

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
**202311036**

Originating Department:	Executive
Division/Program: <i>(i.e. Dept. Division and Program)</i>	Emergency Medical Services
Contract or Grant Administrator:	Mike Hilley EMS Manager
Contractor's / Agency Name:	Camano Fire and Rescue

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: 130110

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

If YES, indicate exclusion(s) below:

Professional services agreement for certified/licensed professional.     Goods and services provided due to an emergency

Contract work is for less than \$100,000.     Contract for Commercial off the shelf items (COTS).

Contract work is for less than 120 days.     Work related subcontract less than \$25,000.

Interlocal Agreement (between Governments).     Public Works - Local Agency/Federally Funded FHWA.

<p>Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>28,211.95</u></p> <p>This Amendment Amount: \$ _____</p> <p>Total Amended Amount: \$ _____</p> <p>Summary of Scope:</p>	<p>Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b>, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b></p> <ol style="list-style-type: none"> <li>1. Exercising an option contained in a contract previously approved by the council.</li> <li>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.</li> <li>3. Bid or award is for supplies.</li> <li>4. Equipment is included in Exhibit "B" of the Budget Ordinance.</li> <li>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.</li> </ol>
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This interlocal agreement is between Whatcom County and Camano Fire and Rescue to reimburse the EMS Levy up to \$28,211.95 for the Paramedic training program costs associated with program administration, preceptor training, evaluation fees, and class supplies.

Term of Contract: January 1, 2024	Expiration Date: December 31, 2024
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Contract Routing:

1. Prepared by: <u>Mike Hilley</u>	Date: <u>10/11/23</u>
2. Attorney signoff: <u>C Quinn</u>	Date: <u>10/20/23</u>
3. AS Finance reviewed: <u>A Tan</u>	Date: <u>10/24/23</u>
4. IT reviewed (if IT related): _____	Date: _____
5. Contractor signed: _____	Date: _____
6. Submitted to Exec.: _____	Date: _____
7. Council approved (if necessary): <u>AB2023-762</u>	Date: <u>11/21/23</u>
8. Executive signed: _____	Date: _____
9. Original to Council: _____	Date: _____

Whatcom County Contract No.

202311036

**INTERAGENCY AGREEMENT**  
**Between**  
**Camano Fire and Rescue**  
**And**  
**Whatcom County Emergency Medical Services/Whatcom County**  
**Paramedic Training Program**

Whatcom County Emergency Medical Services, (hereinafter the “County”), and Camano Fire and Rescue, (hereinafter the “Department”), in consideration of the mutual covenants herein, agree as follows:

- I. **Purpose:** This Agreement will provide paramedic training for up to one (1) Camano Fire and Rescue Firefighter/EMT in the 2024 Paramedic Training class (the “Program”) administered by the Bellingham Fire Department (BFD), accreditation affiliation through Bellingham Technical College (College), funded by the Whatcom County EMS Levy.
- II. **Program Administration:** It is understood that the Department shall be responsible for the direct supervision of their respective employee and that nothing in this Agreement will interfere with the employer/employee relationship or the functioning of the Department herein named. In compliance with applicable law and State records guidelines, both parties will maintain documentation and/or records relevant to the Program.
- III. **Financial Responsibility:** The 2024 Paramedic Training Program is paid for by the Whatcom County Countywide Emergency Medical Services Fund. The Department is responsible for all wages, benefits and insurance coverage for its participant.
- IV. **Financial Agreement:** The Department will pay the County for direct costs of student participation and a portion of common costs for the 2024 Program as described in **Exhibit A - Detail of Student Costs**. One-half of the agreed total student cost will be paid when the paramedic training program is half-complete and the remaining second half is paid once the Program has been completed.
- V. **Program Sponsorship:** The College shall be the sponsoring institution and, as such, the Program will operate within the College’s appropriate policies and procedures.
- VI. **Program Approval:** 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).

**VII. Responsibilities of the Department:**

- A. Provide recommendation for enrollment of student into the Program by the Fire Chief and the Department Medical Program Director.
- B. Obtain concurrence from the College, County, Paramedic Training Medical Program Director and BFD for the selection of qualified EMTs for enrollment in the Paramedic Training program.
- C. Provide weekly or monthly, depending on need, direct leadership and preceptor liaison with the Paramedic Training Lead Instructor for the purposes of monitoring student progress and activities.
- D. Reimburse the County for agreed expenses as described in Exhibit A.

**VIII. Objectives of Paramedic Training Course:**

- A. The Program will include the pre-requisite (60-hour/5-Credit) Anatomy and Physiology Course through a combination of online and laboratory learning.
- B. The Program will include and require students to complete approximately 1300 clinical hours. Preceptorships will be provided by the Bellingham Fire Department. 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 learning experience. On average, students will administer approximately 150 IVs and approximate 20 Intubations during their clinical hours.
- C. The Program will include 650 classroom hours for both didactic and simulation lab learning.
- D. Provide weekly or monthly, depending on need, student progress reports to the Department liaison.
- E. Provide student evaluations (Approximately 20).
- F. Provide physician-level evaluations of students for paramedic certification.
- G. The Program will strive to prepare the student for National Registry of EMT's (NREMT) testing and certification.

**IX. Paramedic Training Program 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.

**X. Program Contracts:**

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

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

Paramedic Lead Instructor: Cap. Todd Fisher, Bellingham Fire Department, 1800 Broadway, Bellingham, WA 98225, (360) 778-8413, [tfisher@cob.org](mailto:tfisher@cob.org)

- XI. 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.

**XII. 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.

**XIII. Term of the Agreement:** This Agreement will become effective upon date of final signature and will terminate upon completion of paramedic training. Completion of training is determined after all requirements for graduation and certification have been met. Termination of this Agreement shall be effective thirty (30) days following written notice of termination provided by either party in the case a student is unable to complete or is academically terminated from Paramedic Training. If modifications to this Agreement are deemed necessary, such changes shall be approved by the Department and the County unless such modifications are required based on State, Federal or Local law.

**XIV. 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.

**Authority:** The parties represented and covenant that they are authorized to sign as authorized agents of their respective college/agency.

ACCEPTED, agreed, and signed as of the date first set forth below

EXECUTED, this \_\_\_\_ day of 1/9/2024, 2023, for Camano Fire and Rescue:

**Department Approval:**

DocuSigned by:  
Lexon Yengoyan, Fire Chief 1/9/2024  
AB490D093758480...  
Fire Chief  
Camano Island Fire and Rescue  
811 N. Sunrise Blvd.  
Camano Island, WA 98282

EXECUTED, this \_\_\_\_ day of \_\_\_\_\_, 2023, for Whatcom County:

DocuSigned by:  
Tyler Schroeder, Deputy Executive 1/9/2024  
513FC4B01FE0423...  
Tyler Schroeder, Deputy County Executive

**Approved as to Form:**

Christopher Quinn per Email 10/20/23  
Office of Prosecuting Attorney, Civil Division

## Exhibit 'A'

### Student Tuition Costs

#### FEE SCHEDULE FOR CAMANO FIRE AND RESCUE

Item	Description	Per Student	Total
Preceptor Fees	Assigned Student Paramedic Preceptors (up to 1 Student, 12-month cost, \$588.35 per month, 12-months)	\$7,060.20	\$7,060.20
Evaluation Fee	Formal Evaluation Reports (Up to 1 students)	\$1,690.00	\$1,690.00
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 (1 student)	\$7,392.00	\$7,392.00
Bellingham Technical College Costs	Course MPD Fees, BTC Fees, A&P Pre-Course, Program Instructors, Accreditation Fees and Facilities	\$9,143.75	\$9,143.75
Whatcom County Administration Costs	WCEMS Administration and Contract Support Services	\$2,926.00	\$2,926.00
<b>TOTAL</b>			<b>\$28,211.95</b>



**WHATCOM COUNTY**

Emergency Medical Services  
800 E Chestnut, Suite 3C  
Bellingham, WA 98225



**Mike Hilley**  
WCEMS Manger

**MEMORANDUM**

To: Satpal Sidhu, County Executive  
From: Mike Hilley, EMS Manager  
Re: Interlocal Agreement/Camano Fire and Rescue  
Date: October 11, 2023

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Enclosed is the C#202311036.

• **Background and Purpose**

This Interlocal Agreement is for the 2024 Paramedic Training Class. Students recommended by Bellingham Fire Department (BFD), Whatcom County Fire District 7 (WCFD7), Camano Island Fire and Rescue (CFR), North County Regional Fire Authority (NCRF), and Marysville Fire District will participate in a joint EMS Paramedic training course funded through the EMS Levy. All four agencies will enter into an interlocal agreement to participate in the 2023 paramedic training class.

Bellingham Fire Department – Three (3) Students

Whatcom County Fire Protection District 7 – Two (2) Students

Camano Fire and Rescue – One (1) Student

North County Regional Fire Authority – One (1) Student

Marysville Fire District – Three (3) Students

This interlocal agreement is between Whatcom County and Camano Island Fire and Rescue to reimburse the EMS Levy up to \$28,211.95 for the Paramedic training program costs associated with program administration, preceptor training, evaluation fees, and class supplies

• **Funding Amount and Source**

The reimbursement will be located in the EMS Levy Fund, 130110, not to exceed \$28,211.95

Please contact Mike Hilley at (360) 927-1155 if you have any questions or concerns regarding the terms of this agreement.