THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE ~ REGULAR MEETING
EMERGENCY SERVICES CENTER/EOC
November 5, 2015, 2:00 PM
AGENDA

I. CALL TO ORDER/ROLL CALL

II. APPROVAL OF AGENDA

III. PUBLIC PARTICIPATION

IV. REVIEW AND APPROVAL OF MINUTES
   A. Operations Committee - October 1, 2015 Meeting
   B. EMS Council - Draft August 19, 2015 Meeting Sept/Oct mtg.’s cancelled
      (Informational Only)

V. COMMITTEE REPORTS
   A. West Region EMS Council
   B. Subcommittees
      1. Equipment Committee (EqC) – Chair or Representative
      2. Mass Casualty Incident (MCI) Committee – Chair or Representative
      3. Training Advisory Committee (TAC) – Chair or Representative
      4. Transportation Resource Utilization Committee (TRU) – Chair or Representative
   C. Staff Report
   D. Medic One Office Update

VI. OLD BUSINESS

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PRESENTER</th>
<th>EXPECTED OUTCOME</th>
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<tbody>
<tr>
<td>A.</td>
<td>TRPC</td>
<td>Wright</td>
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<td>B.</td>
<td>Special Projects Application</td>
<td>Flanery</td>
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<td>C.</td>
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VII. NEW BUSINESS

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<tbody>
<tr>
<td>A.</td>
<td>TRU Committee</td>
<td>Brooks</td>
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<td>B.</td>
<td>EMS Training Videos</td>
<td>Wade Glenn</td>
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<td>C.</td>
<td>Ambulance License Narrative</td>
<td>Wright/VanCamp</td>
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VIII. GOOD OF THE ORDER -

IX. ADJOURNMENT
THURSTON COUNTY MEDIC ONE
OPERATIONS COMMITTEE – MEETING MINUTES
EMERGENCY SERVICES CENTER
October 1, 2015

PRESENT: Greg Wright, Brian VanCamp, Steve Brooks, Keith Flewelling, Mary Campbell, Alex Christiansen, Jody Halsey, Scott LaVienne, Jim Fowler, Dr. Larry Fontanilla

ABSENT: Kathy Pace, Stewart Mason, Dave Pearsall, Russ Kaleiwahea

GUESTS: Terry Ware, Brett Knutsen, Paul Brewster

STAFF: Cindy Hambly, Catherine Griffin

I. CALL TO ORDER/ROLL CALL – Chair Wright called the regular meeting of the Operations Committee to order at 2:03 PM. Roll was recorded by staff.

II. APPROVAL OF AGENDA – MSC (LaVielle/Brooks) Accept agenda as modified: TPRC presentation moved to the end of the agenda.

III. PUBLIC PARTICIPATION – Terry Ware’s birthday.

IV. REVIEW AND APPROVAL OF MINUTES
1. Operations Committee – September 3, 2015 – MSC (Flewelling/Brooks) moved to approve.

V. COMMITTEE REPORTS
A. WEST REGION – Conference will be held 02/26 thru 02/28/2016 at Ocean Shores WA.
B. SUBCOMMITTES
1. West Region EMS (WREM) – No report. No changes.
2. Equipment Committee (EqC) – No Report
3. Mass Casualty Incident (MCI) Committee – Wright reports MCI will be an OTEP class for 2016.
4. Training Advisory Committee (TAC) – Hambly reports TAC retreat met for 5 hours on 09/29/2015 at Sta 81. Members expressed a desire to have an annual MCI OTEP. Hambly updated her progress of the Chiefs’ concerns. Instructor/Evaluator Workshop is scheduled for 01/30-31/2016. Wade Glenn presented new BLS training videos that were created with the collaboration of other EMS providers, agencies and community volunteers. King County (KC) has not provided 2016 OTEP subjects so skills evaluation are on hold. KC is holding a meeting the middle of October.
5. Transport Resource Utilization Committee (TRU) – Brooks reported their first meeting was 09/28/2015. The following participants included FD3, OFD, TFD, FD8, FD9, OA, AMR and TCMO ALS. Worked on setting objectives: 1) How BLS transports (both 911 and others) are accomplished in the county 2) Build educational programs to inform providers and supervisors on how BLS transport resource utilization impacts overall system capacity performance 3) Evaluate strategies to align with anticipated system growth 4) Evaluate the construct of this new committee and have appropriate representation of all critical players. Next meeting 10/19/2015.
C. MEDIC ONE OFFICE UPDATE – Director Romines may be returning around November/December 2015. Current staff continues to fill in and cover other duties/positions and an extension to cover positions have been extended through December 31, 2015.
D. STAFF REPORT – Staff report was included in the packet. Hambly highlighted the following:
   • TRPC – Paul Brewster is here and will be working with committee today.
   • Citizen CPR Review Program – 114 total classes (75 compression only and 39 AHA). Chest Compression class meets national standards. Preston Wallace is the outreach coordinator, is a full time paramedic and fills in for the CPR program in general while Purchasing/Supply Department is working on a priority project. CPR Outreach is working 16 hours a week and managing the CPR

10 ops draft october minutes 2015
program. His is creating a Facebook site for our Thurston County citizens and CPR training program. Projected completion date was September 30. Hambly will be following up with Preston with the Facebook project.

- **Budget** – The 2016 Medic One Budget was presented by Director Steve Romines last week. The BOCC approved the budget.
- **Paramedic Hiring Program** – Interested applicants will be processed by Public Safety Testing and will test for general knowledge. The top 24 candidates will be forwarded to Pete Suver. Candidates will be notified of the written protocol test date (11/16/2015) and, if passed, scheduled for oral boards (11/17-18/2015).
- **WHEERS - WREMS** is trying to get a group together and to find financing for the lease contract. Expenses would include purchasing and replacing aging repeaters.
- **BLS Data System** – All departments are using SafetyPad. Staff is working on “case flow” for BLS QA/QI process. FD5/9 and FD8 are currently beta testing.
- **NREMT** – Raising testing fees as of 2017. Current NREMT policy states if the test is not taken within 90 days from the registration date the fee will not be reimbursed. Medic One will not pay for a second test. Hambly suggested if the test is not taken within 60 days, the candidate must take a Medic One written test. TAC recommends staying with the current NREMT process.
- **EMS Training Videos** – TFD, OFD and FD3 utilized a portion of their BLS budget to pay for a professional videographer. In addition, the departments bore the cost for the EMS provider’s time/hours who participated in the making of these training videos. Here is the link to view those videos: [https://vimeo.com/user32150889/videos](https://vimeo.com/user32150889/videos) The committee is interested in having Glenn do a presentation and requested Hambly to make arrangements for the November or December meeting. Hambly is attending a CPR conference later this fall and will be showing the cardiac arrest video.
- **EMT Class 2015-2** - We had 24 original applicants, (2 failed pretest, 2 self-dropped) 20 EMT candidates will begin the class.

### VI. OLD BUSINESS

A. **Special Projects Application Review** – New and old application versions were compared. No new suggestions from the previous changes and review. Committee then reviewed and made suggestions for changes on page 4 in the Information Packet. “VI. Medic One/EMS Special Project Cost Guidelines – 50% agency match required.” Some items were grouped and changes made in the maximum reimbursement limit. Bring redline version back to the next Ops meeting for review, comments and/or approval.

B. **TRPC – EMS Council** directed Paul Brewster (TRPC) to work with the Operations Committee and other county agencies to help facilitate members/stakeholders discussion, questions and an exchange of ideas to help define the answers the county is seeking. Brewster is working on ascertaining pertinent data to help develop performance measures, review our current systems performance and to provide projections on what our future EMS resources should be in order to maintain our current level of service. Electronic records (SafetyPad) will help with the collection of data sets that are essential to move forward. Brewser voiced his understanding of the complexities involved when multiple departments are involved. Lengthy discussion ensued. He will continue to compile suggestions for types of data sets desired and seek other agencies (Fire Chief’s Association, Fire Protection Districts, additional stakeholders to be identified) input and apprise the committees of his progress.

### VII. NEW BUSINESS

A. None

### VIII. GOOD OF THE ORDER – None.

### IX. ADJOURNMENT - 4:05 PM
Thurston County Medic One
Emergency Medical Services Council – Regular Meeting
Emergency Operations Center/ECC
August 19, 2015

PRESENT: Greg Wright, Rena Merithew, Frank Kirkbride, Dr. Tom Fell, John Christiansen, Rich Gleckler, Roger McMaster, Margaret McPhee, Eileen Swarthout, John Ricks, Bud Blake

EXCUSED: Russ Hendrickson

ABSENT: Lenny Greenstein, Dr. Larry Fontanilla

GUESTS: Terry Ware, Meredith Hutchins, Anthony Kuzma, Steve Brooks, Darlyne Reiter

STAFF: Steve Romines, Cindy Hambly, Fay Flanery, Catherine Griffin, Alan Provencher

I. CALL TO ORDER/ROLL CALL – Chair McPhee called the regular meeting of the Emergency Medical Services Council (EMSC) to order at 3:30 PM. Roll was recorded by staff.

II. APPROVAL OF AGENDA – MSC (Ricks/Kirkbride) moved to approve agenda as presented.

III. PUBLIC PARTICIPATION – None

IV. REVIEW AND APPROVAL OF MINUTES
A. EMS COUNCIL – June 17th, 2015 – MSC (Kirkbride/Ricks) move to approve as published.
B. OPERATIONS COMMITTEE – August 6, 2015 MEETING CANCELED (Informational Only).

V. COMMITTEE REPORTS
A. OPERATIONS COMMITTEE – Wright reported the Operations Committee did not meet in August. Next meeting is September 3, 2015.
B. WEST REGION EMS COUNCIL – Hambly stated the conference is a go but WREMS continues to seek additional grants. It will be held at Ocean Shores on February 26th, 27th and 28th, 2016.
C. STAFF REPORT – Romines attended and provided a update on his current medical condition. Included with packet, Romines highlighted on:
   • JEMS survey 750 cities annually and Thurston County was number 8 out of 100 as a top area for EMS providers.
   • TRPCs scope of work has been approved and the contract will be signed so they can move forward.
   • CPR program continues to be successful and the coordinator will be putting up a Facebook site.
   • Protocol Update and agency training has taken place. Still working on updating and processing the electronic application.
   • Medic Hiring Exam: Chief’s and MPDs have worked out a process to include Public Safety Testing. After submitting applications and testing through the PST website, the top 24 candidates will move forward for a protocol exam and oral boards.
   • WHEERS Radio (Washington Hospital EMS Emergency Radio System) – Radio system that can reach SPH from any ALS unit in the region: DOH threatening to discontinue due to other funding priorities. Impact: we will need to recalibrate our local and regional MCI plan. Romines anticipates there will be a cost shift to hospitals and EMS agencies to maintain as DOH may be charging a fee for usage of this communications system.
   • BLS data system – Still in progress. All agencies (OFD expected online 10/01/2015) currently using program. McLane and Tumwater FDs are beta testing the QA/QI portion of the program.
   • Medical supply inventory system is close to completion. It will be an on-line cloud based system. FD3 and Tumwater are piloting the program. All FD’s should be online by October 2015.
   • Fall EMT class: 24 applications received, 2 failed pre-tests and 1 self-dropped. 21 will be starting the class.

VI. OLD BUSINESS –
A. 2016 Budget – After review and discussion of the completed 2016 budget is was moved to accept and present to BOCC. MSC (Kirkbride/Ricks) Thurston County Commissioner Blake abstained.

VII. NEW BUSINESS –
A. None
VIII. PUBLIC PARTICIPATION – None.

IX. GOOD OF THE ORDER – Letter of Appreciation from Panorama City concerning Lacey FD3 EMS responders. McPhee represented Romines in the Tumwater City parade. McPhee has photos of an air-tanker dropping fire retardant on the Washington State Omak fire. Contact her if you are interested in receiving copies. Romines recognized everyone for their constant support and handed out “Stand up to Cancer” and “Pancreatic Cancer” bracelets for EMSC attendees.

X. ADJOURNMENT – Meeting adjourned at 4:32 PM.
Thurston County EMS Operations Committee
Medic One/EMS, Staff Report, November 2015

EMS System Operational Review, TRPC as Process Project Manager, proposed at July meeting, recommending contract to BOCC. Signed by BOCC September 25, TRPC initiating, last session 12/19, contacting Chiefs/Com, Report 6/19 EMS Council meeting 3:30, presented, to EMS community for comment. Presentations: EMSC 6/19, Fire Commissioner/Chiefs Assoc 7/16, BOCC 8/7 (Medic One website, System Reports), comments due, EMS Council accepts 9/18, to BOCC. Steering Committee (expanded) working, EMS agenda(minutes recommendation 4.4 approved to staff on website; Governance recommendation 4.3.1 approved by BOCC. BOCC appoints new/vacant EMSC Citizen members (De Tom Fell, countywide MD rep, Rena Merithew BOCC 1 rep). Steering Committee report to EMS Council, projects prioritized at July meeting, reviewed at September meeting, approved work plan at Jan 21, to Business Plan. TRPC reviewing priority project list for proposal. Medic One staff and TRPC met with Fire Chiefs Assoc May 29. TRPC Scope of Work approved by EMS Council. Medic One has established a separate contract with TRPC. Paul Brewster met with Fire Chief Association October 28, 2015

Citizen CPR Program 6 month review: Total Number of Classes: 114 (approx. 5 per week), Citizens Trained: 1,254 (average 11 students per class), Compression Only Classes: 75 (907 citizens trained), AHA CPR Classes: 39 (347 citizens trained).

CPR Outreach: CPR Outreach Coordinator is working on a Facebook Site for Thurston County CPR Training (completion date September).

Ebola planning, 9-1-1 screening protocol, supplemental PPE received (completed), PPE protocol developed, training being prepared, response plan being developed

Protocol update processing to agencies, app update to follow. Update classes scheduled, required EMS attendance. All BLS protocol update classes are complete (43 classes from March through June). EMS protocol update (BLS) complete. Sent to phone application contact; should be updated to phone apps by November 13th

2015 Budget drafted by staff and budget committee, presenting to EMSC, 7/16 meeting. Status quo budget being recommended, targeting zero increase. EMS Council recommends $1,000 per agency enhancement, to BOCC, rejected. Fire Commissioners Assoc to request reconsideration at budget hearing, approved to add $1,000 base/agency financial. 2014 Business plan Q2 report on website. Website updated for plan, agendas, minutes, bylaws, members, completed. 2015 Levy Rate = $0.3709/$1,000; $9,958,158.20 (2014 = $0.3855/$1,000; $9,738,937.35) EMS Council approved budget August 19, 2015, presented to BOCC September 24th. Waiting final approval BOCC approval of budget.

Medic Hiring and Oral Exams: Completed May 4-5 2015 exam, 15 aps. 1 protocol review attendee, 3 pass written, 2 passed oral, 4 on list from May exam. One additional PM candidate added (quit Lacey FD) to bring a total of 5 candidates on the eligibility list. Medic hiring in October will utilize Public Safety Testing (PST). Prior to October 15th the PM candidates will take a general knowledge exam through the PST website. PST will collect all the candidate information. Medic One selected 28 candidates to go forward. TC Applications due November 9th, written exam November 16th, and Oral Board November 17 and 18.


WHEERS (Washington Hospital and EMS Emergency Radio System): DOH has discontinued the lease contract with WSP for the WHEERS repeaters as of June 30, 2015. WSP has given the stake holders until December 31, 2015 to organize an alternative to fund and manage the WHEERS system. WREMS is reaching to all the hospitals that are DMCC (disaster medical control centers) in the State to solicit their partnership in maintaining the WHEERS system.

EMS Data 2013 (TCOMM source), 28,630 system call volume +2,060 calls, +7.7% (2013 data volume 26,570). ALS response time 7.0 minutes average countywide. 94% goals achieved, call volume 8,622, +295 calls, responses +3.5% (2013 response time 7.6 minutes, 94% of goals, 8,327responses). BLS call volume 20,008, +1,765, +9.7% (2013 18,243) Countywide BLS average response time 6.6 minutes, all BLS. BLS TCOMM Data Warehouse report, draft data to Operations Committee for review. EMS Data 2014 report will be presented to EMS Council on June 17th
BLS data system: All Fire Departments and Olympic Ambulance have completed SafetyPad training. Starting October 1st all departments online. **Staff is working with SafetyPad to implement “Case Flow”. This is a module for QA/QI. This can be used at agency level or county level, option for all departments to trial.**

WATRAC Advisory Group member added, meeting 9/9, planning sessions next 5/16, next regular meeting 6/1

**Inventory System:** Online product will enable fire departments to order medical supplies online. Projected to begin pilot end of August (with Lacey FD and Tumwater). All fire departments by October 31st.

**TRAINING:** Average pass rate NR EMT exam = national 79%, WA state 85%, WR 90%, CR 93%, TC 95%

*First Responder Course, none held.* NREMT will increase fees in 2017 ($80 EMT, $125 PM). Effective immediately NREMT Authorization to Test (ATT) will be valid for 90 days from the date of issuance. Candidates who do not complete their cognitive examination prior to expiration date will be required to complete a new application, including payment of the application fee.

EMS Training videos are complete. Production was combined effort from Tumwater, Olympia FD, Lacey FD and Medic One. They utilized their BLS funds to pay for the videographer. Wade Glenn, PM SEI Olympia FD was the lead coordinator for the project. The agencies utilized their personnel to demonstrate the skills. Everyone can access the training videos through the Medic One website under EMS Resources.

EMT Course 15-2: 24 applications received. 2 failed pre-test, 1 self-dropped. Course began with 21 EMT candidates. One candidate has dropped since beginning of class, 1 fail, 19 EMT candidates currently.

**NIMS online training available** at [http://training.fema.gov/EMIweb/IS/is700.asp](http://training.fema.gov/EMIweb/IS/is700.asp)

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I. PROGRAM DESCRIPTION
This program was implemented by the Thurston County Board of County Commissioners on recommendation by the Thurston County Emergency Medical Services (EMS) Council in 1995. The EMS Council and EMS community requested that a means be developed to encourage the advancement of the countywide EMS system. It is recognized that this process is a product of observations, ideas, research, ingenuity, finances and hard work.

Modeled after a state/regional EMS grant program that had been discontinued, the local program encourages continued advancement of our EMS system by reviewing ideas from provider agencies and contributing toward their implementation. These agencies are closest to provision of EMS services and are best able to observe field situations. 70% of Thurston County’s EMS services are volunteer agencies and may lack the necessary financial resources to implement programs to improve EMS services. Recognizing that the Medic One/EMS system encourages EMS response as a coordinated countywide entity, it therefore has an interest in implementing programs that are a benefit to the citizens of the system.

Any publicly funded fire agency providing Basic Life Support (BLS) services within Thurston County is considered eligible to apply for Special Projects funding.

II. GOALS
A. Provide for the establishment and initial development of new components of the Thurston County Medic One/EMS system.
B. Provide for the expansion and improvement of the Thurston County Medic One/EMS system.
C. Purchase of special equipment for the operation of the Thurston County Medic One/EMS system.
D. Provide for special training for personnel of the Thurston County Medic One/EMS system.

III. CRITERIA
The following criteria define components eligible for consideration in the Special Projects Implementation Program. The Thurston County EMS Council will consider projects which meet the following criteria (in order of priority):

1. Implementation of New EMS Project(s)
   Includes implementation of special training for instructors or providers, or equipment that improves EMS system effectiveness/efficiency regarding patient care.

2. Special Rescue Team Project(s)
   Equipment or training related to enabling and/or enhancing approved countywide special rescue teams (i.e., urban, water, rope, high angle, or confined space rescue, search and rescue, etc.).

3. Enhancement of Current EMS Project(s)
   Includes enhancement of provider training or equipment that further improves system effectiveness/efficiency regarding patient care.

4. Replacement of Current EMS Project(s) or Equipment
   Includes replacement of EMS project(s) or equipment with a similar project or equipment that would maintain the effectiveness/efficiency of the EMS system. Without replacement, the EMS system would incur loss of patient care effectiveness/efficiency or potentially gain significant liability.

5. Repair of Current EMS Project(s) or Equipment
   Includes repair of current EMS project or equipment that continues to be an effective/efficient component of the EMS system. Without repair, the EMS system would incur loss of effectiveness/efficiency or potentially gain significant liability.
**THURSTON COUNTY MEDIC ONE**
**EMERGENCY MEDICAL SERVICES SYSTEM**
**SPECIAL PROJECTS IMPLEMENTATION APPLICATION – 2016**

Please Complete One Application Per Project Request

Applications are due by: _______________

Return applications and any (additional and/or required) attachments electronically to: flanerf@co.thurston.wa.us

Or mail to: Thurston County Medic One 2703 Pacific Ave SE Ste C, Olympia WA 98501

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### Agency

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<td>Name:</td>
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<th>Project Criteria</th>
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- ☐ Implementation of NEW EMS Project(s)
- ☐ New to your Agency OR ☐ New to Thurston County EMS Agencies
- ☐ Special Rescue Team Project(s) SORT
- ☐ ENHANCEMENT of Current EMS Project(s)
- ☐ REPLACEMENT of Current EMS Project(s)
- ☐ REPAIR of Current EMS Project(s)
- ☐ POTENTIAL Improved Project(s)

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<th>Agency Response Time</th>
<th>Agency Response Area (sq mi)</th>
<th>Agency Area Population</th>
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If Multi-Agency* use, __________
Estimate your Agencies Response Time to provide assistance to these agencies

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<tr>
<th>If Multi-Agency* use,</th>
<th>Estimated Response Area (sq mi)</th>
<th>If Multi-Agency* use,</th>
<th>Estimated Total Population Effected</th>
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**PLEASE PROVIDE A LIST OF THESE ADDITIONAL AGENCIES:**

*If you are claiming Multi-Agency Use, please attach Letters of Acknowledgement from the agencies that they are in agreement with the project/equipment request.*

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<tr>
<th>Special Volunteer Training</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Special Equipment</td>
<td>Yes</td>
<td>No</td>
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<tr>
<th>Project Budget: $__________</th>
<th>Claiming Financial Hardship: Yes</th>
<th>No</th>
<th>Additional Requested: $__________</th>
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I have the authority to sign for this agency. In submitting this application, we agree to comply with all applicable laws and regulations controlling the delivery of emergency medical services, and with patient care guidelines and protocols adopted by the proper authorities in our service area(s).

This agency recognizes its obligation for its share of the project within this application and verifies that such funding is budgeted and will be available if this funding request is approved.

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Authorized Signature: ___________________________ Print Name/Title: ___________________________ Date: ___________________________
THURSTON COUNTY MEDIC ONE
EMERGENCY MEDICAL SERVICES SYSTEM
SPECIAL PROJECTS IMPLEMENTATION APPLICATION – 2016

Please Complete One Application Per Project Request

Applications are due by: _________________

Return applications and any (additional and/or required) attachments electronically to:
flanerf@co.thurston.wa.us

Or mail to:
Thurston County Medic One
2703 Pacific Ave SE Ste C, Olympia WA 98501
6. Potential Improvement EMS Project(s) or Equipment
Includes projects or equipment found by the EMS Council to be of potential improvement to the
EMS system regarding EMS patient care.

1. NOTES ON CRITERIA
   a. Preference consideration may be given to training programs involving volunteer providers.
   b. All new programs with medical care implications will be approved by the Medical Program
      Director (MPD).
   c. Preference consideration may be given to programs with system-wide impact.
   d. The following shall be considered in the weighting of priority:
      (1) Number of Agencies Affected
          If multi-jurisdictional, include other agencies secondarily affected. The more agencies
          affected and the better the efficiency, the higher the priority.
      (2) Population of the Agency(s) Service Area
          If multi-jurisdictional, include other agencies as a secondary population. The higher the
          population, the higher the potential effect and the greater the potential need for service,
          the higher the priority.
      (3) Area (Square Mileage) of the Agency(s) Service Area
          If multi-jurisdictional, include other agencies as a secondary area. The larger the service
          area and the more difficult to service the entire area, the higher the priority.
      (4) Average Response Time of the Agency(s)
          • If multi-jurisdictional, include other agencies as a secondary response time average.
          • Note if agency’s responders are volunteers only.
          • Note the average ALS response time to the service area can be obtained from Medic
            One. The longer the response time, the greater the need for improvement, the higher
            the priority.
      (5) Cost/Benefit Ratio (for Equipment Committee assessment)
          The projects will be evaluated for cost/benefit ratio and an alpha value will be
          assigned by the Equipment Committee. The rating will be by consensus of the
          Committee based on subjective or objective information provided/available and
          data as analyzed by the Committee. All projects will be assigned a cost/benefit
evaluation grade, as follows:
          (a) Highest benefit versus cost ratio; program is definitely worthy of
              development and implementation;
          (b) Benefit appears to outweigh cost; may need further evaluation after
              implementation period;
          (c) Cost and benefit ratio are balanced/equal, a neutral impact; program will
              need further evaluation if implemented;
          (d) Cost of program is more than the benefit, but may be worthy of evaluation
              for actual ratio; program will need further evaluation if implemented;
          (e) Cost of program clearly out weighs the benefits provided by the program;
              not worthy of development/implementation or further evaluation as
              proposed.

Data may be obtained from most recent WA Data Book, Thurston County Profile, Medic One
data system, and/or agency records.

IV. PROCEDURE
The Medic One office will provide Special Projects Implementation Applications and a project timeline
to all EMS providers, the Medical Program Director and others for their use in developing applications,
setting priorities and justifying project requests. In accordance with the project timeline:
A. Completed applications will be submitted to the Medic One office for review, comment and
   prioritization processing.
B. The EMS Council will review the application for appropriate project criteria as stated in Section III. CRITERIA, and prioritize for funding implementation.

C. Should the request require clarification, Medic One staff may contact the submitting agency, or the request may be returned to the agency with questions or suggested changes.

D. The request will not exceed the stated amount of available funds specified through the Medic One budget designated for this program. Cost sharing limits for individual items are described in Section VI. MEDIC ONE/EMS SPECIAL PROJECTS COST GUIDELINES of this Information Packet.

V. APPLICATION FORMAT/PROCESS

An Application for Special Projects Implementation and Project Timeline is provided for agency use. The Medic One office or EMS Council may request additional information from the applicants. Project applications must be submitted by the stated deadline for consideration.

A. The normal process will be as follows:

1. Medic One staff will receive, review and forward completed applications for action by the appropriate entities.

2. An ad hoc committee, appointed by the Operations Committee Chair and made up of 1 member of the Equipment Committee and representatives of current Special Projects process non-applicant fire agencies, will perform a preliminary prioritization of all completed applications and make funding recommendation to the Operations Committee.

3. Medical Program Director will review programs with medical impact for his/her authorization.

4. Operations Committee will review the prioritization of all applications, and may reprioritize as deemed appropriate, and make funding recommendation to the EMS Council.

5. EMS Council will have final approval of the prioritized list of requested Projects.

6. Thurston County Board of County Commissioners will be given the opportunity to review and authorize the list of projects as appropriate.

The Thurston County EMS Council must approve Special Projects prior to funding authorization. Upon authorization of funding by the EMS Council, agencies assume responsibility for the required agency share or matching funds.

The Thurston County EMS Council or Thurston County Board of County Commissioners may, at their discretion, approve or deny funding of any or all Special Projects or components of Special Projects as they determine. The agency will be notified, in writing, of approval or denial of projects along with reasons for approval/denial.

Final allocations may vary based on the amount of funds available, projects authorized and funding level.

Submission deadline for applications is Friday March 27, 2015. Completed applications may be submitted electronically to flanerf@co.thurston.wa.us or printed and mailed to:

Thurston County Medic One
2703 Pacific Avenue SE, Suite C
Olympia, Washington 98501
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<tr>
<th>ITEM</th>
<th>REIMBURSEMENT LEVEL</th>
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<tr>
<td>Training Resources/Materials</td>
<td>50% of cost</td>
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<tr>
<td>Additional Training Needs</td>
<td>50% of cost of text books</td>
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<td>First Responder Books</td>
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<td>EMT Books</td>
<td>50% of cost of text books</td>
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<td>Defibrillator Training</td>
<td>50% of course registration cost</td>
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<td>Specialized EMS Training (Includes EMS-WMD)</td>
<td>50% of course registration cost</td>
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<td>Communication Equipment/Tools(^2)</td>
<td>50% of actual cost up to $1,000 maximum reimbursement</td>
</tr>
<tr>
<td>Pages</td>
<td>50% of actual cost</td>
</tr>
<tr>
<td>Mobile Radios - VHF</td>
<td>50% of actual cost up to $1,000 maximum reimbursement</td>
</tr>
<tr>
<td>Portable Radios - VHF</td>
<td>50% of actual cost up to $600 maximum reimbursement</td>
</tr>
<tr>
<td>Portable Radios - UHF</td>
<td>50% of actual cost up to $600 maximum reimbursement</td>
</tr>
<tr>
<td>Cellular Phones</td>
<td>50% of actual cost up to $150 maximum reimbursement</td>
</tr>
<tr>
<td>FAX Machines</td>
<td>50% of actual cost up to $200 maximum reimbursement</td>
</tr>
<tr>
<td>Auto Defibrillators(^2)</td>
<td>50% of actual cost up to $3,000 maximum reimbursement</td>
</tr>
<tr>
<td>Computer Hardware/Software</td>
<td>50% of actual cost up to $2,500 maximum reimbursement</td>
</tr>
<tr>
<td>Computers/Computer Hardware</td>
<td>50% of actual cost up to $800 maximum reimbursement</td>
</tr>
<tr>
<td>Computer Software (EMS, office or antivirus programs only)</td>
<td>50% of actual cost up to $100 maximum reimbursement</td>
</tr>
<tr>
<td>Aid Vehicles</td>
<td>50% of actual cost up to $5,000 maximum reimbursement</td>
</tr>
<tr>
<td>Special Rescue Equipment</td>
<td>50% of actual cost up to $2,000 maximum reimbursement</td>
</tr>
<tr>
<td>MCT and Hardware(^3)</td>
<td>50% of actual cost up to $2,500 maximum reimbursement</td>
</tr>
</tbody>
</table>

\(^1\) If the agency is unable to match at a 50% level, the agency may make a request for financial hardship consideration to the EMS Council. Agencies making such a request must state the reason of financial hardship, what level can be supported by the agency and the potential consequences of not receiving funding for the project.

\(^2\) **For new AED units only.** Replacement of existing AEDs will not be considered in this category, due to implementation of a countywide AED ER&R schedule in 1998.

\(^3\) **MCT (non ALS).**
1. Must be state Licensed public EMS unit, aid or ambulance
2. Must have cellular connectivity for unit location
3. Safe mounting position is sole responsibility of agency
4. Installation, connectivity service, software are the responsibility of the agency
5. 50% of MCT and mounting hardware cost only, up to a maximum of $2,500 authorized for MCT’s and mounting hardware that meet the above requirements
6. Agency must maintain and replace MCT’s from agency funds
7. Agency must maintain data connectivity services from agency funds
8. No allowance for purchase/installation prior to EMS Council approval date, no supplanting
9. Medic One nor TCOMM have any responsibility for maintenance or operations of the MCT devices other than those accepted by Medic One or TCOMM staff. Help by staff with any issue does not imply future support.
10. Chief must sign application
Other items approved in advance by the Medic One office at a $ amount to be determined
**DESCRIPTION OF SPECIAL PROJECT 2016**

(Attach additional pages if necessary.)

<table>
<thead>
<tr>
<th>Agency</th>
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<tbody>
<tr>
<td>Project Title</td>
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</table>

**Project Criteria**

- NEW EMS
- SORT
- ENHANCEMENT
- REPLACEMENT
- REPAIR
- POTENTIAL IMPROVEMENT

1. Why is the project necessary (what is the issue or problem)?  
   REMOVED “Include number of agencies...”  
   Requested on 1st page of application.

2. State the project objectives (what you want to accomplish).

3. Describe the method for project implementation (how you are going to do it).

4. Describe how you will evaluate the effectiveness (impact) of the project.

5. Project Budget:

<table>
<thead>
<tr>
<th>ITEM(S)</th>
<th>TOTAL COST</th>
<th>AGENCY SHARE</th>
<th>MEDIC ONE SHARE ¹ (Max 50%)</th>
</tr>
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<tbody>
<tr>
<td>1)</td>
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<td>5)</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
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¹ Applicants requesting Medic One support at an amount greater than a 50% share must provide written justification for financial hardship. Refer to the information packet, Section V. Projects Cost Guidelines (Page 4, Footnote 1) for required details.
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<tbody>
<tr>
<td><strong>1.</strong> Agency requesting license status change (include contact information):</td>
<td>Thurston County Fire Protection District 8 (FD8) Attn: Brian VanCamp, Fire Chief</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Describe the change(s) to BLS transport service requested:</td>
<td>Based upon the 2015 merger of Thurston County Fire Protection District 7 (FD7) into FD8 in 2015, procedurally transfer FD7’s BLS Ambulance Service Verified License to the post-merger FD8.</td>
<td>Applicant</td>
</tr>
<tr>
<td><strong>3.</strong> Briefly describe change of services and area--attach map of response area (current &amp; proposed):</td>
<td>Prior to 2015, included the boundaries of FD7; proposed would include the boundaries of the post-merger FD8.</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> DoH license type (current &amp; desired):</td>
<td>Pre-merger FD8 had (has) BLS Aid Service Verified License; proposed FD8 BLS Ambulance Service Verified License.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Total <strong>number</strong> of jurisdictional ALS transports:</td>
<td><strong>105</strong> in 2014; (33 for FD7, 72 for FD8)</td>
<td>T-Comm</td>
</tr>
<tr>
<td><strong>6.</strong> Total <strong>number</strong> of jurisdictional BLS transports, current/projected:</td>
<td>Estimated post-merger volume at <strong>290</strong>: (94 for FD7 and 165 for FD8 in 2014) Proposed only for when commercial BLS ambulances are not readily available, or, when prescribed by Medic One protocol when commercial BLS ambulance is not readily available/on scene, or, in the case of a mass casualty incident.</td>
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<tr>
<td><strong>7.</strong> <strong>Number</strong> of Jurisdictional transports by public agencies, current and/or projected:</td>
<td>Estimated post-merger volume at <strong>120</strong>: (33 for FD7, 74 for FD8 in 2014; includes 2 FD8 transports) Proposed only for when commercial BLS ambulances are not readily available, or, when prescribed by Medic One protocol when commercial BLS ambulance is not readily available/on scene, or, in the case of a mass casualty incident.</td>
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<tr>
<td><strong>8.</strong> <strong>Number</strong> of Jurisdictional transports by commercial agencies, current/projected:</td>
<td>Estimated post-merger volume at <strong>290</strong>: (94 for FD7 and 165 for FD8 in 2014) Proposed only for when commercial BLS ambulances are not readily available, or, when prescribed by Medic One protocol when commercial BLS ambulance is not readily available/on scene, or, in the case of a mass casualty incident.</td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>9. Describe any anticipated change in level of EMS service for public, (including):</td>
<td>This will offer an enhanced capability for the citizens of the pre-merger FD8.</td>
<td></td>
</tr>
<tr>
<td>a) Clinical care provided (min level of responder/provided service/training)</td>
<td></td>
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<td>b) Resources available:</td>
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<td></td>
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<tr>
<td>▪ Out of service time</td>
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<td>▪ Resource redundancy</td>
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<tr>
<td>▪ Availability of mutual-aid</td>
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<tr>
<td>c) Impacts on other Thurston County EMS agencies</td>
<td></td>
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<tr>
<td>d) Define current un-met needs at the local level</td>
<td></td>
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<tr>
<td>10. Has there been any public comment on this question?</td>
<td>None since FD7 initiated this service and licensure.</td>
<td></td>
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<tr>
<td>11. Describe any change in county DoH Min/Max:</td>
<td>None.</td>
<td></td>
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<tr>
<td>12. Have all EMS jurisdictions been notified of this change?</td>
<td>Neighboring agencies (Olympia FD, Lacey FD3) have provided comment and endorsement. Olympic Ambulance has been notified and briefed on plan; no comment has yet been received from them.</td>
<td></td>
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</tbody>
</table>

Include documentation of any efforts made to meet with current public/private BLS transport provider regarding un-met needs.

Refer to attached TCFPD8 Verification Requirements Narrative that is attached to the DoH Form 530 application.

Operations Committee recommendation:
Executive Summary

Prior to its merger into Thurston County Fire Protection District 8 (FD8) in 2015, Thurston County Fire Protection District 7 (FD7) held a valid Ambulance Service Verified License with the Washington State Department of Health (DoH). Among the various elements of a merger integration plan was the desire to retain the capability for BLS transport as granted by FD7’s license.

During merger planning, FD8 believed that the licensure for FD7, and their service obligation, would be procedurally assumed by the surviving organization, FD8. This is no different than the assumption of all of FD7’s pre-merger licenses, contracts, titles and legal responsibilities. After some mis-understanding on how this would transpire, the DoH indicated that the post-merger FD8 would be required to apply for the licensure as a “new” service applicant. While FD8 considers this a continuation of a legacy service, it has agreed to proceed with the formal application process.

Information required by DoH for the application is provided on their Form DOH530 and this narrative document with attachments.

Dispatch Plan

Dispatching for FD8 is provided by Thurston County Department of Communications (TCOMM). TCOMM is a countywide Enhanced 9--11 Public Safety Answering Point and Dispatch Center for all incorporated and unincorporated police, fire and Thurston County Medic One (Medic One) departments. Formed through an Intergovernmental Agreement as a non-profit intergovernmental corporation, TCOMM is governed by the Thurston 9-1-1 Administration Board and Operations Board, of which FD8 has membership to ensure our citizens’ interests are represented.

TCOMM accepts both 9-1-1 and seven digit emergency calls which are screened to ascertain the type of emergency. Medical and fire calls are routed to the Fire Desk, where the appropriate units are dispatched while the call taker continues to gather pertinent information. This additional detail will be subsequently provided to responding units as a ‘short report’ upon confirmation that they are enroute the emergency location. TCOMM has a goal of dispatching the appropriate agencies to the emergency within 30 seconds.

TCOMM handled a total of 605,857 calls for service in 2014, of which 26,630 were for medical emergencies and 5,958 for fires. FD8’s anticipated post-merger total call volume is anticipated to be approximately 1,200 calls. TCOMM is supported by a staff of approximately 65 employees who manage Emergency Operations in the Communications Center, Technical Services with radio transmissions and information technology, and Administration.

TCOMM uses criteria-based EMS dispatch protocols authorized by the Thurston County Medical Program Director (MPD) and their standard operating procedures to dispatch the appropriate level of care for the call type. Although an initial dispatch of the nearest BLS unit may occur to ensure that life-saving care is toned out within the 30-second goal, the dynamic dispatching protocols may upgrade or simultaneously dispatch the response package with ALS support as additional information is obtained from the reporting party. EMS Dispatch Quality Improvement is a coordinated program with the MPD, Medic One staff and TCOMM staff to review EMS incident responses.
**Response Plan**

There are a total of 6 stations in FD8. FD8 is currently operating from two staffed stations within the District, the headquarters at South Bay Station 8-1 and the pre-merger former FD7 headquarters, now North Olympia Station 8-3. Target deployment is for round-the-clock staffing at the two stations. During the day, both stations are staffed with career firefighters and administrative chiefs who are response-certified EMTs. During nights and weekends, the stations are managed by volunteer staff consisting of Firefighter-EMT responders, fire officers (Captain-level), and a Battalion Chief who oversees the District shift operations.

Johnson Point Station 8-2 is staffed periodically, and the District has identified full-time staffing at this station as a strategic initiative as the District volunteer levels increase.

Calls for emergency services at FD8 are received by radio transmission, internet and the cellular network. Radio frequency transmissions are received by two-tone receivers over VHF high-band transmission at 154.430 MHz. All staffed stations are hard-wired with two-tone receivers that audibly alarm over the stations’ public announcement speaker system. Station lights and safety systems are hard-wired to activate upon receiving tones as a safety feature (lights, ovens, stoves, etc.). Simultaneously, portable two
tone receivers worn by staff at the station are activated by the tones to alert staff of the emergency call. Additionally, as a back-up feature, and to enhance our ability to recall staff in the event of personnel-intensive events and disasters, FD8 career and volunteer staff are enabled with an Active 911 mobile cellular phone application which also alerts responding staff to emergency calls.

Both Stations 8-1 and 8-3 have fully-automated emergency back-up generators which automatically engage during a power outage, and are capable of proving power for full stations operation.

Each staffed station has a first-out engine and rescue/aid unit; either or both of these units may respond to an aid call depending on the available staffing in the station and the needs of the call. Aid calls receive a minimum of 2 state/nationally certified EMTs who have passed the county protocol test. The responding EMTs are typically supported by at least 1 or 2 additional responders and depending on the complexity of the call, and may also be supported by the shift Battalion Chief. Additionally, district-wide tones are monitored by staff in both staffed stations in order to monitor calls types for those which may need additional response resources. Station apparatus and personnel shift toward response zone boundaries to centralize response resources. This provides rapid call back-up and second-call response when the primary response units in that response zone are engaged.

Minimum target staffing levels vary by station. At Station 8-1, staffing targets include 3 Firefighter/EMTs, one Captain and/or one Battalion Chief who are also EMTs for a total of up to 5 personnel. Station 8-3 target staffing includes 2 or 3 Firefighter/EMTs who are led by a shift officer who is also an EMT. During the day, career staff chiefs supplement the response-capable minimum staffing compliments as all career responders are currently certified as EMTs.

In the event of Multiple-Casualty Incidents (MCIs), prolonged calls, or calls which require additional apparatus and personnel, FD8 has several options available to request additional resources. These include:

- Requesting additional response units from within the District, pulling resources from other stations.
- FD8 has a District Chaplain and EMS Officer who are also EMTs that can be dispatched for additional support.
- Requesting mutual aid from adjacent fire protection districts or departments. FD8 currently participates in a countywide mutual aid agreement and routinely both provides and receives mutual aid.
- Performing a call-back of volunteer or career staff. Many current career and volunteer staff live in-district or near-district and can be recalled for personnel-intensive events, or to staff the station in the event of additional calls during prolongs emergencies.
- When possible, FD8 staffs-up in advance of anticipated events, such as predicted weather emergencies, holiday events (e.g. 4th of July for firework-related emergencies).

FD8 provides service to an area of about 31.4 square miles with a population of approximately 12,000 residents. The area is mixed rural and suburban, and exists exclusively outside of the Urban Growth Area. The District has a mix of residential and light industrial zoning with 2 marinas, gas stations, convenience stores, office buildings, restaurants, education facilities, auto wrecking and automotive repair businesses, etc.
FD8 has an active Quality Improvement Strategy designed to ensure consistency with Thurston County Medical Services MPD Protocols and improve service delivery to our citizens. Our Quality Improvement Measures include:

- **Run reviews** – Ten percent of patient care reports are checked by the EMS Officer for accuracy, completeness, and consistency with Medic One Protocols.
- **Debriefs** – Significant incidents are reviewed for opportunities to make service improvements. Depending on the nature of the incident, facilitation of debriefs either occurs with a department facilitator or external facilitator.
- **Emergency Medical Services Training Advisory Committee (TAC)** – FD8 participates in Medic One’s TAC Committee, which is a county-wide forum which looks for areas to make EMS service delivery improvements.
- **Cardiac Arrest Run Analysis** – At the completion of every cardiac arrest run where an Automated External Defibrillator (AED) was deployed, the electronic instrument recording of the call is transmitted to Medic One for analysis. The AED recording includes the heart’s electrical activity, instrument event sequence and audio recording of the call. For each analysis, Medic One determines the heart rhythm, calculates CPR density and provides a written analysis of the call back to each responder on the call.
- **Cardiac Arrest Quarterly Review** – To ensure performance during CPR with up-to-date protocols, FD8 participates in quarterly CPR training using density determination manikins. These manikins electronically measure compression and ventilation frequency, depth, hand position, etc. and provide a printed report of CPR performance.
- **Medic One Significant Incident Review** – Following significant incidents, Medic One performs a patient care review of patient care and reporting against county protocols. Feedback is provided to responders to allow service delivery improvement.

FD8 tracks and analyzes response times and has established service goal performance measures which are monitored monthly. These results are routinely reported to the FD8 Board of Fire Commissioners and FD8’s Citizen Advisory Team. FD8’s target level of service for EMS is to arrive on scene with a minimum of 2 full-qualified EMTs within 8 minutes of the alarm and begin to initiate BLS treatment. Our monthly performance balanced against these measures annually since 2008 are provided in the tables below:
Level of Service

FD8 is a BLS medical services provider department. ALS response and treatment care is provided through Medic One with contracts with the Olympia Fire Department, Thurston County Fire Protection District 3 (Lacey Fire District 3) and Tumwater Fire Department deployed with seven dual-staffed paramedic trauma verified units throughout the county. FD8 is seeking licensure as a verified BLS Ambulance Service, as a continuation of the verified BLS Ambulance Service held by FD7.

It should be noted that FD8 recently merged with FD7 upon receiving voter approval in 2014. The merger was operationally effective January 1, 2015. FD7 maintained a BLS Ambulance License for emergency transport, and transport of patients consistent with Medic One EMS Protocols.

For example, FD7 procedures allowed for the transport of patients when commercial BLS transport was not available due to countywide patient load. Additionally, transport was prescribed by protocol when time-critical transport patients (such as patients with cerebral vascular accidents) was warranted and immediate commercial ambulance BLS transport unit was not available, or was unreasonably delayed. Additionally, FD7 maintained this BLS Ambulance license in reserve in case of a Mass Casualty Incident or disaster, where the number of available transport units would be insufficient for the patient load.

FD8 is seeking licensure as a verified BLS Ambulance Service to continue the legacy service and replace the license maintained by FD7 after the merger of the two districts.

Type of Transport

FD8 is seeking licensure as a verified BLS Ambulance Service. By county protocol and FD8 procedures, the minimum staffing requirement for BLS transport will be two state/nationally certified EMTs who have passed the Medic One protocol test.

Tiered Response and Rendezvous Plan

The first out apparatus to an aid call may be an engine or rescue/aid unit, depending on the needs of the particular call (i.e., MVA vs. medical complaint). In the event of a second call, there may be sufficient staffing at the primary station to respond with either the engine or rescue/aid unit. Alternatively, FD8 has targeted staffing levels of two stations 24 x 7, and responding apparatus and personnel would be dispatched from the second station.

FD8 also is signatory to a countywide mutual aid agreement and routinely provides and receives mutual aid from adjacent fire districts and departments.

ALS support is provided by Medic One contract departments, and if criteria-based dispatch procedures warrant an ALS unit, TCOMM dispatches the nearest available unit.

Upgrades from BLS to ALS are handled in a similar manner. Because TCOMM dispatchers are working to obtain additional information from the reporting party after the primary dispatch, ALS upgrades can happen during dispatch, while enroute to the scene, or can be requested by BLS units on scene when Medic One protocol upgrade criteria are recognized by responding BLS personnel.
In some instances, BLS units may recognize the need to initiate transport of an unstable critical patient who meets ALS criteria and rendezvous with a responding ALS unit in order to expedite patient care. Medic One Protocols identifies a procedure to BLS Transport to the Nearest ALS unit (Appendix B of Thurston County EMS Protocols, formerly known as Policy 27 “Transport”).

In the event the EMS incident involves ongoing criminal actions or the potential for violence exists, TCOMM’s criteria-based dispatch procedures include a provision for requiring responding units to stage prior to law enforcements arrival. FD8 has staging procedures for incidents such as shootings, domestic violence and weapons incidents to allow law enforcement to secure the scene prior to making initial patient contact.

Airlift Northwest provides ALS level rotor aircraft capability to the District’s response area. FD8 has preplanned rendezvous landing sites for airlift transport to the appropriate state designated hospital. The District can also transmit GPS airlift landing coordinates dynamically through communications with TCOMM dispatchers.

**Back-Up Plan to Respond**

FD8 has a number of back-up systems to ensure timely patient care during high call volume periods. In fact, this application for a verified BLS Ambulance Service license is part of the plan to ensure that our citizens receive timely quality medical care. FD8 is planning to use the capability when the existing BLS transport capacity in Thurston County has been overwhelmed.

The Back-Up Response Plan for FD8 includes:

- Requesting additional response units from within the District, pulling resources from other stations.
- FD8 has a District Chaplain and EMS Officer who are also EMTs that can be dispatched for additional support.
- Requesting mutual aid from adjacent fire protection districts or departments. FD8 currently participates in a countywide mutual aid agreement and provides and receives mutual aid.
- Performing a call-back of volunteer or career staff. Many current career and volunteer staff live in-district or near-district and can be recalled for personnel-intensive events, or to staff the station in the event of additional calls during prolongs emergencies.
- When possible, FD8 staffs-up in advance of anticipated events, such as predicted weather emergencies and holiday events (e.g. 4th of July for firework-related emergencies).
- In the event that FD8 is fully engaged and unable to respond with BLS resources on a second dispatch, and/or unable to engage BLS mutual aid, available Medic One ALS units will provide aid response.

FD8 is a signatory to the Thurston County-wide Interlocal Agreement for Mutual Aid for Firefighting and Emergency Medical Services (attached to this application). In the past ten years, FD8 has been a “net exporter” of providing mutual aid to our adjacent response partners. In the past seven years FD8 has provided approximately twice the mutual aid support that we have received. A summary of mutual aid support since 2005 is provided below.
The primary BLS transport from FD8 is by commercial ambulance service, Olympic Ambulance. There is currently no proposed initiative for the District to start routine patient transport or transport for fee. The BLS Ambulance Service License is requested for:

- Continuing the service and the license held by the pre-merger FD7.
- Emergencies where the existing BLS ambulance capacity is overwhelmed.
- Time-critical emergencies where existing BLS ambulance capacity is delayed. This includes incidents where county protocols dictate transport by fastest capable transport unit, such as during cerebral vascular emergencies.
- MCI’s, active shooter incidents, natural/man-made disasters and other events that may overwhelm the county’s ability to transport patients.

**Interagency Relations**

FD8 has interagency mutual aid agreements on hand. This includes countywide support for mutual aid for all types of incidents. FD8 is both a recipient and provider of mutual aid under this agreement.

FD8 has membership in a number of committees, workgroups and quality improvement initiatives to improve service delivery for our citizens, including:

- Washington State Fire Chiefs Association
- Thurston County EMS Training Advisory Committee
- Thurston County Medic One Cardiac Arrest Review
- Mass Casualty Incident (MCI) Drill Program participation
- Active Shooter Training and Drills
- OTEP Instructor/Evaluators county-wide
- Thurston County EMT Academy Instructors
- START Triage Training/Drills
- Call Quality Improvement reviews by EMS Officer
- Thurston County Fire Chief Association
- Medic One Operations Committee
- Thurston 9-1-1 Operations Board
TCFPD8 Verification Requirements Narrative

- Countywide Mutual Aid Agreement
- Automatic Aid agreements for boarder areas with Olympia Fire and Lacey FD3
- Thurston County MPD protocol testing
- Strong relationship with Thurston County Emergency Management, including participation on county Hazard Inventory/Vulnerability Analysis updates and Thurston County Emergency Management Plan Emergency Support Function updates

Letters/Statement of Endorsement

As part of the process of notification, FD8 has contacted its service neighbors, Lacey FD3 and Olympia Fire, as well as the current BLS transport provider, Olympic Ambulance, and made them aware of the application process. FD8 has requested endorsement or comment responses from each of these organizations.

In addition, the Medic One Operations Committee established a BLS Transport License Application review process in 2014. The Committee reviews applications to DoH and renders commentary and recommendations to the Thurston County EMS Council when they are queried for input by West Region EMS (WREMS) for their application review. FD8 has engaged in this process.

Consistency with Approved Regional Plan

This application is consistent with the 2015-2017 West Region Emergency Medical Services and Trauma Care System Approved Plan (WREMS Plan), Needs and Distribution of Services provisions. As outlined in the approved WREMS Plan (as of March 2015), the number of Prehospital Verified Service units included 3 ALS Ambulances, 8 BLS Ambulances, and 5 BLS Aid Units. This application supports the needs of the plan, and the plan vision of “...keeping patient care and interest the number one priority...” and, “...assuring adequate availability of prehospital aid and ambulance services for each response area...” by maintaining the current number of verified BLS ambulances in the service area.

FD8 recently merged with FD7 upon receiving voter approval in 2014. The merger was operationally effective January 1, 2015. FD7 maintained a BLS Ambulance License for emergency transport, and transport of patients consistent with Medic One EMS Protocols. FD8 is seeking licensure as a verified BLS Ambulance Service to continue the legacy service and replace the license maintained by FD7 after the merger of the two districts.

Although the newly consolidated footprint of FD8 includes the former FD7, it is committed to maintaining the current model of transport service delivery, where the primary BLS transport is by commercial ambulance service (Olympic Ambulance). This ensures that whenever possible, FD8 personnel and apparatus are returned to service as soon as possible in order to meet the addition service demands of our citizens. There is currently no proposed initiate to start routine patient transport or transport for fee. The BLS Ambulance Service License is requested for:

- Continuing the service and the license held by the pre-merger FD7.
- Emergencies where the existing BLS ambulance capacity is overwhelmed.
• Time-critical emergencies where existing BLS ambulance capacity is delayed. This includes incidents where county protocols dictate transport by fastest capable transport unit, such as during cerebral vascular emergencies.
• MCI’s, active shooter incidents, natural/man-made disasters and other events that may overwhelm the county’s ability to transport patients.

As outlined in the WREMS Plan, and consistent with DoH guidelines, WREMS conducts an evaluation of the minimum and maximum number of trauma verified prehospital EMS resources. The evaluation considers a number of factors, including demand for prehospital services, population, increased trauma responses, available prehospital EMS resources, response times, and the level of verified trauma service. As outlined in the WREMS Plan, this application maintains the approved number of verified BLS ambulance units in response areas #13 and #14 (page 34 of the WREMS Plan), which have now merged. This application keeps the number of verified BLS ambulance unit consistent within not only response areas #13 and #14, but also within Thurston County as a whole.

This application supports the needs of the plan, and the plan vision of “...keeping patient care and interest the number one priority...” and, “...assur(ing) adequate availability of prehospital aid and ambulance services for each response area...” by maintaining the current number of verified BLS ambulances in the service area.

**Staffing and Equipment**
(Refer to Form DOH 530-059, “Emergency Medical Vehicle” and “Emergency Medical Services Personnel” sections).

**Trauma Training Program**
All EMTs at FD8 are Washington State or Nationally Certified EMTs. There are a number of pathways for training and education to become an EMT; however, all EMTs at FD8 meet the requirement in Washington law to practice in the state, and they all meet the requirement of Thurston County’s MPD, and have passed the Medic One Protocol test.

Pathways to practicing as an EMT in Thurston County include:

• Successfully completing the Thurston County EMT Academy, administered by Medic One. FD8 consistently supports the County EMT academy with EMS instructors. The District will assign experienced and practicing EMTs as mentors and work with EMT candidates to ensure successful completion of the Medic One Protocol Test
• Practicing with National EMT Certification in another EMS Agency, and other EMS agency. FD8 works with Medic One to guide these candidates through the reciprocity certification process, including assigning an Experienced and practicing EMT as a mentor to work with the EMT candidate to ensure successful completion of the Medic One Protocol test.
• FD8 receives a number of EMS candidates with education and service experience, with certification from the national registry. It welcomes transitioning military service veterans into the organization, providing an instructional mentor, and walking them through the EMT
reciprocity process. Upon successful completions of state requirements and the Medic One protocol test, they become certified EMTs in Thurston County and FD8.

Even after successful completion of the EMT academy, reciprocity process and Medic One Protocol examinations, FD8 ensures compliance with state requirements and continuing education through the On-Going Training and Education Program (OTEP) and Quarterly Cardiac Arrest Review Certification and Testing. FD8 subscribes to cognitive training and evaluation through an on-line OTEP program (EMS Online.Net) and scenario based psychomotor skill evaluation to complete annual OTEP training requirements.

The OTEP program for continued training is enhanced by ongoing quality improvement initiatives through Emergency Medical Services Officer run review and Analyzed Cardiac Arrest Reviews after each deployment of an agency AED.