

## CENTRAL REGION EMS AND TRAUMA COUNCIL AGENDA for March 10, 2021, 2:30pm-4pm

### **Attendance:**

Tom Rea, MD  
Mark Taylor  
Celeste Etherington  
Cameron Buck, MD  
Karen Kettner  
Barb Jensen  
Rachel Cory  
Matt Gau  
John Herbert  
Keith Keller  
Aaron Resnick, NWHRN  
Cheryl Stromberg  
Christy Cammarata  
Melissa Irwin  
Anthony Krause  
Chantel  
David Manley  
Jenna Hannity  
Brant Butte  
Traci Stockwell  
Catie Holstein  
Rachel Weber  
William Robinson

1. **2:32pm Call to Order and Introductions-** Mark Taylor, Chair  
**Introduction:** Cheryl Stromberg  
**Approval of Minutes:** Motion: Karen; Second: Barb.
2. **Financial Report** – Rachel Cory
3. **Reports and Updates**  
DOH Update- Christy Cammarata:

### ***Report to Regional Councils March - April 2021***

#### ***2021 Legislation Related to EMS***

*The department is monitoring the following Bills:*

*HB 1276 Use of EMTs in Diversion Centers.*

- *Amends RCW 18.73.030 to define an Emergency Services Supervisory Organization (ESSO) and includes diversion centers as an organization that can employ EMTs.*

SSB 5074 Safe Station Pilot Programs

- The bill establishes safe station pilot programs in fire departments and fire department mobile response units to connect individuals to SUD treatment and support services through grant funding opportunities managed by the Washington State Health Care Authority (HCA). Safe station programs may employ certified substance use disorder peer specialists and counselors.

#### SB 5198 Personnel on Ambulances in Rural Areas

- The bill RCW 18.73.150 to allow volunteer ambulance services established by an association made up of two or more municipalities in a rural area with insufficient personnel to use a non-medically trained person to drive an ambulance with approval from the department, and maintains the requirements that:
  - (1) the driver must be at least 18 years of age and possesses a valid driver's license with no restrictions;
  - (2) an emergency medical technician accompanies the driver; and
  - (3) allows the driver to provide medical care to patients to the level they are trained.

#### **EMS Rulemaking Meeting:**

*We have reviewed the 33 sections of EMS rules that we are proposing amendments to in WAC 246-976 for EMS rulemaking. As our capacity allows in the context of our priority work for the legislative session and response to the pandemic, the next steps are for us to begin drafting our proposed amendments in the formal format we are required to use, double checking our work, and identifying if there are any areas we need to revisit with stakeholders before sending out a draft of proposed amendments to stakeholders and move into the next phase of rulemaking. We'll keep you informed of our work and if there will be an additional stakeholder meeting needed.*

#### **WEMESIS Rulemaking: March 15<sup>th</sup>, 2021 | Webinar only**

*The rule-making process for the EMS reporting requirements signed into law in 2019 (SSB 5380 section 19) has begun. The department has scheduled on-going stakeholder meetings and invites EMS & Trauma members and members of the public to discuss amendments.*

#### **King County EMS- Tom Rea, MD**

Volumes around 90-95% of what they traditionally are. EMS has cared for 4,000 Covid patients since the beginning of the pandemic. They have had adequate PPE and have not seen large transmission numbers. Partnership with King County Public Health helps with tracking and monitoring vaccination.

#### **NWHRN**

Vaccination planning is in process. Supply and demand are not equal at this time. Infectious disease surge annex has been on hold, and is now resuming. Monitoring a recently returned traveler from Guinea, d/t a recent Ebola outbreak there. If the person needs care, they will go to Harborview.

#### **4. EMS Min/Max- Rachel Cory**

Review and vote

Rural response areas. Response time may not be the only criteria that we want to look at. DOH conducted a survey of rural services. It identified how they ranked themselves across 18 different areas. This information was shared with MPDs and PTAC.

Motion: Keith Keller to maintain current levels. Second: Karen Kettner. Motion unanimously approved.

Action Item: Obtain DOH Rural EMS data report to review for next meeting.

5. **Regional Plan-** Rachel Cory

Review and vote

Discussion: change names of Highline to St. Anne, VMMC to VMMC-Franciscan

Karen: Motion to approve. Second: Barb Jensen

Vote: Plan unanimously approved.

8. **Divert Report-** Rachel Cory

Divert report given. Treat and Transfer- usually an ICU capacity issue. In King County, most ALS has direct contact with facility. Is "Treat and Transfer" really helpful? Can we identify a pattern of "treat and transfer" that may help identify systemic issues?

Action: follow up with Swedish-Ballard, UW-Montlake and UW-NW about ED Psych Divert.

9. **Good of the Order and Adjourn**

***APPENDIX I KING COUNTY HOSPITAL NO MEDICAL SURGICAL DIVERSION POLICY  
EFFECTIVE MAY 31, 2011***

*Ambulance diversion is defined as an active statement by a hospital, whether verbal or via WaTrac ED Status, that patients arriving by ambulance will not be accepted. King County hospitals have unanimously adopted a No Diversion Policy for all medical and surgical patients effective May 31, 2011.*

*Hospitals may close their emergency departments only in an internal emergency such as facility damage or lockdown. There may be circumstances where an advisory to prehospital agencies will allow ambulance services to make transport destination decisions in the best interest of their patient; for example when a hospital reports "CT down" or "specialty care unavailable." Prehospital service may use this information to make an appropriate transport decision. The decision on where to transport a patient will remain at the discretion of the prehospital provider unless directed to a specific facility by medical control.*