

ARTICLE I ORGANIZATION NAME

The name of this group shall be the Skagit County Emergency Medical Services (EMS) and Trauma Care Advisory Board, hereinafter, "The Advisory Board."

ARTICLE II ORGANIZATION AND OBJECTIVES

1.0 Organization

- 1.1 The Advisory Board is created by Skagit County Resolution number R20190037 to form a Local Emergency Medical Services and Trauma Care Advisory Boards as authorized in accordance with WAC 246-976-970 and RCW 70.168.120
- 1.2 The Advisory Board consists of volunteer representatives as designated in Skagit County Resolution number R20190037, from public and private agencies [licensed in the County](#) responsible for the delivery of emergency medical services and/or are consumers of emergency medical services in Skagit County.
- 1.3 This Advisory Board will follow the Open Public Meetings Act.

2.0 Purpose

- 2.1 The purpose of The Advisory Board is to serve as an Local Emergency Medical Services (EMS) and Trauma Care advisory board to Skagit County Board of County Commissioners (SCBOCC), to disperse information from the North Region EMS and Trauma Care Council (NREMSTCC) and the State Department of Health, Office of EMS and Trauma Care Systems (DOH) to local providers, pursuant to WAC 246-976-970.

3.0 General Objectives

- 3.1 Review, evaluate, and provide recommendations to the Skagit County EMS Director regarding the provision of emergency medical services and trauma care in the region, and provide recommendations on the regional emergency medical services and trauma care plan.
- 3.2 Recommend individuals as participants on the Regional Emergency Medical Services and Trauma Care Advisory Board.
- 3.3 Review and make recommendations, for individuals applying for recognition or renewal of recognition as senior EMT instructors for final review and approval by the Skagit County Medical Program Director.
- 3.4 Review applications for initial training classes and Ongoing Training and Evaluation Program (OTEP) programs and make recommendations to the department for final review and approval by the Skagit County Medical Program Director.

- 3.5 Make recommendations regarding the minimum and maximum number of verified prehospital transport and aid providing agencies needed in the County for the regional EMS and trauma plan.
- 3.6 Review and recommend new initiative funding proposals.
- 3.7 Make prioritized recommendations to the North Region EMS & Trauma Care Council (NREMSTCC) regarding grants from the NREMSTCC requested by local ems agencies.
- 3.8 Work on Prevention and Education for EMS and Health-related issues in partnership with other agencies.
- 3.9 Provide quarterly communication to EMS providers and stakeholders.
- 3.10 Develop strategic recommendations on Dispatch/911 EMS priorities for presentation to the 911 Board.

ARTICLE III ORGANIZATION MEMBERSHIP

- 1.0 Advisory Board membership makeup
 - 1.1 The Advisory Board shall be limited to fourteen (14) members and two additional Ex-Officio positions.
 - 1.2 Members will consist of a maximum of two representatives from local hospitals, one BLS transport provider, a maximum of two ALS transport providers, one rural fire responder or agency designee, the Skagit County Medical Program Director or designee, the Skagit County EMS Director, one consumer, three elected officials, (one City of population over 7,500, one Town of population under 7,500 and one Skagit County Commissioner (County Commissioner serving as an ex-officio)), one prevention specialist, 911 Board Chair (ex-officio) and one local Law Enforcement representative. If there is a lack of people willing to serve in the above listed positions, the size of the Board shall be decreased.
 - 1.3 Recommendation for appointment will be made by agencies types listed above, to the EMS Director for appointment by the Skagit County Board of County Commissioners.
 - 1.4 Approved members shall serve for a three-year period, provided they remain in good standing, except for some initial appointments that exceed three years as specified in Skagit County Resolution number R20190037 .
 - 1.5 Unexcused absences from two consecutive meetings shall be cause for removal from the Advisory Board.

Commented [BB1]: May need clarification to specify that the three elected are the positions listed as towns and city.

- 1.6 Any member may be removed by the Advisory Board for inappropriate or disruptive behavior by recommendation to the Skagit County Board of County Commissioners by majority vote.
- 2.0 Conflict of interest
- 2.1 All members shall make a full disclosure of any conflicts of interests. New members shall be advised of this policy upon appointment to the advisory board.

ARTICLE IV MEETINGS

1.0 Meetings and Attendance

- 1.1 Regular meetings shall occur at least once every quarter according to a schedule and place established by the Advisory Board.
- 1.2 Special meetings of the Advisory Board may be called by the Chairperson, Skagit County Board of County Commissioners or the EMS Director
- 1.3 Members can call-in to meetings for valid attendance

2.0 Minutes

- 2.1 Minutes shall be [the responsibility of the EMS office and](#) taken at all meetings of the Advisory Board and shall include an accurate summary of all recommendations, discussion and actions. Minutes shall ~~be available~~ [be available](#) to the public.

3.0 Quorum

- 3.1 Quorum for the Advisory Board shall be a majority of the voting Board.

4.0 Voting

- 4.1 A simple majority of votes shall be required for action on an issue.
- 4.2 New Initiative Fund or grant funding votes shall require a 60% super majority for action on an issue.
- 4.3 General business may be voted on at the same meeting that it was introduced on the meeting agenda
- 4.4 No proxy for voting.

ARTICLE V OFFICERS

1.0 OFFICERS

1.1 ~~Officers must be voting members.~~

1.2 The Chair and Vice Chair shall be elected annually at the first meeting by a simple majority vote of a quorum of the voting members. Nominations must be accepted in person or via written statement presented at the meeting in which the nomination occurred.

1.3 ~~The term for Officers will be a two year term total.~~

1.4 ~~If the Chair cannot fulfill the entire term due to timing out on the advisory board or not reelected, the vice chair will serve as chair for the remaining term.~~

~~1.1.5~~ If the Chair or Vice-Chair are from elected positions and are not re-elected or term out, then a special election will be held to select a new Chair/Vice-Chair to fill the position for the remainder of the term.

~~1.21.6~~ The Chair shall preside at all meetings.

~~1.31.7~~ The Vice Chair In the absence of the Chair, shall preside at all meetings.

~~1.41.8~~ In the absence of both Chair and Vice Chair, the Chair can appoint a designee to preside over the meeting.

ARTICLE VI COMMITTEES

1.0 AD HOC COMMITTEES

1.1 The Advisory Board may appoint ad-hoc committees and determine membership as the need may arise. Members of the committee whether Members of the Advisory Board or not, shall be voting members of the Ad-hoc committees. Ad-hoc committees shall report recommendations to the Advisory Board.

ARTICLE VII AMENDING BY-LAWS

1.0 AMENDMENTS

1.1 Amendments to these by-laws may be recommend by a simple majority affirmative vote of the voting members at a meeting, provided that the following requirements have been met: Copies of the amendment or amendments are made available to the voting members at least thirty (30) days in advance of the meeting and that the notice of the meeting states that recommended amendments to this document will be considered and voted upon.

1.2 Recommended amendments to the bylaws will be presented to the Skagit County Board of County Commissioners by The EMS Director for final approval.

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Date
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Emergency Medical Services Training Program Application

Application for: Initial Application Renewal of Current Program Amendment of Current Program

Legal Entity Type

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

1. Demographic Information

UBI # <p style="text-align: center;">297-003-487</p>	Federal Tax ID (FEIN) # <p style="text-align: center;">91-6001361</p>
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Legal Owner/Operator Name
Skagit County

Mailing Address
700 S 2nd St #101

City Mount Vernon	State WA	Zip Code 98273	County Skagit
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Facility/Agency Name (Business name as advertised on signs or Web site)
Skagit County EMS

Physical Address
2911 E College Way, Suite C

City Mount Vernon	State WA	Zip Code 98273	County Skagit
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Facility Phone (enter 10 digit #) 360-416-1830	Cell (enter 10 digit #) 360-707-1658	Fax (enter 10 digit #)
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Mailing Address
2911 E College Way, Suite C

City Mount Vernon	State WA	Zip Code 98273	County Skagit
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2. Organization Type (check one that best applies to your organization):

- | | |
|---|--|
| <input type="checkbox"/> Local EMS Council | <input type="checkbox"/> Local EMS Council is unable to conduct a training program and recommends this entity. |
| <input type="checkbox"/> Regional EMS Council | |
| <input checked="" type="checkbox"/> County EMS Office | <input type="checkbox"/> Local EMS Council does not exist and Regional EMS Council recommends this entity. |
| <input type="checkbox"/> College/University/Vocational School | |
| <input type="checkbox"/> Private School | |

Note: The Private Vocational School Act, [RCW 28C.10](#), requires private, non-degree granting training entities to be licensed by the Workforce Training and Education Coordinating Board, Private Vocational School Licensing before educational services can be offered. To determine if these laws affect you, please contact the Private Vocational School Licensing Division at (360) 709-4642, or visit their web site at www.wtb.wa.gov.

3. Training Levels

Please indicate the levels of EMS education you are applying to provide.

- Emergency Medical Responder (EMR)
 Emergency Medical Technician (EMT)
 Advanced Emergency Medical Technician (AEMT)
 Paramedic—currently accredited
 Paramedic—Letter of Review

4. Applying Organization Attestation:

I /we hereby affirm and declare the information provided is true and correct; that fraudulent information is sufficient cause for denial of the Training Program Application or subsequent revocation of program approval.

In addition, I/we agree to:

- Conduct EMS training following requirements set forth in [WAC 246-976](#) and the state approved EMS Training Program and Instructor Manual;
- Assure EMS training is conducted using state amended and approved National EMS Educational Standards, the National EMS Scope of Practice Model, National EMS Instructor Guidelines and state approved practical skills examinations;
- Register with the NREMT for student examination purposes.

Program Director Name Josh Pelonio		Credential Number (if applicable) EMT.ES.01174061	
Business Phone Number 360-416-1834		Alternate Phone Number 360-707-1658	
Email Address joshp@co.skagit.wa.us			
Program Director Signature			Date (mm/dd/yyyy)
If you are applying for paramedic training program approval, you must also attest to the following: <ul style="list-style-type: none">• Complete accreditation following CAAHEP Standards and Guidelines.• Provide copies of any written or electronic communications to or from CAAHEP or CoAEMSP to the EMS and Trauma Section.• Notify and invite a representative from the EMS and Trauma Section to be included in the scheduled CoAEMSP on-site visitations.			
Program Director Signature			Date (mm/dd/yyyy)

5. Local Council Recommendation:

Has the applicant demonstrated the need for a new or additional EMS Training Program in the area for the training levels indicated? If no, attach an explanation.

Yes No

Is the applicant's five-year training sustainability plan consistent with the regional training plan? If no, attach an explanation.

Yes No

Printed name of Local EMS Council Chair

Lisa Edwards

Email Address

ledwards@islandhospital.org

Phone Number

360-299-4226

Signature of Local EMS Council Chair

Date (mm/dd/yyyy)

6. County Medical Program Director Recommendation:

I have reviewed the application, the demonstration of need for new or additional training, the five year sustainability plan, and any additional information provided. Based on this information, I:

Recommend approval of this application.

Do not recommend approval of this application (attach memo for details).

Printed name of County Medical Program Director

Matthew F. Russell, MD

Credential #

MPD.ES.60522386

Signature of County Medical Program Director

Matthew F. Russell

Date (mm/dd/yyyy)

02/08/2022



Washington State Department of

Health

Emergency Medical Services
Training Program
PO Box 47877
Olympia, WA 98504-7877

Date
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Emergency Medical Services Training Course Application

1. Training Program Information

Training Program Name (A Training Course must be affiliated with an approved training program).
Skagit County EMS

Training Program Credential Number (Ex: TRNG.ES.XXXXXXXX-PRO) TRNG.ES.

Physical Address
2911 E. College Way

City Mt. Vernon State WA Zip Code 98273 County Skagit

Email Address mikek@co.skagit.wa.us Phone (enter 10 digit #) 360-416-1830

2. Course Information

Physical Address
1901 N. LaVenture

City Mount Vernon State WA Zip Code 98273 County Skagit

Start Date (mm/dd/yyyy) 03/10/2022 End Date (mm/dd/yyyy) 03/10/2022
 AM Only Full Day
 PM Only

Name of clinical/field site (attach additional sheets if necessary). Address of clinical/field site

3. Course Model

Select all that apply:

EMS Course Type:
 Initial Course
 Refresher Course

Level:
 Emergency Medical Responder
 Emergency Medical Technician
 Intravenous Therapy Endorsement
 Supraglottic Airway Endorsement
 Advanced EMT
 Paramedic
 Combination Course
 List combination course types: _____

Instructor Course Type:
 ESE
 SEI

Course Delivery Method (Select one)
 Classroom / Face to face
 Distributive Learning (when instructor and student don't interact in real time.)

ESE's and Guest Instructor List

List all ESE's and guest instructors.

	Name	Credential #	Skill Level
1.	Jennifer Russell	60813131 ^{SEI}	SEI
2.		ES01160306 ^{pm}	Paramedic
3.			
4.			
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6.			
7.			
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4. Course Instructor Information**Senior EMS Instructor**

Name Jennifer Russell	Email emsteacher@hotmail.com
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Credential Number 60813/31	Phone (enter 10 digit #) 360-224-0698
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Lead Instructor

Name Jennifer Russell	Email emsteacher@hotmail.com
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Credential Number ES01166306	Phone (enter 10 digit #) 360-224-0698
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SEI Candidate (if applicable) – If more than one, attach additional pages.

Name N/A	Email
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Credential Number	Phone (enter 10 digit #)
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County MPD

Name Matthew Russell, MD	Email 360-416-1830
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Credential Number	Phone (enter 10 digit #) Skagitmpd@icloud.com
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MPD-delegated Training Physician

Name	Email
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Credential Number	Phone (enter 10 digit #)
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5. Course Approval Recommendation**Training Program Director**

Name Josh Pelonio	Email joshp@co.skagit.wa.us
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Signature 	Date (mm/dd/yyyy) 02/07/2022
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Local EMS Council Chair - In the absence of a local EMS council, the regional EMS and trauma care council may provide such review. Submit all documentation and attachments with the application.

Name	Email
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Signature	Date (mm/dd/yyyy)
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County Medical Program Director

Name Matthew F. Russell, M.D.	Email skagitmpd@icloud.com
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Signature Skagit County EMS Medical Program Director 	Date (mm/dd/yyyy) 2-8-22
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Skagit County EMS
Mount Vernon, Washington

Washington State Department of Health
EMS Course Number: <XXX>
Course Credential Number: <XXX>

This is to Verify

<Student's Full Legal Name>
<Student's WA EMT Credential Number>

Successfully completed the following Washington State Department of Health approved course:

EMS Evaluator (ESE)

Date of Completion **March 10, 2022**

Hosted by Mount Vernon Fire Department
Mount Vernon, Washington

This document does not grant Washington State Certification

Jennifer Russell, EMT-P, BS EM EMT-P 1166306 /SEI 60813131

Senior EMS Instructor Printed Name DOH Registry # Senior EMS Instructor Signature Date

ESE Course Outline
March 10, 2022
Jennifer Russell, EMT-P, SEI

Location: Mount Vernon Fire Department, 1901 North LaVenture

Lead Instructor: Jennifer Russell, EMT-P, SEI

Date/Time of Course: March 10, 2022, 8am - 5 pm

Estimated maximum student-to-instructor ratio: 12:1

Training equipment available: Adult and child/infant manikins, splints and bleeding control supplies, oxygen delivery and airway devices, assorted assisted medication simulators, spinal immobilization devices, whiteboard, digital media devices, hygiene and decontamination supplies, classroom to accommodate appropriate social distancing measures as recommended by the WA DOH.

Schedule

- 8:00 Goals and Module 1
 - Overview of the Evaluator's role in EMS training
 - Application process
 - Identify resources for accurate information
- 9:00 Modules 2 and 3
 - Administration
 - Legal Issues
 - Skagit County specific protocols
- 10:00 Module 4
 - The evaluator as educator
- 11:00 Practical stations - part one (skill verification)
- 12:00 Lunch
- 1:00 Modules 5, 6 and 7
 - Evaluation, feedback, and remediation
- 2:00 Practical stations - part two (application of ESE skills)
- 4:00 Evaluate knowledge with the DOH EMS Evaluator Workshop Exam
 - Roundtable review
 - Course feedback
 - Paperwork completion

Curricula/resources used: WA DOH EMS Evaluator Curriculum - ESE, WA DOH ESE Workshop powerpoint presentation, Skagit County EMS Protocols

Course certificate will be provided upon successful completion of training



Regional EMS and Trauma Care Council Membership Application

Attestation of Request for Appointment or Reappointment

Name: John Doyle		Position #: N-57
Application for: <input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Reappointment, for the North Region EMS/Trauma Care Council.		
I am applying as Elected Official representative from Skagit County.		
Preferred mailing address for council business: 9991 Dan Street		
City: La Conner	State: WA	Zip Code: 98257

Applicant contact information

Contact phone: (360)708-5986 <input type="checkbox"/> Work <input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell	
Primary email: Commissioner_2@SkagitFire13.net	Secondary email: jdoyle9991@yahoo.com

Agency/Organization Recommendation

Is this position representing an agency or organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, get the agency or organization signature below.
Agency or organization name: Skagit County Fire District #13
Head of agency or organization signature:

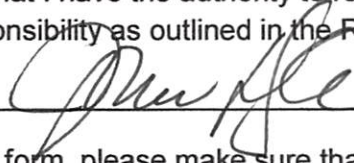
Local Council recommendation:

Does this county have a local council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please get chair/president signature below.
Local chair/president name: Lisa Edwards
Signature:

Please answer the following questions:

1. Why are you interested in serving on the Regional Council?
It is important for Fire District 13 to have a direct role in regional issues and policies before the Council. As a Commissioner for FD13, it is an essential part of my duties to participate in regional forums.
2. What are your abilities, i.e., education, employment, and/or experience that qualify you for this position?
I have a Bachelors degree in Biology/Ecology from the University of California at Berkeley. I had been a volunteer EMT/Firefighter with FD 13 and the Town of La Conner for 17 years. I recently retired from being the Town Administrator and Planning Director for the Town of La Conner (15 years).
3. Where are you currently employed?
Retired

My signature attests that I have the authority to represent my agency or entity on the regional council, and that I understand my responsibility as outlined in the Regional Council Member's handbook.

Applicant Signature:  Date: 11/10/2021

Before submitting this form, please make sure that you have local council's signature and your agency head's signature if necessary.

Mail your completed form to the regional council to which you are applying (listed below):

Central Region EMS & Trauma Care Council
22414-87th Ave W.
Edmonds, WA 98026
rachelcory@comcast.net

East Region EMS & Trauma Care Council
North Central Emergency Care council
123 Ohme Garden Rd., Suite B
Wenatchee, WA 98801
rcook@ncecc.org

North Region EMS & Trauma Care Council
P.O. Box 764
Burlington, WA 98233
martina@northregionems.com

Northwest Region EMS & Trauma Care Council
P.O. Box 5179
Bremerton, WA 98312
admin@nwrems.org

South Central Region EMS & Trauma Care Council
Southwest Region EMS & Trauma Care Council
P.O. Box 65158
Vancouver, WA 98665
regionems@gmail.com

West Region EMS & Trauma Care Council
5911 Black Lake Blvd SW
Olympia, WA 98512
anne@wrems.com

Regional Councils: Send completed forms by mail or email.

Regional Council Appointments Coordinator
Office of EMS and Trauma System
PO BOX 47853
Olympia, WA 98504-7853
Email: regionEMS@doh.wa.gov

For Office Use Only:

Application Receipt Date _____ Appt/Reappt Date _____



Regional EMS and Trauma Care Council
Membership Application

Attestation of Request for Appointment or Reappointment

Name: Michael Kirkman		Position #: 13A	<input type="checkbox"/> Primary
			<input checked="" type="checkbox"/> Alternate
Application for: appointment for the North region EMS/trauma care council			
I am applying for a Prehospital/EMS position representing Josh Pelonio from Skagit County			
Preferred mailing address for council business: 2911 East College Way, Suite C			
City: Mount Vernon	State: WA	ZIP Code: 98273	
Date of last Open Public Meetings Act (OPMA) training, if known: N/A			

Applicant contact information

Contact phone: 360-913-0453	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Cell
Primary email: mikek@co.skagit.wa.us	Secondary email: mkirkman@gmail.com		

Agency/Organization Recommendation

Is this position representing an agency or organization?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, get the agency or organization signature below		
Agency or organization name: Skagit County EMS		
Head of agency or organization signature:		

Local Council recommendation:

Does this county have a local council? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please get chair/president signature below.
Local chair/president name:
Signature:

Please answer the following questions:

1. Why are you interested in serving on the regional council?
I would like to help represent our County EMS agencies.
2. What are your abilities, i.e., education, employment, and/or experience that qualify you for this position?
I have been in EMS for almost 25 years. I have been a volunteer firefighter with Camano Island Fire for 20 years. I hold a Senior EMS Instructor credential.
3. Where are you currently employed?
Skagit County EMS & Camano Island Fire & Rescue

My signature attests that I have the authority to represent my agency or entity on the regional council, and that I understand my responsibility as outlined in the Regional Council Members' handbook.

Applicant Signature:  _____ **Date: 02/09/2022**

Before submitting this form, please make sure that you have local council's signature and the head of agency signature, if necessary.

Mail your completed form to the regional council to which you are applying (listed below):

Central Region EMS & Trauma Care Council
22414 87th Ave W.
Edmonds, WA 98026
rachelcory@comcast.net

North Region EMS & Trauma Care Council
P.O. Box 764
Burlington, WA 98233
martina@northregionems.com

South Central Region EMS & Trauma Care Council
Southwest Region EMS & Trauma Care Council
P.O. Box 65158
Vancouver, WA 98665
regionems@gmail.com

East Region EMS & Trauma Care Council
North Central Emergency Care Council
PO Box 4625
Wenatchee, WA 98807
rcook@ncecc.org

Northwest Region EMS & Trauma Care Council
P.O. Box 5179
Bremerton, WA 98312
rene@nwrems.com

West Region EMS & Trauma Care Council
5911 Black Lake Blvd. S.W.
Olympia, WA 98512
anne@wrems.com

Regional Councils: Add comments and send completed forms by email to regionEMS@doh.wa.gov