South Central Region EMS & Trauma Care Council
Patient Care Procedures

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PATIENT CARE PROCEDURE #1
DISPATCH
Effective date: 7/24/1996

Standard

A. Licensed aid and/or ambulance services shall be dispatched to all emergency medical incidents by the primary County Public Safety Answering Point (PSAP) per the response maps developed by local EMS & Trauma Care Councils and the South Central Region. Detailed maps of service areas are available through Department of Health EMS & Trauma web site (www.doh.wa.gov).
B. Trauma verified aid and/or ambulance services shall be dispatched by the County PSAP to all known injury incidents, as well as unknown injury incidents requiring an emergency response per the response maps developed by local EMS & Trauma Care Councils and the South Central Region. Detailed maps of service areas are available through Department of Health EMS & Trauma web site (http://ww4.doh.wa.gov/gis/ems.htm).
C. Licensed and verified EMS agencies should update DOH and Region Council to service area changes as soon as possible.
D. Dispatchers should be trained in an Emergency Medical Dispatch (EMD) Program.

Purpose

A. To minimize “dispatch interval” and provide timely care by certified EMS personnel to all emergency medical and trauma patients.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the **STANDARD** and **PURPOSE** described above. The local Council will provide the Region Council (RC) with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to DOH that the COPs be approved.
B. Local EMS & Trauma Care Council’s should identify primary and secondary PSAPs per county and provide information to the Region Council.
C. The nearest “appropriate” aid and/or ambulance service shall be dispatched per the above standards.
D. Trauma verified and licensed EMS services should proceed in an emergency response mode until they have been advised of non-emergent status.

Definitions

A. **Appropriate –** Defined as the trauma verified or licensed EMS service that responds within an identified service area that can meet the patient care needs. Appropriate agency may be part of a tiered response.
B. **Emergency Response** – Defined as a response using warning devices such as lights, sirens, and use of Opticom devices where available.
C. **PSAP** – Public Safety Answering Point – is a call center regulated by the FCC that is responsible for answering calls to an emergency telephone number for police, firefighting, and ambulance services. Trained telephone operators are also usually responsible for dispatching these emergency services.
D. **Dispatch Interval** – Defined as the time the call is received by the dispatcher to the time the first unit is dispatched.

Quality Assurance

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #2
RESPONSE TIMES
Effective date: 7/24/1996

Standard

A. All licensed and trauma verified aid and/or ambulance services shall respond to emergency medical and injury incidents in a timely manner in accordance with Washington Administrative Code (WAC 246-976-390 [10]).

Purpose

A. To provide “timely” emergency medical services to patients who have medical and/or injury incidents requiring emergency care response.
B. To collect data required by the Washington Emergency Medical Services Information System (WEMSIS) and by the Region Continuous Quality Improvement (CQI) Plan.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the **STANDARD** and **PURPOSE** of the South Central

Region identified above. The local Council will provide the Region Council with a copy of their COPs for review, adoption and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to Department of Health that the COPs be approved.

B. Detailed maps of service areas are available through the Department of Health EMS & Trauma web site (http://ww4.doh.wa.gov/gis/ems.htm).
C. Trauma verified aid and/or ambulance services are responsible for documenting the WEMSIS data elements.
D. Included in the WEMSIS information will be unit response times. Verified aid and/or ambulance services shall meet the minimum agency response times to response areas as defined in WAC 246-976-390.

Trauma Verified AID Service

Urban	8 minutes or less, 80% of the time
Suburban	15 minutes or less, 80% of the time
Rural	45 minutes or less, 80% of the time
Wilderness	As soon as possible

Trauma Verified AMBULANCE Service

Urban	10 minutes or less, 80% of the time
Suburban	20 minutes or less, 80% of the time
Rural	45 minutes or less, 80% of the time
Wilderness	As soon as possible

Definitions

A. **Urban** – Incorporated area over thirty thousand; or an incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square miles WAC 246-976-010.
B. **Suburban** – Incorporated or unincorporated area with a population of 10,000 to 29,999, or any area with a population density of less than 1,000 to 2,000 people per square mile WAC 246-976-010.
C. **Rural** – Incorporated or unincorporated areas with total population less than 10,000 or with a population density of less than 1,000 per square mile WAC 246-976-010.
D. **Wilderness** – Any rural area that is not accessible by public or private maintained roadways WAC 246-976-010.
E. **Response Time** – Interval of time from agency notification to arrival on the scene. It is the combination of activation and in route times defined under response times WAC 246-976-390.

F. **EMS Personnel** –means an individual certified by the secretary or the University Of Washington School Of Medicine under chapters 18.71 and 18.73 RCW to provide prehospital emergency response, patient care and transportation.
G. **WEMSIS –** Washington EMS Information System

Quality Assurance

A. The South Central Region CQI Committee, consisting of at least one member of the designated/categorized health care services staff, EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region Standards of care.

PATIENT CARE PROCEDURE #3
TRIAGE AND TRANSPORT
Effective date: 7/24/1996

Standard

A. All licensed and trauma verified aid and/or ambulance services shall comply with the State of Washington Prehospital Triage Destination Tools Trauma - (http://www.cdc.gov/FieldTriage, Cardiac Triage Tool) (www.doh.wa.gov/hsqa/hdsp/files/acsq/pdf) and Stroke Triage Tool (www.doh.wa.gov/hdsp/files/strokeq/pdf) as defined in Washington Administrative Code (WAC) and RCW. Medical and injured patients who do not meet prehospital triage criteria will be transported to local health care services according to Region Patient Care Procedures (PCPs), Medical Program Director (MPD) protocols, and County Operating Procedures (COPs).

Purpose

A. To ensure that all emergent patients are transported to the most appropriate designated or categorized facility in accordance with the most current Washington State Triage Destination Procedures for Trauma, Cardiac and Stroke.
B. To ensure that all patients that do not meet Washington State Prehospital Triage Destination Procedures criteria are transported according to PCPs, MPD Protocols, and COPs.
C. To allow the receiving health care service or designated/categorized health care service adequate time to activate their emergency medical and/or trauma response team.

Procedure

A. Each local EMS & Trauma Care Council may recommend COPs that meet or exceed the **STANDARD** and **PURPOSE** of the South Central Region identified above. The local Council will provide the Region Council (RC) with a copy of their COPs for review and inclusion with the Region PCPs. The RC will make a recommendation to Department of Health (DOH) that the COPs be approved.

B. Trauma, Cardiac & Stroke Triage
   1. The first certified Emergency Medical Service (EMS) provider to determine that a patient meets one of the Prehospital Triage Destination Tools, shall contact their base station, medical control, or the receiving Health Care Service via their local communication system, as soon as possible.
   2. Patients meeting Washington State Triage Destination criteria who may or may not have the ability to make an informed decision shall be transported to a Page 27 of 206 Steering Committee Approved July 18, 2012 designated/categorized service in accordance with the State of Washington Prehospital Triage Destination Procedures, Region PCPs, and COPs.
   3. If Prehospital personnel are unable to effectively manage a patient's airway, an Advanced Life Support (ALS) rendezvous or an immediate stop at the nearest health care service capable of immediate definitive airway management should be considered.
   4. South Central Region Designated Trauma services and maps of their locations are available from the DOH web site (http://ww4.doh.wa.gov/gis/ems.htm).

C. Designated trauma services shall have written procedure and protocol for diversion of trauma patients when the facility is temporarily unable to care for trauma patients. However, where diversion results in a substantial increase in transport time for an unstable patient, patient safety must be paramount and must over-ride the decision to divert when stabilization in the closest emergency department might be life saving.

   Exceptions to diversion:
   1. **Airway compromise**
   2. **Traumatic arrest**
   3. **Active seizing**
   4. **Persistent shock**
   5. **Uncontrollable hemorrhaging**
   6. **Urgent need for IV access, chest tube, etc.**
   7. **Disaster**

D. Non Critical Trauma (do not meet trauma, cardiac, or stroke triage tools),
   1. Prehospital personnel may request response or rendezvous with ALS/Intermediate Life Support providers and all EMS providers may request emergency aero-medical evacuation if they are unable to effectively manage a patient.

2. Medical and injured patients who do not meet Prehospital triage criteria for trauma, cardiac, or stroke system activation will be transported to local facilities according to local MPD protocols, COPs, and Region PCPs.
3. While in route and prior to arrival at the receiving facility, the transporting agency should provide a complete report to the receiving hospital regarding the patient's status via radio or other approved communication system according to local MPD protocols, COPs, and Region PCPs.

E. Before leaving the receiving facility, the transporting agency will leave a completed approved medical incident report form for all patients. The additional information for the MIR either written or electronic shall be made available to the receiving facility within twenty-four hours of arrival, in accordance with WAC 246-976-330.

Definitions

A. **Designated Trauma Service** – A health care facility or facilities in a joint venture, who have been formally determined capable of delivering a specific level of trauma care by DOH.
B. Designated/ Categorized Cardiac Hospital - A health care facility that has been formally determined capable of delivering a specific level of Cardiac care by the DOH.
C. Prehospital Triage Destination Tools
    1. Trauma Triage Tool
    2. Cardiac Triage Tool
    3. Stroke Triage Tool

Quality Assurance

A. The South Central Region Continuous Quality Information (CQI) Committee, consisting of at least one member of each designated/categorized health care services staff, EMS provider, and a member of the South Central Region EMS & Trauma Care Council, has developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #4
INTERFACILITY TRANSFER
Effective date: 7/24/1996

Standard

A. All interfacility trauma, cardiac and stroke patient transfers via ground or air shall be provided by appropriate licensed or verified service with appropriate personnel and equipment to meet the patient needs.
B. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols, Emergency Medical Service (EMS) personnel shall advise the facility that they do not have the resources to do the transfer per WAC.

Purpose

A. Provide a procedure that will achieve the goal of transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the **STANDARD** and **PURPOSE** of the South Central Region. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to Department of Health that the COPs be approved.
B. Medical responsibility during transport should be arranged at the time of the initial contact between receiving and referring physicians, and transfer orders should be written after consultation between them.
C. When on line medical control is not available, Prehospital Medical Program Director (MPD) protocols shall be followed during an EMS transport in the event that an emergency situation occurs while in route that is not anticipated prior to transport.
D. While in route, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service per MPD local protocols and COPs.

Definitions

A. **Authorized Care** – Patient care within the scope of approved level of EMS certification and /or specialized training as identified in WAC.

Quality Assurance

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #5
MEDICAL COMMAND AT SCENE
Effective date: 7/24/1996

Standard

A. The Incident Command System (ICS) National Information Management System (NIMS) compliant shall be used.

Purpose

A. To define who is in medical command at the Emergency Medical Service (EMS) scene and to define the line of command when multiple EMS agencies respond.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the **STANDARD** and **PURPOSE** described above. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to DOH that the COPs be approved.
B. Medical Command will be assigned by the Incident Commander.
C. Whenever possible, the Medical Commander/Medical Group Supervisor will be an individual trained in the ICS, familiar with both the local EMS resources and the county Mass Casualty Incident and Disaster Plan, and capable of coordinating the medical component of a multiple patient incident.

Quality Assurance

A. The South Central Region Continuous Quality Information (CQI) Committee, consisting of at least one member of each designated/categorized health care services staff, EMS provider, and a member of the South Central Region EMS & Trauma Care Council, has developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #6
EMS/MEDICAL CONTROL COMMUNICATIONS
Effective date: 7/24/1996

Standard

A. Communications between Prehospital personnel and all receiving health care services (to include designate trauma services and categorized cardiac and stroke health care services) should utilize the most effective communication means to expedite patient information exchange.

Purpose

A. To define methods of expedient communications between Prehospital personnel and all health care services, including trauma, cardiac, and stroke health care services and medical control.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the **STANDARD** and **PURPOSE** described above. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to Department of Health that the COPs be approved.
B. Communication between EMS providers and health care facilities can be “direct” or “indirect” from dispatching agency to health care services.
C. EMS agencies will maintain communication equipment and training needed to communicate in accordance with WAC.

Quality Assurance

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #7
HELICOPTER ALERT, RESPONSE, AND TRANSPORT
Effective date: 7/24/1996

Standard

A. A system of Air Medical response to provide safe and expeditious transport of critically ill or injured patients to the appropriate hospital, including designated/categorized health care services.

Purpose

A. To define the criteria for alerting, requesting and transporting patients by on-scene emergency medical helicopter.
B. To provide guidelines for those initiating the request for emergency medical helicopter to the scene.

Procedure

A. Alert
    1. On-scene emergency medical helicopter may be alerted for possible response by dispatch personnel, the highest level EMS certified ground personnel or fire and law enforcement agencies utilizing Addendum A, State of Washington Pre-hospital Helicopter Transport Decision Algorithm (attached) for decision making.
    2. The emergency medical helicopter communication center, at the time of the initial call in addition to on-scene information, will attempt to identify the Medical Control facility for the location of the scene.
B. Response
    1. Request for on-scene emergency medical helicopter should be initiated through the appropriate emergency dispatch agency for the area.
    2. The dispatching agency will provide the helicopter with the correct radio frequency to use for contacting EMS ground units.
    3. At launch time the emergency medical helicopter communication center will inform the flight crew as to the nearest appropriate designated/categorized health care service.
    4. While in route, the flight crew will make contact with the designated Medical Control facility for the area, with preliminary patient information and ETA to the scene.
C. Transport
    1. The flight crew will transport the emergent patient per the State of Washington Trauma, Cardiac, or Stroke Triage Destination Procedures by identifying the most appropriate health care service.
    2. The transport of the patient to the most appropriate health care service may be changed due to the following:
        a. Diversion by facility to another receiving facility based on patient condition report from the flight crew and the facility's availability of appropriate resources or
        b. Patient preference, if appropriate to clinical condition, or
        c. Weather precludes flying to the designated/categorized facility
    3. The helicopter will make radio contact with the receiving designated/categorized facility as soon as possible.

4. Documentation standards shall include the name of the EMS personnel on-scene whenever possible and, if needed, the rationale for transporting the patient to other than the designated/categorized facility.

Definitions

A. Medical Control Facility - A hospital facility used by EMS personnel for medical direction for their service area.

Quality Assurance

A. The South Central Region CQI Committee, consisting of at least one member of the designated/categorized health care services staff, EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region Standards of care.

PATIENT CARE PROCEDURE #8
DIVERSION
Effective date: 7/24/1996

Standard

A. All designated trauma services, and categorized cardiac and stroke hospitals within the Region will have hospital approved policies to divert patients to other appropriate designated/categorized facilities.

Purpose

A. To divert trauma, cardiac, or stroke patients to other appropriate facilities based on the facilities inability to provide initial resuscitation, diagnostic procedures, and operative intervention (WAC).
B. To identify communication procedures for diversion of trauma, cardiac and stroke patients to another accepting facility.

Procedure

A. Each local EMS & Trauma Care Council may approve County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region PCPs. The Region Council will make a recommendation to DOH that the COPs be approved.

B. Each trauma designated service will have written policies and procedures that outline reasons to divert patients from their service (WAC).
C. Designated Trauma Services must consider diversion when essential services including but not limited to the following are **not** available:
    1. Surgeon
    2. Operating room
    3. For a Level II—CT
    4. For a Level II—Neurosurgeon
    5. ER is unable to manage additional patients
D. When the designated/categorized service is unable to manage major trauma, cardiac and stroke patients, they will have an established procedure to notify the EMS transport agencies and other designated services in their area that they are on divert. However, where diversion results in a substantial increase in transport time for an unstable patient, patient safety must be paramount and must over-ride the decision to divert when stabilization in the closest emergency department might be life saving. **Note: Exceptions to Diversion:**
    1. Airway compromise
    2. Traumatic arrest
    3. Active seizing
    4. Persistent shock
    5. Uncontrolled hemorrhage
    6. Urgent need for IV access, chest tube, etc.
    7. Disaster
E. Each designated service will maintain a diversion log providing time, date and reason for diversion. This log will be made available to the Region Continuous Quality Improvement Committee (CQI) for review, if required.
F. For Cardiac STEMI patients, there is a "no divert" policy that also identifies a backup plan for situations when the hospital's cardiac care resources are temporarily unavailable.

Quality Assurance

A. The South Central Region Continuous Quality Information (CQI) Committee, consisting of at least one member of each designated/categorized health care services staff, EMS provider, and a member of the South Central Region EMS & Trauma Care Council, has developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #9

BLS/ILS AMBULANCE RENDEZVOUS WITH ALS AMBULANCE
Effective date: 5/22/1997

Standard

A. In service areas with only Basic Life Support (BLS)/Intermediate Life Support (ILS) ambulances, a "rendezvous" with an Advanced Life Support (ALS) response will be "attempted" for all patients who may benefit from ALS intervention.

Purpose

A. To provide ALS intervention based on patient illness and/or injury, and the proximity of the receiving facility in areas serviced by only BLS/ ILS ambulances.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to Department of Health that the COPs be approved.
B. Local EMS & Trauma Care Councils and MPDs that choose not to adopt their own protocol or policy shall adhere to the following procedures:
    1. Emergency Medical Dispatch Guidelines will be used to identify critically ill or injured patients.
    2. When an ALS response is deemed necessary or requested, the ALS service shall be dispatched with the BLS/ILS ambulance or as soon as possible.
C. The BLS/ILS ambulance may request ALS ambulance rendezvous at anytime.
D. Based on updated information, BLS/ILS personnel either while in route or on scene may determine that ALS intervention is not needed. The responding ALS ambulance may be notified and given the option to cancel.
E. Upon rendezvous, the method of transport, i.e., BLS vehicle or ALS vehicle shall be in the best interest of the patient's care.

Definitions

A. ALS – Advanced Life Support as defined in WAC 246-976.010.
B. Attempted – After identification of the need for ALS intervention, every effort will be made to arrange a BLS/ILS ambulance with ALS ambulance rendezvous.
C. BLS – Basic Life Support as defined in WAC 246-976-010.
D. Emergency Medical Dispatch Guidelines – Established and accepted emergency medical dispatching guidelines that utilize specific questions and responses to determine EMS levels to be dispatched.

E. ILS – Intermediate Life Support as defined in WAC 246-976-390 as having at least one AEMT.
F. Advanced emergency medical technician (AEMT)-means a person who has been examined and certified by the secretary as an intermediate life support technician as defined in RCW 18.71.200 and 18.71.205
G. Rendezvous – A pre-arranged agreed upon meeting either on scene, in route from or another specified location.

Quality Improvement

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #10
EMS AND HEALTH CARE SERVICES DATA COLLECTION
Effective date: 5/22/1997

Standard

A. Licensed and Trauma verified Emergency Medical Service (EMS) agencies and designated/categorized health Care services shall collect and submit data to the Department of Health (DOH) per WAC.

Purpose

A. The purpose of Data Collection is to have a means to monitor and evaluate patient care best practices, outcomes and the effectiveness of the EMS and Trauma Care delivery system.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to DOH that the COPs be approved.
B. EMS agencies will identify trauma, cardiac, and stroke patients using the parameters set by the Washington State Triage Destination Procedures.

C. Designated services will identify trauma patients using the Trauma Registry inclusion criteria.
D. Categorized health Care Services should utilize a nationally, state or local recognized cardiac and stroke data collection system.

Quality Improvement

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health Care Services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #11
ROUTINE EMS RESPONSE OUTSIDE OF RECOGNIZED SERVICE AREA
Effective date: 9/15/1999

Standard

A. Establish a continuum of patient care per the South Central Region's EMS & Trauma System Strategic Plan.

Purpose

A. Provide an avenue for reliable EMS agency relationships and coordination of optimal patient care as described in the Region EMS & Trauma System Strategic Plan.
B. Provide for the safety of crews, patients, the public and other emergency responders.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to Department of Health that the COPs be approved.
B. Local EMS & Trauma Care Councils will identify EMS agencies within the South Central Region and from other regions who routinely respond into areas beyond their recognized service coverage zone to provide ambulance service.
C. Local EMS & Trauma Care Councils will identify and encourage specific EMS Mutual Aid Agreements among EMS agencies that routinely respond into other service coverage zones that address the following:

1. Dispatch criteria
2. Highest level of appropriate EMS car utilized
3. Transport to the closest, appropriate health care services

D. Establish emergency response routes and notification standards.
   1. When in route to a facility outside routine response area for the purpose of patient transfer, and when the response requires emergency response that crosses jurisdictional boundaries of counties, the base dispatch center may contact dispatch centers in those jurisdictions giving the route of travel, time of estimated arrival and destination.
   2. If transporting agency will be leaving the area in an emergency response mode, the procedure above may be followed.

Definitions

A. Routine – Usual or established "response zone".
B. Response Area – A service coverage zone identified in an approved Region EMS & Trauma System Strategic Plan.
C. Emergency Response – Defined as a response using warning devices such as lights and sirens and use of Opticom devices where available.

Quality Assurance

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #12
EMERGENCY PREPAREDNESS/SPECIAL RESPONDERS
Effective date: 9/15/1999

Standard

A. Public Health Emergency Preparedness Health Care Coalitions in collaboration with Emergency Management will maintain written emergency preparedness plans that include EMS and Health Care Services.

Purpose

A. To assure that Region Health Care Services and EMS are included in written plans that addresses their roles and responsibilities in multi-casualty and disaster incidents.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review and inclusion with the Region Patient Care Procedures. The Region Council will make recommendation to Department of Health that the COPs be approved.
B. Healthcare services and EMS agencies are encouraged to participate in the Public Health Preparedness and Emergency Management planning process to ensure that they are included in emergency preparedness plans addressing EMS and Healthcare Services roles and responsibilities.

Quality Assurance

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #13
ALL HAZARDS/MCI/SEVERE BURNS
Effective date: 12/2005

Standard

A. During an all hazards mass casualty incident (MCI) that can include severely burned adult and pediatric patients;
    1. All ambulance and aid services shall respond as requested to an MCI per local MCI plans, County Operating Procedures and Region Patient Care Procedures.
    2. When activated by dispatch in support of the local MCI Plan and/or in support of verified EMS services, all licensed ambulance and licensed aid services may respond to assist during an MCI.
    3. Pre-identified patient mass transportation, EMS staff and equipment to support patient care may be used.
    4. All EMS agencies working during an MCI event shall operate within the National Incident Management System (NIMS).

Purpose

A. Communicate the information of the Public Health Emergency Management Preparedness Plans
B. Implement local MCI plans during an MCI.
C. Provide trauma care including burn for at least 50 severely injured adult and pediatric patients.
D. Provide safe mass transportation with pre-identified personnel, equipment and supplies per the approved local MCI plan.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review, adoption and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to Department of Health that the COPs be approved.
B. Incident Commanders shall follow the local MCI Plan to inform medical control when an MCI condition either CBRNE or NON-CBRNE exists.
C. Medical Program Directors have agreed that local protocols will be used by the responding agencies throughout the transport of patients, whether it is in another county, region or state. This will ensure consistent patient care in the field by personnel trained to use specific medications, equipment, procedures, and/or protocols until the patient is delivered to a receiving facility.
D. EMS personnel may use the Public Health Emergency Preparedness Plan and (MCI) Response Algorithm during the MCI incident.

Definition

A. CBRNE – Chemical, Biological, Radiological, Nuclear, Explosive

Quality Assurance

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #14

EMS PROVIDERS IN THE SOUTH CENTRAL REGION IDENTIFY TRENDS OF ILLNESS OR POTENTIAL TERRORISM EVENTS

Effective date: 12/2006

Standard

A. Emergency Medical Services (EMS) Providers, who recognize or identify symptoms of infectious disease, illness, or injury that could be related to natural causes or acts of terrorism, will convey suspicions to County Health Districts/Departments.

Purpose

A. To provide EMS with a mechanism to report trends/clusters (similar symptoms of illness or injury in more than one patient over a brief period of time) that could be from natural causes or from acts of Terrorism.

Procedure

A. Each local EMS & Trauma Care Council may recommend County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review, adoption and inclusion with the Region Patient Care Procedures. The Region Council will make a recommendation to Department of Health that the COPs be approved.

B. Any EMS Provider who recognizes a trend/cluster of chief complaints or signs and symptoms such as but not limited to flu-like symptoms, respiratory symptoms, rash or unusual burns, will inform their county Public Health officials.

Health Department	**Main Telephone**
Benton/Franklin Health District	509-460-4550
Columbia Co. Health District	509-382-2181
Kittitas Co. Health District	509-962-7515
Klickitat Co. Health Dept.	509-733-4565
Walla Walla Co. Health Dept.	509-524-2650
Yakima Health District	509-575-4040

Quality Assurance

A. The South Central Region Continuous Quality Improvement Committee (CQI), consisting of at least one member of each designated/categorized health care services staff, an EMS provider, and a member of the South Central Region EMS & Trauma Care Council, have developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standards of care.

PATIENT CARE PROCEDURE #15
CARDIAC AND STROKE TRIAGE AND TRANSPORT PROCEDURE
Effective date: 3/2011

Standard

A. All licensed and trauma verified aid and/or ambulance services shall utilize the most current State of Washington Prehospital Cardiac Triage (Destination) Procedure and Prehospital Stroke Triage (Destination) Procedure to identify and transport patients with signs or symptoms of acute cardiac or stroke.

Purpose

A. To ensure that all patients presenting with acute cardiac or stroke signs and symptoms are identified and transported to the most appropriate hospital to reduce death and disability.

Procedure

A. Prehospital providers will utilize the most current Washington State Prehospital Cardiac triage (Destination) Procedure and Prehospital Stroke Triage (Destination) Procedure and local EMS & Trauma Councils COPs and MPD protocols to direct Prehospital providers to take patients to specific State categorized cardiac and stroke hospitals. The triage (destination) procedures will be implemented in accordance with resource readiness and Department of Health approved County Operating Procedures (COPs).

Definitions

A. Cardiac Patient is identified as meeting the symptoms of the "Applicability for Triage" and "Assess for Immediate Criteria" found in the State of Washington Prehospital Cardiac Triage Destination Procedure. http://www.doh.wa.gov/hsqa/hdsp/mdems.htm
B. Stroke Patient is identified as meeting the symptoms of the “Applicability for Triage” and the “F.A.S.T. Assessment” as found in the State of Washington Prehospital Stroke Triage Destination Procedure. http://www.doh.wa.gov/hsqa/hdsp/mdems.htm

Quality Assurance

A. The South Central Region Continuous Quality Information (CQI) Committee, consisting of at least one member of each designated/categorized health care services staff, EMS provider, and a member of the South Central Region EMS & Trauma Care Council, has developed a written plan to address issues of compliance with the above standards and procedures. The Region CQI Committee will analyze data for patterns and trends and compliance with Region standard of care.