

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 aid and ambulance agencies licensed by the Washington State Department of Health to operate in Skagit 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 a Local Emergency Medical Services (EMS) and Trauma Care Council advisory board to Skagit County Board of County Commissioners (SCBOCC), to disseminate information from the North Region EMS & Trauma Care Council (“regional council”) and the Washington State Department of Health, Office of EMS and Trauma Care Systems (DOH) to local public and private aid and ambulance agencies, 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 Skagit County.
- 3.2 Make recommendations to the regional council regarding appointing members representing the local council to the regional council.
- 3.3 Participate in the development of county operating procedures as defined in WAC 246 976-010 in collaboration with the county medical program director.
- 3.4 Make recommendations to the regional council about the development of regional patient care procedures.
- 3.5 Review applications for EMS training programs and make recommendations to the Department of Health.

- 3.6 Conduct activities to assess, support, and improve EMS training programs within the county.
- 3.7 Identify prehospital training and education to meet local needs and make recommendations to the regional council for regional planning.
- 3.8 Review applications for EMS service verification at the request of the regional council.
The review must include:
 - Compliance with the Department of Health approved minimum and maximum number of trauma verified services for the level of verification being sought by the applicant;
 - How the proposed service will impact care in the region in relation to clinical care, response time to prehospital incidents, and resource availability;
 - How the proposed service impacts unserved or underserved trauma response areas;
 - How the proposed service will impact existing verified services in the region; and
 - Seek to include any comments from local systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies;
- 3.9 Make prioritized recommendations to the regional council regarding grant applications received by the local council.
- 3.10 Make recommendations on Emergency Medical Dispatch/911 EMS priorities for presentation to the Skagit 911 Board of Directors.

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.

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- 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 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.
- 1.5 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.
- 1.6 The Chair shall preside at all meetings.
- 1.7 The Vice Chair In the absence of the Chair, shall preside at all meetings.
- 1.8 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.

WAC 246-976-970 Local emergency medical services and trauma care councils. (1) Local council composition. If a county or group of counties creates a local EMS/TC council, it must be composed of a balance of representatives of hospital and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians, and prevention specialists involved in the delivery of EMS/TC.

(2) Local council responsibilities. In addition to meeting the requirements of chapter 70.168 RCW and this chapter, local EMS/TC councils:

(a) Must make recommendations to the regional council regarding appointing members representing the local council to the regional EMS/TC council;

(b) Must develop county operating procedures as defined in WAC 246-976-010 in collaboration with the county medical program director;

(c) Must participate in regional council meeting and activities;

(d) Must make recommendations to the regional council about the development of regional patient care procedures;

(e) Review applications for EMS training programs and make recommendations to the department;

(f) Conduct activities to assess, support, and improve EMS training programs within the county;

(g) Identify prehospital training and education to meet local needs and make recommendations to the regional council for regional planning;

(h) Review applications for EMS service verification at the request of regional EMS councils. The review must include:

(i) Compliance with the department-approved minimum and maximum number of trauma verified services for the level of verification being sought by the applicant;

(ii) How the proposed service will impact care in the region in relation to clinical care, response time to prehospital incidents, and resource availability;

(iii) How the proposed service impacts unserved or underserved trauma response areas;

(iv) How the proposed service will impact existing verified services in the region; and

(v) Seek and include any comments from local systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies;

(i) Provide recommendation to the regional EMS/TC council in accordance with RCW 70.168.080, for remediation activities to support a prehospital provider that is out of compliance with regional plan;

(j) Identify how the roles and responsibilities of the MPD are coordinated with those of the local council.

(3) Local EMS/TC councils may make recommendations to the department regarding certification and termination of MPDs, as provided in RCW 18.71.205(4).

[Statutory Authority: RCW 18.71.205, 18.73.081, 43.70.040, 70.168.050, 2017 c 70, 2017 c 295, 2020 c 76, 2021 c 276, 2019 c 314, 2021 c 69, and 2022 c 136. WSR 24-15-104, § 246-976-970, filed 7/22/24, effective 9/30/24. Statutory Authority: RCW 18.73.081 and 70.168.120. WSR 02-14-053, § 246-976-970, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. WSR 00-08-102, § 246-976-970, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW

43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. WSR 93-01-148 (Order 323), § 246-976-970, filed 12/23/92, effective 1/23/93.]