

WAC 246-976-960 Regional emergency medical services and trauma care councils. (1) Regional council composition and appointments. The department shall establish regional emergency medical services and trauma care councils (EMS/TC) and shall appoint members to be comprised of a balance of hospital and prehospital trauma care and emergency medical service providers, local elected officials, consumers, local law enforcement representatives, and local government agencies involved in the delivery of trauma care and emergency medical services recommended by the local emergency medical services and trauma care councils within the region.

(a) The department will design and manage the appointment process.

(b) In areas where no local EMS/TC council exists, the regional EMS/TC council shall make recommendations to the department regarding appointing members to the regional EMS/TC council.

(2) Funding and grants. The department, with the assistance of the emergency medical services and trauma care steering committee, shall adopt a program for the disbursement of funds for the development, implementation, and enhancement of the emergency medical services and trauma care system. Under the program, the department shall disburse funds to each emergency medical services and trauma care regional council, or their chosen fiscal agent or agents, which shall be city or county governments, stipulating the purpose for which the funds shall be expended.

(a) The councils shall report in the regional budget the individual source, amount, and purpose of all gifts and payments.

(b) Matching grants may be made under the provisions of chapter 70.168 RCW and awarded for the purposes identified in RCW 70.168.130 and to accomplish other purposes as approved by the department.

(3) Regional council responsibilities. In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:

(a) Develop and submit to the department regional EMS/TC plans that meet the minimum standards of the department. In developing and modifying the plans EMS/TC regions must:

(i) Use regional and state analyses provided by the department based on the statewide electronic emergency medical services data system, trauma registry data and other appropriate sources provided by the department;

(ii) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using statewide electronic emergency medical services data system, trauma registry data and other appropriate sources provided by the department;

(iii) Identify the need for and recommend distribution and level of care (basic, intermediate, or advanced life support) for verified aid and ambulance services to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital care services for each response area. The recommendations will be based on criteria established by the department and will include information related to agency response times, geography, topography, and population density;

(iv) Identify the need for and recommend distribution and level of facilities to be designated which are consistent with state standards and based upon availability of resources and distribution of trauma within the region;

(v) Identify prehospital training and education to meet regional and local needs;

- (vi) Identify EMS/TC services and resources currently available within the region;
- (vii) Summarize improvements and outcomes from the last approved plan;
- (viii) See and consider the recommendations of local EMS/TC councils and systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, and other governmental bodies;
- (ix) Include in the plan, patient care procedures adopted by the region that meet the requirements of RCW 18.73.030 and 70.168.015 and the minimum standards of the department and must include:
 - (A) The level of medical care personnel to be dispatched to an emergency scene;
 - (B) Guidelines for rendezvous with agencies offering higher levels of service;
 - (C) Air medical activation and utilization;
 - (D) On scene command;
 - (E) Procedures for EMS to identify and triage patients experiencing trauma, cardiac, or stroke emergencies. Procedures must include destination determination including the type and level of facility to first receive the patient, and the process EMS must use to alert the receiving facility;
 - (F) For major trauma patients, regional patient care procedures must identify procedures to alert and activate the trauma system;
 - (G) Patient care procedures must include interfacility transport procedures including the name and location of other trauma, cardiac, or stroke care facilities to receive the patient should an interfacility transfer be necessary;
 - (H) Procedures to allow for the appropriate transport of patients to mental health facilities or chemical dependency programs, as informed by the alternative facility guidelines adopted under RCW 71.168.170;
 - (I) Procedures to handle types and volumes of medical and trauma patients that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states;
 - (J) Procedures for how hospital diversion is managed in the region; and
 - (K) EMS and medical control communications;
- (x) Include a schedule for implementation and identify goals, objectives, and strategies;
- (xi) Include strategies that may promote improvements in the regional EMS/TC system;
- (xii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and regional plan; and
- (xiii) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1)(h).
- (b) Review applications for verification of ambulance and aid services and make recommendations to the department regarding:
 - (i) Compliance with the department-approved minimum and maximum number of verified trauma services for the level of verification being sought by the applicant;
 - (ii) How proposed service will impact care in the region in relations to clinical care, response time to prehospital incidents, and resource availability;

(iii) How the proposed service impacts unserved and underserved trauma response areas;

(iv) How the proposed service will impact existing verified services in the region; and

(v) Include any comments from local EMS/TC councils and systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies.

(c) Review applicants for designation of hospital trauma services and make recommendations to the department.

[Statutory Authority: RCW 18.71.205, 18.73.081, 43.70.040, 70.168.050, 2017 c 70, 2017 c 295, 2020 c 76, 2021 c 276, 2019 c 314, 2021 c 69, and 2022 c 136. WSR 24-15-104, § 246-976-960, filed 7/22/24, effective 9/30/24. Statutory Authority: RCW 18.73.081 and 70.168.120. WSR 02-14-053, § 246-976-960, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. WSR 00-08-102, § 246-976-960, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. WSR 93-01-148 (Order 323), § 246-976-960, filed 12/23/92, effective 1/23/93.]