## REVISED STAFF REPORT

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| **Agenda Item:** |  | **Name:** | Andrew Kim |
| **Proposed No**.: | 2018-0410 | **Date:** | December 10, 2018 |

**COMMITTEE ACTION**

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| ***Proposed Substitute Ordinance 2018-0410.2, authorizing the executive to execute an interlocal agreement between King County and the cities and other local government entities in King County for automatic aid of emergency medical services and fire services without strict regard to jurisdictional boundaries, passed out of committee on December 4, 2018, with a “Do Pass” recommendation. The Ordinance was amended in committee with Amendment 1 to add a finding in the proposed ordinance to make known an erroneous RCW reference in the title of Section 18 of the interlocal agreement.*** |

**SUBJECT**

An ordinance authorizing the executive to execute an interlocal agreement between King County and the cities and other local government entities in King County for automatic aid of emergency medical services and fire services without strict regard to jurisdictional boundaries.

**SUMMARY**

This proposed ordinance would authorize the Executive to execute an interlocal agreement (ILA) between King County Medic One and cities and other local government entities in King County for automatic aid of emergency medical services and fire services. King County Medic One, a program within Public Health – Seattle & King County’s Emergency Medical Services (EMS) Division, is one of five agencies that provides Advanced Life Support (ALS) emergency medical services for South King County which include Burien, Renton, Kent, Federal Way, Auburn and Enumclaw areas.

Automatic Aid means that all participating agencies of the ILA would respond to any reported fire and medical emergencies regardless of their jurisdiction. These responses would not require any specific request, but shall be automatic upon dispatch by the dispatch center and allow the closest available agency to respond to a 9-1-1 call within any jurisdiction that are participating members of the ILA. Executive staff state that automatic aid would improve response times by allowing any Advanced Life Support (ALS) agencies in the county to respond to 9-1-1 calls should an ALS agency responsible for that jurisdiction be unavailable (i.e. responding to other emergencies). The ILA would also foster cooperation amongst participating members through joint planning, joint training and other related activities. Executive staff indicates that automatic aid is a common practice across the county, and the ILA would formalize this practice. The ILA would have no financial impacts to King County Medic One. Council’s legal counsel has reviewed the ILA and found no issues.

Amendment 1 would add a finding in the proposed ordinance to make known an erroneous RCW reference in the title of Section 18 of the ILA.

**BACKGROUND**

**King County Medic One/Emergency Medical Services Overview** Any time residents of King County call 9-1-1 for a medical emergency, they are using the Medic One/Emergency Medical Services (EMS) system. The EMS system is managed by the King County EMS Division of Public Health – Seattle & King County. The system relies on complex partnerships with fire departments, paramedic agencies, EMS dispatch centers, and hospitals and uses a tiered, regional, medical model for emergency medical care and training throughout King County.

According to the Public Health – Seattle & King County, Emergency Medical Services Division’s 2018 Annual Report[[1]](#footnote-1), the Medic One/EMS system responds to an area of 2,134 square miles that serves a population of over 2 million persons and provides life-saving services on an average of every three minutes. In 2017, Emergency Medical Technicians (EMTs) responded to approximately 270,000 calls regionwide, and paramedics responded to over 40,000 calls for advanced life support. Compared to other communities, cardiac arrest victims are 2 to 3 times more likely to survive in King County. Moreover, in 2018, 251 people in King County were saved from cardiac arrest.

The Medic One System is a concept of advanced medical care that was conceived in the early 1970s in Seattle and now covers all of King County. Active citizen participants in the Medic One System are a vital link in the “Chain of Survival” along with the following:

1. **Enhanced 911 (E-911) Dispatch Centers** – The first link in the “Chain of Survival” is access to the E-911 system. This system gives dispatchers the exact location and phone number of a 911 caller, speeding response and ensuring a response even if a caller cannot speak or does not know where they are.
2. **Citizen Cardio Pulmonary Resuscitation (CPR)** – Citizen CPR is the second link in the “Chain of Survival”. Studies done by the Seattle Medic One System in the 1970s proved that a patient's chances of surviving and “out of hospital” cardiac arrest are considerably increased if citizens trained in CPR begin rescue breathing and chest compressions immediately.
3. **Basic Life Support (BLS) Medical Services** – BLS Medical Services or rapid, first-on-scene medical care, are the third link in the “Chain of Survival”. BLS services in the Medic One System are provided by a network of fire departments throughout the county. One crucial BLS service provided by these departments is cardiac defibrillation. Defibrillation shocks a chaotic cardiac rhythm, without a pulse, back into a regular pulsing rhythm. BLS is provided by over 3,700 EMTs employed by 30 fire-based agencies throughout King County. EMTs receive more than 140 hours of basic training and hospital experience with additional training in cardiac defibrillation. EMTs are certified by the State of Washington and are required to complete ongoing continuing education to maintain certification.
4. **Advanced Life Support (ALS) Medical Services** – ALS Medical Services, or regional paramedic services, are the fourth and final link of the “Chain of Survival”. ALS services bring a “mobile emergency room” to the scene of an accident or illness. Paramedics arrive second on the scene and provide out-of-hospital emergency care for serious or life-threatening injuries and illness. Examples of out-of-hospital procedures include airway control, heart pacing, and dispensing of medicine. Paramedics receive over 2,500 hours of intensive training through the University of Washington/Harborview Medical Center Paramedic Training Program and are required to complete continuing medical education to maintain certification. ALS is provided by the following 5 agencies operating 26 ALS units throughout King County[[2]](#footnote-2):
	* **Bellevue Medic One** serves the City of Bellevue as well as Issaquah and North Bend areas (4 units);
	* **Evergreen Medic One** serves the Kirkland, Redmond, Bothell and Woodinville areas (3 units);
	* **King County Medic One** serves the Burien, Renton, Kent, Federal Way, Auburn and Enumclaw areas (9 units);
	* **Seattle Fire Department Medic One** serves the City of Seattle (7 units); and,
	* **Shoreline Medic One** serves the City of Shoreline area (3 units).

Regional services that support the key elements of the system are managed by the Public Health – Seattle & King County EMS Division. Such regional services include the uniform training of EMTs and dispatchers, regional medical control and quality improvement, injury prevention programs, regional data collection and analysis and regional planning for the Medic One/EMS system. The EMS Division also manages new initiatives that are designed to improve the quality of Medic One/EMS services and manage the growth and costs of the system.

**King County Medic One/Emergency Medical Services (EMS) Levy** King County’s Medic One/EMS system has been primarily supported by a countywide, voter-approved Medic One/EMS levy since 1979.[[3]](#footnote-3) In June 2013, the council approved an ordinance authorizing the continuation of the Medic One/EMS levy for an additional six years (2014 through 2019), at a rate of $0.335 or less per $1,000 of assessed value (AV) and placing the levy on the ballot.[[4]](#footnote-4) In November 2013, King County voters renewed the six-year Medic One/EMS levy.

The continued increase in the county’s AV each year since 2014 has resulted in lowering of the levy rate each year. The 2018 levy rate was $0.242 cents per $1,000 of AV and the 2019 levy rate would be $0.229 cents per $1,000 of AV. The average annual revenue of the current Medic One/EMS levy is approximately $122 million. In 2018, Medic One/EMS levy revenue would be approximately $128 million and in 2019, the revenue is expected to be approximately $131 million.[[5]](#footnote-5)

The current Medic One/EMS levy expires December 31, 2019. The EMS Advisory Task Force has recently completed a planning process to develop a Strategic Plan and financing plan for King County voters to renew the levy in 2019. The EMS Advisory Task Force, which is charged with reviewing and endorsing broad policy decisions for the EMS system, is a 20-member group consisting of elected officials from cities and fire districts.[[6]](#footnote-6) The Task Force began its efforts in January 2018 and at their final meeting on September 18, 2018, the Task Force adopted a motion to support a six-year financial plan of $1.115 billion, or $200 million a year resulting in a six-year (2020 through 2025) levy proposal at a starting levy rate of $0.270 per $1,000 of AV. The Task Force’s motion also included that the levy be part of the primary or general election in 2019. The Task Force’s recommendations were forwarded to the executive to inform and guide the development of the 2020-2025 Medic One/EMS Strategic Plan.[[7]](#footnote-7) In 2019, the council should anticipate transmission of a proposed ordinance to consider a renewal levy proposal from the executive, which should include the Task Force’s recommendations.

**King County Medic One** The King County Medic One program, within Public Health – Seattle & King County’s Emergency Medical Services Division, provides ALS emergency medical services for South King County which include Burien, Renton, Kent, Federal Way, Auburn and Enumclaw areas. King County Medic One supports 9 ALS units, which include about 70 Paramedics, Paramedic Supervisors, and Paramedic Interns. The program has the most number of units in the county and covers the largest geographical area in the region, and responds to more than 17,000 calls per year.

**RCW Related to Interlocal Agreements** State law[[8]](#footnote-8) allows any two or more public agencies to enter into agreements with one another for joint or cooperative action and requires appropriate action (e.g. ordinance) by the governing bodies of the participating public agencies before any agreement may enter into force. State law requires that any such agreement shall specify the following: (1) Duration; (2) The precise organization, composition and nature of any separate legal or administrative entity created by the ILA; (3) Purpose or purposes; (4) The manner of financing the joint or cooperative undertaking and of establishing and maintaining a budget; (4) The permissible method or methods to be employed in accomplishing the partial or complete termination of the agreement and for disposing of property upon such partial or complete termination; and (6) Any other necessary and proper matters.

**Summary of Proposed Ordinance 2018-0410 Interlocal Agreement (ILA)** The ILA is authored by the King County Fire Chiefs Association where all participating agencies would be members. The following provides a summary of key sections of the ILA, which is Attachment A to the proposed ordinance:

 **Preamble** – The preamble states that fire departments have operated with either automatic or mutual aid agreements for several decades in an effort to assist departments and their respective communities.

 **Section 2. Purpose** – This section outlines the purpose of the ILA which include:

* Establishing automatic aid when *Authority Having Jurisdiction*, the agency within whose boundaries the incident occurs, are unavailable to allow the closest and most appropriate agency respond to incidents outside of the responding agency’s jurisdictional boundaries;
* All participating agencies agree to respond to any reported *All Hazards*;
* Responses shall not require any specific request, but shall be automatic upon dispatch by the dispatch center; and
* All participating agencies understand and agree that any agency’s ability to provide automatic aid may be limited due to any concurrent emergency condition within its own jurisdiction and the unavailability of its resources and in such situations, the non-responding agency should inform dispatch of its temporary limitations and it shall be within that agency’s sole discretion to provide mutual aid at such level of aid it can provide.

 **Section 3. Definitions** – This section establishes the definitions of the ILA. Key definitions include:

* “All Hazards” means those natural, human-caused, and technology-caused threats to human life or property. Such hazards include, but are not limited to, fires, medical emergencies, hazardous materials releases, and circumstances requiring rescue of imperiled humans; and
* “Fire Department” means a municipal, regional, or district authority responsible for fighting fires, rescue operations, providing emergency medical services (EMS) and/or fire prevention for a local jurisdiction.

 **Section 4. Terms of Agreement** – This section states that the ILA is in effect for one year and is automatically renewed every year unless a participating agency decides to withdraw.

**Section 5. Termination/Withdraw** – This section states that the ILA may be terminated in its entirety by all of the parties by a two-thirds majority of the King County Fire Chiefs Association at any time, and any participating agency may withdraw from the ILA by giving at least 60 days prior written notice to the King County Fire Chiefs Association.

 **Section 6. Services Provided** – This section requires that all participating agencies maintain their current level of resources and no agency shall use this agreement to reduce its level of resources.

 **Section 7. Use of Resources** – This section states that the ILA is predicated upon approximately equal sharing and participation of the participating agencies so that no agency, over time, has any advantage or disadvantage as compared to any another agency.

 **Section 9. Governance** – This section establishes the Administrative Board, which would be the governing body on all ILA matters and is comprised of three members where each member is nominated and elected by King County Fire Chiefs Association members to represent each of the three zones in the county.

 **Section 10. Command Authority** – This section establishes that the first arriving officer assumes command and begins the operation as incident commander. The  *Authority Having Jurisdiction*, retains the right at all times to assume command of the incident, and the highest-ranking officer of the *Authority Having Jurisdiction* on scene chooses the command structure of the incident.

 **Section 13. Indemnity/Liability** – This section establishes indemnification requirements of the participating agencies as it relates to the ILA.

**ANALYSIS**

**Participating Agencies** The proposed ordinance would authorize the executive to execute the ILA between King County Medic One and cities and other local government entities in King County. Given that the ILA is amongst members of the King County Fire Chiefs Association and that participating agencies are referred to as “Fire Departments”, it is important to clarify that the ILA covers incidents beyond fire services. Although not explicitly stated in the ILA, the ILA would broadly include 30 fire department agencies that provide both fire services and Basic Life Support (BLS) medical services, and 5 Medic One agencies that provide Advanced Life Support (ALS) medical services.

In addition, as defined in Section 3 of the ILA, participating agencies agree to respond to “all hazards” which include, but are not limited to, fires, medical emergencies, hazardous materials releases, and circumstances requiring rescue of imperiled humans. Moreover, “fire department” means a municipal, regional, or district authority responsible for fighting fires, rescue operations, providing emergency medical services (EMS) and/or fire prevention for a local jurisdiction. Moreover, it should be noted that even though King County Medic One is not a fire department, the chief of King County Medic One is a member of the King County Fire Chiefs Association and would have a vote to nominate and elect a representative to the Administrative Board.

King County International Airport (KCIA) is also included as a possible participating agency to this ILA[[9]](#footnote-9). As an agency of King County, should KCIA decide to sign the interlocal agreement, it would also require action by council through an ordinance to authorize KCIA’s participation. Public Health – Seattle & King County staff indicate that KCIA is aware of the ILA and has stated that they are in support of the ILA. As of the writing of the staff report, staff has reached out to KCIA and the executive office and have received feedback that they are working to send a correspondence to the council stating their support of the ILA and the proposed ordinance. It should be noted that the proposed ordinance as currently written would allow authorization for **both** King County Medic One and KCIA to enter into the ILA.

**Automatic Aid with City of Seattle** Executive staff state that automatic aid or mutual aid (aid provided to another agency upon request, after approval is given by the responding; not automatic) has been the practice for decades amongst fire departments and Medic One agencies, and the ILA would formalize already existing practices. Executive staff states that the impetus for the ILA is a result of the City of Seattle’s willingness to participate in the ILA with the new administration’s approach to regional participation. The City of Seattle Medic One and King County Medic One agencies are the largest ALS agencies in the county. Executive staff states that the ILA would particularly improve response times to the unincorporated areas such as Skyway and North Highline who are in closer proximity to Seattle Medic One units than King County Medic One units. The City of Seattle is currently in the process of approving the ILA to become participants. The statuses of all other participating agencies, as of November 28, 2018, are included in Attachment 4 to this staff report.

**Financial Analysis**  Executive staff state that there are no financial impacts as a result of the proposed ordinance since the ILA requires that participating agencies maintain their current level of resources to provide automatic aid and requires equal participation between participating agencies. Section 11 of the ILA requires participating agencies the ability to fully communicate with one another through every portable and mobile radio. Executive staff states that integration of radios between the participating agencies has already been established using existing resources.

**Legal Analysis** Council’s legal counsel have reviewed the ILA and found no issues.

**AMENDMENT**

Amendment 1 would add an additional finding in the *Findings* section of the proposed ordinance to state that the title of Section 18 of the ILA is incorrect and the correct RCW reference is RCW 39.34.040 and not RCW 39.34.030.

1. 2018-RPT0118. Public Health – Seattle & King County Division of Emergency Medical Services 2018 Annual Report to the King County Council, September 2018. <https://www.kingcounty.gov/depts/health/emergency-medical-services/~/media/depts/health/emergency-medical-services/documents/reports/2018-Annual-Report.ashx>. [↑](#footnote-ref-1)
2. Service to Skykomish/KCFD50 area provided under contract with Snohomish County FD26 (Goldbar). [↑](#footnote-ref-2)
3. RCW 84.52.069 allows jurisdictions to levy a property tax up to $0.50 per $1,000 Assessed Value (AV) “for the purpose of providing emergency medical services”. [↑](#footnote-ref-3)
4. Ordinance 17598, enacted June 7, 2013. [↑](#footnote-ref-4)
5. Based on King County Office of Economic and Financial Analysis (OEFA) August 2018 Emergency Medical Services (EMS) Property Tax Forecast. [↑](#footnote-ref-5)
6. The council adopted Ordinance 18108, enacted September 25, 2015, reauthorizing the EMS advisory task force to provide review of recommended independent studies during the 2014-2019 levy period. However, the ordinance did not include strategic planning efforts for the 2019 Medic One/EMS levy renewal as part of the task force’s scope of activities. The task force was convened without formal council action but through the executive’s Executive Order PHL-9-1-EO.. [↑](#footnote-ref-6)
7. Medic One/EMS Strategic Plan and Levy Reauthorization EMS Advisory Task Force September 18, 2018 Meeting Notes. <https://www.kingcounty.gov/depts/health/emergency-medical-services/~/media/depts/health/emergency-medical-services/documents/ems-advisory-task-force-sept-2018-meeting-notes.ashx>. [↑](#footnote-ref-7)
8. RCW 39.34.030. [↑](#footnote-ref-8)
9. In 1999, the King County Sheriff’s Office (KCSO) and the King County Department of Transportation entered into a partnership to provide a unique combination of police and fire services to the King County International Airport (KCIA). Today, KCIA police officers maintain their certification and training as commissioned officers, and also complete aircraft rescue and fire fighting (ARFF) basic training, Washington State Fire Fighter I and II certifications, as well as Emergency Medical Technician certification. [↑](#footnote-ref-9)