



Emergency Medical Services Technical Advisory Board

1500 N. State Street, Suite 205

Bellingham, WA 98225

Online/In-Person Meeting (conf room next to Suite 205)

January 7, 2026

1:00 PM to 2:30 PM

Meeting Minutes

Board Members:

David Pethick, *BFD Asst. Fire Chief*
City of Bellingham

Ralph E. Weiche, *WCEMS Medical*
Program Director

Deborah Arthur, *WCEMS Administrator*
Ben Russell, Asst. Fire Chief, Dist.#7

Scott Painter, Chief of Medical Services, Dist.#7

Jerry DeBruin, WCEMS&TC

Dan McDermott, BFD Division Chief of
Prospect Dispatch Center

Scott Ryckman, BFD MSO

Susie Johnson, PeaceHealth Medical

Hank Maleng, WCF Rep. Chiefs

Board Members not present:

Susie Johnson, PeaceHealth Medical

Dan McDermott, BFD Division Chief

Other attendees:

Steve Cohen, WCEMS Training Specialist

Scott Korthuis, Mayor, City of Lynden

Rachel Carlson, WCFD#1 Fire Chief

James Hallett, Citizen Finance Rep.

Diana Clinch, WCEMS Data Analyst

1. Welcome

Arthur

EMS staff confirmed the quorum, welcomed members, and formally called the meeting to order in a hybrid in-person/online format.

2. Confirmation of November 5, 2025, Minutes

Arthur

Ben Russell motioned to approve the meeting minutes, seconded by Dr. Ralph Weiche; the motion passed unanimously.

3. TAB Governance

Arthur

a) Authorization and Advisory Framework

- [Whatcom County Ordinance 2013-074](#)
- [Whatcom County Code 5.04.080](#)
- [Chapter 2.03 "Advisory Boards"](#)

EMS Manager Deborah Arthur opened a discussion on TAB governance, explaining that in the absence of TAB-specific bylaws, the Board currently relies on its founding ordinance, related county code, and the general advisory board framework in Chapter 2.03 to guide appointments, terms, and procedures. Members raised concerns that Chapter 2.03's eight-year term limits (two four-year terms) could force the rotation of technical agency representatives, whose expertise and institutional memory are critical to TAB's work, prompting a broader

conversation about whether TAB should adopt its own bylaws. After the discussion, Arthur, Chief Russell, and Chief Pethick volunteered to serve on a small subcommittee to review Chapter 2.03 and draft TAB bylaws that preserve needed continuity while aligning with county requirements. DeBruin motioned to establish this bylaws subcommittee “to research and develop bylaws for the TAB Technical Advisory Board” and report back with recommendations in the coming months, seconded by Maleng, and the motion carried unanimously.

4. Protocol and Education (ALS, BLS, Public) Updates

Weiche

Medical Program Director Dr. Ralph Weiche reported on several clinical education and protocol initiatives, starting with plans for a spring “critical skills and airway” cadaver lab using human tissue donors and local instructors rather than outside faculty. He described the lab as a key tool to provide high-quality, hands-on training in complex airway procedures, support paramedic airway recertification on a predictable two-year cycle, and reduce stress on providers who now have fewer intubation opportunities in the field, noting that St. Joseph’s trauma service intends to contribute financially and supply equipment and personnel.

Weiche then outlined protocol updates regarding spinal motion restriction, explaining his decision to reintroduce cervical collars—specifically vacuum “SipQuik” style collars—based on consensus statements from major EMS and emergency medicine organizations that still endorse a well-fitted collar as a critical element of immobilization. He acknowledged concerns about traditional hard collars and highlighted vacuum collars as a better compromise, already in use by several neighboring agencies, while members discussed current supply challenges and the need to coordinate purchasing and further education through the education committee.

Weiche also emphasized countywide adoption of the Pulsara app as a priority for time-critical STEMI, stroke, and trauma alerts, describing how it enables early activation of hospital teams, provides precise time-stamped communication, and should eventually prove superior to phone-based notification. Members from multiple districts expressed support for broader Pulsara deployment, while noting training and capacity constraints, and Weiche linked this work to broader efforts to use robust CQI projects—such as Dr. Brian McNeely’s recent detailed airway quality review—to systematically improve performance rather than relying only on individual feedback.

Finally, he highlighted ongoing BLS and public education efforts, including Dr. Welch’s district-based CPR training sessions and new public service announcements on opioid use disorder resources and snow immersion hazards in local backcountry areas. TAB members agreed that more paramedics-to-BLS training would be valuable, but discussed the need for funded models that pay medics for training time and address liability, given changing expectations around volunteerism and work–life balance.

5. Levy Planning Update

a) Hotwash

Pethick / Maleng / Arthur

b) Timeline

Arthur

c) Levy Committee Approval at next EOB

Arthur

Arthur provided a levy planning update aligned with the TAB agenda, reminding members that the current phase focuses on gathering lessons learned from the last cycle and building a realistic, legally sound timeline before the new levy committee is seated. With help from

Chiefs Pethick and Maleng, she has been meeting with former levy committee members, including city, council, and district representatives, to conduct a “hotwash,” collect feedback on process strengths and weaknesses, and identify individuals willing to serve again or suggest new participants. She noted that she is working closely with the Executive’s Office to map critical back-end deadlines, including EOB and Council approvals, city approvals, and auditor requirements, so that a future committee can plug in upstream milestones for community engagement and board reviews. Arthur emphasized her intent to provide regular levy-planning updates to the County Council throughout the process to avoid surprises and said the EOB is expected to approve the new levy committee membership at its next meeting, informed in part by the names and suggestions emerging from this “hotwash”.

6. Sub-Committee Reports

a) Medic Unit Analysis Update

Russell/Clinch

Chief Russell summarized progress on the medic unit analysis, noting that he and data analyst Diana Clinch are refining criteria and thresholds to guide future decisions on medic unit deployment and expansion. They are looking not only at system-level metrics but also at nuanced questions, such as how often critical calls are handled by non-first-due medic units in city and county contexts. This data problem is complicated by changing boundaries, unit moves, and historical data limitations, which have created some methodological roadblocks. Russell said the team continues to meet (with another working session scheduled the next day) to decide whether to engineer a data solution or adjust their approach, and he expressed hope that they can present either final recommendations or a substantial update at the next TAB meeting. Arthur thanked the group for prioritizing quality and defensible “why and how” explanations over speed, stressing that this analysis will be important input for the next levy planning cycle.

a) BLS Allocation

Chief Hank Maleng then briefed the Board on the Basic Life Support (BLS) allocation process, reminding members that the Fire Chiefs’ Association designates three chiefs or designees each year to review the BLS allocation model and complete their work by the end of February, as required by the six-year BLS contract that runs from 2024 through 2029. He explained that this is now the third annual application of the model, hence why it feels compressed, and that the group uses updated call data, with Clinch’s support, to confirm that allocations remain fair before sending recommendations back through the chiefs and to the EMS office by March.

7. New Business

Members raised concerns about the clarity of roles and messaging around former Medical Program Director Dr. Marv Wayne, noting friction and confusion in recent months. Arthur and Weiche clarified that Wayne no longer works in the Whatcom County EMS office, no longer has access to county systems, dispatch data, or hospital records, and has no programmatic oversight or QA responsibilities; he retains only an “emeritus” consulting role for a limited period and may be contacted for historical context or research collaboration, but all formal MPD duties and medical direction now rest solely with Weiche.

8. Action Items and Recommendations to the Oversight Board

TAB concluded that there were no specific action items or recommendations to forward to the EMS Oversight Board from this meeting, beyond the ongoing work on bylaws and the subcommittees' efforts already underway.

9. Good of the Order

Weiche

a) EMS Foundation

Weiche highlighted the March 7th EMS Foundation gala, encouraged members to attend, and specifically asked them to submit nominations—via the foundation website or linked video—for bystanders, dispatchers, BLS providers, and ALS providers whose stories demonstrate system impact, both to recognize individuals and to build positive public perception ahead of future levy efforts. Members noted a technical limitation that currently prevents submitting more than one online nomination from a device, which Weiche agreed to raise with the foundation to allow multiple stories to be submitted.

10. Adjourn

The meeting closed with a powerful story from Chief Jerry DeBruin about a recent cardiac arrest survivor who collapsed near an AED and was successfully resuscitated by bystanders and Bellingham crews, offered as a reminder of the system's effectiveness, before members voted to adjourn.