North Region Emergency Medical Services & Trauma Care Council Strategic Plan

July 1, 2023 – June 30, 2025

Submitted by North Region EMS & Trauma Care Council

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Introduction

North Region Emergency Medical Services & Trauma Care Council (NREMS & TCC) was incorporated on June 12, 1979, as an IRS 501 (c) (3) non-profit corporation. The corporation's principal function was to advance and facilitate the delivery of emergency medical services in the counties we represent (Whatcom, Skagit, Snohomish, Island, and San Juan) by coordinating, advising, and facilitating efforts by the Emergency Medical Services (EMS) providers, and any other functions approved by the Board of Directors consistent with this goal.

In 1990, the Washington State Legislature expanded RCW 70.168 and further defined NREMS & TCC's responsibilities.

The NREMS & TCC's mission statement is:

> The North Region EMS and Trauma Care Council promotes a coordinated, region-wide health care system to provide quality, comprehensive, and cost-effective emergency medical and trauma care to individuals in Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

The NREMS & TCC's Purpose:

a) Shall serve as the recognized agent of the Department of Health as defined in statute.
b) Shall be an advisory and coordinating body for the planning and implementation of comprehensive, integrated regional emergency medical services and trauma care.
c) Shall be advisory to the State Department of Health in implementation of the State of Washington Emergency Care System Strategic Plan.
d) Shall identify specific activities necessary to meet statewide standards, identified in statute and WAC, and patient care outcomes in the region and develop a plan of implementation for regional compliance.
e) Shall approve all Regional Plan required deliverable submissions to the State, to include any necessary plan changes.
f) Shall act as liaison with the five Local EMS & Trauma Care Councils in the Region consistent with state law.
g) Shall evaluate and review regional EMS and trauma needs and recommend and/or direct policies and funding priorities to the appropriate groups or governmental agencies.
h) Shall develop a regional EMS and Trauma Care plan, guidelines, standards and procedures.
i) Shall review, assess, and recommend solutions to any grievances brought before the Council.

j) Shall disperse Council grants and funds within the Region as defined by the Regional goals and objectives, and in accordance with the recommendations of the contracted Certified Public Accountant and State Auditor.

k) Shall contract with the Department of Health and/or other agencies for other activities not specifically identified in these bylaws.

l) Shall, notwithstanding any other provision of these bylaws, allow the corporation to carry on any other activities not permitted to be carried on by an organization exempt from Federal Income Tax under section 501 (c) (3) of the Internal Revenue Code.

The North Region has several subcommittees to help ensure the work of the Regional Strategic Plan is completed. Those committees include Prehospital, Trauma, Cardiac & Stroke/Quality Improvement, Education, Medical Control Committee, Injury Prevention, and Hospital/Trauma Facilities.

The NREMS & TCC also has five Medical Program Directors who provide oversite and protocols for their respective Counties. These MPD's also participate in the bi-annual review of the Regional Patient Care Procedures.

The NREMS & TCC covers five counties: Island, San Juan, Skagit, Snohomish and Whatcom Counties. According to the most recent US Census Bureau data, the total population of the North Region is 1,327,144. Snohomish County is our largest County with 827,957 people and San Juan is our smallest County with only 18,557 people. It has a diverse area of coverage ranging from very rural to urban areas of service. Within the rural areas in the North Region there are some barriers to service, specifically in San Juan and Island County. Both Island and San Juan County have critical access hospitals, and experience extended transport times due to their location. The islands in San Juan County are only accessible by WA State Ferry, small aircraft, helicopter, and private boats, all of which can be impacted by bad weather. Due to San Juan County's limited access to the mainland, patients may experience delays in transport and access to specialty care.

Island County

Island County is in the Puget Sound west of Snohomish and southwest of Skagit County. Island County encompasses a total of 517 square miles of which 208 square miles is land and 309 square miles is water. Island county is composed entirely of islands, the two largest being Whidbey and Camano Islands. Whidbey is 168.9 square miles and Camano is 39.8 square miles. Island county's population is roughly 86,857.

Island County Emergency Services Communication Center (ICOM) is the Public Safety Answering Point (PSAP) for all of Island County and provides emergency medical dispatch utilizing the medical priority dispatch system. There are two full-time Advanced Life support agencies;

WhidbeyHealth EMS is a hospital-based service on Whidbey Island and Camano Island Fire & Rescue is a fire-based service on Camano Island. The two transporting agencies typically transport 911 calls to four hospitals, WhidbeyHealth Medical Center in Island County, a level IV trauma center, Providence Regional Medical Center Everett, a level II trauma center in Snohomish County, and two level III trauma centers in Skagit county, Island in Anacortes and Skagit Valley in Mount Vernon and to Cascade Valley. Whidbey Island has four additional BLS agencies providing first response services, North Whidbey Fire Rescue, Oak Harbor Fire Department, Central Whidbey Island Fire Rescue and South Whidbey Fire EMS. Two air ambulance providers service Island County, Lifeflight and Airlift NW. Island County also provides EMT-Basic level service for selected tactical EMS responses. Island County currently has 224 EMS providers including 4 at the EMR level, 176 at the EMT-Basic level, and 43 at the paramedic level.

In 2022, there were 12,244 EMS calls for service in Island County with 6,753 total transports.

San Juan County

San Juan County is in the most upper northwestern corner of Washington state sharing an invisible international water boundary with Canada. Of the 621 square miles, 72% is water with 172 named islands and four of the largest islands accessible by the Washington State Ferry system.   Within this geographically unique island county there is a permanent population of 18,557 (2021) with an additional tourist population expanding to 30-35,000 in the summer months. There are 5 ground agencies providing primary medical care across four main islands and all outlying islands, San Juan Island EMS, San Juan Fire and Rescue, and Island Air Ambulance on San Juan Island, Orcas Island Fire and Rescue on Orcas Island, Lopez Island Fire and Rescue on Lopez Island and Shaw Island EMS on Shaw Island. Three islands offer Advanced Life Support with paramedics stationed on Orcas, Lopez and San Juan Island, two islands provide Basic Life Support with EMT's on San Juan and Shaw. Island Air operates an ALS fixed wing air ambulance on San Juan Island and Airlift NW stations a helicopter on Orcas Island. EMS services in the San Juan islands are provided by a total of 136 EMS staff 102 EMTs, 20 paramedics and 4 nurses, the number of volunteer EMTs varying the most. While a remote location with a small population, San Juan County EMS capabilities are some of the most progressive protocols in the nation. With the ability to treat/ameliorate a wide variety of complaints through ultrasound, antibiotics, thrombolytics, IV pumps and vents.

Non-EMS Medical Resources in San Juan County include PeaceHealth Island Medical Center, a level 4 critical access hospital on San Juan Island, and primary care clinics on Orcas and Lopez with no medical resources available on Shaw. Call volume data for 2021 included 2604 EMS calls dispatched. 2022 had 2686 calls, of which resulted in 601 air transports of which 330 were via Island and 5 Navy assist transports.

Skagit County

Skagit County is located between Whatcom County to the North and Snohomish County to the south and serves as the gateway to both the San Juan Islands and the North Cascade National Park. Skagit County encompasses a total of 1,920 square miles including 189 square miles of

water with a population of just over 130,696 (2021). Skagit 911 is the Public Safety Answering Point (PSAP) for all of Skagit County and provides emergency medical dispatch utilizing the medical priority dispatch system. There are 5 full-time staffed Advanced Life Support transport agencies including 4 City Fire Departments and one non-profit ambulance service upriver in Concrete. There are 3 Fire District Basic Life Support Transport agencies. These transport agencies typically transport EMS patients to one of our 3 in-county hospitals, Island Health in Anacortes and Skagit Valley in Mount Vernon, both level 3 trauma designated or t o Peace Health United General Medical Center in Sedro Woolley, a level 4. These agencies are supported by 17 non-transporting primarily volunteer BLS fire districts, 3 non-transporting BLS town fire departments, 1 Search and Rescue organization and 3 EMS Supervisory Organizations including 2 oil refinery on-site safety teams, and the Skagit County Sheriff's Office. There are 26 credentialed Emergency Medical Responders (EMR), 320 credentialed Emergency Medical Technicians, and 72 credentialed Paramedics in the Skagit County EMS system including 2 private ambulance services that provide inter-facility transport. In 2021, the Skagit County EMS system responded to 16,526 calls and transported 9,004 patients, 8,976 by ground ambulance and 28 by helicopter. In 2022, the Skagit County EMS system has responded to 18,037 calls with 9,583 patients transported.

Snohomish County

Snohomish County borders King County on the south and Skagit County to the North, the east border is Douglas County at the crest of the Cascade mountains and the west is Puget Sound. The population is close to 830,000 and the area is approximately 2,200 square miles. The EMS system is built around 12 ALS transporting agencies, 10 BLS transporting agencies, 2 BLS agencies that do not transport, and 1 private ambulance service. The EMS system responded to 144,360 calls with 20,474 ALS transports and 31,075 BLS transports. Snohomish County has approximately 1720 certified providers, 346 are AL, 1328 are BLS, 35 AEMTs and 4 first responders. The prehospital system employs 1 Medical Program Director and delegate physicians to provide leadership, medical direction, and oversite. The County is served by 5 local hospitals, the largest is Providence Regional Medical Center in Everett, a level II trauma center. Swedish Edmonds, Cascade Valley, in Arlington, and Evergreen Health Monroe are level IV designated trauma centers. Swedish Mill Creek is a free-standing non-designated emergency department.

Whatcom County

Surrounded by the mountains to the east, Salish Sea to the west and Canada to the north Whatcom County is located on the NW corner of Washington State with a total service area of 2,503 square miles. Whatcom County EMS serves approximately 221,000 citizens from the most rural parts of the Cascade Mountains to those living in the larger cities. Whatcom County deploys two Advanced Life Support Units among two ALS lead agencies serving the county. The first response of the EMS system is supported by 12 Basic Life Support, 1 ILS transport, 1 ALS non-transport, 1 BLS non transport and 5 ESSOs. Whatcom County has a combined call volume of about 25,000 calls per year. Whatcom Co. has approximately 58 Paramedics and just over 600

EMTS either part-paid, volunteer or career. Whatcom County types of EMS responses range from very technical wilderness and technical rescues in the back county to the daily EMS call volume in the densest areas of the cities to water rescues in Bellingham Bay and surrounding islands. The popular Mt. Baker Ski area is an ALS Aid agency (ESSO) that employs Paramedics, Physicians and Nurses for ski area responses and the Phillips/BP refineries employ EMT's as part of their onsite Fire Brigade and Emergency Response Teams. The Customs and Border Patrol Shock Trauma Air Rescue (BORSTAR) unit is also based in Bellingham. Cascade Ambulance is the only ambulance company in the county, providing mostly inter-facility transfer both in and out of the county as well as being available for MCI's/Disaster and surge events with the 911 system. Airlift Northwest has a helicopter base located at the PeaceHealth St. Joseph Medical Center, which is a Level II Trauma Center as well as a Cardiac and Stroke center for the region. In addition, Whatcom County recently opened a 32 bed Crisis Stabilization Center focused on Mental Health and Substance Use Disorders which is used to divert certain patients away from the Emergency Department to this facility.   The county also uses Community Paramedics and Case Managers/Social Workers to work with the most frequent patients seen in the 911 system. In 2023, the Alternative Response Teams (ART) through the new Response Systems Division located in the Health Department responds to low acuity 911 calls. Using Public Health Nurses and Social Workers, the teams engage patients as dispatched by our call receiving centers. A member of the Mobile Outreach Crisis Team staffs the center to provide phone consultation and dispatch decisions for the team.

The North Region has a total of 29 trained SEI's and a total of 623 ESE's.

There are 93 EMS Trauma Verified Aid and Ambulance Services in the North Region.

Prehospital Verified Services

COUNTY	AMBV ALS	AIDV ALS	AMBV ILS	AIDV ILS	AMBV BLS	AIDV BLS	ESSO
Island	2					2	
San Juan	3				1	1	
Skagit	5				4	17	
Snohomish	12	1			10	1	3
Whatcom	2		1		12		5

*Numbers are current as of the date submitted.

The North Region currently has 10 designated trauma care services, one (1) level III pediatric designated service and one rehabilitation trauma services.

Accomplishments and Outcomes

During the FY2021-2023 plan cycle the NREMS & TCC had the following successes while completing goals and strategies in the plan:

FY22 Regional Grant Outcomes:

Island County

- Camano Island Fire and Rescue received $12,000 for Cadaver Lab for EMS Providers. 40 participants attended between an am and pm training session an CAPCE accredited scenario-based cadaver lab designed to enhance the skills of EMS professionals with newfound skills, knowledge, and confidence to excel in their career.

San Juan County

- San Juan EMS received $1,809.27 to purchase 3 adult cricothyrotomy trainers and 3 thoracostomy trainers. This equipment is being utilized for emergency airway training.

- San Juan EMS received $3,528.34 for AHA BLS Instructor Training. This request for training new BLS instructors covered the costs of $200 each for 15 students. It allows agencies to be able to maintain in-house training and continues to grow as Covid rules loosen.

Skagit County

- Skagit EMS received $6,416.04 to purchase 6 MCI/Bleeding Control Kits for strategic deployment on Fire/EMS agency supervisor vehicles throughout Skagit County.

Snohomish County

- SCFD21 received $759.95 and purchased a 4-pack of manikins, 2 adult and 2 infant, replacing outdated and damaged CPR training equipment to better serve the surrounding communities.

- SCFD4 received $784.68 for CHALK TALK video production supplies. SCFD4 has implemented a video education program called CHALK TALK. Videos are filmed on safety topics suggested by personnel and the State Fire Marshal's Office. Initially filmed once a month, we are currently filming 3 -4 segments a month, reaching between 200 – 400 viewers with each segment.

Whatcom County

- Whatcom Fire District #7 received a matching grant of $5,561.07 for Safe at Home pilot project to reduce fall related 911 calls/responses and reduce recurring falls for adults 65 and older. The community paramedic grantee of this injury prevention program received the 2022 Dept of Health Outstanding Fall Prevention Advocate award for leading the Safe at Home efforts.

- Whatcom EMS received $16,000 towards matching grants to purchase 3 Airway Management Trainers. They also received 150 difficult airway inserts with the grant funding. The manikins are being used at the BLS and ALS level providers for training. Airway management of a patient and performing airway skills are key factors in improving patient outcomes. Upon delivery, the manikins were used within a few days by Paramedic students. The manikins are available for use by the Whatcom County EMS System.

FY23 Regional Grant Outcomes:

Island County

- South Whidbey Fire/EMS received $9,905 for a Laerdal Advanced Trauma Mannequin Module kit. The purchase of the Laerdal Advanced Trauma Mannequin has enhanced the training of the Island County EMT courses. This training aid has enabled the ability of our EMT academy for demonstrations, evaluations, and skills practice. It also has freed evaluators to give more comprehensive feedback, while not having to be a patient and has allowed for more training evolutions. More training evolutions have created a confident and competent EMT. The last academy had 17 students, all of whom passed the class and are in the process of testing for their NREMT. It also gives rural departments of Island County the ability to have more complex and improved training scenarios. The mannequin will be used for a variety of scenarios and has improved the agencies EMT's knowledge, skills, and abilities. This mannequin is available for use by six agencies within Island County for OTEP and other training needs.

San Juan County

- San Juan EMS received $7,630 for NAEMT TECC course & ACLS EP course. The ACLS for Experienced Providers course on 1/10/23 certified 11 SJC Paramedics for 2 years. The NAEMT Tactical Emergency Casualty Care (TECC) course is scheduled for June 3-4, 2023, and could certify over 24 providers, which is an approved PHTLS equivalent for EMS recertification CE.

- Lopez Island FD received $3,489.12 for a research grant project: The Evaluation of Non-Transport Outcomes. Lopez Island Fire & Rescue has one of the highest non-transport rates in the nation due to a combination of lack of medical care and remote location. We propose to study how this affects our patients' short- and long-term outcomes through a retrospective QA study comparing Lopez no-transport outcomes (no medical facility) vs

San Juan Island (critical access hospital). We propose a research study to evaluate patient outcomes after EMS non-transport in a rural island environment using a telephonic outcome & satisfaction survey of patients from 2021 & 2022 that were not transported by EMS. Grant funds pay for EMS personnel to make the phone calls and complete the survey forms, statistical analysis of the results, secure storage of study information, and preparation for a publication-ready research paper. Community impact and objectives of this study include to better determine which patients are safe and appropriate to leave at home or follow up at the hospital or clinic on their own. This will help shape EMS decision making both in San Juan County but also influence national decision making through publication of the research results.

Skagit County

- Skagit EMS received $8000 in matching grant funds to purchase Pediatric Ambulance Transport Safety Equipment. Skagit County EMS transport agencies identified a trend in challenges related to safely transporting critically ill or injured pediatric patients in ambulances. No current standard for pediatric transport equipment in ambulances in the county. This project allowed Skagit EMS to group purchase and place two different pediatric restraint devices on each 911 emergency transport ambulance in the county. A Ferno Neo Mate (infants 7 to14 lbs) and a Ferno Pedi-Mate+ (children 10 to 100 lbs) with a spare device per agency. The community impact of this pediatric transport equipment includes improving the existing quality of EMS services by providing equipment for safely and appropriately transporting children (injured, ill, or uninjured) from the scene of a crash or other incident in an ambulance, reduces the frequency of emergency transport of ill, injured or uninjured children who may otherwise be transported in an unsafe or inappropriate manner and decreases morbidity and mortality related to ambulance transport of pediatric patients by providing equipment to prevent forward motion/ejection, secure the torso, and protect the head, neck, and spine of all children transported in emergency ground ambulances.

Snohomish County

- North County Fire & EMS received $3,701.38 to purchase AED trainers. AED trainers have been placed into service and have been used to train 8 new members during their initial EMT course. They will continue to be utilized to train BLS crews department-wide and have been placed into service at stations 46, 48, and 99 (Downtown Arlington, Smokey Point, and Downtown Stanwood.

- Darrington FD#24 received $4,580.64 to purchase Prestan CPR adult & infant AED Ultra Trainers. Although in-person CPR classes have been slow to be re-implemented since COVID, they are still going to local high schools. DFD#24 participated in school health education classes in the Fall and Spring of the year for a total of 20 days, conservatively seeing 100 students each day (20 students for each of 5 classes), for a total of 2000

students reached in a year. As CPR classes for the public begin being scheduled this year, that figure will increase.

<u>Whatcom County</u>

- Whatcom EMS received $23,000 for EMT course equipment, which they are using to purchase 60 EMT books, 60 BP Cuffs and 60 stethoscopes to be distributed equally among the East County EMT Course, Remote Medical Training and the Bellingham Technical College EMT Course. This will enable 60 students to obtain the needed equipment required to take the EMT Courses that will provide them with the education and EMT Course certificate needed to apply for their EMT license.

- Whatcom EMS received $4,300 to purchase 4 Stop the Bleed (Hemorrhage Control) Training Kits "Stop the Bleed" is a national campaign launched by the White House in 2015 with two main goals: To inform and empower the general public to become trained on basic trauma care to stop or slow bleeding during emergencies. The first grant of 2 Stop The bleed kits were received, and training began shortly after. WCEMS trained 120 people within the year of receiving the grant funding. Two Stop the Bleed kits were donated to Lynden High School. A survey was sent to the students. 10% were returned. The students felt comfortable with the course and handling a bleeding emergency. The students were still hesitant if they would help someone else. The next purchase of the kits are available for use by the Whatcom County EMS System. The training kits have been used for 2 Stop the Bleed and First Aid courses in 2023. The kits are available for use by the Whatcom County EMS System.

> ## *GOAL 1*
> Maintain, assess and increase emergency care resources.

The NREMS & TCC Regional Council and Regional Quality Improvement committee continues to conduct assessments for need and distribution of trauma services at all levels. With the addition of Cardiac and Stroke categorizations, the Regional Council and Regional QI committee will need to work together to ensure best practices are shared throughout the Region.

The Regional Council also recommends the minimum and maximum numbers and levels of EMS verified trauma services. Recommendations from the Local Councils and County MPDs are utilized as well as the method developed by the DOH to standardize identifying Prehospital system resource needs. The Local Councils and County MPDs also assist in identifying trauma response areas in each County and developing trauma response area maps.

Regional Patient Care Procedures (PCPs) as well as County Operating Procedures (COPs) are in place to get the right patient, to the right care destination, in the right amount of time thus improving the patient outcome by reducing morbidity and mortality. The Region PCPs have been developed to provide operational guidelines throughout the Region while the County Councils have also developed COPs with their MPDs to provide county specific operational guidelines. The Region Council reviews the COPS to assure that they are congruent with the PCPs and in line with prehospital system operations.

Goal 1: Maintain, assess, and increase emergency care resources.	
Objective 1: By June 2024, the Regional Council will assess and recommend minimum and maximum numbers and levels of trauma designated services (including pediatric, rehabilitation, cardiac and stroke services,).	Strategy 1: Beginning in June 2023, the Prehospital/Hospital Committee will request each county council perform an analysis of their existing minimum and maximum number of trauma designated services and trauma verified services. Each county council will review requirements for trauma, pediatric, rehabilitation cardiac and stroke services.
	Strategy 2: By October 2023, the Prehospital/Hospital Committee will conduct a needs assessment to determine resources needed for emergency care and make recommendations to the Regional Council for review and approval as needed.
	Strategy 3: By May 2024, the Regional Council will send recommendation to the Department of Health (DOH) for review as needed.
	Strategy 4: By June 2024, the Regional Council will update the plan as needed and submit changes to the DOH.
Objective 2: By October 2024, the Regional Council will utilize the Washington State Department of Health guidance documents and metrics to determine Prehospital minimum and maximum numbers and levels of verified service types in each county and provide recommendations to the Department of Health.	Strategy 1: By June 2023, the North Region Prehospital/Hospital Committee will request each county council perform an analysis of their existing minimum and maximum number of verified service types for their respective counties. Each county council will review current Minimum and Maximum levels of services in each county.
	Strategy 2: Beginning in October 2023, The North Region Prehospital/Hospital Committee will develop a plan to help identify unserved or underserved response areas.
	Strategy 3: By April 2024, the Prehospital/Hospital Committee will implement the plan and address necessary changes or adjustments to the Minimum and Maximum numbers with the Local EMS Councils.
	Strategy 4: By July 2024, the Regional Council will review and approve the Min/Max recommendations from the Prehospital/Hospital Committee and Local EMS Councils.
	Strategy 5: By August 2024, the Regional Council will update the plan as needed and submit changes to the DOH.

Objective 3: By June 2025, the North Region will explore and discuss potential solutions to EMS workforce and EMS training challenges identified by the region.	Strategy 1: By June 2023, the North Region will discuss and document the current challenges of EMS workforce (paid and volunteer) and EMS training faced in the region.
	Strategy 2: By January 2025, the region will discuss and document potential solutions to the challenges identified by the region and create an action plan.
Objective 4: By June 2025, identify organizations within the region that may be able to become approved as a Pearson Vue testing facility for the DOH approved national cognitive examination.	Strategy 1: Beginning June 2023, the North Region will evaluate current Pearson Vue testing sites in the Region.
	Strategy 2: By January 2024, the North Region will compose a list of other potential Pearson Vue testing facilities in the Region.
	Strategy 3: By June 2024, the North Region will submit findings to DOH.
Objective 5: Throughout the planning cycle, the Regional Council will review, revise and implement Regional Patient Care Procedures (PCPs) as needed.	Strategy 1: By November 2023, the Regional QI Committee will review the Regional PCPs.
	Strategy 2: By January 2024, the Regional QI Committee will develop and submit recommended revisions to the Regional Council for approval.
	Strategy 3: By May 2024, the Regional Council will review and approve updates to the Regional PCPs.
	Strategy 4: By June 2024, the Regional Council will submit revised PCPs to the DOH for review and approval.
	Strategy 5: By July 2024, the Regional Council staff will update the Regional PCPs for inclusion in the North Region EMS and Trauma Care System Plan.

GOAL 2
Support emergency preparedness, response, and resilience activities.

The Regional Council recognizes the need for continued discussions surrounding disaster medical services and surge planning. During 2023-2025 the North Region will continue to connect with emergency preparedness, response, and resilience activities with partners in the region and collaborate on disaster, MCI, and special pathogens related drills and exercises.

Goal 2: Support emergency preparedness, response, and resilience activities**.**

Objective 1: Beginning July 2023, coordinate with and participate in emergency preparedness and response to all hazard incidents.	Strategy 1: Beginning July 2023, the Regional Council will extend a quarterly meeting agenda invitation for representatives from NWHRN, WATrac, EMAC and WMCC to present information to the region about emergency management and preparedness work that is happening.
	Strategy 2: Beginning September 2023, The Regional Council or Council staff will participate and help facilitate discussions surrounding surge response planning.
Objective 2: Beginning July 2023, North Region will assist the DOH develop guidance for patient care procedures for all hazards, disaster triage, DMCC/WMCC, special pathogens transport, and other emergency preparedness topics as identified. Then, North Region will develop or revise PCPs in accordance with DOH guidance.	Strategy 1: Beginning July 2023, North Region will participate in activities necessary to assist DOH develop the EPRR related PCP guidance.
	Strategy 2: Throughout the planning cycle, the North Region will develop or revise EPRR related PCPs as directed according to DOH Guidance.
Objective 3: Beginning July 2023, North Region will assist the DOH to develop a situational awareness report that can be used to help inform partners of EMS situational awareness during surge events.	Strategy 1: Throughout the planning cycle, North Region will participate in activities to assist DOH in developing a situational awareness report.
Objective 4: Beginning July 2023, The North Region will monitor for disaster, MCI, and special pathogens related drills and exercises and communicate opportunities for EMS to participate.	Strategy 1: Beginning July 2023, Executive Director and Regional Council members will share opportunities and trainings for disaster, MCI, and special pathogens.
	Strategy 2: Throughout the planning cycle, Regional Council members will report to the Executive Director when they participate in preparedness activities and trainings for reporting.

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 North Region continues to support and further develop prevention programs that address the three leading mechanisms of injury in the Region through injury prevention symposiums and mini grants.

Based on data provided by DOH from 2016-2020, the three leading causes of injury deaths are:

- **Poisonings** – specifically focusing on providing education regarding overdose/overuse of prescription medication by adults.

- **Falls**- specifically focusing on fall prevention in the elderly population.

- **Firearm-** specifically focusing on suicide prevention and firearm safety issues.

The Regional Council recognizes the need for adult fall prevention programs throughout the five counties. To adequately support the growing population of elderly, the North Region is collaborating with the newly formed Whatcom Falls Prevention Coalition and will seek opportunities to grow community fall prevention campaigns.

Goal 3: Plan, implement, monitor, and report outcomes of programs to reduce the incidence and impact of injuries, violence, and illness in the region.	
Objective 1: Throughout the planning cycle, the Regional Council will support expansion of access to prevention programs across the region	Strategy 1: Beginning in July 2023, The Regional Council or Council Staff will compile Injury & Violence Prevention (IVP) program materials and best practices to facilitate sharing among the agencies
	Strategy 2: Beginning in July 2023, the Regional Injury Prevention & Public Education subcommittee will meet to define a program for training and expansion of prevention programs.
Objective 2: By June 2025, the Regional Council will collaborate to educate the public and our communities of interest on the Emergency Care System.	Strategy 1: Beginning in July 2023 the Injury Prevention Committee will make recommendations for public outreach and education on a specific prevention campaign to be implemented during the plan cycle.
	Strategy 2: By June 2025, the North Region Injury Prevention committee will facilitate one Prevention Symposium, focusing education on a high-risk injury group providing an opportunity to coordinate efforts and maximize results of current programs that address the high-risk injury groups.

	Strategy 3: Beginning in September 2023 the Regional Council or Council staff will work or consult with the IVP TAC or DOH IVP to further help in the development of injury prevention programs.
Objective 3: Beginning July 2023, the Regional Council will work in partnership with local older adult falls prevention programs and EMS agencies to assist in the development of a Regional Falls prevention program.	Strategy 1: Beginning in July 2023, the Regional Council or Council staff will help facilitate and develop the North Region Healthy Aging Coalition program.
	Strategy 2: Beginning in Sept 2023, the Regional Council and Council staff will work with regional agencies on community education and outreach.
	Strategy 3: Beginning in December 2023, the Regional Council and Council staff will support the development of certified exercise and balance programs in the North Region.
	Strategy 4: Beginning in July 2023, The Regional Council staff will participate in State-wide Falls Prevention Meetings and share information with North Region Healthy Aging Coalition.

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

The NREMS & TCC and Regional Quality Improvement committee continues to conduct assessments for need and distribution of trauma services at all levels. The NREMS & TCC will prioritize data sharing for FY 23-25. With the addition of WEMSIS reports, this will help bolster the Regional QI program to be able to assess the quality of patient care throughout the emergency care system.

Goal 4: Assess weaknesses and strengths of quality improvement programs in the region.	
Objective 1: By June 2023, the North Region Prehospital/Hospital EMS, Trauma, Cardiac and Stroke QI Committee will assess the	Strategy 1: Beginning January 2023: The Prehospital/Hospital QI and Cardiac and Stroke Committee will identify issues of emergency care system performance during quarterly meetings using Region specific key performance indicators.

coordination of regional emergency care system continuous quality improvement.	Strategy 2: Bi-monthly starting June 2023, The Regional Council or Council Representative will participate in local and state quality data conversations involving WEMSIS, WATrac , Trauma Registry and other identified databases, then report back to the Regional Council quarterly
Objective 2: By June 2023, The Regional Council will assess pre-hospital and hospital quality improvement systems to develop a coordinated structure of shared quality improvement information	Strategy 1: Beginning in April 2023, the Regional Council QI Committee will create a shared inventory of the QI databases being used throughout member organizations.
	Strategy 2: By June 2023, The Regional Council QI Committee will track and report on data sharing processes within each County in the North Region.
	Strategy 3: Annually by July, The Regional Council will review the status of CARES reporting in the North Region.
Objective 3: By June 2024, assess EMS service participation in the state EMS data registry and identify strategies to improve the quality and consistency of data	Strategy 1: Beginning June 2023, assess the consistency and reliability of EMS database submissions in north region EMS service areas. Identify variations in database utilization and access. Identify barriers to consistent data submission.
	Strategy 2: By June 2024, identify data validation processes used within service areas and promote consistency of data validation processes.
Objective 4: By June 2025, the Regional Council QI Committee will identify variations in processes and access to resources affecting quality outcomes in emergency system care.	Strategy 1: Beginning April 2024, the Regional Quality Improvement/ Cardiac and Stroke Committee will review variations in regional service area structures (equipment, access to training) and processes necessary to achieve best practices and provide recommendations for improvement support to the Executive Board and Regional Council.
	Strategy 2: By October 2024, the Regional Council will establish a process for supporting regional service areas to have more access to training and materials to achieve more consistent use of best practices throughout the Region.
	Strategy 3: By May 2024, the Regional Council will update the Patient Care Procedures as needed and recommend changes to Local County MPDs for updates to COPs.
Objective 5: Beginning June 2023, promote timely and complete patient care feedback between hospital and pre-hospital systems	Strategy 1: By October 2023 describe current practices for hospital feedback to pre-hospital systems. Identify gaps in feedback information.
	Strategy 2: By June 2024, as a Regional Council make recommendations that service areas have a standard process for obtaining feedback from hospitals.

Goal 5**:** Promote regional system sustainability.

The North Region strives to support the Local EMS agencies and Hospital organizations through funding and administrative services. The North Region focuses on utilizing funds that will support

the entire Region rather than individual agencies. Through this approach the Regional Council has been able to provide innovative and advanced training to both EMS and Hospital personnel.

Goal 5: Promote regional system sustainability.	
Objective 1: By June 2025, the Regional Council and Council staff will maintain and execute the duties of the Regional Council.	Strategy 1: Beginning in July 2023, The Regional Council and Council staff will conduct scheduled meeting, maintain, and develop actionable items to help complete plan goals.
	Strategy 2: Beginning in July 2023, The Regional Council or Council staff will maintain a council budget and provide bi-monthly financial reports to DOH as needed for Exhibit B reporting.
	Strategy 3: By March of 2025, the Regional Council or Council Staff will provide DOH with an updated Strategic plan for the next plan cycle.
Objective 2: By June 2025, the Regional Council will increase local and regional stakeholder participation to ensure all aspects of EMSTC system are represented.	Strategy 1: Beginning in July 2023, the Regional Council Executive Board and Staff will complete an evaluation of council member participation and attendance and present it to the Council for review.
	Strategy 2: Beginning in July 2023, the Regional Council and Council staff will work with Local EMS Council's to fill vacancies on the Regional Council.
	Strategy 3: Beginning in July 2023, the Regional Council will seek ways to increase engagement from MPDs in the NREMSTCC activities.
Objective 3: By June 2025, Regional Council will support increased recruitment and retention of paid and volunteer EMS personnel.	Strategy 1: Beginning in December 2023, the Regional Council and Council staff will explore opportunities for shared training and activities for cost effectiveness and cross-training.
	Strategy 2: By January 2024, the Regional Council and Council staff will share best practices for staff training, retention, and motivation.
Objective 4: Annually by October, the Regional Council will utilize a process to identify needs and allocate available funding to support Prehospital training.	Strategy 1: By July 2023, The Regional Education Committee and Council staff will create an application and review criteria for prehospital training support.
	Strategy 2: Annually, by July, the Regional Council will establish a budget for Prehospital training support.

	Strategy 3: Annually by July, the Regional Council staff will send out applications for funding to Local EMS agencies and will send Local EMS Councils the approved criteria for application reviews.
	Strategy 4: Annually by September, the Local EMS Councils will review and assess applications using the Regional Council approved criteria and make recommendations for funding approval.
	Strategy 5: Annually by October, the Regional Council will review each county's recommendations and proposals for funding and select awardees.
	Strategy 6: Annually by December, the Regional Council staff will finalize the approved funding agreements.

Appendix 1
Adult and Pediatric Trauma Designated Hospitals and Rehabilitation Facilities
https://doh.wa.gov/sites/default/files/2022-02/530101.pdf

Appendix 2
Approved Minimum/Maximum (Min/Max) numbers of Designated Trauma Care Hospitals
Minimum/Maximum (Min/Max) Numbers of Designated Trauma Care Services in the Region (General Acute Trauma Services) by Level

Level	State Approved		Current Status
	Min	Max	
II	1	3	2
III	4	6	2
IV	1	5	6
V	1	4	0

Numbers current as of date submitted. For most up-to-date information click here.

Minimum/Maximum (Min/Max) Number of Pediatric Trauma Care Services
in the Region by Level

Level	State Approved		Current Status
	Min	Max	
I P	0	0	0
II P	0	1	0

III P	0	1	1

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

Level	State Approved		Current Status
	Min	Max	
I	0	0	0
II	2	3	1
III*	There are no restrictions on the # of Level III Rehab. Services		

Appendix 4
Washington State Emergency Cardiac and Stroke (ECS) System Categorized Hospitals
https://doh.wa.gov/sites/default/files/2022-02/345299.pdf?uid=62cf1c21ae7c2

Appendix 5
EMS Resources, EMS Verified Services

EMS - Agency Resource and Transport

Lists the EMS County UDL, Credential #, Credential Status, Agency Name, Mailing City, Site Phone #, Expiration Date, Organization Type, Agency Type, Care Level, Ground Vehicles, Aircraft, Personnel, # of Primary and Secondary Responses, # of Primary/Secondary Transports and Interfacility Transport Only. 07/17/19

Filtered By:

Agency Type = All Agency Types

Agency Status = ACTIVE, ACTIVE IN RENEWAL

Region = All Regions

EMS County = All Counties

Number of records = 511

Region	EMS County UDL	Credential #	Credential Status	Agency Name	Agency Type	Care Level	Ground Vehicles		Aircraft		Personnel		
							# AMB	# AID	# FIXED	# Rotary	#BLS	# ILS	#ALS
North	Island	AMBV.ES.00000195	ACTIVE	Camano Island Fire and Rescue	AMBV	ALS	4	4	0	0	33	0	9
North	Island	AIDV.ES.00000199	ACTIVE	Central Whidbey Island Fire and Rescue	AIDV	BLS	0	7	0	0	17	0	0
North	Island	AIDV.ES.00000196	ACTIVE IN RENEWAL	North Whidbey Fire and Rescue	AIDV	BLS	0	6	0	0	24	0	0
North	Island	AIDV.ES.00000203	ACTIVE	Oak Harbor Fire Department	AIDV	BLS	0	1	0	0	34	0	0
North	Island	AIDV.ES.00000197	ACTIVE	South Whidbey Fire/EMS	AIDV	BLS	0	3	0	0	32	0	0
North	Island	AMBV.ES.00000207	ACTIVE	Whidbey General Hospital EMS	AMBV	ALS	14	1	0	0	13	0	27
North	King	ESSO.ES.60372631	ACTIVE	Seattle Police Department	ESSO		0	0	0	0	66	0	0
North	San Juan	AMBV.ES.00000561	ACTIVE	Lopez Fire and EMS	AMBV	ALS	2	0	0	0	19	0	4
North	San Juan	AMBV.ES.00000559	ACTIVE	Orcas Island Fire & Rescue	AMBV	ALS	3	3	0	0	31	0	5
North	San Juan	AMBV.ES.00000562	ACTIVE	San Juan County FPD #5	AMBV	BLS	2	0	0	0	9	0	0
North	San Juan	AMBV.ES.60360090	ACTIVE	San Juan Island EMS	AMBV	ALS	4	4	0	0	26	0	6
North	San Juan	AIDV.ES.61002894	ACTIVE	San Juan Island Fire and Rescue	AIDV	BLS	0	7	0	0	14	0	0
North	Skagit	AMBV.ES.00000596	ACTIVE	Aero Skagit Emergency Service Association	AMBV	ALS	2	0	0	0	8	0	2
North	Skagit	AIDV.ES.00000577	ACTIVE	Bay View Volunteer Fire Department	AIDV	BLS	0	2	0	0	5	0	0
North	Skagit	AMBV.ES.00000590	ACTIVE	City of Anacortes Fire Department	AMBV	ALS	4	0	0	0	13	0	19
North	Skagit	AMBV.ES.60528123	ACTIVE	City of Burlington Fire Department	AMBV	ALS	3	3	0	0	20	0	12

Region	County	License	Status	Name	Type	Level							
North	Skagit	AMBV.ES.60456686	ACTIVE	City of Sedro-Woolley Fire Department	AMBV	ALS	5	2	0	0	31	0	8
North	Skagit	AID.ES.60470555	ACTIVE	Concrete Volunteer Fire Department	AID	BLS	0	1	0	0	1	0	0
North	Skagit	AIDV.ES.00000581	ACTIVE	Day Creek Fire Department	AIDV	BLS	0	1	0	0	2	0	0
North	Skagit	AIDV.ES.00000582	ACTIVE	Guemes Island Fire Department	AIDV	BLS	0	1	0	0	7	0	0
North	Skagit	AIDV.ES.00000591	ACTIVE	Hamilton Fire Department	AIDV	BLS	0	3	0	0	2	0	0
North	Skagit	ESSO.ES.61364370	ACTIVE	HollyFrontier Puget Sound Refining LLC.	ESSO		0	0	0	0	31	0	0
North	Skagit	AIDV.ES.00000592	ACTIVE	La Conner Fire Department	AIDV	BLS	0	2	0	0	5	0	0
North	Skagit	AIDV.ES.00000572	ACTIVE	Lake Cavanaugh Volunteer Fire Department	AIDV	BLS	0	4	0	0	6	0	0
North	Skagit	ESSO.ES.60457666	ACTIVE	Marathon Petroleum Company	ESSO		0	0	0	0	3	0	0
North	Skagit	AMBV.ES.60013201	ACTIVE	Mount Vernon Fire Department	AMBV	ALS	5	6	0	0	27	0	21
North	Skagit	AIDV.ES.00000576	ACTIVE	Mt Erie Fire Department	AIDV	BLS	0	1	0	0	10	0	0
North	Skagit	AMBV.ES.61116767	ACTIVE	Northwest Ambulance	AMBV	BLS	0	0	0	0	1	0	0
North	Skagit	AIDV.ES.00000583	ACTIVE	Skagit Co Fire Protection District #19	AIDV	BLS	0	2	0	0	5	0	0
North	Skagit	AIDV.ES.00000575	ACTIVE	Skagit County Fire District #10	AIDV	BLS	0	5	0	0	3	0	0
North	Skagit	AMBV.ES.60551218	ACTIVE	Skagit County Fire District #13	AMBV	BLS	4	2	0	0	16	0	0
North	Skagit	AIDV.ES.00000580	ACTIVE	Skagit County Fire District #15	AIDV	BLS	0	3	0	0	6	0	0
North	Skagit	AIDV.ES.00000567	ACTIVE	Skagit County Fire District #2	AIDV	BLS	0	2	0	0	6	0	0
North	Skagit	AIDV.ES.00000568	ACTIVE	Skagit County Fire District #3	AIDV	BLS	0	5	0	0	14	0	0
North	Skagit	AIDV.ES.00000569	ACTIVE	Skagit County Fire District #4	AIDV	BLS	0	4	0	0	7	0	0
North	Skagit	AIDV.ES.00000571	ACTIVE	Skagit County Fire District #6	AIDV	BLS	0	4	0	0	17	0	0
North	Skagit	AIDV.ES.00000573	ACTIVE	Skagit County Fire District #8	AIDV	BLS	0	8	0	0	8	0	0
North	Skagit	AIDV.ES.00000574	ACTIVE	Skagit County Fire District #9	AIDV	BLS	0	3	0	0	8	0	0
North	Skagit	AMBV.ES.60797919	ACTIVE	Skagit County Fire District 14	AMBV	BLS	2	6	0	0	9	0	0
North	Skagit	AIDV.ES.00000570	ACTIVE	Skagit County Fire Protection District 5	AIDV	BLS	0	7	0	0	20	0	0
North	Skagit	AID.ES.00000600	ACTIVE	Skagit County Sheriff's Office Search and Rescue	AID	BLS	0	1	0	0	17	0	0
North	Skagit	ESSO.ES.61051376	ACTIVE	Skagit County Sheriffs Department	ESSO		0	0	0	0	3	0	0
North	Skagit	AMBV.ES.61162612	ACTIVE	Trans-West Ambulance Service, LLC	AMBV	BLS	3	0	0	0	9	1	0
North	Snohomish	AMBV.ES.00000660	ACTIVE	American Medical Response	AMBV	BLS	1	0	0	0	0	0	1
North	Snohomish	AMBV.ES.00000636	ACTIVE IN RENEWAL	Arlington Fire Department	AMBV	ALS	5	3	0	0	1	0	2
North	Snohomish	AMBV.ES.60446324	ACTIVE	Boeing Fire Department	AMBV	BLS	2	0	0	0	2	0	0
North	Snohomish	AMBV.ES.00000638	ACTIVE	City of Everett	AMBV	ALS	9	18	0	0	133	2	46
North	Snohomish	AMBV.ES.60243713	ACTIVE	Darrington Fire District #24	AMBV	ALS	3	0	0	0	15	0	2
North	Snohomish	ESSO.ES.60705307	ACTIVE	Draft Rescue Response Evergreen Speedway EMS	ESSO		0	0	0	0	2	0	0
North	Snohomish	AMBV.ES.00000623	ACTIVE IN RENEWAL	Getchell Fire	AMBV	BLS	2	2	0	0	20	0	0
North	Snohomish	AMBV.ES.60996460	ACTIVE	Marysville Fire District	AMBV	ALS	9	0	0	0	77	0	30
North	Snohomish	AMBV.ES.00000643	ACTIVE	Mukilteo Fire Department	AMBV	ALS	3	3	0	0	16	0	9
North	Snohomish	AMBV.ES.00000631	ACTIVE	North County Regional Fire Authority	AMBV	ALS	6	3	0	0	68	0	27
North	Snohomish	AMBV.ES.00000661	ACTIVE	Northwest Ambulance	AMBV	BLS	25	0	0	0	224	1	0
North	Snohomish	AMBV.ES.00000626	ACTIVE	Oso Fire Department	AMBV	BLS	1	1	0	0	6	0	0
North	Snohomish	ESSO.ES.60864375	ACTIVE	Pioneer Human Services	ESSO		0	0	0	0	10	0	0
North	Snohomish	AMBV.ES.00000627	ACTIVE	Sky Valley Fire	AMBV	ALS	5	3	0	0	44	17	2
North	Snohomish	AIDV.ES.00000608	ACTIVE IN RENEWAL	Snohomish County Airport Fire Department	AIDV	BLS	0	1	0	0	20	1	0
North	Snohomish	AMBV.ES.60365185	ACTIVE IN RENEWAL	Snohomish County Fire District #16 Lake Roesiger	AMBV	BLS	1	3	0	0	7	0	0
North	Snohomish	AMBV.ES.00000618	ACTIVE	Snohomish County Fire District #17	AMBV	ALS	4	3	0	0	29	0	4
North	Snohomish	AMBV.ES.00000620	ACTIVE IN RENEWAL	Snohomish County Fire District #19	AMBV	BLS	4	2	0	0	19	0	0
North	Snohomish	AMBV.ES.60705952	ACTIVE IN RENEWAL	Snohomish County Fire District #21	AMBV	BLS	2	6	0	0	30	0	1
North	Snohomish	AMBV.ES.00000610	ACTIVE	Snohomish County Fire District #4	AMBV	ALS	3	0	0	0	34	0	13
North	Snohomish	AMBV.ES.00000611	ACTIVE	Snohomish County Fire District #5	AMBV	BLS	3	0	0	0	16	8	3
North	Snohomish	AMBV.ES.00000628	ACTIVE IN RENEWAL	Snohomish County FPD #27 - Hat Island	AMBV	BLS	1	0	0	0	11	0	0
North	Snohomish	ESSO.ES.60427784	ACTIVE	Snohomish County Volunteer Search and Rescue	ESSO		0	0	0	0	10	0	0
North	Snohomish	AMBV.ES.00000612	ACTIVE	Snohomish Regional Fire and Rescue	AMBV	ALS	21	1	0	0	165	2	40
North	Snohomish	AMBV.ES.60795215	ACTIVE	South Snohomish County Fire and Rescue Regional Fire Authority	AMBV	ALS	20	0	0	0	234	0	115
North	Snohomish	AIDV.ES.61001165	ACTIVE	Tulalip Bay Fire Department	AIDV	ALS	0	4	0	0	0	0	0
North	Snohomish	AMBV.ES.60456537	ACTIVE	Tulalip Bay Fire Department	AMBV	ALS	2	5	0	0	15	0	7
North	Statewide	AIRV.ES.60752535	ACTIVE	Island Air Ambulance	AIRV	ALS	0	0	3	0	2	0	3
North	Whatcom	ESSO.ES.60441554	ACTIVE	Bellingham Mountain Rescue Council	ESSO		0	0	0	0	1	0	0
North	Whatcom	ESSO.ES.60424206	ACTIVE	BP Cherry Point Refinery	ESSO		0	0	0	0	30	0	1
North	Whatcom	AMBV.ES.00000827	ACTIVE	Cascade Ambulance Service	AMBV	BLS	4	0	0	0	18	0	0
North	Whatcom	ESSO.ES.60275889	ACTIVE	Customs and Border Protection- Blaine Sector	ESSO		0	0	0	0	17	0	0
North	Whatcom	ESSO.ES.60439002	ACTIVE	Ferndale Refinery Emergency Response	ESSO		0	0	0	0	5	0	0

Region	County	ID	Status	Name	Type	Level							
North	Whatcom	AMBV.ES.00000804	ACTIVE	Glacier Fire and Rescue	AMBV	BLS	1	0	0	0	13	0	0
North	Whatcom	AMBV.ES.00000815	ACTIVE	Lynden Fire Department	AMBV	BLS	3	0	0	0	15	0	0
North	Whatcom	AID.ES.60432661	ACTIVE	Mt. Baker Ski Area, Inc.	AID	ALS	0	0	0	0	0	0	2
North	Whatcom	AID.ES.00000816	ACTIVE	Newhalem Diablo Fire Brigade	AID	BLS	0	4	0	0	4	0	0
North	Whatcom	AMBV.ES.00000805	ACTIVE	North Whatcom Fire and Rescue	AMBV	BLS	7	10	0	0	46	0	0
North	Whatcom	AMBV.ES.60070344	ACTIVE	South Whatcom Fire Authority	AMBV	BLS	3	0	0	0	61	0	0
North	Whatcom	ESSO.ES.60318854	ACTIVE	Summit to Sound Search and Rescue	ESSO		0	0	0	0	2	0	0
North	Whatcom	AMBV.ES.00000787	ACTIVE	Whatcom County Fire Dist #1	AMBV	BLS	4	0	0	0	26	0	0
North	Whatcom	AMBV.ES.00000797	ACTIVE	Whatcom County Fire District #11	AMBV	BLS	1	0	0	0	17	0	0
North	Whatcom	AMBV.ES.00000799	ACTIVE	Whatcom County Fire District #14	AMBV	BLS	6	1	0	0	47	0	0
North	Whatcom	AMBV.ES.60642167	ACTIVE	Whatcom County Fire District #17	AMBV	BLS	2	0	0	0	11	0	0
North	Whatcom	AMBV.ES.00000791	ACTIVE	Whatcom County Fire District #5	AMBV	ILS	2	5	0	0	10	5	0
North	Whatcom	AMBV.ES.00000801	ACTIVE	Whatcom County Fire District 16	AMBV	BLS	2	0	0	0	16	0	0
North	Whatcom	AMBV.ES.00000794	ACTIVE	Whatcom County Fire District 8	AMBV	BLS	3	1	0	0	9	0	0
North	Whatcom	AMBV.ES.00000793	ACTIVE	Whatcom County Fire District No. 7	AMBV	ALS	5	0	0	0	58	0	17
North	Whatcom	AMBV.ES.60490484	ACTIVE	Whatcom County Fire Protection District #18	AMBV	BLS	1	1	0	0	9	0	0
North	Whatcom	AMBV.ES.00000813	ACTIVE	Whatcom Medic One	AMBV	ALS	11	14	0	0	132	0	58

Appendix 6
Approved Min/Max numbers of EMS Verified Trauma Services by Level and Type by County

North Region

County	Verified Service Type	State Approved Minimum Number	State Approved Maximum Number	Current Status
Island	AID - BLS	4	5	4
	AID - ILS	0	0	0
	AID - ALS	0	0	0
	AMB - BLS	2	2	2
	AMB - ILS	0	0	0
	AMB - ALS	1	3	2

County	Verified Service Type	State Approved Minimum Number	State Approved Maximum Number	Current Status
San Juan	AID - BLS	0	9	1

	AID - ILS	0	0	0
	AID - ALS	0	0	0
	AMB - BLS	1	10	1
	AMB - ILS	0	0	0
	AMB - ALS	1	4	3

County	Verified Service Type	State Approved Minimum Number	State Approved Maximum Number	Current Status
Skagit	AID - BLS	13	27	16
	AID - ILS	0	0	0
	AID - ALS	0	0	0
	AMB - BLS	13	27	4
	AMB - ILS	0	0	0
	AMB - ALS	7	8	5

County	Verified Service Type	State Approved Minimum Number	State Approved Maximum Number	Current Status
Snohomish	AID - BLS	10	10	1
	AID - ILS	0	0	0
	AID - ALS	0	0	0
	AMB - BLS	12	15	11
	AMB - ILS	0	4	0
	AMB - ALS	12	12	12

County	Verified Service Type	State Approved Minimum Number	State Approved Maximum Number	Current Status
Whatcom	AID - BLS	0	2	0
	AID - ILS	0	0	0
	AID - ALS	0	0	0
	AMB - BLS	10	15	12
	AMB - ILS	0	1	1
	AMB - ALS	1	2	2

Appendix 7
Trauma Response Areas (TRAs) by County

Island County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
1	Camano Island, including Camano Island State Park and Cama Beach.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
2	North Whidbey Island, within boundaries of North Whidbey Fire & Rescue #2, excluding City of Oak Harbor. Also includes boundaries of Deception State Park and Joseph Whidbey State Park.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
3	NAS Whidbey (Federal military property)- Ault Field Base: Boundary North of Ault Field Road, South of De Graff Road and West of the Highway 20. Seaplane Base: East of the City of Oak Harbor, South of Crescent Harbor Road.	*Whidbey Health provides ALS service when needed to the Navy Bases and the Navy provides their own BLS.

Island County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
4	City of Oak Harbor	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
5	Central Whidbey Island, within the boundaries of Central Whidbey Fire & Rescue #5, including the City of Coupeville. Also includes Fort Ebey State Park and Fort Casey State Park.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
6	South Whidbey Island, within boundaries of South Whidbey Island Fire & Rescue #3, including the cities of Langley and Clinton. Also includes South Whidbey State Park.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
	WHITE AREA: Island County Sherriff's Department provides helicopter response to the smaller islands when Island County agency marine vessels are not available.	Wilderness areas – service "as soon as possible" from nearest available units, regardless of county or verification status. Backup response from nearest available trauma verified service.
7	**Islands of:** Baby, Ben Ure, Kalamut, Minor, Smith and Strawberry. All seven of these islands are located on the Whidbey Island part of the county.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
8	**Island of:** Deception. This island, located within the Island County boundaries, has a Skagit County agency response by Erie Fire Department for BLS and Anacortes Fire for ALS response.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0 *Skagit County Response

San Juan County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
1	**Orcas Island,** within the boundaries of San Juan County FD#2. To include Skull Island, Picnic Island, Victims Island and Double Island.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
2	**Lopez Island,** within the boundaries of San Juan County FD#4. To include Flower Island, Boulder Island, Castle Island and Colville Island.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
3	**Shaw Island**, within the boundaries of San Juan County FD#5	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
4	**San Juan Island**, within the boundaries of San Juan County Public Hospital District #1, San Juan EMS. To include Henry, Stuart, Spieden, Brown, Johns, and Pearl Islands.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
4	**Stuart Island, Satellite Island:** North of Roche Harbor; North of Posey Island, North of Henry Island and North of San Juan Island. West of Waldron Island and Northwest of John's Island.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
4	**Johns Island, Ripple Island:** North of Roche Harbor, Southeast of Stuart Island, North of Posey Island, North of Henry Island and North of San Juan Island. West of Waldron Island and Southeast of Stuart and Satellite Islands.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
4	**Spieden Island, Sentinel Island and Cactus Islands**: South of John's Island. West of Flat Top Island.	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0

San Juan County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
4	**Baren Island:** Northwest shore of San Juan Island. South of Sentinel and Spieden Islands. North of Posey and Pearl Island.	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
4	**Posey Island:** Northwest shore of San Juan Island. North of Roche Harbor: South of Stuart Island Johns Island, Spieden Island and Sentinel Island. North of Henry Island and North of San Juan Island.	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
4	**Pearl Island:** Northwest shore of San Juan Island. Northwest of Roche Harbor: South of Stuart Island Johns Island, Spieden Island and Sentinel Island. Northeast of Henry Island and North of San Juan Island.	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
4	**Henry Island:** Northwest shore of San Juan Island. West of Roche Harbor, South of Stuart Island, John's Island and Spieden and Sentinel Islands.	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
4	**Guss Island:** Northwest shore of San Juan Island. In a cove South of Roche Harbor. North of Heron Lane and East of Shorett Road.	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
4	**O'Neal Island:** Off northeast shore of San Juan Island in Rocky Bay. Opposite side of Roche Harbor**.**	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1

San Juan County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
	WHITE AREAS: *San Juan County Sherriff's Department provides helicopter response to the smaller islands.*	Wilderness areas – service "as soon as possible" from nearest available units, regardless of county or verification status. Backup response from nearest available trauma verified service.
4	**Battleship Island:** Northwest shore of San Juan Island. Northwest of Henry Island.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
5	**Patos Island:** North of Sucia and Matia Islands, and North of East Sound, Orcas Island. Includes Patos Island State Park.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
6	**Sucia Island:** North of Matia Island, Sound of Patos Island, and North of East Sound, Orcas Island.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
7	**Matia Island, Puffin Island and Fig Island:** South of Patos and Sucia Islands, North of East Sound, Orcas Island.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
8	**Clark Island, Barns Island and The Sisters Islands (3 small islands):** East of East Sound, Orcas Island. South of Matia Island.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
9	**Waldron Island and Skip Jack Island:** Northwest of East Sound, Orcas Island. East of Johns Island and Stuart Island.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0

San Juan County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AMBV-ALS 0
10	**Flat Top Island:** Southwest of Waldron Island, and west of Spieden Island.	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 0
11	**Jones Island:** Northwest of Shaw Island. West of Roche Harbor and East of Deer Harbor. Located between Orcas Island and San Juan Island.	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 0
12	**Crane Island, Yellow Island McConnell Island, Reef Island and Cliff Island and Bell Islands:** Northwest of Shaw Island. Southwest of Orcas Island, Northwest of San Juan Island. South of Jones Island.	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 0
13	**Obstruction Island:** North of Blakely Island.	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 0
14	**Blakely Island, Frost Island and Willow Island:** North of Decatur Island, Northwest of Lopez Island.	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 0
15	**Decatur Island, Trump Island, Center Island and Ram Island:** West of Lopez Island, South of Blakely Island.	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 0
16	**Center Island:** East of Lopez Island, West of Decatur Island North of Center Island. Includes Center Island Airport.	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0

San Juan County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AMBV-BLS 0
		AMBV-ALS 0
17	**James Island:** East of Decatur Island. Includes James Island St. Park.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
18	**Charles Island, Buck Island, Long Island, Hall Island:** South of Lopez Island on west side.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
1	City of Anacortes, as well as three islands outside the City of Anacortes boundaries, Burrows Island, Young Island and Allan Island.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
2	City of Burlington	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
3	City of Concrete	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
4	City of Hamilton	AIDV-ILS 0

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
5	City of La Conner	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
6	City of Lyman	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
7	City of Mount Vernon	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
8	City of Sedro Woolley	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
9	Just outside the city limits of Mount Vernon, within boundaries of Skagit County Fire District #1 (part of Burlingame Road, River Bend Road, by Crosby Drive and area off Little Mountain).	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
10	West of Mount Vernon, within boundaries of Skagit County Fire District #2 (McLean Road)	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1

11	Area surrounding Conway, within boundaries of Skagit County Fire District #3 (Conway)	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
12	East of Mount Vernon, within boundaries of Skagit County Fire District #4 (Clear Lake)	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
13	Northwest of Mount Vernon, within boundaries of Skagit County Fire District #5 (Bow and parts of Edison)	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
14	Surrounding City of Burlington, within boundaries of Skagit County Fire District #6	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
15	East of Mount Vernon, within boundaries of Skagit County Fire District #7 (Lake Cavanaugh)	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
16	North and East of Sedro Woolley, within boundaries of Skagit County Fire District #8	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
17	East of Mount Vernon, within boundaries of Skagit County Fire District #9 (Big Lake)	AIDV-ILS 0
		AIDV-BLS 1

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
18	Area surrounding Concrete, within boundaries of Skagit County Fire District #10	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
19	Southwest of Anacortes, within boundaries of Skagit County Fire District #11 (Mt. Erie)	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
20	West of Mount Vernon, within boundaries of Skagit County Fire District #12 (Bay View and parts of Edison)	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1
21	East of Anacortes, within boundaries of Skagit County Fire District #13 (Hope Island/Summit Park)	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 1
		AMBV-ALS 1
22	North of Mount Vernon, within boundaries of Skagit County Fire District #14 (Alger)	AIDV-ILS 0
		AIDV-BLS 0
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 1
		AMBV-ALS 1
23	East of Conway, within boundaries of Skagit County Fire District #15 (Lake McMurray)	AIDV-ILS 0
		AIDV-BLS 1
		AIDV-ALS 0
		AMBV-ILS 0
		AMBV-BLS 0
		AMBV-ALS 1

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
24	West of Concrete, within boundaries of Skagit County Fire District #16 (Day Creek)	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
25	Guemes Island, within boundaries of Skagit County Fire District #17 (ALS service limited by availability of County-operated Ferry and weather conditions)	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
26	East of Concrete, within boundaries of Skagit County Fire District #19 (Rockport/Marblemount)	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
27	North of Darrington, within boundaries of Aero Skagit response area and Rockport Fire Department	AIDV-ILS 0 AIDV-BLS 1 (from Snohomish) AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-AL S 1
28	Swinomish Reservation	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
29	Upper Skagit Tribe – "Helmic" area	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
30	Upper Skagit Tribe – "Casino" area	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AMBV-BLS 0 AMBV-ALS 1
31	North Cascades National Park	Wilderness areas – service "as soon as possible" from nearest available units, regardless of county or verification status. Backup response from nearest available trauma verified service.
32	Mount Baker Snoqualmie National Forest	
33	Okanogan National Forest	
	WHITE AREAS: In area A, B, C, D and E, the area is either an island that is uninhabited most of the time or is DNR Land. If response was needed in these areas, the forest service personnel would have to get the patient to the nearest Skagit County Fire District.	Wilderness areas – service "as soon as possible" from nearest available units, regardless of county or verification status. Backup response from nearest available trauma verified service.
A	Cypress Island, Sinclair, and Vandovi Islands: NO RESPONSE.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
B	Burrows & Allan Islands – UNPROTECTED National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
C	Hat Island – UNPROTECTED National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
D	East of Chuckanut Drive along Whatcom County Border; West of Lk Samish Road; North of Wood Road – UNPROTECTED National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
E	Between Alger/Cain Lake Road and Hwy 9; North of Prairie Road – UNPROTECTED National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
F	South of Prairie Road; East of F&S Grade Road; West of I-5; North of Kelleher Road and within the boundaries of Fire District #6 (BLS); ALS: Burlington Fire Department	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
G	West of Sterling Road; East of Sedro Woolley; North of Francis/Asplund Road; North of Skagit River and within the Boundaries of Fire District #8 (BLS); ALS: Sedro-Woolley Fire Department	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
H	West of Sterling Road; East of Sedro Woolley; North of Francis/Asplund Road; South of Skagit River and within the Boundaries of Fire District #4 (BLS); ALS: Sedro-Woolley Fire Department (North) and Mount Vernon Fire Department (South)	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
I	West of Fruitdale Road; West of River Lane; North of Francis Road – NO PROTECTION Island/Underwater at High Tide	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
J	South of Hickox Road; West of E. Stackpole Road and within the Boundaries of Fire District #3 (BLS); ALS:-Mount Vernon Fire Department	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
K	East of Hwy. 9; North of Hwy. 534 – NO PROTECTION Back of Little Mountain; National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0

Skagit County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AMBV-ALS 0
L	North of Lyman/Concrete to Whatcom County Border; West of Hwy. 9 to Hwy. 20 and beyond the boundaries of Fire District #19 to Okanogan County Border – NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
M	South of Lyman/Concrete to Snohomish County Border; West of Hwy. 9 to Hwy. 20 and beyond the boundaries of Districts #19, #10, & #24 to Okanogan County Border – NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
O	West of Kamb Road, South of Calhoun Road; East of Samish Fork Skagit River; North of Hickox Road – NO PROTECTION National Forest and/or State DNR Land	

Snohomish County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
1	City of Arlington Merged with North County Region Fire Authority	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
2	City of Bothell (in Snohomish Co.) Served by Bothell Fire and EMS & *ALS provided by King County Shoreline Fire	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1*

Snohomish County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
3	City of Darrington *#3 no longer exists on the map. Served by Fire District #24	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
4	Cities of Edmonds and Woodway Contracted with South County Regional Fire	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
5	City of Everett and Northwest AMB	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
6	City of Lynwood Merged with South County Regional Fire	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
7	City of Marysville plus areas within boundaries of Snohomish County Fire District #15 and Northwest AMB	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
8	City of Monroe plus area within boundaries of Snohomish County Fire District #3. Merged with Snohomish Regional Fire	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
9	City of Mukilteo Served by City of Muliteo Fire Department	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0

		AMBV-BLS	0
		AMBV-ALS	1
10	City of Stanwood Merged with North County Regional Fire Authority	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
11	South of Everett, boundaries of Snohomish County Fire District #1 & 11 (and cities of Brier, & Mountlake Terrace) Served by South County Regional Fire & Northwest AMB	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	1
12	City of Snohomish and area within boundaries of Snohomish County Fire District #4	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
13	City of Sultan and area within boundaries of Snohomish County Fire District #5	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1
14	West of Snohomish, including city of Mill Creek and area within boundaries of Snohomish County Fire District #7 *Update to South of Snohomish, East of Millcreek, North of Woodinville- boundaries of Snohomish County Fire District #7 Served by Snohomish County Regional Fire Authority	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	1
15	City of Lake Stevens and area within boundaries of Snohomish County Fire District #8 Served by Snohomish Regional Fire Authority.	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	1
16	Area west of Bothell, East -boundaries of Snohomish County Fire District #10 Served by Bothell Fire and EMS	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	1

Snohomish County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
17	Area surrounding city of Stanwood, within boundaries of Snohomish County Fire District #14. Served by North County Regional Fire Authority	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
18	Area West of Marysville within boundaries of Snohomish County Fire District #15. Served by Tulalip Aby #15 new ALS transport.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
19	Area surrounding Lake Roesiger, within boundaries of Snohomish County Fire District #16. ALS by District 4	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
20	City of Granite Falls, and surrounding area within boundaries of Snohomish County Fire District #17	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
21	Bryant, without boundaries of Snohomish County Fire District #18. Merged with North County Regional Fire Authority	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
22	Sylvana, within boundaries of Snohomish County Fire District #19 ALS by North County Regional Fire Authority	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
23	Arlington Heights, within area of Snohomish County Fire District #21 ALS by North County Regional Fire Authority	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0

Snohomish County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AMBV-BLS 1 AMBV-ALS 1
24	Getchell, within boundaries of Snohomish County Fire District #22 ALS by Granite falls #17	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
25	Robe Valley, within boundaries of Snohomish County Fire District #23 Served by Fire District 17 for ALS and BLS	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
26	Oso, within boundaries of Snohomish County Fire District #25 ALS by North County Regional Fire Authority	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
27	City of Darrington and the boundaries of Snohomish County FD#24. Served both ALS and BLS by Fire District #24	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
28	City of Goldbar, plus area within boundaries of Snohomish County Fire District #26	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
29	City of Index, plus area within boundaries of Snohomish County Fire District #28 ALS by Fire District #26	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
30	Hat Island, (A.K.A. Gedney Island) is a private island, located in Puget Sound, in	AIDV-ILS 0 AIDV-BLS 0

Snohomish County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
	Snohomish County Washington. The island is west of Everett. Served by Hat Island Fire District #28 & ALS by Everett Fire Department	AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
31	Snohomish County Paine Field Airport Served by Fire District #26 and ALS by Everett Fire Department	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
32	US Naval Station – Everett Served by Federal Navy Fire and ALS by Everett Fire Department	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
33	Evergreen Speedway BLS provider when the track is operational. Served by Evergreen Speedway, additional ALS and BLS support by Snohomish County Regional Fire Authority	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 1
34	Mt Baker Snoqualmie National Forest	Serviced by "as soon as possible" from nearest available units, regardless of county or verification status. Backup response from nearest available trauma verified service.
	WHITE AREAS	Wilderness areas - service "as soon as possible" from nearest available units, regardless of county or verification status. Backup response from nearest available trauma verified service.
A	N Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: *West of Darrington. Parcel of land that is South of White Area F and West of White Area E and has one road running through it, French Creek Road at the southeast corner of the parcel. Contiguous*	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0

Trauma Response Area Number	Description of Trauma Response Area's Geographic Boundaries	Number of Verified Services in the response area	
	to SCFD#21to the west and contiguous to SCFD#25 to the north. East and South is National Forest Land.		
B	Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: *Southwest of the City of Darrington, South of White Area A and North of White Area C. Southern border is the Mountain Loop Hwy. Also includes Mud Lake. Contiguous to SCFD#21to the west and contiguous to SCFD#17 to the south and east is National Forest Land.*	AIDV-ILS AIDV-BLS AIDV-ALS AMBV-ILS AMBV-BLS AMBV-ALS	0 0 0 0 0 0
C	Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: *Southwest of the City of Darrington. South of White Area B with a northern boundary of Mountain Loop Hwy. Directly to the west is SCFD#17. The southern boundary is SCFD#19. Northeast boundary is SCFD#23 and southwest boundary is White Area H and National Forest Land.*	AIDV-ILS AIDV-BLS AIDV-ALS AMBV-ILS AMBV-BLS AMBV-ALS	0 0 0 0 0 0
D	Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: *Southern boundary is north of SCFD#23. Northern boundary touches White Area B. North and east boundaries are National Forest Land.*	AIDV-ILS AIDV-BLS AIDV-ALS AMBV-ILS AMBV-BLS AMBV-ALS	0 0 0 0 0 0
E	Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: *Contiguous to the south side of the City of Darrington and West of the City of Darrington.*	AIDV-ILS AIDV-BLS AIDV-ALS AMBV-ILS AMBV-BLS AMBV-ALS	0 0 0 0 0 0
F	Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: *Contiguous to the south side of the City of Darrington and West of the City of Darrington.*	AIDV-ILS AIDV-BLS AIDV-ALS AMBV-ILS AMBV-BLS AMBV-ALS	0 0 0 0 0 0
G	Mount Baker Snoqualmie National Forest	AIDV-ILS AIDV-BLS	0 0

Snohomish County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
	National Forest and/or State DNR Land: *Contiguous*	AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
H	Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: Sultan Basin that surrounds Spade Lake (Reservoir for the City of Everett). Also, the parcel includes other lakes, East Boardman Lake, Big Greider Lake, Boulder Lake, Wallace Lake, and parts of Lake Chaplain (a City of Everett reservoir).	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
I	Tulalip Reservation and Boeing Field: North, east, and south boundaries is Snohomish County Fire District #15 (Marysville).	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
J	SWAMP LAND: West of Lake Stevens/East of Everett. NO RESPONSE.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
K	BIG HILL: Eastern boundary of the City of Everett, contiguous to SCFD#4 to the southeast and SCFD#8 to the northeast. NO REPONSE.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
L	BIG HILL: Eastern boundary of the City of Everett, contiguous to SCFD#4 to the southeast and SCFD#8 to the northeast. NO REPONSE.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
M	Shoreline of the City of Woodway with rail running north and south. South of the City of Edmonds and north of Richmond Beach in King County.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0

Snohomish County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AMBV-ALS 0
N	Bob Herman Wildlife Park: Surrounded by SCFD#1 to the north, SCFD#8 to the south and SCFD#4 to the east to provide response when needed.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
O	FARMLAND: Northern boundary of SCFD#4, eastern boundary with SCFD#3 who responds when need and the southwest boundary is along SCFD#7.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
P	Borders King County to the south and has the access road of 119th Avenue SE to Paradise Lake in King County runs north and south. This piece is in Mill Creek and SCFD#7 provides services when needed.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
Q	Borders King County to the south and is contiguous to SCFD#3 Monroe. 157th Avenue SE and 155th Avenue SE run north and south of the property. This piece is in Mill Creek and SCFD#7 provides services when needed.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
R	Borders King County to the south is placed centrally in the SCFD#3 Monroe service area. This area is gated and includes King Lake, Lake Fontal and Lake Hannan.	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0

Whatcom County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
1	City of Bellingham Served by BFD	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
2	Bellingham, within boundaries of Whatcom County Fire District #3 NWFR	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
3	Bellingham, within boundaries of Whatcom County Fire District #4 NWFR	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
4	Marietta, within boundaries of Whatcom County Fire District #8 BFD	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
5	Lake Samish, within boundaries of Whatcom County Fire District #9 SWFA	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
6	Bellingham, within boundaries of Whatcom County Fire District #10 SWFA	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
7	City of Lynden LFD	AIDV-ILS 0 AIDV-BLS 0

Whatcom County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
8	City of Ferndale FD7	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
9	Ferndale, within boundaries of Whatcom County Fire District #7 FD7	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
10	City of Blaine NWFR	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
11	City of Everson FD1	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
12	Everson, within boundaries of Whatcom County Fire District #1 FD1	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
13	City of Sumas FD14	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
14	Sumas, within boundaries of Whatcom County Fire District #14 FD14	AIDV-ILS 0 AIDV-BLS 0

		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	2
15	City of Nooksack FD1	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	2
16	City of Newhalem City of Seattle	AIDV-ILS	0
		AIDV-BLS	1
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	0
		AMBV-ALS	1

Whatcom County

Trauma Response Area Number	Description of Trauma Response Area's Geographic Boundaries	Number of Verified Services in the response area	
17	Geneva, within boundaries of Whatcom County Fire District #2 SWFA	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	2
18	Point Roberts, within boundaries of Whatcom County Fire District #5 FD5	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	2
19	Chuckanut, within boundaries of Whatcom County Fire District #6 SWFR	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	2
20	Lummi Island, within boundaries of Whatcom County Fire District #11 FD11	AIDV-ILS	0
		AIDV-BLS	0
		AIDV-ALS	0
		AMBV-ILS	0
		AMBV-BLS	1
		AMBV-ALS	2

Whatcom County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
21	Birch Bay, within boundaries of Whatcom County Fire District #13 NWFA	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
22	Acme, within boundaries of Whatcom County Fire District #16 FD16	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 1
23	Sandy Point, within boundaries of Whatcom County Fire District #17 FD17	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
24	S. Lake Whatcom, within boundaries of Whatcom County Fire District #18 FD18	AIDV-ILS 0 AIDV-BLS 1 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 2
25	Glacier, within boundaries of Whatcom County Fire District #19 FD 19	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
26	Mount Baker Snoqualmie National Forest	Wilderness areas – service "as soon as possible" from nearest available units, regardless of county or verification status. Backup response from nearest available trauma verified service.
27	North Cascades National Park	
28	Okanogan National Forest	
	WHITE AREAS:	
A	South of Aldrich Road; West of Rural Ave.	AIDV-ILS 0

Whatcom County		
Trauma Response Area Number	**Description of Trauma Response Area's Geographic Boundaries**	**Number of Verified Services in the response area**
		AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 1 AMBV-ALS 2
B	South of Frost Road; West of Kendall Lake and N. Fork Rd; - NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
C	South of Eagle Flyway; West of Hillside Road; East of Y Road; North of White Area F - NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
D	South of Lake Whatcom; North of Skagit County line and White Area E - NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
E	North of Skagit County Line; East of Coast - NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
F	South of Canadian Border; East of Silver Lake Road; North of Maple Falls - NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0 AMBV-ALS 0
G	South of Maple Falls; to Skagit County Line; East of Mosquito Lake Road - NO PROTECTION National Forest and/or State DNR Land	AIDV-ILS 0 AIDV-BLS 0 AIDV-ALS 0 AMBV-ILS 0 AMBV-BLS 0

Whatcom County		
Trauma Response Area Number	Description of Trauma Response Area's Geographic Boundaries	Number of Verified Services in the response area
		AMBV-ALS 0

Appendix 8: Program and Instructor Count

Appendix 8

Approved   EMS   Training   Programs

Expiration Date	Facility Name	Site City	Site County
05/31/2023	Island County Emergency Medical Services Council	Langley	Island
05/31/2023	San Juan County EMS and Trauma Council	Friday Harbor	San Juan
06/30/2027	Skagit County EMS and Skagit County Medic One	Mount Vernon	Skagit
06/30/2027	Skagit Valley College - Mt Vernon	Mount Vernon	Skagit
06/30/2024	Everett Community College	Everett	Snohomish
06/30/2026	Polaris Training Concepts LLC	Stanwood	Snohomish
06/30/2023	Snohomish County EMS	Arlington	Snohomish
06/30/2027	Bellingham Technical College	Bellingham	Whatcom
06/30/2023	City of Bellingham Fire Department	Bellingham	Whatcom
06/30/2023	Life Rescue Incorporated	Bellingham	Whatcom
06/30/2025	Remote Medical Training	Bellingham	Whatcom
06/30/2023	Whatcom County EMS & Trauma Care Council	Bellingham	Whatcom
06/30/2027	Whatcom County Fire District #14	Sumas	Whatcom

Instructor Counts for North Region (By County)

ESE	2021	2022
Island	74	68
San Juan	28	37
Skagit	52	65
Snohomish	246	232
Whatcom	206	221

SEIC	2021	2022
Island	0	0
San Juan	2	0
Skagit	0	0
Snohomish	0	2
Whatcom	0	3

SEI	2021	2022
Island	3	4
San Juan	1	4
Skagit	2	2
Snohomish	9	7
Whatcom	9	12

Appendix 9
Patient Care Procedures (PCPs)

Level Of Medical Care Personnel To Be Dispatched To An Emergency Scene
Effective Date:

Objective

To define the role of BLS and ALS services (agency and its units) in emergency response to reported trauma incidents.

To define the role of BLS and ALS services in transporting trauma patients.

Standard 1

For initial response to reported trauma incidents, the closest designated local ALS or BLS trauma verified EMS service shall respond.

Standard 2

Where the closest designated local trauma verified service is BLS, a trauma verified ALS service shall respond simultaneously for all reported trauma patient.

Standard 3

For transport of identified trauma patients in Steps 1 and 2 of the State of Washington Prehospital Trauma Triage (Destination) Procedure, a designated local trauma verified service shall provide transport.

Standard 4

For transport of identified trauma patients (consult medical control portion of the State of Washington Prehospital Trauma Triage (Destination) Procedure), the ALS or BLS transport shall be done at the discretion of Medical Control from the receiving trauma center. In either case, the transport service shall be trauma verified, including air transport service.

Standard 5

For a Multi-Casualty Incident which exhausts resources of the local EMS system, regional and/or state mutual aid will be activated. Transport designated services will be under the direction of Medical Control or Incident Command structure depending on the magnitude of the event.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

1   Guidelines For Rendezvous With Agencies That Offer Higher Level Of Care
See PCP #9 – Interfacility Transfers

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

2   Air Medical Services - Activation And Utilization
Effective Date:

Objective

To define how air transport activation for field response is accomplished in the Region.

Standard 1

The decision to activate air transport service for field response to trauma in urban and rural areas shall be made by the appropriate responder, who can be an Emergency Medical Responder, EMT or Paramedic, from the scene _with_ on-line medical control consultation when needed. Where ICS is used, the commander shall be an integral part of this process.

Standard 2

The decision to activate air transport services for field response to major trauma in wilderness areas shall be made by anyone familiar with EMS in the area.

Standard 3

Air transport programs requested to respond will follow their internal policies for accepting a field mission.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		☐ Major ☐ Minor
			☐ Major ☐ Minor

3   On Scene Command & Identification of Trauma Patients
Effective Date:

Objective

To define which patient injuries and severities are classified as trauma for the purpose of:

• Field triage

• Hospital resource team activation

• Registry inclusion

• Regional quality improvement program

Standard 1

Trauma patients will be identified in the initial EMS field assessment using the most current State of Washington Prehospital Trauma Triage (Destination) Procedure as published by DOH-EMS and Trauma Section.

Standard 2

Trauma patients will be identified by the region's Prehospital services and hospitals for the purposes of state trauma registry inclusion using the trauma registry inclusion criteria as outlined in WAC 246-976-430.

Standard 3

Trauma patients will be identified for the purposes of regional quality improvement as:

• Patients who meet the Trauma System Activation criteria of the most current version of the State of Washington Prehospital Trauma Triage (Destination) Procedure.

• Patients whose conditions require activation of hospital resource teams and
• Patients who meet the hospital trauma patient registry inclusion criteria.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft		☐ Major ☐ Minor

4   Prehospital Triage and Destination Procedure

Effective Date:

STATE OF WASHINGTON

PREHOSPITAL TRAUMA TRIAGE (DESTINATION) PROCEDURE

Purpose

The Trauma Triage Procedure was developed by the Centers for Disease Control in partnership with the American College of Surgeons, Committee on Trauma. The guidelines have been adopted by the Department of Health (DOH) based on the recommendation of the State EMS and Trauma Steering Committee.

The procedure is described in the attached algorithm. The guidelines represent the current best practice for the triage of trauma patients. The algorithm allows EMS and Trauma Responders to quickly and accurately determine if the patient is a major trauma patient. Major trauma patients must be taken to the highest appropriate level trauma facility in the defined system within 30 minutes transport time (Air or Ground).

The "defined system" is the trauma system that exists within an EMS and Trauma Care Region.

Explanation of Procedure

Any certified EMS and Trauma responder can identify a major trauma patient and activate the trauma system. This may include asking for Advanced Life Support response or air medical evacuation.

Step (1) Assess the patient's vital signs and level of consciousness using the Glasgow Coma Scale. Step 1 findings require activation of the trauma system. They also require rapid transport to the highest, most appropriate trauma center within 30 minutes transport time (ground or air). If unable to manage the patient's airway, consider meeting up with an ALS unit or transporting to the nearest facility capable of definitive airway management.

Step (2) Assess the anatomy of injury. Step 2 findings require activation of the trauma system. They also require rapid transport to the highest, most appropriate trauma center within 30 minutes transport time (ground or air). The presence of the specific anatomical injuries even with normal vital signs, lack of pain or normal levels of consciousness still require calling medical control and activating the trauma system.

Step (3) Assess biomechanics of the injury and address other risk factors. The conditions identified are reasons for the provider to transport to a trauma center. The destination trauma center need not be the highest-level trauma center. Medical control should be contacted as soon as possible.

Step (4) has been added to assess special patients or system considerations. Risk factors coupled with "Provider Judgment" are reasons for the provider to contact Medical Control and discuss appropriate transport for these patients. In some cases, the decision may be to transport to the nearest trauma center.

Regional Patient Care Procedures (PCP's) and Local County Operating Procedures (COPS) provide additional detail about the appropriate hospital destination. PCP's and COP's are intended to further define how the system operates. The Prehospital Trauma Triage procedure and the Regional Patient Care

Procedures work in a "hand in glove" fashion to address trauma patient care needs.

***For the most current WASHINGTON STATE TRAUMA TRIAGE DESTINATION PROCEDURE TOOL see DOH website.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

4.1   Trauma Triage And Destination Procedure

Effective Date:

Objective

To define the flow of trauma patients from the incident scene to hospitals in the region and inter-regionally.

Standard 1

Prehospital service personnel will identify injured patients using the State of Washington Prehospital Trauma Triage (Destination) Procedure.

Standard 2

Trauma patients with special needs, as in head injury, burns, intra-thoracic injury, and pediatric trauma will be considered for direct transport, by ground or air, to the highest level designated inter-regional trauma center with capabilities to manage the patient. Medical control will determine the patient destination. This standard recognizes longer transport times.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

4.2 Cardiac & Stroke Triage And Destination Procedure

Effective Date:

Objective

To improve and enhance emergency Cardiac and Stroke Care, to minimize human suffering, and to reduce death and disability within the Region.

Standard 1

All licensed and trauma verified aid and/or ambulance services shall utilize the following tools to determine patient destination:

• The State of Washington Prehospital Triage Destination Procedure for Cardiac patients; and

• Prehospital Stroke Triage Destination Procedure for stroke patients; and

• Local County Operating Procedures (COPS);

Standard 2

If it is unclear as to where a patient should be transported, contact Medical Control to make arrangements to the nearest resource hospital.

***For the most current WASHINGTON STATE PREHOSPITAL STROKE TRIAGE DESTINATION PROCEDURE TOOL see DOH website.

*** For the most current WASHINGTON STATE CARDIAC TRIAGE DESTINATION PROCEDURE TOOL see DOH Website.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

4.3   Mental Health And Chemical Dependency Destination Procedure

Effective Date: APRIL 4th, 2019

Background

In 2015 the Washington State Legislature passed legislation (SHB 1721) allowing Emergency Medical Services ambulance and aid services to transport patients from the field to mental health or chemical dependency services.

Goal

The overall goal of this patient care procedure is to reduce the potential misuse of EMS and hospital emergency room services.

Objective

To provide clear instructions for developing operational guidelines to operationalize transport of patients from the field directly to mental health and chemical dependency facilities.

Procedures

1. Participation by licensed EMS services and qualifying receiving facilities in a mental health and chemical dependency alternative destination program is voluntary.
2. Licensed EMS services and qualifying receiving facilities must adhere to the minimum guidance provided by the Washington State Department of Health in the Guideline for the Implementation of SHB 1721 for programs that are implemented to allow transport of patients directly from the field to mental health and chemical dependency facilities.
3. When designing, establishing and monitoring mental health and chemical dependency alternative destination programs, Local EMS councils shall identify and appoint health care representatives and interested parties from the mental health and chemical dependency profession to applicable councils, committees, and/or workgroups.
4. Licensed EMS services and qualifying receiving facilities will work with the Department of Health appointed county Medical Program Director (MPD) to reach consensus on criteria that all facilities and EMS services participating in the program will follow for accepting patients.
5. The Local EMS Council and MPD must develop and establish a COP inclusive of the standards recommended by the guideline and this PCP. The COP must include:
    a. Dispatch criteria;
    b. Response parameters;
    c. A list of approved mental health and chemical dependency facilities participating in the program and the standardized criteria for accepting patients;
    d. Destination determination criteria including considerations for transports that may take EMS out of its county of origin;
    e. A list of options for methods of transport other than an ambulance and any pertinent timelines for transport to occur;

f. Guidance to EMS providers on when to contact law enforcement and any procedures that must be considered during EMS and law enforcement interactions;
   g. Guidance to EMS providers on when to contact the designated mental health professional (DMHP) and any procedures to be considered during an involuntary hold; and
   h. Other local nuances pertinent to operationalize the program.
6. The department approved MPD patient care protocols must include the standards and screening criteria in the guideline. The protocol must be consistent with state standards, PCP's, and COP's. The protocol should assist EMS providers in the:
   a. Determination of medical emergency that requires immediate care;
   b. Assessment of the risk the patient presents to patient's self, the public, and the emergency medical service personnel;
   c. Determination of severity of mental health or substance use disorder.
7. The Local EMS Council and MPD must establish a quality assurance process to monitor programs.
8. The MPD must implement department approved education for emergency medical service personnel in accordance with the training requirements of the guideline. Educational programs must include minimum content prescribed in the guideline and must be approved by the department.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft	2019-04-04	X Major	☐ Minor
			☐ Major	☐ Minor

5 EMS/Medical Control Communications & Trauma System Activation

Effective Date:

Objective

To define the components of trauma system activation on a regional level

To clarify that the Prehospital component of trauma system activation includes identification of major trauma patients in the field (using the State of Washington Prehospital Trauma Triage [Destination] Procedure), early notification and consultation with medical control, trauma center transport and data collection and submission.

To clarify that the hospital component of trauma system activation includes recognition of the critical trauma patient needs, surgical intervention and activation of the hospital's trauma resources, and data collection and submission.

Standard 1

Dispatch center personnel shall identify major trauma calls using the State of Washington Prehospital Trauma Triage (Destination) Procedure and shall dispatch verified trauma services according to the regional standard for identification of the level of medical care personnel to be dispatched to the scene of major trauma and to transport major trauma patients. (Patient Care Procedure #4)

Standard 2

The response and transport services dispatched to the scene will confirm the patient meets major trauma patient parameters according to the State of Washington Prehospital Trauma Triage (Destination) Procedure.

Standard 3

The transporting service will provide a patient report to the receiving facility identifying each major trauma patient transported that meets the triage criteria. The transporting service should notify the receiving facility as early as possible.

Standard 4

Trauma verified transport services shall take identified trauma patients who activate the Trauma System to designated trauma centers in accordance with state requirements and the regional standard transport of patients to designated trauma centers.

Standard 5

The response and transport services will provide patient data to the Department of Health for all patients identified as meeting the triage criteria (trauma patients requiring transport to trauma centers) Procedure for trauma registry use. The transport service will provide written documentation of the call 95% of the time prior to leaving the ED.

Standard 6

Designated trauma centers will collect and submit data on trauma patients for trauma registry use in accordance with WAC 246-976-430.

Standard 7

Low acuity trauma patients will be transported to local facilities based on county Prehospital patient care protocols and procedures.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

6   Hospital Diversion

Effective Date:

Diversion Statement

This Region has agreed to not divert trauma patients due to census. Prehospital providers will triage to the appropriate trauma centers.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

7   Cross Border Transport

Effective Date:

Objective

To define responsibility for patient care for trauma transports outside response areas, counties and EMS Regions.

Standard 1

Pre-hospital providers will follow protocols for your local jurisdiction and contact the receiving facility which is in the best judgment of the attending provider.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

8 Inter-Facility Transport Procedure

Effective Date:

Objective

To recommend criteria for inter-facility transfer of adult and pediatric trauma patients from receiving facility to a higher level of care.

Standard 1

All inter-facility transfers will be consistent with EMTALA regulations.

Standard 2

A standard regional transfer agreement shall be utilized when and if it is provided by Washington State.

Standard 3

Hospitals will transfer patients when their capabilities are exceeded, and hospitals will consider the Washington State guidelines for transferring of patients.

Standard 4

Trauma verified services shall be used for inter-facility transfers.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

9   Mass Casualty Incident (MCI)

Effective Date:

Objective

To identify how Prehospital personnel will respond to a Mass Casualty Incident (MCI).

Standard

Each county in the North Region has a MCI plan. EMS personnel, licensed ambulance and licensed aid services shall respond in accordance to their County's MCI protocol.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

A) Region Specific Patient Care Procedures - Access to Prehospital EMS Care

Effective Date:

Objective

To define elements of the Regional EMS and Trauma system necessary to assure rapid universal access to 911 and E-911, rapid identification of emergent situations, rapid dispatch of medical personnel, management of medical pre-arrival needs rapid identification of incident location.

Standard 1

Region-wide access to emergency response shall be by 911 from all private and public telephones. Enhanced 911 is the preferred access capability, where available.

Standard 2

Emergency medical dispatch training for all dispatchers is the recommended standard of care. It is recommended that dispatch centers require emergency medical training for all dispatchers. The format shall be approved by the county MPD. A reference system for use by trained dispatchers shall provide dispatch decision criteria consistent with county patient care and level of care standards. Pre-arrival instructions for patient care should be a component.

Standard 3

Each county shall participate in a regional program of residence identification to enhance rapid EMS arrival. Establishing standards for addressing and emergency indicators are program elements.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

B) Region Specific Patient Care Procedures – Activation of Hospital Trauma Resuscitation Team

Effective:

Objective

To define region-wide minimum activation criteria for hospital trauma resuscitation teams.

Standard 1

Each hospital will define their Trauma Team activation criteria and response within the guidelines of the Washington State Department WAC 246-976-700.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

C) Region Specific Patient Care Procedures – Transport of patients outside of the Response Area

Effective:

Objective

To define responsibility for patient care for trauma transports outside response areas, counties and EMS Regions.

Standard 1

Pre-hospital providers will follow protocols for your local jurisdiction and contact the receiving facility which is in the best judgment of the attending provider.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor

D) Region Specific Patient Care Procedures – EMS Transport Destination of Medical Patients

Effective:

Objective

To allow Medical Program Directors to develop local protocols to define the destination of EMS medical patients.

To allow local county protocols to route patients to hospitals that have capabilities appropriate for the patient's presenting medical condition.

Standard 1

All EMS Agencies should follow their Medical Program Director's patient care protocols and/or guidelines for the care and transport of medical and trauma patients.

Standard 2

If it is unclear as to where a medical or trauma patient should be transported, contact Medical Control at the nearest hospital for directions; otherwise follow off-line medical control of patients as outlined in standing orders, patient care protocols, and/or guidelines provided by the Medical Program Director.

Submitted by:	Change/Action:	Date:	Type of Change	
Regional Council	Approved Draft		☐ Major	☐ Minor
			☐ Major	☐ Minor