


<p>Title</p> <p>Emergency Medical Services (EMS) System Policy</p>	<p>Document Code No.</p> <p>PHL 9-1-1-DP</p>
<p>Department/Issuing Agency</p> <p>Public Health – Seattle &amp; King County</p>	<p>Effective Date.</p> <p>January 1, 2026</p>
<p>Approved </p>	<p>DPH Director</p>

1.0 SUBJECT TITLE: Emergency Medical Services (EMS) System Policy

1.1 EFFECTIVE DATE: January 1, 2026

1.2 TYPE OF ACTION: UPDATED

1.3 KEY WORDS: Emergency Medical Services (EMS), EMS Strategic Plan, EMS System, Medical Program Director, Paramedic Certification & Recertification, Paramedic Training

2.0 PURPOSE:

Establish a general framework for medical oversight and management of Emergency Medical Services (EMS) in King County.

3.0 ORGANIZATIONS AFFECTED:

EMS agencies that provide pre-hospital care in King County and receive funding from the Emergency Medical Services (EMS) levy, and the University of Washington/Harborview Medical Center Paramedic Training Program.

4.0 REFERENCES

4.1 RCW Chapter [18.73](#) - Emergency medical care and transportation services

4.2 RCW Chapter [84.52.069](#) - Emergency medical care and service levies

4.3 King County Code - Section [2.35A.030](#)

4.4 EMS Levy Ordinance #19950 - Submission of EMS levy to voters

4.5 EMS Levy Ordinance #19949 - Medic One/EMS 2026-2031 Strategic Plan

4.6 Updated EMS Financial Plans - approved annually through King County budget process

4.7 PHL 9-2 (DPH DP) Emergency Medical Services (EMS) Financial Policy

4.8 PHL 9-3 (DPH DP) EMS Policy for ALS Service Outside King County

5.0 DEFINITIONS:

5.1 “Advanced Life Support (ALS)” means invasive emergency medical services requiring advanced medical treatment skills as defined by chapter [18.71.200](#) RCW.

5.2 “Agency” means an aid or ambulance service licensed by the Washington State Department of Health to provide pre-hospital care or inter-facility ambulance transport.

5.3 “ALS Response” means the established standard for responding to ALS calls to 9-1-1 that ensures the highest quality in pre-hospital emergency care.

5.4 “ALS Unit” means a vehicle staffed by two paramedics providing ALS response and transport.

5.5 “Basic Life Support (BLS)” means non-invasive emergency medical services requiring basic medical treatment skills as defined in chapter [18.73.030](#) RCW.

5.6 “Emergency Medical Services (EMS)” means medical treatment and care which may be rendered at the scene of any medical emergency or while transporting any patient in an ambulance to an appropriate medical facility, including ambulance transportation between medical facilities.

5.7 “EMS Division” means the division within Public Health – Seattle & King County responsible for managing core regional services that support the key elements of the regional Medic One/EMS system.

5.8 “First Responder” means a person who has been examined and certified by the Washington State Department of Health secretary as a first responder to render pre-hospital EMS care as defined in chapter [18.73.081](#) RCW.

5.9 “EMS Strategic Plan” means the document approved by the King County Council for a specified period of time that defines the roles, responsibilities and programs for an EMS system, and includes the EMS financial plan designed to fund these activities.

5.10 “EMS System” means the framework that enables the provision of pre-hospital care in a predefined manner.

5.11 “Integrated Regional System” means the coordination of EMS system components, including dispatch centers, fire departments, and paramedic providers, responding in a

seamless manner regardless of jurisdictional boundaries to achieve the highest level of pre-hospital patient care.

5.12 “Medical Program Director” means a person who meets the requirements of chapters [18.71](#) and [18.73](#) RCW and is certified by the Washington State Department of Health secretary. The Medical Program Director is responsible for both the supervision of training and medical control of EMS providers.

5.13 “Paramedic” means a person who has been trained in an approved program to perform all phases of pre-hospital emergency medical care, including advanced life support, under written or oral authorization of an MPD or approved physician delegate, examined and certified by the secretary under chapter [18.71](#) RCW.

5.14 “Paramedic Certification & Recertification” means the Washington State Department of Health recognizes that a paramedic has proof of meeting predetermined qualifications and authorizes the individual to perform such procedures.

5.15 “Paramedic Training Content” means the required academic curriculum for paramedic students designed to impart advanced knowledge in the evaluation and treatment of acute medical emergencies and the psychomotor skills necessary to accomplish this task.

5.16 “Paramedic Training Program” means the University of Washington/Harborview Medical Center (UW/HMC)-based comprehensive program approved by the Washington State Department of Health, including classroom lectures, clinical rotations, and field practicums resulting in proficiency in the principles of pre-hospital evaluation and treatment of the critically ill or injured.

5.17 “Regional Medical Oversight” means the coordinated and comprehensive mechanism of EMS System review and quality improvement to ensure the provision of the highest level of pre-hospital patient care.

5.18 “Tiered Response System” means an EMS response system that utilizes dispatch criteria to differentiate between provider levels in response to 9-1-1 calls. King County tiered response system consists of primarily Advanced Life Support (ALS) and Basic Life Support (BLS) services. There are also alternative response models for some lower acuity 9-1-1 calls.

## 6.0 POLICIES:

6.1 The EMS Division will work in partnership with regional EMS partners to regularly review and assess EMS system needs and develop financial and programmatic policies and procedures necessary to meet those needs in accordance with the EMS Strategic Plan, the EMS Financial Plan, and associated ordinances as adopted by the King County Council.

6.2 The EMS Division will ensure the EMS system in King County remains an integrated regional system that provides cohesive, medically based patient care within a tiered response system to ensure the highest level of patient care.

6.3 The EMS Division will ensure the EMS system in King County provides paramedic training through the UW/HMC-based educational program that meets or exceeds the standards as allowed in King County Code Section 2.35A.030 and chapter [18.71.200](#) RCW.

6.3.1 The paramedic training program in King County will reflect the core principle of providing excellence in paramedic training to ensure the provision of ALS services in King County is of the highest quality.

6.3.2 The paramedic training program in King County will utilize the UW/HMC-based academic setting and maintain national accreditation as identified under chapter [18.71.200](#) RCW. See Appendix 9.1 - University of Washington/Harborview Medical Center Paramedic Program for details.

6.3.3 The paramedic training program requirements in King County may exceed Washington State certification and recertification requirements, including educational content, skills management, and the recertification cycle. See Appendix 9.2 Requirements for University of Washington/Harborview Medical Center Paramedic Certification and Recertification for details.

6.3.4 Paramedic training applicants must obtain sponsorship through an ALS agency in King County before being accepted into the paramedic training program.

64 The EMS Division will maintain a rigorous and evidence-based system with medical oversight of the EMS system to ensure the provision of quality patient care.

6.5 The Medical Program Director will adhere to the principles of regional medical oversight of EMS personnel, including the development of patient care protocols, delegation of duties, and monitoring of patient care performance.

## 7.0 PROCEDURES:

### **Action By: EMS Division and regional EMS partners**

#### **Action:**

7.1 Work in partnership to review and assess EMS system needs and develop financial and programmatic policies to meet those needs.

7.2 Ensure the EMS system remains an integrated regional system and provides cohesive, medically-based patient care within a tiered response system.

7.3 Ensure the paramedic training program provides the highest level of training through the UW/HMC-based educational program.

7.4 Ensure a rigorous and evidence-based system of regional medical oversight of the EMS system.

**Action By: University of Washington/Harborview Medical Center (UW/HMC) Paramedic Training Program**

**Action:**

7.5 Oversee and manage the paramedic training program in King County.

7.6 Ensure the paramedic training content meets or exceeds Washington State requirements and maintains national accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

**Action By: Paramedic Applicants**

**Action:**

7.7 Applicants intending to work in King County will submit the required documentation for review by the UW/HMC paramedic training program, including a letter of sponsorship by a King County ALS agency.

**Action By: Paramedic Students**

**Action:**

7.8 Paramedic students must successfully complete initial training through the UW/HMC paramedic training program and meet certification requirements, including affiliation with a King County ALS agency, in order to practice as a paramedic in King County.

**Action By: Paramedics**

**Action:**

7.9 Paramedics must maintain certification and adhere to standards of practice as established by chapter [18.71.205](#) RCW and the Medical Program Director.

**Action By: University of Washington/Harborview Medical Center (UW/HMC) Paramedic Training Program**

**Action:**

7.10 The UW/HMC paramedic training program in King County will maintain a rigorous and evidence-based system of medical oversight through pursuit of academic research and quality improvement activities for the purposes of ensuring excellence in pre-hospital emergency care.

8.0 **RESPONSIBILITIES:**

8.1 The EMS Division and regional EMS partners will:

8.1.1 Work in partnership to review and assess EMS needs, develop financial and programmatic policies to meet those needs.

8.1.2 Ensure the EMS system remains an integrated regional system and provides cohesive, medically based patient care within a tiered response system.

8.1.3 Ensure the paramedic training program provides the highest level of training through the UW/HMC-based educational program.

8.1.4 Ensure a rigorous and evidence-based system of regional medical oversight of the EMS system.

8.2 The UW/HMC Paramedic Training Program will oversee the paramedic training program in King County, ensuring the paramedic training content meets and/or exceeds Washington State requirements and maintains national accreditation.

## 9.0 APPENDICES:

### 9.1 University of Washington/Harborview Medical Center Paramedic Training Program

## *University of Washington/Harborview Medical Center Paramedic Training Program*

The University of Washington School of Medicine/Harborview Medical Center (UW/HMC) Paramedic Training Program will facilitate Washington State paramedic certification for students who complete the educational requirements of the program.

### *History*

The UW/HMC Paramedic Training Program has been certifying paramedics for regional pre-hospital emergency medical service since 1969.

The University of Washington's involvement in paramedic education began in the late 1960's when a group of Seattle physicians led by Dr. Leonard A. Cobb, a UW Professor of Medicine and Cardiologist at Harborview Medical Center, recognized the potential for saving the lives of heart attack victims in the streets of the communities. They recognized that to accomplish this, it would be necessary to train and equip a group of providers to perform medical procedures in the pre-hospital setting. This began in 1969 as a collaborative effort with the Seattle Fire Department and is currently enjoying its 6<sup>th</sup> decade of partnership.

The first class of 15 Seattle Fire Department personnel began the training course in 1969. This class was designed to provide pre-hospital treatment of patients with cardiac complaints and teach the essentials of coronary care. The course included 200 hours of classroom instruction and 700 hours of internship at Harborview Medical Center under physician supervision. March 7, 1970, marked the first day of operation for Seattle Fire Department paramedics. Washington State law at the time required that paramedics be accompanied by a physician on every emergency call.

Shortly after its inception, Medic One began to produce positive results. Patients who were clinically dead on the paramedics' arrival were successfully resuscitated at the scene, hospitalized, and eventually released to return to normal lives. With its growing success, the leaders of Medic One expanded the paramedic's scope to include critical situations where paramedics could make a difference in survival and quality of life. This led to an expansion of paramedic training to include all types of medical emergencies that occur in the pre-hospital setting.

By 1972, the Paramedic Training Program had evolved into the entity that now exists. The program is a physician-led didactic training experience that features extensive patient contact on Seattle Medic One vehicles and at several Seattle area hospitals. The University of Washington/Harborview Medical Center has been the regional training site for the paramedic training program since its inception. Changes in Washington State law in 1971 ([RCW 18.71.200](#)) gave the University of Washington School of Medicine the legal authority to certify paramedics.

In 1975, the program began training paramedics throughout King County in response to increased regional demand. Expanding its scope to include students from throughout Western Washington, it has become the primary educator and training agency for much of this region. A core principle of the program is to provide excellence in training the region's paramedics who then return to serve their communities. With the completion of the most recent class in 2025, more than 900 paramedics have graduated from the UW/HMC Paramedic Training Program.

### ***Program Overview***

The objective of UW/HMC Paramedic Training Program is to train non-physicians in the principles of evaluation and resuscitation of the critically ill or injured patient. The educational goals of the paramedic student will be to attain advanced knowledge in the evaluation of acute medical emergencies and the psychomotor skills necessary to accomplish this task.

The Paramedic Training Program is approximately 2,500 hours in length and is completed in a period of ten months. Exact course duration varies, depending on class size and student readiness. Harborview Medical Center, an affiliated teaching hospital of the University of Washington School of Medicine, houses the Training Program office, classrooms, a library, and student study areas.

The training program demands that a paramedic student achieve parity with a well-trained physician in the exhibition of certain technical feats; i.e., tracheal intubation, IV placement, defibrillation, resuscitation. In addition, the program adjusts to new medical information and new equipment used in the field. The UW/HMC Training Program maintains accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Through annual self-assessments and re-accreditation site visits, the program has exceeded all CAAHEP requirements and recommendations.

The University of Washington/ Harborview Medical Center Paramedic Training Program builds leaders. As a result, this program will always endeavor to, and succeed in, training non-physicians in the principles of the medical resuscitation of urgently ill or severely injured individuals, and to perform physician level techniques which these patients require.

For more information about the Paramedic Training Program, please visit <https://uwpmt.org/>

## **Requirements for University of Washington Paramedic Certification and Recertification**

Whereas Chapter [18.71.200](#) RCW authorizes the University of Washington, School of Medicine to certify physician-trained mobile intensive care paramedics, this document outlines the requirements for that certification and the requirements to maintain that certification. In all respects, these requirements will meet or exceed Washington State requirements as outlined in Chapter 246-976 WAC and must adhere to the Michael K. Copass, MD, Paramedic Training program (hereafter referred to as Paramedic Training).

### **I. Certification as a physician's trained emergency medical service paramedic (hereafter referred to as paramedic).**

Initial certification as a physician-trained mobile intensive care paramedic will be granted to persons who successfully meet the following requirements:

- 1) An application for certification submitted by a sponsoring provider agency to include:
  - a) Proof of a valid driver's license
  - b) Proof of current immunizations
  - c) Proof of current EMT certification
  - d) Proof of affiliation with sponsoring provider agency
  - e) Proof of current Washington State Patrol Background check
- 2) Completion of the nationally accredited course work and testing from University of Washington School of Medicine/Harborview Medical Center Paramedic Training Program (hereafter referred to as UW/HMC)
- 3) National Registry Paramedic Certification
- 4) Recommendation from the UW/HMC Paramedic Training Program to the State of Washington for certification
- 5) Application to the State of Washington by the candidate and aligning with the Michael K. Copass MD, Harborview Medical Center Emergency Services Supervisor Organization (hereafter referred to as Paramedic Training) as their primary agency using the Washington State Secure Access Washington (SAW) account

### **II. Recertification as a paramedic with Paramedic Training.**

Recertification is required every three years for UW/HMC Certified Paramedics (recertification "year" shall be 1 July through 30 June) and will be granted to UW/HMC Certified Paramedics who successfully complete the following requirements:

- 1) An application for recertification submitted by a sponsoring provider agency to include:
  - a) Satisfactory documentation of Continuing Medical Education (CME) requirements

- b) Satisfactory documentation of minimum skills requirements
  - c) Recommendation of the provider agency Medical Program Director (MPD)
  - d) Current Healthcare Provider Card (HPC) or equivalent training
  - e) Current Advanced Cardiac Life Support (ACLS) Card or MPD-approved equivalent training
  - f) Current Pediatric Advanced Life Support (PALS) Card or MPD-approved equivalent training
  - g) Annual Advanced Airway training approved by the MPD
- 2) Successful completion of the annual examination tendered by UW/HMC Completion of the Washington State Recertification application through the Washington State Secure Access Washington (SAW).

## COMPONENTS OF RECERTIFICATION

**1. Application for Recertification:** The employer of each expiring paramedic will submit a completed application form on his/her behalf. Forms will be provided by Paramedic Training and must be submitted no later than the first Thursday of June, in order to be processed before the expiration (30 June) of their current certification.

**2. Continuing Medical Education (CME):** A minimum of 50 hours each year of approved CME, as outlined below, is required for recertification. An additional 2 hours each year must be training in infectious disease prevention to meet chapter [70.24](#) RCW and will be provided by the employer (as per WAC [246-976-085](#)).

### CME hours required by MPD

- A minimum of 50 hours of approved CME each year.
- 12 hours of HMC Tuesday Series 6 or more of those hours must be in person at Harborview Medical Center. The remaining 6 hours should be from the current recertification year.
- Formal MPD-approved ACLD and PALS courses every other year.
- Public Health – Seattle & King County EMS Division Bloodborne Pathogens every year.
- 2 hours per year must be devoted to pediatric medical education, of which PALS covers one year.

### Additional CME hours currently approved by MPD

- Tuesday Series lectures may be viewed for credit (a maximum of 18 hours). This includes completing the cognitive exam hosted by EMS Online with a passing score.
- Current CME offered by the Public Health – Seattle & King County EMS Division.
- Physical attendance at scheduled Paramedic Training Core Curriculum classes at HMC
- Formal lectures of instruction related to health care and classes taught by hospital physicians and documented with notes and approved by MPD or their delegate.
- PHTLS, ATLS, PEPP, EMSC Instructors/Training Courses every other year.
- National or Regional EMS seminars, with certification of attendance.
- Teaching of emergency care subjects to EMS personnel, if it serves to maintain or improve paramedic skills (with a maximum of 20 hours/year).
- Medical Director-run reviews and approved training sessions.
- EMS continuing medical education and ongoing training programs approved by national accreditation organizations (e.g., CAPCE) are recognized by the department.

- National Association of EMS Educators.
- West Region EMS and Trauma Care Council Conference.
- JEMS Annual Conference.

**3. Skills Maintenance:** The following skills procedures must be performed **annually**:

- Vascular access proficiency will be demonstrated annually to the satisfaction of the MPD or MPD delegate. This training includes the mandated annual training of advanced-level vascular access, infusion, and monitoring as well as other relevant skills identified in DOH 530-173.
- Airway Management Course: Annual demonstration of psychomotor skills in compliance with Paramedic Training requirements.
- An intense lecture and lab utilizing a Medical Program Director (MPD) or MPD delegate approved high-fidelity simulator (currently the AJAMS) will cover all aspects of the surgical airway, with courses offered year-round by provider groups using materials approved by the MPD or delegate.

**4. Recertification Examination:** This examination will be developed, conducted, and scored by Paramedic Training.

**5. Recertification Statement:** As per RCW 18.130 or the Uniform Disciplinary Act, each paramedic requesting recertification from UW/HMC will be asked to complete the Washington State Recertification Application through the Washington State Secure Access Washington (SAW).

**6. MPD Recommendation:** Upon completion of all recertification criteria the MPD shall authorize submission of the application for recertification by signature. Applications will be reviewed and validated or returned for corrections by Paramedic Training.

Paramedics will align with Paramedic Training as their primary agency by creating and using the State of Washington's SAW account. The recertifying paramedic will complete the recertification process in their SAW account using the Ongoing Training Evaluation Program (OTEP) option, at a minimum, 6 weeks before the expiration date. Using the Continuing Medical Education option requires approval from the MPD or their delegate, as well as Paramedic Training.

### **Record Keeping**

Each employer is required to maintain files on member's CME hours and other recertification requirements for a period of 7 years. Files shall be maintained in yearly blocks that coincide with the recertification cycle and will be made available for review by a representative of UW/HMC. However, it is the paramedic's responsibility to submit this information in a timely manner so that the files are up to date. The paramedic is responsible for accomplishing the recertification requirements before the deadline in June. **All classes, lectures, and seminars outside the University system must be pre-approved by the MPD or delegate to validate their use for CME hours.**

Paramedics who wish to maintain a National Registry are responsible for monitoring and documenting these requirements. The paperwork for these certifications is the responsibility of the member. All paperwork that requires the signature of the Medical Director for validation will be completed by the member.