policy Review.

Request: Approve the NEW Policy for Policies Summary in its new format and rescind Policies 10 & 17 and update as Standard Operating Procedures (SOP's).

Background: In 2009 the Operations Committee reviewed and discussion took place to rescind Policies 10 (handling Medic One donations) & 17 (Release of Patient Information) and update as Standard Operating Procedures. Formal action by the Operations Committee never took place in the minutes and never moved onto EMS Council.

Options Considered: Maintain as current Policy and Procedures

Financial Impact: None.

Attachments: New Policy for Policies Summary and Policies 10 & 17

Recommendation: Approve New Policy for Policies Summary and approve to rescind Policies 10 & 17 and update them as Standard Operating Procedure.

Staff Note: The handling of Medic One donations is monies received, and falls within the guidelines of cash receipting within the Thurston County Auditors' Office. Policy 17 (release of patient information) falls under RCW's 42.56.230 "Exemption for Public Records Requests", RCW's 70.02.080 "Patient Examination and Copying", RCW's 70.02.030 "Patient Authorization for Disclosure", RCW's 70.02.050 "Disclosure WITHOUT Patient's Authorization" and WAC 296-06-080 "Authorization to Release Information". Our procedure for following these policies falls under direction of Thurston County Auditors, RCW's and WAC's .



MEDIC ONE

I. POLICY NUMBER:	New
II. POLICY TITLE:	Medic One Policy Summary
III. DATE EFFECTIVE:	
IV. RELATED POLICIES:	All
V. AUTHORIZATION/REFERENCES	
RCW: WAC:	
VI. SCOPE:	
<p>This Policy applies to any person to whom a Thurston County EMS policy can apply. EMS policies may apply to some or all members of the Thurston County EMS system, including the Thurston County Commissioner, EMS Council members, Operations Committee members, Medical Program Director, EMS personnel including; employees, volunteers, trainees, students and others who are performing activities or providing services at or under the auspices of the Thurston County EMS system, including consultants, vendors, and contractors; Medic One staff, visitors and citizens.</p>	
VII. DEFINITIONS:	(See Standard List) List Non-Standard Here
VIII. POLICY PURPOSE:	
<p>The purpose of this policy is to define the steps by which the EMS Council policies are promulgated. Through a consistent policy process and format, the EMS Council and Operations Committee can best ensure that EMS policies are; consistent with Thurston County Policies, EMS Protocols, RCW's, WAC's; and are properly developed and regularly updated to remain compliant; easy to find, read and understand.</p>	
IX. POLICY STATEMENT:	
<p>It is the policy of the EMS Council and Operations Committee that Thurston County EMS & Medic One affairs be conducted consistent with applicable laws, EMS ethical norms, and accepted best practices. In order to achieve this goal, the process of Thurston County EMS Council is to conduct policy development, as well as the form and dissemination of policies which meet Thurston County standards for compliance with Thurston County Policies, EMS Protocols, RCW's, WAC's, Department of Health and any other governing laws and provide consistency and understandability among policies.</p>	
X. ATTACHMENTS:	
Standard Policy Template	
XI. RECORDS OF ACTIONS:	

Adopted date: _____

Signature: _____
Chairman, Emergency Medical Services Council

Amended date: _____

Signature: _____
Chairman, Emergency Medical Services Council

Rescinded date: _____

Signature: _____
Chairman, Emergency Medical Services Council

Reformatted date: _____



THURSTON COUNTY
 WASHINGTON
 SINCE 1852



MEDIC ONE

I. POLICY NUMBER:	
II. POLICY TITLE:	
III. DATE EFFECTIVE:	
IV. RELATED POLICIES:	
V. AUTHORIZATION/REFERENCES RCW: WAC:	
VI. SCOPE:	
VII. DEFINITIONS:	(See Standard List) List Non-Standard Here
VIII. POLICY PURPOSE:	
IX. POLICY STATEMENT:	
X. ATTACHMENTS:	
XI. RECORDS OF ACTIONS:	
Adopted date: _____	
Signature: _____ Chairman, Emergency Medical Services Council	
Amended date: _____	
Signature: _____ Chairman, Emergency Medical Services Council	
Rescinded date: _____	
Signature: _____ Chairman, Emergency Medical Services Council	
Reformatted date: _____	

Medic One EMS Procedures



I. POLICY NUMBER:	New
II. POLICY/PROCEDURE TITLE:	Medic One Policy Summary
III. DATE EFFECTIVE:	
IV. RELATED PROCEDURES:	All
V. AUTHORIZATION/REFERENCES RCW: WAC:	
VI. DEFINITIONS:	(See Standard List) List Non-Standard Here
<p>PROCEDURE PURPOSE:</p> <p>Procedures for Implementation</p> <p>Responsibility for Creating Policies</p> <p>EMS policies may be initiated by Thurston County BOCC, EMS Council members, Operations Committee members, Medic One Director, Fire Commissioners, Fire Chiefs, Medic One staff, Medical Program Director, Citizens, or other bodies and individuals as appropriate.</p> <p>Every EMS policy, however, must be sponsored by either BOCC, EMS Council, Operations Committee, Fire Commissioners Association, Fire Chiefs Association, the Medical Program Director or pursuant to delegation from any listed above or the Medic One Director who has the responsibility for implementing EMS policies. In all cases, a specific Council, Committee or Association, MPD or Medic One Director will be listed as the presenter and responsible person, who will be accountable for the accurate and well-articulated formulation of the policy. There may be more than one presenter or responsible person.</p> <p>Formulating and Approving a Policy</p> <p>The procedures for formulating and reviewing EMS policies may vary depending on the primary constituency for the policy, protocols and bylaws, as well as relevant external policies, procedures, and/or legal constraints.</p> <p>Each policy should be drafted in the format provided in Attachment A hereto (with such additions as may be appropriate to the context) and should identify the Policy Number, Policy Title, the Effective Date and any References (where applicable). Each EMS Policy also should include the following sections: a Statement/Purpose of Policy, Scope of Policy, Policy Detail, Procedures (where applicable), Definitions (where applicable), and Related Policies (where applicable).</p> <p>Prior to adoption of a policy, a legal review maybe requested by the EMS Chair, Medic One Director or BOCC. After all these reviews have been completed, the draft policy is submitted by the Operations Committee for final review and approval by the EMS Council prior to issuing the policy.</p> <p>Procedures will be developed as a responsibility of the Operations Committee for Policies promulgated by the EMS Council.</p> <p>Medical policies that are promulgated under the sole authority of the Medical Program Director are</p>	

not required to be approved by the EMS Council or Operations Committee but should be sent to the EMS Council and Operations Committee for communication and coordination.

Publication and Distribution of Policies

Medic One staff is charged with publishing and distributing approved policies and procedures. The Medic One Director will provide assistance to staff with respect to the distribution and publication of the policy upon request.

Amendments/Rescind Policies

Medic One staff is responsible for each EMS Policy and also charged with keeping the policies up to date. Accordingly, staff should ensure appropriate review of the policies periodically, as necessary to assure that the policies reflect obligations imposed by current Thurston County EMS Protocols, WAC's, RCW's and Department of Health rules. The Operations Committee will help assure that staff provides review opportunities and present updates to policies as needed. Each policy will cite the date on which it was made effective so that it may be reviewed on a timely basis. Except when the process or authority for making changes to a policy is included in the policy itself, amendments must follow the same process outlined above for initial issuance. When a policy or procedure is deemed no longer necessary, the EMS Council and/or Operations Committee may suggest that a review of the policy be made to determine that its' effect is no longer needed and request to rescind. Operations Committee will provide due diligence to ensure the policy or procedure is no longer required and make recommendation to EMS Council for final approval to rescind.

VII. ATTACHMENTS:

Standard Procedure Template

VIII. RECORD OF ACTION:

Adopted date: _____

Signature: _____
Chairman, Medic One Operations Committee

Amended date: _____

Signature: _____
Chairman, Medic One Operations Committee

Rescinded date: _____

Signature: _____
Chairman, Medic One Operations Committee

Reformatted date: _____

Medic One EMS Procedures



I. POLICY NUMBER:	
II. POLICY/PROCEDURE TITLE:	
III. DATE EFFECTIVE:	
IV. RELATED PROCEDURES:	
V. AUTHORIZATION/REFERENCES RCW: WAC:	
VI. DEFINITIONS:	(See Standard List) List Non-Standard Here
PROCEDURE PURPOSE: 	
VII. ATTACHMENTS: 	
VIII. RECORD OF ACTION: Adopted date: _____ Signature: _____ Chairman, Medic One Operations Committee Amended date: _____ Signature: _____ Chairman, Medic One Operations Committee Rescinded date: _____ Signature: _____ Chairman, Medic One Operations Committee Reformatted date: _____	



THURSTON COUNTY
 WASHINGTON
 SINCE 1852

MedicOne



MPD Medical Policy

I. POLICY NUMBER:	M-
II. POLICY TITLE:	
III. DATE EFFECTIVE:	
IV. RELATED POLICIES:	
V. AUTHORIZATION/REFERENCES RCW: WAC:	
VI. SCOPE:	
VII. DEFINITIONS:	(See Standard List) List Non-Standard Here
VIII. POLICY PURPOSE:	
IX. POLICY STATEMENT:	
X. ATTACHMENTS:	
XI. RECORDS OF ACTIONS:	
Adopted date: _____	
Signature: _____ Larry Fontanilla MD, Medical Program Director	
Amended date: _____	
Signature: _____ Larry Fontanilla MD, Medical Program Director	
Rescinded date: _____	
Signature: _____ Larry Fontanilla MD, Medical Program Director	
Reformatted date: _____	



MEDIC ONE

I. POLICY NUMBER:	10
II. POLICY TITLE:	Handling Medic One Donations
III. DATE EFFECTIVE:	Amended August 1984
IV. RELATED POLICIES:	None
V. AUTHORIZATION/REFERENCES RCW: WAC:	
VI. SCOPE:	Establish guidelines for proper handling of donations.
VII. DEFINITIONS:	(See Standard List) List Non-Standard Here
VIII. POLICY PURPOSE: To establish guidelines for the proper channeling of donations and contributions that are received by Thurston County Medic One.	
IX. POLICY STATEMENT: Thurston County Medic One receives donations from the public on a regular basis. The Medic One Coordinator accepts responsibility for the processing of contributions, acknowledgements to the contributors and memoriums, and depositing or reassigning the contribution consistent with the wishes of the contributors. A clear public record must be established to document the source of contribution and how the donations were handled. In order to facilitate this policy, the following procedure shall be followed: <ol style="list-style-type: none"> 1. All donations made to Medic One personnel will be forwarded to the Medic One Coordinator. 2. The Coordinator will document the amount of the donation and the name of the contributor. The Medic One staff will acknowledge the contribution to the donor and acknowledge memoriums as requested by the donor. 3. The Coordinator will deposit the donations to the EMS fund, #129, if the contribution is intended for the Medic One System or transfer the donation to the Thurston County Paramedics Association if the donor indicates such in writing. In order to effect the transfer of donations, <ol style="list-style-type: none"> 4. A designated individual from the Paramedics Association will accept all donations intended for Association and sign a receipt for the amount tendered. The Medic One Coordinator will maintain a ledger of all monies deposited in EMS fund #129, and monies transferred to the Thurston County Paramedic Association or other member agencies in the EMS system.	

X. ATTACHMENTS:

Donation Procedure

XI. RECORDS OF ACTIONS:**Adopted date:** August 1984**Signature:** _____
Chairman, Emergency Medical Services Council**Amended date:** _____**Signature:** _____
Chairman, Emergency Medical Services Council**Rescinded date:** _____**Signature:** _____
Chairman, Emergency Medical Services Council**Reformatted date:** 03/20/2013



Medic One EMS Procedures

I. POLICY NUMBER:	10
II. POLICY/PROCEDURE TITLE:	Handling Medic One Donations
III. DATE EFFECTIVE:	1989 (original)
IV. RELATED PROCEDURES:	None
V. AUTHORIZATION/REFERENCES RCW: WAC:	
VI. DEFINITIONS:	(See Standard List) List Non-Standard Here
<p>PROCEDURE PURPOSE:</p> <p>To establish guidelines for accepting, acknowledging, receipting and disbursing all monetary donations received by Thurston County Medic One.</p> <p>Procedure</p> <p>I. Recording Donations Received by Medic One</p> <p>A. Memorial Donations</p> <ol style="list-style-type: none"> 1. Enter the following information into "Donations Record Book" <ol style="list-style-type: none"> a. Donor name and address b. Memorial to whom c. Deceased's immediate family and address d. Dollar amount e. Cash or check <p>B. Non-memorial Donations</p> <ol style="list-style-type: none"> 1. Enter the following information into "Donations Record Book" <ol style="list-style-type: none"> a. Donor name and address b. Write DONATION in space normally used for memorial information c. Dollar amount d. Cash or check <p>C. Donations specified for Thurston County Paramedic Association</p> <ol style="list-style-type: none"> 1. Follow procedure for Non-memorial Donations (B.) 2. To distinguish from other donations, make notation: DONATION TO PARAMEDIC ASSOCIATION. CHECK FORWARDED TO TREASURER <p>II. Acknowledging Donations</p> <p>A. All donations received by Medic One will be acknowledged as follows:</p> <ol style="list-style-type: none"> 1. Acknowledgement card with dollar amount noted, will be sent to donor (for memorial or other cash donations) 2. If memorial donation, acknowledgement card will be sent to family of deceased, noting who donation was made by, as follows: <ol style="list-style-type: none"> a. If information (name/address) not included with donation, the donor may be contacted for clarification b. If unable to obtain missing information from donor, make effort (i.e., check phone book) to locate address and send acknowledgement to "Family of ..." <p>B. If donation is to be sent to another organization or fire dept:</p> <ol style="list-style-type: none"> 1. Forward donation to appropriate organization 	

- a. Include donor and memorial information
- b. Inform recipient that acknowledgement/memorial cards have been sent by Medic One, if appropriate

III. Deposit Procedure

- A. Deposits should be made weekly if possible, but no longer than two weeks from date of receipt
 - 1. Checks stamped on back with
MAKE PAYABLE TO:
THURSTON COUNTY FIRE CHIEFS ASSN
SPECIAL ACCOUNT MEDIC II
 - 2. Fill out bank deposit form. No signature needed
 - 3. Make copies of checks and deposit form, and attach calculator tape. File in "Donation Deposit" file
 - 4. Enter deposit info (total amount) in check register
 - 5. Deposit at bank
 - 6. Balance check register against monthly bank statement received from TCFS Treasurer

VII. ATTACHMENTS:

Donation Acknowledgement Card

VIII. RECORD OF ACTION:

Adopted date: _____

Signature: _____
Chairman, Medic One Operations Committee

Amended date: _____

Signature: _____
Chairman, Medic One Operations Committee

Rescinded date: _____

Signature: _____
Chairman, Medic One Operations Committee

Reformatted date: 03/20/2013



MEDIC ONE

2703 PACIFIC AVE. SE, SUITE C
OLYMPIA, WA 98501-2036
TELEPHONE 360-704-2780



Thank you for your donation of \$ _____ to
Medic One.

This will be used to provide equipment and instruction in Medic
One's educational programs, including public CPR classes.



MEDIC ONE

I. POLICY NUMBER:	17
II. POLICY TITLE:	Release of Patient Information
III. DATE EFFECTIVE:	Amended August 1984
IV. RELATED POLICIES:	
V. AUTHORIZATION/REFERENCES	
RCW:	
WAC:	
VI. SCOPE:	
VII. DEFINITIONS:	(See Standard List) List Non-Standard Here
VIII. POLICY PURPOSE:	
To clearly outline under what circumstances copies of, or information from a Thurston County Medic One Incident Report form (run report) may be released.	
VIII. POLICY STATEMENT:	
<p>Washington State law permits paramedics to function under written and oral authorization of a physician. Because paramedics operate as the extension of physicians, information concerning treatment of a patient by a paramedic is classified as privileged communication under State law. As privileged information, it is incumbent upon everyone involved in the delivery of paramedic services to maintain the confidentiality of such information. Only the patient (not the physician, family member or spouse unless court appointed) may waive the privilege.</p> <p>The Thurston County Prosecuting Attorney has determined that the following policy shall apply to the release of medical incident reports completed by paramedics:</p> <p>A copy of a medical incident report may be released only under the following circumstances:</p> <ol style="list-style-type: none"> 1. Upon receipt of an authorization for the release of information signed by the patient. 2. In the event of the patient's death or a disability that prevents the patient from authorizing the release, or if the patient is a minor, upon receipt of a release signed by the patient's next-of-kin, legal guardian or court appointed personal representative. 3. Upon receipt of a court order (warrant) commanding release of the medical incident report. <p>A subpoena is NO longer sufficient to obtain the release of a medical incident report. This</p>	

policy shall apply to all law enforcement agencies and the Prosecuting Attorney as well as any private parties. There shall be no exceptions to the above policy without prior consultation with the Coordinator of the Thurston County Medic One or his/her designee.

All requests for release of patient information should be routed to the Medic One office.

The above policy does not change the current practice regarding distribution of original medical incident reports; Medic One copy goes to Medic One office, Patient copy stays with patient, Fire Department copy goes to fire department and Review copy goes to St. Peter Hospital Emergency Department of physician review. If the patient is deceased, the patient copy should be turned over to the medical examiner (coroner). Access to all medical incident reports should be restricted to authorized personnel so as to maintain their confidentiality.

If a relative of a patient requests a copy of medical incident report and indicates a willingness to sign a release, we **MUST** inquire to determine if they are the patient's next-of-kin. Next-of-kin is defined, in descending order, as follows:

- 1. Spouse
- 2. Children (if under age, their legal guardian)
- 3. Parent
- 4. Other relative (with proof of relationship)

For example, the parent of a patient cannot sign a release and receive a copy of a medical incident report if either a spouse or children of the patient exist. In the case of an "other relative", it is recommended that a copy of the medical incident report not be released without prior consultation with the Coordinator of Thurston County Medic One or his/her designee.

Attached are copies of the new medical incident report release form, as well as a form letter to use to respond to subpoenas for medical incident reports. The form letter to be sent in response to depositions and subpoenas will explain that a paramedic may not testify or discuss the medical aspects of an incident without a signed release or court order. Once again, a subpoena is **NO** longer sufficient to compel a paramedic to testify as to the medical aspects of an incident.

The concept of the physician-patient privilege, as it applies to paramedics, extends to oral communications as well. Consequently, under **NO** circumstances shall a paramedic discuss the medical aspects of an incident without either a release signed by the patient or other recognized representative, or a court order. An attorney, representing the patient, has responsibility for protecting his/her client's rights regarding the confidentiality or privileged communications.

IX. ATTACHMENTS:

Patient Release of Information form

X. RECORDS OF ACTIONS:

Adopted date: Signed August 1984

Signature: Dale O. Johnson
Chairman, Emergency Medical Services Council

Amended date: _____

Signature: _____
Chairman, Emergency Medical Services Council

Rescinded date: _____

Signature: _____
Chairman, Emergency Medical Services Council

Reformatted date: 03/20/13

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I hereby authorize and request Thurston County Medic One to release to:

Name _____

Address _____

the complete medical records in your possession concerning the illness and/or treatment of (patient's name):

by your personnel on:

Date _____ **Time of Day** _____ **AM PM** **Incident #** _____

Incident Address _____

I understand that by authorizing the release of these records, I am waiving and relinquishing any privilege or right which I may have to keep said records confidential or to prevent their disclosure. I hereby agree to hold Thurston County and all of its officers, employees and agents harmless from any and all claims that may be made against them on account of the release of the above-described records as herein authorized.

PATIENT OR NEXT OF KIN

I hereby affirm that the above facts and representations are true and correct.

RECORDS RECIPIENT

(if other than patient or next of kin)

Signature (Patient or Next of Kin)

Signature of Records Recipient

Relationship to Patient

Affiliation or Relationship to Patient

Street or Mailing Address

Street or Mailing Address

City State Zip

City State Zip

Date

Date

Signed and sworn before me on this _____ day of _____

Signature of Notary Public _____

Printed Name of Notary Public _____

Residing At _____

Expiration of Notary Appointment _____

Notary Seal

Medic One Use Only

Type of ID _____

Copy of ID Attached **YES** **NO**

Name on ID _____

Staff Witness / Date _____

AGENDA ITEM INFORMATION SHEET

Thurston County EMS Council

Council Meeting

June 19, 2013

- Presenter/
Committee:** Steve Romines, Staff
- Topic:** Approval and Recommendation of Amendment #1 to Intergovernmental EMS Contract with the City of Olympia
- Request:** Review request and approve amendment #1 to the Intergovernmental EMS Contract with the City of Olympia.
- Background:** Attached for approval and recommendation is an amendment modifying Section IV. Compensation and Method of Payment of the existing Intergovernmental Contract with City of Olympia.
- Thurston County contracts with the City of Olympia for ALS (Advanced Life Support or paramedic level) services, provided by the Olympia Fire Department. At the request of the City, Amendment #1 modifies the number of personnel and funding formula for “Medic 10” (west Olympia-based unit) from 9 medics at 80% to 8 medics at 90%, under the existing contract. Overall budget impact of to Medic One is nearly neutral.
- Impetus for change in contract formulas is a reduction in paramedic personnel from 18 to 17 FTE’s as allowed per contract. This reduction will continue to allow appropriate paramedic level responses, while increasing individual paramedics’ patient contacts.
- Financial Impact:** Budget impact is a neutral as the number of FTE goes down with the % increasing is a neutral net effect. (9 FTE @ 80% = 7.2 FTE; 8 FTE @ 90% = 7.2 FTE) There is a 0.8% increase in overtime allowance due to formula change.
- Attachments:** Intergovernmental EMS Contract Amendment #1
- Recommendation:** Move to approve and recommend to the BOCC to execute Amendment #1 to the existing Intergovernmental Contract for Advanced Life Support Services with the City of Olympia.

Staff note:

Department of Health
Health Systems Quality Assurance Division
Office of Emergency Medical Services and Trauma Services

**Regional EMS and Trauma Care Council
Membership Application Instructions
For
Appointment or Reappointment
To Regional EMS and Trauma Care Councils**

1. Be sure to identify the position that you will be representing on the council. If you are unsure of the specific position title, please contact your regional council office.
2. Please provide a mailing address where you would like to receive EMS and Trauma information (Section 2).
3. You must have your Local EMS/Trauma Care Council Chair recommend you for the position by signing the application (Section 3).
4. If you are representing an organization, please have the head of your organization sign the application form (Section 4). Also include any letters of recommendation from your organization.
5. Please supply any additional information in Section 5.
6. Please be sure that the entire form has been completed, signed and dated.

Mail your completed application to:

Mary Roberts
Regional Council Appointments Coordinator
Office of EMS and Trauma System
PO Box 47853
Olympia, WA 98504-7853

Questions? Call (360) 236-2804

DEPARTMENT OF HEALTH
Health Systems Quality Assurance Division
Office of Community Health Systems

Regional EMS and Trauma Care Council
MEMBERSHIP APPLICATION
Please print all information and complete both sides of this application.

1. I, _____ am applying for appointment / reappointment
(Circle One Above)
as the _____ representative on the
(please specify if "alternate")
_____ Region EMS/Trauma Care Council from _____ County.

2. Preferred mailing address for Regional Council business:

Contact information:
Work (_____) _____ Home (_____) _____
FAX (_____) _____ Email: _____

3. LOCAL EMS COUNCIL RECOMMENDATION:

Chair / President: _____

Signature: _____ Date _____

4. Complete if you are formally representing an agency or organization:
(attach any letters of recommendation)
Agency / organization name: _____

Head of organization: _____

Title: _____

Signature: _____ Date: _____

(Over)

5. Please answer the following:

a) Why are you interested in serving on the Regional Council?

b) What are your abilities, i.e., education, employment and/or experience that qualify you for this position? (attach any additional information)

c) Current employment: _____

<hr/> Applicant Signature	<hr/> Date
------------------------------	---------------

Return completed form to:

Mary Roberts
Regional Council Appointments Coordinator
Office of EMS and Trauma System
PO Box 47853
Olympia, WA 98504-7853

Questions? Call (360) 236-2804.

Personal Information (Optional):

NOTE: The Governor and the Department of Health desire a broad representation of backgrounds on boards, committees and councils. The information below will assist in this goal and is voluntary on your part.

Of what race or ethnicity do you consider yourself to be?

- Black/African-American
- Asian or Pacific Islander American

- White/Caucasian
- American Indian or Alaska Native

- Latino(a), Hispanic, or Spanish?

If you are Asian or Pacific Islander, please check one box below:

- Chinese
- Filipino
- Hawaiian
- Vietnamese
- Asian Indian
- Japanese

If you are American Indian or Alaska Native, please check one box below:

- Eskimo
 - Aleut
- Enrolled or principal tribe if American Indian:*
Tribe: _____

If you are Latino(a), Hispanic, or Spanish, please check one box below:

- Mexican, Mexican-American, Chicano
- Puerto Rican
- Cuban
- Other Latino(a), Hispanic, or Spanish
Enter group, such as Colombian, Dominican, etc.
Group: _____

- Korean
- Cambodian

- Samoan
- Guamanian
- Laotian
- Other: _____

Other Race: _____

Birth Date: _____ / _____ / _____

- Female
- Male

Do you have a permanent physical, sensory, or mental condition that substantially limits your major life functions; such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning? Yes No

Have you ever been on active duty in the U.S. Armed Forces? Yes No