

THURSTON COUNTY MEDIC ONE
EMERGENCY MEDICAL SERVICES COUNCIL
VIRTUAL MEETING

AGENDA - REVISED

July 20, 2022, 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 June 15, 2022
 - B. Ops Committee No July meeting
- V. COMMITTEE REPORTS
 - A. Operations Committee – Ops Chair or Representative
 - B. West Region EMS Council – WREMS Representative
 - C. Staff Report – <https://www.thurstoncountywa.gov/m1/Pages/meetings.aspx>

VI. OLD BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	2023 Budget Amendments	Miller-Todd	Presentation/Possible Action
B.	Ambulance Transport	Miller-Todd/Multiple	Update
C.			

VII. NEW BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	Citizen at Large Position	Moyn/Miller-Todd	Discussion
AB.	FD13 BLS Transport	Miller-Todd	Discussion/Possible Action
BC.	Hospital Diversion Update	Miller-Todd	Informational

VIII. PUBLIC PARTICIPATION

IX. GOOD OF THE ORDER

X. ADJOURNMENT

To attend this meeting, please follow the instructions below:

July 20, 2022, 3:30 pm

Please join this meeting from your computer, tablet, or
smartphone

<https://us02web.zoom.us/j/88394707722?pwd=bUdTR1pyWDlkZ3owNjhTMGhWRm5lUT09>

Meeting ID: 883 9470 7722
Passcode: 199130

You can also dial in using your phone.
(For supported devices, tap a one-touch number
below to join instantly.)

+1 312 626 6799 US
+1 646 558 8656 US
Meeting ID: 883 9470 7722
Passcode: 199130

Persons with hearing or speaking impairments can call Washington Relay Service at 711 or 1-800-833-6388

**Thurston County Medic One
Emergency Medical Services Council – Regular Meeting
Hybrid (ESC/Virtual)
June 15, 2022**

PRESENT: Cindy Hambly, Sheila Fay, Stan Moon, John Ricks, Mark Gregory, Frank Kirkbride, Gary Edwards, Paul Perz, Angela Jefferson, Dontae Payne, Wayne Fournier, Lenny Greenstein, Wayne Fournier

ABSENT: Harry Miller

EXCUSED: Larry Fontanilla

GUESTS: Mark John, Mike Buchanan, Todd Carson, Dan Bivens, Shawn Crimmins, Steven Busz, Brian Hurley, Chris Clem, Steve Brooks, Liberty Hetzler, Tony Kuzma

STAFF: Ben Miller-Todd, Anna Lee Drewry, Daphne Reaves, Alan Provencher, Kurt Hardin, Sandra Bush

CALL TO ORDER/ROLL CALL – Stan Moon called the meeting of the Emergency Medical Services Council (EMSC) to order at 3:30 PM.

I. APPROVAL OF AGENDA – MSC – New Business, Item A, Special Projects, was changed from ‘Approve’ to ‘Information’. (Hambly/Kirkbride) move to approve, and this carried.

II. PUBLIC PARTICIPATION – None.

III. REVIEW AND APPROVAL OF MINUTES

- A. EMS COUNCIL – April 20, 2022 & May 18, 2022 – (Ricks/Hambly) approve of the April & May minutes, and this carried.
- B. OPERATIONS COMMITTEE – June 2, 2022 (informational only)

IV. COMMITTEE REPORTS

- A. **OPERATIONS COMMITTEE:** Chief Gregory reported: 1) The Ops Committee approved the special project requests which are on today’s agenda. 2) OFD provided a presentation on BLS transports, which is on today’s agenda. 3) Chief Schmidt with Lacey Fire provided a presentation on a BLS transport pilot. Chair VanCamp asked for this to be reviewed and approved by the TRU committee and brought back to Ops in July.
- B. **WEST REGION:** Perz reported: 1) Greg Perry distributed new guidelines for field triage, and these guidelines will be discussed at future meetings. 2) There will not be an EMS conference in 2023. The focus will be on regional training, such as the cadaver lab they had last year. 3) The Grays Harbor EMS training program needed funding and there was concern about whether they would be able to continue after May of 2022. They received a grant from the Quinault nation which will help them to continue operating through the end of this year. WREMS also gave them a \$7,000 grant. 4) Haley Thacker with DOH gave a presentation on HB1893 which authorizes EMTs to administer vaccines under certain conditions when there is a declaration of a state or local emergency. 5) LFD3 and Danielle King with the Child Care Action Council provided a presentation on the prevention grant they received for Safe Kids. 6) Perz thanked Ben Miller-Todd for the multi-county dashboard presentation he gave on multi-county divers.
- C. **STAFF REPORT:** Staff report is available on the website. [Thurston County | Medic One | Committee Meeting Information \(thurstoncountywa.gov\)](https://thurstoncountywa.gov/committees/medic-one). Miller-Todd highlighted on the following: 1) Paramedic hiring process will take place in June and we are looking at 8. 2) The ALS Training Coordinator, BLS Program Manager, and SEI Coordinator, are all posted on the County website. 3) EMT graduation is June 20th at 5pm at SPSCC. 4) As of June 6th, 1,377 citizens have been trained in hands-only CPR.

V. OLD BUSINESS

- A. BLS OTEP Funding – At the May EMS council meeting, the council was presented with a revised BLS funding worksheet. The revision includes a reallocation of funding, which will result in additional financial support funding to agencies who will be providing OTEP classes. Staff is asking the council for action on this funding. (Hambly/Ricks) move to approve the reallocation of funding, and this carried.
- B. BLS Funding Agreement - Amendment – Staff is asking the council for approval on an amendment to the

BLS Funding Agreement, which is companion to the BLS OTEP funding. The amendment will increase the contract amount greater than 10% so it must go before the BoCC. (Kirkbride/Greenstein) move to suspend rules to be able to consider the intergovernmental agreement, and this carried. (Kirkbride/Perz) move to recommend to the BoCC that they accept Amendment No. 2 to the Basic Life Support intergovernmental EMS contract, and this carried.

- C. Hybrid EMSC Meetings – Chair Moon said the council will remain hybrid, however he encourages those that can attend in-person, to do so.

VI. NEW BUSINESS

- A. Special Projects – Chief Gregory provided the council with a summary of the special project applications. Applications were received from FD8, FD12, FD17 and FD9. The Ops committee approved the agency's match request for FD8 and FD17, and a portion of the request from FD12 and FD9. Action is not needed from the council as the \$10,000 budget for special projects was previously approved.
- B. Response Times – Miller-Todd reported: At the last EMSC meeting, staff was asked for a refresher on average response times and what the applicable pieces are. Miller-Todd presented the 2021 ALS response times which showed the urban, suburban and rural response areas and a 2021 aggregate of 07:43. Miller-Todd explained a slower response time is due to an increase in population, which increases call volume, while the number of responding units have not increased. Councilmember Jefferson asked if staff could produce reports that show the trend in response times over a period of time.
- C. OFD – BLS Transport Briefing – OFD provided the BLS transport briefing that was provided to the Ops committee in June. The briefing outlines OFD's need due to decreasing availability by private ambulance services, decreased availability to handle concurrent emergency calls, and how this problem is compounded by increased call volume. OFD proposes to add 2 aid units that can serve as BLS transport units and is planning on GEMT and private insurance funding for this service. The aid units will be the primary source for BLS transport, and if those units are not available then AMR will be dispatched and if AMR is not available, Olympic Ambulance will be dispatched.

- VII. PUBLIC PARTICIPATION** – Tony Kuzma with AMR spoke regarding the OFD briefing and informed the council of their aggressive measures to improve staffing.

- VIII. GOOD OF THE ORDER** – 1) Chair Moon reminded the council that this meeting is Paul Perz's last attendance as a council member, and thanked Paul for his 6 years on the council. 2) Anna Lee Drewry's last day with Medic One is July 15th. 3) Chief John with OFD is retiring July 1st.

- IX. ADJOURNMENT** – Meeting adjourned at 4:48.

Date
Stamp
Here

EMS Service Verification and Vehicle License Application

This is for: ☒ New ☐ Change of Ownership ☐ Amendment
☐ Renewal License # _____

Service Type: ☒ Ambulance (transport) ☐ Aid Service (non transport)

Level of care provided - Check only one: ☒ BLS ☐ ILS ☐ ALS

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Municipality (County) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Non-Profit Corporation | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietor | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> State Government Agency | |

1. Demographic Information

UBI #

601-138-676

Federal Tax ID (FEIN) #

91-1021760

Legal Owner/EMS Service Name

THURSTON COUNTY FIRE PROTECTION DISTRICT #13

Mailing Address

3707 STEAMBOAT LP. NW

City

Olympia

State

WA

Zip Code

98502

County

THURSTON

Phone (enter 10 digit #)

360-866-9000

Fax (enter 10 digit #)

360-866-6927

Email Address

crux@griffinfld.org

Web Address:

griffinfld.org

Name (Business name as advertised on signs or Web site)

GRIFFIN FIRE DEPARTMENT

Physical Address

SAME AS ABOVE

City

State

Zip Code

County

Phone (enter 10 digit #)

Fax (enter 10 digit #)

Mailing Address (If different than physical address)

City

State

Zip Code

County

2. Specific Information

Organization Type: (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> City Fire Department | <input checked="" type="checkbox"/> Fire District | <input type="checkbox"/> Municipal (city/county) |
| <input type="checkbox"/> City/Fire District Combined | <input type="checkbox"/> Hospital District | <input type="checkbox"/> Private Volunteer Association |
| <input type="checkbox"/> EMS District | <input type="checkbox"/> Industrial Fire Department | <input type="checkbox"/> Search & Rescue |
| <input type="checkbox"/> Federal Fire Department | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other _____ |

Response Information

Please provide the number for each EMS activity listed below, for your last full calendar year (if applicable, i.e. when changing the existing type of service. First time applicants need not provide this information):

Primary Responses

Transports Primary/Secondary

Secondary Responses

Inter-facility Transports Only

3. Personnel Status

Please submit your current roster from the Department of Health EMS Certification Online.

Staffing Model: ☐ Paid ☐ Volunteer ☒ Combination

Number of EMS personnel that are: 9 Paid 28 Volunteer

Number of personnel non-credentialed that are: 0 AFA (Advanced First Aid) 0 Non-Medically Trained Drivers

4. EMS Supervisor Information

EMS Supervisor <u>GREGORY PERRY</u>	WA State DOH Credential # (if applicable) <u>EMT. ES. 60213813</u>
Email Address <u>gperry@griffinfd.org</u>	Phone (enter 10 digit #) <u>(360) 866-9000</u>

5. Supervision

Name of County Medical Program Director <u>LARRY FONTANILLA</u>	WA State DOH Credential # <u>ES60164066</u>
Name of MPDD/Agency Physician	WA State DOH Credential #

6. Additional Information

Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone (enter 10 digit #)	Title
<u>COREY A. RUX</u>	<u>3707 STEAMBOAT LP. NW</u> <u>OLYMPIA WA 98502</u>	<u>(360) 866-9000</u>	<u>FIRE CHIEF</u>

Change of Ownership Information

Previous Name of Legal Owner	Previous Service Credential #
Previous Name of Service	Effective Date of Change

7. Emergency Medical Vehicles

Please provide the following information for all vehicles to be licensed. Vehicle location is the address in which the vehicle is physically located. Indicate the type of vehicle(s):

AMB = ambulance; AID = aid vehicle (as defined in [RCW 18.73.030](#) and consistent with [RCW 70.168](#)).

See our website for the complete [EMS and Trauma Care System Statutes](#).

Physical address of vehicle

3707 STEAMBOAT LOOP NW

City OLYMPIA	State WA	Zip Code 98502	County THURSTON
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Vehicle Information

Year 2015	Make and Model FORD F-350	<input checked="" type="checkbox"/> AMB <input type="checkbox"/> AID
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License Plate Number A99653C	VIN 1FDRE3HT7FEA89207
---------------------------------	--------------------------

Year 2016	Make and Model PIERCE SABER	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
--------------	--------------------------------	--

License Plate Number 68814C	VIN 4PLBAAFF0HA017658
--------------------------------	--------------------------

Year 2010	Make and Model CHEVROLET TAHOE	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
--------------	-----------------------------------	--

License Plate Number 92030C	VIN 1G1NUKAE0XAR164492
--------------------------------	---------------------------

Year	Make and Model	<input type="checkbox"/> AMB <input type="checkbox"/> AID
------	----------------	---

License Plate Number	VIN
----------------------	-----

Physical address of vehicle

8113 STEAMBOAT ISLAND RD. NW

City OLYMPIA	State WA	Zip Code 98502	County THURSTON
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Vehicle Information

Year 2012	Make and Model FORD F-350	<input checked="" type="checkbox"/> AMB <input type="checkbox"/> AID
--------------	------------------------------	--

License Plate Number 0220245A	VIN 1FDRE3HT2CEA42489
----------------------------------	--------------------------

Year 2010	Make and Model PIERCE CONTENDER	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
--------------	------------------------------------	--

License Plate Number 96329C	VIN 4D1LLO1A0AA012420
--------------------------------	--------------------------

Year	Make and Model	<input type="checkbox"/> AMB <input type="checkbox"/> AID
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License Plate Number	VIN
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Year	Make and Model	<input type="checkbox"/> AMB <input type="checkbox"/> AID
------	----------------	---

License Plate Number	VIN
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8. General Operation

Please describe the general operation of your service; including how it will operate in a manner consistent with [WAC 246-976](#), the Regional Plan, and approved Regional Patient Care Procedures. For more information on agency and vehicle licensing see [website](#).

Provide an explanation of your:

1. Dispatch plan SEE ATTACHED FOR SECTION 8

2. Response plan SEE ATTACHED FOR SECTION 8

3. Response area SEE ATTACHED FOR SECTION 8

4. Type of transport - please circle one: Emergency Interfacility, Both, or N/A.

5. Tiered response and rendezvous SEE ATTACHED FOR SECTION 8

6. Back-up plan to respond (may not apply to agencies doing interfacility transports only) _____

SEE ATTACHED FOR SECTION 8

Note: Other services involved in your response plan must be informed by you that they are participants and must agree to that participation. Attach additional completed pages if you need more space.

9. Rural Service Attestation:

To be completed by agencies with non-medically trained ambulance drivers

I hereby affirm and declare that the information provided on this application is true and correct, and that:

1. We have verified that each non-medically trained driver is at least 18 years of age.
2. We have performed a Washington State Patrol background check and have verified that each non-medically trained driver has no reported offenses.
3. We have verified that each non-medically trained driver holds a valid driver's license with no restrictions.

Signature of Owner/Operator

Date

Print Name

Print Title

10. Signatures

I hereby affirm and declare that the information provided on this application is true and correct, and that:

1. We operate in a manner that is consistent with the Washington State Triage tools; EMS and Trauma Care Council Regional Plan, pre-hospital Patient Care Procedures, and department approved County Operating Procedures.
2. Our current certified EMS personnel are familiar with and utilize a Department of Health approved Medical Program Director (MPD) patient care protocols.
3. The vehicles identified on page three meet the minimum equipment requirements for the level and type of trauma verification requested by our service.
4. We meet the minimum staffing requirements as identified on page four.
5. We maintain current liability insurance coverage.
6. In accordance with [RCW 43.70.490](#), our certified EMS personnel are adequately trained in and familiarized with techniques, procedures, and protocols for best handling situations in which persons with particular disabilities are present at the scene of an emergency.



Signature of Owner/Operator

6/16/2022

Date

Corey A. Rux

Print Name

FIRE CHIEF

Print Title

Application Section 8. General Operation

1. Dispatch Plan:

Thurston County Fire Protection District #13 (Griffin Fire Department) is dispatched and tracked through TCOMM911 for emergency and non-emergency incidents.

2. Response Plan:

Thurston County Fire Protection District #13 has four stations, however, responds primarily out of the headquarter station located at 3707 Steamboat Loop NW, Olympia, WA. The headquarters station is staffed 24/7/365 with three rotating shifts working 24 hours on followed by 48 hours off. Each shift is comprised of two full time career EMT certified personnel who support a cadre of approximately 30 volunteers. Our Volunteer personnel are required to obtain an EMT certification and work a minimum of three 12 hour shifts per month to enhance our staffing level. In addition, our Fire Chief and Assistant Fire Chief are EMT certified and respond to incidents to further support the response plan and to ensure resource needs are met. We have two properly equipped ambulances which are transport capable and staffed regularly. Primarily our response model will include a two person staffed ambulance and a two person staffed fire engine. In the event of minimum staffing, we will cross staff the ambulance and engine depending on the needs of the emergency response. Our call volume in 2021 was 606 total incidents, of which, 375 were EMS emergency responses.

3. Response Area:

Our jurisdiction encompasses approximately 26 square miles of rural residential area in Northwest Thurston County. Please see the attached map for reference.

4. Type of Transport:

Emergency Transports Only

5. Tiered Response and Rendezvous:

TCOMM911 will dispatch the appropriate resource (ALS/BLS) depending on the level of care needed based on the initial information received from the caller. Thurston County Fire District #13 will provide the primary BLS response, with Thurston County Medic One providing the ALS level care as needed. The established Thurston County EMS Protocols dictate the communication process between ALS and BLS regarding upgrades, rendezvous and other resource needs.

6. Back-Up Plan to Respond:

In the event that Thurston County Fire District #13 is unavailable to respond, mutual aid partners will be utilized to cover the district. Thurston County Fire District #9 (McLane/Black Lake) are the neighbors to the south and are BLS transport capable. Mason County Fire District #4 are the neighbors to the north and are also BLS transport capable. Both respective jurisdictions are geographically close in proximity to Thurston County Fire District #13. Moreover, private carrier ambulances, such as Olympic ambulance, remain a BLS transport option in the event our mutual aid partners are unavailable.

Addition Verification Requirement Information

7. Interagency Relations:

As outlined in our Back-up plan, we have strong working relationships with our neighboring jurisdictions, Thurston County Fire District #9 and Mason County Fire District #4. We will continue to support the effort to work together, strengthen relationships and reciprocate services through automatic and mutual aid responses with our immediate neighbors and to the other fire departments throughout Thurston County.

8. Avoidance of unnecessary duplication of resources:

Thurston County Fire District #13 is currently operating with an Aid Service License and provides initial and first response service for all EMS incidents within our defined jurisdictional boundaries. Our BLS transports are currently performed by private ambulance (Olympic Ambulance) and our ALS transports are performed by Thurston County Medic One. With the approval of this agency transport verification request, we will supplant the need for private ambulance to perform our BLS transport and redirect that responsibility to our agency. This will result in an increased patient experience through continuity of care and reduced wait time for ambulances to arrive on scene, which can extend beyond 30 minutes, thus resulting in an overall improved positive patient outcome.

9. How the service will meet the specific needs as outlined in the regional plan:

Through the guidance by the Washington State Department of Health, the West Region EMS Council and our local EMS Council, our efforts to become a transporting agency will integrate seamlessly and support the regional plan to enhance our prehospital efforts. As stated above, our efforts to become a transporting agency meet the defined needs of the plan through a more efficient transport experience for our patients. We can reduce response times from time of call to transport, enhance continuity of care without the need of transferring care to other prehospital providers, which ultimately leads to enhanced patient outcomes. We will continue as partners in the framework of the regional plan and operate under the Thurston County EMS Council and Medic One oversight.

Additional Information Verification Requirement Information:

a) Consistency with approved regional plan and Patient Care Procedures:

As detailed above, the efforts to transport are in line with the regional plan and integrate into the framework of our respective region and local EMS council. We will be operating under the oversight of our MPD, Dr. Larry Fontanilla, Thurston County Medic One and the patient care procedures adopted by Thurston County.

b) Vehicles and Equipment:

As detailed in the body of the application, Thurston County Fire District #13 has several Aid Service Licensed vehicles. Moreover we have two ambulance vehicles that are ready and equipped for transport service:

- 1) 2015 Ford F350 VIN: 1FDRE3HT7FEA89207
- 2) 2012 Ford F350 VIN: 1FDRE3HT2CEA42489

Both vehicles are in excellent operating condition and are equipped to meet the WAC 246-976-300 standards for ground ambulance services.

c) Staffing Levels (Copied from Section 8 item 2)

Thurston County Fire Protection District #13 has four stations, however, responds primarily out of the headquarters station located at 3707 Steamboat Loop NW, Olympia, WA. The headquarters station is staffed 24/7/365 with three rotating shifts working 24 hours on followed by 48 hours off. Each shift is comprised of two full time career EMT certified personnel who support a cadre of approximately 30 volunteers. Our Volunteer personnel are required to obtain an EMT certification and work a minimum of three 12 hour shifts per month to enhance our staffing level. In addition, our Fire Chief and Assistant Fire Chief are EMT certified and respond to incidents to further support the response plan and to ensure resource needs are met. We have two properly equipped ambulances which are transport capable and regularly staffed. Primarily our response model will include a two person staffed ambulance and a two person staffed fire engine. In the event of minimum staffing, we will cross staff the ambulance and engine depending on the needs of the emergency response. Our call volume in 2021 was 606 total incidents, of which, 375 were EMS emergency responses.

Trauma Training Program:

1) Certified Personnel understanding of department approved MPD Protocols:

All personnel who staff the ambulance for emergency response and transport will have a minimum certification of EMT-B through the Washington State Department of Health and meet the reciprocity requirements of Thurston County Medic One. This includes successfully passing the local protocol cognitive exam and psychomotor skills examination as required by Thurston County Medic One.

2) Assurance that personnel comply with MPD protocols:

As stated above, all personnel that staff the ambulances will have completed the initial EMT training and county protocol requirements. Therefore, they will have received the proper initial training on the MPD protocols. For continued education, Thurston County Medic One and the MPD have established QI/QA programs to ensure that all EMTs operating in the county system maintain compliance within the standing protocols.

3) Assurance to maintain currency with revised protocols:

Thurston County Medic One has a protocol oversight committee that is led by the MPD to regular review and revise protocols. Any protocol change is carefully evaluated and implemented through an in-service process to reach the end user.

4) Addressing 1-3 with new personnel:

Thurston County is fortunate to have the proper systems and processes in place to effectively train, remediate and manage EMS personnel. Thurston County Fire District #13 EMTs cannot operate unless they have gone through an initial EMT class, obtained a Washington state EMT certification, completed the Thurston County protocol reciprocity process and be endorsed by the Agency and the MPD. This system is set up to ensure that all EMTs that operate on behalf of our agency are accounted for, have received the proper initial onboarding training and stay compliant with certification maintenance and ongoing requirements to include local protocols.

Participation and compliance with Regional Quality Improvement

As detailed above, Thurston County Fire District #13 is integrated into the framework of our respective region and local EMS councils. We will be operating under the oversight of our MPD, Dr. Larry Fontanilla, Thurston County Medic One and the patient care procedures adopted by Thurston County. Within that framework we will have representation on the various county committees including but not limited to; protocol review committee, QA/QI, EPCR, EMS OPS, Training Advisory, and more. Our county system (Thurston County Medic One) is progressive, involved and coordinates through West Region and state agencies to ensure participation and compliance is filtered down through the various and applicable committees at the local level. The Agency (TCFD#13) bears the responsibility to ensure the EMTs are operating within those parameters. Thurston County Fire District #13 will continue to provide representation to actively engage a positive relationship with all entities within the system to further champion collaboration and coordination.

Regional Council Review and Comment

This portion to be completed by the service applying for licensure and mailed to the department with your completed application packet.

EMS Service Name THURSTON COUNTY FIRE DISTRICT #13

Address: 3767 STEAMBOAT LP. NW OLYMPIA, WA 98502

Contact Person COREY A. RUX, FIRE CHIEF

Phone (enter 10 digit #): (360) 866-9000 Date: 6/16/2022

Level of care provided on a 24-hour basis: ☒ BLS ☐ ILS ☐ ALS

☒ Ambulance (transport) ☐ Aid Service (non-transport) ☐ Air Ambulance

The signature below is required in accordance with [WAC 246-976-390](#). Please note that only DOH may approve licensure and verification of services.

This portion to be completed by the Regional Council Representative and returned to the department.

Does this application for verification appear to be consistent with the Regional Plan?

☐ Yes

☐ No Attach documentation to explain a "No" answer.

Regional EMS Council Representative

EMS Region

Signature

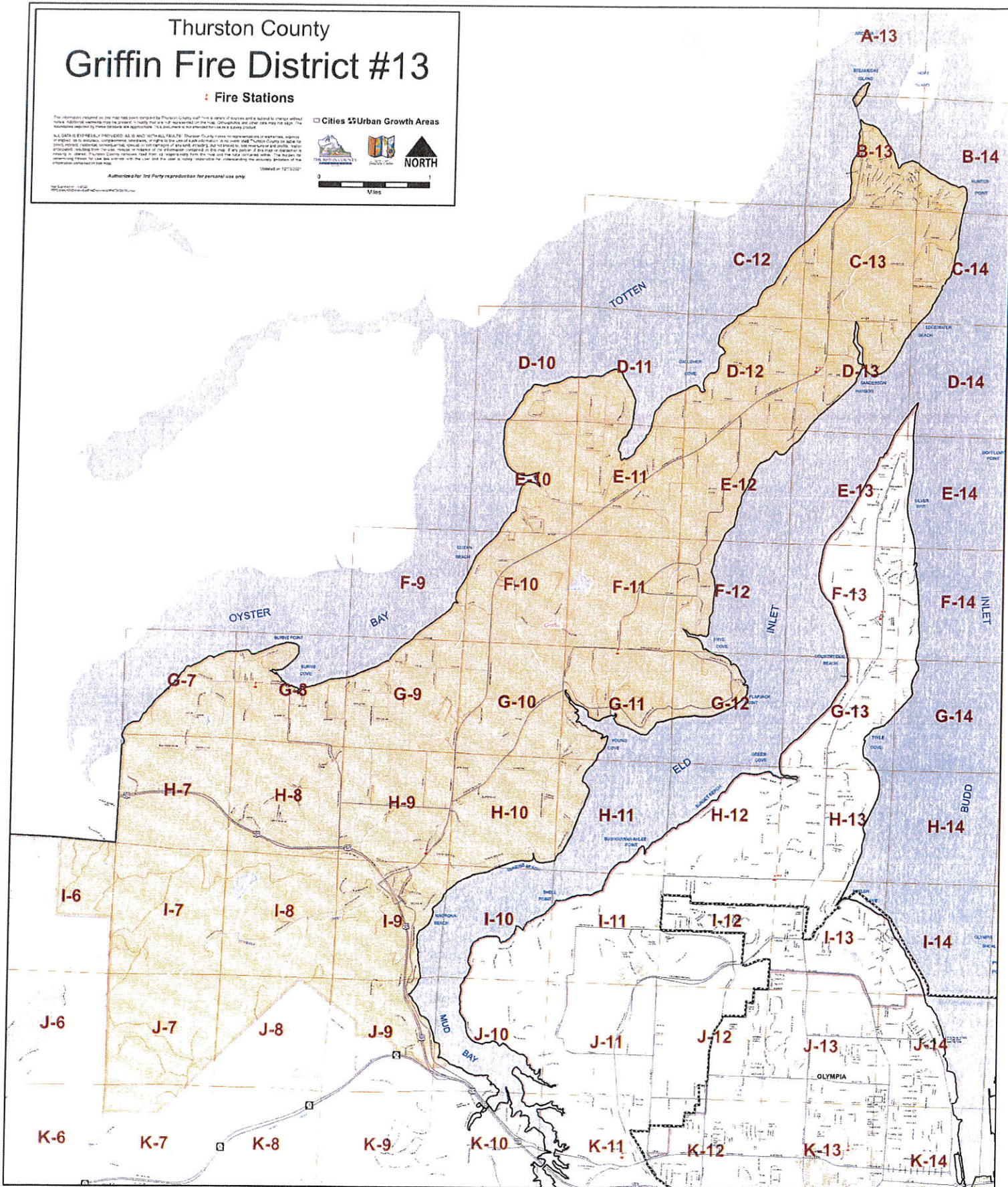
Date

Agency	CredentialNumber	Name	ExpirationDate	Primary	ESE	SEI IV	Supraglottic
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61266532	Black, Amber Mount	1/31/2025	Yes			5/10/2021
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.01170555	Bowman, Nathan Daniel	1/31/2023	Yes			
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61266596	Christensen, Amos David	1/31/2026	Yes			12/4/2021
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.60789901	Dorrrough, Gabriel Quinn	1/31/2024	Yes			
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61260420	Dorrrough, Hunter LeeAnn	1/31/2025	Yes			12/4/2021
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.01167900	Jamieson, Douglas William	1/31/2024	Yes			
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61264620	Johansson, Cooper Brad	1/31/2025	Yes			12/4/2021
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.60944199	Orme, Jason David	1/31/2023	No			
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.60213813	Perry, James Gregory	1/31/2024	Yes	Y		4/2/2020
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.60825590	Ragland, Robert Leslie	1/31/2024	Yes	Y		4/2/2020
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.60623176	Rangel, Carlos Cruz	1/31/2025	Yes			10/27/2020
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.01172578	Rohaly, Timothy N	1/31/2024	Yes			
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.01168577	Rudolph, Gregory Charles	1/31/2025	Yes	Y		9/20/2021
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61128033	Rux, Corey Alan	1/31/2024	Yes	Y	Y	12/15/2020
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61040023	Shelley, Kyle James	1/31/2023	Yes			
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61049401	Shincke, Bert J	1/31/2024	Yes			
34D13-Fire Protection Dist #13 Thurston County	EMT.ES.61148386	Zimmerman, Anne Elizabeth	1/31/2024	Yes			12/5/2020

Griffin Fire District #13

• Fire Stations

□ Cities ■ Urban Growth Areas





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Nicholson & Associates Ins LLC
118 W Pine St
Centralia, WA 98531

CONTACT NAME: Denise Brooks

PHONE (A/C, No, Ext): (360)736-7601

FAX (A/C, No): (360)623-1054

E-MAIL ADDRESS: denise@nichinsure.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

Thurston CO FPD 13
3707 Steamboat Loop NW
Olympia, WA 98502

INSURER A: Glatfelter Insurance Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 00065396-1721447

REVISION NUMBER: 6

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VFNU-TR-00214981	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			VFNU-TR-00214981	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			VFNU-TR-00214981	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of insurance

CERTIFICATE HOLDER

CANCELLATION

INSURED USE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(NDB)