

THURSTON COUNTY MEDIC ONE
EMERGENCY MEDICAL SERVICES COUNCIL
HYBRID MEETING

AGENDA

February 21, 2024, 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 December 20, 2023
 - B. Ops Committee January 4, 2024, February 1, 2024 (informational only)
- 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.		

VII. NEW BUSINESS

ITEM	PRESENTER	EXPECTED OUTCOME
A. Medic One Office Hours	Miller-Todd	Information
B. EMSC Meeting Day/Time	Moon/Miller-Todd	Discussion
C. Regional EMS and Trauma Care Council Membership Application – Position # W-34 & W-35	Moon	Approve
D. EMT Class Policies and Procedures	Clem	Recommendation to DOH
E. Board of Health Briefing	Miller-Todd	Informational
F. 8 th Medic Unit Anticipated Timeline	Miller-Todd	Informational

VIII. PUBLIC PARTICIPATION

IX. GOOD OF THE ORDER

X. ADJOURNMENT

This meeting is hybrid. To attend this meeting virtually, please follow the instructions below. To attend this meeting in person, it will be held at 2703 Pacific Ave SE, Olympia WA 98501.

February 21, 2024, 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

**Thurston County Medic One
Emergency Medical Services Council – Regular Meeting
Hybrid – 2703 Pacific Ave SE, Olympia
December 20, 2023**

PRESENT

(In-Person): Stan Moon, Brian VanCamp, Frank Kirkbride, Lenny Greenstein, Tom Carroll, Margaret McPhee, Cindy Hambly, John Ricks, Gary Edwards, Brian Hurley

PRESENT

(Virtual): Harry Miller

ABSENT: Wayne Fournier, City of Olympia (TBD)

EXCUSED: Larry Fontanilla, Sheila Fay

GUESTS: Steve Slater (V), Jennifer Schmidt (V)

STAFF: Ben Miller-Todd, Sandra Bush, Joy Keene, Chris Clem, Daniel Ehlig

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

I. APPROVAL OF AGENDA – MSC – (Kirkbride/Edwards) move to approve the agenda and this carried.

II. PUBLIC PARTICIPATION – None.

III. REVIEW AND APPROVAL OF MINUTES

- A. EMS COUNCIL – November 15, 2023 (Ricks/Edwards) move to approve the minutes, and this carried.
- B. OPERATIONS COMMITTEE – December 7, 2023 (informational only)

IV. COMMITTEE REPORTS

- A. **OPERATIONS COMMITTEE:** VanCamp reported: 1) Committee reports were provided. 2) Protocol updates have been submitted to DOH for their review and approval. 3) Chris Clem provided an update on the EMT class handbook workgroup. 4) There was discussion on the opening of the MultiCare off campus ED. The Ops committee recommended approval of the NW ambulance application for DOH, and the County ambulance application, to the EMSC which is on today's agenda.
- B. **WEST REGION EMS COUNCIL:** Kirkbride reported: 1) The NW Ambulance application to DOH was reviewed and the council is asking for recommendation from the EMSC. If the EMSC recommends approval of the license application, WREMS will hold a special meeting tomorrow to act on it. 2) The strategic plan is on schedule. 3) Next meeting is March 6, 2024.
- 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). Miller-Todd highlighted on the following: 1) The new Paramedic Program Manager, Juan Mejias, will start work on January 2, 2024. 2) Paramedic hiring process is 1/10 – 1/11/2024. 3) 15 EMTs graduated this past Monday. 4) The Medic One budget was approved in full for 2024-2025. There was an over charging of population by \$140,000, which will be spread out over 3 years, and is a reduction of approx., \$46,000 a year. There will be no operational impacts to this.

V. OLD BUSINESS – No Old Business

VI. NEW BUSINESS

- A. Northwest Ambulance – DOH EMS Service and Vehicle License Application – At the December Operations Committee meeting there was a motion to recommend to the EMS Council a DOH EMS service and vehicle license application for NW Ambulance, for interfacility transports from the MultiCare Off Campus Emergency Department. (Greenstein/Ricks) move to approve the DOH service and vehicle license

application, and this carried, with Edwards abstaining.

- B. Northwest Ambulance – Thurston County Ambulance Application – (Greenstein/Carroll) move to approve the Thurston County business license application (ambulance license) being sent to the Thurston County Commissioners, and this carried with Edwards abstaining.
- C. Establishment of EMS Council By-Law Review Committee – Chair Moon asked the council to approve an ad hoc committee for reviewing the current bylaws. There are a number of things that have not been reviewed for some time, and with the increase of County Commissioners, there will be an increase to members on the EMS Council. Members of the committee will include Greenstein, Carroll, Hambly, Chief VanCamp, and Moon, and Greenstein will chair. (McPhee/Ricks) move to approve appointing a committee to examine the bylaws, and this carried. The committee will present back to the council for a recommendation to the Board of County Commissioners.
- D. MultiCare – Lacey OCED – Miller-Todd shared information on the Lacey OCED, that he shared at the Ops Committee meeting. The OCED is the off-campus ED located on Golf Club Rd. The OCED is licensed as an emergency department, however they are not a cardiac center, and they do not have a cath-lab. If Thurston County providers transport patients to or from this ED, Thurston County protocols apply.

VII. PUBLIC PARTICIPATION – None

VIII. GOOD OF THE ORDER - None.

IX. ADJOURNMENT– Meeting adjourned at 4:08.

**THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ MEETING MINUTES
HYBRID - ESC
January 4, 2023**

PRESENT

(In-Person): Brian Hurley, Eric Forsythe, Larry Fontanilla, Wendy Hill, Brian VanCamp, Matthew Morris, Steve Brooks, Ciaran Keogh

PRESENT

(Virtual): Wendy Rife, Dave Johnson, Leonard Johnson, Mark Gregory

ABSENT: Mindy Churchwell

EXCUSED: Ray Curtis

GUESTS: Shawn Crimmins (I), Derek Smith (I), Liz Gore (V), Jennifer Schmidt (V), Shanon Watkins (V), Joey Rodriguez (V), Tammy Smith (V), Chris Patti (V), Greg Perry (V), Michael Hughes (V), Kevin Heindel (V)

STAFF: Ben Miller-Todd, Sandra Bush, Chris Clem, Clint Wathen, Daniel Ehlig

I. CALL TO ORDER/ROLL CALL – Chair VanCamp called the meeting to order at 2:00.

II. APPROVAL OF AGENDA –MSC – (Fontanilla/Hurley) move to approve the agenda and this carried.

III. PUBLIC PARTICIPATION – None

IV. REVIEW AND APPROVAL OF MINUTES

1. Operations Committee – December 7, 2023 – (Brooks/Keogh) move to approve the minutes and this carried.
2. EMS Council – December 20, 2023 (Informational only)

V. COMMITTEE REPORTS

- A. **West Region EMS Council** – Clem reported: 1) The council met on December 6, 2023, for a regular meeting, and on December 21, 2023, for a special meeting. 2) WREMS will send out a monthly staffing survey to EMS & hospitals to help quantify staffing shortages in healthcare, within the west region. Data will be aggregated and brought to the region, and DOH, to quantify the issue. 3) NW Ambulance applied for a BLS verified license in Thurston County and it was approved at the December 21st special meeting. 4) DOH provided a brief presentation on the new Trauma Triage Destination Tool. DOH has developed training for this and it will be provided to all EMS providers. The new tool was incorporated into the updated protocol set.
- B. **Subcommittees**
1. Equipment Committee (EqC) – No meeting.
 2. Mass Casualty Incident (MCI) Committee – Clem reported: The committee did not meet in December. Clem will send out calendar invites for monthly meetings as we begin planning for the MCI drills. MCI drill date for Olympia is June 26, 2024, Tumwater is July 8, 2024, and still working on the Lacey date.
 3. Training Advisory Committee (TAC) – Clem reported: 1) The 2024 Evaluator workshop is January 21 – 25. New evaluators will be attending the 21st and one of the subsequent days. Returning evaluators will only be attending one day. Confirmations went out to applicants this week and they are being asked to complete the online OTEP prior to the workshop. 2) OTEP 2024 is nearly finalized and will be assigned on EMS1 January 9th.
 4. Transportation Resource Utilization Committee (TRU) / Hospital Diversion – Miller-Todd reported: A large portion of the meeting consisted of OCED briefing.
 5. ePCR Committee – No report.
- C. **Staff Report** – Staff report is located on the website at – <https://www.thurstoncountywa.gov/m1/Pages/meetings.aspx> Miller-Todd highlighted on the following: 1) Paramedic testing is January 10 – 11. 2) Anything that you would send to Ben from an ALS perspective, please send to Juan Mejias, the new Paramedic Program Manager, and copy Ben. Ben will send something out regarding this. 3) Spring EMT class begins February 15th.

VI. OLD BUSINESS

- A. EMSC Report – VanCamp reported on the December 20th meeting: 1) The EMSC reviewed and approved recommendation for the NW Ambulance application, for both Thurston County and DOH. 2) EMSC appointed a committee to review the council Bylaws. 3) MultiCare OCED was discussed.
- B. EMT Class Workgroup – Clem reported: There are two components to the EMT class handbook, the clinical and educational component which is really for the purview of the MPD and SEI group, and then you have the administrative component, which is class rules, policies, etc. The intention of the workgroup was to focus on the administrative component and revisit the policies. The handbook was also reformatted so it should be easier to navigate through. A recommendation will be asked for at the February Ops meeting. Draft rules will be emailed to the committee, following this meeting.
- C. MCI Plan Updates – Miller-Todd / Clem reported: The committee was briefed on formatting changes that were incorporated into the plan and were approved by Ops last year. The current MCI plan on the website is what we are operating from. Miller-Todd also briefed the committee on potential structural changes, in terms of how operation subcommittee's function and work going forward (law enforcement was involved in the iteration of the plan). One of those components will be creating a charter for the MCI committee, developing a robust list of those involved, who should be invited in the committee moving forward, and look at how we engage in our partners throughout the county in 2024. Clem presented four substantive changes to the document: 1) The reformatted plan has been improved so it's easier to navigate through the document. 2) Good Sam has been removed from backup DMCC status, and there are several references to it through out the plan. 3) In line with the protocol updates, start triage and left SALT triage was removed. To simplify everything we are moving to one triage model, SALT triage. 4) C3 Pathways model was added in active threat scenarios. Training will be coming out this year on changes to the plan. Chief Gregory asked about respirations for children, as he did not see it in the plan. Miller-Todd noted this and said he will get back to the committee on this.
- D. MPD PCR Policy – Miller-Todd / Fontanilla reported: Comments on the policy should be sent to Miller-Todd, moving forward. The final informational briefing will be at the February 1st Ops meeting, and then we expect it go live April 1st.
- E. Protocol Updates – Miller-Todd reported: Protocols are available on the Medic One App, in draft format. The State has completed their first review, with no substantive changes. The executive summary was a little excessive so staff will craft an EMT specific excerpt and post that as well.

VII. NEW BUSINESS

- A. Ops Subcommittee Restructuring – Miller-Todd presented the Thurston County EMS Organizational chart. This will be emailed to the committee. The goal of the restructuring is to improve the efficiency of individual's time by combining some of the existing committees into the more high-level committees. Miller-Todd said we need to establish a quality improvement committee, which will report to the Ops committee. This committee will be appointed at the February Ops meeting.
- B. Behavioral Health – Miller-Todd / Fontanilla reported: Managing behavioral health patients in the field has become extremely difficult so staff is addressing ways to improve communication between law enforcement, South Sound Behavioral Health, ED's and field providers. Dr. Fontanilla said nearly everything funnels to St. Peters, which is overwhelming. He would like to see a meeting among the stakeholders to figure out a more even distribution of behavioral health patients. There will be follow-up discussion at the February Ops meeting.
- C. OCED Transports In/Out – Miller-Todd said staff is still working on messaging and utilization on the public side. It was anticipated to see a much larger amount of BLS transports to the OCED, however there have been more ALS than BLS. Derek Smith with Olympic Ambulance said they have delivered 69 patients as of this morning, and they have had a total of 56 requests (24 ALS & 32 BLS). Miller-Todd will have census numbers at the February meeting.
- D. Helicopter Rendezvous PSPH – Rendezvous' will no longer be allowed on PSPH helipad. One option that is being looked at is North Thurston football field.
- E. 8th Medic Unit Discussion – Miller-Todd provided a pre-emptive notification that discussions need to start happening for location of the 8th medic unit. Miller-Todd may present the location at the February Ops meeting.

VIII. GOOD OF THE ORDER – Clem reported a delay in receiving the LP1000 trainers. He is looking at loaners or canceling the current order and considering Shock Link Systems.

IX. ADJOURNMENT – (Forsythe/Keogh) move to adjourn the meeting at 3:17, and this carried.

THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ MEETING MINUTES
HYBRID - ESC
February 1, 2023

PRESENT

(In-Person): Brian Hurley, Anders Conway, Wendy Hill, Brian VanCamp, Steve Brooks, Ray Curtis

PRESENT

(Virtual): Wendy Rife, Mark Gregory, Eric Forsythe, Ciaran Keogh

ABSENT: Mindy Churchwell, Matthew Morris, Leonard Johnson

EXCUSED: Carla Carter

GUESTS: Shawn Crimmins (I), Derek Smith (I), Jennifer Schmidt (I), Joey Rodriguez (I), Tammy Smith (V), Chris Patti (I), Kevin Heindel (V)

STAFF: Ben Miller-Todd, Sandra Bush, Chris Clem, Scott Brownell, Juan Mejias

I. CALL TO ORDER/ROLL CALL – Chair VanCamp called the meeting to order at 2:00.

II. APPROVAL OF AGENDA –MSC – The agenda was amended to remove ‘Establish Quality Improvement Committee’ and ‘Behavioral Health’. (Hurley/Brooks) move to approve the agenda as amended and this carried.

III. PUBLIC PARTICIPATION – None

IV. REVIEW AND APPROVAL OF MINUTES

1. Operations Committee – January 4, 2024 – (Curtis/Brooks) move to approve the minutes and this carried.
2. EMS Council – No January meeting (Informational only)

V. COMMITTEE REPORTS

- A. **West Region EMS Council** – No WREMS meeting since Ops met last. Training, Education and Development committee (TED) is continuing the planning for the EMS conference May 17 - 19.
- B. **Subcommittees**
 1. Equipment Committee (EqC) – Keogh reported: 1) Drug shortages: Lidocaine, Ketamine, Albuterol, and Sodium Bicarb. Due to availability, we’ve switched from the 250-irrigation saline to Seljet. 2) The McGrath video laryngoscope is in stock; however, training still needs to take place so there is no ETA on roll-out. 3) Steerable bougies are in stock and we will demo those. 4) We are still searching for infant BVMs for the mercury medical adjustable BVMs.
 2. Mass Casualty Incident (MCI) Committee – No report.
 3. Training Advisory Committee (TAC) – No report.
 4. Transportation Resource Utilization Committee (TRU) / Hospital Diversion – Brooks reported: There was limited participation at the last meeting. There was discussion about including South Sound Behavioral Health, and Brooks said there was some interesting information that came out about Madigan that could warrant some investigation.
 5. ePCR Committee – No report.
- C. **Staff Report** – Staff report is located on the website at – <https://www.thurstoncountywa.gov/m1/Pages/meetings.aspx>

VI. OLD BUSINESS

- A. EMT Class Workgroup – Clem presented highlights of the information that was changed by request. (Brooks/Hurley) move to approve recommendation of the EMT class handbook to DOH for approval, and this carried.
- B. MPD PCR Policy – Miller-Todd said the final draft was sent out, and posted on the website, and will be in place April 1, 2024. Brooks asked if this would be agency to agency, and Miller-Todd confirmed that it will be, and said it will be a compliment to the protocols. Brooks also asked if this is available on the ‘App’ and Miller-Todd said not at this time.
- C. OCED Transports – Miller-Todd reported: There is a significant higher amount of EMS traffic in and out of the OCED than what was anticipated. Traffic can be tracked on the dashboard. In December there were 5 public transports, and there were 25 for January. Derek with Olympic Ambulance said things are going great. January there was a total of 151 requests for out of the OCED, with the majority going to CMC or Tacoma General. They also dropped off 130

patients in total. Joey Rodriguez with Olympic said they have seen an uptick in mental health transports from the OCED to Smokey Point, which he believes is based on bed placement. Tammy with the OCED said she does not have the resources to take care of a restrained patient. Miller-Todd said TRU will establish a workgroup, made up of a variety of stakeholders in the system, to address issues regarding transports of mental health patients. Eric with AMR said for the month of January they had 44 transports into the Lacey OCED and 16 were from South Sound Behavioral Health. Eric said Neil Lacanlale with South Sound Behavioral health would be a good contact for discussions. Miller-Todd said NW Ambulance has been approved by DOH, so they are actively in our system, and we are going through the process of getting the reciprocity done. Brooks thanked Olympic for their ability to step up and help with the transports.

VII. NEW BUSINESS

- A. Proposed Draft Rules for WAC 246-976 – Miller-Todd said this has been 6 years in the process of making and it is finally in the comments period. There will be a public hearing on March 7, 2024, and comments will be accepted until 5pm on March 7th. Miller-Todd said there are a couple of components that were included in the WAC – for MPDs that would like to maintain the skills component to DOH’s WAC for recertification, has been maintained, but the State has also included MPD discretion for those agencies that struggle to be able to send people to the OR and would like to do a separate training module. 2.6.976 is the EMS chapter in the WAC.

VIII. GOOD OF THE ORDER – Clem: Evaluator workshop just completed, and comments were made about pay for volunteers. Volunteers can be set up as employees with Medic One and they will need to fill out a timesheet for their time. Career providers time can be billed to Medic One on an invoice, for reimbursement out of their BLS funds. Miller-Todd: Medic One is planning a 50th anniversary gala for September 28th. Ben will send an email to stakeholders asking if the 28th will conflict with any major events.

IX. ADJOURNMENT – Meeting was adjourned at 2:45.



Regional EMS and Trauma Care Council Membership Application

Attestation of Request for Appointment or Reappointment

Name: Justin Bell		Position #: W-34	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Alternate
Application for: NEW for the West region EMS/trauma care council			
I am applying for a ER Nurse. position representing St. Peter Hospital from Thurston County			
Preferred mailing address for council business: 413 Lilly RD NE			
City: Olympia	State: WA	ZIP Code: 98506	
Date of last Open Public Meetings Act (OPMA) training, if known:			

Applicant contact information

Contact phone: 360-493-5331 <input checked="" type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Primary email: justin.bell@providence.org		Secondary email: justin.bell185947@gmail.com	

Agency/Organization Recommendation

Is this position representing an agency or organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, get the agency or organization signature below	
Agency or organization name: Providence St. Peter Hospital	
Head of agency or organization signature:	 <small>Signed by: AA38148BEA1042A...</small>

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?

To be an active liaison between the regional council and Providence Health System member

2. What are your abilities, i.e., education, employment, and/or experience that qualify you for this position?

Emergency room nurse with more than a decade of experience, working with EMS through various hospitals and systems

3. Where are you currently employed?

Providence St. Peter Hospital

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:  DocuSigned by:
Justin Bell
72060D0FF207407...

Date: 2/1/2024

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

randi@centralregionems.org

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

rcook@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

director@wrems.com

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



Regional EMS and Trauma Care Council Membership Application

Attestation of Request for Appointment or Reappointment

Name: Wendy Rife		Position #: W35	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Alternate
Application for: Re-appointment for the West region EMS/trauma care council			
I am applying for a TPM position representing Providence St. Peter Hospital from Thurston County			
Preferred mailing address for council business: 413 Lilly RD NE			
City: Olympia	State: WA	ZIP Code: 98506	
Date of last Open Public Meetings Act (OPMA) training, if known:			

Applicant contact information

Contact phone: 360-493-7293 <input checked="" type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Primary email: wendy.rife@providence.org		Secondary email: wrife8@gmail.com	

Agency/Organization Recommendation

Is this position representing an agency or organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, get the agency or organization signature below	
Agency or organization name: Providence St. Peter Hospital	
Head of agency or organization signature:	<div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small> <small>AA38148BEA1042A...</small> </div>

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?

To become an active liaison between the regional council and the West Region Trauma Program managers.

What are your abilities, i.e., education, employment, and/or experience that qualify you for this position? I am currently employed as the Trauma Program Manager for Providence. I have over 15 years of emergency nursing experience. I have been an active participant in the West Region Quality Improvement Forum and Thurston County Medic One Ops.

2. Where are you currently employed? Providence St. Peter Hospital

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:** 2/1/2024

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):

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Edmonds, WA 98026

randi@centralregionems.org

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

rcook@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

director@wrems.com

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

Thurston County Medic One EMT Class Rules

Learning Environment

1. Listen. Learn. Contribute. Be a team player with a strong work ethic.
2. Come to class prepared every day. Your homework and any assigned reading should be completed before the start of each class session.
3. Please bring all materials to every class session, including your textbook, Handbook, Protocol Book, Chromebook, and assigned blue EMS Bag.
4. This is an adult education class. Please feel free to stand up, excuse yourself for the restroom, and take care of your basic needs, but do so without being disruptive to the class.
5. Class starts promptly. If you are running late, please call or text your SEI as soon as possible to let them know. Frequent tardiness may result in dismissal from the class.
6. If you are unable to attend class due to unforeseen circumstances, you will need to inform the SEI and your sponsoring agency as soon as possible.
7. Plan on studying and practicing your skills outside of class time. The skills you learn in the course will be refined through repetition, and each student should strive for excellence.
8. It is the student's responsibility to ensure they receive maximum benefit from skills practice sessions. The instructors and coordinators will demonstrate the skills and provide the opportunity for practice but will not keep track of how many times you have practiced a specific skill during breakout sessions. You will need to utilize your practice time effectively and you must feel competent with all positions in all required skill scenarios.

Attendance

Students are expected to attend all classes, clinicals, ride time, and other scheduled meetings which are part of the course. The following policies have been adopted to guide and inform the students, and will be enforced by TCMO instructors, evaluators, SEI's, and staff.

Absences

1. No student is allowed to miss more than 8 hours of didactic/lecture time during the duration of an EMT class
2. Skills practice sessions may not be able to be made-up based on availability of equipment, Evaluators, and the SEI's. Students must plan on being present for all skills sessions.
 - a. Sickness is the only exception to this, and skills make-up must be pre-arranged with the SEI in this instance.
3. Missed material must be made-up, and method of makeup will be at the discretion of the SEI.
 - a. Some examples of makeup methods include virtual attendance, watching a recording of lecture, a written assignment on the missed material, or other methods as deemed appropriate by the SEI.

4. Absences must be approved prior to the missed class.
5. The student is responsible for all missed material.
6. The student's sponsoring agency will be informed of any absence.

Make-Up Requirements

1. Students are responsible for completing all classes and course requirements.
2. All course requirements must be successfully completed before the end of the course date.
3. Students must schedule make-up of a missed exam within 1 day of missing the exam. If the student does not take the exam on the scheduled make-up day, they will not receive credit for the exam.
4. Practical examinations cannot be made up.
 - a. Sickness is the only exception to this, and skills make-up must be pre-arranged with the SEI in this instance.

Tardiness

1. Class begins promptly at the scheduled time and lasts the scheduled number of hours on the scheduled days. The student will be considered tardy if they are not in the classroom at the time that the roll is checked.
2. Three (3) tardies will constitute one class absence (4 hours).
3. Clinical/field tardies will be counted the same as classroom tardies.
 - a. If a student is going to be tardy to ride or clinical time, they must contact the SEI so the SEI can inform the point of contact for the site.
4. The student's sponsoring agency will be informed of any instances of tardiness.

Testing

1. Tables will be cleared and electronic devices will be placed in a collection location during written and skills testing.
 - a. Smart watches will only be allowed into skills testing for the purpose of taking vitals.
2. Unless specifically stated by the course coordinator, all quizzes, tests, and other assessments of knowledge are to be conducted without reference to any outside materials including, but not limited to books, notes, electronic resources, and other students. Use of unauthorized materials will be considered cheating, which is grounds for immediate dismissal from the course.
3. Test questions are protected material and any effort to record or disseminate questions will result in immediate dismissal from the class.
4. Students are not allowed to discuss the practical scenarios with other students.
5. The passing score for written tests is 80%. If a score of less than 80% is achieved, the student has 2 retake attempts to achieve the passing score.

- a. After the first failed test, the SEI will counsel the student. The student's chief or agency head and the BLS Program Manager will be notified.
 - b. After the second failed test, the SEI and the BLS Program Manager will counsel the student. The student's Fire Chief or other agency head will be notified that the student may be in danger of failing the EMT course.
 - c. After the third failed test AND a course average of less than 80%, the student will be dropped from the EMT course and will be encouraged to reapply for the next course.
 - d. The original test score is the one that will count towards the student's class average.
6. Practical skills examinations are pass/fail and are based on the skill sheets provided by the WA State Department of Health.
7. A student will fail the course if they:
 - a. Fail the same practical skill 3 times.
 - b. Fail 3 separate skills, two different times.
8. When a student fails a skills evaluation, the following process will occur:
 - a. After the first failed skills evaluation, the SEI will counsel the student and determine a course of remediation. The student's chief or agency head and the BLS Program Manager will be notified.
 - b. After the second failed skills evaluation on the same skill, the SEI and BLS program manager will counsel the student and determine further remediation. The student's Fire Chief or other agency head will be notified that the student may be in danger of failing the EMT course. The BLS program Manager will be scheduled to be present for the third evaluation.
 - c. After the third failed skills evaluation on the same skill, the student will be dropped from the class and encouraged to reapply for the next course.
 - d. All of the above subsequent evaluations will be performed by different TCMO EMS Evaluators.
 - e. Re-evaluations cannot occur on the same day as a failed evaluation.

Attire & Hygiene

1. Students are expected to wear their class T-shirt or agency-issued Class-B uniform showing their name to all class sessions.
 - a. Students are expected to wear their Class-B uniform to all clinical and ride time sessions.
2. Students are required to wear closed-toe shoes to all class, clinical, and ride time sessions.
3. Students are required to follow standard precautions and don appropriate PPE for clinical and ride and ride time.
4. Students need to wear a watch with a second hand to each practical skills practice and evaluation session.
5. Students will maintain personal hygiene by bathing regularly and using deodorant or other effective means of odor control.
6. No strong-smelling perfumes, colognes, body lotions, or body sprays will be allowed in class due to the possibility of allergic reactions.
7. Students should be prepared to role-play as a patient during skills practice sessions. You should expect to be exposed down to the bodysuit/skin layer as part of these practice sessions. As such,

students are required to wear a “skin layer” (e.g., body suit, swimsuit, spandex shorts, sports bra) beneath their clothing for all skills practice days. The skin layer needs to completely cover the groin and buttocks of all students and the chest of female students. Failure to wear your skin layer may result in not receiving credit for your attendance that day.

Electronic Devices

1. Silence your phones, smart watches, and other electronic devices, and limit use of these devices to break periods. If you are expecting an urgent phone call, please let the SEI know prior to the start of class.
2. Follow facility guidance regarding use of electronic devices at your clinical and ride sites.
3. Do not take any pictures, videos, or audio recordings while at your clinical and ride sites.

Facilities

1. We are guests in the facilities that we use for our class. Please be courteous and respectful of all facilities throughout your time in class.
2. It is the expectation that students follow all facility-specific rules during class, clinical, or ride time.
3. Please leave all facilities cleaner than you found them. We share cleanup duties and the course coordinator will make these assignments during every class. Examples include vacuuming, taking out the trash, cleaning the bathrooms, wiping down tables, and cleaning the coffee station. Please follow facility parking guidance. The course coordinator will discuss these expectations with each class.
4. No smoking, vaping, chewing, or any other means of consumption of nicotine or other drugs is allowed on the premises of any facility we use.
5. No weapons are allowed to be on your person while engaged in training activities.
 - a. If you unintentionally bring a weapon to class, you will be asked to secure it in your personal vehicle.

Professional Behavior

1. Students are expected to behave in a professional manner at all times. You are representing not only your agency, but the entire EMS profession.
2. Students are expected to give instructors due courtesy. Disruptive behavior could result in dismissal from the course.
3. Lewd or unprofessional conduct is unacceptable and could result in dismissal from the course.
4. Any confirmed instances of academic dishonesty are grounds for immediate dismissal from the course.

5. This is an inclusive learning environment, and harassment or discrimination of any kind will not be tolerated. Any student found to be participating in this type of behavior could be dismissed from the course.
 - a. Anyone who feels they have been discriminated against in the training environment should report their concerns to the Lead SEI. If the SEI was involved in the incident, it should be reported directly to the BLS Program Manager.
6. No posting of pictures or class material of any kind is allowed outside of the provided learning environment without express permission from the course coordinator. Students may be asked to remove any non-approved posts.
7. No alcohol, drugs, or other intoxicating substances are allowed in class, clinical, or ride facilities at any point in time. Possession of these, or coming to any training activity under the influence of any substance could lead to dismissal from the course.
 - a. If a student is suspected of being under the influence of any substance, their sponsoring agency will be contacted immediately and agency policy will be followed.
8. If any student feels they have been mistreated or they disagree with an action taken, they are encouraged to follow the grievance procedure found below.
 - a. Write a formal grievance email to the Lead SEI of the course.
 - b. If the student disagrees with Lead SEI's decision, the student can appeal the decision to the BLS Program Manager.
 - c. If the student disagrees with the BLS Program Manager's decision, the student can appeal it to the Director of Emergency Services and the Medical Program Director.

Course Completion Requirements

1. The student must attend all lectures and practical skills to meet required learning hours, unless absence is approved in the manner prescribed in the attendance policy.
2. The student must successfully complete all required practical skills evaluations.
3. The student must obtain a minimum of 10 patient contacts through clinical and/or ride time. It is preferred that at least 2 patient contacts are made during clinical time and at least 8 patient contacts are made during ride time.
4. The student must be observed by their preceptor performing an appropriate full patient exam for each patient contact to count towards the requirement. Calls with obvious DOA, lift-assists, and others where a full patient assessment does not occur will not count towards the required 10 contacts.
5. The student must submit documentation of clinical experience on Medic One-supplied forms. These forms must be signed by the ED staff. *This requirement must be completed before the student can participate in the End of Course Practical Evaluations.*
6. The student must complete patient care reports (PCRs) using the SOAP format on TCMO supplied forms for every field contact. The PCR must be clearly marked "Field Contact" on the top of the form. The preceptor must countersign and print their name on each PCR. *This requirement must be completed before the student can participate in the End of Course Practical Evaluations.*
7. The student must meet the course scoring requirements prescribed in the testing policy.
8. The student must successfully complete the final written test.

- a. This test is competency-based and the score will not count towards the student class average.
 - b. The final must be retaken until a passing score is achieved.
- 9. The student must successfully complete the End of Course Comprehensive Practical Evaluations.

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