

Public Health Seattle & King County 		COMMUNITY SERVICES AGREEMENT – OTHER GOVERNMENT		PHSKC Agreement # 14835 EMS									
This Agreement is between King County and the Recipient identified below. The County department overseeing the work to be performed in this Agreement is the Department of Public Health (PHSKC).													
RECIPIENT NAME City of Redmond			RECIPIENT FEDERAL TAX ID # 91-6001492										
RECIPIENT ADDRESS 8450 161st Ave NE, Redmond, WA 98052			RECIPIENT CONTACT & EMAIL ADDRESS Adrian Sheppard; asheppard@redmond.gov										
PHSKC DIVISION EMS			PROJECT TITLE Advanced Life Support										
AGREEMENT START DATE January 01, 2026		AGREEMENT END DATE December 31, 2031		AGREEMENT MAXIMUM AMOUNT \$16,285,711.00									
FUNDING DETAILS <table border="1"> <thead> <tr> <th><u>Funding Source</u></th> <th><u>PHSKC Contract #</u></th> <th><u>Amount</u></th> <th><u>Effective Dates</u></th> </tr> </thead> <tbody> <tr> <td>EMS Levy</td> <td></td> <td>\$16,285,711.00</td> <td>Jan 01 2026 TO Dec 31 2031</td> </tr> </tbody> </table>						<u>Funding Source</u>	<u>PHSKC Contract #</u>	<u>Amount</u>	<u>Effective Dates</u>	EMS Levy		\$16,285,711.00	Jan 01 2026 TO Dec 31 2031
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FUNDING SUMMARY FEDERAL:		COUNTY: \$16,285,711.00		STATE:									
OTHER:													
IS THE RECIPIENT A SUBRECIPIENT FOR PURPOSES OF THIS AGREEMENT? No													
EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference: Appendix 1 – Insurance Requirements Exhibit A – ALS Scope of Work Exhibit A1 – ALS UW Training Exhibit B - Budget Exhibit C – 2026 ALS Allocations and Contract Authority Exhibit C1 – ALS Support of Harborview Paramedic Training Invoice Exhibit C2 – ALS Support of BLS Activities Invoice Exhibit C3 – ALS Support of Emergency Medical Dispatch Invoice Exhibit C4 – ALS Support of EMS Training Section Invoice													
In consideration of payments, covenants, and agreements hereinafter mentioned, to be made and performed by the parties hereto, the parties mutually agree that the Recipient shall provide services and comply with the requirements set forth in this Agreement. The parties signing below represent that they have read and understand this Agreement, and have the authority to execute this Agreement. Furthermore, in addition to agreeing to the terms and conditions provided herein, by signing this Agreement, the Recipient certifies that it has read and understands the Agreement requirements on the PHSKC website (https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/contracts), and agrees to comply with all of the Agreement terms and conditions detailed on that site, including EEO, Nondiscrimination, Payment of a Living Wage, Civil Immigration Enforcement, and, as applicable, HIPAA, and Credentialing.													
RECIPIENT SIGNATURE		PRINTED NAME AND TITLE Adrian Sheppard Fire Chief		DATE SIGNED									
PHSKC SIGNATURE		PRINTED NAME AND TITLE		DATE SIGNED									

Approved as to Form: OFFICE OF THE KING COUNTY PROSECUTING ATTORNEY
 (This form is available in alternate formats for people with disabilities upon request.)

KING COUNTY TERMS AND CONDITIONS

1. Agreement Term and Termination

- A. This Agreement shall commence on the Agreement Start Date and shall terminate on the Agreement End Date as specified on page 1 of this Agreement, unless extended or terminated earlier, pursuant to the terms and conditions of the Agreement.
- B. This Agreement may be terminated by the County without cause, in whole or in part, prior to the Agreement End Date, by providing the other party thirty (30) days advance written notice of the termination. The Agreement may be suspended by the County without cause, in whole or in part, prior to the date specified in Subsection 1.A. above, by providing the Recipient thirty (30) days advance written notice of the suspension.
- C. This Agreement may be terminated by the Recipient without cause, in whole or in part, prior to the date specified on page 1, by providing King County six (6) months advanced written notice of termination.
- D. The County may terminate or suspend this Agreement, in whole or in part, upon seven (7) days advance written notice in the event: (1) the Recipient materially breaches any duty, obligation, or service required pursuant to this Agreement, or (2) the duties, obligations, or services required herein become impossible, illegal, or not feasible. If the Agreement is terminated by the County pursuant to this Subsection 1.C. (1), the Recipient shall be liable for damages, including any additional costs of procurement of similar services from another source.

If the termination results from acts or omissions of the Recipient, including but not limited to misappropriation, nonperformance of required services, or fiscal mismanagement, the Recipient shall return to the County immediately any funds, misappropriated or unexpended, which have been paid to the Recipient by the County.

- E. If County or other expected or actual funding is withdrawn, reduced, or limited in any way prior to the termination date set forth above in Subsection 1.A., the County may, upon written notification to the Recipient, terminate or suspend this Agreement in whole or in part.

If the Agreement is terminated or suspended as provided in this Section: (1) the County will be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the effective date of termination or suspension; and (2) in the case of termination the Recipient shall be released from any obligation to provide such further services pursuant to the Agreement ; and (3) in the case of suspension the Recipient shall be released from any obligation to provide services during the period of suspension and until such time as the County provides written authorization to resume services..

Funding or obligation under this Agreement beyond the current appropriation year is conditional upon appropriation by the County Council of sufficient funds to support the activities described in the Agreement. Should such appropriation not be approved, this Agreement will terminate at the close of the current appropriation year.

- F. County funds must supplement, not replace (supplant) non-county funds. Recipient must ensure that County funds do not supplant funds that have been budgeted for the same purpose through non-County sources. Recipient may be required to demonstrate and document that a reduction in non-County resources occurred for reasons other than the receipt of expected receipt of County funds.
- G. Nothing herein shall limit, waive, or extinguish any right or remedy provided by this Agreement or law that either party may have in the event that the obligations, terms, and conditions set forth in this Agreement are breached by the other party.

2. Compensation and Method of Payment

- A. The total Agreement compensation shall be determined annually by King County. The amount allocated for the first year shall be **\$16,285,711.00**. Subsequent allocations shall be determined by the County consistent with the following allocation method in the form of a letter signed by the Public Health Director or designee.
 1. As identified in the Medic One/Emergency Medical Services 2026-2031 Strategic Plan, each paramedic contractor's annual ALS Medic Unit, System, and Equipment allocations are determined by multiplying the number of operating medic units by the unit; the Program/Supervisory allocation is multiplied by allocation partially based on units and partially based on agency. While the system allocation budget is calculated on an allocation basis, expenses related to this category are invoiced at actual costs. These combined amounts equate to the standard unit allocation and is inflated yearly per formulas in the Medic One/Emergency Medical Services 2026-2031 Strategic Plan. Funds from the medic unit and program/supervisory allocations can be set aside for future use in the agency's provider/program balance. In addition, the County may add to the ALS provider's annual contract an amount not to exceed the ALS agency's provider's program/fund balance from the prior year.
 2. The County shall reimburse the Recipient for satisfactory completion of the services and requirements specified in this Agreement, payable upon receipt and approval by the County of a signed invoice in substantially the form of the attached Invoices, Exhibits C-1, C-2, C-3, and C-4, which comply with the attached Budget, Exhibit B. Equipment allocation can be invoiced after updated multi-year equipment plan, including all expenses from the previous year is received.
- B. The Recipient shall submit an invoice and all accompanying reports as specified in the attached exhibits or agreed upon alternatives not more than 60 working days after the close of each indicated reporting period. The County shall make payment to the Recipient not more than 30 days after a complete and accurate invoice is received.
- C. The Recipient shall submit its final invoice and all outstanding reports within 60 days of the date this Agreement terminates. If the Recipient's final invoice and reports are not submitted by the day specified in this subsection, the County will be relieved of all liability for payment to the Recipient of the amounts set forth in said invoice or any subsequent invoice.
- D. When a budget is attached hereto as an exhibit, the Recipient shall apply the funds received from the County under this Agreement in accordance with said budget. The Agreement may contain separate budgets for separate program components and allocations. The Recipient shall request prior approval from the County for an amendment to this Agreement when the cumulative amount of transfers among the budget categories within an allocation is expected to exceed 10% of the Agreement allocation amount in any Agreement budget. Supporting documents necessary to explain fully the nature and purpose of the amendment must accompany each request for an amendment. Transfers between unit and program/supervisory allocation budgets of 10% or less may be proposed and reviewed in a regional process and pre-approved separately by EMS Division Director and need not be incorporated by written amendment.
- E. If travel costs are contained in the attached budget, reimbursement of Recipient travel, lodging, and meal expenses are limited to the eligible costs based on the following rates and criteria.
 1. The mileage rate allowed by King County shall not exceed the current Internal Revenue Service (IRS) rates per mile as allowed for business-related travel. The IRS mileage rate shall be paid for the operation, maintenance and depreciation of individually owned vehicles for that time which the vehicle is used during work hours. Parking shall be the actual cost. When rental vehicles are authorized, government rates shall be requested. If the Recipient does not request government rates, the Recipient shall be personally responsible for the difference. Please reference the federal web site for current rates: <http://www.gsa.gov>.

2. Reimbursement for meals shall be limited to the per diem rates established by federal travel requisitions for the host city in the Code of Federal Regulations, 41 CFR § 301, App.A. Please reference <http://www.gsa.gov> for the current host city per diem rates.
3. Accommodation rates shall not exceed the federal lodging limit plus host city taxes. The Recipient shall always request government rates.
4. Air travel shall be by coach class at the lowest possible price available at the time the County requests a particular trip. In general, a trip is associated with a particular work activity of limited duration and only one round-trip ticket, per person, shall be billed per trip. Any air travel occurring as part of a federal grant must be in accordance with the Fly America Act.

3. Internal Control and Accounting System

The Recipient shall establish and maintain a system of accounting and internal controls which complies with applicable generally accepted government accounting standards (GAGAS).

4. Debarment and Suspension Certification

Entities that are debarred, suspended, or proposed for debarment by the U.S. Government are excluded from receiving federal funds and contracting with the County. The Recipient, by signature to this Agreement, certifies that the Recipient is not presently debarred, suspended, or proposed for debarment by any Federal department or agency. The Recipient also agrees that it will not enter into a sub-agreement with a Recipient that is debarred, suspended, or proposed for debarment. The Recipient agrees to notify King County in the event it, or a sub-awardee, is debarred, suspended, or proposed for debarment by any Federal department or agency.

5. Maintenance of Records/Evaluations and Inspections

- A. The Recipient shall maintain accounts and records, including personnel, property, financial, and programmatic records and other such records as may be deemed necessary by the County to ensure proper accounting for all Agreement funds and compliance with this Agreement.
- B. In accordance with the nondiscrimination and equal employment opportunity requirements set forth in Section 13. below, the Recipient shall maintain the following:
 1. Records of employment, employment advertisements, application forms, and other pertinent data, records and information related to employment, applications for employment or the administration or delivery of services or any other benefits under this Agreement; and
 2. Records, including written quotes, bids, estimates or proposals submitted to the Recipient by all businesses seeking to participate on this Agreement, and any other information necessary to document the actual use of and payments to sub-awardees and suppliers in this Agreement, including employment records.

The County may visit the site of the work and the Recipient's office to review the foregoing records. The Recipient shall provide every assistance requested by the County during such visits. In all other respects, the Recipient shall make the foregoing records available to the County for inspection and copying upon request. If this Agreement involves federal funds, the Recipient shall comply with all record keeping requirements set forth in any federal rules, regulations or statutes included or referenced in the Agreement documents.

- C. Except as provided in Section 6 of this Agreement, the records listed in A and B above shall be maintained for a period of six (6) years after termination hereof unless permission to destroy them is granted by the Office of the Archivist in accordance with Revised Code of Washington (RCW) Chapter 40.14.
- D. Medical records shall be maintained and preserved by the Recipient in accordance with state and federal medical records statutes, including but not limited to RCW 70.41.190, 70.02.160, and standard medical records practice. If the Recipient ceases operations under this Agreement, the Recipient shall be responsible for the disposition and maintenance of such medical records.

- E. The Recipient agrees to cooperate with the County or its agent in the evaluation of the Recipient's performance under this Agreement and to make available all information reasonably required by any such evaluation process. The results and records of said evaluations shall be maintained and disclosed in accordance with RCW Chapter 42.56.
- F. The Recipient agrees that all information, records, and data collected in connection with this Agreement shall be protected from unauthorized disclosure in accordance with applicable state and federal law.

6. Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Recipient shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of HIPAA and any regulations enacted pursuant to its provisions. Recipient shall read and certify compliance with all HIPAA requirements at <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/contracts/hipaa-compliance>.

7. Audits

- A. If the Recipient is a municipal entity or other government institution or jurisdiction, it shall notify the County in writing within 30 days of when its annual report of examination/audit, conducted by the Washington State Auditor, has been completed.
- B. Additional audit or review requirements which may be imposed on the County will be passed on to the Recipient and the Recipient will be required to comply with any such requirements.

8. Corrective Action

If the County determines that a breach of Agreement has occurred, that is, the Recipient has failed to comply with any terms or conditions of this Agreement or the Recipient has failed to provide in any manner the work or services agreed to herein, and if the County deems said breach to warrant corrective action, the following sequential procedure will apply:

- A. The County will notify the Recipient in writing of the nature of the breach;
The Recipient shall respond in writing within three (3) working days of its receipt of such notification, which response shall indicate the steps being taken to correct the specified deficiencies. The corrective action plan shall specify the proposed completion date for bringing the Agreement into compliance, which date shall not be more than ten (10) days from the date of the Recipient's response, unless the County, at its sole discretion, specifies in writing an extension in the number of days to complete the corrective actions;
- B. The County will notify the Recipient in writing of the County's determination as to the sufficiency of the Recipient's corrective action plan. The determination of sufficiency of the Recipient's corrective action plan shall be at the sole discretion of the County;
- C. In the event that the Recipient does not respond within the appropriate time with a corrective action plan, or the Recipient's corrective action plan is determined by the County to be insufficient, the County may commence termination or suspension of this Agreement in whole or in part pursuant to Section 1.C.;
- D. In addition, the County may withhold any payment owed the Recipient or prohibit the Recipient from incurring additional obligations of funds until the County is satisfied that corrective action has been taken or completed; and
- E. Nothing herein shall be deemed to affect or waive any rights the parties may have pursuant to Section 1., Subsections B, C, D, and E.

9. Dispute Resolution

The parties shall use their best, good-faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry

out their respective responsibilities under this Agreement while attempting to resolve the dispute under this section.

10. Hold Harmless and Indemnification

- A. In providing services under this Agreement, the Recipient is an independent contractor, and neither it nor its officers, agents, employees, or subcontractors are employees of the County for any purpose. The Recipient shall be responsible for all federal and/or state tax, industrial insurance, and Social Security liability that may result from the performance of and compensation for these services and shall make no claim of career service or civil service rights which may accrue to a County employee under state or local law.

The County assumes no responsibility for the payment of any compensation, wages, benefits, or taxes, by, or on behalf of the Recipient, its employees, subcontractors and/or others by reason of this Agreement. The Recipient shall protect, indemnify, and save harmless the County, its officers, agents, and employees from and against any and all claims, costs, and/or losses whatsoever occurring or resulting from (1) the Recipient's failure to pay any such compensation, wages, benefits, or taxes, and/or (2) the supplying to the Recipient of work, services, materials, or supplies by Recipient employees or other suppliers in connection with or support of the performance of this Agreement.

- B. The Recipient further agrees that it is financially responsible for and will repay the County all indicated amounts following an audit exception which occurs due to the negligence, intentional act, and/or failure, for any reason, to comply with the terms of this Agreement by the Recipient, its officers, employees, agents, or subcontractors. This duty to repay the County shall not be diminished or extinguished by the prior termination of the Agreement pursuant to the Term and Termination section.
- C. The Recipient shall defend, indemnify, and hold harmless the County, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the negligent acts or omissions of the Recipient, its officers, employees, sub-awardees and/or agents in its performance or non-performance of its obligations under this Agreement. In the event the County incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the Recipient.
- D. The County shall defend, indemnify, and hold harmless the Recipient, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the negligent acts or omissions of the County, its officers, employees, or agents in its performance or non-performance of its obligations under this Agreement. In the event the Recipient incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the County.
- E. Claims shall include, but not be limited to, assertions that use or transfer of software, book, document, report, film, tape, or sound reproduction or material of any kind, delivered hereunder, constitutes an infringement of any copyright, patent, trademark, trade name, and/or otherwise results in unfair trade practice.
- F. Nothing contained within this provision shall affect and/or alter the application of any other provision contained within this Agreement.
- G. The indemnification, protection, defense and save harmless obligations contained herein shall survive the expiration, abandonment or termination of this Agreement.

11. Insurance Requirements

The Recipient, unless expressly waived in Appendix 1, shall procure and maintain for the term of this Agreement, insurance covering King County as an additional insured, against claims for injuries to persons or damages to property which may arise from, or in connection with, the performance of work hereunder by the Recipient, its

agents, representatives, employees, and/or sub-awardees. The costs of such insurance shall be paid by the Recipient or sub-awardee. The Recipient may furnish separate certificates of insurance and policy endorsements for each sub-awardee as evidence of compliance with the insurance requirements of this Agreement. The Recipient is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Recipient, its agents, employees, officers, sub-awardee, providers, and/or provider sub-awardees to comply with the insurance requirements stated herein shall constitute a material breach of this Agreement. Specific coverages required by this contract are contained in Appendix 1.

A. Municipal or state agency provisions

If the Contractor is a Municipal Corporation or an agency of the State of Washington or any other Public Agency and is self-insured for any of the above insurance requirements, a certification of self-insurance shall be attached and be incorporated by reference and shall constitute compliance with this section.

B. Deductibles and self-insured retentions

Any deductibles or self-insured retentions shall not apply to the Contractor's liability to the County and shall be the sole responsibility of the Contractor or its Subcontractor.

C. Other insurance provisions: The insurance coverage(s) required in this Contract are to contain, or be endorsed to contain, the following provisions

1. All Liability Policies (except Employers Liability, Workers Compensation and Professional Liability (Errors and Omissions):

- a. King County, its officers, officials, employees and agents are to be covered as additional insureds, for full coverage and policy limits, as respects liability arising out of activities performed by or on behalf of the Contractor in connection with this Contract. Additional Insured Endorsement(s) shall be included with the certificate of insurance, "CG 2010 11/85" or its substantive equivalent is required. The County requires these Endorsement(s) to complete the Contract.
- b. Such coverage shall be primary and non-contributory insurance as respects the County, its officers, officials, employees and agents.
- c. The Contractor's insurance coverage shall apply separately to each insured against whom a claim is made and/or lawsuit is brought, except with respect to the limits of the insurer's liability.

2. All policies

- a. Coverage shall not be suspended, voided, canceled, reduced in coverage or in limits until after thirty (30) days prior written notice has been given to the County.
- b. Each insurance policy shall be written on an "occurrence" basis/form; except that insurance on a "claims made" basis/form may be acceptable with prior County approval.

If coverage is approved and purchased on a "claims made" basis/form, the Contractor warrants continuation of coverage, either through policy renewals or the purchase of an extended discovery period, if such extended coverage is available, for not less than three (3) years from the date of Contract termination and/or conversion from a "claims made" form to an "occurrence" coverage form.

D. Acceptability of Insurers

1. Insurance coverage is to be placed with insurers with an AM Best's rating of no less than A: VIII, or, if not rated with an AM Best's, with minimum surpluses the equivalent of an AM Best's surplus size VIII.
2. Professional Liability, Errors and Omissions insurance coverage may be placed with insurers with an AM Best's rating of B+:VII. Any exception must be approved by the County.

3. If at any time any of the foregoing policies fail to meet minimum requirements, the Contractor shall, upon notice to that effect from the County, promptly obtain a new policy, and shall submit the same to the County, with the appropriate certificates and endorsements, for approval.

E. Verification of coverage

1. The Contractor shall furnish the County certificates of insurance and endorsements required by this Contract. Such certificates and endorsements, and renewals thereof, shall be attached as exhibits to the Contract. The certificates and endorsements for each insurance policy are to be on forms approved by the County prior to the commencement of activities associated with the Contract. In the event of a claim, the County reserves the right to require complete, certified copies of all required insurance policies at any time, which may be redacted of confidential and proprietary information.
2. If the Agency/Contracting Party is a Municipal Corporation or an agency of the State of Washington and is a member of the Washington Cities Insurance Authority (WCIA) or any other self-insurance risk pool, a written acknowledgement/certification of current membership will be attached to the Agreement as Exhibit I and satisfies the insurance requirements specified above.
3. County's receipt or acceptance of Contractor's evidence of insurance without comment or objection, or County's failure to request certified copies of such insurance does not waive, alter, modify or invalidate any of the insurance requirements set forth above or, consequently, constitute County's acceptance of the adequacy of Contractor's insurance or preclude or prevent any action by County against Contractor for breach of the insurance requirements.

F. Insurance for subcontractors

1. If the Contractor subcontracts any portion of this Contract pursuant to Section XIII, the Contractor shall include all subcontractors as insureds under its policies or shall require reasonable and appropriate insurance coverage and insurance limits to cover each of the subcontractors liabilities given the subcontractor's scope of work and the services being provided herein. To the extent reasonably commercially available, insurance maintained by any subcontractor must comply with the specified insurance requirements, including the requirements under "Other insurance provisions".
2. Contractor is obligated to require and verify that each subcontractor maintains the required insurance and ensure that King County is included as additional insured. Upon request by King County, and within five (5) business days, Contractor must provide evidence of each subcontractor's insurance coverage, including endorsements.

G. All coverages and requirements

Nothing contained within these insurance requirements shall be deemed to limit the scope, application and/or limits of the coverage afforded by said policies, which coverage will apply to each insured to the full extent provided by the terms and conditions of the policy(s). Nothing contained within this provision shall affect and/or alter the application of any other provision contained within this Contract.

12. Assignment/Sub-agreements

- A. The Recipient shall not assign or sub-award any portion of this Agreement or transfer or assign any claim arising pursuant to this Agreement without the written consent of the County. Said consent must be sought in writing by the Recipient not less than fifteen (15) days prior to the date of any proposed assignment.
- B. "Sub-agreement" shall mean any agreement between the Recipient and a sub-awardee or between sub-awardees that is based on this Agreement, provided that the term "sub-awardee" does not include the purchase of (1) support services not related to the subject matter of this Agreement, or (2) supplies.

- C. The Recipient shall include Sections 2.D., 2.E., 3, 4, 5, 6, 10.A., 10.B., 10.G., 12, 13, 14, 15, 16, 17, 23, 24, 26, and the Funder's Special Terms and Conditions, if attached, in every sub-agreement that relates to the subject matter of this Agreement.
- D. The Recipient agrees to include the following language verbatim in every sub-agreement for services which relate to the subject matter of this Agreement:

"Sub-awardee shall protect, defend, indemnify, and hold harmless King County, its officers, employees and agents from any and all costs, claims, judgments, and/or awards of damages arising out of, or in any way resulting from the negligent act or omissions of sub-awardee, its officers, employees, and/or agents in connection with or in support of this Agreement. Sub-awardee expressly agrees and understands that King County is a third party beneficiary to this Agreement and shall have the right to bring an action against sub-awardee to enforce the provisions of this paragraph."

13. Nondiscrimination and Equal Employment Opportunity

The Recipient shall comply with all requirements found at <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/working-with-public-health/contracts..>

14. Conflict of Interest

- A. The Recipient agrees to comply with applicable provisions of K.C.C. 3.04. Failure to comply with such requirements shall be a material breach of this Agreement, and may result in termination of this Agreement pursuant to Section II and subject the Recipient to the remedies stated therein, or otherwise available to the County at law or in equity.
- B. The Recipient agrees, pursuant to KCC 3.04.060, that it will not willfully attempt to secure preferential treatment in its dealings with the County by offering any valuable consideration, thing of value or gift, whether in the form of services, loan, thing or promise, in any form to any county official or employee. The Recipient acknowledges that if it is found to have violated the prohibition found in this paragraph, its current Agreements with the county will be cancelled and it shall not be able to bid on any county Agreement for a period of two years.
- C. The Recipient acknowledges that for one year after leaving County employment, a former County employee may not have a financial or beneficial interest in an agreement or grant that was planned, authorized, or funded by a County action in which the former County employee participated during County employment. Recipient shall identify at the time of offer current or former County employees involved in the preparation of proposals or the anticipated performance of Work if awarded the Agreement. Failure to identify current or former County employees involved in this transaction may result in the County's denying or terminating this Agreement. After Agreement award, the Recipient is responsible for notifying the County's Project Manager of current or former County employees who may become involved in the Agreement any time during the term of the Agreement.

15. Equipment Purchase, Maintenance, and Ownership

- A. The Recipient agrees that any equipment purchased, in whole or in part, with Contract funds at a cost of \$5,000 per item or more, when the purchase of such equipment is reimbursable as a Contract budget item, shall be treated as a capital asset, including tagging. The Recipient shall be responsible for all such property, including the proper care and maintenance of the equipment.
- B. The Recipient will develop an equipment asset plan showing the use of the equipment allocation and submit the plan to the EMS Division with the Year-end Report. The plan will provide an accounting for all equipment allocation funds, all equipment related reserve funds and any other funds provided by King County related to the equipment plan, include balance information on each agency's internal reserve fund, accounting for annual contributions and expenses, surplus value and revenue received from surplus equipment, and asset liability information. Funds from the sale of equipment must be used to provide services or purchase equipment under this Contract or returned to the King County EMS Fund. Any unused funds from the equipment allocation must be reported and returned to the

King County EMS Fund. The equipment allocation can be used for all equipment costs, including those classified as operating by an agency, that have a lifespan of more than one year.

- C. In the event Recipient no longer provides services under a contract with the County, equipment and the equipment allocation funds/reserves are to be returned to the King County EMS Fund or transferred to a new, Recipient as determined by the County.

16. Proprietary Rights

The parties to this Agreement hereby mutually agree that if any patentable or copyrightable material or article should result from the work described herein, all rights accruing from such material or article shall be the sole property of the party that produces such material or article. If any patentable or copyrightable material or article should result from the work described herein and is jointly produced by both parties, all rights accruing from such material or article shall be owned in accordance with US Patent Law. Each party agrees to and does hereby grant to the other party, irrevocable, nonexclusive, and royalty-free license to use, according to law, any material or article and use any method that may be developed as part of the work under this Agreement.

The foregoing products license shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient which are modified for use in the performance of this Agreement.

The foregoing provisions of this section shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient that are not modified for use in the performance of this Agreement.

17. Political Activity Prohibited

None of the funds, materials, property, or services provided directly or indirectly under this Agreement shall be used for any partisan political activity or to further the election or defeat of any candidate for public office.

18. King County Recycled Product Procurement Policy

In accordance with King County Code 18.20, the Recipient shall use recycled paper, and both sides of sheets of paper whenever practicable, when submitting proposals, reports, and invoices, if paper copies are required.

19. Future Support

The County makes no commitment to support the services awarded for herein and assumes no obligation for future support of the activity awarded herein except as expressly set forth in this Agreement.

20. Entire Agreement/Waiver of Default

The parties agree that this Agreement is the complete expression of the terms hereto and any oral or written representations or understandings not incorporated herein are excluded. Both parties recognize that time is of the essence in the performance of the provisions of this Agreement. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of the Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Agreement unless stated to be such through written approval by the County, which shall be attached to the original Agreement.

21. Amendments

Either party may request changes to this Agreement. Proposed changes which are mutually agreed upon shall be incorporated by written amendments to this Agreement. Changes to the County's Agreement numbering system or fund source may be made unilaterally by the County and without the need for amendment of this Agreement. The Recipient shall be notified in writing of any changes in the Agreement number or fund source assigned by the County; provided, however, that the total compensation allocated by the County through this Agreement does not change.

22. Notices

Whenever this Agreement provides for notice to be provided by one party to another, such notice shall be in writing and directed to the chief executive office of the Recipient and the project representative of the County department specified on page one of this Agreement. Any time within which a party must take some action shall be computed from the date that the notice is received by said party.

23. Services Provided in Accordance with Law and Rule and Regulation

The Recipient and any sub-awardee agree to abide by the laws of the state of Washington, rules and regulations promulgated thereunder, and regulations of the state and federal governments, as applicable, which control disposition of funds granted under this Agreement, all of which are incorporated herein by reference.

In the event that there is a conflict between any of the language contained in any exhibit or attachment to this Agreement, the language in the Agreement shall have control over the language contained in the exhibit or the attachment, unless the parties affirmatively agree in writing to the contrary.

24. Applicable Law

This Agreement shall be construed and interpreted in accordance with the laws of the State of Washington. The venue for any action hereunder shall be in the Superior Court for King County, Washington.

25. Electronic Processing and Signatures

The parties agree that this Agreement may be processed and signed electronically, which if done so, will be subject to additional terms and conditions found at <https://www.docusign.com/company/terms-of-use>.

The parties acknowledge that they have consulted with their respective attorneys and have had the opportunity to review this Agreement. Therefore, the parties expressly agree that this Agreement shall be given full force and effect according to each and all of its express terms and provisions and the rule of construction that any ambiguities are to be resolved against the drafting party shall not be employed in the interpretation of this Agreement.

The parties executing this Agreement electronically have authority to sign and bind its represented party to this Agreement.

26. No Third Party Beneficiaries

Except for the parties to whom this Agreement is assigned in compliance with the terms of this Agreement, there are no third party beneficiaries to this Agreement, and this Agreement shall not impart any rights enforceable by any person or entity that is not a party hereto.

END OF COUNTY TERMS AND CONDITIONS

APPENDIX 1 – INSURANCE REQUIREMENTS

PHSKC Agreement # 14835 EMS

Unless waived under section A below, the following insurance requirements are hereby incorporated into the referenced Agreement's terms and conditions.

Section A.

The requirement that Contractor maintains insurance coverage as specified for this Agreement is not waived.

Section B. Specific Requirements

General Liability Insurance:

\$3,000,000 per occurrence and \$3,000,000 in the aggregate for bodily injury, personal and advertising injury, and property damage. Coverage shall be at least as broad as that afforded under ISO form number CG 00 01 current edition, or its substantive equivalent. Such insurance shall include coverage for, but not limited to premises liability, ongoing operations, and contractual liability. Limits may be satisfied by a single primary policy or by a combination of separate primary and umbrella or excess liability policies, provided that coverage under the latter shall be at least as broad as that afforded under the primary policy and satisfy all other requirements applicable to liability insurance including but not limited to additional insured status for the County.

Products and Completed Liability Insurance:

The General Liability policy shall include coverage for products and completed operations.

Sexual Abuse and Misconduct Liability Insurance:

1. Reserved.
2. Reserved.

Automobile Liability Insurance:

If a vehicle will be used in the performance of the Scope of Work, the Contractor shall maintain Automobile Liability coverage for \$3,000,000 combined single limit per accident for bodily injury and property damage. Coverage shall be at least as broad as that afforded under ISO form number CA 00 01 covering BUSINESS AUTO COVERAGE, symbol 1 'any auto'; or the appropriate coverage provided by symbols 2, 7, 8, or 9. Limits may be satisfied by a single primary limit or by a combination of separate primary and umbrella or excess liability policies, provided that coverage under the latter shall be at least as broad as that afforded under the primary policy.

Professional Liability Insurance (Errors and Omissions):

1. In the event that services delivered pursuant to this Contract either directly or indirectly involve or require professional services, \$3,000,000 per claim and in the aggregate. 'Professional Services'

for the purpose of this Contract Section, shall mean any services provided by a licensed professional or those services that require professional standards of care.

2. Reserved.

Cyber Liability/Technology Insurance:

1. If Scope of Work involves access to, handling, and/or storage of sensitive data, to include but not limited to payment card information, personally identifiable information (PII), and personal health information (PHI) of 1,000 or more records, Cyber Liability coverage shall be maintained. Coverage shall include loss resulting from data security/privacy breach, or other unauthorized access or related violations including identity fraud and privacy law violations, denial of service attacks, introduction of virus and malicious code, extortion, dissemination or destruction of electronic data, business interruption, privacy law violations, disclosure of non-public, personal or confidential information, identity fraud, loss of income due to system crashes, breach of contract, and acts by rogue employees. Coverage shall include notification and other expenses incurred in remedying a privacy breach as well as costs to investigate and restore data.

\$3,000,000 per claim and in the aggregate.

Workers' Compensation Insurance and Employer's Liability ("Stop Gap") Insurance:

1. Workers' Compensation coverage, as required by the Industrial Insurance Act of the State of Washington, as well as any similar coverage required for this Work by applicable Federal or 'Other States' State Law. When statutorily required to have Workers' Compensation coverage, Contractor shall maintain Employers Liability or Stop Gap coverage with a limit no less than \$1,000,000 each occurrence and shall be at least as broad as the protection provided by the Workers' Compensation policy Part 2 (Employers Liability), or, in monopolistic states, including but not limited to Washington, the protection provided by the 'Stop Gap' endorsement to the Commercial General Liability policy.

*PUBLIC HEALTH – SEATTLE & KING COUNTY
EMERGENCY MEDICAL SERVICES (EMS) DIVISION*

**Exhibit A: Scope of Work
Advanced Life Support (ALS) Service**

- A. The Recipient shall provide Advanced Life Support (ALS) Services within their geographic boundaries consistent with the following requirements, and in other geographic areas consistent with any mutual aid agreement.
- B. ALS services shall comply with the requirements adopted by King County pursuant to Chapter [2.35A.030](#) of the King County Code or by the King County Medical Program Director (MPD) pursuant to Chapter [18.73](#) RCW and shall be consistent with scope of Work, EMS Strategic Plan, and EMS Policies.
- C. Service Requirements: The Recipient shall ensure that ALS services provided under this Contract are consistent with the following:
 - I. Personnel:
 - a. All emergency medical services personnel providing advanced life support (paramedic) services supported by King County funds must be trained and certified by the University of Washington/Harborview Medical Center (UW/HMC) Paramedic Training Program as authorized by RCW [18.71.200](#). All emergency medical services personnel providing pre-hospital care in King County must be authorized to provide such care by the King County MPD. Standard staffing configuration is two Harborview trained paramedics.
 - b. The Recipient will develop and maintain a background check policy for the hiring of paramedic personnel. The Recipient will participate in the reporting requirements of the Uniform Disciplinary Act ([RCW 18.130](#)).
 - c. The specific content for certification and recertification, including maintenance of invasive skills consistent with King County requirements, is contained in the attached Requirements for UW/HMC Paramedic certification and Recertification (Exhibit 1A), as approved by the King County MPD. Updates to these requirements will be discussed with ALS agencies and provided to each

agency/recipient. Recipient shall comply with these requirements as updated during the contract period. The EMS Division shall provide the Recipient with written notice of revised requirements.

- II. Continuing Medical Education: Paramedic personnel will participate in a program of continuing medical education as established by the UW/HMC Paramedic Training Program and approved by the King County MPD, or his/her designee, and in partnership with the EMS Division.
- III. Medical Standards: The Recipient shall adhere to standards of medical care for the triage, treatment and transport of patient as authorized by the King County MPD pursuant to RCW [18.73](#) and [18.71](#), and function under the authority of the King County MPD or a delegate physician.
 - a. Medical Program Director: The Recipient must have a physician - designated in writing by the King County MPD and the EMS Division Director - to provide medical control. Oversight will include but is not limited to:
 1. Providing in-service education to paramedics based on run reviews and other appropriate material;
 2. Ensuring compliance with King County advanced life support medical standards for the triage, treatment and transport of patients;
 3. Providing the King County MPD and Paramedic Training with the appropriate information necessary for paramedic recertification, as per Exhibit A1 ALS UW Training document.
 4. Maintaining an effective liaison with emergency room physicians, hospitals and other EMS partners to assure an effective working relationship with the paramedic program;

5. Attending meetings called by the King County MPD to review and make recommendations regarding medical triage, treatment and transport protocols and procedures;
 6. Participating in an ongoing system of regional quality improvement coordinated by UW/HMC Paramedic Training Program, the King County MPD and the EMS Division; and
 7. Creating a staffing plan for paramedics and supervisors at the beginning of the levy period and update when significant changes are made or updates are requested by EMS Division.
- b. Scope of Practice: Paramedic practices within the King County system are described by the basic training achieved through the UW/HMC Center Paramedic Training Program and by subsequent modifications directed by the King County MPD or designee.
- c. Patient Confidentiality: Information concerning the evaluation and treatment of a patient by ALS personnel in the performance of their duties is to be handled as confidential material, including patient name, medical history, incident location, or any other confidential information. Confidential medical information may not be released unless the patient or his/her court-appointed representative completes and signs an Authorization for Release of Information form in accordance with Washington RCW 70.02 and the federal Health Insurance Protection and Portability Act.
- d. Equipment:
1. The Recipient will maintain an ongoing inventory of four to six-month supply of infectious disease personal protective equipment (PPE).
 2. All vehicles used to deliver emergency medical services and supported by King County funds must meet vehicle standards as established by the Washington State Department of Health pursuant to RCW [18.73](#), unless waived by the State Department of Health Office of EMS Trauma Prevention Licensing.
 3. Medical equipment used by personnel supported by King County funds must meet appropriate

federal or state standards or county protocols.

- e. Transportation Policy: The Recipient will be responsible for developing a policy for the transport of patients from the incident scene to the treatment scene. Such policy should provide for transportation based upon determinants of transport need, including medical necessity and mitigating circumstances. The decision for ALS transport or not, and the mode of transport, may be made with online direct medical control and made with respect to the trauma designation of the receiving facility. Transport destinations should be consistent with the Washington state Trauma System Activation Guidelines.
 - f. Record Keeping and Record Submission: An Electronic Health Record (EHR) must be created to document a response to an emergency medical incident, including cancelled calls. An EHR record must be completed as accurately and thoroughly as possible. Completed patient care reports must be submitted to the EMS Division. In the case of cardiac arrest events (or other events, such as research protocols, or as defined by the King County MPD), notification must be provided to the EMS Division within 24 hours and completed records within the time specified (i.e., 2 days of the event in 2026) by the King County MPD. Agencies are responsible for retention of the patient care record per Washington state records retention requirements.
 - g. Service Modifications: Review and modifications of ALS requirements may be conducted on a regular basis. ALS services shall be consistent with any modifications to protocols or procedures as adopted by the King County MPD.
- IV. Mutual Aid Agreements: A specific plan for mutual aid with adjacent BLS and ALS agencies shall be established and available for review by the EMS Division by December 31, 2026. The Recipient is responsible for coordinating with the EMS Division regarding compliance to response outside of King County.
- V. Sub-agreements: Section 12A of the contract prohibits Recipients from subcontracting for ALS services with other agencies unless the County has given prior written consent. A Recipient that is considering subcontracting or merging with other agencies to provide services covered by the Scope of

Work should notify the EMS Division Director and provide periodic updates regarding the deliberations.

- VI. Joint EMS Agency Activities: The Recipient may conduct joint non-response related activities, such as trainings or drills with regional EMS partners.
- VII. Quality Improvement Program: The Recipient agrees to actively participate in an ongoing program of Quality Improvement consistent with the regional standards established by the UW/HMC Paramedic Training Program, the King County MPD, and the EMS Division. Elements of the program should include:
- 1) paramedic assessment and oversight,
 - 2) sentinel event and inquiry,
 - 3) ALS patient care record review; and
 - 4) paramedic certification and recertification maintenance and oversight.

The Recipient must have a written Quality Improvement Plan that specifies the Recipient's internal quality review activities and should be available for review by the EMS Division by December 31, 2026.

- VIII. Performance Measurement and Review: The Recipient agrees to participate in an ongoing program of regional performance measurement and review. Performance indicators will be reported by the EMS Division on an annual basis and updated as needed. Standards for the Recipient will be monitored in the following major areas: total call volume, average unit response time, percent of response times greater than or equal to 8, 10, 12, and 14 minutes, and critical skills. Mitigation activities, including assessment of medic unit placement, will be initiated with the Recipient if needed.
- IX. Proposed Research and Evaluation Activities: Any proposed clinical research or evaluation activities involving personnel, equipment or data supported directly or indirectly by King County funds must receive prior review and written approval by the King County MPD and the EMS Division Director and must be in compliance with State, County and local regulations and laws.
- X. Support of Regional Activities
1. UW/HMC-Paramedic Training Annual funding is provided to reimburse ALS agencies that use existing paramedics to conduct activities related to the training

of new paramedics in the UW/HMC Paramedic Training Program ALS agencies will work directly with the UW/HMC Paramedic Training Program to coordinate and schedule paramedic participation within the agreed-upon budgetary guidelines.

2. Regional Paramedic Continuing Medical Education (CME): The UW/HMC Paramedic Training Program, which maintains oversight of defining and directing core CME training for all county providers, will meet and confer regularly with provider groups and the EMS Division to review, plan and support regional CME offerings.
3. ALS Support for BLS Activities: Annual funding is provided for the ALS support of BLS activities, including BLS QI, enhanced BLS training, training focused on improving interaction between the ALS and BLS tiers in the EMS system and furthering improvements in patient outcomes, and the management, oversight and coordination of the program. Expenses related to required EMT State OTEP recertification requirements are considered BLS agency costs and are not eligible costs for reimbursement.

Paramedics are responsible for conducting the clinical review of cases and providing subsequent follow-up and training. Compensation is dependent upon submitting a standardized run review report form for each BLS agency on a quarterly basis to the EMS Division Administrative Section, conveying:

1. Number of cases reviewed;
 2. Date of trainings conducted and topics taught in class; and
 3. A descriptive account of issues identified while conducting run review, including areas of achievement, deficiency and trends.
4. Training & Education Section: Funding is available for recipients to be reimbursed for providing training and subject matter expert support to EMS Division Training programs per the written agreement of the responsible EMS Division program manager.
 5. Emergency Medical Dispatch (EMD) program: Funding is available for recipients to be reimbursed for providing training and subject matter expert support to the Emergency Medical Dispatch program per the

written agreement of the responsible EMS Division
program manager.

XI. Financial Management and Oversight:

1. **ALS Services:** The Recipient agrees to participate in a standard way of categorizing costs for reporting ALS expenditures by allocation. The Recipient also agrees to ensure the provision of ALS services within the allocations, to be monitored via:

- a. Tracking of unit costs providing direct paramedic services, including salaries and benefits, medical supplies, pharmaceuticals, vehicle and facility costs and other costs associated with direct paramedic services not included in the system allocation.
- b. Tracking of program/supervisory allocation including costs related to the management and supervision of direct paramedic services such as the management, administration, supervision, and analysis (including quality improvement) of direct paramedic services.
- c. Developing, reporting, and tracking System costs that include expenses that vary significantly between agencies including dispatch, medical direction, and costs associated with paramedic students per the Medic One/Emergency Medical Services 2026-2031 Strategic Plan.
- d. Development and management of an annual equipment plan that tracks expenditures and projects costs of replacing equipment covered by the equipment allocation.

2. The Recipient will provide the following deliverables to the EMS Division as appropriate:

- a. Year End Report: Final invoice will generally serve as year-end report. If invoice includes expenses related to others years (such as retro related to labor contracts or pre-pays for agencies not on an accrual basis), agency will submit report showing final invoice, amounts related to other years (indicating which year) with final column showing adjusted year-end totals. The Recipient will submit its Year End Report no later than February 28 of each year.
- b. Year End Accrual Estimate: The Recipient shall submit a Year End Accrual Estimate to meet Public

Health - Seattle & King County year-end deadlines.

- c. Equipment Asset Plan: The Recipient will work with the EMS Division to develop an Equipment Plan per the Medic One/EMS Strategic Plan. The Recipient shall develop and submit an annual EMS Division - approved Equipment Asset Plan including documentation of the previous year's actual expenses prior to invoicing the current year's Equipment Allocation. Invoiced equipment allocation will be used for current expenditures or placed into an internal reserve account/fund set up for ALS equipment. Each year the plan will be updated to match the balance in Recipient's fund or balance sheet account. Significant changes in planned expenditures not included in the Recipient's submitted Equipment Asset Plan shall be approved by the EMS Division prior to purchase of equipment. The Recipient will participate in discussions and analysis related to equipment and assumed lifespans included in the Equipment Allocation.
- d. Program Balance Report: Each year, the EMS Division will provide the Recipient with a report showing their current program balances. The Recipient will provide the EMS Division with a plan for the use of their program balances within 90 days of receiving the report.
- e. Invoice Methodologies: The Recipient will have procedures in place to ensure that BLS costs are not included on ALS invoices. Agencies will provide updates related to significant changes in methodology or as requested.

3. Use of reserves and contingencies. Reserves and contingencies exist to help ALS agencies cover unanticipated eligible expenses. Contingencies are also available to cover regional needs. Accessing reserve and contingency funding includes a formal request by agencies outlining the need, funding level, and review of unencumbered program balances. Reserve usage requires the review and recommendation by the EMS Advisory Committee (EMSAC) Financial Subcommittee and EMSAC.

4. Support of BLS and regional programs. Contract authority is provided to support BLS providers and existing

regional programs. Expenses can be invoiced using approved invoice reporting forms.

- a. UW/HMC Paramedic Training. ALS programs will document requests from the UW/HMC Paramedic Training Program and can invoice the EMS Division within contract amount in Exhibit B and in a yearly letter for reimbursement of activities supporting the UW/HMC Paramedic Training Program that are consistent with EMS Division and Paramedic Training documentation related to the management of this program. Reimbursement will be by activity and include hours spent and reimbursable expenses. Eligible expenses are ALS agency staff time supporting courses or drills, and associated expenses. Classroom costs will be covered by the UW/HMC Paramedic Training Program. Invoice Exhibit C-1.
- b. Regional Paramedic Continuing Medical Education (CME): ALS agencies may invoice the ALS System Allocation for hours spent on teaching regional paramedic CME courses that maintain and mutually support recertification and licensure requirements of their and all King County paramedics in a regional manner.
- c. ALS Support for BLS Activities. Recipient agrees to ensure the provisions of ALS Support for BLS Activities within the allocation, to be monitored by tracking of eligible costs including BLS run review and QI, enhanced BLS training, and management, oversight and coordination of the program. Invoice Exhibit C-2.

Expenses related to required EMT State OTEP recertification are considered BLS agency costs and are not eligible for reimbursement

- d. Regional Programs Support. Contract authority is provided to allow ALS agencies to support Regional Programs, specifically Emergency Medical Dispatch and Training and Education based on written agreement with the responsible EMS Division program manager. Invoices for approved work will include hours spent and expenses for requested work. Invoice Exhibit C-3 for EMD, C-4 for Training.

PUBLIC HEALTH - SEATTLE & KING COUNTY
EMERGENCY MEDICAL SERVICES DIVISION

**Exhibit A1: Advanced Life Support (ALS) Service
2026 – 2031 Requirements for University of
Washington Paramedic Certification and
Recertification**

This document outlines the requirements for 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 paramedic will be recommended by Paramedic Training to the state for certification to persons who successfully complete the program.

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 coursework and testing from the University of Washington/Harborview Medical Center Paramedic Training Program.
3. National Registry Paramedic Certification
4. Recommendation from the University of Washington/Harborview Medical Center 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 Seattle/King County state certified Paramedics (recertification "year" shall be 1 July through 30 June). Paramedics must successfully complete the following King County Medical Program Director (MPD) approved curriculum and requirements:

1. An application for recertification submitted by a sponsoring provider agency to include the following training:
 - a. Satisfactory documentation of Continuing Medical Education (CME) requirements
 - b. Satisfactory documentation of skills requirements
 - c. Recommendation of the provider agency MPD
 - d. Current approved Advanced Cardiac Life Support (ACLS) or MPD approved equivalent training
 - e. Current approved Pediatric Advanced Life Support (PALS) or MPD approved equivalent training
2. Successful completion of the annual examination tendered by Paramedic Training

III. 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](#)).

CME Required by MPD

- A minimum of 50 hours of approved CME each year
- 12 hours of Tuesday Series successful attendance, 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 ACLS & 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 or 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

Skills Maintenance: The following skills procedures must be performed annually:

1. 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.
2. 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.

3. Recertification Examination: This examination will be developed, conducted, and scored by Paramedic Training.
4. 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.
5. 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.
6. Record Keeping
Each employer is required to maintain files on members' 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 Paramedic Training. 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 their CME hours.

2026 ALS Allocation Contract Redmond Fire Department

Exhibit B

ALS Funding

<i>Units</i>	3
ALS Unit Cost	\$8,404,536
ALS Program/Supv	\$2,526,581
ALS System Allocation	\$1,119,093
ALS Equipment	\$455,463
SUBTOTAL	\$12,505,673

Other ALS Funding

ALS Support for BLS Activities	\$196,268
Initial Paramedic Training NTE	\$83,000
EMD Program Support	\$40,000
Training Program Support	\$25,000
Program Balances	\$3,435,770
SUBTOTAL	\$3,780,038

TOTAL	\$16,285,711
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EXHIBIT C
EMERGENCY MEDICAL SERVICES FUND
2020-2025 ADVANCED LIFE SUPPORT SERVICES INVOICE

Agency Name: Redmond/NEKC Medic One

% of year remaining _____

Start _____

For Period: _____

Finish _____

	Budget	This Invoice	Previous Totals	Expenses To Date	Budget Remaining	% Remaining
<u>UNIT ALLOCATION</u>						
Salaries & Benefits:						
Paramedic Salaries				\$ -	\$ -	
Paramedic Overtime						
Paramedic Employee Benefits				\$ -	\$ -	
Subtotal Employee Salaries & Benefits:	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Costs:						
Pharmaceuticals, Medical Supplies & Minor Equipment				\$ -	\$ -	
Information Technology/Communications				\$ -	\$ -	
Uniforms, Fire & Safety Supplies & Services				\$ -	\$ -	
Vehicle Costs				\$ -	\$ -	
Facility Costs				\$ -	\$ -	
Training				\$ -	\$ -	
Administrative and Other Costs				\$ -	\$ -	
Misc.				\$ -	\$ -	
Subtotal Other Costs:	\$ -	\$ -	\$ -	\$ -	\$ -	
Indirect/Overhead Costs:(1)				\$ -	\$ -	
Subtotal Indirect/Overhead Costs:	\$ -	\$ -	\$ -	\$ -	\$ -	
SUBTOTAL OPERATIONAL ALLOCATION:	\$ -	\$ -	\$ -	\$ -	\$ -	

PROGRAM/SUPERVISORY ALLOCATION

Salaries & Benefits:						
Field MSO Salaries (including Acting MSOs)				\$ -	\$ -	
Overtime				\$ -	\$ -	
Office/Support MSO Salaries				\$ -	\$ -	
MSA/Chief & Admin Support staff				\$ -	\$ -	
Other non-uniformed Support Services				\$ -	\$ -	
Subtotal Salaries:	\$ -	\$ -	\$ -	\$ -	\$ -	
Subtotal Employee Benefits:					\$ -	
Subtotal Employee Salaries & Benefits:	\$ -	\$ -	\$ -	\$ -	\$ -	

	<u>Budget</u>	<u>This Invoice</u>	<u>Previous Totals</u>	<u>Expenses To Date</u>	<u>Budget Remaining</u>	<u>% Remaining</u>
Other Costs:						
Administrative Expenses				\$ -	\$ -	
Information Technology/Computers				\$ -	\$ -	
Uniforms, Fire & Safety Supplies & Services				\$ -	\$ -	
Vehicle Costs (as appropriate)				\$ -	\$ -	
Facility Costs (headquarters)				\$ -	\$ -	
Training				\$ -	\$ -	
Misc.				\$ -	\$ -	
Subtotal Other Costs:	\$ -	\$ -	\$ -	\$ -	\$ -	
Indirect/Overhead Costs:(1)				\$ -	\$ -	
Subtotal Indirect/Overhead Costs:	\$ -	\$ -	\$ -	\$ -	\$ -	
SUBTOTAL PROGRAM/SUPERVISORY ALLOCATION:	\$ -	\$ -	\$ -	\$ -	\$ -	
SYSTEM ALLOCATION						
Paramedic Students (salary, OT, Benefits)				\$ -	\$ -	
Paramedic Student Recruitment				\$ -	\$ -	
Medical Direction (salary or contract)				\$ -	\$ -	
Dispatch				\$ -	\$ -	
Regional Paramedic CE trainer				\$ -	\$ -	
Field Blood Transfusions				\$ -	\$ -	
Indirect/Overhead (1)				\$ -	\$ -	
Other (as approved)				\$ -	\$ -	
SUBTOTAL SYSTEM ALLOCATION:	\$ -	\$ -	\$ -	\$ -	\$ -	
Use of approved contingency, reserves or program balances:						
Program Balances				\$ -	\$ -	
Approved Contingency/Reserves*				\$ -	\$ -	
SUBTOTAL CONTINGENCY/ RESERVES:	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL OPERATIONAL:	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment ALLOCATION**						
TOTAL Equipment ALLOCATION:	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL ALS:	\$ -	\$ -	\$ -	\$ -	\$ -	

Comments: (please comment on issues and address labor lines that are at a 10% variance and other items at a 20% variance with % of year completed) :

*Describe approved use of contingency or reserves:

**Agencies will submit asset management plan showing use of funds and reserve levels sufficient for replacements prior to invoicing equipment allocation.

Updated December 2025



INVOICE

Contract Number:
Exhibit: C1 ALS Support Initial Paramedic Training
Contract Period of Performance:

[ALS Agency Name]

[contact name]

[address 1]

[address 2]

[\[email\]](#)

Submit signed invoice to:

Becky Ellis
Emergency Medical Services
401 5th Ave., Suite 1200
Seattle, WA 98104
becky.ellis@kingcounty.gov

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information

Purchase Order # _____
Supplier Name _____
Supplier # _____
Supplier Pay Site _____
Remit to Address _____

Invoice Date _____
Invoice # _____
Amount to be Paid _____
Note to AP _____
Payment Type (Circle One) CHECK or ACH
Print on Remittance _____
PH Program name & phone _____

Invoice for services rendered under this
contract for the period of:

Start Date	End Date

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1145222	830313	53180		101752			N/A	

Attach sheet for multiple POETAs

Direct Costs	Budget	Previously Billed	Current	Cumulative	Balance
Training Support	\$ -	\$ -	\$ -	\$ -	\$ -
Drills	\$ -	\$ -	\$ -	\$ -	\$ -
Other requests	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ -	\$ -	\$ -	Amount Due	\$ -

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed _____ Date _____

PH Program Manager Approval _____ Date _____

Print Name _____

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					

EXHIBIT C-2

EMERGENCY MEDICAL SERVICES FUND
2026-2031 - ALS SUPPORT OF BLS ACTIVITIES INVOICE REPORT

Purchase Order #	PH Program Name
Supplier Name	PH Program #
Supplier #	Oracle CPA
Supplier Pay Site	Description to print
Invoice Date	on remittance:
Invoice #	Note:
Amount to be Paid	

ALS Agency Name: _____

Invoice Period: _____ % of year remaining _____

	Budget	This Invoice	Previous Totals	Expenses To Date	Budget Remaining	% Remaining
Run Review						
Admin Run Review & Follow-up				\$ -	\$ -	
Clinical Run Review & Follow-up				\$ -	\$ -	
Subtotal Run Review:	\$ -	\$ -	\$ -	\$ -	\$ -	
Training						
BLS/ALS Interaction Drills				\$ -	\$ -	
Enhanced BLS Training				\$ -	\$ -	
Subtotal Training:	\$ -	\$ -	\$ -	\$ -	\$ -	
ALS Agency Management, Coordination/Oversight				\$ -	\$ -	
Subtotal Management Costs:	\$ -		\$ -	\$ -	\$ -	
TOTAL ALS Support for BLS Activities:	\$ -	\$ -	\$ -	\$ -	\$ -	

Comments: Significant findings and training for current invoice

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Provider Signature	Title	Date
--------------------	-------	------

Eligible costs include expenses related to run review & QI, follow-up from reviews, and enhanced BLS Training. Costs associated with State minimum OTEP CE are responsibility of BLS agencies.

Public Health

Seattle & King County



INVOICE

Contract Number:

Exhibit: C3 ALS Support of EMD

Contract Period of Performance:

[ALS Agency Name]

[contact name]

[address 1]

[address 2]

[email]

Submit signed invoice to:

Chris Drucker

Emergency Medical Services

401 5th Ave., Suite 1200

Seattle, WA 98104

CDRUCKER@kingcounty.gov

Invoice for services rendered under this
contract for the period of:

Start Date	End Date

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information

Purchase Order # _____
 Supplier Name _____
 Supplier # _____
 Supplier Pay Site _____
 Remit to Address _____

 Invoice Date _____
 Invoice # _____
 Amount to be Paid _____
 Note to AP _____
 Payment Type (Circle One) CHECK or ACH
 PH Program name & phone _____

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	Program	Amount
1048253	830404	53180	150	101752			Training	\$ -
1048264	830404	53180	110	101752			SME	\$ -
		53180		101752			Other	\$ -

Attach sheet for multiple POETAs

Direct Costs	Budget	Previously Billed	Current	Cumulative	Balance
Training Support	\$ -	\$ -	\$ -	\$ -	\$ -
Subject Matter Experts (	\$ -	\$ -	\$ -	\$ -	\$ -
Other requests	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -
			Amount Due		

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed

Date

PH Program Manager Approval

Date

Print Name

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					

Public Health

Seattle & King County



INVOICE

Contract Number:

Exhibit: C4 ALS Support of Training

Contract Period of Performance:

[ALS Agency Name]

[contact name]

[address 1]

[address 2]

[email]

Submit signed invoice to:

Jason Hammond

Emergency Medical Services

401 5th Ave., Suite 1200

Seattle, WA 98104

jhammond@kingcounty.gov

Invoice for services rendered under this
contract for the period of:

Start Date	End Date

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information

Purchase Order # _____
 Supplier Name _____
 Supplier # _____
 Supplier Pay Site _____
 Remit to Address _____

 Invoice Date _____
 Invoice # _____
 Amount to be Paid _____
 Note to AP _____
 Payment Type (Circle One) CHECK or ACH
 PH Program name & phone _____

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	Program	Amount
	830311	53180		101752			Training	\$ -
	830311	53180		101752			SME	\$ -
	830311	53180		101752			Other	\$ -

Attach sheet for multiple POETAs

Direct Costs	Budget	Previously Billed	Current	Cumulative	Balance
Training Support	\$ -	\$ -	\$ -	\$ -	\$ -
Subject Matter Experts (	\$ -	\$ -	\$ -	\$ -	\$ -
Other requests	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -
			Amount Due		

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed

Date

PH Program Manager Approval

Date

Print Name

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					