



NORTH REGION EMS & TCC SUICIDE PREVENTION SYMPOSIUM

May 11th, 2023

Cost: \$50.00

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. There are many factors that contribute to suicide. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience (CDC). Join us to bring awareness to this important topic and learn what tools are available to you and your community.

HOW TO REGISTER

Visit Northregionems.com or submit the registration information below to:
nadja@northregionems.com

TARGET AUDIENCE

Fire/EMS, Police, medical personnel, mental health professionals, social workers, public and private education entities, public, government and community organizations.

TOPICS

- WA State Suicide Data
 - State and Regional Suicide Programs
- Tools for managing stress and emotional trauma

NAME: _____

PHONE: _____

EMAIL: _____

POSITION: _____

AGENCY: _____

Please indicate how you will be paying

☐ Check

☐ Please invoice my employer

☐ Credit card (Must call to pay over the phone)

COUNTY: _____

Date
Stamp
Here

EMS Provider Supervisory Organization Application

This is for: ☒ New Application ☐ Renewal ☐ Change of Ownership ☐ Amendment

If renewal, change or amendment, provide credential number:

Organization Type: (Check one that best applies to your organization.)

Organizations must integrate into all aspects of the local EMS and Trauma system.

Washington State Law Enforcement:

County ☐ Municipal ☐ State Patrol ☐

Federal Law Enforcement:

All Federal Law Enforcement Agencies ☐

Search and Rescue: ☐

Disaster-related resource: ☐

(Application must include letter of endorsement from the County Sheriff's Department or DEM Representative.)

Business: (with industrial safety team, performing exclusively on company property.) ☒

1. Demographic Information

UBI #: 604.774.601

Federal Tax ID (FEIN) #: 87-1304083

Applicant Organization Name: (Business name advertised on signs or web site.)

SKAGIT SPEEDWAY

Mailing Address: PO Box 1348

City: BURLINGTON

State: WA

Zip: 98233

County: SKAGIT

Physical Address: (If different from mailing address.)

4796 OLD Highway 99 North

City: BURLINGTON

State: WA

Zip: 98233

County: SKAGIT

Phone (enter 10 digit #): 360.724.3567

Fax (enter 10 digit #): 360.724.4223

Email Address: Jon@SKAGITSPEEDWAY.COM

Web Address: WWW.SKAGITSPEEDWAY.COM

2. Contact Information

Contact Person Name:

ERIC FINZIMER

Business Phone (enter 10 digit #):

360 724 3567

WA State DOH Credential #: (if applicable)

EMT 00121474

Alternate Phone (enter 10 digit #): CELL

425 446 9410

Email Address: ERIC@SKAGIT SPEEDWAY.COM

3. Supervision

Name of EMS County Medical Program Director: DR. MATTHEW F. RUSSELL

4. Additional Information

Applicant Organization's Operation: On a separate attachment, provide the following:

Law Enforcement, Search & Rescue and Disaster related resources: Describe, in detail, how your agency will work together with the local EMS and Trauma System.

Businesses:

- Describe your general operation and explain how your organization will augment the local EMS and trauma system. Include distance and time from the nearest licensed EMS provider to your location and list any barriers or restrictions EMS provider's may encounter, while responding, that could delay patient care.
- Provide your rationale for an increased level of patient care for injured employees, above the level of Labor & Industry requirement, as defined in WAC 296-307-03905. Be specific and attach supporting documentation.
- Describe, in detail, how your agency will work together with the local EMS and trauma system.

Applicant Organization's Paid/Volunteer Status:

Are your EMS personnel primarily: (check one) Paid ☒ Volunteer ☐

Number of EMS personnel that are: 3 Paid ☒ Volunteer ☐

Applicant Organization's Personnel Credential Information: On a separate attachment, provide the following:



The name, credential number, and level of certification (EMR, EMT, AEMT or Paramedic) for all Washington State Department of Health certified EMS personnel in your organization who will be engaged in providing emergency care. Include full or part-time personnel. For EMTs with IV or supraglottic airway endorsements, identify as EMT-IV or EMT-SGA. This endorsement is on their certification card.

5. Statements and Signatures

Applying Organization Statement and Signature

I/We hereby affirm and declare the information provided is true and correct, and agree this organization:

1. Will not operate an Aid or Ambulance service and understands to do so would require state licensure; and
2. Will operate in a manner that is consistent with the regional prehospital patient care procedures and the county operating procedures. This organization will integrate into the EMS and Trauma Care System in our community; and
3. Will follow DOH approved County Medical Program Director (MPD) protocols and MPD medical direction when our certified EMS personnel provides patient care; and
4. Will require EMS personnel to participate in educational programs to meet required state education necessary for recertification; and
5. Ensure that the certified EMS personnel will comply with all statutes and rules regarding prehospital EMS while performing their assigned duties with this organization.

Organization Representative Name (Print) 	Signature 
Organization Representative Title (Print) GENERAL MANAGER	Date 1/16/23

Local EMS Council Chair Statement and Signature (Regional EMS/TC Council's signature when local councils do not exist)

Although these signatures are required, only the Department of Health may approve an EMS Provider Supervisory Organization:

- ☐ We recommend approval.
- ☐ We DO NOT recommend approval (Attach memo for details) of this applicant based on the operation/mission identified and the statements provided above. If recommended for approval, this applicant is an essential component to the local EMS and Trauma Care system and will integrate into the system following county MPD protocols, regional patient care procedures, and county operating procedures.

Organization Representative Name (Print)	Signature	Date
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Medical Program Director Statement and Signature

- ☐ I recommend approval.
- ☐ I DO NOT recommend approval (Attach memo for details) of this applicant based on the operation/mission identified and the statements provided above. If recommended for approval, this applicant is an essential component to the local EMS and Trauma Care system and will integrate into the system following county MPD protocols, regional patient care procedures, and county operating procedures.

County MPD Name (Print)	Signature	Date
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Applicant Organization Operation

Skagit Speedway is a dirt racetrack for cars in Burlington, WA that would be providing medical assistance for fans and drivers in the stands and on the racetrack.



Skagit Speedway Mission

We are a professional dirt track raceway that holds sprint car races on a weekly basis. We normally operate on Saturdays from 1300 hours to 2300 hours. We have bigger races 2-3 times per season that run Thursday/Friday and Saturdays. Skagit Speedway also allows paid seasonal camping spots for spectators/staff. The normal population on race day can be 3-4,000 people with the bigger events bringing 7-8,000 people. With these numbers in attendance, we frequently have numerous contacts for patient care. Often, we are seeing 3-4 patients per night with about 20% of patients being transported to the emergency room via local fire department personnel.

Nearest Licensed Fire Service

Skagit Fire Districts 14 and 6 are the local Fire/EMS service with the closest fire station 3.3 miles from Skagit Speedway. The average response time is 12 minutes.

Map of Skagit Speedway

Please see attached.

Use of Certified EMS Personnel

Skagit Speedway will primarily use medical staff in stands and on the racetrack. Medical staff will also respond to any/all medical calls on Skagit Speedway property (i.e.; campgrounds, parking areas). Calls for service include, ground level falls, various medical complaints, overdoses, heat related illnesses and/or race car accidents with extrication.

Dispatch of EMS Personnel

EMS personnel carry handheld radios and have a dedicated "medical channel". Calls for service are received by word of mouth(bystander/spectator) or over the dedicated channel by track staff.

Medical Oversight and Integration with EMS System

In all circumstances where medical aid is needed, Skagit Speedway EMS Personnel will attempt to determine the nature of the injury or illness, request a Fire/EMS response through Skagit 911 either by phone or radio as appropriate, and initiate appropriate patient care until they can safely transfer care to an equal or higher level provider.

Skagit Speedway EMS Personnel will operate at all times in a manner that is consistent with the regional prehospital patient care procedures and county operating procedures and will follow DOH approved County Medical Program Director protocols and medical direction at all times when providing patient care.

Medical Oversight Continued

Skagit Speedway EMS Personnel will provide medical aid within the scope their training (unless aid is declined in which case an appropriate documentation of a patient refusal will be obtained in accordance with applicable protocol), until Fire/EMS arrives and takes over and will remain on the scene to assist and provide appropriate patient care handoff including a verbal report, as necessary.

The Skagit County EMS Medical Program Director may approve additional prehospital patient care protocols specific to Skagit Speedway EMS Personnel as needed. Skagit Speedway EMS Personnel will be required to complete any required education and training and comply with existing quality assurance/quality improvement processes.

Patient Access and Egress

Patients will be moved on sight via any of the following tools at our disposal:

Aid Unit or side by side ATV

Stretcher/Wheelchair/Stair Chair/Mega Mover

EMS Continuing Education & Quality Assurance

Washington State requires EMS-certified personnel to complete continuing education requirements during each 36-month certification period in order to qualify for recertification.

Skagit Speedway EMS Personnel will be required to participate in an approved Ongoing Training and Evaluation Program (OTEP) and meet the same training requirements of other EMS-certified personnel as approved by the Skagit County Medical Program Director and the Department of Health.

Any additional EMS training conducted for Skagit Speedway EMS Personnel will be done under the supervision and guidance of a Washington State approved EMS Evaluator (ESE) or Senior EMS Instructor (SEI) approved by Skagit County EMS.

Skagit Speedway EMS will designate a contact who will be the liaison with Skagit County EMS and responsible for participating in EMS quality assurance & quality improvement activities as needed.

Patient Care Documentation

Skagit Speedway EMS Personnel will document all medical care provided either on paper or electronically in accordance with Skagit County EMS and Medical Program Director guidelines. All patient care documentation will be completed within 24 hours and a completed copy made available to the Skagit County EMS Office, the transporting Fire/EMS agency, and the receiving hospital upon request. Medical Documents will remain on Skagit Speedway property via a locked filing cabinet.

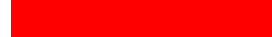
Medical Equipment Storage and Deployment

Skagit Speedway has a Conex Aid Station located in the center of the stands. It is equipped with two medical cots, air conditioning and is used for storage of medical equipment. EMS personnel will respond to incidents with "Go Bags" which contain BLS supplies in accordance with Skagit County requirements. All supplies are secured in the Conex and/or Aid Car when not in use.

Current List of Medical Providers

Eric Finzimer	EMT	ES00121474	Skagit Fire District 8
Harvey Vis	EMT-SGA	ES00120877	Skagit Fire District 5
Michael Marker	EMT-SGA	ES61275101	Skagit Fire District 8

TO MEDICAL CONEX



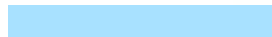
TO MAIN GATE



ACCESS TO PITS



PITS



CAMPING



GENERAL PARKING



EMS Agency Verification and Vehicle License Application Packet

Contents:

1. 530-071Contents List and Mailing Information 1 Page
2. 530-072Application Instructions Checklist2 Pages
3. 530-146Verification Requirements.....2 Pages
4. 530-059EMS Agency Verification and Vehicle License Application 5 Pages
5. 530-069Regional Council Review and Comment..... 1 Page
6. RCW/WAC and Online Web Site Links 1 Page

In order to process your request:

**Mail your application and
other documents to:**

EMS Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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Application Instructions Checklist

When your application for EMS Service Verification and Vehicle License Application is received by the Department of Health (DOH), it will be reviewed and you will be notified in writing of any outstanding documentation needed to complete the process.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

Indicate type of application—new, change of ownership, amended or renewal.

- **New**—First time requesting: An EMS Service and Trauma Verification or Trauma Verification on a EMS Service and Vehicle License.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of an agency.
- **Amended**—Request the addition or elimination of information on the EMS Service Verification and Vehicle License. For example, a 'Change of Response Area', 'Rural Services Approval' or 'Level of Care,' etc.
- **Renewal**—Renew EMS Service Verification and Vehicle License. Enter your current agency license number.

☒ **Indicate service type:** Ambulance (transport), or Aid Service (non-transport).

☒ **Check the level of care provided:** Check which one applies to you.

☒ **Check One:**

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

☒ **1: Demographic Information:**

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/EMS Service Name: Enter the owner's name as it appears on the UBI/Master Business License.

Legal Owner/EMS Service Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and Web addresses, if applicable.

EMS Service Verification Name: Enter the name as advertised on signs or Web site. For example, 'Fire District #99,' 'Woodbridge Fire and Rescue,' etc.

Service Physical Address: Enter the physical street location including city, state, zip and county.

Phone and Fax Numbers: Enter the phone and fax number.

Mailing Address: Enter the mailing address, if different than physical address.



2. Specific Information:

Organization Type: Please check the one organization that best applies to your service.

Response Information: Provide a number for each EMS activity. **Primary response**, first out/first alarm. **Secondary response**, responding at primary service's request, 2nd out alarm. First time applicants need not provide this information.



3. Personnel Status:

Indicate your EMS Service staffing model, see definitions below.

Paid: All staff are compensated

Volunteer: All staff are volunteer

Combination: A combination of any of the following:

Some staff are paid

Some staff are volunteer and receive some form of nominal compensation

Some staff are volunteer and receive no compensation

List the total number of Paid, Volunteer, Advanced First Aid (AFA) personnel, and the total number of Non-Medically Trained Driver (NMTD). NMTD are persons who do not hold a EMS certification issued by the Department of Health.

You must provide a copy of your current roster from EMS Certification online. If you need assistance please contact EMS credentialing 360-236-4859.



4. EMS Supervisor Information: Enter the name, phone number, and email address of the EMS Supervisor who is able to answer questions about licensing, vehicle licensing, and personnel association issues. Include a Department of Health credential number, if applicable.



5. Supervision: Enter name of the County Medical Program Director and their Department of Health credential number.



6. Additional Information:

Legal Owner: List the names, titles, addresses, and phone numbers of the corporate officers, LLC members or manager, partners, etc. Attach additional completed pages if you need more space.

Change of Ownership Information: If applicable, list the previous legal owner name, previous name, previous service credential number, effective date of ownership change and physical address.



7. Emergency Medical Vehicles: Provide year, make and model, license plate number, actual address of vehicle, AMB or AID, and VIN. Attach additional completed pages if you need more space.



8. General Operation: Provide information regarding the organization's general operation. Attach additional completed pages if you need more space.



9. Rural Attestation: Complete this section if you are operating with approval, or requesting approval as a rural service with non-medically trained drivers as shown in [RCW 18.73.150](#). The representative must read the affirmation statement thoroughly to ensure the provision of this section are understood. Then, print and sign name and enter the date.



10. Signatures: The representative must read the affirmation statement thoroughly to ensure the provisions of this section are understood. Then, print and sign name and enter the date.

EMS Service Verification and Vehicle License Application

This is for: ☐ New ☐ Change of Ownership ☒ Amendment
☐ Renewal License # AIDV.E.S.00000571

Service Type: ☒ Ambulance (transport) ☐ Aid Service (non transport)

Level of care provided - Check only one: ☒ BLS ☐ ILS ☐ ALS

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Municipality (County) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Non-Profit Corporation | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietor | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> State Government Agency | |

1. Demographic Information

UBI # 60141330 Federal Tax ID (FEIN) # 91-1420658

Legal Owner/EMS Service Name
Skagit County Fire District No. 6

Mailing Address
16220 Peterson Rd.

City <u>Burlington</u>	State <u>WA</u>	Zip Code <u>98233</u>	County <u>Skagit</u>
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Phone (enter 10 digit #) <u>360-757-2891</u>	Fax (enter 10 digit #) <u>360-757-6537</u>
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Email Address <u>PWAGNER@SKAGITFIRE6.COM</u>	Web Address: <u>SKAGITFIRE6.COM</u>
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Name (Business name as advertised on signs or Web site)
Skagit County Fire District NO 6. - BAY RIDGE

Physical Address
16220 Peterson Rd

City <u>Burlington</u>	State <u>WA</u>	Zip Code <u>98233</u>	County <u>Skagit</u>
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Phone (enter 10 digit #) <u>360-757-2891</u>	Fax (enter 10 digit #) <u>360-757-6537</u>
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Mailing Address (If different than physical address)

City	State	Zip Code	County
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2. Specific Information

Organization Type: (check one only)

- | | | |
|--|---|--|
| <input type="checkbox"/> City Fire Department | <input checked="" type="checkbox"/> Fire District | <input type="checkbox"/> Municipal (city/county) |
| <input type="checkbox"/> City/Fire District Combined | <input type="checkbox"/> Hospital District | <input type="checkbox"/> Private Volunteer Association |
| <input type="checkbox"/> EMS District | <input type="checkbox"/> Industrial Fire Department | <input type="checkbox"/> Search & Rescue |
| <input type="checkbox"/> Federal Fire Department | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other _____ |

Response Information

Please provide the number for each EMS activity listed below, for your last full calendar year (if applicable, i.e. when changing the existing type of service. First time applicants need not provide this information):

Primary Responses

965

Transports Primary/Secondary

0

Secondary Responses

0

Inter-facility Transports Only

0

3. Personnel Status

Please submit your current roster from the Department of Health EMS Certification Online.

Staffing Model: ☐ Paid ☐ Volunteer ☒ Combination

Number of EMS personnel that are: 1 Paid 19 Volunteer

Number of personnel non-credentialed that are: 0 AFA (Advanced First Aid) 0 Non-Medically Trained Drivers

4. EMS Supervisor Information

EMS Supervisor

Paul Wagner

WA State DOH Credential # (if applicable)

EMT. ES. 60228175

Email Address

PWAGNER@SKAGITFIRE6.COM

Phone (enter 10 digit #)

360-757-2891

5. Supervision

Name of County Medical Program Director

Matthew Russell

WA State DOH Credential #

MD 00039841

Name of MPDD/Agency Physician

Matthew Russell

WA State DOH Credential #

MD 00039841

6. Additional Information

Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone (enter 10 digit #)	Title
David Smoots	12802 Markwood Burlington, WA 98233	360-202-2963	Commissioner
Rick Whalen	20287 Gardner Ct. Burlington, WA 98233	360-708-6272	Commissioner
Ken Pike	12388 Eleventh Tee Burlington, WA 98233	360-770-6349	Commissioner

Change of Ownership Information

Previous Name of Legal Owner

Previous Service Credential #

Previous Name of Service

Effective Date of Change

7. Emergency Medical Vehicles

Please provide the following information for all vehicles to be licensed. Vehicle location is the address in which the vehicle is physically located. Indicate the type of vehicle(s):

AMB = ambulance; AID = aid vehicle (as defined in [RCW 18.73.030](#) and consistent with [RCW 70.168](#)).

See our website for the complete [EMS and Trauma Care System Statutes](#).

Physical address of vehicle

16220 Peterson Rd

City Burlington	State WA	Zip Code 98233	County Skagit
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Vehicle Information

Year 2016	Make and Model chevy Tahoe	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
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License Plate Number B1294C	VIN 1GN5KDEC3GR145527
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Year 2015	Make and Model Rosenbeyer commander	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
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License Plate Number B1914C	VIN 54F2BB610FWM11261
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Year 2016	Make and Model FORD F.250	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
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License Plate Number B4833C	VIN 1FT7W2B614ED00931
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Year 2017	Make and Model FORD WSH9	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
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License Plate Number B9681C	VIN 1FD0WSHT8HEC11788
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Physical address of vehicle

16220 Peterson Rd.

City Burlington	State WA	Zip Code 98233	County Skagit
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Vehicle Information

Year 2019	Make and Model FORD F-250	<input type="checkbox"/> AMB <input checked="" type="checkbox"/> AID
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License Plate Number C5839C	VIN 1FT7W2B67KEE25893
--------------------------------	--------------------------

Year 2009	Make and Model chevy C4V042	<input checked="" type="checkbox"/> AMB <input type="checkbox"/> AID
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License Plate Number B9693C	VIN 1GBE4V1909F402264
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Year	Make and Model	<input type="checkbox"/> AMB <input type="checkbox"/> AID
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License Plate Number	VIN
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Year	Make and Model	<input type="checkbox"/> AMB <input type="checkbox"/> AID
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License Plate Number	VIN
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8. General Operation

Please describe the general operation of your service; including how it will operate in a manner consistent with [WAC 246-976](#), the Regional Plan, and approved Regional Patient Care Procedures. For more information on agency and vehicle licensing see [website](#).

Provide an explanation of your:

1. Dispatch plan Countywide All Dispatch
2. Response plan Based on Zones and Response Plans
3. Response area FIRE District 6 and countywide mutual Aid
4. Type of transport - please circle one: Emergency, Interfacility, Both, or N/A.
5. Tiered response and rendezvous ALS / BLS
6. Back-up plan to respond (may not apply to agencies doing interfacility transports only) County Mutual Aid and Auto Netic Aid

Note: Other services involved in your response plan must be informed by you that they are participants and must agree to that participation. Attach additional completed pages if you need more space.

9. Rural Service Attestation:

To be completed by agencies with non-medically trained ambulance drivers

I hereby affirm and declare that the information provided on this application is true and correct, and that:

1. We have verified that each non-medically trained driver is at least 18 years of age.
2. We have performed a Washington State Patrol background check and have verified that each non-medically trained driver has no reported offenses.
3. We have verified that each non-medically trained driver holds a valid driver's license with no restrictions.

Paul Wagner
Signature of Owner/Operator

11/25/2023
Date

Paul L. Wagner
Print Name

fire chief
Print Title

10. Signatures

I hereby affirm and declare that the information provided on this application is true and correct, and that:

1. We operate in a manner that is consistent with the Washington State Triage tools; EMS and Trauma Care Council Regional Plan, pre-hospital Patient Care Procedures, and department approved County Operating Procedures.
2. Our current certified EMS personnel are familiar with and utilize a Department of Health approved Medical Program Director (MPD) patient care protocols.
3. The vehicles identified on page three meet the minimum equipment requirements for the level and type of trauma verification requested by our service.
4. We meet the minimum staffing requirements as identified on page four.
5. We maintain current liability insurance coverage.
6. In accordance with [RCW 43.70.490](#), our certified EMS personnel are adequately trained in and familiarized with techniques, procedures, and protocols for best handling situations in which persons with particular disabilities are present at the scene of an emergency.

Paul Wane

1/25/2023

Signature of Owner/Operator

Date

Paul Wane

Fire Chief

Print Name

Print Title

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Regional Council Review and Comment

This portion to be completed by the service applying for licensure and mailed to the department with your completed application packet.

EMS Service Name SKagit county Fire District No. 6

Address: 16220 Peterson Rd. Burlington, WA 98233

Contact Person Paul Wagner

Phone (enter 10 digit #): 360-757-2891 Date: 1/25/2023

Level of care provided on a 24-hour basis: ☒ BLS ☐ ILS ☐ ALS

☒ Ambulance (transport) ☐ Aid Service (non-transport) ☐ Air Ambulance

The signature below is required in accordance with [WAC 246-976-390](#). Please note that only DOH may approve licensure and verification of services.

This portion to be completed by the Regional Council Representative and returned to the department.

Does this application for verification appear to be consistent with the Regional Plan?

☐ Yes

☐ No Attach documentation to explain a "No" answer.

Regional EMS Council Representative

EMS Region

Signature

Date

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RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Emergency Medical Services and Trauma System, RCW 18.71](#)

[Emergency Medical Services and Trauma System, RCW 18.73](#)

[Emergency Medical Services and Trauma System, WAC 246-976](#)

Online

[Emergency Medical Services and Trauma System web page](#)

Verification Requirements

- ☒ Check with the Regional EMS Council to assure that the need for an additional service exists. If the response area is saturated with the maximum services, the application will not be consistent with the Regional EMS Plan.

- ☐ Provide a map of response area.

Note: Maps of Response Areas are available in the respective Regional EMS and Trauma Care Office and plans are posted on the [website](#). The minimum and maximum number of verified services by type and the distribution by response areas are specified in the approved regional EMS plans.

- ☐ Complete the application including the following:

Note: For renewal only complete sections 1-6

1. Dispatch Plan
2. Response Plan (include station locations and system status management)
3. Response Area
4. Type of Transport (emergency or inter-facility)
5. Tiered Response and Rendezvous Plan
6. Back-up Plan to Respond
7. Interagency Relations
8. A detailed explanation of how the applicant's proposal avoids unnecessary duplication of resources/services as outlined in the Approved Regional Plan "Needs and Distribution of Services" provisions
9. A detailed explanation of how the service will meet the specific needs as outlined in the Approved Regional Plan

- ☐ Include evidence of current liability insurance coverage to include professional, general and motor vehicle

Provide a copy of the liability insurance coverage policy, an ACCORD certificate of insurance, or a letter from a licensed insurer verifying the required insurance will be in place for the service at the time verification goes into effect.

- ☐ Provide a detailed narrative on each of the following:
- a. Consistency with the Approved Regional Plan and Patient Care Procedure
 - b. Vehicles and Equipment
 - c. Sufficient Staffing Levels

d. Trauma Training Program

1. How the service's present Certified EMS Personnel have been, or will be, trained so they have the necessary understanding of Department-approved Medical Program Director (MPD) protocols.
2. How the service will assure that its personnel understand their obligation to comply with the MPD protocols.
3. How the service will assure that its personnel will maintain currency with the protocols whenever they are revised.
4. How the service will address numbers 1-3 for new personnel as they join the organization.

e. Participation and compliance with Regional Quality Improvement.

EMS Online Agency Roster

Report Date: 1/25/2023 2:42:47 PM

Agencies Selected: 29D06-Skagit County Fire District #6 (Expr. 05/31/2024)

Name	Credential Number	Expiration Date	Agency Name	Primary	IVTherapy Training	Supraglottic	ESE	SEI
Boe, Kyle Randall	EMT.ES.60440 657	10/31/2023 12:00:00 AM	29D06-Skagit County Fire District #6	No		12/14/2013		
Braaten, Blake Jeffery	EMT.ES.61359 623	5/31/2026 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		06/18/2022		
Brookshier, Caleb Dean	EMT.ES.61014 266	5/31/2023 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		06/20/2019		
Foster, Kaden Paul	EMT.ES.60770 607	5/31/2024 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		05/06/2017		
Fransson, Colton Stuart	EMT.ES.61225 827	5/31/2025 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		06/19/2021		
Green, Trenton Robert	EMT.ES.60665 304	5/31/2025 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		03/16/2016		
Jack, Barbara Jean	EMT.ES.60104 637	5/31/2025 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		10/31/2016	Y	
Jack, Barbara Jean	EMT.ES.60104 637	5/31/2025 12:00:00 AM	29D06-Skagit County Fire District #6	No		10/31/2016	Y	
Lervold, Garth K	EMT.ES.01174 835	1/31/2026 12:00:00 AM	29D06-Skagit County Fire District #6	No		10/23/2019		
Logerstedt, Aaron Davis	EMT.ES.61317 677	5/31/2025 12:00:00 AM	29D06-Skagit County Fire District #6	Yes				
McPherron, Keaton Todd	EMT.ES.61208 361	5/31/2025 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		06/19/2021		
Tracy, Brian Lee	EMT.ES.60532 451	5/31/2024 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		12/13/2014		
Turner, Christopher Duane	EMT.ES.60287 255	2/28/2025 12:00:00 AM	29D06-Skagit County Fire District #6	No		05/15/2021	Y	
Vasileff, James M	EMT.ES.01175 508	5/31/2024 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		01/16/2019		
Wagner, Paul Lewis	EMT.ES.60228 175	5/31/2024 12:00:00 AM	29D06-Skagit County Fire District #6	Yes	05/16/2011	09/30/2016	Y	
Walde, David A	EMT.ES.00117 650	5/31/2023 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		12/30/2016		
Wilbur, Emma K	EMT.ES.60886 041	5/31/2025 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		06/16/2018		

EMS Online Agency Roster

Report Date: 1/25/2023 2:42:47 PM

Agencies Selected: 29D06-Skagit County Fire District #6 (Expr. 05/31/2024)

Name	Credential Number	Expiration Date	Agency Name	Primary	IVTherapy Training	Supraglottic	ESE	SEI
Wilson, Jackson Tenasie	EMT.ES.61359 348	5/31/2026 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		12/11/2021		
Withers, Jayson William	EMT.ES.60689 877	5/31/2023 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		03/16/2016		
Wolken, Oscar	EMT.ES.61079 526	3/31/2024 12:00:00 AM	29D06-Skagit County Fire District #6	Yes		03/13/2020		
Zimmerman, James C	EMT.ES.01174 844	2/28/2023 12:00:00 AM	29D06-Skagit County Fire District #6	No		05/27/2017	Y	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Nicholson & Associates Ins LLC 118 W Pine St Centralia, WA 98531	CONTACT NAME: Darlene MacIvennie PHONE (A/C, No, Ext): (360)736-7601 E-MAIL ADDRESS: darlene@nichinsure.com FAX (A/C, No): (360)623-1054
INSURED	Skagit County FPD #6 16220 Peterson Road Burlington, WA 98233	INSURER(S) AFFORDING COVERAGE INSURER A: Nat'l Union Fire Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 00100384-1255646

REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> Prof.HealthcareLiab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	VFNU-TR-0021292	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Fire Legal Liab. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	VFNU-TR-0021292	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ N/A	Y	N	VFNU-TR-0021292	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N	VFNU-TR-0021292	09/01/2021	09/01/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Skagit County, its officials, employees and agents are included as Additional Insureds on a primary and non-contributory basis, per policy form VGL101 (01-20), as respects Skagit County Fire Protection District #6's EMS contract with Skagit County.

Re: policy language, see form VGL101 (01-20), pg. 10, Section II. 2. f. Blanket Additional Insureds, pg. 13, Section IV. 4. a. Primary Insurance and pg. 14, Section IV. 7. Transfer of Rights of Recovery Against Others to Us.

CERTIFICATE HOLDER

CANCELLATION

Skagit County 1800 Continental Place Mount Vernon, WA 98273	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE (NDM)
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Skagit County Fire Protection District No. 6



16220 Peterson Road, Burlington, WA 98233
Phone 360-757-2891 Fax 360-757-6537

To whom it may Concern:

January 25, 2023

RE: BLS Ambulance Verification

Skagit County Fire District 6 has applied for BLS transport in Skagit County. Fire District 6 lies North of the Skagit River and surrounding the City of Burlington, along the I-5 corridor to Exit 236 Bow Hill. District 6 currently has one full-time Fire Chief and one full-time District Secretary and provides a minimum staffing of 2 firefighter/EMT's 24/7 by Part-Time, Resident and Volunteer response from our Bay Ridge Station at 16220 Peterson Rd., Burlington, WA.

Our interest in BLS transport is, first to improve EMS service through dedicated trained staff reducing response and on scene times and second by reducing the impact on our current ALS system in an effort to keep county ALS units available for more critical calls.

Fire District 6 is currently serviced by a county wide tiered ALS system while Sedro-Woolley Fire Department, Burlington Fire Department and Skagit County Fire District 13 are the only BLS Transport providers servicing their own perspective jurisdictional areas. The addition of another BLS transport provider will only enhance our EMS system by having more qualified transport staffed vehicles available for larger incidents and improve services to our communities.

By entering into the BLS transport business, there are no negative impacts to our current system, the positive effects to the county EMS system is reducing the call load on our ALS system allowing ALS units to remain in service or return quicker to service for more critical calls.

A handwritten signature in black ink that reads "Paul Wagner".

Paul Wagner, Fire Chief
Skagit County Fire District No. 6

BLS Plan

Staffing and Location

- Staff two EMT 24/7 BLS unit
- Primary site Bay Ridge Station – 16220 Peterson Rd., Burlington, WA 98233

Response Area

- Fire Districts 6 and Skagit County as a Mutual Aid resource

Out Come

- Improved services to our communities, reducing on scene wait times and expediting critical patients for ALS intervention.
- Providing additional resources to our current EMS system by having available highly trained personnel and transport vehicle available for larger more critical incidents county wide and regionally
- Lesson the workload on our current ALS system
- Progressive and best practices approach to Pre-hospital care

