

INTERAGENCY AGREEMENT
Between
City of Bellingham Fire Department
and
Whatcom County Emergency Medical Services/Whatcom County

The City of Bellingham, through Bellingham Fire Department, (hereinafter the "Department"), Whatcom County, through Whatcom County Emergency Medical Services, (hereinafter the "County"), in consideration of the mutual covenants herein, agree as follows:

- I. Purpose: The Department and the County recognize the financial benefit and reduced training time required when hiring an employee that holds a national or state paramedic licensure. When the Department hires an employee that already has experience as a firefighter/paramedic this is deemed a "lateral hire." This agreement outlines the responsibilities of the Department and the County when training lateral paramedic employees.
- II. Program Administration: It is understood that the County and Department shall be responsible for the direct supervision of their respective employees and that nothing in this Agreement will interfere with the employer/employee relationship or the functioning of the County and Department herein named. In compliance with applicable law and State records guidelines, both parties will maintain documentation and/or records relevant to the program in this Agreement.
- III. Financial Agreement: Financial responsibility for training lateral paramedics shall be the responsibility of the County through the County EMS Levy. The County shall pay costs, up to \$364,116, associated with the preceptorship of lateral Paramedics, including administrative costs for formal evaluations, salaries and wages for up to six (6) Department employees who hire through the lateral Paramedic process, not to exceed 6 months in duration. The Department will pay the costs of all other training associated with the duties and responsibilities required to be employed as a City of Bellingham Firefighter/Paramedic. The Department will submit monthly invoices to the County Contract Administrator with supporting documentation as required in Exhibit A. County payment will be considered timely if made within 30 days of receipt of approved invoice.
- IV. Responsibilities of the Department:
 - A. Select lateral paramedic applicants, as available, through the approved Department process.

- B. Ensure the lateral paramedic candidate is in good standing with the accrediting agency or body they are transferring from.
- C. Assign and provide a preceptor to the lateral paramedic candidate.
- D. Work with the County Medical Program Director and Department Supervising Physician to ensure the lateral paramedic candidate completes MPD mandated training, testing, and field internships to become a Whatcom County certified paramedic.
- E. Ensure all forms and paperwork are correctly submitted to the State of Washington for final credentialing.
- F. Communicate with the County, County MPD, and Supervising Physician of the lateral paramedic candidates progress during the training process.
- G. Develop performance improvement plans, as necessary, to correct any deficiencies related to successful completion of the lateral training requirements.
- H. Notify the County of any circumstance that will prevent a lateral paramedic candidate from successfully completing their training to achieve certification or be able to perform as a Whatcom County EMS system paramedic.

V. Responsibilities of the County

- A. Provide financial reimbursement to the department for monthly and non-recurring training costs as outlined in "Exhibit A."
- B. Work with the Department to complete testing and credentialing paperwork associated with the lateral paramedic process.
- C. Ensure all lateral paramedic training tasks and processes are approved by the County MPD and the Department Supervising Physician.

VI. 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.

VII. 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 neither 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.

VIII. Term of the Agreement:

This Agreement will take effect on January 1, 2022 and will terminate on December 31, 2022 unless terminated earlier by either party. Termination of this Agreement shall be effective thirty (30) days following written notice of termination provided by either party.

IX. 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. If modifications to this Agreement are deemed necessary, such changes shall be approved by the Department and County by written amendment.

X. Notice:

Any notices or communications required or permitted to be given by this Contract must be (i) given in writing and (ii) personally delivered or mailed, by prepaid, certified mail or overnight courier, or transmitted by electronic mail transmission (including PDF), to the party to whom such notice or communication is directed, to the mailing address or regularly-monitored electronic mail address of such party as follows:

To: Bellingham Fire Department
1800 Broadway
Bellingham, WA 98225
Attention: Chief Bill Hewett
Telephone: (360) 778-8400
Email: bchewett@cob.org

To: Whatcom County EMS
800 Chestnut Street, Suite 3C
Bellingham, WA 98225
Attn: Mike Hilley, EMS Manager
360-927-1155
mhilley@co.whatcom.wa.us

WHATCOM COUNTY:

Approved as to form:

Prosecuting Attorney Date

Approved:

Accepted for Whatcom County:

By: _____
Satpal Sidhu, Whatcom County Executive

STATE OF WASHINGTON)
)SS
COUNTY OF WHATCOM)

On this ____ day of _____ 2021, before me personally appeared Satpal Sidhu, to me known to be the Executive of Whatcom County, who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for the State of
Washington, residing at _____.
My commission expires _____.

City of Bellingham signature page for agreement with _____.

Dated this ____ day of _____, 2021, for the CITY OF BELLINGHAM:

Seth Fleetwood, Mayor

Attest:

Finance Director

Department Approval:

Approved as to Form:

Office of the City Attorney

**EXHIBIT A
CONTRACT BUDGET**

Cost Item	Documentation Required	Monthly Amount per Student	Per Student Maximum	Contract Maximum
Wages & Benefits	GL Detail	\$ 9,416	\$ 56,496	\$ 338,976
Preceptor Premium	GL Detail	\$ 515	\$ 3,090	\$ 18,540
Formal Evaluations	GL Detail	N/A	\$ 1,100	\$ 6,600
Totals				\$ 364,116