SOUTHWEST REGION
EMS & Trauma Care Council

SYSTEM PLAN

July 1, 2023 – June 30, 2025

Southwest Region
EMS and Trauma
Care Council

Submitted By: Southwest Region EMS and Trauma Care Council
Approved by WA EMS and Trauma Steering Committee on May 17, 2023

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<u>MISSION</u>: Advance the Emergency Medical Service (EMS) Trauma Care System.

<u>VISION</u>: A Region EMS and Trauma Care System of coordinated planning to provide the highest quality continuum of care from injury prevention to return to the community.

Executive Summary:

The Southwest Region EMS & Trauma Care Council (Region Council) sustains and advances the Washington State (WA) EMS & Trauma Care System within Clark, Cowlitz, Klickitat, Skamania, South Pacific, and Wahkiakum counties. The Region's Counties can be found in Southwest WA bordering Oregon State (OR) along the Columbia River. Southwest Washington includes mountains and volcanoes such as Mount Saint Helens; to the west, South Pacific County is bordered by the Pacific Ocean and popular tourist destinations. Five of the region's counties Clark, Cowlitz, Wahkiakum, Skamania, and South Pacific Counties are located in western WA, while Klickitat County extends into eastern WA along the Columbia River.

The Region Council was established in 1990 as a part of the WA EMS & Trauma Care System through the Revised Code of Washington (RCW) (RCW 70.168.100-70.168.130) and Washington Administrative Code (WAC) (WAC 246.976.960). The RCW and WAC task the Region Council and County Councils to administer and facilitate EMS & Trauma Care System coordination, evaluation, planning and to develop system recommendations for the WA State EMS and Trauma Steering Committee and the Department of Health (DOH).

The Region Council is a private $501_{(c)}3$ nonprofit organization. The Region Council receives funding from the state Department of Health, and may apply for, receive, and accept gifts and other payments as described in RCW 70.168.100. The Chair, Vice Chair, Treasurer, and Secretary make up the Executive Committee which oversees the routine business of the Council between regular Council meetings. Overall, oversight remains the responsibility of the entire Council. All financial transactions are approved at council meetings, and substantive business decisions are made by a vote of the full Region Council. The Region Council is staffed by one employee, the Executive Director. The role and responsibilities of the Executive Director include: develop, coordinate, and facilitate the work in this Region System Plan; manage the day to day business of the Region Council office; meet the federal 501_c3 standards of financial management and the WA State Auditor Office accounting requirements; administer all contracts and grants; attend and participate in the WA EMS and Trauma Care Steering Committee and multiple Technical Advisory Committees (TAC) meetings and workgroup meetings;

coordinate Region Council meetings; support and attend local County Council meetings as well as collaborate with EMS and Trauma System partners. The South Central (SC) Region Council and Southwest (SW) Region Council have successfully consolidated administrative work via contract since July 2012. This consolidation has reduced the duplication of administrative tasks and expenses, which allows both regions to accomplish the work of the DOH contract independently while maximizing system administrative funding.

The Region Council advises ongoing WA EMS & Trauma Care System development through the exchange of information for the betterment of the entire EMS and trauma system. The Region Council is comprised of twenty-one (21) volunteer stakeholder representative positions. Stakeholders represent; prehospital EMS agencies, fire districts, hospitals, Medical Program Directors (MPD), 911 dispatch centers, law enforcement, elected officials, injury prevention, air medical, preparedness, and community members. The DOH appoints the Region Council Members with the local County Council recommendation. Region Council Members serve in their local role as the position describes for the betterment of the entire region. There are no standing sub-committees. The Council appoints workgroup ad-hoc committees as needed. The role and responsibility of an ad-hoc committee is defined at the time of formation. The Region Council invites all the Medical Program Directors (MPD) to engage in regional planning activities, developing the Regional Patient Care Procedures, and quality improvement (QI). The Region Council maintains collaborative relationships with other relevant partners in the Emergency Care System. Examples include: quality improvement committees such as trauma, cardiac, stroke, local EMS & trauma care councils, health care coalitions, local, regional and state public health partners, emergency management, E911 communications, accountable communities of health, injury prevention organizations, law enforcement, behavioral health / chemical dependency organizations, the State EMS Steering Committee and it's various TACs. The broad representation collaboration cultivates the development of a practical, system wide approach to the coordination and planning of the WA EMS & Trauma Care System.

Region EMS and Trauma Response Area Maps were developed as a tool for use in system planning. The maps describe geographic areas and the location of EMS agencies and hospitals providing services within each area. Although some areas may appear to coincide with fire district jurisdictions the area boundaries do not belong to any individual EMS agency jurisdiction. DOH maintains an interactive Region EMS and Trauma Response Area Map within the EMS and Trauma Region and County Maps at: https://fortress.wa.gov/doh/ems/index.html

The Region Council had many accomplishments during the 2021-2023 plan period. Noteworthy successes are:

- In response to the Covid-19 pandemic the Region and County EMS Councils, EMS agencies, and MPDs worked with local public health care coalitions, emergency management (DEM) and all hazards preparedness partners to coordinate plan and support the Covid-19 response.
- The Region Council annually provided $60,000.00 in training grants to all County Councils. The training grants benefit 51 EMS agencies and the Region's approximately 1,300 EMS providers annually. The grants to County Councils reimburse direct initial EMS course expenses, OTEP, continuing education, and training equipment such as OTEP, textbooks, manikins, and other course supplies.
- The Region Council annually provided $15,000.00 in injury prevention grants to all SW County Councils to support local injury prevention projects including child passenger safety, drowning prevention, pedestrian safety and falls prevention.
- The Region Council updated and reformatted the Region PCPs using the new state template. The next step is a collaboration with the Region Council, County Councils, and MPDs to revise and update the County Operating Procedures (COPs).
- The Region assessed the verified prehospital EMS Min/Max using the Region's Min/Max guidance.
- The Region Council and Region QI Committees assessed the designated trauma and rehabilitation Min/Max numbers.
- The Region Council continues to serve as the fiscal agent for the Region CQI Committee.
- Completed WA State Auditor's assessment audit of financial accountability with no findings.
- Council Members participated in EMS and Trauma Steering Committee Technical Advisory Committees, to include Cardiac and Stroke TAC, Prehospital TAC, Hospital TAC, Pediatric TAC, and Regional Advisory TAC.
- Council Members and staff participated in the WAC revision workgroup.

The Region Council has identified several challenges:
- There is a need for local County Operating Procedures (COPs) to be revised and reformatted in a similar standardized template for consistency with the Region PCPs.
- Local rural and suburban volunteer EMS agencies continually struggle with work force shortages and finding enough volunteer EMS providers.
- There is a need to identify unserved and underserved areas within the region.
- Usable measurable WEMSIS data continues to be unavailable for system assessment, including patient outcomes, and planning for system improvement, to the Region Council, County Councils, MPDs, EMS agencies, and hospitals.
- WAC revisions need to be brought to County Councils, MPDs, and EMS agencies.
- Adequate sustainable funding remains a challenge for the region.

- Population growth and increases in recreational areas strain EMS and healthcare services.
- A lack of specialty care services at rural access hospitals in the region.

Ongoing Priorities:
- Complete the local County Operating Procedures (COPs) updates.
- Introduce the newly revised WAC to County Councils, MPDs, EMS Agencies, and system partners.
- Support EMS system updates as they relate to the newly revised WAC.
- Improve integration and collaboration with HCC and Emergency Preparedness.
- Resource work force development opportunities.

The work set forth in this plan is designed to enhance the Southwest Region EMS and Trauma Care System. Directed by the RCW and WAC, the Region Councils are tasked to provide an objective system-level analysis and make recommendations for system quality improvements to support and advance the system. The Region Council and County Councils will accomplish the work as outlined in the goals, objectives, and strategies section of this plan. Each objective in this plan is crafted to build upon previous work so time is spent as efficiently as possible. The plan objectives and strategies are accomplished either by the Council Members during council meetings, in conjunction with County Councils or with a mix of approaches. In the past, the Region Council maintained standing sub-committees. However, this created an environment where the same small number of people shouldered most of the work. Now ad-hoc work groups are appointed as needed and have replaced standing subcommittees. This change has fostered a more inclusive "all hands" participation approach.

The Region Council maintains a forum for County Council Members, MPDs, local EMS agencies, hospitals, dispatch centers and other stakeholders to report what is working, what is not, and to collaborate on practical solutions. The information drawn will create a better understanding of practices and the ability to implement practical solutions to fine-tune the system. Region Council and County Councils will continue to engage partners collaboratively on solutions to system challenges, and most importantly give them a voice in the future direction of the WA State EMS and Trauma Care System.

The Region Council regularly collaborates with County Councils to support and advance the local EMS & Trauma Care System. On an ongoing basis the Region Council and County Councils maintain system sustainability through routine Council work, such as assessing min/max numbers, PCPs, COPs, reviewing applications for new EMS agencies, etc. The Council Members receive "just in time training" which serves to address the task at hand and allow all Members to better understand the components of the EMS and Trauma System. While conducting the County Council business, system information

is exchanged amongst the County Councils, local EMS Agencies and County EMS Providers, Region Council and DOH.

The following is a brief description of each county:

- **Clark County** is in the approximate geographic center of the Southwest Region with a land area of 629 square miles, a population of 511,404, and population per square mile of 800 making it the fifth most populous county in Washington State. It is partially suburban and industrial with rural and wilderness areas. The Clark County EMS & Trauma Care Council meet the first Thursday of odd months.

Clark County Resource Statistics					
EMS Providers	450 - BLS	0 - ILS	264 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	11	1	4		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Peace Health SW Medical Center	II	II	N/A	I	I
Legacy Salmon Creek	N/A	N/A	N/A	II	II
Training Program	North Country EMS, Yacolt WA				
Training Program	Clark Fire District #5 /NWR Training Center, Vancouver WA				
Training Program	The Resuscitation Group NW, Vancouver WA				

- **Cowlitz County** has a population of 121,765 and land area of 1,140.13 square miles. Approximately 505 square miles are urban/suburban/rural. With 54 square miles of waterway, recreational lakes, and the gateway to Mount St. Helens Volcanic Monument Observatory Education Center which contribute to an increase of population during the summer months. Within Cowlitz County are major transportation routes, Interstate 5 (N/S) and WA State Hwy 4 (W/E) to the Pacific Ocean Coastline. There are three (3) highway bridges and one rail bridge over the Columbia River which borders the counties to the west. The Columbia River supports five (5) port facilities totaling over 3,500 acres of marine shoreline and industrial development property for manufacturing, fabrication, assembly, maintenance, and repair along with warehousing and distribution. Ground

transportation routes serviced by Burlington Northern Santa Fe Railroad and Union Pacific Railroad transport bulk chemicals, bulk agricultural products, steel/metal products, logs, lumber, coal, plastics, and cargo. Amtrak, a national passenger carrier provides daily passenger rail service through the county. Cowlitz County EMS and Fire agencies protect its citizens and a range of critical infrastructure, including an industrialized area along the Columbia River with a few noteworthy industrial tenants including, Weyerhaeuser Longview production facility which operates the world's largest thermo-mechanical pulp mill and three of the largest paper machines, the KapStone Longview production facility and box plant specializing in the production of Kraft Paper and corrugated boxes, and the Puget Sound Energy generation facility which produces electricity for approximately 230,000 households. The Cowlitz County EMS Council meets the first Wednesday of odd months.

Cowlitz County Resource Statistics				
EMS Providers	212 - BLS	0 - ILS	70 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	9	0	2		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Peace Health St. John Medical Center	III	N/A	N/A	II	III
Training Program	Cowlitz County EMS& Trauma Care Council, Longview WA			

- **Klickitat County** is located along the Columbia River, with a land area of 1,871.31 square miles and a population of 22,425. Due to the very rural geographic distance to hospitals, they have long response and transport times. The county does have two small critical access hospitals. The County Council meets the Monday after the fourth Wednesday of every odd month.

Klickitat County Resource Statistics				
EMS Providers	75 - BLS	4 - ILS	18 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	14	2	0		

	Designated Trauma Level	Designated Rehabilitation Level	Designated Pediatric Level	Categorized Cardiac Level	Categorized Stroke Level
Klickitat Valley Health	IV	N/A	N/A	II	III
Skyline Hospital	IV	N/A	N/A	II	III
Training Program	Klickitat County EMS District # 1, Goldendale WA				

- **Skamania County** has a land area of 1,655.68 square miles and a population of 12,083. This county is 90% wilderness United State Forest Service land. This means that response times can be very long and accessing patients can be difficult. The many tourists come to the area to participate in outdoor recreational activities. The County Council meets in accordance with their annually adopted schedule.

Skamania County Resource Statistics					
EMS Providers	31 - BLS	2 - ILS	10 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	4	1	0		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
No Hospital	N/A	N/A	N/A	N/A	N/A
Training Program	Skamania County EMS, Stevenson WA				

- **South Pacific County** has a land area of 932.66 square miles and a population of 22,471. Only the southern half of Pacific County is located within the Southwest Region. At the time the original Region Council boundaries were established it was decided to divide Pacific County between two Regions, because the geography bisects the flow of patient transport destination to the north or south. The northern part of Pacific County is within the West Region and the South Pacific County is within the SW Region boundary. Pacific County is the furthest southwest land in WA. It borders Oregon State across the Columbia River to the south and the Pacific Ocean to the west. The County has major oceanic shipping lanes at the Columbia River and Pacific Ocean, as well as recreational water and fishing boat tourism throughout the year. Due to its coastal location the EMS system has developed specialized water rescue response techniques. The County Council meets the Tuesday after the first

Wednesday of every odd month.

South Pacific County Resource Statistics				
EMS Providers	35 - BLS	2 - ILS	14 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	4	2	0		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
Ocean Beach Hospital	IV	N/A	N/A	II	III
Training Program	Pacific Co. FD # 1, Ocean Park WA				

- **Wahkiakum County** has a land area of only 263.38 square miles and a population of 4,488. It is a small rural/wilderness logging county located toward the western end of the Columbia River. The local EMS agencies are 100% BLS manned by staffed by volunteers. ALS response service comes from Longview and Ilwaco WA or Astoria OR. There is no hospital in the county. The nearest hospitals are Ocean Bean Hospital, Ilwaco WA and Peace Health St. John, Longview WA. Patients are sometimes transferred to Columbia Memorial Hospital in Astoria OR. ALS arrival and transport times can be long. There is availability of helicopter transport utilizing Life Flight. The County Council meets on the fifth Wednesday of months that have five Wednesdays.

Wahkiakum County Resource Statistics				
EMS Providers	29 - BLS	0 - ILS	1 - ALS		
	Trauma Verified	**EMS Licensed**	**ESSO**		
EMS Agencies	3	1	0		
	Designated Trauma Level	**Designated Rehabilitation Level**	**Designated Pediatric Level**	**Categorized Cardiac Level**	**Categorized Stroke Level**
No Hospital	N/A	N/A	N/A	N/A	N/A
Training Program	None				

Goal 1	
Maintain, assess, and increase emergency care resources	
The work within goal 1 reviews and assesses existing EMS & Trauma resources. This review will gather necessary information to identify system gaps and develop a plan to address our findings. During the 2023-2025 planning period, the Council will identify challenges that are encountered when recruiting and retaining EMS personnel and continue to support and improve EMS trainings.	
Objective 1 **By January 2025, Review and recommend Prehospital Trauma Verified Min/Max Numbers and Trauma Response Area Maps.**	Strategy 1 By September 2024 - Collaborate with the County Councils to review and recommend Prehospital Trauma Min/Max numbers.
	Strategy 2 By September 2024 - Collaborate with the County Councils to review Trauma Response Area Maps and identify unserved and underserved areas.
	Strategy 3 By January 2025 - Collaborate with County Councils and DOH to address identified areas of deficiencies in the GIS Regional Trauma Response Area Map.
	Strategy 4 By January 2025 - Update EMS Agency contact information.
Objective 2 **By June 2025 - Review the Designated Trauma and Rehabilitation and recommend Min/Max numbers.**	Strategy 1 By November 2024 - Collaborate with the Regional QI Committee to review and recommend the Designated Trauma, Rehabilitation Hospital Min/Max Numbers and Levels of Categorized Cardiac and Stroke Hospitals.
	Strategy 2 By June 2025 - Advise the QI committee on and introduce the new DOH Trauma Designation Min/Max Guidance.
Objective 3	Strategy 1

By December 2023 - Review and update Patient Care Procedures (PCPs) and County Operating Procedures (COPs).	By September 2023 - Collaborate with the County Councils and MPDs to review and update the PCPs as needed.
	Strategy 2 By December 2023 - Collaborate with the County Councils and MPDs to review and update the COPs as needed, using the new format and consistency with the Region PCPs.
Objective 4 **Throughout the plan period, the Region Council will provide EMS training grants to County Councils, for prehospital provider education.**	Strategy 1 By May annually, the Region Council will initiate the training grant process by distributing the grant application/agreement and training needs assessment to the County Councils.
	Strategy 2 July annually, the Region Council will allocate funds to the training grant program.
	Strategy 3 July annually, the County Councils will submit a completed grant application/agreement and training needs assessment to the Region Council office.
	Strategy 4 By August annually, the Region Council will establish grant agreements with each County Council.
	Strategy 5 Throughout the grant period, the Region Council will disburse grant funds as completed documentation is received at the Region Council office.
	Strategy 6 By June annually, the Region Council will collect, analyze, and report information to understand the outcomes of the grants.
Objective 5 **By June 2024 - Identify specific challenges for EMS workforce**	Strategy 1 By March 2024 - Conduct a survey of EMS agencies to identify challenges to recruitment and

	retention of EMS providers of paid and volunteer personnel. Topics will include, QI, IVP, access to training programs and testing sites etc.
recruitment and retention of EMS providers in the region.	Strategy 2 By June 2024 - Provide findings report to the Region Council, the QI Committee, and DOH to collaborate on solutions and share best practices.
	Strategy 3 During the plan period - Provide Leadership training to EMS Agencies when and where practical.
	Strategy 4 By June 2024 - Distribute DOH education materials that have been developed to support rural EMS sustainability.
Objective 6 **By December 2024 - Identify specific challenges for EMS training programs and instructors.**	Strategy 1 By September 2024 - Conduct a survey of EMS Training Programs and SEIs to identify challenges for EMS training programs and SEIs.
	Strategy 2 By December 2024 - Provide findings report to the Region Council, the QI Committee, and DOH to collaborate on solutions and share best practices.

Goal 2 **Support emergency preparedness, response, and resilience activities**
Work within goal 2 collaborates with emergency preparedness partners to ensure emergency preparedness response, and resiliency systems are in place in the event of a medical or disaster incident. Our work in the 2023-2025 planning period includes developing Regional Patient Care Procedures, response plans, and interagency training/exercises.

| **Objective 1**
By June 2024 - Collaborate with the Region IV Health Care Alliance (HCA) and emergency management to identify Region | Strategy 1
By March 2024 - Collaborate with Region IV HCA and emergency management to identify roles and responsibilities of the Region Council |

Council roles and responsibilities before, during, and after a medical surge or disaster event.	before, during, and after a medical surge or disaster event.
	Strategy 2 By June 2024 - Document roles and responsibilities, provide a report to the Region Council, the Region QI Committee, and DOH.
Objective 2 **June 2025 - Develop Patient Care Procedures (PCPs) for all hazards and other emergency preparedness topics as identified by DOH.**	Strategy 1 January 25 - Collaborate with the DOH, RAC, and preparedness partners to develop PCPs which address all hazards and other emergency preparedness topics as identified in accordance with DOH guidance.
	Strategy 2 January 25 - Request the County Councils and MPDs participate in the development of the new PCPs.
Objective 3 **On an ongoing basis - Improve the emergency care system preparedness, response, and resilience, to public health, all hazards' incidents, planning and exercise activities to the extent possible with existing resources.**	Strategy 1 On an ongoing basis - Disseminate preparedness activities, drills and exercises information to EMS agencies and County Councils to encourage prehospital participation.
	Strategy 2 On an ongoing basis - Region Council participate in Region IV HCA preparedness planning activities, drills, exercises and after actions report hot washes.
	On an ongoing basis - Strategy 3 Participate in Region IV HCA meetings.

Goal 3
Plan, implement, monitor, and report outcomes of programs to reduce the incidence and impact of injuries, violence, and illness in the region
The work within goal 3 promotes injury and violence prevention (IVP) programs. This work will be achieved by sharing best practices, disseminating IVP related activities, information, and opportunities, as well as participation on the State IVP TAC. IVP grants awarded to the local County EMS & Trauma Care Councils will support projects, locally identified as needed and are practical achievable.

Objective 1 **On an ongoing basis - Promote available Injury and Violence Prevention (IVP) best and promising practices and programs.**	Strategy 1 On an ongoing basis - Disseminate information, promote best and promising IVP practices and programs.
	Strategy 2 On an ongoing basis - Engage prevention partnerships, pre-hospital providers, hospitals, and public health organizations.
	Strategy 3 On an ongoing basis - Participate in the State IVP TAC when practical.
Objective 2 By Throughout the plan period, the Region Council will provide IVP grants to the County Councils for local IVP projects.	Strategy 1 By May annually, the Region Council will initiate the IVP grant process by distributing the grant application/agreement and needs assessment to the County Councils.
	Strategy 2 By July annually, the Region Council will allocate funds to the IVP grant program.
	Strategy 3 By July annually, the County Councils will submit completed grant application/agreement and needs assessment to the Region Council office.
	Strategy 4 By August annually, the Region Council will establish grant agreements with each

	County Council.
	Strategy 5 Throughout the grant period, the Region Council will distribute grant funds as completed documentation is received at the Region Council office.

Goal 4
Assess weakness and strengths of quality improvement programs in the region.

The work within goal 4 will identify the challenges and barriers our prehospital providers experience while using the WEMSIS data collection system. Then our Council will use this information to develop an effective quality improvement resource in the region.	
Objective 1 **December 2023 - Identify challenges and barriers to EMS service participation in WA Emergency Medical Service Information System (WEMSIS) data registry, identify ways to reduce challenges and barriers, and improve the quality of data.**	Strategy 1 September 2023 - The Region Council with DOH WEMSIS will survey agencies who are not participating in WEMSIS to determine the challenges and solutions.
	Strategy 2 December 2023 - Provide findings report to the Region Council, the Region QI Committee, and DOH to collaborate on solutions and share best practices.
	Strategy 3 December 2023 - Collaborate with stakeholders on ways to use WEMSIS data to support EMS system quality improvement processes

Goal 5
Promote regional system sustainability
The work within goal 5 is to monitor and complete the work required by the DOH contract. Our Council also intends to focus on the distribution and implementation, of the newly revised EMS and WEMSIS WA Administrative Code (WAC).

Objective 1	Strategy 1

On an ongoing basis - Manage work and deliverables required by the DOH contract.	On an ongoing basis - Manage work and deliverables required by the DOH contract.
	Strategy 2 On an ongoing basis - Manage regional council membership to ensure all Medical Program Directors and stakeholders are represented.
Objective 2 **During July 2023-June 2025 - the Region Council will assist DOH in distribution and implementation of WAC 246.976 section revisions.**	Strategy 1 On an ongoing basis - the Region Council will disseminate WAC 246.976 revisions, supporting documents, and other related communications to county councils, agencies, facilities, EMS providers, and Medical Program Directors.
	Strategy 2 On an ongoing basis - the Region Council will provide assistance and education to prehospital services, providers, Medical Program Directors, agencies, educators, and cardiac, stroke, and trauma facilities on WAC 246.976 revisions.

Appendix 1
Adult and Pediatric Trauma Designated Hospitals and Rehabilitation Facilities

http://www.doh.wa.gov/Portals/1/Documents/Pubs/530101.pdf

Adult and Pediatric Trauma Designated Hospitals and Rehabilitation Facilities		Designated Trauma	Designated Peds	Designated Rehab
Clark	Peace Health Southwest Medical Center, Vancouver	II		II
Cowlitz	Peace Health St John Medical Center, Longview	III		
Klickitat	Klickitat Valley Hospital, Goldendale	IV		
South Pacific	Ocean Beach Hospital, Ilwaco	IV		
Klickitat	Skyline Hospital, White Salmon	IV		

Current as of February 1, 2023

Appendix 2
Approved Minimum/Maximum (Min/Max) numbers of Designated Trauma Care Hospitals

Approved Minimum/Maximum of Designated Trauma Care Hospitals			
Level	State Approved		Current Status
	Min	Max	
I	0	0	0
II	1	1	1
III	1	1	1
IV	3	3	3
V	1	2	0
I Ped	0	0	0
II Ped	0	1	0
III Ped	0	1	0

Current as of February 1, 2023

Appendix 3
Approved Minimum/Maximum (Min/Max) Numbers of Designated Rehabilitation Trauma Care Services

Approved Minimum/Maximum of Designated Rehabilitation Trauma Care Services			
Level	State Approved		Current Status
	Min	Max	
I	0	0	0
II	1	1	1
III*	1	0	0

*There are no restrictions on the number of Level III Rehabilitation Services

Current as of February 1, 2023

Designated Trauma Rehabilitation Care Services in the Region		Designated Rehab
Clark	Peace Health Southwest Medical Center	II

Current as of February 1, 2023

Appendix 4
WA State Emergency Cardiac and Stroke System Categorized Hospitals

Cardiac Level I	Cardiac Level II	Cardiac Uncategorized	Stroke Level I	Stroke Level II	Stroke Level III	Stroke Uncategorized
1	5	0	1	1	4	0

Cardiac Level	Stroke Level	Name		City	County
II	III	Klickitat Valley Health		Goldendale	Klickitat
II	II	Legacy Salmon Creek Medical Center		Vancouver	Clark
II	III	Ocean Beach Hospital		Ilwaco	Pacific
II	III	Skyline Hospital		White Salmon	Klickitat
I	I	Peace Health Southwest Medical		Vancouver	Clark

		Center		
II	III	Peace Health St John Medical Center	Longview	Cowlitz

Current as of February 1, 2023

Appendix 5
EMS Resources, Prehospital Verified Services, Prehospital Non-Verified Service

EMS County UDL	Credential #	Agency Name	Mailing City	Expiration Date	Organization Type	Agency Type	Care Level	Ground		Personnel		
								# AMB	# AID	#BLS	# ILS	#ALS
Clark	AIDV.ES.00000069	East County Fire and Rescue	Camas	05/31/2023	Fire District	AIDV	BLS	0	7	13	0	0
Clark	AIDV.ES.00000070	Fire District 3	Brush Prairie	05/31/2023	Fire District	AIDV	BLS	0	13	47	0	12
Clark	AIDV.ES.00000072	Clark County Fire District 6	Vancouver	12/31/2023	Fire District	AIDV	ALS	0	12	53	0	26
Clark	AIDV.ES.00000074	Clark County Fire District #10	Amboy	05/31/2023	Fire District	AIDV	BLS	0	11	25	0	0
Clark	AIDV.ES.00000083	Vancouver Fire Department	Vancouver	12/31/2022	City Fire Department	AIDV	ALS	0	20	110	0	76
Clark	AIDV.ES.00000084	Washougal Fire Department	Washougal	06/30/2023	City Fire Department	AIDV	BLS	0	2	8	0	0
Clark	AIDV.ES.60144296	Clark County Fire District 13	Yacolt	06/30/2023	Fire District	AIDV	BLS	0	5	3	0	0
Clark	AMB.ES.60165968	Metro West Ambulance Service	Hillsboro	12/31/2022	EMS District	AMB	ALS	45	2	0	0	9
Clark	AMBV.ES.00000082	Camas Fire Department	Camas	06/30/2024	City Fire Department	AMBV	ALS	6	4	19	0	42
Clark	AMBV.ES.00000088	North Country Emergency Medical Services	Yacolt	12/31/2023	EMS District	AMBV	ALS	0	0	24	0	9
Clark	AMBV.ES.00000089	American Medical Response	Vancouver	04/30/2024	Private for Profit	AMBV	ALS	33	1	100	1	82
Clark	AMBV.ES.60181897	Clark-Cowlitz Fire and Rescue	Ridgefield	06/30/2023	Fire District	AMBV	ALS	2	10	47	0	15
Clark	ESSO.ES.60282923	Vancouver Police Department Tactical EMS	Vancouver	06/30/2024		ESSO		0	0	10	0	3
Clark	ESSO.ES.60298778	Georgia Pacific Emergency Services	Camas	07/31/2023		ESSO		0	0	2	0	0
Clark	ESSO.ES.60390262	Silver Star Search and Rescue	Washougal	06/30/2023		ESSO		0	0	1	0	0
Clark	ESSO.ES.60401204	Clark County Sheriffs Office	Vancouver	06/30/2024		ESSO		0	0	5	0	2

EMS County UDL	Credential #	Agency Name	Mailing City	Expiration Date	Organization Type	Agency Type	Care Level	Ground		Personnel		
								# AMB	# AID	#BLS	# ILS	#ALS
Clark	AIDV.ES.00000069	East County Fire and Rescue	Camas	05/31/2023	Fire District	AIDV	BLS	0	7	13	0	0
Clark	AIDV.ES.00000070	Fire District 3	Brush Prairie	05/31/2023	Fire District	AIDV	BLS	0	13	47	0	12
Clark	AIDV.ES.00000072	Clark County Fire District 6	Vancouver	12/31/2023	Fire District	AIDV	ALS	0	12	53	0	26
Clark	AIDV.ES.00000074	Clark County Fire District #10	Amboy	05/31/2023	Fire District	AIDV	BLS	0	11	25	0	0
Clark	AIDV.ES.00000083	Vancouver Fire Department	Vancouver	12/31/2022	City Fire Department	AIDV	ALS	0	20	110	0	76
Clark	AIDV.ES.00000084	Washougal Fire Department	Washougal	06/30/2023	City Fire Department	AIDV	BLS	0	2	8	0	0
Clark	AIDV.ES.60144296	Clark County Fire District 13	Yacolt	06/30/2023	Fire District	AIDV	BLS	0	5	3	0	0
Clark	AMB.ES.60165968	Metro West Ambulance Service	Hillsboro	12/31/2022	EMS District	AMB	ALS	45	2	0	0	9
Clark	AMBV.ES.00000082	Camas Fire Department	Camas	06/30/2024	City Fire Department	AMBV	ALS	6	4	19	0	42
Clark	AMBV.ES.00000088	North Country Emergency Medical Services	Yacolt	12/31/2023	EMS District	AMBV	ALS	0	0	24	0	9
Clark	AMBV.ES.00000089	American Medical Response	Vancouver	04/30/2024	Private for Profit	AMBV	ALS	33	1	100	1	82
Clark	AMBV.ES.60181897	Clark-Cowlitz Fire and Rescue	Ridgefield	06/30/2023	Fire District	AMBV	ALS	2	10	47	0	15
Clark	ESSO.ES.60282923	Vancouver Police Department Tactical EMS	Vancouver	06/30/2024		ESSO		0	0	10	0	3
Clark	ESSO.ES.60298778	Georgia Pacific Emergency Services	Camas	07/31/2023		ESSO		0	0	2	0	0
Clark	ESSO.ES.60390262	Silver Star Search and Rescue	Washougal	06/30/2023		ESSO		0	0	1	0	0
Clark	ESSO.ES.60401204	Clark County Sheriffs Office	Vancouver	06/30/2024		ESSO		0	0	5	0	2
Cowlitz	AIDV.ES.00000104	Cowlitz-Skamania Fire District #7	Ariel	07/31/2023	Fire District	AIDV	BLS	0	3	13	0	2
Cowlitz	AMBV.ES.00000098	Cowlitz County Fire Disrict #1	Woodland	10/31/2022	Fire District	AMBV	BLS	1	2	10	0	0
Cowlitz	AMBV.ES.00000099	Cowlitz 2 Fire and Rescue	Kelso	08/31/2022	Fire District	AMBV	ALS	5	6	50	0	21
Cowlitz	AMBV.ES.00000102	Cowlitz County Fire District #5	Kalama	10/31/2023	Fire District	AMBV	ALS	3	3	9	0	5
Cowlitz	AMBV.ES.00000103	Cowlitz County Fire District #6	Castle Rock	07/31/2024	Municipality (city/county)	AMBV	ALS	2	0	10	0	4
Cowlitz	AMBV.ES.00000113	American Medical Response Northwest Inc	Vancouver	04/30/2023	Private for Profit	AMBV	ALS	7	1	9	0	12
Cowlitz	AMBV.ES.60069891	Life Flight Network	Aurora	12/31/2023	Private for Profit	AMBV	ALS	5	0	0	0	3

Klickitat	AID.ES.00000366	Klickitat County Fire District #6	Dalles port	11/30/2022	Fire District	AID	BLS	O	1	2	O	O
Klickitat	AID.ES.00000371	Wishram Fire Department	Wishram	11/30/2022	Fire District	AID	BLS	O	1	2	O	O
Klickitat	AIDV.ES.00000365	Klickitat County Fire Protection Dist #4	Lyle	03/31/2024	Fire District	AIDV	BLS	O	1	4	O	O
Klickitat	AIDV.ES.00000367	Klickitat County Rural 7 Fire & Rescue	Goldendale	03/31/2024	Fire District	AIDV	BLS	O	2	5	O	O
Klickitat	AIDV.ES.00000372	Klickitat County Fire Protective Dist. #12	Klickitat	11/30/2023	Fire District	AIDV	BLS	O	1	3	O	O
Klickitat	AIDV.ES.00000373	Klickitat County Fire District #13/Appleton Fire Department	Appleton	11/30/2023	EMS District	AIDV	BLS	O	1	2	O	O
Klickitat	AIDV.ES.00000374	Klickitat County Fire Protection District 14 High Prairie	Lyle	11/30/2023	Fire District	AIDV	BLS	O	2	3	O	O
Klickitat	AIDV.ES.00000375	Klickitat County Fire District #15	Klickitat	11/30/2022	Fire District	AIDV	BLS	O	2	4	O	O
Klickitat	AIDV.ES.60565681	White Salmon Fire Department	White Salmon	07/31/2023	City Fire Department	AIDV	BLS	O	1	3	O	O
Klickitat	AIDV.ES.60758605	Goldendale Fire Department	Goldendale	04/30/2024	City Fire Department	AIDV	BLS	O	2	3	O	O
Klickitat	AIDV.ES.60849439	Klickitat County Fire Protection District #10	Mabton	07/31/2024	Fire District	AIDV	BLS	O	1	O	O	O
Klickitat	AMBV.ES.00000363	Klickitat County FPD #2	Bickleton	03/31/2024	Fire District	AMBV	BLS	1	O	9	O	O
Klickitat	AMBV.ES.00000368	Glenwood Fire Depart #8	Glenwood	03/31/2023	Fire District	AMBV	BLS	1	O	3	O	O
Klickitat	AMBV.ES.60212316	Klickitat County Fire Dist 3	Husum	03/31/2024	Fire District	AMBV	BLS	1	2	7	O	O
Klickitat	AMBV.ES.60315698	Trout Lake Fire Department	Trout Lake	03/31/2023	Fire District	AMBV	BLS	1	O	4	O	O
Klickitat	AMBV.ES.60433763	Klickitat County EMS District #1	Goldendale	11/30/2022	EMS District	AMBV	ALS	5	1	7	2	14
Pacific	AID.ES.00000459	Pacific County Fire Protection District #2/Chinook Fire Department	Chinook	02/28/2024	Fire District	AID	BLS	O	1	1	O	O
Pacific	AIDV.ES.60438182	Long Beach Fire Department	Long Beach	02/28/2023	City Fire Department	AIDV	BLS	O	1	1	O	O
Pacific	AMB.ES.00000462	Ilwaco Fire Department	Ilwaco	02/28/2024	City Fire Department	AMB	BLS	2	2	3	O	O
Pacific	AMBV.ES.00000458	Pacific County Fire District #1	Ocean Park	02/28/2024	Fire District	AMBV	ALS	5	2	28	O	14
Pacific	AMBV.ES.00000467	Medix Ambulance Service INC	Warrenton	02/28/2023	Private for Profit	AMBV	ALS	10	O	72	1	25
Pacific	AMBV.ES.61324304	Pacific County Fire Protection District # 4	Naselle	07/30/2024	Fire District	AMBV	BLS	2	1	6	O	O
Skamania	AID.ES.60392697	Skamania County Fire District #5	Stevenson	01/31/2023	Fire District	AID	BLS	O	3	1	O	O
Skamania	AIDV.ES.00000604	Skamania County Fire District No 4	Washougal	01/31/2023	Fire District	AIDV	BLS	O	2	9	O	O
Skamania	AIDV.ES.00000605	Skamania County Fire Protection District #6	Cougar	01/31/2024	Fire District	AIDV	BLS	O	2	2	O	O
Skamania	AMBV.ES.00000607	Skamania County EMS & Rescue	Stevenson	01/31/2023	Hospital District	AMBV	ALS	3	4	10	2	13
Skamania	AMBV.ES.60922729	North Country Emergency Medical Services	Yacolt	12/31/2023	EMS District	AMBV	ALS	1	O	O	O	1
Wahkiakum	AID.ES.00000761	Skamokawa Fire Department	Skamokawa	09/30/2022	Fire District	AID	BLS	O	3	2	O	O
Wahkiakum	AMBV.ES.00000762	Wahkiakum County Fire Protection District #3	Rosburg	09/30/2022	Fire District	AMBV	BLS	2	1	9	2	O
Wahkiakum	AMBV.ES.00000763	Cathlamet Fire Department	Cathlamet	09/30/2022	Municipality (city/county)	AMBV	BLS	4	O	17	1	O
Wahkiakum	AMBV.ES.60898162	Medix Ambulance Service INC	Warrenton	02/28/2024	Private for Profit	AMBV	ALS	1	O	O	O	O

Total EMS Verified Services by County						
	AMBV-ALS	AMBV-ILS	AMBV-BLS	AIDV-ALS	AIDV-ILS	AIDV-BLS
Clark	4	0	0	2	0	5
Cowlitz	6	0	3	0	0	1
Klickitat	1	0	3	0	0	9
Skamania	2	0	0	0	0	2
South Pacific	2	0	1	0	0	0
Wahkiakum	1	0	2	0	0	0

Appendix 6

Approved Min/Max numbers of Verified Trauma Services

County (Name)	Verified Service Type	State Approved - *Minimum number*	State Approved - *Maximum number*	Current Status (# Verified for each Service Type)
Clark	AID – BLS	1	12	5
	AID – ILS	0	0	0
	AID – ALS	1	12	2
	AMB – BLS	1	4	0
	AMB – ILS	0	0	0
	AMB – ALS	1	4	4
Cowlitz	AID – BLS	1	5	1
	AID – ILS	0	0	0
	AID – ALS	1	5	0
	AMB – BLS	1	5	3
	AMB – ILS	0	0	0

	AMB – ALS	1	7	6
Klickitat	AID – BLS	1	11	9
	AID – ILS	0	0	0
	AID – ALS	1	4	0
	AMB – BLS	1	4	4
	AMB – ILS	0	0	0
	AMB – ALS	1	2	1
Skamania	AID – BLS	1	6	2
	AID – ILS	0	0	0
	AID – ALS	1	1	0
	AMB – BLS	1	1	0
	AMB – ILS	0	0	0
	AMB – ALS	1	2	2
South Pacific	AID – BLS	1	2	1
	AID – ILS	0	0	0
	AID – ALS	1	2	0
	AMB – BLS	1	2	1
	AMB – ILS	0	0	0
	AMB – ALS	1	3	2
Wahkiakum	AID – BLS	1	1	0
	AID – ILS	0	0	0
	AID – ALS	1	1	0
	AMB – BLS	1	3	2
	AMB – ILS	0	0	0

	AMB – ALS	1	2	1

Total EMS Verified Services by County						
	AMBV-ALS	AMBV-ILS	AMBV-BLS	AIDV-ALS	AIDV-ILS	AIDV-BLS
Clark	4	0	0	2	0	5
Cowlitz	6	0	3	0	0	1
Klickitat	1	0	4	0	0	9
Skamania	2	0	0	0	0	2
South Pacific	2	0	1	0	0	1
Wahkiakum	1	0	2	0	0	0

Appendix 7

Trauma Response Areas by County

DOH Map Link to Trauma Response Areas

https://fortress.wa.gov/doh/eh/maps/EMS/index.html

- Trauma Response Areas are used by the Region Council for planning purposes. The identified areas within the maps are a description of general geographic areas. The maps are used as a means of describing what level of EMS service is available in any given geographic area (i.e. area 1 has 2 BLS AID services and 1 ALS AMB service). Although the trauma response areas identified may sometimes align with an EMS agency borders, the trauma response areas do not determine any EMS agency's actual service boundary. The level of EMS service provided in a given area is in the chart.

*Key: For each level the type and number should be indicated

Aid-BLS = A Ambulance-BLS = D

Aid-ILS = B Ambulance-ILS = E

Aid-ALS = C Ambulance-ALS = F

Explanation: The *type and number* column of this table accounts for the level of care available in a specific trauma response area that is provided by verified services. Some verified services (agencies) may provide a level of care in multiple trauma response areas therefore the **total type

and number of verified services depicted in the table may not represent the actual number of State verified services available in a county; it may be a larger number in Trauma Response Area table. The verified service minimum/maximum table will provide accurate verified service numbers for counties.

Clark County	Trauma Response Area Number	Name of Agency Responding in Trauma Response Area	Description of Trauma Response Area's Geographic Boundaries	Type and # of Verified Services available in each Response Areas
Clark	# 2	Vancouver Fire AMR	Within the boundaries of Vancouver Fire Department	AIDV-ALS - 1 AMBV-ALS - 1
Clark	# 3	Clark FPD # 3 AMR	Within the boundaries of Clark FPD # 3	AIDV BLS - 1 AMBV ALS - 1
Clark	# 5	AMR	Within the boundaries of Clark FPD # 5	AMBV-ALS -1
Clark	# 6	Clark FPD # 6 AMR	Within the boundaries of Clark FPD # 6	AIDV-ALS – 1 AMBV-ALS - 1
Clark	# 7	Camas FIRE AMR	Within the city limits of Camas	AMBV ALS -1
Clark	# 8	Washougal AMR	Within the city limits of Washougal	AIDV BLS – 1 AMBV ALS - 1
Clark	# 9	Clark FPD #9 and # 1 AMR	Within the boundaries of Clark FPD #9 and # 1	AIDV BLS -2 AMBV ALS – 1
Clark	# 10	Clark FPD # 10 North Country EMS	Within the boundaries of Clark FPD # 10	AIDV BLS -1 AMBV ALS -1
Clark	# 11	Clark FPD # 11, city of Battleground, AMR	Within the boundaries of Clark FPD # 11 and the city limits of Battleground	AIDV-ALS – 1 AMBV-ALS - 1
Clark	# 12	Clark FPD # 12 North Country EMS	Within the boundaries of Clark FPD # 12	AIDV-ALS -1 AMBV-ALS - 1
Clark	# 13	Clark FPD # 13 North Country EMS	Within the boundaries of Clark FPD # 13	AIDV BLS - 1 AMBV ALS - 1
Clark	# 20	Clark FPD # 2 AMR	Within the boundaries of Clark FPD # 2	AIDV BLS – 1 AMBV ALS - 1
Clark	# 100		Northeast of Trauma Response Area # 13, east of Trauma Response Area # 10 to the northern and eastern county line	None
Clark	# 101		Land Area between Trauma Response Areas # 3, # 5, and # 9	None
Clark	# 102		Parcel between Trauma Response Area # 5 and # 9	None

Clark	# 103		Area bordering the eastern county line between Trauma Response Area # 3, #9, and # 13	None
Clark	# 104		Area between Trauma Response Area # 10 to the northern county line	None
Clark	# 106		Area between Trauma Response Area #2, #6, and # 12 to the western county line	None
Cowlitz County	**Trauma Response Area Number**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
Cowlitz	# 1	Cowlitz FPD # 1 Clark-Cowlitz Fire Rescue, AMR	Within the boundaries of Cowlitz FPD # 1 and the city limits of Woodland	AMBV BLS -1 AMBV ALS - 2
Cowlitz	# 2	Cowlitz FPD # 2	Within the boundaries of Cowlitz FPD # 2 and the city limits of Kelso	AMBV ALS - 1
Cowlitz	# 3	Cowlitz FPD # 3 AMR	Within the boundaries of Cowlitz FPD # 3	AIDV BLS – 1 AMBV ALS - 1
Cowlitz	# 4	Lewis Fire District # 7	Within the boundaries of Cowlitz FPD # 4	AIDV BLS - 1
Cowlitz	# 5	Cowlitz FPD # 5	Within the boundaries of Cowlitz FPD # 5	AMBV ALS - 1
Cowlitz	# 6	Cowlitz FPD # 6	Within the boundaries of Cowlitz FPD # 6 and the city limits of Castle Rock	AMBV ALS - 1
Cowlitz	# 7	Cowlitz-Skamania FPD # 7, North Country EMS	Within the boundaries of Cowlitz-Skamania FPD # 7	AIDV BLS – 1 AMBV ALS - 1
Cowlitz	# 8	Longview Fire Department AMR	Within the city limits of Long View and land area to the southern county line	AIDV BLS - 1 AMBV ALS - 1
Cowlitz	# 100		All land area between Trauma Response Area # 2, # 4, # 6, and the northern and western county line	None
Klickitat County	**Trauma Response Area Number**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
Klickitat	# 1	Klickitat FPD # 1 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 1	AIDV BLS – 1 AMBV ALS - 1

Klickitat	# 2	Klickitat FPD # 2 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 2	AMBV BLS – 1 AMBV ALS - 1
Klickitat	# 3	Klickitat FPD # 3 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 3	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 4	Klickitat FPD # 4 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 4	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 5	Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 5	AMBV ALS - 1
Klickitat	# 6	Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 6	AMBV ALS - 1
Klickitat	# 7	Klickitat FPD # 7 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 7	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 8	Klickitat FPD # 8 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 8	AMBV BLS - 1 AMBV ALS -1
Klickitat	# 9	Klickitat FPD # 9 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 9	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 10	Klickitat FPD # 10 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 10	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 11	Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 11	AMBV ALS -1
Klickitat	# 12	Klickitat FPD # 12 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 12	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 13	Klickitat FPD # 13 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 13	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 14	Klickitat FPD # 14 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 14	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 15	Klickitat FPD # 15 Klickitat EMS District #1	Within the boundaries of Klickitat FPD # 15	AIDV BLS – 1 AMBV ALS - 1
Klickitat	# 100		Land Area west of Glenwood Rd. to the western and northern county lines outside Trauma Response Areas # 1, #3, #4, and #13	None
Klickitat	# 101		Land area east of Glenwood Rd. to Status Loop Rd. to the northern county line outside Trauma Response Areas # 5, #6, #7, #12, #14 and #15	None
Klickitat	# 102		Land area east of Status Loop Rd. to the northern county line outside Trauma Response Areas # 2, #7, and	None

Skamania County	Trauma Response Area Number	Name of Agency Responding in Trauma Response Area	Description of Trauma Response Area's Geographic Boundaries	Type and # of Verified Services available in each Response Areas
			# 9	
Skamania	# 1	Skamania EMS	Within the boundaries of Skamania County, Washington. Area "1" indicates ALS AMB (Skamania PHD #1) serve the entirety of Skamania County. The areas identified as "1-1, 1-2, 1-3, etc. are collaboratively served by local BLS AID service or non-verified licensed EMS agencies.	AMBV ALS - 1
Skamania	# 1-1	Skamania EMS	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 1	AMBV ALS - 1
Skamania	# 1-2	Skamania EMS	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 2	AMBV ALS - 1
Skamania	# 1-3	Skamania EMS	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 3	AMBV ALS - 1
Skamania	# 1-4	Skamania EMS	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 4	AIDV BLS – 1 AMBV ALS - 1
Skamania	# 1-5	Skamania EMS	Within the jurisdictional boundaries and approved extended response areas of Skamania FPD # 5	AMBV ALS - 1
Skamania	# 1-6	Skamania FPD # 6 North Country EMS	Within the jurisdictional boundaries of Skamania FPD # 6	AIDV BLS – 1 AMBV ALS -1
Skamania	# 1-7	Cowlitz-Skamania FPD # 7, North Country EMS	Within the jurisdictional boundaries of Cowlitz-Skamania FPD # 7	AIDV BLS -1 AMBV ALS -1
Skamania	# 1-8	Skamania EMS	Within the jurisdictional boundaries of Emergency Medical Services District, No 1 and the Skamania County Public Hospital District No 1	AMBV ALS - 1
South Pacific County	Trauma Response Area Number	Name of Agency Responding in Trauma Response Area	Description of Trauma Response Area's Geographic Boundaries	Type and # of Verified Services available in each Response Areas

So. Pacific	# 1	Pacific FPD # 1	Within the boundaries of Pacific FPD # 1 and the city limits of Long Beach	AMBV ALS - 1
So. Pacific	# 2	Pacific FPD # 2 Medix Ambulance	Within the boundaries of Pacific FPD # 2	AIDV BLS - 1 AMBV ALS -1
So. Pacific	# 3	City of Ilwaco Medix Ambulance	Within the city limits of Ilwaco	AMBV ALS - 1
So. Pacific	# 4	Pacific FPD # 4, Naselle Volunteer Fire, Pacific FPD # 1	Within the boundaries of Pacific FPD # 4 and the city limits of Naselle, north to the north/south Pacific County division boundary line	AMBV ALS - 1
So. Pacific	# 100		All land area outside Trauma Response Areas # 1, 2, and 4, to the north/south Pacific County division line and eastern, southern and western county lines	None
So. Pacific	# 101		Northern tip of peninsula beyond Trauma Response Area # 1 boundary	None
So. Pacific	# 102		Southern tip of peninsula beyond Trauma Response Area # 3 boundary	None
Wahkiakum County	**Trauma Response Area Number**	**Name of Agency Responding in Trauma Response Area**	**Description of Trauma Response Area's Geographic Boundaries**	**Type and # of Verified Services available in each Response Areas**
Wahkiakum	# 1	Cathlamet Fire Medix Ambulance	Within the boundaries of Wahkiakum FPD # 1 and # 4, and the city limits of Cathlamet	AMBV BLS – 1 AMBV ALS - 1
Wahkiakum	# 2	Cathlamet Fire Medix Ambulance	Within the boundaries of Wahkiakum FPD # 2	AMBV BLS – 1 AMBV ALS - 1
Wahkiakum	# 3	Wahkiakum FPD # 3 Medix Ambulance	Within the boundaries of Wahkiakum FPD # 3	AMBV BLS – 1 AMBV ALS - 1
Wahkiakum	# 100		All land area outside Trauma Response Area # 3 west of milepost 22 on State Route 4, to the western, northern, and southern county lines	None
Wahkiakum	# 101		All land area outside Trauma Response Areas # 1 and # 2 east of milepost 22 on State Route 4, to the eastern, northern, and southern county lines	None

Appendix 8
Approved Training Programs

TRNG.ES.60807076-PRO	APPROVED	07/31/2023	Clark County EMS & Trauma Care Council	Ridgefield	Clark
TRNG.ES.60119630-PRO	APPROVED	02/21/2022	North Country Emergency Medical Services	Yacolt	Clark
TRNG.ES.60116488-PRO	APPROVED	07/31/2023	Northwest Regional Training Center	Vancouver	Clark
TRNG.ES.60649021-PRO	APPROVED	07/31/2021	The Resuscitation Group NW	Vancouver	Clark
TRNG.ES.60123036-PRO	APPROVED	07/31/2023	Cowlitz County Emergency Medical SVC & Trauma Care Council	Longview	Cowlitz
TRNG.ES.60564289-PRO	APPROVED	07/31/2023	Klickitat County EMS District #1	Goldendale	Klickitat
TRNG.ES.60128932-PRO	APPROVED	09/29/2021	Pacific County Fire District #1	Ocean Park	Pacific
TRNG.ES.60135686-PRO	APPROVED	07/31/2022	Skamania County Emergency Medical Services	Stevenson	Skamania

Appendix 9
Patient Care Procedures (PCP)

Southwest Region PCPs

Table of Contents

The following regulations provide guidance on the subject matter contained in this document. Please note, that this is not an inclusive list. For more information please contact a Department of Health Emergency Care System representative.

Regulations

1.1   Revised Code of Washington (RCW):
   A. **RCW 18.73** – Emergency medical care and transportation services
      1. RCW 18.73.030 - Definitions
   B. **RCW Chapter 70.168** – Statewide Trauma Care System
      1.   RCW 70.168.015 – Definitions
      2. RCW 70.168.100 – Regional Emergency Medical Services and Trauma Care Councils
      3. RCW 70.168.170 – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

1.2   Washington Administrative Code (WAC):
   A. **WAC Chapter 246-976** – Emergency Medical Services and Trauma Care Systems
      1. WAC 246-976-920 – Medical Program Director
      2. WAC 246-976-960 – Regional Emergency Medical Services and Trauma Care Councils
      3. WAC 246-976-970 – Local Emergency Medical Services and Trauma Care Councils

1. Level of Medical Care Personnel to Be Dispatched to An Emergency Scene

1. **PURPOSE:**

   The appropriate level of emergency, BLS, ILS, ALS personnel, aid or ambulance services will be dispatched to the emergency incident scene to provide timely patient care.

2. **SCOPE**:

   Appropriate licensed and trauma verified aid and ambulance services are dispatched to all emergency medical and trauma incidents within an identified service area.

3. **GENERAL PROCEDURES:**

   a. **Dispatch**

      i.   Local EMS and Trauma Care Council's should identify primary and secondary Public Safety Answering Point (PSAP)/dispatch in each county and provide information to the Region Council of any changes.

      ii. Dispatchers should be trained in and use an Emergency Medical Dispatch (EMD) Guidelines Program to include pre-arrival instructions.

      iii. The appropriate level of service will be dispatched to the incident.

      iv. EMS services should proceed in an emergency response mode until they have been advised of non-emergent status unless advised of non-emergent status by dispatch.

      v.   EMS services are responsible to update; PSAP/dispatch, DOH, Local and Region Councils, of any response area changes as soon as possible.

      vi. In the event a patient approaches a service seeking help or a unit happens upon an incident, PSAP/dispatch must be contacted to activate the EMS system.

   b. **Response Times**

      Response times are measured from the time the call is received by the responding agency until the time the agency arrives on scene.

   c. **Cancellation of Response Criteria**

      In coming units and on-scene EMS providers will communicate patient status report before cancelling response when practical.

For all level EMS Agencies;

    i.   The responsible party for patient care decisions is the highest-level EMS provider on scene with the patient.

    ii.   Communication with PSAP/dispatch that no patient is found or non-injury or the following conditions are confirmed. (Proceed if requested by law enforcement.)

        a. Decapitation

        b. Decomposition

        c. Incineration

        d. Lividity and Rigor Mortis

d. **Slow Down**

    i.   Transport units may be slowed by first in on scene emergency responder.

    ii.   The first in on scene unit may convey available patient information to responding transport units.

e. **Diversion to another emergency call**

An EMS transport unit may be diverted to another call when:

    i.   It is obvious the second call is a life-threatening emergency and first-in EMT's and/or paramedics report that first call can await a second unit.

    ii.   A second ambulance is requested to the first call.

    iii.   The highest-level transport responding unit is closer to the second call and may be vital to the patient's outcome.

    iv.   If Priority Dispatch System used, follow local county operating procedures (COPs) for diversion to another call.

f. **Staging/Standby**

Dispatch should provide ALL pertinent information to the responding units so they can decide whether to stage and provide the same information to law enforcement responding units. Units will advise Dispatch of intent to stage and request Law Enforcement response.

4. **APPENDICES: None**

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2. Guidelines for Rendezvous With Agencies That Offer Higher Level Of Care

1. **PURPOSE:**

   To guide EMS providers to initiate rendezvous with a higher level of care while en route to a receiving hospital based on patient needs and resource availability.

2. **SCOPE**:

   BLS or ILS units may rendezvous with a higher level of care. Rendezvous is appropriate when;
   a. Patient may benefit from a higher level of care.
   b. Resources may be limited or not available.

3. **GENERAL PROCEDURES:**
   a. The BLS/ILS ambulance may request ALS ambulance rendezvous by contacting dispatch.
   b. Ground ambulance should rendezvous with a higher level of care based on patient illness or injury,
   c. Benefit to patient should outweigh increase to out of hospital time.
   d. Based on updated information, requesting units may cancel the rendezvous by contacting dispatch.
   e. EMS providers should use effective communication with all incoming and on scene emergency responders at all times with patient care as their highest priority.
   f. Communication should include patient report when appropriate.

4. **APPENDICES: None**

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3. <u>Air Medical Services - Activation and Utilization</u>

1. **PURPOSE:**

   Air Medical Service activation and utilization provides expeditious transport of critically ill or injured patients to the appropriate hospital including designated/categorized receiving facilities.

2. **SCOPE**:

   Licensed and trauma verified aid and/or ambulance services utilize the county protocols and county operating procedures (COPs) consistent with current "WA Statewide Recommendations for EMS Use Air Medical" (within the WA State Air Medical Plan) to identify and direct activation and utilization of air medical services.

3. **GENERAL PROCEDURES:** (content based on State Air Medical Procedure)
   a. For scene transport to be efficacious and optimize patient outcome, the air medical response should take significantly less time than it takes to travel by ground to the closest appropriate facility. Another strong consideration should be given to activating the helicopter from the scene, and rendezvous at the local hospital. This decision should be made as per local COPS in conjunction with local medical control.
   b. Responders should involve dispatch to contact and activate air medical response to maintain system safety and integrity. The dispatching agency will provide the helicopter with the correct radio frequency to use for contacting EMS ground units.
   c. Responding EMS service may activate air medical service prior to arrival on scene based on dispatch information or upon arrival on scene based on initial assessment.
   d. Air medical service will provide ETA of available fully staffed closest air ambulance.
   e. The final patient transport and destination decisions will be made on the scene.
   f. Air medical service will notify PSAP/dispatch when activated by a mechanism outside the emergency dispatch system.

   Air Medical transport is recommended for the following:
   Trauma – patient condition identified as a major trauma per the trauma triage

tool. (see link to the WA Trauma Triage Destination Procedure in appendix)

Non-trauma:
   a. Any patient airway that cannot be maintained.
   b. Patient with cardiac disease and is experiencing a progressively deteriorating course, is unstable, and/or requires measures not available en route (e.g. ALS level care, cardiac catheterization, thrombolytic therapy.)
   c. Patient is experiencing a severe neurological illness requiring neurosurgical or other intervention that is not available en route. (CVA, uncontrolled seizures, etc.)

Follow local COPs for exception and exclusion criteria.

4. **APPENDICES:**
   Link to DOH website:
   WA State Air Medical Plan
   https://www.doh.wa.gov/portals/1/Documents/Pubs/530129.pdf
   WA Trauma Triage Destination Procedure:
   https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf

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4. On Scene Command

1. **PURPOSE:**

   Provide coordinated and systematic delivery of patient centric emergency medical care and transport services at all incidents, to include single EMS agency, multi-agency, and multi-jurisdictional responses.

2. **SCOPE**:

   The National Incident Management System (NIMS) Incident Command System (ICS) will be used when establishing on scene command.

3. **GENERAL PROCEDURES:**

   a. Agencies are responsible for ensuring responders are trained in NIMS ICS per FEMA guidelines at the appropriate level.

   b. ICS guidelines will be followed when establishing command and assigning other roles based on incident needs.

   c. The Medical Group Supervisor should be an individual trained in the ICS, familiar with both the local EMS resources and the county Mass Casualty Incident and Disaster Plan, and capable of coordinating the medical component of a multiple patient incident.

   d. Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

4. **APPENDICES: None**

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5. Prehospital Triage and Destination Procedure

1. **PURPOSE:**

   Provide guidance for transport destination decisions for Trauma, Cardiac, Stroke, Mental Health and Chemical Dependence patients from the emergency medical scene to the appropriate receiving facility.

2. **SCOPE**:

   Coordinated system of care which identifies hospital levels of services available for specific categories of patient need. The triage destination procedures inform EMS providers of patient triage criteria algorithm to identify the transport destination to the appropriate designated/categorized hospital receiving facilities.

3. **GENERAL PROCEDURES:**

   EMS providers use the statewide triage destination procedures to identify transport of critically ill or injured patients to the appropriate designated/categorized hospital receiving facilities for definitive care.

4. **APPENDICES: None**

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5.1 Trauma Triage and Destination Procedure

1. **PURPOSE:**
   Trauma patients are identified and transported to the most appropriate trauma designated hospital receiving facility to reduce death and disability.

2. **SCOPE**:
   Licensed and trauma verified aid and/or ambulance services utilize the most current State of WA Prehospital Trauma Triage (Destination) Procedure to identify and direct transport of patients to the appropriate trauma designated hospital.

3. **GENERAL PROCEDURES:**
   Prehospital providers will utilize the most current State of WA Prehospital Trauma Triage (Destination) Procedure, local COPs, and Medical Program Director (MPD) protocols to direct prehospital providers to transport patients to an appropriate WA State trauma designated hospital receiving facility.

4. **APPENDICES:**
   Link to DOH website: WA Trauma Triage Destination Procedure:
   https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf

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5.2 Cardiac Triage and Destination Procedure

1. **PURPOSE:**
Patients presenting with signs and symptoms of acute cardiac distress are identified and transported to appropriate categorized WA State Emergency Cardiac System participating hospital to reduce death and disability.

2. **SCOPE**:
Licensed and trauma verified aid and/or ambulance services utilize the most current State of WA Prehospital Cardiac Triage Destination Procedure to identify patients with signs or symptoms of acute cardiac distress and transport to the appropriate categorized cardiac hospital.

3. **GENERAL PROCEDURES:**
Prehospital providers will utilize the most current State of WA Prehospital Cardiac Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized WA State Emergency Cardiac System participating hospital.

4. **APPENDICES:**
Link to DOH website: WA Cardiac Triage Destination Procedure:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf
Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals
https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

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5.3 Stroke Triage and Destination Procedure

1. **PURPOSE:**
   Patients presenting with signs and symptoms of acute stroke are; identified and transported to the appropriate categorized WA State Emergency Stroke System participating hospital to reduce death and disability.

2. **SCOPE**:
   Licensed and trauma verified aid and/or ambulance services utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure to identify patients with signs or symptoms of acute stroke and transport to the appropriate categorized stroke hospital.

3. **GENERAL PROCEDURES:**
   Prehospital providers will utilize the most current State of WA Prehospital Stroke Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized WA State Emergency Stroke System participating hospital.

4. **APPENDICES:**
   Link to DOH website: WA Stroke Triage Destination Procedure:
   https://www.doh.wa.gov/Portals/1/Documents/Pubs/346049.pdf
   Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals
   https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

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5.4 Mental Health and Chemical Dependency Destination Procedure

1. **PURPOSE:**
   Operationalize licensed ambulance services transport of patients from the field to alternate facilities for mental health or chemical dependency services.

2. **SCOPE**:
   Licensed ambulances may transport patients from the field to mental health or chemical dependency services in accordance with RCW 70.168.170.

3. **GENERAL PROCEDURES:**
   a. Prehospital EMS agencies and receiving mental health and/or chemical dependency facility participation is voluntary.
   b. Participating agencies and facilities will adhere to the WA State Department of Health Guidelines in accordance with RCW 70.168.170.
   c. Facilities that participate will work with the MPD and EMS agencies to establish criteria for accepting patients.
   d. MPD and Local EMS and Trauma Care Council will develop county operating procedures.
   e. Upon implementation and during ongoing operation of transport to alternate receiving facilities the following will be in place with DOH approval;
      i. County Operating Procedure (COPs)
      ii. MPD patient care protocols
      iii. EMS provider education

4. **APPENDICES: none**

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6. EMS/Medical Control Communications

1. **PURPOSE:**

   Communications between prehospital personnel, base station hospital (online medical control) and all receiving healthcare facilities are interoperable to meet the system needs.

2. **SCOPE**:

   Communications between prehospital personnel, base station hospital (online medical control) and all receiving health care facilities (to include designated trauma services and categorized cardiac and stroke services) utilize effective communication to expedite patient care information exchange.

3. **GENERAL PROCEDURES:**

   a. Communication between EMS providers and healthcare facilities may be done directly or indirectly via local PSAP/dispatch.

   b. Based on geographic area communication via radio and cell phone and telephone may be used to expedite the exchange of information as needed.

   c. EMS agencies and receiving healthcare facilities will maintain communication equipment and training to communicate effectively.

4. **APPENDICES: none**

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7. Hospital Diversion

1. **PURPOSE:**

   Hospitals have diversion policies to divert trauma, cardiac, or stroke patients to other appropriate facilities based on that facility's inability to provide care and intervention.

2. **SCOPE**:

   All designated trauma services and categorized cardiac and stroke hospitals within the Region have written policies to divert patients to other appropriate designated or categorized facilities.

3. **GENERAL PROCEDURES:**

   a. Hospitals identify communication procedures for redirection/diversion of trauma, cardiac and stroke patients to another facility when resources are unavailable. The hospital must notify the EMS transport agencies and other designated services in their area.

   b. Exceptions to redirection/diversion:
      i. Airway compromise
      ii. Cardiac arrest
      iii. Active seizing
      iv. Persistent shock
      v. Uncontrolled hemorrhage
      vi. Urgent need for IV access, chest tube, etc.
      vii. Disaster Declaration
      viii. Paramedic Discretion

4. **APPENDICES: None**

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8. International Cross Border Transport

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1. PURPOSE:

2. **SCOPE**:

3. **GENERAL PROCEDURES:**

4. **APPENDICES:**

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9. Inter-Facility Transport Procedure

1. **PURPOSE:**

   Guidance on transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.

2. **SCOPE**:

   All interfacility patient transfers via ground or air shall be provided by appropriate licensed or verified service with appropriate certified personnel and equipment to meet the patient's needs.

3. **GENERAL PROCEDURES:**
   a. Medical responsibility during transport should be arranged at the time of the initial contact between referring and receiving physicians, and transfer orders should be written after consultation between them.
   b. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols, prehospital personnel shall advise the facility that they do not have the resources to do the transfer.
   c. When online medical control is not available, prehospital protocols shall be followed during an EMS transport in the event that an emergency situation occurs while en route that is not anticipated prior to transport.
   d. While en route, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service per MPD local protocols and COPs.

4. **APPENDICES: none**

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10. Procedures to Handle Types and Volumes of Patients That Exceed Regional Resources

1. PURPOSE:

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

2. SCOPE:

Major incidents/emergencies that create hazardous conditions that threaten public health that exceed local resources and may involve multiple counties and states.

3. GENERAL PROCEDURES:

All EMS agencies and Incident Commanders working during an MCI event shall operate within the National Incident Management System (NIMS).

Based on available local resources, prehospital EMS responders will use appropriate protocols and procedures consistent with the WA State DOH "Mass Casualty-All Hazard Field Protocols" during an All-Hazards-MCI incident. Prehospital EMS responders will additionally follow any other All-Hazards-MCI protocols/county operating procedures (COPs) set forth by the County MPD and County EMS & Trauma Care Council.

The appropriate local Public Health Department will be notified where a public health threat exists. County Local Governing Officials with authority will proclaim a "state of emergency" for incidents/emergencies with health implications that threaten to overwhelm the emergency response resources and healthcare system.

4. APPENDICES: None

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10.1 <u>MCI</u>

1. PURPOSE:

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

2. SCOPE:

The following material represents a broad guideline for the common practice of our EMS providers when dealing with a mass casualty event

3. GENERAL PROCEDURES:

a.   Triage System:
  i.   Initial triage should be rapid with an emphasis on identifying severe but survivable injuries.
  ii. A single system should be used throughout the EMS system. For example, START and Jump/START are simple and effective tools for initial triage.
  iii. A triage tag or identifier should be applied at the time of initial EMS contact.
  iv. Secondary triage should be applied at the scene (treatment area) with a focus on identifying patients whose outcome will depend primarily on time critical hospital based interventions (surgery/critical care).

b.   Initial Treatment after triage may include:
  i.   Immediate lifesaving treatments should be done as soon as possible based on available resources.
    a. Maintain open airway.
    b. Control severe bleeding.
    c. Treat open (sucking) chest wounds.
    d. Treat for shock.
  ii. Secondary treatment
    a. Spinal restriction (prior to moving the patient).
    b. Definitive airway placement and oxygen administration.
    c. Needle decompression of tension pneumothorax.
    d. Medication and procedures specific to incident.

c.   Transport:
  i.   Critical patients should be the priority for earliest transport to receiving hospitals with an emphasis on those that need immediate surgical interventions.

ii. EMS staffed transport vehicles should be loaded to full capacity and provide ALS level EMS during transport, if possible.

iii. When ambulance capacity is exceeded, alternate transport vehicles (buses, etc.) should be considered to move the less severely injured. EMS personnel should be assigned to the vehicles.

4. APPENDICES:

Sample triage tag

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10.2 <u>All Hazards</u>

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1. PURPOSE:

2. **SCOPE**:

3. **GENERAL PROCEDURES:**

4. **APPENDICES:**

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10.3 <u>Highly Infectious Disease</u>

1. PURPOSE:

To provide guidance to Medical Program Directors and EMS agencies regarding the identification, triage, treatment, transport, and post incident management of patients with suspected highly infectious diseases.

2. SCOPE:

The incidence and risk associated with highly infectious diseases and requires a modified level of response from Emergency Medical Services.

3. GENERAL PROCEDURES:

Use of the Interim <u>Guidance for Emergency Medical Services (EMS)</u> Systems and PSAP/dispatch for management of Patients Under Investigation (PUIs) for in the United States as published by the Centers for Disease Control and Prevention (CDC) is endorsed by the Washington State Department of Health for inclusion in policies, procedures, and protocols.

4. APPENDICES:

Link to DOH EMS & Trauma GIS Resource Map
https://fortress.wa.gov/doh/ems/index.html

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