



2025-2027 North Region Strategic Plan

TABLE OF CONTENTS

Introduction.....	1
Mission Statement.....	1
Regulations	3
NORTH REGION GEOGRAPHICAL CHARACTERISTICS.....	3
North Region Characteristics of Counties.....	4
North Region Provider Characteristics.....	7
Accomplishments and Outcomes.....	7
Goal 1 Introduction.....	10
Maintain, Assess and Increase Emergency Care Resources	10
Goal 2 Introduction.....	13
Support Emergency Preparedness Activities	13
Goal 3 Introduction.....	14
Plan, Implement, Monitor and Report Outcomes of Programs to Reduce the Incidence and Impact of Injuries, Violence and Illness in the Region	14
Goal 4 Introduction.....	16
Assess Weaknesses and Strengths of Quality Improvement Programs in the Region.....	16
Goal 5 Introduction.....	18
Promote Regional System Sustainability	18
APPENDICES.....	20
APPENDIX 1:	20
Adult and Pediatric Trauma Designated Hospitals and Rehab Facilities.....	20
APPENDIX 2.....	21
Approved Minimum/Maximum Numbers of Designated Trauma Care Services	21
APPENDIX 3.....	22
Approved Minimum/Maximum Numbers of Designated Rehabilitation Trauma Care Services.....	22
APPENDIX 4.....	23
Washington State Emergency Care Categorized Cardiac and Stroke System Hospitals	23
APPENDIX 5: EMS Resources, Prehospital Verified Services.....	24
Appendix 5A: EMS Agency Report/Data	24

Appendix 5C: Non-Verified Services by County	28
Appendix 5D (OPTIONAL): North Region Personnel: Paid & Volunteer by County	29
APPENDIX 6.....	29
Approved MIN and MAX Numbers for Trauma Verified EMS Services	29
APPENDIX 7.....	31
Trauma Response Area and EMS Services	31
APPENDIX 8: Education and Training Programs and Testing Sites.....	47
Appendix 8A: Approved Training Programs	47
Appendix 8C:.....	48
Approved NREMT Testing Sites	48
Appendix 9:.....	48
Local Health Jurisdictions.....	48
Appendix 10:.....	49
Local Department of Emergency Management Offices	49
Appendix 11:.....	49
Regional Preparedness Coalitions	49
Appendix 12:.....	50
North Regional Alternative Healthcare Facilities For EMS	50
NORTH REGION - Patient Care Procedures.....	1
North Region Medical Program Directors.....	2
1. Level of Medical Care Personnel to Be Dispatched to An Emergency Scene.....	3
2. Guidelines for Rendezvous with Agencies That Offer Higher Level of Care	3
3. Air Medical Services - Activation and Utilization.....	4
4. On Scene Command & Identification of Trauma Patients	4
5. Prehospital Triage and Destination Procedure.....	5
5.1 Trauma Triage and Destination Procedure	6
5.2 Cardiac & Stroke Triage and Destination Procedure	9
5.3 Mental Health and Chemical Dependency Destination Procedure	10
6. EMS/Medical Control Communications & Trauma System Activation.....	11
7. Hospital Diversion	12

8. Cross Border Transport	13
9. Inter-Facility Transport Procedure.....	13
10. Mass Casualty Incident (MCI)	14
11. Region Specific Patient Care Procedures – (A): Access to Prehospital EMS Care	14
11. Region Specific Patient Care Procedures – (B): Activation of Hospital Trauma Resuscitation Team.....	15
11. Region Specific Patient Care Procedures – (C): Transport of patients outside of the Response Area	15
11. Region Specific Patient Care Procedures – (D): EMS Transport Destination of Medical Patients.....	16

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 is to advance and facilitate the delivery of emergency medical services and trauma care in the counties we represent (Whatcom, Skagit, Snohomish, Island, and San Juan) by coordinating, advising, and facilitating efforts of 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 the NREMS & TCC's responsibilities.

Mission Statement

The North Region EMS & 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 North Region EMS & Trauma Care plan incorporates activities that align with the vision, mission, challenges, and priorities established by the EMS & Trauma Care-Steering Committee Strategic Plan.

VISION

Washington has an emergency care system that reduces death, disability, human suffering, and costs due to injury and medical emergencies.

MISSION

We work to maintain and strengthen an accessible, efficient, high quality, well-coordinated, statewide emergency care system.

CHALLENGES

Rapidly changing healthcare environment, limited and declining resources, increasing demand, workforce shortages, barriers to quality assurance and improvement, unequal access, rapidly changing technology, drivers of public expectations, and sustainability of community collaboration.

PRIORITIES

Quality, cost, access, data-driven decision making, education and outreach, improving integration and collaboration, resource and workforce development, regulatory adjustment.

GOALS

The overarching goals of the Washington State Emergency Care System as reflected in the State strategic plan are to:

1. Increase access to quality, affordable, and integrated emergency care for everyone in Washington.
2. Prepare for, respond to, and recover from public health threats.
3. Promote programs and policies to reduce the incidence and impact of injuries, violence and illness.
4. Promote and enhance continuous quality improvement of emergency care systems for Washington.
5. Work toward sustainable emergency care funding, enhance workforce development, and demonstrate impact on patient outcomes.

North Region EMS& TCC Purpose Statement

- 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 regulations, for 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 care 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 in support of 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.

Regulations

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

Revised Code of Washington (RCW):

- [RCW 18.73](#) – Emergency medical care and transportation services
 - [RCW 18.73.030](#) - Definitions
- [RCW Chapter 70.168](#) – Statewide Trauma Care System
 - [RCW 70.168.015](#) – Definitions
 - [RCW 70.168.100](#) – Regional Emergency medical Services and Trauma Care Councils
 - [RCW 70.168.170](#) – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

Washington Administrative Code (WAC):

- [WAC Chapter 246-976](#) – Emergency Medical Services and Trauma Care Systems
 - [WAC 246-976-920](#) – Medical Program Director
 - [WAC 246-976-960](#) – Regional emergency medical services and trauma care councils
 - [WAC 246-976-970](#) – Local emergency medical services and trauma care councils

NORTH REGION GEOGRAPHICAL CHARACTERISTICS

The NREMS & TCC includes representatives from five counties as part of the regional council. (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 18,557 people. The North Region has a diverse response area ranging from very rural to very dense urban areas along with the austere marine and wilderness environments. The Tribal Communities of Lummi, Swinomish, Tulalip, Sauk-Suiattle, Nooksack, Upper Skagit and many others are part of this diverse landscape. Within the rural areas in the North Region there are 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.

In addition, the Whatcom County community of Pt. Roberts experiences the challenges of an isolated community as this 4.8 square mile community is bordered by Canada where ground transports travel through two border crossings which can be long. Most critical patients are transported by air medivac companies however weather and other logistics can create delays.

All of the North Region counties have similar and diverse response areas that border the Cascade Mountain Range and the Salish Sea, dense urban areas, remote islands, as well as living on the busy Interstate 5 corridor. Partnerships across the county borders are defined by mutual aid agreements where EMS agencies can share resources among neighboring counties for the closest unit response.

To conduct the business of the North Region EMS & TCC, the council has several subcommittees to help ensure the work and the deliverables of the Regional Strategic Plan are completed. Those committees include Prehospital, Trauma, Cardiac & Stroke/Quality Improvement, Medical Control Committee, Injury and Violence Prevention, and Hospital/Trauma Facilities. The sub-committee's members include EMS providers and Fire Department leadership that guides the work of the North Region.

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

North Region Characteristics of Counties

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; Whidbey Health 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, Whidbey Health 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 a level IV trauma center. 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, Life Flight and Airlift NW. Island County also provides EMT-Basic level service for selected tactical EMS responses.

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 first response services for 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. 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 Peace Island Medical Center, a level 4 trauma center on San Juan Island, and primary care clinics on Orcas and Lopez with no non-EMS medical resources available on Shaw.

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 to 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.

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.

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, 1 BLS agency that does 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 ALS, 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 oversight. 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. WHATCOMM911 is the Public Safety Answering Point (PSAP) for the county where EMS and Fire calls are transferred to the Prospect Dispatch center for Fire and EMS dispatching. Whatcom County deploys five 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 Agencies, 1 ILS transport, 1ALS non-transport, 1 BLS non-transport and 5 ESSOs. Whatcom County is also home to one private ambulance company. Whatcom County has a combined call volume of about 30,000 calls per year. Whatcom Co. has approximately 58 Paramedics and just over 575 EMT's either part-paid, volunteer or career. Whatcom County types of EMS responses range from very technical wilderness and 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 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 based in Bellingham and employ's Rescue Specialists and Paramedics for technical rescues near the border. 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 and is an alternative 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 Whatcom County 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.

North Region Provider Characteristics

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

There are 73 EMS Trauma Verified Aid and Ambulance Services in the North Region.

Prehospital Verified Services

Washington State EMS Resources 2024 Licensed & Verified Agencies - by Type in Each Region As of December 31, 2024					
NORTH REGION					
County	# Licensed Aid Services	# Trauma Verified Aid Services	# Licensed Ambulance Services	# Trauma Verified Ambulance Services	# ESSO (Emergency Services Supervisory Organization)
Island	0	4	0	2	0
San Juan	0	1	0	4	0
Skagit	3	14	0	10	3
Snohomish	0	1	1	22	3
Whatcom	2	0	0	15	5
Total	5	20	1	53	11

*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 FY2023/24 plan cycle the NREMS & TCC awarded multiple grants while completing goals and strategies in the plan:

FY24 Regional Grant Awards:

Island County

- Island County was awarded a \$10,000 grant for the implementation of Pulse Point. The Pulse Point App is designed to “crowd source” a response to cardiac arrest by alerting nearby citizens of a cardiac arrest along with the location of the nearest AED. This grant supports the CAD integration into the dispatch system for this citizen rescuer alerting.

Skagit County

- Skagit County EMS received \$13,200 on behalf of Skagit County Fire District 17 (Guemes Island) for the purchase of AED’s to support the Pulse Point App implementation for citizen rescuers. This is a public placed AED with security features.

Snohomish County

- The Snohomish County Trauma Council received a total of \$25,827,89 on behalf of four Skagit County Fire Districts.
- SCFD2 1 received \$6445.99 for the purchase of Pulse Oximetry Units
- Hat Island, Fire District 27 was awarded \$2600,00 for an Island Wide public access defibrillator project.
- The Marysville Fire District purchased Advanced Child Simulation Manikins with their award of \$10,000. and purchased a 4-pack of manikins, 2 adult and 2 infants, replacing outdated and damaged CPR training equipment to better serve the surrounding communities.

Whatcom County

- The Whatcom County EMS & Trauma received a \$10,000 grant for the purchase of Carbon Dioxide Monitoring Units for the Basic Life Support response units. This is a project to enhance airway monitoring using end tidal Capnography.

FY23/24 Regional Grant Outcomes: Below are the 2023 Grant Award Outcomes

Totals of each grant application verified by Council Chairs and applicants. A general consensus from Executive Board and special committee memorialized with a motion to approve the awards as listed below:

Snohomish Co. \$17,601

Skagit Co. \$5789.41

San Juan Co. \$13,991.

San Juan Fire \$6615.00

Island Co. \$10,000.00

Whatcom Co \$7500.00

Island County – Island County – FY 23-24 IVP Mini-Grant (SAIL Classes) to Camano Island Senior Services Association supporting the Injury and Violence Prevention by establishing the SAIL Balance Classes as a Fall Prevention Program for Camano Island Fire and Rescue (\$600.00). Island County was also awarded \$10,000 to host a Basic Emergency Medical Technician Course in the Fall of 2024 for the Fire Districts of Whidbey Island.

San Juan County - FY23-24 Grant SimMan ALS Mannequin to support ongoing ALS and BLS training for Sudden Cardiac Arrest training for \$6615.00. 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 is 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

Skagit County – FY23-24 Grant – Childbirth Simulation Mannequin used for ongoing and verifiable training for EMS providers. This training device is used throughout Skagit County that supplements the OB/Birthing training modules required from the OTEP training. In addition, this training aid helps to compensate for low frequency, but high risk calls for this type of response. Total award was \$5789.41.

Snohomish County - received a total of \$17,601 in grant funds to support several projects in the county distributed among multiple agencies.

Whatcom County- FY 2023/24 Grant - \$7500.00 for the purchase of full body Vacuum Splint Mattresses for the Whatcom Co. EMS system. Whatcom County uses full body vacuum splints in the place of hard, wooden backboards that are shown to decrease soft tissue injuries, increase patient comfort and to provide ease and safe movement of the splinted patient. Along with matching funds from the Whatcom County EMS&TC, this grant helped by 15 new full body vacuum splints that replaces the aging equipment.

GOAL 1 INTRODUCTION

MAINTAIN, ASSESS AND INCREASE EMERGENCY CARE RESOURCES

The NREMS & TCC plan provides the connection between the State of Washington Department of Health and identified focus areas within the goals established by the EMSTC Steering Committee:

- Rural EMS service sustainability including access to initial and ongoing EMS training resources.
- Improving EMS data collection and access to healthcare.
- Emergency Preparedness, response, and resiliency in emergency care systems.
- Healthcare provider wellness
- Establishing EMS Naloxone Leave Behind programs
- Support activities that reduce the impact of the opioid crisis.
- Establishing partnerships and improving access to Behavioral Health Facilities and wrap around services such as treatment programs.

In addition to the State DOH focus areas, the NREMS & TCC and regional sub-committees provide local/geographical focus areas for the consistent delivery of EMS and trauma care services as well as helping to conduct assessments for the need and distribution of EMS and trauma care 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: Develop and conduct a needs assessment to determine the number of designated trauma facilities. Although there is no min/max requirement for cardiac / stroke categorized facilities, we recommend Regional Councils consider including these facilities in a need's assessment process. Determine the number EMS services needed to support public access to emergency care services. Include the identification of any unserved, underserved areas or EMS deserts.	1	Strategy 1. Beginning in August 2025, 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.
	2	Strategy 2. By October 2025, 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.
	3	Strategy 3. By May 2026, the Regional Council will send recommendations to the Department of Health (DOH) for review as needed.
	4	Strategy 4. By June 2026, the Regional Council will update the plan as needed and submit proposed changes to the DOH.
Objective 2: By October 2026, the Regional Council will utilize the Washington State Department of Health guidance documents and metrics to determine each regions' minimum and maximum numbers and levels of verified service types in each county and provide recommendations to the Department of Health.	1	Strategy 1. By August 2025, 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.
	2	Strategy 2. Beginning in October 2025, The North Region Prehospital/ Hospital Committee will work to develop a plan to help identify unserved or underserved response areas.
	3	Strategy 3. By April 2026, the Prehospital/Hospital Committee will implement the plan and address needed changes or adjustments to the Minimum and Maximum numbers with the Local EMS Councils.
	4	Strategy 4. By July 2026, the Regional Council will survey the Min/Max recommendations from the Prehospital/ Hospital Committee and Local EMS Councils.

GOAL 1: Maintain, Assess and Increase Emergency Care Resources		
	5	Strategy 5. By August 2026, the Regional Council will update the plan as needed and submit proposed changes to the DOH.
Objective 3: By June 2026, the North Region will explore and discuss potential solutions to EMS workforce and EMS training challenges identified by the region.	1	Strategy 1. By November 2025, the North Region will discuss and document the current challenges of EMS workforce (paid and volunteer) and EMS training faced in the region.
	2	Strategy 2. By January 2026, the region will analyze and document potential solutions to the challenges identified by the region and create an action plan.
Objective 4: Identify specific challenges for EMS workforce in the region including recruitment and retention of EMS providers (both paid and volunteer). Truth out and summarize the challenges. Prioritize the challenges and suggest solutions. Provide a report to the DOH of this work.	1	Strategy 1. By January 2026 will develop a survey for the region where local council/agencies can provide the characteristics of the local workforce in their county.
	2	Strategy 2. By March 2026 the local council chairs will meet to prioritize, find consensus and provide a forecast and recommendations for recruiting and retention.
	3	Strategy 3. By September 2026, the North Region will submit findings to DOH.
Objective 5: Throughout the planning cycle, the Regional Council will review, revise and implement statewide standardized Regional Patient Care Procedures (PCPs) as needed.	1	Strategy 1. By November 2025, the Regional QI Committee will review the Regional PCPs.
	2	Strategy 2. By January 2026, the Regional QI Committee will develop and submit recommended revisions to the Regional Council for approval.
	3	Strategy 3. By May 2026, the Regional Council will review and approve updates to the Regional PCPs.
	4	Strategy 4. By June 2026, the Regional Council will submit revised PCPs to the DOH for review and approval.
	5	Strategy 5. By July 2026, the Regional Council staff will update the Regional PCPs for inclusion in the North Region EMS and Trauma Care System Plan.

GOAL 2 INTRODUCTION

SUPPORT EMERGENCY PREPAREDNESS ACTIVITIES

The Regional Council recognizes the need for continued discussions surrounding disaster medical services and surge planning. During 2025-2027 the North Region will continue to connect 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 Activities		
Objective 1: Beginning July 2025, coordinate with and participate in emergency preparedness and response to all hazard incidents.	1	Strategy 1. The Regional Council will continue to 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.
	2	Strategy 2. Beginning September 2025, The Regional Council or Council staff will participate and help facilitate discussions surrounding surge response planning.
Objective 1: Beginning July 2025, North Region will work with the DOH in developing 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.	1	Strategy 1. Beginning July 2025, North Region will participate in activities necessary to assist DOH develop the EPRR related PCP guidance.
	2	Strategy 2. Throughout the planning cycle, the North Region will develop or revise EPRR related PCPs as directed according to DOH Guidance.
Objective 1: Beginning July 2025, North Region will work with the DOH in developing a situational awareness report that can be used to help inform partners of EMS situational awareness during surge events.	1	Strategy 1. Throughout the planning cycle, North Region will participate in activities to assist DOH in developing a situational awareness report. NREMSTC will engage county DEM agencies to further develop plans that integrates this information.

GOAL 2: Support Emergency Preparedness Activities

Objective 1: Beginning July 2025, The North Region will monitor for disaster, MCI, and special pathogens related drills and exercises and communicate opportunities for regional emergency care system partners to participate.	1	Strategy 1. Beginning July 2025, Executive Director and Regional Council members will share opportunities and trainings for disaster, MCI, and special pathogens.
	2	Strategy 2. Throughout the planning cycle, Regional Council members will report to the Executive Director or the Executive Board through committee reports when they participate in preparedness activities and trainings for reporting.

GOAL 3 INTRODUCTION

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 recent data provided by DOH from the three leading causes of injury deaths are:

- **Poisonings** – specifically focusing on providing education regarding overdose/overuse of prescription medication by adults in context of the current opioid crisis
- **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 Snohomish, Skagit and Whatcom Counties Fall Prevention committees and coalitions and will seek opportunities to grow community fall prevention campaigns in other counties.

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 and amplify prevention programs across the region .	1	Strategy 1. Beginning in July 2025, The Regional Council or Council Staff will compile Injury & Violence Prevention (IVP) program materials and best practices to facilitate sharing among the agencies.
	2	Strategy 2. Beginning in July 2025, 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.	1	Strategy 1. Beginning in July 2025 the Injury Prevention Committee will make recommendations for public outreach and education on a specific prevention campaign to be implemented during the plan cycle.
	2	Strategy 2. By June 2025, the North Region Injury Prevention committee will focus education on high-risk injury groups providing an opportunity to coordinate efforts and maximize results of current programs.
	3	Strategy 3. Beginning in September 2025 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 2025, 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.	1	Strategy 1. Beginning in July 2025, the Regional Council or Council staff will help facilitate the development of the North Region Healthy Aging Coalition program and to promote the State Aging and Long-Term Administrative Resources. 211 Resource12
	2	Strategy 2. Beginning in September 2025, the Regional Council will work to build sustainable prevention partnerships with pre-hospital providers, hospitals, public health, county fall prevention coalitions and for-profit and non-profit organizations.
	3	Strategy 3. Beginning in December 2025, the Regional Council and Council staff will support the development of certified exercise and balance programs in the North Region.

GOAL 3: PLAN, IMPLEMENT, MONITOR AND REPORT OUTCOMES OF PROGRAMS TO REDUCE THE INCIDENCE AND IMPACT OF INJURIES, VIOLENCE AND ILLNESS IN THE REGION

	4	Strategy 4. Beginning in July 2025, The Regional Council staff will participate in State-wide Falls Prevention Meetings and IVP TAC meetings for further engagement in both programs and to share information with North Region Healthy Aging Coalition.
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GOAL 4 INTRODUCTION

ASSESS WEAKNESSES AND STRENGTHS OF QUALITY IMPROVEMENT PROGRAMS IN THE REGION

The NREMS & TCC and Regional Quality Improvement committee continues to conduct assessments for the need and distribution of trauma services at all levels. The NREMS & TCC will prioritize data sharing for FY 25-25. 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 July 2025, Identify and implement strategies to increase EMS service participation in the state EMS data registry and to improve the quality of data.	1	Strategy 1. Beginning June 2025, the NREMS & TCC will provide DOH reports related to data completeness and participation with the WEMSIS, CARES and Trauma and other State registries.
	2	Strategy 2. Bi-monthly starting June 2025, 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 2025, The Regional Council will assess pre-hospital and hospital quality improvement systems to develop a coordinated structure of	1	Strategy 1. Beginning in April 2025, the Regional Council QI Committee will create a shared inventory of the QI databases being used throughout member organizations.
	2	Strategy 2. By June 2025, The Regional Council QI Committee will track and report on data sharing processes within each County in the North Region.

GOAL 4: ASSESS WEAKNESSES AND STRENGTHS OF QUALITY IMPROVEMENT PROGRAMS IN THE REGION		
shared quality improvement information.	3	Strategy 3. Annually by July, The Regional Council will review the status of CARES reporting in the North Region.
Objective 3: Work with the department to improve collaboration with the Regional QI forums.	1	Strategy 1. Beginning June 2025, 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 as related to Objective 2, Strategy 3.
	2	Strategy 2. By June 2025, 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.	1	Strategy 1. Beginning in June 2025, the Regional Quality Improvement/ Cardiac and Stroke Committee will review and share variations in regional CQI structures and processes necessary to achieve best practices and provide recommendations for improvement support to the Executive Board and Regional Council.
	2	Strategy 2. By October 2025, the NREMSTC will survey and evaluate the various CQI reporting platforms that encourage the process of automated patient care outcomes. Learning more about this process can lead priorities for EMS training.
	3	Strategy 3. By November 2025, the Regional Council will begin the process of review and updates to the Patient Care Procedures and recommend changes to County MPDs for updates to COPs.
Objective 5: Beginning June 2023, promote timely and complete patient care feedback between hospital and pre-hospital systems.	1	Strategy 1. By October 2025 describe current practices for hospital feedback to pre-hospital systems. Identify gaps in feedback information.
	2	Strategy 2. By June 2025, as a Regional Council make recommendations that service areas have a standard process for obtaining feedback from hospitals.

GOAL 5 INTRODUCTION

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.	1	Strategy 1. Beginning in July 2025, The Regional Council and Council staff will conduct scheduled meetings, maintain, and develop actionable items to help complete plan goals.
	2	Strategy 2. Beginning in July 2025, 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.
	3	Strategy 3. By March of 2027, 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.	1	Strategy 1. Beginning in July 2025, 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.
	2	Strategy 2. Beginning in July 2025, the Regional Council and Council staff will work with Local EMS Council's to fill vacancies on the Regional Council.
	3	Strategy 3. Beginning in July 2025, the Regional Council will seek ways to increase engagement from MPDs in the NREMSTCC activities.
Objective 3: By June 2026, Regional Council will support increased recruitment and retention of paid and volunteer EMS personnel.	1	Strategy 1. Beginning in December 2025, the Regional Council and Council staff will explore opportunities for shared training and activities for cost effectiveness and cross-training.
	2	Strategy 2. By January 2026, the Regional Council and Council staff will share best practices for staff training, retention, and motivation.

GOAL 5: PROMOTE REGIONAL SYSTEM SUSTAINABILITY

Objective 4: Annually by October, the Regional Council will utilize a process to identify needs and allocate available funding to support Prehospital training.	1	Strategy 1. By July 2026, Council will create an application and review criteria for prehospital training support as related to the mini-trauma grants.
	2	Strategy 2. Annually, the Regional Council will work to find grants that supports Prehospital training and education.
	3	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.
	4	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.
	5	Strategy 5. Annually by October, the Regional Council will review each county's recommendations and proposals for funding and select awardees.
	6	Strategy 6. Annually by December, the Regional Council staff will finalize the approved funding agreements.

APPENDICES

APPENDIX 1:

Adult and Pediatric Trauma Designated Hospitals and Rehab Facilities

<https://doh.wa.gov/sites/default/files/2022-02/530101.pdf>

WA Department of Health Trauma Designated Services					
REGION	Trauma Designation			Facility	City
	Adult	Pediatric	Rehab		
NORTH	II			PeaceHealth St. Joseph Medical Center	Bellingham
	II	III P	II R	Providence Regional Medical Center Everett	Everett
	III			Island Hospital	Anacortes
	III			Skagit Valley Hospital	Mt. Vernon
	IV			Cascade Valley Hospital	Arlington
	IV			Evergreen Health Monroe Medical Center	Monroe
	IV			PeaceHealth United General Medical Center	Sedro-Woolley
	IV			PeaceHealth Island Medical Center	Friday Harbor
	IV			Swedish Edmonds	Edmonds
	IV			Whidbey Health Medical Center	Coupeville

Information is current as of July 2024

REF: DOH 530-101 /July 2024

<https://doh.wa.gov/sites/default/files/2022-02/530101.pdf>

APPENDIX 2

Approved Minimum/Maximum Numbers of Designated Trauma Care Services

REGION	Level	State Approved		Current Status (#)
		MIN	MAX	
NORTH	I	0	0	0
	II	1	3	2
	III	4	6	2
	IV	1	5	6
	V	1	4	0
	* I P	0	0	0
	* II P	0	1	0
	* III P	0	1	1

* Pediatric

Numbers are current as of March 2025

REF: DOH 689-163 / August 2023

<https://doh.wa.gov/sites/default/files/2022-02/689163.pdf?uid=6431cc49d8cb6>

APPENDIX 3

Approved Minimum/Maximum Numbers of Designated Rehabilitation Trauma Care Services

REGION	Level	State Approved		Current Status (#)
		MIN	MAX	
NORTH	I R	0	0	0
	II R	2	3	1

Numbers are current as of March 2025

REF: DOH 689-163 / August 2023

<https://doh.wa.gov/sites/default/files/2022-02/689163.pdf?uid=6431cc49d8cb6>

APPENDIX 4**Washington State Emergency Care Categorized Cardiac and Stroke System Hospitals**

Washington State Emergency Cardiac and Stroke System Participating Hospitals by Region					
REGION	Categorization Level		Facility	City	County
	Cardiac	Stroke			
NORTH	II	III	Cascade Valley Hospital	Arlington	Snohomish
	II	II	Island Hospital	Anacortes	Skagit
	I	II	Providence Regional Medical Center Everett *	Everett	Snohomish
	I	II	St. Joseph Medical Center (PeaceHealth)	Bellingham	Whatcom
	I	II	Swedish Edmonds	Edmonds	Snohomish
	II	III	United General Hospital (PeaceHealth)	Sedro-Woolley	Skagit
	II	III	Valley General Hospital	Monroe	Snohomish
	II	III	Whidbey General Hospital	Coupeville	Island
	I	II	Skagit Valley Hospital	Mt. Vernon	Skagit

NP = Not Participating

* Meets requirements of a Level I or Level II Stroke Center with all aspects of Emergent Large Vessel Occlusion (ELVO) therapy available on a 24 hour per day, seven day per week (24/7) basis.

Information is current as of March 2025

REF: DOH 345-299 / March 2024

<https://doh.wa.gov/sites/default/files/2022-02/345299.pdf>

APPENDIX 5: EMS Resources, Prehospital Verified Services**Appendix 5A: EMS Agency Report/Data**

EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Island	AIDV.ES.00000196	North Whidbey Fire and Rescue	Oak Harbor	AIDV	BLS	0	6	29	0	0
Island	AIDV.ES.00000197	South Whidbey Fire/EMS	Langley	AIDV	BLS	0	3	41	0	0
Island	AIDV.ES.00000199	Central Whidbey Island Fire and Rescue	Coupeville	AIDV	BLS	0	8	18	0	0
Island	AIDV.ES.00000203	Oak Harbor Fire Department	Oak Harbor	AIDV	BLS	0	1	29	0	0
Island	AMBV.ES.00000195	Camano Island Fire and Rescue	Camano Island	AMBV	ALS	4	4	33	0	11
Island	AMBV.ES.00000207	Whidbey General Hospital EMS	Coupeville	AMBV	ALS	13	1	13	0	30
San Juan	AIDV.ES.61002894	San Juan Island Fire and Rescue	Friday Harbor	AIDV	BLS	0	7	20	0	0
San Juan	AMBV.ES.00000559	Orcas Island Fire & Rescue	Eastsound	AMBV	ALS	3	6	28	0	6
San Juan	AMBV.ES.00000561	Lopez Fire and EMS	Lopez Island	AMBV	ALS	2	0	16	0	4
San Juan	AMBV.ES.00000562	San Juan County FPD #5	Shaw Island	AMBV	BLS	2	0	9	0	0
San Juan	AMBV.ES.60360090	San Juan Island EMS	Friday Harbor	AMBV	ALS	3	0	28	0	6
Skagit	AID.ES.00000600	Skagit County Sheriff's Office Search and Rescue	Mount Vernon	AID	BLS	0	1	12	0	0
Skagit	AID.ES.60470555	Concrete Volunteer Fire Department	Concrete	AID	BLS	0	1	0	0	0
Skagit	AID.ES.61422519	Skagit Speedway	Burlington	AID	BLS	0	1	0	0	0
Skagit	AIDV.ES.00000567	Skagit County Fire District #2	Mount Vernon	AIDV	BLS	0	3	8	0	0
Skagit	AIDV.ES.00000568	Skagit County Fire District #3	Conway	AIDV	BLS	0	5	16	0	0
Skagit	AIDV.ES.00000569	Skagit County Fire District #4	Clearlake	AIDV	BLS	0	4	7	0	0
Skagit	AIDV.ES.00000570	Skagit County Fire Protection District 5	Bow	AIDV	BLS	0	7	18	0	0
Skagit	AIDV.ES.00000572	Lake Cavanaugh Volunteer Fire Department	Mount Vernon	AIDV	BLS	0	4	2	0	0
Skagit	AIDV.ES.00000573	Skagit County Fire District #8	Sedro Woolley	AIDV	BLS	0	4	6	0	0
Skagit	AIDV.ES.00000574	Skagit County Fire District #9	Mount Vernon	AIDV	BLS	0	3	8	0	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Skagit	AIDV.ES.00000576	Mt Erie Fire Department	Anacortes	AIDV	BLS	0	2	13	0	0
Skagit	AIDV.ES.00000577	Bay View Volunteer Fire Department	Mount Vernon	AIDV	BLS	0	2	9	0	0
Skagit	AIDV.ES.00000580	Skagit County Fire District #15	Mount Vernon	AIDV	BLS	0	3	7	0	0
Skagit	AIDV.ES.00000581	Day Creek Fire Department	Sedro Woolley	AIDV	BLS	0	1	3	0	0
Skagit	AIDV.ES.00000582	Guemes Island Fire Department	Anacortes	AIDV	BLS	0	1	7	0	0
Skagit	AIDV.ES.00000591	Hamilton Fire Department	Hamilton	AIDV	BLS	0	3	2	0	0
Skagit	AIDV.ES.00000592	La Conner Fire Department	La Conner	AIDV	BLS	0	2	5	0	0
Skagit	AMBV.ES.00000590	City of Anacortes Fire Department	Anacortes	AMBV	ALS	4	0	21	0	22
Skagit	AMBV.ES.00000596	Aero Skagit Emergency Service Association	Concrete	AMBV	ALS	2	0	7	0	3
Skagit	AMBV.ES.60013201	Mount Vernon Fire Department	Mount Vernon	AMBV	ALS	5	5	27	0	23
Skagit	AMBV.ES.60456686	City of Sedro-Woolley Fire Department	Sedro Woolley	AMBV	ALS	7	2	28	0	7
Skagit	AMBV.ES.60528123	City of Burlington Fire Department	Burlington	AMBV	ALS	3	3	17	0	13
Skagit	AMBV.ES.60551218	Skagit County Fire District #13	La Conner	AMBV	BLS	4	3	26	0	0
Skagit	AMBV.ES.60797919	Skagit County Fire District 14	Burlington	AMBV	BLS	2	7	21	0	0
Skagit	AMBV.ES.61116767	Platinum Nine Holdings LLC	Arlington	AMBV	BLS	8	0	12	0	0
Skagit	AMBV.ES.61162612	Trans-West Ambulance Service, LLC	Arlington	AMBV	BLS	4	0	5	0	0
Skagit	AMBV.ES.61407064	Skagit County Fire District #6	Burlington	AMBV	BLS	1	5	16	0	0
Skagit	AMBV.ES.61441931	Cascade Ambulance Service	Ferndale	AMBV	BLS	0	0	1	0	0
Skagit	ESSO.ES.60457666	Marathon Petroleum Company	Anacortes	ESSO		0	0	7	0	0
Skagit	ESSO.ES.61051376	Skagit County Sheriffs Department	Mount Vernon	ESSO		0	0	3	0	0
Skagit	ESSO.ES.61364370	HollyFrontier Puget Sound Refining LLC	Anacortes	ESSO		0	0	38	0	0
Snohomish	AIDV.ES.00000608	Snohomish County Airport Fire Department	Everett	AIDV	BLS	0	2	21	0	0
Snohomish	AMB.ES.61474400	Platinum Nine Holdings LLC	Arlington	AMB	ALS	2	0	2	0	3
Snohomish	AMBV.ES.00000610	Snohomish County Fire District 4	Snohomish	AMBV	ALS	3	0	33	0	15

NORTH REGION EMS & TRAUMA CARE COUNCIL

EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Snohomish	AMBV.ES.00000611	Fire Dist. #5 Snohomish County	Sultan	AMBV	ALS	4	0	14	7	4
Snohomish	AMBV.ES.00000612	Snohomish Regional Fire and Rescue	Monroe	AMBV	ALS	23	1	163	2	41
Snohomish	AMBV.ES.00000618	Snohomish County Fire District #17	Granite Falls	AMBV	ALS	5	3	32	0	4
Snohomish	AMBV.ES.00000620	Snohomish County Fire District #19	Silvana	AMBV	BLS	4	2	17	0	0
Snohomish	AMBV.ES.00000623	Getchell Fire	Arlington	AMBV	BLS	2	2	20	0	0
Snohomish	AMBV.ES.00000626	Oso Fire Department	Arlington	AMBV	BLS	1	1	13	0	0
Snohomish	AMBV.ES.00000627	Sky Valley Fire	Gold Bar	AMBV	ALS	5	3	43	13	2
Snohomish	AMBV.ES.00000628	Snohomish County FPD #27 - Hat Island	Everett	AMBV	BLS	1	0	11	0	0
Snohomish	AMBV.ES.00000631	North County Regional Fire Authority	Stanwood	AMBV	ALS	13	9	81	0	34
Snohomish	AMBV.ES.00000638	Everett Fire Department	Everett	AMBV	ALS	9	17	143	1	48
Snohomish	AMBV.ES.00000643	Mukilteo Fire Department	Mukilteo	AMBV	ALS	3	3	15	0	10
Snohomish	AMBV.ES.00000660	American Medical Response	Tukwila	AMBV	BLS	1	0	0	0	0
Snohomish	AMBV.ES.00000661	Platinum Nine Holdings LLC	Arlington	AMBV	BLS	42	0	243	0	0
Snohomish	AMBV.ES.60243713	Darrington Fire District #24	Darrington	AMBV	ALS	3	0	10	0	3
Snohomish	AMBV.ES.60365185	Snohomish County Fire District #16 Lake Roesiger	Snohomish	AMBV	BLS	1	3	10	0	0
Snohomish	AMBV.ES.60446324	Boeing Fire Department	Seattle	AMBV	BLS	2	0	0	0	0
Snohomish	AMBV.ES.60456537	Tulalip Bay Fire Department	Tulalip	AMBV	ALS	4	10	13	0	16
Snohomish	AMBV.ES.60705952	Snohomish County Fire District #21	Arlington	AMBV	BLS	2	8	28	0	1
Snohomish	AMBV.ES.60795215	South Snohomish County Fire and Rescue Regional Fire Authority	Everett	AMBV	ALS	23	0	232	1	113
Snohomish	AMBV.ES.60996460	Marysville Fire District	Marysville	AMBV	ALS	10	0	81	0	26
Snohomish	AMBV.ES.61578913	Olympic Ambulance Service Inc	N. Snohomish	AMBV	BLS	1	0	0	0	0
Snohomish	ESSO.ES.60427784	Snohomish County Volunteer Search and Rescue	Snohomish	ESSO		0	0	9	0	0
Snohomish	ESSO.ES.60705307	Draft Rescue Response Evergreen Speedway EMS	Monroe	ESSO		0	0	12	0	0
Snohomish	ESSO.ES.60864375	Pioneer Human Services	Seattle	ESSO		0	0	15	0	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

EMS AGENCY REPORT						VEHICLES		PERSONNEL		
COUNTY	CREDENTIAL #	SERVICE NAME	CITY	SERVICE TYPE	CARE LEVEL	# AMB	# AID	# BLS	# ILS	# ALS
Statewide	AIRV.ES.60752535	Island Air Ambulance	Friday Harbor	AIRV	ALS	0	0	8	0	3
Whatcom	AID.ES.00000816	Newhalem Diablo Fire Brigade	Rockport	AID	BLS	0	4	6	0	0
Whatcom	AID.ES.60432661	Mt. Baker Ski Area, Inc.	Bellingham	AID	ALS	0	0	0	0	1
Whatcom	AMBV.ES.00000787	Whatcom County Fire Dist. #1	Everson	AMBV	BLS	4	0	29	0	0
Whatcom	AMBV.ES.00000791	Whatcom County Fire District #5	Point Roberts	AMBV	ILS	2	5	11	5	0
Whatcom	AMBV.ES.00000793	Whatcom County Fire District No. 7	Ferndale	AMBV	ALS	6	0	56	0	20
Whatcom	AMBV.ES.00000794	Whatcom County Fire District 8	Bellingham	AMBV	BLS	3	3	6	0	0
Whatcom	AMBV.ES.00000797	Whatcom County Fire District #11	Lummi Island	AMBV	BLS	1	0	15	0	0
Whatcom	AMBV.ES.00000799	Whatcom County Fire District #14	Sumas	AMBV	BLS	6	1	50	0	0
Whatcom	AMBV.ES.00000801	Whatcom County Fire District #16	Acme	AMBV	BLS	2	0	18	0	0
Whatcom	AMBV.ES.00000804	Glacier Fire and Rescue	Deming	AMBV	BLS	1	0	10	0	0
Whatcom	AMBV.ES.00000805	North Whatcom Fire and Rescue	Lynden	AMBV	BLS	5	11	51	0	0
Whatcom	AMBV.ES.00000813	Whatcom Medic One	Bellingham	AMBV	ALS	14	10	143	0	59
Whatcom	AMBV.ES.00000815	Lynden Fire Department	Lynden	AMBV	BLS	3	0	17	0	0
Whatcom	AMBV.ES.00000827	Cascade Ambulance Service	Ferndale	AMBV	BLS	4	0	17	0	0
Whatcom	AMBV.ES.60070344	South Whatcom Fire Authority	Bellingham	AMBV	BLS	3	0	55	0	0
Whatcom	AMBV.ES.60490484	Whatcom County Fire Protection District #18	Sedro Woolley	AMBV	BLS	1	1	10	0	0
Whatcom	AMBV.ES.60642167	Whatcom County Fire District #17	Ferndale	AMBV	BLS	2	0	11	0	0
Whatcom	ESSO.ES.60275889	Customs and Border Protection- Blaine Sector	Blaine	ESSO		0	0	14	0	0
Whatcom	ESSO.ES.60318854	Summit to Sound Search and Rescue	Bellingham	ESSO		0	0	2	0	0
Whatcom	ESSO.ES.61591099	BP Cherry Point Refinery	Blaine	ESSO		0	0	45	0	0
Whatcom	ESSO.ES.60439002	Ferndale Refinery Emergency Response	Ferndale	ESSO		0	0	3	0	0
Whatcom	ESSO.ES.60441554	Bellingham Mountain Rescue Council	Bellingham	ESSO		0	0	2	0	0

Numbers are current as of August, 2024

Appendix 5B: Verified Services by County

Total Prehospital Verified Services by County						
COUNTY	AMBV - ALS	AMBV - ILS	AMBV - BLS	AIDV - ALS	AIDV - ILS	AIDV - BLS
Island	2	0	1	0	0	3
San Juan	3	0	1	0	0	0
Skagit	5	0	5	0	0	14
Snohomish	12	0	10	0	0	1
Whatcom	2	1	12	0	0	0

Numbers are current as of January 2025

Appendix 5C: Non-Verified Services by County

Total Prehospital Non-Verified Services by County							
COUNTY	AMB - ALS	AMB - ILS	AMB - BLS	AID - ALS	AID - ILS	AID - BLS	ESSO
Island	0	0	0	0	0	0	
San Juan	0	0	0	0	0	0	
Skagit	0	0	0	0	0	3	3
Snohomish	1	0	0	0	0	0	3
Whatcom	0	0	0	1	0	1	5

Numbers are current as of January 2025

Appendix 5D (OPTIONAL): North Region Personnel: Paid & Volunteer by County

COUNTY	# of EMR			# of EMT			# of AEMT			# of Paramedic		
	Paid	Volunteer	None	Paid	Volunteer	None	Paid	Volunteer	None	Paid	Volunteer	None
Island	0	1	0	102	61	0	1	0	0	44	0	0
San Juan	0	0	0	17	74	0	0	0	0	14	0	0
Skagit	4	50	0	140	232	0	0	0	0	67	0	1
Snohomish	0	3	0	1181	130	0	10	10	1	354	1	0
Whatcom	1	5	0	346	227	0	0	4	0	77	1	1

Numbers are current as of December 31, 2024

APPENDIX 6

Approved MIN and MAX Numbers for Trauma Verified EMS Services

Approved Minimum and Maximum of Verified Prehospital Trauma Services by Level and Type by County					
COUNTY	Verified Service Type	Care Level	State Approved Minimum #	State Approved Maximum #	Current Status (total # verified for each service type)
ISLAND	AIDV	BLS	4	5	3
		ILS	0	0	0
		ALS	0	0	0
	AMBV	BLS	2	2	1
		ILS	0	0	0
		ALS	1	3	2
SAN JUAN	AIDV	BLS	0	9	1
		ILS	0	0	0
		ALS	0	0	0
	AMBV	BLS	1	10	1
		ILS	0	0	0
		ALS	1	4	3
SKAGIT	AIDV	BLS	13	27	15
		ILS	0	0	0
		ALS	0	0	0
	AMBV	BLS	13	27	6
		ILS	0	0	0
		ALS	7	8	5

NORTH REGION EMS & TRAUMA CARE COUNCIL

SNOHOMISH	AIDV	BLS	10	10	1
		ILS	0	0	0
		ALS	0	0	0
	AMBV	BLS	12	15	10
		ILS	0	4	0
		ALS	12	12	12
WHATCOM	AIDV	BLS	0	2	0
		ILS	0	0	0
		ALS	1	0	0
	AMBV	BLS	10	15	12
		ILS	0	1	1
		ALS	1	2	2

Numbers are current as of January 2025

APPENDIX 6 - Continued

Link is included for approved WA air ambulance Strategic Plan. The Air Ambulance Service Plan provides a broad overview of air ambulance services planning and use in Washington State.

<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/530129.pdf>

APPENDIX 7**Trauma Response Area and EMS Services**

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
ISLAND					
1	Camano Island, including Camano Island State Park and Cama Beach.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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.			
4	City of Oak Harbor	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
*Skagit County Response					

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SAN JUAN					
1	Orcas Island, within the boundaries of San Juan County FD#2. To include Skull Island, Picnic Island, Victims Island and Double Island.	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
3	Shaw Island, within the boundaries of San Juan County FD#5	AIDV-BLS	1	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
4	Spieden Island, Sentinel Island and Cactus Islands: South of John’s Island. West of Flat Top Island.	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
4	O’Neal Island: Off northeast shore of San Juan Island in Rocky Bay. Opposite side of Roche Harbor.	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
		SAN JUAN			
		AIDV-ALS	0	AMBV-ALS	1
	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
6	Sucia Island: North of Matia Island, Sound of Patos Island, and North of East Sound, Orcas Island.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
10	Flat Top Island: Southwest of Waldron Island and west of Spieden Island. Thanks	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
13	Obstruction Island: North of Blakely Island.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
14	Blakely Island, Frost Island and Willow Island: North of Decatur Island, Northwest of Lopez Island.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
15		AIDV-BLS	0	AMBV-BLS	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SAN JUAN					
	Decatur Island, Trump Island, Center Island and Ram Island: West of Lopez Island, South Blakely Island.	AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
16	Center Island: East of Lopez Island, West of Decatur Island North of Center Island. Includes Center Island Airport.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
17	James Island: East of Decatur Island. Includes James Island St. Park.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
18	Charles Island, Buck Island, Long Island, Hall Island: South of Lopez Island on west side.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0

TRA #		Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SKAGIT						
1	City of Anacortes, as well as three islands outside the City of Anacortes boundaries, Burrows Island, Young Island and Allan Island.	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
2	City of Burlington	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
3	City of Concrete	AIDV-BLS	1	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
4	City of Hamilton	AIDV-BLS	1	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
5	City of La Conner	AIDV-BLS	1	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
6	City of Lyman	AIDV-BLS	1	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
7	City of Mount Vernon	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
8	City of Sedro Woolley	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
9	Just outside the city limits of Mount Vernon, within the boundaries of Skagit County Fire District 1 (Part of Burlingame	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SKAGIT					
	Rd, River Bend Rd by Crosby Drive and the area off Little Mountain.	AIDV-ALS	0	AMBV-ALS	1
10	West of Mount Vernon, within boundaries of Skagit County Fire District #2 (McLean Road)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
11	Area surrounding Conway, within boundaries of Skagit County Fire District #3 (Conway)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
12	East of Mount Vernon, within boundaries of Skagit County Fire District #4 (Clear Lake)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
13	Northwest of Mount Vernon, within boundaries of Skagit County Fire District #5 (Bow and parts of Edison)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
14	Surrounding City of Burlington, within boundaries of Skagit County Fire District #6	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
15	East of Mount Vernon, within boundaries of Skagit County Fire District #7 (Lake Cavanaugh)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
16	North and East of Sedro Woolley, within boundaries of Skagit County Fire District #8	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
17	East of Mount Vernon, within boundaries of Skagit County Fire District #9 (Big Lake)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
18	Area surrounding Concrete, within boundaries of Skagit County Fire District #10	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
19	Southwest of Anacortes, within boundaries of Skagit County Fire District #11 (Mt. Erie)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
20	West of Mount Vernon, within boundaries of Skagit County Fire District #12 (Bay View and parts of Edison)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
21	East of Anacortes, within boundaries of Skagit County Fire District #13 (Hope Island/Summit Park)	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
22	North of Mount Vernon, within boundaries of Skagit County Fire District #14 (Alger)	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SKAGIT					
		AIDV-ALS	0	AMBV-ALS	1
23	East of Conway, within boundaries of Skagit County Fire District #15 (Lake McMurray)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
24	West of Concrete, within boundaries of Skagit County Fire District #16 (Day Creek)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
25	Guemes Island, within boundaries of Skagit County Fire District #17 (ALS Limited Service) Availability depends on Ferry Service Operations and weather.	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
26	East of Concrete, within boundaries of Skagit County Fire District #19 (Rockport/Marblemount)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
27	North of Darrington, within boundaries of Aero Skagit response area and Rockport Fire Department. AID BLS response from SNO. CO.	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
28	Swinomish Reservation	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
29	Upper Skagit Tribe – “Helmic” area	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
30	Upper Skagit Tribe – “Casino” area	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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	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.			
33	Okanogan National Forest	Wilderness areas – service “as soon as possible” from nearest available units, regardless of county or verification status.			

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SKAGIT					
		Backup response from nearest available trauma verified service.			
	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.				
A	Cypress Island, Sinclair, and Vandovi Islands: NO RESPONSE.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
B	Burrows & Allan Islands – UNPROTECTED National Forest and/or State DNR Land	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
C	Hat Island – UNPROTECTED National Forest and/or State DNR Land	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
E	Between Alger/Cain Lake Road and Hwy 9; North of Prairie Road – UNPROTECTED National Forest and/or State DNR Land	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
J		AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SKAGIT					
	South of Hickox Road; West of E. Stackpole Road and within the Boundaries of Fire District #3 (BLS); ALS: Mount Vernon Fire Department	AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
N	Hope Island	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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	Wilderness			

TRA #		Name of Verified Service(s) Responding in TRA		Type and Level of Verified Services in TRA		
SNOHOMISH						
1	City of Arlington merged with North County Region Fire Authority	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
2	City of Bothell (in Snohomish Co.) Served by Bothell Fire & EMS; and *ALS provided by King County Shoreline Fire	AIDV-BLS	0	AMBV-BLS	1	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	0	
3	City of Darrington *#3 no longer exists on the map. Served by Fire District #24	AIDV-BLS	0	AMBV-BLS	1	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
4	Cities of Edmonds and Woodway Contracted with South County Regional Fire	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
5	City of Everett and Northwest AMB	AIDV-BLS	1	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
6		AIDV-BLS	0	AMBV-BLS	0	

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SNOHOMISH					
	City of Lynwood merged with South County Regional Fire	AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
7	City of Marysville plus areas within boundaries of Snohomish County Fire District #15 and Northwest AMB	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
8	City of Monroe plus area within boundaries of Snohomish County Fire District #3 merged with Snohomish Regional Fire	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
9	City of Mukilteo served by City of Muliteo Fire Department	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
10	City of Stanwood merged with North County Regional Fire Authority	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
12	City of Snohomish and area within boundaries of Snohomish County Fire District #4	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
13	City of Sultan and area within boundaries of Snohomish County Fire District #5	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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 Fire District #7 served by Snohomish County Regional Fire Authority.	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	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-BLS	1	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
16	Area west of Bothell, East -boundaries of Snohomish County Fire District #10 served by Bothell Fire and EMS	AIDV-BLS	1	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
17	Area surrounding city of Stanwood, within boundaries of Snohomish County Fire District #14. Served by North County Regional Fire Authority	AIDV-BLS	1	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
18		AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #		Name of Verified Service(s) Responding in TRA		Type and Level of Verified Services in TRA		
SNOHOMISH						
	Area West of Marysville within boundaries of Snohomish County Fire District #15. Served by Tulalip Aby #15 new ALS transport.	AIDV-ALS	0	AMBV-ALS	1	
19	Area surrounding Lake Roesiger, within boundaries of Snohomish County Fire District #16. ALS by District 4	AIDV-BLS	0	AMBV-BLS	1	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
20	City of Granite Falls, and surrounding area within boundaries of Snohomish County Fire District #17	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
21	Bryant, without boundaries of Snohomish County Fire District #18 merged with North County Regional Fire Authority	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
22	Silvana, within boundaries of Snohomish County Fire District #19 ALS by North County Regional Fire Authority	AIDV-BLS	0	AMBV-BLS	1	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
23	Arlington Heights, within area of Snohomish County Fire District #21 ALS by North County Regional Fire Authority	AIDV-BLS	0	AMBV-BLS	1	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
24	Getchell, within boundaries of Snohomish County Fire District #22. ALS by Granite falls #17	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	1	
		AIDV-ALS	0	AMBV-ALS	1	
25	Robe Valley, within boundaries of Snohomish County Fire District #23 served by Fire District 17 for ALS and BLS	AIDV-BLS	1	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
26	Oso, within boundaries of Snohomish County Fire District #25. ALS by North County Regional Fire Authority	AIDV-BLS	0	AMBV-BLS	1	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	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-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
28	City of Goldbar, plus area within boundaries of Snohomish County Fire District #26	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
29	City of Index, plus area within boundaries of Snohomish County Fire District #28. ALS by Fire District #26	AIDV-BLS	0	AMBV-BLS	1	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	1	
30	Hat Island, (A.K.A. Gedney Island) is a private island, located in Puget Sound, in Snohomish County Washington. The island is	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	1	
		AIDV-ALS	0	AMBV-ALS	1	

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SNOHOMISH					
	west of Everett served by Hat Island Fire District #28 and ALS by Everett Fire Department				
31	Snohomish County Paine Field Airport Served by Fire District #26 and ALS by Everett Fire Department	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
32	US Naval Station – Everett served by Federal Navy Fire and ALS by Everett Fire Department	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	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-BLS	1	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	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 to SCFD#21to the west and contiguous to SCFD#25 to the north. East and South is National Forest Land.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
D		AIDV-BLS	0	AMBV-BLS	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SNOHOMISH					
	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	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
G	Mount Baker Snoqualmie National Forest National Forest and/or State DNR Land: Contiguous land.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
I	Tulalip Reservation and Boeing Field: North, east, and south boundaries is Snohomish County Fire District #15 (Marysville).	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
J	SWAMP LAND: West of Lake Stevens/East of Everett. NO RESPONSE.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
O		AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
SNOHOMISH					
	FARMLAND: Northern boundary of SCFD#4 and eastern boundary with SCFD#3 (who responds when needed) and the southwest boundary is along SCFD#7.	AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0
R	Borders King County to the south and is placed centrally in the SCFD#3 Monroe service area. This area is gated and includes King Lake, Lake Fontal and Lake Hannan.	AIDV-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
WHATCOM					
1	City of Bellingham; Served by BFD	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
2	Bellingham, within boundaries of Whatcom County Fire District #3; NWFR	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
3	Bellingham, within boundaries of Whatcom County Fire District #4; NWFR	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
4	Marietta, within boundaries of Whatcom County Fire District #8; BFD	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
5	Lake Samish, within boundaries of Whatcom County Fire District #9; SWFA	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
6	Bellingham, within boundaries of Whatcom County Fire District #10; SWFA	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
7	City of Lynden; LFD	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #		Name of Verified Service(s) Responding in TRA		Type and Level of Verified Services in TRA	
WHATCOM					
8	City of Ferndale; FD7	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
9	Ferndale, within boundaries of Whatcom County Fire District #7; FD7	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
10	City of Blaine; NWFR	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
11	City of Everson; FD1	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
12	Everson, within boundaries of Whatcom County Fire District #1; FD1	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
13	City of Sumas; FD14	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
14	Sumas, within boundaries of Whatcom County Fire District #14; FD14	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
15	City of Nooksack; FD1	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
16	City of Newhalem; City of Seattle (Seattle City Light)	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
17	Geneva, within boundaries of Whatcom County Fire District #2; SWFA	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
18	Point Roberts, within boundaries of Whatcom County Fire District #5; FD5	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
19	Chuckanut, within boundaries of Whatcom County Fire District #6; SWFR	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
20	Lummi Island, within boundaries of Whatcom County Fire District #11; FD11	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2

NORTH REGION EMS & TRAUMA CARE COUNCIL

TRA #	Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
		WHATCOM			
21	Birch Bay, within boundaries of Whatcom County Fire District #13; NWFA	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
22	Acme, within boundaries of Whatcom County Fire District #16; FD16	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	1
23	Sandy Point, within boundaries of Whatcom County Fire District #17; FD17	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
24	S. Lake Whatcom, within boundaries of Whatcom County Fire District #18; FD18	AIDV-BLS	1	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	2
25	Glacier, within boundaries of Whatcom County Fire District #19; FD 19	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	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	Wilderness			
28	Okanogan National Forest	Wilderness			
	WHITE AREAS:				
A	South of Aldrich Road; West of Rural Ave.	AIDV-BLS	0	AMBV-BLS	1
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	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-BLS	0	AMBV-BLS	0
		AIDV-ILS	0	AMBV-ILS	0
		AIDV-ALS	0	AMBV-ALS	0

TRA #		Name of Verified Service(s) Responding in TRA	Type and Level of Verified Services in TRA			
WHATCOM						
D	South of Lake Whatcom; North of Skagit County line and White Area E - NO PROTECTION - National Forest and/or State DNR Land	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	0	
E	North of Skagit County Line; East of Coast - NO PROTECTION - National Forest and/or State DNR Land	AIDV-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	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-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	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-BLS	0	AMBV-BLS	0	
		AIDV-ILS	0	AMBV-ILS	0	
		AIDV-ALS	0	AMBV-ALS	0	

APPENDIX 8: Education and Training Programs and Testing Sites**Appendix 8A: Approved Training Programs**

NORTH REGION TRAINING PROGRAMS APPROVED BY WASHINGTON STATE DEPARTMENT OF HEALTH					
Credential #	Status	Expiration Date	Facility Name	Site City	Site County
TRNG.ES.60136535-PRO			Bellingham Technical College	Bellingham	Whatcom
TRNG.ES.60775662-PRO			Bellingham Fire Dept.	Bellingham	Whatcom
TRNG.ES.61020581-PRO			Life Rescue Inc.	Bellingham	Whatcom
TRNG.ES.61020581-PRO			Remote Medical Training	Bellingham	Whatcom
TRNG/ES/60827436-PRO			WCEMS&TC	Bellingham	Whatcom
TRNG.ES.60136545-PRO			Whatcom FD 14	Sumas	Whatcom
TRNG.ES.60117570-PRO			Skagit Co. EMS/Medic One	Mt. Vernon	Skagit
TRNG.ES.60202369-PRO			Skagit Valley College	Mt. Vernon	Skagit
TRNG.ES.60938886-PRO			Everett Comm College	Everett	Snohomish
TRNG.ES.61440236-PRO			NW Ambulance	Everett	Snohomish
TRNG.ES.61144539-PRO			Polaris Training Concepts	Stanwood	Snohomish
TRNG.ES.60118475-PRO			Snohomish Co. EMS	Arlington	Snohomish
TRNG.ES.60124314-PRO			Island Co. EMS Council	Langley	Island
TRNG.ES.61144539-PRO			Polaris Training Concepts	Stanwood	Island
TRNG.ES.61144539-PRO			Polaris Training Concepts	Stanwood	San Juan
TRNG.ES.60327281-PRO			San Juan EMS&TC	Friday Harbor	San Juan

Information is current as of March, 2025

Appendix 8C:

Approved NREMT Testing Sites

(Identify) NATIONAL REGISTRY EMERGENCY MEDICAL TECHNICIAN TESTING SITES		
Facility Name	Site City	Site County
Bellingham Fire Dept./Bellingham Technical College	Bellingham	Whatcom
Western Washington University Testing Center	Bellingham	Whatcom
Bellingham Technical College Assessment Center	Bellingham	Whatcom

Information is current as of January 2025

Appendix 9:

Local Health Jurisdictions

LOCAL HEALTH JURISDICTIONS		
Agency/Organization Name	City	County
Whatcom Co. Community and Health Services	Bellingham	Whatcom
Snohomish Co. Health Dept.	Everett	Snohomish
Skagit Co. Public Health and Community Services	Mt. Vernon	Skagit
Island County Health Dept.	Coupeville	Island
San Juan Co. Health Services	Friday Harbor	San Juan

Information is current as of January 2025

Appendix 10:

Local Department of Emergency Management Offices

LOCAL DEPARTMENT OF EMERGENCY MANAGEMENT OFFICES		
Agency/Organization Name	City	County
Whatcom County Division of Emergency Mgt	Bellingham	Whatcom
Skagit County Dept. of Emergency Mgt.	Mt. Vernon	Skagit
Snohomish County Emergency Mgt.	Everett	Snohomish
Island County Department of Emergency Mgt.	Coupeville	Island
San Juan County Emergency Mgt.	Friday Harbor	San Juan

Information is current as of January 2025

Appendix 11:

Regional Preparedness Coalitions

REGIONAL PREPAREDNESS COALITIONS		
Agency/Organization Name	City	County
NW HealthCare Network	Tukwila	King

Information is current as of January 2025

Appendix 12:

North Regional Alternative Healthcare Facilities For EMS

REGION	Categorization Level		Facility	City	County
	Behavioral Health	Substance Use Disorder			
NORTH	16 Beds	16 Beds	Ann Deacon Center for Hope (BH & SUD)	Bellingham	Whatcom
		MMV*	Did'g'Walic Wellness Center MMV (located in Bellingham) MAT Intakes. Swinomish Tribal Health Dept.	Bellingham	Whatcom
		IP/OP	Lummi Nation Wellness Center (Lummi Reservation) MAT & Behavioral Health Intakes	Bellingham	Whatcom

MMV = Mobile Medical Van

NORTH REGION - PATIENT CARE PROCEDURES

The supplemental section includes the North Regions Patient Care Procedures (PCPs).

The following PCPs are approved with the North Region 2025-2027 Strategic Plan. Future updates or amendments to these PCPs will be submitted to the department for review. Approved PCP updates and/or amendments will require an update to the entire PDF document for the North Region 2025-2027 Strategic Plan. The North Region will continue to follow the website posting and distribution requirements for the regional plan.

Contacts: John Corsa MD/Krystal Baciak MD Co-Chairs

Regulations: Revised Code of Washington (RCW) AND Washington Administrative Code (WAC)
Anatomy of a PCP.

PATIENT CARE PROCEDURES:

1. Level of Medical Care Personnel to be Dispatched to an Emergency Scene
2. Guidelines for Rendezvous with Agencies that Offer Higher Level of Care
3. Air Medical Services - Activation and Utilization
4. On Scene Command
5. Prehospital Triage and Destination Procedure
- 5.1 Trauma Triage and Destination Procedure
- 5.2 Cardiac Triage and Destination Procedure
- 5.3 Stroke Triage and Destination Procedure
- 5.4 Behavioral Health Facilities Destination Procedure
- 5.5 Prehospital Triage and Destination Procedure - Other
6. EMS/Medical Control Communications
7. Hospital Diversion
8. Cross Border Transport
9. Inter-Facility Transport Procedure
10. MCI
11. Region Specific Patient Care Procedures

North Region Medical Program Directors

County: Whatcom Co.

Medical Program Director: Ralph Weiche MD

Whatcom County EMS rweiche@co.whatcom.wa.us

County: Skagit Co.

Medical Program Director: Matthew Russell MD

Skagit Co. EMS skagitmpd@icloud.com

County: Snohomish Co.

Medical Program Director: C. Ryan Keay MD

Snohomish Co. EMS/TC ryan.keay@snocountyems.org

County: Island Co.

Medical Program Director: Krystal Baciak MD

Island Co. EMS/TC Council baciak@whidbeyhealth.org

County: San Juan Co.

Medical Program Director: Josh Corsa MD

San Juan Co. EMS/TC Council sanjuanmpd@gmail.com

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

Effective Date: January 1, 2025

Objective

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

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.

2. Guidelines for Rendezvous with Agencies That Offer Higher Level of Care

See PCP #9 – Interfacility Transfers

3. Air Medical Services - Activation and Utilization

Effective Date: Current

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.

4. On Scene Command & Identification of Trauma Patients

Effective Date: January 1, 2025

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.

5. Prehospital Triage and Destination Procedure

Effective Date: January 1, 2025

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).

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.

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.

5.1 Trauma Triage and Destination Procedure

Effective Date: 12/31/2024

PURPOSE

To provide guidance to prehospital providers, decreasing the amount of decision-making in the field necessary, to ensure patients are delivered to the most appropriate trauma center equipped to minimize death and disability. This Procedure also provides the foundation for COP and Protocol development where more specific guidance is necessary at the local level to achieve the above purpose.

SCOPE

This PCP was created for prehospital EMS providers to use in the field when caring for victims of traumatic injury. It should be utilized in conjunction with COP and Protocol to make decisions about patient destination based on the WA State Prehospital Trauma Triage and Destination [Procedure](#).

GENERAL PROCEDURES

EMS dispatch and response to traumatic injury in the North region will be consistent with guidelines set forth in “PCP 1 | Access to Prehospital EMS Care” of this document. Dispatch and response PCPs are specific to and defined by each Local Council area. MOUs for mutual aid and rendezvous are set forth in each county and dispatch cards/criteria are set by user groups. MOUs will be reviewed when fire/EMS districts change capabilities or borders and when otherwise needed to ensure the highest level of response possible is afforded each trauma response area.

Destination selection is performed by EMS personnel using the WA State Prehospital Trauma Triage and Destination Procedure.

Activation of the trauma system is done through early notification of the receiving trauma center. This can be done via radio notification through dispatch, HEAR radio contact or telephone. SOPs further define the mode of activation by providers based on destination facility preference and internal procedures. Providers should provide activation as practical to ensure adequate resources are available at the receiving trauma center.

Transport of patients in the “High Risk for Serious Injury” category should be transported to the closest level one or two trauma center within 30 minutes transport time (air or ground). Patients with transport times greater than 30 minutes should be taken to the closest most appropriate facility. Transport of patients in the “Moderate Risk for Serious Injury” category should be transported to the closest, most appropriate trauma center, which need not be the highest level. Refer to Table 4.10 Designated Trauma Centers in the North Region.

Interfacility transport of patients requiring additional definitive care not available at the primary trauma center after stabilization will be coordinated with the primary trauma center and will be consistent with transfer procedures in RCW 70.170.

Patients requiring Specialty Care Services not available in the North region, such as burn care, will be transported the same as other trauma patients using the WA State Prehospital Trauma Triage and Destination Procedure. The patient may then be transferred to the most appropriate trauma center capable of definitively managing their injuries.

Quality Measures are monitored by the Regional Quality Assurance Committee. Quarterly data will be reviewed to determine the following system components. Adherence to the WA State Prehospital Trauma Triage and Destination Procedure Adequacy of system resources, EMS Response, Level/adequacy of response, Request for ALS rendezvous, Use of air medical services, Initial stabilization by primary trauma centers, Transfers from initial receiving trauma center to definitive care, System barriers to optimal care and outcomes.

DESIGNATED TRAUMA FACILITIES IN THE REGION

Facility	Location (City/County)	Designation Level
Harborview	Seattle/ King	*1- outside of region, accessible by ground & air
Providence Regional Medical Center	Everett/ Snohomish	2
PeaceHealth St Joseph Medical Center	Bellingham/ Whatcom	2
Island Health	Anacortes/ Skagit	3
Skagit Valley Hospital	Mount Vernon/Skagit	3
Cascade Valley Hospital	Arlington/ Snohomish	4
Swedish Edmonds	Edmonds/Snohomish	4
Evergreen Health Monroe	Monroe/ Snohomish	4
PeaceHealth United General Medical Center	Sedro Woolley/ Skagit	4
Whidbey Health	Coupeville/Island	4
PeaceHealth Peace Island Medical Center	Friday Harbor/ San Juan	4

5.2 Cardiac & Stroke Triage and Destination Procedure

Effective Date: January 1, 2025

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 for guidance to the nearest appropriate hospital.

LINKS:

WA State Cardiac Triage Destination Procedure - [State of Washington Prehospital Cardiac Triage Destination Procedure](#)

For the most current WASHINGTON STATE PREHOSPITAL STROKE TRIAGE DESTINATION PROCEDURE
<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//530182.pdf>

5.3 Mental Health and Chemical Dependency Destination Procedure

Effective Date: January 1, 2025

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.

6. EMS/Medical Control Communications & Trauma System Activation

Effective Date: January 1, 2025

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.

7. Hospital Diversion

Effective Date: June 2023

Diversion Statement

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

8. Cross Border Transport

Effective Date: June 2024

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.

9. Inter-Facility Transport Procedure

Effective Date: June 2024

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.

10. Mass Casualty Incident (MCI)

Effective Date: Current

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.)

11. Region Specific Patient Care Procedures – (A): Access to Prehospital EMS Care

Effective Date: January 2025

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.

11. Region Specific Patient Care Procedures – (B): Activation of Hospital Trauma Resuscitation Team.

Effective: January 1, 2025

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

11. Region Specific Patient Care Procedures – (C): Transport of patients outside of the Response Area

Effective: January 1, 2025

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.

11. Region Specific Patient Care Procedures – (D): EMS Transport Destination of Medical Patients

Effective January, 2025

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.