

AMBULANCE AND AID SERVICE RULES AND REGULATIONS

The Board of Health of Pierce County finds that the health, safety and welfare of the general public of Pierce County, and not any specific individual, will be promoted by the regulation of ambulance operations to ensure that qualified ambulance services are provided in an efficient and timely manner.

These rules and regulations relating to and regulating the operations of ambulances and aid services, requiring compliance with rules and regulations contained herein, establishing standards for evaluation of ambulance and aid services, and providing guidance for the development of advanced life support services in Pierce County are promulgated under the provisions of the Revised Code of Washington 18.71, 18.73, 70.168, 43.70.480, 70.54.310, WAC 246-976, Pierce County Ordinance No. 83-6, and City of Tacoma Ordinance No. 5.02.015.

Section 1: DEFINITIONS

Certain words and phrases used in these rules and regulations, unless otherwise clearly indicated by their context, shall mean as follows:

1. **ADVANCED LIFE SUPPORT (ALS):** Invasive emergency medical services requiring advanced medical treatment skills as defined in RCW 18.71, 18.73 and WAC 246-976.
2. **AID SERVICE:** An agency, public or private, that operates one or more aid vehicles at an ALS or BLS level, consistent with county, regional and state plans.
3. **AID VEHICLE:** A vehicle used to carry aid equipment and individuals trained in first aid or emergency medical procedures at an ALS or BLS level.
4. **AMBULANCE:** A vehicle designed and used to transport the ill or injured and to provide personnel, facilities and equipment to treat patients before and during transportation at an ALS or BLS level.
5. **AMBULANCE SERVICE:** An agency, public or private, that operates one or more ground or air ambulances at an ALS or BLS level, consistent with county, regional and state plans.
6. **APPROVED:** Written notification of approval by the Medical Program Director or State Department of Health/EMS as necessary.
7. **BASIC LIFE SUPPORT (BLS):** Non-invasive emergency medical treatment services requiring basic medical treatment skills as defined in RCW 18.71, 18.73 and WAC 246-976.
8. **BOARD OF HEALTH:** The Tacoma-Pierce County Board of Health as established pursuant to RCW 70.05.
9. **DISASTER:** An natural or man-made condition that demands a response beyond the

capability of any single line agency or service; and that presents a threat to a community or larger area, or as declared by local or state elected officials as per Washington State law.

10. EMERGENCY MEDICAL TECHNICIAN: An individual who is authorized to render emergency medical care as defined in RCW 18.71, 18.73 and WAC 246-976.
11. PCEMS COUNCIL: The Pierce County Emergency Medical Services & Trauma Care Council.
12. PCEMS OFFICE: The Pierce County Emergency Medical Services Office.
13. FIRST RESPONDER: An individual who is authorized to render emergency medical care as defined in RCW 18.71, 18.73 and WAC 246-976.
14. MEDICAL PROGRAM DIRECTOR: The approved emergency medical services Medical Program Director as defined by RCW 18.71.205(4).
15. PARAMEDIC: An individual who is authorized to render advanced emergency medical care as defined in RCW 18.71, 18.73 and WAC 246-976.
16. PATIENT CARE PROTOCOLS: The emergency medical protocols and medical procedures which direct the care of patients as approved by the Medical Program Director and adopted by the Tacoma-Pierce County Board of Health.
17. PERSON: Any individual, corporation, company, association, society, firm, partnership, joint stock company, or any branch of federal, state, or local government.

Section 2: SCOPE OF THE RULES AND REGULATIONS

The rules and regulations shall apply to all ambulance and aid services and vehicles, except the following:

1. Vehicles operating from a business location, office or headquarters outside the county that are transporting a patient from an area outside the county to a destination within the county, or vehicles which are passing through without destination in the county.
2. Services operating from counties that have a reciprocity agreement with the EMS Office.
3. Emergency Medical Service rendered during a disaster.

Section 3: RULES AND REGULATIONS

Tacoma-Pierce County Board of Health
Pierce County Emergency Medical Services
Ambulance and Aid Service Rules and Regulations

1. All aid vehicles, ambulances, equipment, supplies and accessories shall be clean, functional and in operable condition. All aid vehicles, ambulances, ambulance services and aid services shall fulfill all applicable requirements of the laws of the State of Washington, including but not limited to RCW 18.71, RCW 18.73, and WAC 246-976 and all applicable requirements of Pierce County and local municipalities and the Tacoma-Pierce County Board of Health.
2. Equipment/Supplies
 - A. BLS/ALS aid and ambulance vehicles, as a minimum, shall be equipped and supplied in accordance with WAC 246-976 and the current checklist as developed and approved by the Pierce County Medical Program Director and the PCEMS Council.
 - B. Each BLS/ALS aid and ambulance service shall have a written procedure in place to provide immediate supply restocking of ambulance and aid vehicles after stock levels are reduced below minimum levels.
 - C. BLS/ALS aid and ambulance vehicles, as a minimum, shall stock the medications in the amounts as current and approved in the Pierce County Patient Care Protocols by the Pierce County Medical Program Director and the PCEMS Council. No other medications shall be stocked at, or utilized by, any BLS/ALS provider agency unless otherwise approved by the Pierce County Medical Program Director.
 - D. Each BLS/ALS aid and ambulance service shall have written programs in place to monitor procurement, distribution and use of all medications. A copy of these programs shall be made available to the PCEMS Office upon request.
3. Operations
 - A. Availability – Each BLS/ALS aid and ambulance service shall maintain a minimum of one (1) ambulance/vehicle with required equipment/supplies for the highest level of service supplied by the service which is available on a 24-hour per day basis. Each BLS/ALS aid and ambulance service shall have a Continuity of Operations Plan (COOP) for backup in the event that the service’s unit(s) is unavailable for service. A copy of this plan shall be made available to the PCEMS Office upon request.
 - B. Personnel
 1. Each ALS aid and ALS ambulance service shall respond with at least two certified individuals; at least one shall be a paramedic, and the other at least an Emergency Medical Technician or above. The paramedic shall have responsibility for operations of the ambulance/aid vehicle and for care of patients. An ambulance or aid service may utilize a first response vehicle with

only one personnel on board, under the following conditions: Where the program is designed with the intent of rapid first response to initiate critical patient care well before the first available transport service could arrive at the scene, and where an approved system for patient transport has been provided for. The paramedic in charge of patient care shall be in the patient compartment and in attendance to the patient.

The driver of an ambulance or aid vehicle shall have at least a certificate as a First Responder under standards promulgated in RCW 18.71, 18.73 and WAC 246-976.

Each BLS aid service shall respond with at least one certified individual, First Responder or above. Each BLS ambulance service shall respond with at least two certified individuals; at least one shall be an Emergency Medical Technician and the other at least a First Responder or above. The emergency medical technician shall have responsibility for its operation and for the care of patients both before they are placed aboard the vehicle and during transit. If there are two or more emergency medical technicians operating the ambulance, a non-driving emergency medical technician shall be in the patient compartment and in attendance to the patient.

2. Ambulance and aid vehicle personnel shall not regularly work more than a 48-hour shift, without a minimum of a 12 hour non-work period between shifts.

C. Records/Reporting

1. Each ambulance and aid service shall maintain complete and accurate records which shall include, but not be limited to: information regarding transportation of patients, EMS medical information report forms as approved by the EMS Office, maintenance, equipment/supply stocks, call receipt time, dispatch/response times, out-of-service/in-service times, payroll, operations, financial, service areas. All such records shall be available upon request by the Medical Program Director at all reasonable times. The reason for the request will be included, for example 'per request of the Tacoma-Pierce County Health Department', etc.
2. An EMS Medical Incident Report (MIR) form shall be filled out completely and accurately for each patient. Each ambulance and aid service will provide the PCEMS Office with all information as determined by the Medical Program Director. The EMS Office will maintain patient confidentiality. Per WAC 246-976-330, transporting agencies must provide an initial written report of patient care to the receiving facility at the time the patient is delivered.

D. Dispatch/Call Receipt

Tacoma-Pierce County Board of Health
Pierce County Emergency Medical Services
Ambulance and Aid Service Rules and Regulations

1. Each BLS/ALS aid and ambulance service shall maintain a twenty-four hour a day dispatch system immediately available to receive emergency calls. At least one person shall be on duty and immediately available at the ambulance and aid service's central dispatch office twenty-four hours a day. Answering services are not acceptable. Call forwarding is acceptable if forward is to another dispatch center, approved by the PCEMS Office.
2. Each BLS/ALS aid and ambulance service shall maintain a twenty-four hour a day telephone and radio system for immediate dispatch of personnel and vehicles to emergency incidents.
3. Services that dispatch BLS/ALS ambulance and aid services shall dispatch using a nationally recognized "criteria- based" dispatching system to aid in the triaging of BLS and ALS emergency calls.

E. Response/Service Area

1. Each BLS/ALS aid and ambulance service shall provide the PCEMS Office upon request, their emergency response service area, using road/street/highway boundaries; that it serves within the requirements of these aid/ambulance rules and regulations.
2. The emergency response time for each BLS/ALS aid and ambulance service within their designated service areas shall be as follows 80% of the time:
 - a. Urban 8 minutes
 - b. Suburban 15 minutes
 - c. Rural 45 minutes
 - d. Wilderness As soon as possible
3. Within 180 days of the adoption of these regulations, each fire department/district shall notify the PCEMS of their classification as either urban, suburban, rural or wilderness (or combinations thereof) for the purposes of these rules and regulations. Each notification shall include the rationale for arriving at this request.
4. For aid and ambulance services, the maximum interval between receipt of call for emergency aid and dispatch of vehicle(s) shall be no more than 1.5 minutes 90% of the time. The maximum interval between dispatch and the time the vehicle(s) is en route to the emergency shall be no more than two minutes 90% of the time, EXCEPT, where service is provided by a Fire Department whose initial emergency response depends on volunteers responding from home, the maximum

interval between dispatch and the time the vehicle(s) is en route to the emergency shall be no more than ten (10) minutes 80% of the time.

5. Private ambulance services responding to emergency incidents not originating through the 911 system must, within 2 minutes of call receipt, 90% of the time, notify the designated 911 EMS first response service serving that area, of the responding unit, address of call, nature of call and ETA of ambulance. The responding private ambulance service may request assistance from the designated first response service.
- F. Transport Exception – If aid vehicle personnel find that it may be detrimental to patient care to wait for an ambulance, they may transport the patient with an alternative vehicle. A mandatory Base Station contact shall be required and authorization from the base station physician that transport via alternative vehicle is appropriate EXCEPT when communication by phone or radio is not possible. The transporting agency shall continue to attempt Base Station contact during transport.
- G. Maintenance – Each ambulance and aid service shall maintain and repair their ambulance(s) and aid vehicle(s) to insure a safe and reliable response. Maintenance shall include all repairs necessary, preventive maintenance, parts replacement, labor and other actions necessary to keep the vehicle safe and efficient. Records shall be maintained and made available as noted in Section 3, C.
- H. Inspections – The Medical Program Director, or designee from the EMS Office, may inspect equipment, supplies, vehicles and accessories during normal business hours or at other times as circumstances dictate. The EMS Office will maintain confidentiality of information to the extent required by law. Inspections may be conducted annually.

Section 4: VIOLATIONS

According to established administrative procedures, the Medical Program Director may issue a Cease and Desist Order prohibiting an ambulance or aid service from operation within Pierce County, or such other order as deemed appropriate, determined by the circumstances of the violation.

Section 5: RIGHT TO APPEAL

Any aid or ambulance service receiving a Cease and Desist Order from the Medical Program Director may appeal to the Board of Health for review of the findings. Such appeal must be in writing and must be filed with the Board of Health within ten days of the Cease and Desist Order. While such appeal is pending, the Cease and Desist Order shall be stayed until such time as the Board of Health has reviewed the findings and entered its decision. The stay shall not affect subsequent Cease and Desist Orders for subsequent violations.

Section 6: SEVERABILITY

The provisions of these rules and regulations are hereby declared to be separate and severable and the invalidity of any clause, sentence, paragraph, subdivision, section or portion of these rules and regulations or the invalidity of the application thereof, to any person or circumstance, shall not affect the validity of the remainder of these rules and regulations or the validity of its application to other persons and circumstances.

Section 7: VARIANCES

1. The Medical Program Director shall have the authority to grant variances from the provisions of these rules and regulations. In such cases, a variance may be granted which is in harmony with the general purpose and intent of the Ambulance and Aid Service Rules and Regulations and public health, safety and welfare is secured. Variances may be granted for a period of no more than one year, and may be renewed based upon the aid/ambulance service's progress toward them fully meeting these Ambulance and Aid Service Rules and Regulations.
2. Before any variance may be granted, it shall be shown:
 - A. That there are special circumstances applicable to the provider or the geographic area served that do not apply generally to other providers or geographic areas;
 - B. That the literal interpretation of the Ambulance and Aid Service Rules and Regulations would be detrimental to public health and/or welfare;
 - C. That the proposed variance will not be inconsistent with the general purpose and intent of the Ambulance and Aid Service Rules and Regulations.
 - D. The applicant shall have the burden of proving the above specified criteria. The lack of opposition to the request shall not negate this requirement.
3. Requests for variances shall be made to the Medical Program Director in writing. Any appeals to decisions of the Medical Program Director shall be made in writing to the Board of Health within ten (10) days of the decision.

Section 8: REPORTS TO THE TACOMA-PIERCE COUNTY BOARD OF HEALTH (TPCBOH)

The Medical Program Director shall make reports to the TPCBOH upon request of the Board regarding the status of Emergency Medical and Trauma Services within Pierce County.

RESOLUTION NO.

WHEREAS, on September 7, 1988, the Tacoma-Pierce County Board of Health passed Resolution No. 88-1040, adopting the Pierce County Ambulance Rules and Regulations; and

WHEREAS, on July 7, 1993, the Tacoma-Pierce County Board of Health passed Resolution No. 93-1651, approving revisions to the Pierce County Ambulance Rules and Regulations; and

WHEREAS, on May 7, 1997, the Tacoma-Pierce County Board of Health passed Resolution No. 97-2036, approving revisions to the Pierce County Ambulance Rules and Regulations; and

WHEREAS, the Pierce County Ambulance Rules and Regulations have been revised again in order to allow for current and future changes in Emergency Management Services (EMS) system protocols and resources requirements; and

WHEREAS, the Pierce County Ambulance Rules and Regulations have been revised without changing the nature, intent or purpose of the intrinsic rules and regulations;

NOW THEREFORE, BE IT RESOLVED BY THE TACOMA-PIERCE COUNTY BOARD OF HEALTH, that the Tacoma-Pierce County Board of Health/Pierce County Emergency Medical Services Ambulance and Aid Service Rules and Regulations, are hereby approved, as specified within the attached.

TACOMA-PIERCE COUNTY BOARD OF HEALTH

Chair

Vice-Chair

Date of Adoption