

~~ORDINANCE~~ / MOTION NO. 1996

Before the King County Council

SUBJECT: Executive

Sub-title: Medic I

Contracts for Cities
of Seattle and Bellevue.

COUNCIL ACTION: ADOPTED, PASSED, APPROVED/DENIED

DATED:

750526 - 26

1996

75 - 274

MOTION NO. _____

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A MOTION relating to acceptance of the Emergency Medical Services Citizens Advisory Committee Report dated January 21, 1975, and an addendum dated March 26, 1975, and requesting the Executive to prepare contracts for Medic I services with the Cities of Seattle and Bellevue.

BE IT MOVED by the Council of King County:

1. The County Executive is requested to prepare and submit for Council review a contract with the City of Bellevue to provide Medic I services in adjacent unincorporated areas, and

2. The County Executive is requested to prepare and submit for Council review a contract with the City of Seattle to provide Medic I services in adjacent unincorporated areas, and

3. The County Council accepts as County policy the report of the Citizens Advisory Committee dated January 21, 1975, and an addendum dated March 26, 1975, with the following changes:

A. The second sentence of the report is changed to read: "This program is to have a minimum of three operational paramedic teams by the end of 1975, one in North/Northeast County, one in South County and one in Southwest County."

B. The second sentence of sub-paragraph 1) of the report is changed to read: "Training of first personnel is to start no later than 1 September, 1975."

C. In the addendum section titled "Administration", paragraph one is changed to read: "Paramedics should be selected and trained by King County. Paramedics must be employed in a program approved by King County. Paramedics should be under dispatch control of the local service area."

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1 D. A new sentence is added to the "Administration" section
2 of the addendum which reads: "King County shall be responsible
3 for setting and enforcing medical standards within the program."

4 PASSED this 26th day of May, 1975.

5 KING COUNTY COUNCIL
6 KING COUNTY, WASHINGTON

7 
8 Chairman

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10 ATTEST:

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12 Clerk of the Council

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KING COUNTY COUNCIL
HEALTH AND HUMAN SERVICES COMMITTEE

1996

5/14/75
(Date)

(Reference Number)

A MOTION RELATING TO ACCEPTANCE OF THE EMERGENCY MEDICAL SERVICES

CITIZENS ADVISORY COMMITTEE REPORT DATED JANUARY 21, 1975 AND AN

ADDENDUM DATED MARCH 26, 1975, AND REQUESTING THE EXECUTIVE TO PREPARE

CONTRACTS FOR MEDIC I SERVICES WITH THE CITIES OF SEATTLE AND BELLEVUE.

Do Pass
(Committee Recommendation to Council)

Robert B. Dunn
Robert B. Dunn, Chairman

Bernice Stern
Bernice Stern, Vice Chairman

Ruby Chow

Bill Reams
Bill Reams

Member, Pro-tem

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CLERK
KING COUNTY COUNCIL

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Be it Resolved:

1

The Director of Emergency Medical Services of King County, be granted the budget and directed to implement a mobile intensive care/paramedic program. This program to have a minimum of three operational paramedic teams no later than 1 September, 1975, one in north/northeast county, one in south county and one in southwest county. **Said implementation plan must include but not be limited to:**

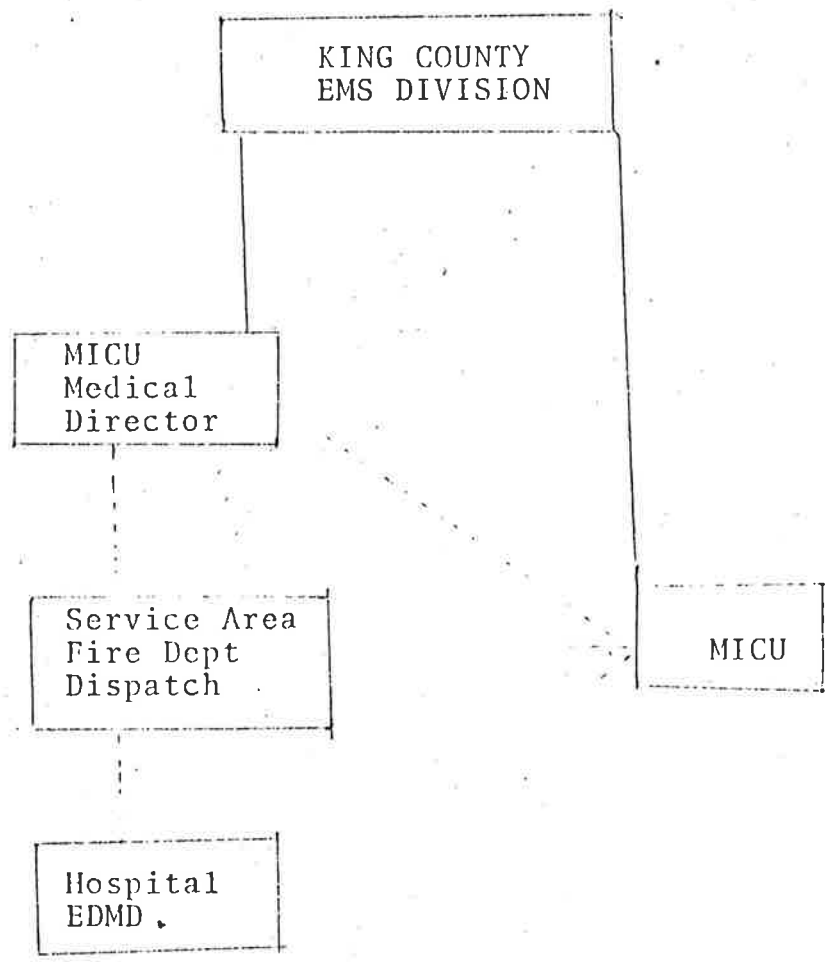
- 1) A contract with a training facility (University Hospital or acceptable alternate) for paramedic training. Training of first personnel to start no later than 1 March, 1975.
- 2) Development of Personnel Specifications and initiate hiring of people for the paramedic program. Wage scales for these people to include a minimum livable wage while in training, and a wage level after training and certification to insure continuing participation of trained personnel.
- 3) A designation by the King County Council of "Public Safety Officer Paramedic" that will assure the paramedic of a statute equal to current police and firemen.
- 4) Developing vehicle specifications and negotiate thru the appropriate county officer the purchase of vehicles for transportation of two man paramedic teams and their equipment to the scene of a medical emergency. Patient transportation to be handled with the existing ambulance/air cars throughout the suburban area.
- 5) Negotiations with existing facilities (hospitals) for a base location for each of the paramedic units and responsibilities of all concerned parties at these base stations.
- 6) Developing and implementing a communications network that will allow dispatch and communications between ambulance/aid units and the MIC paramedic vehicle.
- 7) Developing and implementing a medical communications network that would upgrade existing aid car radios to a level acceptable to the paramedic requirements.
- 8) Developing specifications and negotiate the purchase of equipment for the MIC paramedic team. Could include: portable radios, life-pak and related equipment.

- 9) Negotiation of working agreements with existing ambulance companies and aid car operators that will designate responsibilities of all parties when the paramedic team and aid car personnel are working a medical emergency.
- 10) Developing and negotiating mutual aid agreements with the cities of Seattle and Bellevue that would cover response areas and mutual aid into the cities and out of the cities to close in suburban areas.
- 11) A definition of requirements for support personnel and hiring people as required to fill these positions.
- 12) Selection of a medical advisory committee and if applicable hire a medical director.
- 13) Developing and implementing operating procedures for the MIC/paramedic team.

All items of the above to be submitted to the Emergency Medical Services Citizens Advisory Committee for review prior to implementation.

It is to be understood by the King County Council that at the present time there is no way this system could become self supporting. It is the understanding of this committee that possibly a minor revision to existing state laws would allow the operating agency to bill for MIC service, but even then it is questionable whether the volume of MIC calls would make it self supporting. This system will and should be made operational for its Life Saving/supporting possibilities only and should be maintained at Government expense as an essential service to the citizenry, if a means of billing for services rendered is made possible, this money should go into the MIC budget for assistance only. Further that this is the first step only for a county wide paramedic program and that future growth must be considered and a corresponding growth in budgeted funds a reality.

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March 26, 1975

Members Present:
Beth Reid RN
Marilee Diefenderfer
Warren Fordyce
Clint Maehl
Henry McCullough

Members Absent:
Gilbert Eade MD
Arnold Dluhosh

The report presented to the Advisory Committee by John Rose was reviewed and discussed. The committee adopted the following recommendations, in addition to the original proposal presented January 21, 1975.

DISPATCHING;

That medical communication equipment must be compatible from service area to service area.

Dispatching of aide units and MICU vehicles should be by the service area involved, with the ability to communicate via radio from one service area to another.

Recommend that dispatch capabilities be consolidated and combined in each service area - ie Bellevue plan.

Centralized dispatch for all service areas is not visualized at this time.

ADMINISTRATION:

Paramedics should be selected and employed by King County. Paramedic to be under dispatch control of the local service area.

The location of MICU should be at the most feasible site - ie hospital, fire station, ect.

Overall supervision should be at the county level.

Training. This would provide a county wide Paramedic pool, thus insuring that Paramedic's in service areas could be rotated, when necessary, to eliminate problems of degradation of skills.

Paramedics, however, should remain in one geographic area for an extended period, to improve communication and professional relationship with the receiving hospital in that service area.

The Paramedic is medically responsible to the ED Physician of the receiving hospital.

FINANCING:

The committee suggests that the possibility of a utility tax be explored. It is further recommended that in the event such a utility tax is levied county wide, that these funds are to be used for Medic I purposes only, and such funds be returned to service area from which they are generated.

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