

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No. _____

Originating Department: _____	
Division/Program: <i>(i.e. Dept. Division and Program)</i> _____	
Contract or Grant Administrator: _____	
Contractor's / Agency Name: _____	

Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes No
 Yes No If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____

Does contract require Council Approval? Yes No If No, include WCC: _____
 Already approved? Council Approved Date: _____ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)

Is this a grant agreement?
 Yes No If yes, grantor agency contract number(s): _____ CFDA#: _____

Is this contract grant funded?
 Yes No If yes, Whatcom County grant contract number(s): _____

Is this contract the result of a RFP or Bid process? Contract
 Yes No If yes, RFP and Bid number(s): _____ Cost Center: _____

Is this agreement excluded from E-Verify? No Yes If no, include Attachment D Contractor Declaration form.

If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	Goods and services provided due to an emergency
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments): \$ _____ This Amendment Amount: \$ _____ Total Amended Amount: \$ _____	Council approval required for; all property leases, contracts or bid awards <u>exceeding \$40,000</u>, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when:
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1. Exercising an option contained in a contract previously approved by the council.
2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.
3. Bid or award is for supplies.
4. Equipment is included in Exhibit "B" of the Budget Ordinance.
5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.

Summary of Scope:

Term of Contract: _____	Expiration Date: _____
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Contract Routing:	1. Prepared by: _____ Date: _____ 2. Attorney signoff: _____ Date: _____ 3. AS Finance reviewed: _____ Date: _____ 4. IT reviewed (if IT related): _____ Date: _____ 5. Contractor signed: _____ Date: _____ 6. Submitted to Exec.: _____ Date: _____ 7. Council approved (if necessary): _____ Date: _____ 8. Executive signed: _____ Date: _____ 9. Original to Council: _____ Date: _____
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Whatcom County Contract No.
202310027

City of Bellingham Contract No.

INTERLOCAL AGREEMENT FOR PARAMEDIC TRAINING Between Whatcom County and the City of Bellingham

This Interlocal Agreement for Paramedic Training (“Agreement”) is made and entered into by and between Whatcom County, a municipal corporation (the “County”), and the City of Bellingham, a municipal corporation (the “City”), collectively, the “Parties”.

RECITALS

WHEREAS, in November 2022 Whatcom County voters approved a six-year (2023-2028) property tax levy for countywide EMS services, with funds to be disbursed by the County to emergency medical service providers, including the City of Bellingham acting by and through the Bellingham Fire Department; and

WHEREAS, the purpose of this Agreement is to provide for the disbursement of EMS levy funds for the reimbursement of certain City costs identified herein associated with paramedic training, including entry level paramedic training and lateral hire paramedic training.

NOW, THEREFORE, in consideration of the terms, conditions, covenants, and obligations contained herein, the Parties mutually agree as follows:

TERMS AND CONDITIONS

1. **Paramedic Training.** The City provides paramedic training as follows:

1.1 **Entry Level.** The City will administer a 2024 entry-level training program for existing full-time firefighter/Emergency Medical Technicians (EMT). The program will be administered by the City in association with the Bellingham Technical College, who will act as the sponsoring educational institution. The program is approved through the Washington State Board for Community and Technical Colleges and the Washington State Department of Health. Accreditation is granted through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Additional background information concerning the program is provided in Exhibit A hereto. Certain baseline costs associated with the program will be reimbursed pursuant to that certain multi-year Interlocal Agreement for Advanced Life Support Services between Whatcom County and the City of Bellingham. Costs which are more dependent upon the makeup of the student class each year will be reimbursed pursuant to separate interlocal agreements executed on or before the first of each year. This is the first such agreement.

1.2 **Lateral Hire.** The City also provides on-the-job training to state certified paramedics hired by the Bellingham Fire Department as lateral hires. Lateral paramedics are experienced and certified paramedics that are hired by the Bellingham Fire Department. Lateral Paramedics must be further trained and certified to work in Whatcom County by the Whatcom County Medical Program Director. This process typically takes approximately four (4) months; however, this onboarding training and evaluation can take as long as six (6) months. Costs associated with this training are defined in Exhibit B. Funding for the “Lateral Paramedic” training program is budgeted as part of the Paramedic Training costs during this onboarding phase. The

county agrees to fund up to three (3) Lateral Paramedics in 2024 depending on the needs of the department. The department will inform the County of the impending lateral paramedic at least two months prior to onboarding and will invoice the county monthly once the lateral paramedic begins training that includes expenditure backup for the lateral paramedic.

2. **Funding.** The County shall provide funding for the 2024 entry level paramedic training program and lateral hire training program on a reimbursement basis as set forth in Exhibits B and C hereto. Notwithstanding the foregoing, the student equipment line item in Exhibit B shall be paid in advance in one lump sum upon invoicing by the City in January 2024.

3. **Relationship of the Parties.** The Parties are independent governmental entities. Except as expressly provided for herein, nothing in the Agreement shall be construed to limit the discretion of the governing bodies of each party. Neither party shall assume any liability for the direct payment of any salary, wages or other compensation of any type to any of the other party's personnel performing services hereunder. No agent, employee or other representative of the Parties shall be deemed to be an employee of the other party for any reason. This Agreement shall not be construed or interpreted such that either party hereto is held to be an agent of the other party.

4. **Nondiscrimination.** There will be no discrimination against any participant covered under the Agreement because of race, color, religion, national origin, sex (including pregnancy and parenting status), disability, age, veteran status, sexual orientation, gender identity or expression, marital status or genetic information in programs or activities including employment, admissions, and educational programs.

5. **Liability.** Each party to this Agreement will be responsible for the negligent or willful acts or omissions of its own employees, officers, volunteers or agents in the performance of this Agreement. Neither party will be considered the agent of the other, nor does either party assume any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

6. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein.

7. **Authority.** The Parties represent and covenant that they are authorized to sign as authorized agents of their respective entity.

8. **Terms.** This Agreement will become effective December 1, 2023 and will terminate March 31, 2025, or upon completion of paramedic training.

EXECUTED this _____ day of _____, 2023, for **City of Bellingham** by:

Department Approval:

Seth Fleetwood, Mayor

Bill Hewett, Fire Chief

Attest:

Approved as to Form:

Andy Asbjornsen, Finance Director

Matt Stamps, Office of the City Attorney

EXECUTED this _____ day of _____, 2023, for **Whatcom County** by:

Satpal Sidhu, County Executive

Approved as to Form:

Office of Prosecuting Attorney, Civil Division

EXHIBIT A

Additional Background on the 2024 Entry Level Paramedic Training Program

1. **Program Attributes.** The program will provide:
 - a. A 60-hour, 5-credit anatomy and physiology course through a combination of online and laboratory learning.
 - b. Approximately 1,300 paramedic field-training hours on ALS units. Preceptorships will be determined by the home department's ability to provide that mentoring. Students will see approximately 500 patients while precepting on the ALS units. Clinical hours will include training with the hospital emergency department, operating room, intensive care unit & maternity units, along with observation days at Children's Hospital and Harborview Medical Center as part of the Program experience. On average, students will administer approximately 150 IV's and perform approximately 20 Intubations during their clinical hours.
 - c. Approximately 650 classroom hours for both didactic and simulation lab learning.
 - d. Weekly or monthly, depending on need, student progress reports to the Department liaison.
 - e. Student evaluations (approximately 20).
 - f. Physician-level evaluations of students for paramedic certification.
 - g. Preparation for National Registry of EMT's (NREMT) testing and certification.

2. **Admission Requirements**
 - a. Eligible Advanced Life Support Departments and Whatcom County Fire Departments or District employees meeting admission requirements as set forth in RCW 18.71.205 and WAC 246.976.041, will be considered for the program upon recommendation of the Paramedic Course Director. Enrollment is not open to the public.
 - b. All students accepted for admission must have current Emergency Medical Technician (EMT) certification and a high school diploma or equivalent as per Washington State Department of Health (DOH) guidelines.
 - c. Out-of-County students must be affiliated with an Advanced Life Support Agency and will have the recommendation of the Fire Chief and Out of County Medical Program Director or Supervising Physician to enroll in the Paramedic Training Program.

3. **Program Administration**

College Supervisor: Matthew Santos, Dean of Allied Health, Bellingham Technical College, 3028 Lindbergh Ave., Bellingham, WA, 98225, (360) 752-8316, msantos@btc.org

Paramedic Training Medical Program Director: Dr. Ralph Weiche, 1800 Broadway, Bellingham, WA 98225 (360) 778-8413 rweiche@cob.org

Whatcom County EMS Paramedic Course Liaison: Steven Cohen, BS, EMS Training Specialist; 800 E. Chestnut St. Bellingham, WA 98225 (360) 820-6157 scohen@co.whatcom.wa.us

Bellingham Fire Department; Course Director: Div. Chief Scott Ryckman MS, Medical Services Officer, Bellingham Fire Department, 1800 Broadway, Bellingham, WA, 98225, (360) 778-8413, sryckman@cob.org

Paramedic Lead Instructor: Capt. Todd Fisher, 1800 Broadway, Bellingham, WA 98225. tfisher@cob.org

EXHIBIT B

Funding for 2024 Entry-Level Paramedic Training Program

This Exhibit A sets forth City costs associated with the entry-level paramedic training program (“Program”) that shall be reimbursed by the County using EMS levy funds pursuant to this Agreement.

1. **The 2024 Trainee Class.** The 2024 class is comprised of the following 10 trainees, 5 of whom will receive their field training on BFD paramedic units and 5 of whom will receive their field training with their respective employer agencies:

a. Field Training with Bellingham Fire Department:

- Three (3) firefighter/EMTs employed by the Bellingham Fire Department (BFD)
- One (1) firefighter/EMT employed by North County Regional Fire Authority (NCFR)
- One (1) firefighter/EMT employed by Camano Island Fire and Rescue (CFR)

b. Field Training with Employer Agencies:

- Two (2) firefighter/EMTs employed by Whatcom County Fire District 7 (WCFD7)
- Three (3) firefighter/EMTs employed by the Marysville Fire Department (MFD)

2. **Reimbursables.** City costs subject to reimbursement under this Agreement generally consist of the following items, up to the amounts identified in Section 3 below:

- a. Trainee wages and benefits for the three (3) BFD firefighter/EMTs.
- b. Preceptor fees for the five (5) trainees who will receive their field training with the BFD.
- c. Trainee equipment costs for books, labs and other training supplies for all 10 trainees.

3. 2024 Funding

Item	Description	Per Student	Total
Student Wages & Benefits	Student class and Patient Contact Hours (up to 3 BFD students, \$10,743.00 per month, 14-months)	\$150,402.00	\$451,206.00
Preceptor Fees	Assigned Student Paramedic Preceptors (up to 5 BFD/CFR/NCFR Students, 14-month cost, \$563.00 per month, 14-months)	\$7,882.00	\$39,410.00
Evaluation Fee - In County Students	Formal Evaluation Reports (Up to 5 BFD/WCFD7 students)	\$1,162.00	\$5,810.00
Evaluation Fee – Out of County Student Costs	Formal Evaluation Reports (Up to 5 CFR/NCFR/MFD students)	\$1,690.00	\$8,450.00
Student Equipment	Books, Stethoscopes, calipers, IV supplies, Disposable mannequin supplies, physiology training anatomy dissection parts, Platinum Program, PALS/NRET testing, CAAHEP, Clinical Training Site visit, Safety Clothing for clinical (10 Students)	\$7,392.00	\$73,920.00
TOTAL			\$578,796.00

4. Invoicing & Payment

- a. The City may invoice the County in January of 2024 for the total Student Equipment costs for the 2024 program in advance of procuring all such equipment.
- b. The City may invoice the County monthly for all other reimbursable costs by no sooner than the 15th of the month following the month in which the costs were incurred.
- c. Payment shall be made within 30 days of receipt of a proper invoice.

EXHIBIT C

Funding for the 2024 Lateral Hire Training Program

The County shall provide reimbursement funding for up to 3 lateral paramedic hires in 2024 as follows:

	Per Month Per Lateral Cost	6-Month Cost Per Lateral	Cost for 3 Laterals, Training for 6-Months
Wages per Month	\$ 10,743.00	\$ 64,458.00	\$ 193,374.00
Preceptor Fees per Month	\$ 563.00	\$ 3,378.00	\$ 10,134.00
Total			\$ 203,508.00

Invoicing & Payment

- a. The City may invoice the County for reimbursable costs by the 15th of the month following the month in which the costs were incurred.
- b. Payment shall be made within 30 days of receipt of a proper invoice.