

THURSTON COUNTY MEDIC ONE
EMERGENCY MEDICAL SERVICES COUNCIL
VIRTUAL MEETING

AGENDA

September 15, 2021, 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 August 18, 2021
 - B. Ops Committee September 2, 2021
 - 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. | Ambulance Delay Update – Reallocate additional resources | Hardin | Possible Action |
| B. | Governor’s Vaccine Mandate | Hardin | Update |
| C. | WREMS Membership Application (Bill Kriegsman) | Moon | Approve |
| D. | 2022/2023 Budget | Hardin | Information |
- VII. NEW BUSINESS
- | | ITEM | PRESENTER | EXPECTED OUTCOME |
|----|---------------------------|-----------|------------------|
| A. | WREMS Application Process | Moon | Discussion |
| B. | | | |
- VIII. PUBLIC PARTICIPATION
 - IX. GOOD OF THE ORDER
 - X. ADJOURNMENT

This meeting is being held virtually. To attend this meeting, please follow the instructions below:

September 15, 2021, 3:30 pm

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

<https://us02web.zoom.us/j/81116364355?pwd=eEcXQXRMQ1hWbHpVTENYc0ljN21DZz09>

Meeting ID: 811 1636 4355
Passcode: 042428

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

+1 301 715 8592 US
+1 312 626 6799 US
Meeting ID: 811 1636 4355
Passcode: 042428

**Thurston County Medic One
Emergency Medical Services Council – Regular Meeting
Virtual – Zoom Meeting
August 18, 2021**

PRESENT: Cindy Hambly, Frank Kirkbride, John Ricks, Margaret McPhee, Brian VanCamp, Harry Miller, Stan Moon, Paul Perz, Angela Jefferson, Renata Rollins, Sheila Fay, Gary Edwards

ABSENT: Wayne Fournier

EXCUSED: Larry Fontanilla, Lenny Greenstein

GUESTS: Chris Clem, Shawn Crimmins, Brian Hurley, Daniel Bivens, Steve Brooks

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

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

I. APPROVAL OF AGENDA – MSC – New Business, Item D. Governor’s vaccine mandate was added to the agenda. Old Business, Item B. Medic One 2022/2023 Budget Submission expected outcome was changed from Information to Amended Recommendation. (Ricks/Edwards) move to approve the agenda as amended, and this carried.

II. PUBLIC PARTICIPATION – None

III. REVIEW AND APPROVAL OF MINUTES

- A. EMS COUNCIL – July 21, 2021 (Edwards/McPhee) move to approve the minutes and this carried.
- B. OPERATIONS COMMITTEE – August 5, 2021 (informational only)

IV. COMMITTEE REPORTS

- A. **OPERATIONS COMMITTEE:** VanCamp reported: 1) TAC is working hard to sustain the training cadre for various reasons. 2) TRU reported on the continued issue with transports. Hardin reported the choke point at PSPH has eased up a bit – at this time the choke point appears to be more in the field. 3) Ambulance Ordinance calls for a semi-annual review by the Ops Committee. There were no recommended changes. 4) PSPH updated the clinical agreement with EMS agencies. The clinical agreement provides practical training for EMS personnel. 5) Staff is preparing for the fall EMT class. Orientation is August 23rd, and Drewry reported 21 students have enrolled. 6) LE response to field activity and the impact on EMS was discussed. 7) The Ops committee has elected to continue with virtual meetings at least thru October and the committee will base further decisions on EMSC’s decision.
- B. **WEST REGION:** Perz reported: The next meeting is September 1st. This will be an in-person meeting at station 34 in Lacey. Immediately following the meeting there will be a farewell party for Anne Benoist.
- C. **STAFF REPORT:** Staff report is available on the website. [Thurston County | Medic One | Committee Meeting Information \(thurstoncountywa.gov\)](https://www.thurstoncountywa.gov/committees/medic-one).

V. OLD BUSINESS

- A. August 3 Medic One Ballot Measure – Hardin reported: The Auditor certified election results yesterday and the Medic One ballot measure passed at just under 64%. Hardin’s initial analysis is that every Fire District and/or Department across the county passed the Medic One ballot measure by at least 50% or more. Official results will not be available for a couple of weeks. Moon acknowledged Cindy Hambly for her effort on the pro committee.
- B. Medic One 2022/2023 Budget Submission - The budget was submitted to the County on August 6th. The following changes were made to the budget: 1) The EMSC recommended putting into the budget the outlined equipment for 2023 if funding was available. After re-running the numbers, staff did find the funding to be available, so the equipment replacement was put into the budget. 2) It was found that the BLS increase in 2023 could also take place in 2022, and since BLS funding had not been addressed or

changed since 2017, and based on medical inflation, \$250,000 was added to the 2022 budget. The amended recommendation is to add the \$250,000 to the 2022 BLS support.

There is an EMSC rule in place that requires budget related issues to be discussed and then action would be taken at the following month's meeting. (Kirkbride/McPhee) move to suspend the policy concerning budget considerations, and this carried.

(Kirkbride/Jefferson) move to amend the 2022 budget by adding \$250,000 to the BLS account and maintain \$250,000 in the 2023 budget, and this carried. Edwards abstained.

- C. Ambulance Delay Update – Hardin presented information on transport delay issues, related to ambulance availability and hospital capacity. The transport delays occur during peak EMS911 call times and are compounded by reduced staffing associated with workforce shortages. Solutions to this include, ambulance companies hiring to fill vacancies, fire agencies staffing additional aid cars, and Medic One activating the High Probability Unit (HPU) process.

A contract is in place with fire agencies to place transport units in the field, using the HPU process. The HPU is staffed 0900 – 2100 daily, depending on staffing availability. Medic One prefers the fire departments/districts staff the HPUs and remain out of EMS operations. However, since the fire departments/districts are short staffed, Medic One is hiring EMTs as extra help to assist with staffing the transport units. The cost to staff an HPU is approximately \$24,000 per month, which includes personnel, fuel, medical supplies, etc. This is an unbudgeted expenditure, therefore Medic One is suspending citizen CPR classes until further notice, which will contribute approximately \$12,000 to the HPU cost. Olympic Ambulance has offered to reimburse Medic One 50% of the cost to staff an HPU, up to \$12,000. If additional HPUs are required then EMT classes and OTEP may be cancelled, to help fund the additional cost. Staff may be asking the EMSC at the September meeting for approval to reallocate additional resources. Prior to the September meeting, Moon asked to convene the budget committee to look at fund sources.

Chris Clem said this has been a very challenging year for Olympic Ambulance, regarding recruitment and retention. Olympic Ambulance in Kitsap County will send down surge units to help in Thurston County. The surge units will be used primarily for interfacility transports so the local units can stay freed up for 911 response. This should be activated September 1st. Additionally, Olympic Ambulance has discussed staffing a surge unit with management staff, since most of their management staff still have their EMT certification. They have also doubled down on their recruiting efforts, i.e. sign-in bonuses, recruitment bonuses, etc.

Kirkbride raised the idea of Medic One charging for BLS transports since the transport agencies and private ambulance companies charge. Hardin said this is a very short time frame, and Medic One does not have the time or resources available to set up charging capabilities. If this become a long-term situation, then Medic One will explore a billing model.

- D. LE/EMS Response – Miller-Todd said this ties back to HB1310 which went into effect July 25th. Thurston County Prosecuting Attorney's office (PAO), as well as city attorney's, are discussing how this will affect law enforcement specifically, and after they have determined how law enforcement needs to change their response, they will look at EMS response. Staff worked with the PAO and the MPD to create a protocol that allows for EMS providers to walk away from an unsafe scene. Perz asked if there is a legal expectation to respond to every emergency call. Miller-Todd said all calls will be responded to, however if the providers arrive on scene and it is deemed as unsafe, then the providers can walk away.

VI. NEW BUSINESS

- A. Long-term Care Facility EMS 911 Response – Hardin said there have been challenges again where residents at a long-term care facility have a fall, for example, and 911 is called, when the long-term care facility staff should be making an assessment for the medical necessity of a 911 call. This issue is primarily in the Lacey and Tumwater area.
- B. WREMS membership application (Frank Kirkbride) – (McPhee/Perz) move to approve the renewal of a 2-year appointment for Frank Kirkbride, as a WREMS alternate to Paul Perz for the EMSC, and this carried.
- C. 2021 2nd Qtr. Budget vs Actual – Miller provided a 2nd Qtr. 2021 budget vs actual report. Overall, the budget is 41% expended. A partial cause for this is ALS contract billings that have not been processed.
- D. Governor's Vaccine Mandate – The Governor has recently issued a proclamation mandating vaccination of healthcare workers, amongst others, and DOH has confirmed that healthcare workers include EMS personnel. Hardin said approx., 75% of EMS personnel in Thurston County are vaccinated. Effective October 18th, if someone is not vaccinated, they will lose their ability to practice as an EMT or Paramedic in Thurston County. This could have a significant impact on our EMS personnel and EMS capabilities. Brooks said they are working at the local and state level on an inquiry to the Governor's office for possible alternatives or mitigations. (Kirkbride/Fay) move to approve a letter drafted by staff, representing the EMSC, that will be signed by the Chair and Vice-Chair, to the Washington State DOH, to identify the emergency delivery issues as a result of this mandate, and ask them to explore alternatives to only vaccination, and this carried with Edwards abstaining. Hardin asked for clarification on the following: 1) Who should the letter be addressed to. The council agrees to address the letter to the Governor and copy DOH and the BoCC. 2) Would the council like the letter to say they strongly encourage and support vaccination and the council said yes. 3) Would the council like to specify options or just ask for other alternatives, and the council said to ask for other alternatives. 4) Hardin said Medic One has the actual number of providers who have or have not been vaccinated so does the council want to include these numbers in the letter, and the council said yes. Kirkbride agrees to amend his motion to include Hardin's clarifications. Kirkbride suggested to the EMSC WREMS representatives that this issue be brought up at their September 1st meeting. Perz said he will bring it up.

VII. PUBLIC PARTICIPATION – None

VIII. GOOD OF THE ORDER – Moon reported a change in leadership at FD6. Chief Mark Nelson will be retiring the end of September. East Olympia Fire District will contract with SETFA so Chief Mark King is the new Chief as of this past Monday.

IX. ADJOURNMENT – Meeting adjourned at 5:05.

THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ MEETING MINUTES
VIRTUAL
September 2, 2021

PRESENT: Brian VanCamp, Larry Fontanilla, Wendy Rife, Steve Brooks, Karen Weiss, Chris Clem, Mark Gregory, Jeff DeHan, Brian Hurley, Keith Flewelling

ABSENT: LouAnn Morriss, Mindy Churchwell, Mark John, Russ Kaleiwahea

EXCUSED:

GUESTS: Jennifer Schmidt, Tony Kuzma, Mike Calhoun, Russ Barstow, Matt Gantenbein, Corey Rux, Kevin Denton

STAFF: Kurt Hardin, Sandra Bush, Anna Lee Drewry, Ben Miller-Todd

I. CALL TO ORDER/ROLL CALL – The meeting was called to order at 2:00.

II. APPROVAL OF AGENDA –MSC – New Business, Item B, EMT Class Update, was added to the agenda. (Clem/Gregory) move to approve the agenda as amended, and this carried.

III. PUBLIC PARTICIPATION – None

IV. REVIEW AND APPROVAL OF MINUTES

1. Operations Committee – August 5, 2021 – (Clem/Flewelling) move to approve and this carried.
2. EMS Council – August 18, 2021 (informational only)

V. COMMITTEE REPORTS

A. **West Region EMS Council** – Clem reported: 1) The council met September 1st and voted to send a letter to the Governor, similar to the letter the EMSC sent, supporting the vaccine but asking for alternatives to the vaccination mandate. 2) Cadaver Lab training takes September 9 – 11, and there are still several spots available.

B. **Subcommittees**

1. Equipment Committee (EqC) – No meeting.
2. Mass Casualty Incident (MCI) Committee – Miller-Todd said the committee is still working on the active shooter plan and it will come to Ops when the draft is finished.
3. Training Advisory Committee (TAC) – Clem reported: There is a subcommittee working to identify the challenges that are causing the lack of instructor/evaluator participation. The subcommittee will bring recommended solutions back to TAC, which will ultimately come to Ops.
4. Transportation Resource Utilization Committee (TRU) / Hospital Diversion – Brooks was not in attendance at the last meeting but he did say a smaller sub-group met and they will be adding to or reconstituting the scope of the TRU committee going forward, to talk about some of the operational impacts related to the vaccine mandate. Miller-Todd did a survey for alternative meeting dates to de-conflict the TRU meetings with the Fire Chiefs meetings and the meetings will be on the 2nd Thursday of each month, however Miller-Todd said there will be weekly meetings through October and he will send an Outlook invite out to attendees.
5. ePCR Committee – No meeting, next meeting is in October.

C. **Staff Report** – Staff report is located on the website at – <https://www.thurstoncountywa.gov/m1/Pages/meetings.aspx>

VI. OLD BUSINESS

A. EMS Council Action Report – VanCamp reported highlights from the August 18th meeting – 1) The ballot measure for the levy lid lift passed. Hardin said the budget was submitted to the budget office on August 6th. The first or second week of October will be the presentation to the BoCC. 2) Ambulance delay crisis was discussed, as well as LE/EMS response modifications based on recent legislation. 3) Staff sent a letter to the Governor, on behalf of the EMSC, asking for an amendment to the Governor's resolution that is mandating vaccines, and asking for alternatives (i.e. daily testing).

B. Transport Issues – Hardin said there are two defining problems: 1) Ambulances waiting to transfer patients to the emergency department and the back log that is created as a result of this; 2) Transport units unavailable in the field. There was a decision made to stand up the HPU (High Probability Unit) process, which brings in additional providers, and/or fire agencies staff a rig to provide BLS low acuity patient transports to help augment the situation, in which case Medic One would reimburse the agency for their cost. Medic One may also hire temporary employees to help staff the HPU. Miller-Todd also provided some information on the HPU process and he said there are 7 more shifts that need to be filled between now and September 17th. Miller-Todd presented the Medic One Hospital

Turnaround Dashboard, which also shows if round robin has been activated. The dashboard is web access and cannot be accessed from a computer dispatch terminal. Over the next couple of weeks, staff plans on installing this on the desktop of every tablet.

C. LE/EMS Response – Hardin said there continues to be conversations about this but not much change. Brooks said this is still working through the legislative process.

VII. NEW BUSINESS

A. COVID-19 Vaccine Mandates – The Governor’s vaccine mandate includes EMS to be vaccinated or they lose their credentialing, effective October 18th. The EMSC wrote a letter to the Governor, supporting the vaccines, but suggests other alternatives to the mandate, i.e. daily/weekly testing. Hardin has reached out to Chief Johnson and Chief Brooks asking if we should request resources based on anticipated personnel short falls coming up. After some discussion, it was recommended by Chief Johnson and Chief Brooks to go through the emergency management route and request resources. This process will begin by using the TRU committee format and expanding the stakeholders to some extent, making sure TCOMM is represented as well as the hospitals on the planning process. The goal is to identify short falls in personnel, which will be presented to the State.

B. EMT Class Update – Mitigation measures are in place for on-line training and lectures, while in-person training requires masks and following COVID-19 protocols. An EMT student tested positive for COVID who was part of the in-person session this past Monday. Staff is following CDC guidelines and notified students of this positive case. Staff also notified the Fire Chief of any EMT student in their district about the exposure. Students who are fully vaccinated and are showing no symptoms, do not need to do anything other than continue to monitor themselves for symptoms that may appear. In accordance with Public Health and CDC, the student who is COVID positive is in isolation. Students who were exposed and are not vaccinated, are in quarantine, following CDC guidelines.

VIII. GOOD OF THE ORDER –

IX. ADJOURNMENT – (Hurley/Clem) move to adjourn at 2:38, and this carried.

May 23, 2021

Commissioner Stan Moon, Chair
Thurston County EMS Council
2703 Pacific Ave SE
Olympia, WA 98501-2058

Dear Commissioner Moon:

I have been a resident of Thurston County for about 15 years and have lived in the area since 1998. My hope is to gain your support for my candidacy as a public member on the West Region EMS Council. My understanding is that the Thurston County EMS Council must approve the application prior to West Region's consideration.

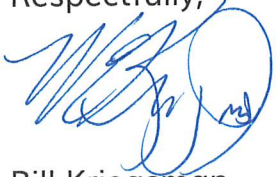
I have been involved in EMS since 1986, when I first became certified as an EMT. Shortly thereafter I became a Paramedic and worked in Marin County, CA, Rochester, NY, and Ketchikan, AK. The Ketchikan Fire Department role included ground, air, and marine transport of patients, education, and administration of a growing EMS system.

After I departed Ketchikan, I resumed my education at the University of Washington and subsequently at Washington State University. I have worked for MultiCare Health System for the last 19 years. For many of these years, I have been involved with Seattle Medic-1 through training and participation in the Civil Service board.

I have a separate State role, as a member of the Family Medicine Education Advisory Board representing the Washington State Medical Association. I don't foresee any conflicts with membership on the West Region Council.

I appreciate your consideration of my application.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Bill Kriegsman', with a large circular flourish at the end.

Bill Kriegsman



Regional EMS and Trauma Care Council
Membership Application

Attestation of Request for Appointment or Reappointment

Name: Bill Kriegsman		Position #: W-71	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Alternate
Application for: appointment for the West region EMS/trauma care council			
I am applying for a Consumer position representing Public from Thurston County			
Preferred mailing address for council business: PO Box 505			
City: Oakville	State: WA	ZIP Code: 98568	
Date of last Open Public Meetings Act (OPMA) training, if known: none			

Applicant contact information

Contact phone: 253-324-0416	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Cell
Primary email: bill.kriegsman@multicare.org		Secondary email: n/a	

Agency/Organization Recommendation

Is this position representing an agency or organization? If yes, get the agency or organization signature below	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Agency or organization name:		
Head of agency or organization signature:		

Local Council recommendation:

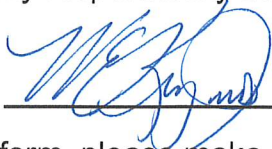
Does this county have a local council? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please get chair/president signature below.
Local chair/president name:
Signature:

Please answer the following questions:

1. Why are you interested in serving on the regional council?
I have a long EMS background, having first become an EMT in 1986 and a Paramedic in 1988. I have worked as a Paramedic in California, New York, and Alaska. My last job in EMS was as the EMS Captain for Ketchikan Fire Department. I have been involved in healthcare ever since.
2. What are your abilities, i.e., education, employment, and/or experience that qualify you for this position? My background includes medical education at UW, MBA from WSU, and progressive leadership responsibilities over the last 35 years. I have been an instructor in ATLS, ACLS, BLS, NRP, and PALS. I established and conducted the second Paramedic course run in Alaska.
3. Where are you currently employed?
MultiCare Health System

My signature attests that I have the authority to represent my agency or entity on the regional council, and that I understand my responsibility as outlined in the Regional Council Members' handbook.

Applicant Signature: _____



Date: May 23, 2021

Before submitting this form, please make sure that you have local council's signature and the head of agency signature, if necessary.

Mail your completed form to the regional council to which you are applying (listed below):

Central Region EMS & Trauma Care Council
22414 87th Ave W.
Edmonds, WA 98026
rachelcory@comcast.net

North Region EMS & Trauma Care Council
P.O. Box 764
Burlington, WA 98233
martina@northregionems.com

South Central Region EMS & Trauma Care Council

Southwest Region EMS & Trauma Care Council
P.O. Box 65158
Vancouver, WA 98665
regionems@gmail.com

East Region EMS & Trauma Care Council
North Central Emergency Care Council
123 Ohme Garden Road, Suite B
Wenatchee, WA 98801
rccook@ncecc.org

Northwest Region EMS & Trauma Care Council
P.O. Box 5179
Bremerton, WA 98312
rene@nwrems.com

West Region EMS & Trauma Care Council
5911 Black Lake Blvd. S.W.
Olympia, WA 98512
anne@wrems.com

Regional Councils: Add comments and send completed forms by email to regionEMS@doh.wa.gov

WEST REGION EMERGENCY MEDICAL SERVICES AND TRAUMA CARE COUNCIL

BYLAWS

REVISED: 6/22/15

ARTICLE 1 - NAME

The name of the council shall be the West Region Emergency Medical Services and Trauma Care Council, Inc., hereafter referred to as the Council. The Council shall be composed of no less than three (3) and no more than five (5) counties.

ARTICLE 2 - PURPOSE

The Council:

- 2.1 Shall be an advisory and coordinating council for the planning and implementation of comprehensive, integrated regional emergency medical services and trauma care.
- 2.2 Shall be advisory to the State Department of Health in implementation of the State of Washington Emergency Medical Services & Trauma System Strategic Plan.
- 2.3 Shall identify specific activities necessary to meet statewide standards, identified in statute and WAC, and patient care outcomes in the region and develop a plan of implementation for regional compliance.
- 2.4 Shall assess and analyze regional emergency medical services and trauma care needs and identify personnel, agencies, facilities, equipment, training, and education to meet regional and local needs.
- 2.5 Shall recommend to the Department of Health on distribution of regional funds based on those needs and priorities identified in Article 2.4.
- 2.6 Shall establish and review agreements with regional providers necessary to meet state standards and establish agreements with providers outside the region to facilitate patient transfer.
- 2.7 Shall establish the number and level of facilities to be designated that are consistent with state standards and based upon availability of resources and the distribution of trauma within the region.
- 2.8 Shall review and evaluate the emergency medical services and trauma care system as it develops and review grievances within the system as they arise.
- 2.9 Shall identify the need for and recommend distribution and level of care of prehospital services to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital services within the region.
- 2.10 Shall adopt a budget subject to the availability of funds from the State Department of Health and any other sources.

- 2.11 The authority, duties and responsibilities of the Council are defined by:
WAC 246-976-960 Regional Emergency Medical Services and Trauma Care Councils.
- (1) In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:
 - (a) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using trauma registry data provided by the department;
 - (b) Develop and submit to the department regional EMS/TC plans to:
 - (i) Identify the need for and recommend distribution and level of care (basic, intermediate or advanced life support) for verified aid and ambulance services for each response area. The recommendations will be based on criteria established by the department relating to agency response times, geography, topography, and population density;
 - (ii) Identify EMS/TC services and resources currently available within the region;
 - (iii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and the regional plan;
 - (iv) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1) (h);
 - (v) Include a schedule for implementation.
 - (2) In developing or modifying its plan, the regional council must seek and consider recommendations of:
 - (a) Local EMS/TC councils;
 - (b) EMS/TC systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies.
 - (3) In developing or modifying its plan, the regional council must use regional and state analyses provided by the department based on trauma registry data and other appropriate sources;
 - (4) Approved regional plans may include standards, including response times for verified services, which exceed the requirements of this chapter.
 - (5) An EMS/TC provider who disagrees with the regional plan may bring its concerns to the steering committee before the department approves the plan.
 - (6) The regional council must adopt regional patient care procedures as part of the regional plans. In addition to meeting the requirements of RCW 18.73.030 (14) and 70.168.015 (23):
 - (a) For all emergency patients, regional patient care procedures must identify:
 - (i) Guidelines for rendezvous with agencies offering higher levels of service if appropriate and available, in accordance with the regional plan.
 - (ii) The type of facility to receive the patient, as described in regional plan destination and disposition guidelines.
 - (iii) Procedures to handle types and volumes of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states.
 - (b) For major trauma patients, regional patient care procedures must identify procedures to activate the trauma system.
 - (7) Matching grants made under the provisions of chapter 70.168 RCW may

include funding to:

- (a) Develop, implement, and evaluate prevention programs; or
- (b) To accomplish other purposes as approved by the department.

ARTICLE 3 - COMPOSITION AND MEMBERSHIP

- 3.1 The Council shall be comprised of (per RCW 70.168.120) a balance of hospital and prehospital trauma care and emergency medical services providers, local elected officials, **consumers**, local law enforcement representatives, and local government agencies involved in the delivery of emergency medical services and trauma care as follows:

Council Position	Total # of Positions
Hospital: Grays Harbor (1), Lewis (1), Pierce (2), Thurston (1)	5
Prehospital: Grays Harbor (1), Lewis (1), Pierce (2), Thurston (2)	6
Private Ambulance	1
Physicians: Emergency (1) & Surgeon (1)	2
Emergency Room Nurse	2*
Prevention Specialist	1
Trauma Program Manager	1
Cardiac and/or Stroke Coordinator	1
Local Elected Official: At-Large	1
Consumer	2*
Law Enforcement: At-Large	1
Local Government Agency (County Specific)	4**
Local EMS/TC Council	4**
Military Prehospital/Hospital	1
North Pacific County	1
Fire Chief	4**
EMS Educating Agency	2*
County Medical Program Director	4**
Rehabilitation Specialist	1
Pediatrician	1
Local County Public Health Official.	1
Emergency Management	1
Dispatch	1
Mason County (non-voting member)	1
Total Number of Council Positions	49

****No two being from the same county.***

*****One from each county. Grays Harbor and N. Pacific are counted as one county.***

- 3.2 **Representatives will be recommended by each local EMS/TC council for appointment by the Department of Health.** The term of membership shall not be limited, except by local EMS/TC councils or the Department of Health.
- 3.3 For each membership position, local EMS/TC councils may recommend one alternate for appointment by the Department of Health. The alternate shall have all the rights, privileges, and protections of the member during his/her absence

(whether excused or unexcused). Votes cast by an alternate in the member's absence shall have the same import as if cast by the primary member. If the member is present, the alternate abstains from voting.

- 3.4 An absence is excused when a member/alternate notifies the Council chair, or designee, in advance of his/her inability to attend such meeting stating such reason for non-attendance. An alternate member is automatically excused when the member is in attendance.
- 3.5 If a member/alternate misses three consecutive regularly scheduled Council meetings, where the designated position has not been represented, and the member/alternate has not been excused by the Council for these absences, the Council may recommend to the local EMS/TC council to terminate that individual's membership, with documentation to support the request. Upon a member's termination by the Department, the alternate may take the member's place and a new alternate shall be appointed, if necessary. The Council shall call for recommendations for a replacement from the local EMS/TC council and/or other organization appropriate to the position. The replacement shall be for the unexpired term of the original alternate.

ARTICLE 4 - OFFICERS

- 4.1 The officers shall be chair, vice-chair, and secretary/treasurer, elected by a majority of the Council for a two-year term, with no more than two officers being from the same county.
- 4.2 Nominations for elections of officers shall be in May with elections in June. Newly elected officers shall begin duties in July. The nominating committee shall be composed of the non-officer positions on the Executive Board.
- 4.3 The chair shall preside at all regular and special meetings of the Council.
- 4.4 In the absence of the chair, the vice-chair, then the secretary/treasurer shall perform the duties of the chair.
- 4.5 The secretary/treasurer shall maintain accurate records of all Council meetings and be responsible for general correspondence of the Council. The secretary/treasurer shall keep charge of funds of the Council and shall report at regular meetings on the status of the funds.
- 4.6 Any vacancies in the above officers shall be filled by appointment by the chair, subject to Council approval. A vacancy in the chair's office shall be filled by a majority vote of the Council for the unexpired term of the office.

ARTICLE 5 - EXECUTIVE BOARD

- 5.1 The Executive Board shall consist of no more than eight (8) members. The three officers shall serve on the Executive Board as representatives of their respective counties. The remaining five positions shall represent each of the four counties with the fifth position being from the county without an officer on the Executive Board.

These representatives-at-large shall be selected by each county's delegation on the Council.

- 5.2 Meetings of the Executive Board shall be called by the chair or at the request of a majority of the voting membership as needed, to conduct routine or Council directed business between meetings or to develop recommendations to the full Council. Any action by the Executive Board shall be subject to review and ratification by the full Council at the next meeting.
- 5.3 A quorum must be present at an Executive Board meeting in order to conduct business. A quorum of the Executive Board shall consist of 50% or greater of appointed Executive Board members.

ARTICLE 6 - MEETINGS

- 6.1 Regular meetings of the full Council are held quarterly. Location shall be included in meeting announcement at least thirty (30) days prior to meeting date.
- 6.2 Regular Executive Board meetings are held monthly. Location shall be included in meeting announcement at least fifteen (15) days prior to meeting date.
- 6.3 Standing committee meetings will be held at least quarterly and as scheduled by the committee chair. An annual calendar of meeting dates will be published by July 1 for the committees described in 7.1.
- 6.4 The year for terms of officers shall be the fiscal year from July 1 - June 30.
- 6.5 A quorum of the Council shall consist of a majority of the members present that are appointed by the Department of Health.
- 6.6 Meetings shall be called by the chair or at the request of a majority of the voting membership with at least ten (10) days advance notice.
- 6.7 Meetings shall be open to the public and held in accordance with Chapter 42.30 RCW, the Open Public Meetings Act.

ARTICLE 7 - COMMITTEES

- 7.1 Three standing committees shall be established as follows: Prevention, Education, Joint Standards & Planning.
- 7.2 Additional committees may be appointed by the chair as needed, with the approval of Council members. The chair shall be an *ex-officio* member of all committees.
- 7.3 Committee chairs may be elected by committee members or appointed by the Council chair. Chair or designee shall, at a minimum, give oral reports to the full Council.
- 7.4 Independent committees may receive administrative support, with the approval of Council members. At least one (1) Council member must be a member of the

independent committee and shall, at the minimum, give written quarterly reports on committee activities, which may be supplemented with oral reports to the full Council. Independent committee includes:

- West Region Quality Improvement Forum

7.5 The officers may appoint such agents or assistants as they find necessary with the advice and consent of the full Council.

ARTICLE 8 - AMENDMENTS

8.1 These by-laws may be repealed or amended upon recommendation of a majority of the appointed members of the Council in a formal vote.

8.2 Council members shall be notified in writing at least ten (10) days prior to the meeting at which the vote is to be taken.

ARTICLE 9 - RULES OF PROCEDURE

Robert's Rules of Order (latest revision) shall be the rules of procedure of the Council except as amended herein.