

AMBULANCE SERVICE AGREEMENT

Amendment No. 4

October 1, 2020

**PINELLAS COUNTY
EMERGENCY MEDICAL SERVICES AUTHORITY
12490 Ulmerton Road – Suite 134
Largo, Florida 33774-2700**

AMBULANCE SERVICE AGREEMENT

AGREEMENT made this 23 day of June, 2020, between PARAMEDICS LOGISTICS FLORIDA, LLC, a foreign limited liability company registered to do business in Florida and with its principal place of business at 289 Greenwich Avenue, Greenwich, CT 06830 ("Contractor"), PARAMEDICS LOGISTICS OPERATING COMPANY, LLC, a foreign limited liability company with its principal place of business at 289 Greenwich Avenue, Greenwich, CT 06830 ("Parent"), and the PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY, a dependent special district established by Chapter 80-585, Laws of Florida, as amended ("Authority").

RECITALS

1. On May 19, 2015, the Authority entered into a five (5) year agreement for the exclusive provision of Advanced Life Support (ALS) Ambulance Services and related services in Pinellas County, Florida subsequent to a competitive proposal process.
2. On November 22, 2016 the Authority and Contractor entered into an agreement to add Basic Life Support (BLS) Ambulance Services in Pinellas County, Florida.
3. On March 20, 2018 the Authority and Contractor entered into a consent to assignment agreement.
4. At this time, the Authority and the Contractor wish to exercise the option of entering into an agreement amendment to execute the first three-year contract extension and make mutually agreed service improvements.

NOW, THEREFORE, in consideration of the mutual promises and covenants of each other contained in this Agreement and other good and valuable consideration, receipt of which is hereby acknowledged, the parties do covenant and agree as follows:

SECTION I. AMENDMENT TO CONTRACT DOCUMENTS

The following Appendices incorporated into the Agreement by Section 103 of the Ambulance Service Agreement are hereby amended by substituting the attached corresponding revised Appendices, which are incorporated by reference herein, for the current Appendices:

Appendix A	Compensation Schedule
Appendix H	Fleet Plan
Appendix I	Technical Specifications for Ambulances & Vehicles
Appendix J	First Responder Agencies
Appendix M	Facilities
Appendix N	Equipment/Supplies not Provided & On-Scene Equipment Exchange
Appendix O	Uniform Dress Code & Professional Conduct

SECTION II. AMENDMENT TO SECTION 201. WORDS AND TERMS

Section 201 shall be amended by adding the following terms which shall be defined as:

“Additional Services” means those services described in Section 412 hereof which include Critical Care Transport, Mental Health Transport, Disaster & Specialized Response, Community Paramedic, Logistics Support and Dedicated Standby services.

“Additional Services Amount” means the amount owing to Contractor pursuant to Section 703 hereof.

“Base Services Transports” means all Transports for Emergency Requests, Downgraded Emergency Requests, Non-Emergency Requests, whether scheduled or unscheduled, and Secondary Critical Care Transports, including all related support and ancillary services required hereunder, but excluding Additional Services. Base Services Transports are shown as priority 1, 2, 3 and 4 in accordance with **Appendix L**.

“CAD” means computer aided dispatch computer hardware and software. Such software shall include the Authority’s Zoll RescueNET Dispatch/Billing and Electronic Patient Care Reporting System; the County’s CORE 9-1-1 Computer Aided Dispatch System; the Authority’s Microsoft Power BI business analytics system; and the Contractor’s Priority Dispatch Corporation’s ProQA Paramount System or any successor systems, products or versions provided by the Authority.

“Caller” means a person accessing the response system by telephone, internet or other means.

“Contractor” means collectively PARAMEDICS LOGISTICS FLORIDA, LLC (“Contractor”), and PARAMEDICS LOGISTICS OPERATING COMPANY, LLC (“Parent”).

“Critical Care Transport Unit” means the designated enhanced ALS Ambulance(s) described in Section 401 hereof and used for Transport of Patients who may require a

higher level of clinical monitoring and/or treatment than may be provided by a non-Critical Care ALS Ambulance.

“Dedicated Standby” means the posting of a dedicated Ambulance(s) at a special event location, such Ambulance being exempt from the then-current System Status Plan.

“Disaster and Specialty Response Units” means transport capable medical ambulance buses, medical supply delivery trucks, rehabilitation unit(s), equipment and supply trailers, tow vehicles, transport capable all-terrain vehicles, or any emergency vehicles provided and maintained by the Authority for the purposes of evacuation, transport or care of the sick and injured.

“Emergency Medical Dispatcher” or **“EMD”** means any person who is a Paramedic or EMT certified to provide Pre-Arrival Instructions. Emergency Medical Dispatcher are not required to complete a field internship or work as a field Paramedic or EMT. Individuals handling the Medical Communications function must be a Paramedic. EMDs and Contractor’s Personnel who work in or have access to the Regional 9-1-1 Center must meet the then current background screening, fingerprinting, Florida Department of Law Enforcement, and Pinellas County Sheriff’s Office requirements for public safety telecommunicators. EMDs must attain and maintain 9-1-1 public safety telecommunicator certification in accordance with § 401.465, Florida Statutes.

“First Responder Services” means the provision of rapid response, on scene Patient care, and specialized rescue services including, but, not limited to fire suppression, extrication, water rescue, tactical emergency medical services, technical rescue, and hazardous materials mitigation, by ALS and BLS First Responders to Emergency Requests in Pinellas County. First Responder Paramedics and EMTs provide manpower at the scene of the Emergency Request in addition to that provided by Ambulance Personnel; First Responder Paramedics and EMTs provide additional manpower onboard the Ambulance if the Patient’s condition indicates the need for such additional support; and additional manpower at the request of Ambulance Personnel for special situations requiring additional personnel (such as the handling of these Patients).

“Pre-Arrival Instructions” means the Caller interrogation and instructions, as set forth in the National Academies of Emergency Dispatch’s Medical Priority Dispatch Protocol version 13.2, or any successor method approved by the Executive Director, the Medical Director, and the Medical Control Board, which instructions are given by an Emergency

Medical Dispatcher, at the EMS Communications Center to a Caller prior to arrival of a First Responder or Ambulance.

“Primary and Secondary Critical Care Transport Units” means the two ALS Ambulances, one heavy duty and one medium duty chassis, as defined in **Appendix I** attached hereto, which is specially designed, equipped and staffed as a Critical Care Transport Unit.

“Reserve Critical Care Transport Unit” means an Ambulance equipped and staffed to operate as a Critical Care Transport Unit to meet demand when the Primary and Secondary Critical Care Transport Units are engaged in transport services or are unavailable due to maintenance.

“Reserve Mental Health Transport Unit” means a Vehicle equipped and staffed to operate as a Mental Health Transport Unit to meet demand when the Primary Mental Health Transport Unit is engaged in transport services or is unavailable due to maintenance. The Reserve Mental Health Transport Unit must be an unmarked multi-passenger van with, as a minimum, two personnel and all of the equipment and supply requirements met, except for the mobile radio and safety barrier. Contractor may not use an Ambulance, Critical Care Transport Unit, Medical Supply Unit or an EMS Supervisor Unit as a Reserve Mental Health Transport Unit.

“Safe Useful Life” means with respect to type II or type III Ambulances, six (6) years; with respect to heavy-duty chassis Primary and Secondary Critical Care Transport Units, eleven (11) years; with respect to the Mental Health Transport Unit, Medical Supply Units, and EMS Supervisor Units, seven (7) years. Ambulance patient compartments may be “remounted” up to three (3) times provided the refurbished Ambulance meets all then current safety and operational standards and requirements as determined by the Authority. In consideration of the Authority allowing the Contractor to “remount” a third time, Contractor will implement a hydraulic stretcher loading system in accordance with Appendix H and Appendix I.

“Special Operations” means the coordination and oversight of the following: incident action plans for special events and Dedicated Standby; preparedness and response of Disaster and Specialty Response Units; rehabilitation unit responses; preparedness and response of medical supply carts to Disaster sites, EMS Emergency incidents or evacuation shelters; mutual aid deployments; response to incidents requiring Special Operations. The Special Operations supervisor shall be a specially trained EMS

supervisor who is a Certified Paramedic. Such supervisor shall serve as a liaison with the County hazardous materials response team, County technical rescue team, and tactical EMS teams and may be assigned to attend disaster and preparedness related meetings and committees. The Special Operations supervisor shall not be required to be specially trained in hazardous materials, technical rescue or tactical EMS.

“**Vehicles**” means the Ambulances, Primary and Secondary Critical Care Transport Units, EMS Supervisor Units, Fleet Maintenance Unit, Medical Supply Unit, and Mental Health Transport Units approved by the Authority and identified and described in **Appendix I**, as the same may be amended and updated from time to time with the approval of the Executive Director.

SECTION III. AMENDMENT TO SECTION 401. VEHICLES

Section 401(a), (c)(ii), (c)(iv) and (c)(vi) of the Ambulance Service Agreement are hereby amended to read as follows:

(a) Obligation to Provide Vehicles. Contractor shall provide the Authority approved equipment and Vehicles meeting the specifications set forth in **Appendices H and I** attached hereto. Contractor shall maintain, throughout the term of this Agreement, Production Standards and a minimum ALS fleet size not less than one hundred thirty percent (130%) of maximum scheduled peak load unit coverage, but in no event, less than ninety-four (94) total Ambulances, which total number shall include at least twenty (20) BLS Ambulances and seventy-four (74) ALS Ambulances, not including the Primary and Secondary Critical Care Transport Unit(s), Mental Health Transport Units(s), EMS Supervisor Units, Fleet Maintenance Unit, or the Medical Supply Units.

(c) Staffing of Vehicles.

ii. **Critical Care Transport Units.** Critical Care Transport Units shall have the following minimum staffing when providing patient care: one (1) Registered Nurse with critical care experience; one (1) Paramedic; and one (1) EMT who shall be in charge of vehicle operation. In addition, specially trained hospital personnel will be allowed to accompany Patients as needed. Contractor shall

staff and operate the Primary Critical Care Transport Unit 24 hours per day, 7 days per week. Contractor shall staff and operate the Secondary Critical Care Transport Unit for 40-hours per week, Monday-Friday during peak period 40-hour Registered Nurse that shall be teamed with an on-duty critical care Paramedic and EMT and Reserve Critical Care Transport Units on an as needed basis to meet demand.

- iv. EMS Supervisor Units. An EMS Supervisor Unit shall have the following minimum staffing: one (1) EMT or Paramedic supervisor. Contractor shall phase-out the utilization of EMT supervisors when incumbent staff vacate their position. Contractor shall staff and operate a minimum of three (3) EMS Supervisor Units 24 hours per day, 7 days per week. In addition, Contractor shall staff and operate a 40-hour EMS Supervisor Unit for the oversight of Special Operations.
- vi. Fleet Maintenance Unit. Contractor shall staff and operate at least one (1) Fleet Maintenance Unit on an as needed basis. Such unit shall be available to assist the Contractor in maintaining its fleet of Ambulances, Critical Care Transport Units, EMS Supervisor Units, Medical Supply Units, and Mental Health Transport Units .

SECTION IV. AMENDMENT TO SECTION 402. COMMUNICATIONS AND CONTROL CENTER OPERATIONS

Section 402(a) and (f) of the Ambulance Service Agreement are hereby amended to read as follows:

(a) CAD System Automated Aids.

Paragraph 5 - Contractor understands the Authority retains the right to transition Ambulance dispatch from Zoll RescueNET to a successor system provided by the Authority. Any such transition to a successor system shall be at an agreed upon cost to the Authority for the Contractor to interface their Automated Aids. The County will assist the Contractor in interface development.

(f) Integrated Data System.

- (iii)** Convey to the Authority, within six (6) business days from the date of service, all paper and electronic patient care report forms, and the computer-generated record of dispatch information relative to each day's activities. After such records are conveyed to the Authority, the Contractor shall not make edits to any dispatch record or electronic patient care report. For any necessary data corrections, the Contractor will notify the Authority's Executive Director or designee. All other required reports shall be furnished to the Authority on a daily, weekly or monthly basis, as required by the Authority.

SECTION V. AMENDMENT TO SECTION 405. RESPONSE TIME

Section 405(b),(c),(d) and (e) of the Ambulance Service Agreement are hereby amended to read as follows:

(b) Emergency Requests and Downgraded Emergency Requests.

- i. Contractor's Personnel shall not prompt an ambulance dispatcher, ambulance crew, First Responder, or the 9-1-1 Center to Downgrade the Response of an Ambulance to an Emergency Request. If the response priority code is downgraded enroute, upon the request of an on-scene First Responder or in compliance with Priority Dispatch Protocols, the Response Time standard for that call shall be recorded as the lower priority code. If the response priority code is upgraded enroute, upon the request of an on-scene First Responder or in compliance with the Priority Dispatch Protocols, the Response Time to that call shall be calculated as the total elapsed time of emergency response, and the Response Time standard for that call shall be recorded as the higher priority code.
- ii. Countywide Response Time to Emergency Requests and Downgraded Emergency Requests combined shall be ten (10) minutes and zero (0) seconds or less, for Emergency Requests, and twenty (20) minutes and zero (0) seconds or less, for Downgraded Emergency Requests, ninety-one (91.00%) percent of the time or greater, except as otherwise provided

herein. Duplicate calls, test calls, training calls, and data entry errors shall not be included in Response Time calculations.

- iii. Response Time to Emergency Requests and Downgraded Emergency Requests within each EMS District combined shall be within twelve (12) minutes and zero (0) seconds or less, for Emergency Requests, and twenty (20) minutes and zero (0) seconds or less, for Downgraded Emergency Requests, ninety (90.00%) percent of the time or greater. In EMS Districts experiencing low call volumes, Response Time evaluation shall be based upon analysis of not less than one hundred (100) consecutive Emergency Requests or Downgraded Emergency Requests. Duplicate calls test calls, training calls, and data entry errors shall not be included in Response Time calculations.
- iv. Response Times for Emergency Requests and Downgraded Emergency Requests shall not include remote areas or areas of limited accessibility including offshore, Brooker Creek Preserve, Caladesi Island, Ft. Desoto Park, Honeymoon Island State Park, Howard Frankland Bridge, or the Sunshine Skyway Bridge or additional remote areas approved by the Executive Director in writing.

C Non-Emergency Requests. Response Time to not less than ninety-three (93.00%) percent of all Non-Emergency Request, made less than twenty-four (24) hours in advance of the requested pickup time, and unscheduled Non-Emergency Requests shall be sixty (60) minutes and zero (0) seconds or less Countywide. Contractor may negotiate a mutually agreed scheduled pick up time either when a scheduled Non-Emergency Request is received or renegotiated once with a call back. The negotiated pickup time cannot be more than one (1) hour past the original mutually agreed time. Duplicate calls test calls, training calls, and data entry errors shall not be included in Response Time calculations.

(d) First Responder Transports. Where Contractor's Ambulance is cancelled enroute or on scene due to Transport by a First Responder, Contractor's response time shall be calculated either to the moment of cancellation or to the moment Contractor's Ambulance arrives on scene. When such response time is greater than ten (10) minutes and zero (0) seconds for an Emergency Request or twenty

(20) minutes and zero (0) seconds for a Downgraded Emergency Request, and Medical Direction has approved such Transport by a First Responder according to protocols, the Contractor shall be subject to liquidated damages, set forth in Section 704 hereof. When such response time is less than ten (10) minutes and zero (0) seconds for an Emergency Request or twenty (20) minutes and zero (0) seconds for a Downgraded Emergency Request, or Medical Direction has not approved such Transport by a First Responder, the Contractor not shall be subject to liquidated damages,

(e) Critical Care Transports. Response Time for the Primary and Secondary Critical Care Transport Unit shall be sixty (60) minutes and zero (0) seconds or less ninety (90.00%) percent of the time when the Primary and Secondary Critical Care Transport Units are not already assigned to a call. Duplicate calls, test calls, training calls, and data entry errors shall not be included in Response Time calculations.

SECTION VI. AMENDMENT TO SECTION 406. MISCELLANEOUS EQUIPMENT

Section 406 of the Ambulance Service Agreement is hereby amended to read as follows:

Contractor shall be responsible for furnishing the following equipment, supplies, and facilities at its own expense:

- (a) Mobile radios and their maintenance in excess of one hundred six (106) units.
- (b) Portable radios and their maintenance in excess of two hundred thirty-seven (237) units.

SECTION VII. AMENDMENT TO SECTION 407. TRAINING AND CONTINUING MEDICAL EDUCATION

Section 407(e) and (f) of the Ambulance Service Agreement are hereby amended to read as follows:

(e) National Association of EMTs (NAEMT) Training Center. Contractor shall maintain its designation as a National Association of EMTs Training Center, or successor program approved in writing by the Executive Director, for training of Contractor's personnel on a periodic basis as needed. The Authority shall maintain a National Association of EMTs

Training Center, or successor program, on behalf of the EMS System for CME related training (i.e. advanced medical life support (AMLS), emergency pediatric care (EPC), prehospital trauma life support (PHTLS), and tactical emergency casualty care (TECC) courses on a periodic basis as needed.)

(f) American Heart Association (AHA) Training Site. Contractor shall maintain its designation as an American Heart Association (AHA) Training Site, or successor program approved in writing by the Executive Director, for public education. Contractor shall offer cardiopulmonary resuscitation (CPR) and “hands only” CPR for the general public and “CPR/AED for professional rescuers and healthcare providers” on a regular basis. The Authority shall maintain an American Heart Association Training Center/Site, or successor program, on behalf of the EMS System for CME related training (i.e. advanced cardiac life support).

SECTION VIII. AMENDMENT TO SECTION 410. PERSONNEL

Section 410(b) of the Ambulance Service Agreement is hereby amended to read as follows:

(b) EMS Academy. Contractor shall actively participate in and assist the Authority and Medical Director with a minimum of an eighty(80) hour formal clinical orientation for all new Paramedics, new Paramedics must participate in a multi-phased field internship, and successfully complete capstone testing, performance evaluation, clinical assessment and protocol testing to become County Certified. New EMTs shall participate in a minimum of a forty (40) hour formal clinical orientation program, new EMTs must participate in a multi-phased field internship, performance evaluation, clinical assessment and protocol testing to become County Certified. Contractor shall provide an Ambulance, hydraulic stretcher and medical equipment on an as-needed basis to support the EMS academy program’s hands-on training. Ambulances shall only be driven by Contractor’s Personnel.

SECTION IX. AMENDMENT TO SECTION 412. ADDITIONAL SERVICES

Section 412(a), (b), (c) and (d) of the Ambulance Service Agreement are hereby amended to read as follows:

(a) **Critical Care Transport.** Contractor shall provide Interfacility Transport and occasional Emergency Transport using two Critical Transport Units meeting the specifications set forth in **Appendix I** and complying with the staffing requirements set forth in Section 401(c) hereof. The Primary Critical Care Transport Unit shall be available seven (7) days a week, twenty-four (24) hours a day. The Secondary Critical Care Transport Unit shall be available Monday through Friday, during day shift utilizing a dedicated 40-hour Registered Nurse that responds with the Secondary Critical Care Unit and meets with an on-duty Ambulance crew consisting of a critical care Paramedic and EMT. Contractor shall also provide at least one (1) Reserve Critical Care Transport Unit utilizing an on-call approach to staff and begin responding within thirty (30) minutes of an Emergency Request for out of county transports and periods of peak demand. In connection with providing this service, Contractor shall follow the guidelines attached hereto as **Appendix I**, as the same may be revised to improve service and collections.

(b) **Dedicated Standby.** At the written request of the Executive Director or through customers making a direct request, Contractor shall provide Dedicated Standby with Ambulances. For mass gatherings or complex medical standby plans, this may include Dedicated Standby of Disaster and Specialty Response Units. Ambulances used for Dedicated Standby shall transport patients from the event location to a medical facility, in which case another Ambulance shall be immediately dispatched to resume provision of Dedicated Standby at the special event. At no time shall Patient Transport be delayed by an Ambulance because of a Dedicated Standby. Contractor shall be paid for a minimum of three (3) hours of coverage per event, for which Contractor is eligible for payment, to account for preparation and travel time. Use of Ambulances and Disaster and Specialty Response Units for training at airports, schools, Hospitals, and other facilities shall be designated as Dedicated Standby. The Executive Director or designee may designate in writing when a Dedicated Standby is “non-billable” to the customer to support a community event, mass gathering, dignitary visit, or other not-profit community gathering that requires pre-planned emergency preparedness coverage through a Dedicated Standby. Contractor shall be compensated for “non-billable” Dedicated Standbys to cover its costs.

(c) **Long Distance Transport.** Contractor shall provide, under the Authority's ambulance service trade name, Long Distance Transport services. Long Distance Transports to destinations outside the State of Florida must be pre-approved by the Executive Director. The Executive Director reserves the right to allow a mutual aid ambulance service to provide out of State transports. Reimbursement for out of state transports shall include cost for an additional paramedic at the Single Paramedic Dedicated Standby rate, as outlined in **Appendix A**, to ensure adequate rest and safe operations during out of state transports.

(d) **Standby at Police and Fire Incidents.** Upon request by law enforcement agency or a fire department in the County, Contractor shall, without additional compensation, provide Dedicated Standby at emergency incidents involving a potential of danger to the personnel of the requesting agency. Contractor will respond Disaster and Specialty Response Units when requested by an incident commander. When requested, Contractor will respond a rehabilitation unit and provide rehabilitation assistance (i.e. cooling/warming, hydration, monitoring of vital signs, etc.) to personnel operating at an incident without additional compensation. Rehabilitation assistance may also be provided to citizens, patients, evacuees or others exposed to weather conditions after an emergency incident. When available, the Special Operations Supervisor shall respond, or on-duty EMS Supervisor Unit shall respond to assist.

SECTION X. AMENDMENT TO SECTION 414. FIRST RESPONDERS AND INCIDENT COMMAND

Section 414 of the Ambulance Service Agreement is hereby amended to read as follows:

(a) Contractor shall cooperate and coordinate its activities and services with First Responders for the purpose of integrating Contractor's services with the First Responders' services.

Contractor's Personnel shall conduct all their functions within the Incident Command System at the scene of any Emergency Request and follow any valid order given by an

incident commander or branch/division or section officer. Contractor shall ensure all EMTs and Paramedics understand the local Incident Command System and local standard operating procedures. Contractor shall ensure its Senior Management staff, EMS Supervisor Unit staff, Special Operations Supervisor and staff assigned to the County's emergency operations center are well versed in the national incident management system, the County's comprehensive emergency management plan, local standard operating procedures and protocols and prepared to assume a role in a unified command structure.

Contractor shall not be responsible for providing fire suppression, vehicle or heavy extrication, tactical emergency medical services, technical rescue, hazardous materials mitigation, or water rescue.

SECTION XI. AMENDMENT TO SECTION 417. QUALITY MANAGEMENT AND PERFORMANCE MONITORING

Section 417(a) of the Ambulance Service Agreement is hereby amended to read as follows:

(a) **Quality Management Principles.** Contractor shall apply Quality Management Principles in their efforts to continuously improve Ambulance Services. Contractor and the Authority shall endeavor to apply Quality Management Principles in their collaborative efforts to improve the EMS System. Contractor shall make a thorough application, with good faith efforts, to be recognized as an award recipient for the Florida Governor's Sterling Award for the "2021 cycle" which is due on October 26, 2020. Contractor is encouraged to submit an application to be recognized as an award recipient of the Malcolm Baldrige National Quality Award.

SECTION XII. AMENDMENT TO SECTION 419. PUBLIC EDUCATION AND INFORMATION

Section 419(a) and (c) of the Ambulance Service Agreement are hereby amended to read as follows:

(a) **Public Education.** Contractor is encouraged to maintain a public education campaign designed to: (1) reduce serious injury and fatal accidents by offering public

education programs; and (2) train and assist in training Pinellas County citizens in first aid, cardiopulmonary resuscitation (CPR), automated external defibrillator use, child safety seat use, bicycle safety and helmet use, safe living habits for children and senior citizens. Contractor will support Authority sponsored professional meetings and public education events, including but not limited to, meetings of the Academy of International Mobile Healthcare Integration (AIMHI), the American Heart Association, and the Pinellas Citizen's University.

(c) **Web Site.** Contractor shall establish and maintain a web site for public information during the term of this Agreement, in accordance with Section 416. The web site shall include English content, electronic mail and web site hyperlinks requested by the Authority and comply with all requirements of the Americans with Disabilities Act (ADA). The web site shall be updated often to ensure accuracy and timeliness of the information or upon the request of the Authority. The website shall display the current Hospital status and Ambulance status.

SECTION XIII. AMENDMENT TO SECTION 420. ETHICS AND COMPLIANCE

Section 420(e) of the Ambulance Service Agreement is hereby amended to read as follows:

(e) **Social Media Policy.** Contractor shall develop and implement a social media policy that ensures Patient confidentiality as required in Section 420(c) of this Agreement and protects the image and service name of the Authority pursuant to Section 416 of this Agreement.

SECTION XIV. AMENDMENT TO SECTION 421. ELECTROCARDIOGRAM EQUIPMENT

Section 421 of the Ambulance Service Agreement is hereby amended to read as follows:

Contractor shall provide and maintain electrocardiogram (ECG) monitors and automated external defibrillators (AEDs) in accordance with **Appendix N**. Contractor acknowledges the current Philips MRx ECG monitor/defibrillators will end their service life on December 31, 2022 according to the manufacturer. Further, limited supplies and accessories may necessitate implementing new ECG monitor/defibrillators any time after February 3, 2021.

The Authority will be pursuing a competitive procurement process to determine the successor ECG monitor/defibrillator to be utilized in the EMS System. To ensure clinical and operational compatibility the Ambulance Contractor shall purchase, own and maintain ECG monitor/defibrillators with the same manufacturer, model, and technical specifications as the ECG monitor/defibrillators acquired by the Authority for First Responders. The clinical specification shall not be less than the current requirements in **Appendix N**. Contractor shall ensure new ECG monitor/defibrillators are implemented prior to December 31, 2022. Contractor shall maintain a sufficient number of ECG monitor/defibrillators and AEDs to ensure all Ambulances may be placed in service during an EMS Emergency or Disaster. Contractor shall have a representative on the Authority's procurement committee.

Contractor shall provide and maintain twenty (20) automated external defibrillators to be utilized on BLS Ambulances.

SECTION XV. AMENDMENT TO SECTION 422. PATIENT BUSINESS SERVICES

Section 422(i) of the Ambulance Service Agreement is hereby amended to read as follows:

- i. Contractor shall staff the front desk in the lobby of the centralized EMS complex during regular business hours. Contractor shall answer/direct the Authority's main administrative telephone lines and transfer calls to the appropriate person or division. Contractor shall not be required to answer the ambulance billing customer service telephone lines. Authority shall maintain a secure facility with authorized personnel accessing the building through a card key system. Contractor's staff shall answer the front-door intercom system to allow controlled access by customers, visitors and vendors during normal business hours which are defined as Monday thru Friday, 8 A.M. to 5 P.M., with a one-hour non-staffed lunch break. All customers, visitors and vendors shall provide a photo identification, sign in and be escorted by Authority or Contractor staff. Authority shall replace the existing surveillance camera system and maintain such system going forward. Such camera system will be capable of being monitored at the front desk, EMS Communications and remotely by authorized users. Authority shall maintain a "panic button" system at the front desk that alerts EMS Communications.

SECTION XVI. AMENDMENT TO SECTION 423. EMS CENTRAL SUPPLY

Section 423 of the Ambulance Service Agreement is hereby amended to read as follows:

Contractor shall manage all aspects of the Authority's central supply warehouse on behalf of the Authority which includes, but is not limited to, the following:

- i. Purchasing, warehousing, inventory control, and distribution of all durable and non-durable medical equipment, medications, medical supplies and any ancillary supplies to ensure uninterrupted First Responder and Ambulance Services;
- ii. Such equipment shall include personal protective equipment including ballistic vests, ballistic helmets, gas masks, or respiratory isolation suits/masks or other equipment or supplies necessary to prepare for an emerging hazard or threat.
- iii. Purchasing, warehousing, inventory control, and distribution of equipment and supplies related to the hazardous materials response team, technical rescue team and water rescue program to ensure preparedness and uninterrupted response to hazardous materials, technical rescue, and water rescue emergencies;
- iv. Coordination of biomedical waste disposal for First Responders and Contractor;
- v. Wireless broadband networking for First Responder mobile data terminals, ECG monitors, and electronic patient care reporting tablet computers to ensure system compatibility and seamless on scene Patient care. Contractor is only responsible for maintaining the wireless vendor account.
- vi. Operation, repair and maintenance of the automatic vehicle washer;
- vii. Operation, repair and maintenance of decontamination equipment;
- viii. Operation, repair and maintenance of access gates, fleet vehicle lifts, and any other mechanical systems;
- ix. Contractor shall assist the Authority in implementing a comprehensive recycling program for the central EMS facility;
- x. Contractor shall purchase, operate and maintain an inventory management system (IOS ENVI or approved successor system) capable of online ordering by First Responders and Contractor;

-
- xi. Such inventory management system shall allow the Authority to set par levels, reorder levels, review and approve purchase orders online, and run reports showing the inventory on hand and historical usage and costs;
 - xii. Contractor shall maintain a manual, paper-based purchase order system to ensure uninterrupted operations during a software system failure, Disaster or other emergency;
 - xiii. Contractor shall provide a full-time (Monday through Friday during regular business hours) Controlled Substances Coordinator who will manage and oversee the centralized controlled substances software tracking and electronic lock systems provided by the Authority, oversee the centralized controlled substance pharmacy, and comply with all Medical Operations Manual protocols and Rules and Regulations related to controlled substance handling. The Controlled Substances Coordinator shall meet all Drug Enforcement Agency (DEA) requirements for background checks, completion of 222 or other DEA forms, and comply with any DEA Controlled Substance Ordering System (CSOS) requirements;
 - xiv. Contractor shall seek the lowest price for supplies purchased on behalf of the Authority through the use of purchasing cooperatives and competitive bids.
 - xv. Contractor shall ensure it minimizes financial loss due to inadequate stock rotation or excessive par levels on Vehicles and sub-stations to contain costs;
 - xvi. Contractor shall work with First Responders to minimize financial loss due to inadequate stock rotation or excessive par levels to contain costs.
 - xvii. Contractor shall comply with all inventory control policies and procedures established by the Authority.
 - xviii. Contractor, with the approval of the Executive Director in writing, may increase par levels to ensure supply availability and safety stock during limited or national backorders.
 - xix. Contractor will recover equipment from hospitals and decontaminate same prior to reissue for use in the EMS System.

Contractor shall obtain the Authority's Executive Director's or designee written approval prior to purchasing supplies, or maintaining or repairing equipment, or incurring any expedited shipping charges for which the Contractor intends to seek reimbursement from the Authority pursuant to Section 708.

SECTION XVII. AMENDMENT TO ADD SECTION 424. EMS MEDICAL SUPPLY DELIVERY TO FIRST RESPONDERS

Section 424 of the Ambulance Service Agreement is hereby amended to read as follows:

Contractor shall manage all aspects of the Authority's central supply distribution and inventory management system for all First Responder stations on behalf of the Authority which includes, but is not limited to, the following:

- (a) Contractor shall staff three 40-hour positions in the EMS Central Supply warehouse.
- (b) Delivering medical equipment and supplies to a single designated location for each First Responder Agency and CME Training Sites on a bi-weekly basis based upon an online order or inventory conducted by the Contractor's staff.
- (c) First Responder equipment repair issues will be reported via a software logging system (i.e. ECG monitor, electronic patient care reporting tablet computers, suction units and other equipment). Contractor shall swap in-service equipment to the First Responder at their designated location and return out-of-service equipment for repair to the Authority's staff during the bi-weekly delivery. Contractor shall only leave equipment if First Responder staff is available to sign acknowledging receipt of such equipment.
- (d) Contractor shall deliver interoffice mail sent in a secure envelope, training materials and books, and returned expired medications and supplies. The Contractor shall not be responsible for the replacement of any equipment or materials that are lost, stolen, or damaged due a cause other than the Contractor's negligence.
- (e) The Authority shall standardize supply carts to the extent possible. Contractor is not responsible for inventory of First Responder supply carts.
- (f) Contractor shall support on-scene equipment exchange when requested in accordance with section 404 of this Agreement.
- (g) Contractor's staff shall deliver controlled substances directly to First Responder personnel authorized to be a controlled substance coordinator at their administrative office and return expired or partially used controlled substances as indicated. Such transactions shall be logged in the software system or logbook

system provided and comply with the then current Medical Operations Manual protocols. Contractor shall collect “hand receipts” for transferred equipment. This process will be re-evaluated after 6 months to ensure that process is appropriate.

- (h) Contractor may be called upon to utilize central supply warehouse staff for logistics support which may include, but not be limited to, setup, asset tag, inventory or configuration of new equipment, medical gear bags, disaster preparedness kits, disaster supply carts, special operations equipment, or demobilizing old equipment and supplies; as requested in writing by the Executive Director or designee. Such logistics support shall be compensated in accordance with section 703 herein.
- (i) The response of a Disaster & Specialized Response Unit to be staffed at a Dedicated Standby as requested in writing by the Executive Director or designee.
- (j) Assistance in coordinating and delivering medical supplies during a Disaster in accordance with section 709 herein.

SECTION XVIII. AMENDMENT TO SECTION 501. COMMUNICATIONS INFRASTRUCTURE

Section 501 of the Ambulance Service Agreement is hereby amended to read as follows:

Except as otherwise provided herein, the Authority shall furnish, own, and maintain, at no cost to Contractor, the EMS System’s entire EMS Communications System infrastructure which shall include:

- i. Centralized 9-1-1 and non-emergency telephone system including audio recording hardware, software and storage media;
- ii. Pinellas County Public Safety and Intergovernmental Radio System access including audio recording hardware, software and storage media;
- iii. Centralized CAD system(s) (i.e. Zoll RescueNET; CORE 9-1-1 CAD; and Microsoft Power BI; or successor system(s) provided by the Authority) to include computer hardware, software, and networking equipment to operate the Authority’s integrated computer aided dispatch, ambulance billing, and electronic patient care reporting system for First Responder and Ambulance Service records;
- iv. Centralized EMD Pre-Arrival Instructions system to include computer hardware, software, and networking equipment;

-
- v. Authority retains the right to transition Ambulance dispatch from Zoll RescueNET to a successor system(s) at the Authority's discretion;
 - vi. The Authority shall be responsible for all aspects of CAD systems(s), electronic patient care reporting system(s) and the ambulance billing system;
 - vii. Dispatch console furniture for fifteen (15) dispatch positions all with telephone capability and ten (10) with radio capability as shown in **Appendix M**. Chairs and headsets shall be provided;
 - viii. Authority shall provide six (6) dispatch positions at the backup 9-1-1 center all with telephone capability and three (3) with radio capability as shown in **Appendix M**;
 - ix. Three (3) offices in the Regional 9-1-1 Center for manager, supervisor and training/quality assurance as shown in **Appendix M**;
 - x. 800 MHz and UHF radio system mobile radios sufficient to equip up to one hundred six (106) Vehicles;
 - xi. Two hundred thirty-seven (237) portable radios for issuing two portable radios to each Ambulance crew and with the additional portable radios to be used for Critical Care Transport, Mental Health Transport, EMS Supervisors and management;
 - xii. 911 Pagers for up to two hundred (200) Personnel.

SECTION XIX. AMENDMENT TO SECTION 703. ADDITIONAL SERVICES

Section 703(a), (d), (f), (g), (h) and (i) of the Ambulance Service Agreement are hereby amended to read as follows:

For Additional Services, compensation shall be determined and paid as follows:

(a) Critical Care Transport. For Primary Critical Care Transport, the Authority shall pay Contractor in accordance with **Appendix A**. For Secondary Critical Care Transport, the Authority has provided for a 40-hour Registered Nurse through the Base Services Amount. For Secondary Critical Care Transports the Contractor will be compensated for each Transport since an on-duty Ambulance crew is utilized to complete the transport. For Reserve Critical Care, Authority shall pay the Contractor call out charges in accordance with **Appendix A**. Call out hours shall only be paid when the Primary and Secondary Critical Care Transport Units are engaged in transport services, for out of county transports, or to respond to an emergency transport.

-
- (d) **Logistics Support.** For providing logistics support as requested in accordance with Section 424 here, the Authority shall pay Contractor in accordance with **Appendix A.** Such support may include delivery at no additional cost.
- (f) **Disaster and Specialty Response Unit Operation.** For providing Disaster and Specialty Response Unit operation, the Authority shall pay Contractor in accordance with **Appendix A.**
- (g) **Community Paramedic.** For providing community-based Paramedic services, the Authority shall pay Contractor in accordance with **Appendix A.**
- (h) **Multiple Patient Transport** For instances in which more than one Patient is transported in the same Ambulance, the Authority shall pay Contractor for one (1) hour of the single Paramedic Standby Rate to the per Transport compensation, in accordance with **Appendix A,** in addition to the Base Services Transport compensation.
- (i) **CME Instructors** The Authority shall reimburse Contractor for the actual cost of salary and benefits up to \$75.00 per hour for straight time, overtime or backfill costs for the Contractor's CME Instructor hours that are actually performed and preapproved in writing, through the published master EMS training calendar, by the Authority. Contractor may establish a rate of pay for CME Instructor which shall be subject to the \$75.00 per hour cap. The Authority shall not reimburse Contractor for the personnel costs for students to attend Courses or CME Instructor hours that are not preapproved in writing. The Authority shall reimburse annually the Contractor's cost for the use of the Learning Management System for its students. Such reimbursement shall be the actual cost of use of the Learning Management System up to \$100 per student per Fiscal Year.

SECTION XX. AMENDMENT TO SECTION 704. LIQUIDATED DAMAGES FOR FAILURE TO COMPLY WITH RESPONSE TIME REQUIREMENTS

Section 704(a), (b) and (e) of the Ambulance Service Agreement are hereby amended to read as follows:

The following liquidated damage amounts shall be deducted from the Additional Services Amount:

- (a) **Emergency Requests.** For every Emergency Request to which Contractor's response time exceeds the Response Time provided for in Section 405(b) hereof, the Authority shall deduct liquidated damages from the Additional Services Amount seven

(\$7.00) dollars for each minute, or portion thereof, which exceeds the applicable Response Time. Liquidated damages related to Section 405(b)(iii) shall only be deducted for EMS Districts not meeting the Response Time requirement. Liquidated damages are assessed in the month when 100 or more Emergency and Downgraded Emergency Requests have been accumulated from the prior month(s) and then the reporting interval starts over at the beginning of the next month.

(b) Downgraded Emergency Requests. For every Downgraded Emergency Request to which Contractor's response time exceeds the Response Time provided for in Section 405(b) hereof, the Authority shall deduct liquidated damages from the Additional Services Amount, three (\$3.00) dollars for each minute or portion thereof, which exceeds the applicable Response Time. Liquidated damages related to Section 405(b)(iii) shall only be deducted for EMS Districts not meeting the Response Time requirement. Liquidated damages are assessed in the month when 100 or more Emergency and Downgraded Emergency Requests have been accumulated from the prior month(s) and then the reporting interval starts over at the beginning of the next month.

(e) First Responder Transports. For every Emergency Request or Downgraded Emergency Request, which results in a Patient Transport by a First Responder to which Contractor's response time exceeds the Response Time provided for in Section 405(d) hereof and Medical Direction approval was given to the First Responder. The Authority shall deduct liquidated damages from the Additional Services Amount of two hundred fifty and 00/100 (\$250.00) dollars for each First Responder Transport and not deduct liquidated damages related to Section 704(a) or Section 704(b) herein. Such liquidated damages shall not be deducted during a Disaster or an EMS Emergency.

SECTION XXI. AMENDMENT TO SECTION 705. LIQUIDATED DAMAGES FOR FAULTY DATA SUBMISSIONS

Section 705(a) and (c) of the Ambulance Service Agreement are hereby amended to read as follows:

(a) The Authority shall deduct liquidated damages equal to the Wholesale Rate for one transport for every Patient served by Contractor for whom all the information required to be supplied by Contractor (i.e., dispatch record, Patient Care Report, and any required forms) is incomplete, illegible, inaccurate, altered, or lacking evidence of medical necessity where such medical necessity exists that prevents the Authority from effectively

utilizing its data processing, billing, and collection procedures. Any liquidated damages deducted pursuant to this section will be calculated using the Wholesale Rate in effect for date of the transport.

(c) **Substantiated Complaints.** Contractor and Authority acknowledge that, while a very rare circumstance, there is occasionally a legitimate complaint about the services provided to a Patient or lack thereof. In such circumstances, the Contractor shall notify the Executive Director who shall review the circumstance. If the Executive Director determines the complaint is substantiated, the Authority shall deduct liquidated damages equal to the Wholesale Rate or the Additional Services amount related to the complaint. The Authority shall cancel the bill and not pursue any collections for the services provided and refund any funds already collected. The decision of the Executive Director shall be final. Contractor shall never directly or indirectly pay for services rendered a Patient to resolve a complaint except as specified herein.

SECTION XXIII. AMENDMENT TO SECTION 708. REIMBURSEMENT FOR SUPPLIES

Section 708 of the Ambulance Service Agreement is hereby amended to read as follows:

Except for those items listed on **Appendix N**, the Authority shall reimburse Contractor on a monthly basis for the actual cost of medical supplies and medications, durable and non-durable medical equipment used by the Ambulance Contractor, First Responders, and for Continuing Medical Education in rendering Patient care and for training purposes, as documented by Authority approved purchase orders, vendor invoices and signed packing slips. Authority shall reimburse Contractor on a monthly basis for its actual cost of supplies, shipping costs, repairs, maintenance and ancillary services provided on its behalf in accordance with section 423 herein. Reimbursement shall include any shipping charges and any pre-authorized expedited shipping charges. Contractor shall not seek reimbursement for expedited shipping charges incurred for equipment or supplies not ordered in a timely fashion by the Contractor as determined by the Executive Director or their designee.

SECTION XXIV. AMENDMENT TO SECTION 709. REIMBURSEMENT FOR DISASTER ASSISTANCE AND EMS EMERGENCY

Section 709 of the Ambulance Service Agreement is hereby amended to read as follows:

At the conclusion of Disaster assistance or EMS Emergency, as described in Section 411(a) and (b) hereof, Contractor shall determine its additional costs incurred in the course of rendering such Disaster or EMS Emergency assistance, and shall present such cost statement to the Authority for review, acceptance, and reimbursement. The cost statement associated with rendering aid under Disaster or EMS Emergency conditions shall be based solely upon the additional costs incurred by Contractor in the course of rendering such assistance, and shall not include costs of maintaining production capacity that would have been borne by Contractor to meet normal service requirements if the Disaster or EMS Emergency had not occurred. Only reasonable and verifiable reimbursement of additional costs shall be made relative to Contractor performance during Disaster or EMS Emergency conditions. Contractor shall provide payroll summaries for the two 2-week pay periods before the Disaster or EMS Emergency, the payroll summaries for the affected period and any other documentation requested to determine the incremental expense of additional staffing needed to handle the Disaster or EMS Emergency.

Contractor shall be reimbursed for actual expenses incurred during the Disaster or EMS Emergency to include, but not limited to, food/beverage, lodging, vehicle/equipment rental, medical equipment/supplies, and fuel.

During periods of Disaster, EMS Emergency or evacuations, and in accordance with a plan proposed by Contractor and coordinated with the County's Comprehensive Emergency Management Plan (CEMP), the Authority and Contractor shall supply, and continuously re-supply as necessary, oxygen and medical supplies to designated disaster sites, treatment areas or public shelters which are designated by the County. Contractor shall position one Ambulance at each of the public shelters designated by the County as a "special needs" shelter. The Authority shall supply shelter medical supply carts and oxygen tank racks to support the Contractor's distribution of medical supplies and oxygen cylinders to disaster sites, treatment areas or public shelters.

Contractor shall operate Disaster and Specialty Response Units, including medical ambulance buses, to assist First Responders and affect the orderly evacuation and sheltering of citizens. Contractor shall transport special needs or bed bound Patients by Ambulance per the procedures established in the CEMP.

Contractor will assist the Authority in managing the inventory and performing stock rotation of medical supplies of Authority's Disaster and Specialty Response Units disaster response vehicles.

SECTION XXV. AMENDMENT TO SECTION 710. AUTOMATIC ANNUAL INFLATION ADJUSTMENT

Section 710 of the Ambulance Service Agreement is hereby amended to read as follows:

Beginning on October 1, 2016, and annually thereafter, all compensation payment amounts contained in **Appendix A**. shall be adjusted by the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) for "Tampa-St. Petersburg-Clearwater, Florida" (Bureau of Labor Statistics Series CUURS35DSA0) as of June each year for the most recent twelve (12) months. In no circumstances shall the inflation adjustment be less than zero (0.0%) percent or greater than four (4.0%) percent in any given year.

SECTION XXVI. AMENDMENT TO SECTION 714. NOT TO EXCEED CAP

Section 714 of the Ambulance Service Agreement is hereby amended to read as follows:

Any and all compensation or reimbursement of any kind to the Contractor provided for in this Article VII or elsewhere in this Agreement, in any Fiscal Year shall not exceed the specific amount of the approved budget adopted through the Authority's governing body's budgetary process for services or reimbursement to the Contractor provided under this Agreement for such Fiscal Year. It is recognized by the Parties that no payment may be compelled or made without a budget amendment approved by the Authority for any compensation that exceeds the total compensation authorized through the Authority approved budget. The Parties recognize that in the event of a Disaster, it may be necessary for the Authority's governing body to utilize the emergency powers of Chapter

252, Florida Statutes to authorize a budget amendment modifying such approved budget to provide funds for compensation or reimbursements necessitated by such emergency expenditures. It is further agreed and understood among the parties that the Authority may not compel the Contractor to incur expenses beyond the Authority's approved budget amount until such time as a budget amendment raising such budget is approved. Upon the Authority's approval of an adopted budget or budget amendment, the Authority has also approved the adjustment of the not to exceed cap, the contract purchase order amount and any other actions necessary to comply with Chapter 2 of the Pinellas County Code.

SECTION XXVII. AMENDMENT TO SECTION 901. TERM

Section 901 of the Ambulance Service Agreement are hereby amended to read as follows:

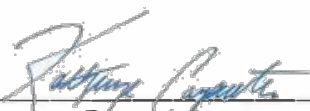
The term of this Agreement shall be for three(3) years, commencing October 1, 2020 and terminating at midnight, September 30, 2023. The Agreement may be renewed by written agreement of the parties and upon no less than a twelve (12) month written notice from Authority to Contractor, for one additional three (3) year period after this extension. This option shall be exercised only if all terms and conditions remain the same or changes are mutually agreed by the Parties, and the Authority grants approval. The provisions of Article VII shall continue to be effective during any extension period and shall not be renegotiated unless mutually agreed by the Parties. The effective date of the Agreement shall be October 1, 2020. Contractor may implement improvements prior to October 1, 2020 with the written authorization of the Executive Director.

[Signature Page to Follow]

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers, have caused this Agreement to be executed on this 23rd day of June, 2020.

ATTEST:
KEN BURKE, CLERK


PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY

By: 
Deputy Clerk

By: 
Chairman



APPROVED AS TO FORM

By: 
Jason Ester
Senior Assistant County Attorney

ATTEST:

PARAMEDICS LOGISTICS
FLORIDA, L.L.C.

BY: 

By: 
Mark Postma, President

Appendix A
FY20-21 COMPENSATION SCHEDULE
SUBJECT TO THE FY20-21 INFLATION ADJUSTMENT

MONTHLY BASE SERVICES & STOP-LOSS	
Base Services Amount (monthly base transport volume = 10,400)	\$ 2,905,557.05
Stop-Loss Payment Rate (per Base Service Transport)	\$ 259.71
(Per BLS Non-Emergency Transport is \$10.00 less – effective January 1, 2017)	\$ 249.71
Primary Critical Care Transport Base Amount	\$ 93,616.84
Mental Health Transport Services Base Amount	\$ 28,034.06
ADDITIONAL SERVICES	
Reserve Critical Care Transport Call-Out Charge (per hr., 3 hr. min.)	\$ 207.12
Dedicated Standby Rate (per hr., per Ambulance, 3 hr. min.)	\$ 127.51
Dedicated Standby Rate/Multiple Patient Transport (per hr., per Paramedic)	\$ 63.74
Long Distance Transport Base (per transport)	\$ 361.12
Long Distance Transport Mileage Charge (per mi. over 25 mi.)	\$ 3.46
Secondary Mental Health Transport Unit (per hr.)	\$ 59.03
Disaster & Specialized Response Unit (per hr.)	\$ 127.51
Community Paramedic (per hr., per Paramedic)	\$ 59.01
Logistics Support (per hr., per person) including delivery	\$ 30.00

Appendix H
VEHICLE REPLACEMENT PLAN
Oct 2020 to Sept 2023

Existing	Maintain or Replace
Ambulances - Type III	
One (1) 2014 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount one (1) in FY20-21 to maintain one (1) 2021 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Seven (7) 2015 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount six (6) in FY20-21 to maintain six (6) 2021 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulance Remount one (1) in FY21-22 to maintain one (1) 2021 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulance
Seventeen (17) 2016 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount seven (7) in FY20-21 to maintain seven (7) 2021 GM/Ford Type III Ambulance Equivalent Remount ten (10) in FY21-22 to maintain ten (10) 2021 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulance
Sixteen (16) 2017 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount six (6) in FY21-22 to maintain six (6) 2021 GM/Ford Type III Ambulance Equivalent Remount nine (9) in FY22-23 to maintain nine (9) 2022 GM/Ford Type III Ambulance Equivalent Maintain one (1) 2017 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Twelve (12) 2018 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount two (2) in FY22-23 to maintain two (2) 2022 GM/Ford Type III Ambulance Equivalent Maintain ten (10) 2018 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Twenty-one (21) 2019 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Maintain twenty-one (21) 2019 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Ambulance – Type II	
One (1) 2018 Ford Transit Van Type II Ambulance	Replace one (1) in FY22-23 to maintain one (1) 2022 Ford Transit Van Type II Ambulances
Ten (10) 2017 Ford Transit Van Type II Ambulances	Replace ten (10) in FY21-22 to maintain ten (10) 2021 Ford Transit Van Type II Ambulances Replace one (1) in FY22-23 to maintain one (1) 2022 Ford Transit Van Type II Ambulances
Nine (9) 2019 Ford Transit Van Type II Ambulances	Maintain nine (9) 2019 Ford Transit Van Type II Ambulances
Primary Critical Care Unit	
One (1) 2021 Ford F550 or Dodge 5500/AEV Medium Duty Type I Ambulance	Maintain one (1) 2021 Ford F550 or Dodge 5500/AEV Medium Duty Type I Ambulance

Secondary Critical Care Unit	
One (1) 2015 International/AEV or Freightliner/AEV Critical Care Ambulance (Remount)	Maintain one (1) 2015 International/AEV or Freightliner/AEV Critical Care Ambulance
EMS Supervisor Units	
Five (5) 2016 Chevrolet Tahoe	Replace three (3) in FY20-21 to maintain (3) 2020 Chevrolet Tahoe and/or 2020 Ford F250/GM 2500 Pick Up Truck or Equivalent Maintain two (2) 2016 Chevrolet Tahoe
Mental Health Transport Units	
One (1) 2018 Ford Transit	Maintain one (1) 2018 Ford Transit
One (1) 2019 Ford Transit	Maintain one (1) 2019 Ford Transit
Medical Supply Units	
One (1) 2011 GMC G3500	Replace one (1) 2020 Ford Vehicles in FY20-21
One (1) 2010 Ford E450	Replace one (1) 2020 Ford Vehicles in FY20-21.
Fleet Maintenance Units	
One (1) 2015 Chevy Silverado Pickup	Replacement not required
Utility Vehicles	
One (1) 2015 Kubota with Patient Care Box, Cot Mount and Trailer	Replacement not required

TYPE II AMBULANCES

All Type II Ambulances shall meet the Federal Specification for the Star-of-Life Ambulance (KKK-A-1822F) as may be amended.

The exterior of all Units shall be painted in the manufacturer's standard gloss white with a solid, uninterrupted reflective red stripe as noted in the figures below and in compliance with KKK-A-1822F, 3.16.2 and 3.16.4. All lettering shall be blue reflective and include all emblems and markings required in KKK-A-1822F, 3.16.4.

The service name shall be in the form of the Authority's logo and no smaller than 9" in height and 53.5" in length. The word "PARAMEDICS" shall be displayed in reflective blue on both sides of the patient compartment and be at least 3.5" in height on all ALS Ambulances. The word "AMBULANCE" shall be displayed in reflective blue on both sides of the patient compartment and be at least 3.5" in height on all BLS Ambulances.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

All Units shall look substantively like the vehicles pictured below.



TYPE III AMBULANCES AND CRITICAL CARE UNITS

All Type III Ambulances and Critical Care Units shall meet the Federal Specification for the Star-of-Life Ambulance (KKK-A-1822F) as may be amended.

The exterior of all Units shall be painted in the manufacturer's standard gloss white with a solid, uninterrupted reflective red. The service name shall be in the form of the Authority's logo. No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

All Units shall look substantively like the vehicles pictured below.





MENTAL HEALTH TRANSPORT UNIT

The primary Mental Health Transport Unit shall be a mini-van, painted in the manufacturer's color approved by the Executive Director.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director. The intent is for this vehicle to be "unmarked."

The Unit shall look substantively like the vehicle pictured below. The secondary or backup Mental Health transport Unit may be a passenger van or mini-van.



EMS SUPERVISOR VEHICLE

EMS supervisor vehicles shall be a mid-sized sport utility vehicle or pickup truck with topper painted in the manufacturer's standard gloss white with a solid, uninterrupted reflective red stripe as noted in the figure below.

The service name shall be in the form of the Authority's logo. The Executive Director shall approve additional wording and letter sizing and placement.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

Appendix I
TECHNICAL SPECIFICATIONS FOR AMBULANCES & VEHICLES
Page 5 of 10



FLEET MAINTENANCE VEHICLE

Fleet Maintenance vehicle(s) shall be a pickup truck painted in the manufacturer's standard gloss white.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

All Fleet Maintenance Vehicles shall look substantively like the vehicle pictured below.



MEDICAL SUPPLY UNIT

Medical Supply Units shall be, at a minimum medium duty chassis delivery trucks, painted in the manufacturer's standard gloss white.

The service name shall be in the form of the Authority's logo. The Executive Director shall approve additional wording and letter sizing and placement.

No extraneous stickers, markings, lettering, or advertising shall be affixed to any Unit except with the written authorization of the Executive Director.

Medical Supply Units shall look substantively like the vehicle pictured below.



**TECHNICAL SPECIFICATIONS FOR AMBULANCES
AND CRITICAL CARE TRANSPORT UNITS**

All Ambulances and Critical Care Transport Units shall meet the Federal Specifications for the Star-of-Life Ambulance (KKK-A-1822F) as may be amended.

All ALS Ambulances shall have the following attributes or equipment:

- Type III
- Minimum Gross Vehicle Weight Rating (GVWR) of 14,500 lbs.
- Electrical Inverter System
- Temperature Controlled Medication Cabinet (12VDC Constemp or equivalent)
- Air Horn System
- Vehicle Monitoring System (Zoll Road Safety Blue or equivalent)
- Backup cameras
- Solar panels
- LED Emergency and Undercarriage Lighting
- Hydraulic Stretcher (Stryker Power-PRO XT with XPS - Expandable Patient Surface) or equivalent.
- New Hydraulic Stretcher Powered Loading System (Stryker Power-LOAD and Cot Fastening System or equivalent). Contractor will install or retrofit all Ambulances with the Power-LOAD system before the end of calendar year 2023. Each Fiscal Year approximately 1/3 of the Ambulance fleet will be installed or retrofitted.
- Inmotion Onboard Mobile Gateway (OMG) Wireless Router
- The inventory load plan must comply with the then current Pinellas County BLS & ALS Inspection forms

In addition, a minimum of four (4) Ambulances shall be equipped for Bariatric use as follows:

- Stryker MX-PRO Bariatric Stretchers
- Specially manufactured loading ramp and electric winch

All BLS Ambulances shall have the following attributes or equipment:

- Type II
- Minimum Gross Vehicle Weight Rating (GVWR) of 9,500 lbs.
- Electrical Inverter System
- Temperature Controlled Medication Cabinet (12VDC Constemp or equivalent)
- Air Horn System
- Vehicle Monitoring System (Zoll Road Safety Blue or equivalent)
- Backup cameras
- Solar panels
- LED Emergency and Undercarriage Lighting
- Hydraulic Stretcher (Stryker Power-PRO XT with XPS - Expandable Patient Surface) or equivalent.
- New Hydraulic Stretcher Powered Loading System (Stryker Power-LOAD and Cot Fastening System or equivalent). Contractor will install or retrofit all

Appendix I
TECHNICAL SPECIFICATIONS FOR AMBULANCES & VEHICLES
Page 8 of 10

Ambulances with the Power-LOAD system before the end of calendar year 2023. Each Fiscal Year approximately 1/3 of the Ambulance fleet will be installed or retrofitted.

- Inmotion Onboard Mobile Gateway (OMG) Wireless Router
- The inventory load plan must comply with the then current Pinellas County BLS & ALS Inspection forms

The Primary Critical Care Transport Unit and Secondary Critical Care Transport Unit shall have the following attributes or equipment above and beyond a standard ALS Ambulance:

- Type III
- Minimum Gross Vehicle Weight Rating of 26,000 lbs.
- ACR4 Ambulance Child Restraint System
- Baby ACR Ambulance Child Restraint System
- Hydraulic Stretcher (Stryker Power-PRO XT with XPS - Expandable Patient Surface) or equivalent.
- New Hydraulic Stretcher Powered Loading System (Stryker Power-LOAD and Cot Fastening System or equivalent). Contractor will install or retrofit all Ambulances with the Power-LOAD system before the end of calendar year 2023. Each Fiscal Year approximately 1/3 of the Ambulance fleet will be installed or retrofitted.
- Tie Downs or a specialized mounting to secure hospital intensive care equipment to include, but not limited to, intra-aortic balloon pump (IABP) equipment, extracorporeal membrane oxygenation (ECMO) "heart/lung bypass" equipment, Impella heart pumps, ventilators, IV pump, etc.
- Compressed Air System with Air Horns
- Independent Diesel Generator
- Electrical Inverter System
- Temperature Controlled Medication Cabinet (12VDC Constemp or equivalent)
- Vehicle Monitoring System (Zoll Road Safety or equivalent)

CURRENT ON-BOARD EQUIPMENT/SUPPLY
MINIMUM INVENTORY FOR CRITICAL CARE TRANSPORT UNITS

1. Standard basic and advanced life support equipment to treat adult and pediatric patients. Advanced Medications as approved by the Medical Director including paralytics.
2. A refrigerator for medication storage (Primary & Secondary CCT unit).
3. A cellular phone.
4. A generator and/or inverter for powering and charging equipment necessary for critical care transports.
5. Pediatric restraint systems to safely transport neonates/infants and pediatric patients (Quantum EMS Ambulance Child Restraint ACR-4 System or equivalent)(Primary & Secondary CCT unit).

Appendix I
TECHNICAL SPECIFICATIONS FOR AMBULANCES & VEHICLES
Page 9 of 10

6. Two (3) channel Alaris Med System IV Pumps for the controlled infusion of up to six medications simultaneously.
7. One (1) Philips MRx ECG Monitor/Defibrillator with the following clinical specifications: biphasic defibrillation, Q-CPR meter, pulse oximetry, waveform capnography, pacing, 12 lead acquisition/transmission, and non-invasive blood pressure monitoring, invasive blood pressure and temperature monitoring and successor ECG Monitoring system as required in Section 421.
8. Temporary transvenous pacemaker (Primary & Secondary CCT unit).
9. One (1) CareFusion ReVel PTV Ventilator. Volume/pressure ventilator with blender capable of mixing gases to deliver the prescribed oxygen concentration required by any adult or pediatric patient.
10. One (1) electronic Fetal Monitor to assess fetal heart tones in obstetric patients.
11. One (1) McGrath MAC EMS Video Laryngoscope.
12. The above equipment has the ability to be converted to pediatric sizes when required. The downsized equipment is carried on the critical care units.

Note: Unless otherwise specified, two sets of equipment are required to equip both the Primary Critical Care Transport Unit and the Secondary Critical Care Transport Unit.

GUIDELINES FOR CRITICAL CARE TRANSPORT UNITS

The Critical Care Transport (CCT) program shall be operated for the benefit of those patients requiring a higher level of critical care than is available with the traditional ALS Ambulance Services.

Health Care Facility liability attached to EMTALA regulations has increased the need for Critical Care Transport programs. Case law on the subject indicates that patients in transit must receive care by “qualified personnel” which has been interpreted to mean that patient care during transport must be rendered with continuity; at the same level in the ambulance as provided in the hospital.

KEY FEATURES

Staffed 24 hours a day, 7 days a week by fully qualified personnel operating under Physician medical direction and approved protocols. The Unit shall be staffed with a critical care experienced Registered Nurse, a certified paramedic, and a certified emergency medical technician.

The Ambulance Contractor shall have a second critical care experienced Registered Nurse “on call” to handle secondary CCT calls with the backup unit when necessary. The

Appendix I
TECHNICAL SPECIFICATIONS FOR AMBULANCES & VEHICLES
Page 10 of 10

backup unit shall also be staffed with a certified paramedic and a certified emergency medical technician.

CCT staff will project a highly professional image in their physical appearance and characteristics. They will be chosen from the most clinically qualified employees.

The CCT Unit is capable of transporting neonatal, pediatric, and adult medical and trauma patients including high-risk obstetrical patients. Able to supplement area aero-medical helicopter programs during severe weather.

Eliminates need for hospital personnel to attend critical patients during transport.

Reduces the EMTALA liability for hospitals and physicians because of qualified staff maintaining the same level of care during the transport of patients.

Able to transport patients to the appropriate health care facility throughout the region or state, as required.

Ambulance Control Center personnel shall accurately determine the level of response needed for Interfacility Transport requests following the Medical Director's protocols.

CURRENT ON-BOARD EQUIPMENT/SUPPLY
MINIMUM INVENTORY FOR MENTAL HEALTH TRANSPORT UNITS

1. Operable Lights to include Headlights, Tail Lights, Brake Lights, Turn Signals, Back Up Lights, Hazard Warning Lights and Interior Lights.
2. Doors open properly and close securely. Door locks are operable and set for "Child Safety."
3. 800 MHz Mobile Radio (except on reserve van) and One (1) 800 MHz Portable Radio with Spare Battery.
4. Observation Mirror, Rear View Mirror and Side View Mirrors.
5. One (1) Fire Extinguisher (Not secured in the client compartment).
6. Flashlight with Batteries.
7. First Aid Kit (Not secured in the client compartment) which includes a CPR Pocket Mask, Non-Sterile Gloves, Eye Protection and Miscellaneous Bandages. No Scissors or other BLS/ALS equipment or supplies.
8. Safety Barrier between Driver and Client (except on reserve van)
9. Seat Belts
10. Client Compartment will be clean and equipped with standard Seat Belts. No storage of any other equipment or supplies.

Appendix J
EMS DISTRICTS & FIRST RESPONDERS
Page 1 of 4

RESOLUTION 14-66

**A RESOLUTION OF THE PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
AUTHORITY PURSUANT TO ITS AUTHORITY UNDER CHAPTER 80-585, LAWS OF
FLORIDA, AS AMENDED, ESTABLISHING EMERGENCY MEDICAL SERVICE DISTRICTS.**

WHEREAS, The Florida Legislature in Chapter 80-585, Laws of Florida, as amended (the "Act"), established the Pinellas County Emergency Medical Services Authority ("Authority") which was subsequently approved by referendum of the electorate; and

WHEREAS, the Board of County Commissioners is established as the governing body of the Authority; and

WHEREAS, the Authority is required to provide for the designation of districts within the territorial boundaries of Pinellas County for the provision of Emergency Medical Services; and

WHEREAS, the Authority has determined, that certain adjustments to existing district boundaries should be made based upon changes in the service providers within certain districts heretofore established; and

WHEREAS, in accordance with Resolution 09-37 which establishes the level of service for the county-wide EMS system, in order to implement the level of service requirements it is necessary for the Authority to set the boundaries of the several EMS districts in order to provide for appropriate EMS services throughout the County.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PINELLAS COUNTY, FLORIDA, sitting as the governing body of the Authority, in regular session duly assembled this 19th day of August 2014, that:

Appendix J
EMS DISTRICTS & FIRST RESPONDERS
Page 2 of 4

Section 1. The Following Municipalities and Independent Fire Districts are hereby designated EMS Districts:

- 1) East Lake Fire and Rescue District
- 2) City of Gulfport
- 3) City of Madeira Beach
- 4) City of Oldsmar
- 5) Palm Harbor Fire and Rescue District
- 6) Pinellas Suncoast Fire and Rescue District
- 7) City of St. Pete Beach
- 8) City of South Pasadena
- 9) Tierra Verde Fire District (including Ft. Desoto)
- 10) City of Treasure Island

Section 2. The following Cities along with the areas in which they provide Fire protection services are designated as Emergency Medical Service Districts:

- 1) City of Clearwater including the Clearwater Fire District
- 2) City of Dunedin including the Dunedin Fire District
- 3) City of Largo including the Largo Fire District, Highpoint Fire District served by Largo, Town of Belleair, City of Belleair Bluffs, and Belleair Bluffs Fire District
- 4) Lealman Fire Rescue District including the Town of Kenneth City
- 5) City of Pinellas Park including the Pinellas Park Fire District
- 6) City of Safety Harbor including the Safety Harbor Fire District
- 7) City of Seminole including the Seminole Fire District
- 8) City of St. Petersburg including the portion of the Highpoint Fire District served by St. Petersburg, and the Gandy Fire District
- 9) City of Tarpon Springs including the Tarpon Springs Fire District

Appendix J
EMS DISTRICTS & FIRST RESPONDERS
Page 3 of 4

Section 3. The Towns of Redington Beach, Redington Shores and North Redington Beach have entered into Interlocal Agreements with the Cities of Seminole and Madeira Beach for the provision of fire suppression and rescue services. Based upon these agreements, the Authority believes that Emergency Medical Services can most effectively be provided by the Fire Districts the Cities have contracted with. Therefore the Authority creates the Redington Beaches Emergency Medical Services District consisting of the Towns of Redington Beach, Redington Shores and North Redington Beach. This District shall be served by those jurisdictions that have contracted to provide fire suppression services to these cities.

Section 4. This Resolution supersedes Resolution 10-154 and Resolution 13-71.

Section 5. This Resolution shall take effect on October 1, 2014.

In a regular meeting duly assembled this 19th day of August 2014, Commissioner Roche offered the foregoing Resolution and moved its adoption, which was seconded by Commissioner Morrone and upon call the vote was:

AYES: Seel, Latvala, Roche, Justice, Long, Morrone and Welch.

NAYS: None.

ABSENT AND NOT VOTING: None.

Appendix J
EMS DISTRICTS & FIRST RESPONDERS
Page 4 of 4

FIRST RESPONDERS

ALS

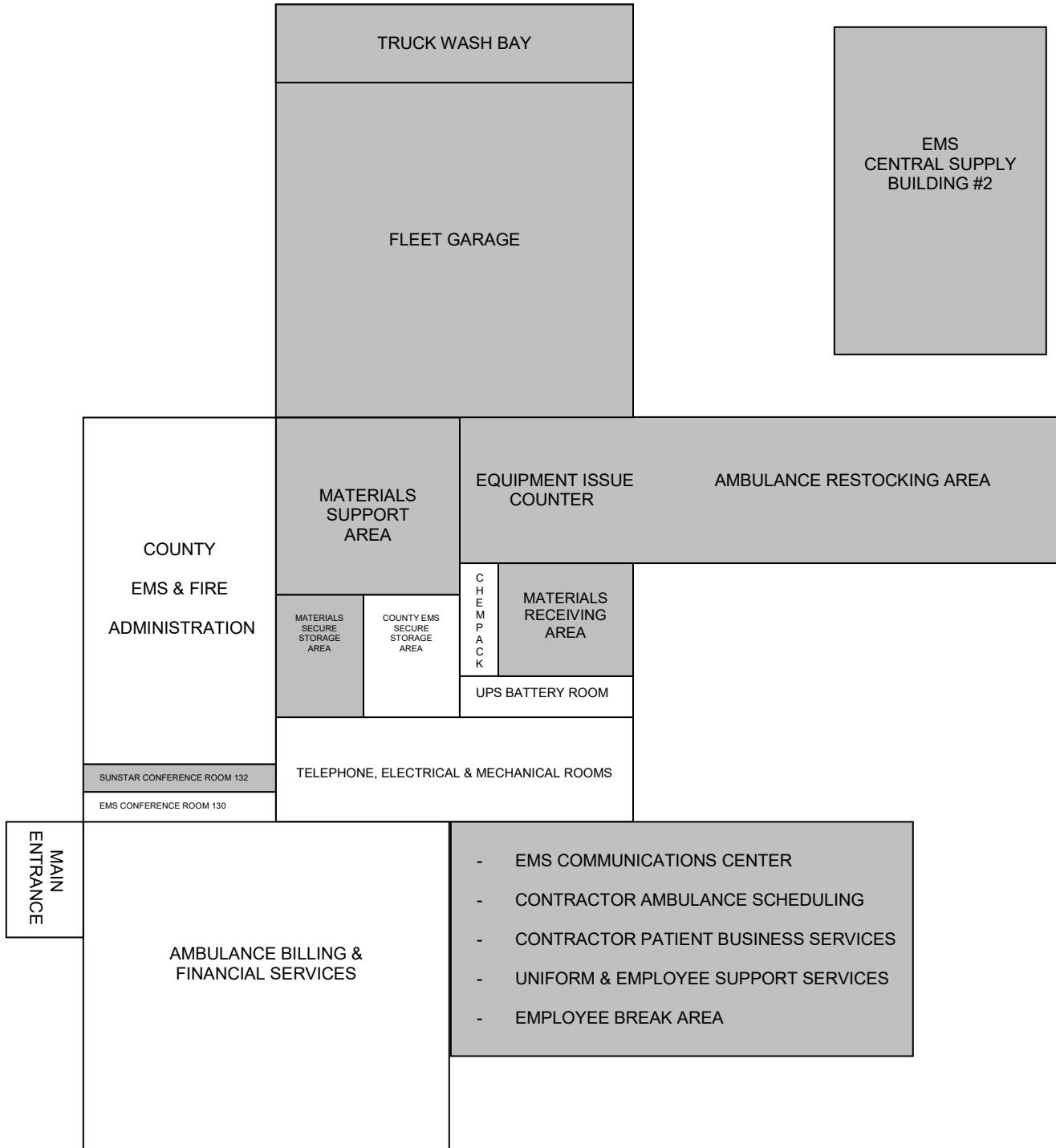
- 1) City of Clearwater including the Clearwater Fire District
- 2) City of Dunedin including the Dunedin Fire District
- 3) East Lake Fire and Rescue District
- 4) City of Gulfport
- 5) City of Largo including the Largo Fire District, Highpoint Fire District served by Largo, Town of Belleair, City of Belleair Bluffs, and Belleair Bluffs Fire District
- 6) Lealman Fire Rescue District including the Town of Kenneth City
- 7) City of Madeira Beach
- 8) City of Oldsmar
- 9) Pinellas Suncoast Fire and Rescue District
- 10) Palm Harbor Fire and Rescue District
- 11) City of Pinellas Park including the Pinellas Park Fire District
- 12) City of Safety Harbor including the Safety Harbor Fire District
- 13) City of Seminole including the Seminole Fire District
- 14) City of South Pasadena
- 15) City of St. Petersburg including the portion of the Highpoint Fire District served by St. Petersburg, and the Gandy Fire District
- 16) Tierra Verde Fire District (including Ft. Desoto)
- 17) City of St. Pete Beach
- 18) City of Tarpon Springs including the Tarpon Springs Fire District
- 19) City of Treasure Island
- 20) Pinellas County EMS Authority – Pinellas County Sheriff Tactical EMS Team

BLS

Airport Rescue Fire Fighters (ARFF)
Eckerd College Search and Rescue (EC-SAR)

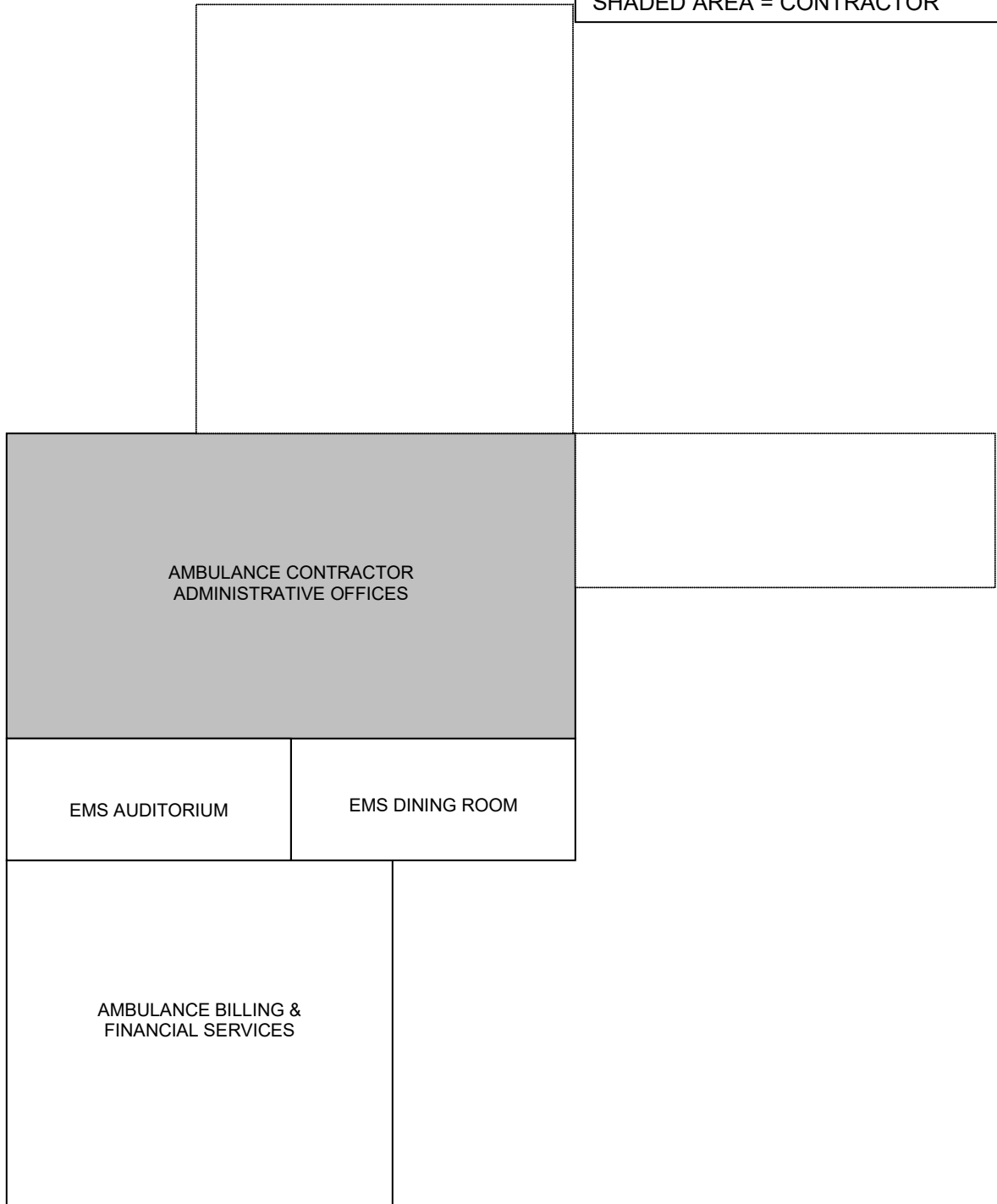
**Appendix M
FACILITIES
Page 1 of 5**

12490 ULMERTON ROAD
LARGO, FL 33774
SHADED AREA = CONTRACTOR



**Appendix M
FACILITIES
Page 2 of 5**

12490 ULMERTON ROAD
LARGO, FL 33774
SHADED AREA = CONTRACTOR



**Appendix M
FACILITIES
Page 3 of 5**

10750 ULMERTON ROAD
LARGO, FL 33778
SHADED AREA = CONTRACTOR

9-1-1 DISPATCH POSITIONS

Dispatch Position 22	Dispatch Position 18
Dispatch Position 23	Dispatch Position 19
Dispatch Position 24	Dispatch Position 20
Dispatch Position 25	Dispatch Position 21

Dispatch Position 14	Dispatch Position 10
Dispatch Position 15	Dispatch Position 11
Dispatch Position 16	Dispatch Position 12
Dispatch Position 17	Dispatch Position 13

SUPV 1 Console 94	SUPV 2 Console 95
----------------------------	----------------------------

EMS
QA
Rm 341F

EMS
MGR
Rm 341G

EMS
SUPV
Rm 341H

9-1-1 ADMINISTRATION

**Appendix M
FACILITIES
Page 4 of 5**

12211-B WALSINGHAM ROAD
LARGO, FL 33774

CLASSROOM	SIMULATION LAB	BREAK OUT ROOM
		OFFICE / STORAGE

**Appendix M
FACILITIES
Page 5 of 5**

BACKUP EMS COMMUNICATIONS
ST. PETERSBURG POLICE DEPARTMENT
1301 1ST AVENUE NORTH
ST. PETERSBURG, FL 33705

**EMERGENCY COMMUNICATIONS CENTER
LIVE TRAINING ROOM**

**EMS
Console
506**

**EMS
Console
507**

**EMS
Console
508**

**EMS
Console
509**

**EMS
Console
501**

**EMS
Console
510**

Appendix N
EQUIPMENT/SUPPLIES NOT PROVIDED & ON SCENE
EQUIPMENT EXCHANGE
Page 1 of 2

EQUIPMENT/SUPPLIES NOT PROVIDED

- Patient movement devices (Hydraulic Standard Stretchers, Manual Bariatric Stretchers, Orthopedic/Scoop Stretchers, Stair Chairs)
- Complete on-board oxygen dispensing system and portable system including regulators – Size “D” and “M.” Authority will provide all tanks and medical gases.
- Suction units (On Board). Authority will provide portable suction units and accessories.
- ECG Monitor / Defibrillator
 - Contractor will provide Philips MRx ECG Monitor Defibrillators until their end of service life.
 - Through a competitive procurement process the Authority will select a successor device with the minimum clinical specifications: biphasic defibrillation, Q-CPR meter, pulse oximetry, waveform capnography, pacing, 12 lead acquisition/transmission, and non-invasive blood pressure monitoring as determined by the Medical Control Board and Authority to include all preventative maintenance/repair, cases, battery chargers and batteries as needed.
 - Authority will provide all ECG disposable supplies and cables to include, but not limited to, ECG electrodes, Heart Start Smart pads or other Defib/Pacing pad, Q-CPR Meters and pads, 5 Lead Limb and Chest cables, ECG Main/Therapy/12 Lead Cables, Patient Cables, NIBP Cuffs and Hoses, Pulse Oximetry cables and probes, and Capnography disposable supplies. Durable accessories will be replaced periodically due to wear and tear.
- Uniforms, rain gear, bunker jackets, helmets, and accessories
- Flashlights & flashlight batteries
- Assorted hand tools

EQUIPMENT EXCHANGE
Page 2 of 2

ON SCENE EQUIPMENT EXCHANGE ITEMS

- Short Spinal Immobilization Devices
- Long Spinal Immobilization Devices (Adult and Pediatric)
- Traction Splints
- Vacuum Splints



September 26, 2019

Dear AED Owner, Healthcare Value Analysis Professional, Clinical Engineer, Physician Prescriber, or Physician Supervisor:

To help ensure the quality and reliability of automated external defibrillator (AED) systems, the FDA has established more stringent regulatory requirements for AEDs and their accessories by requiring these devices to be FDA-approved. If your AED is not FDA-approved, the accessories necessary for your AED may no longer be supported by the manufacturer, and thus no longer available after **February 3, 2021**.

To ensure the availability of life-saving treatment with the AEDs in your facilities, we encourage you to ensure that your AED is FDA-approved and if it is not, begin making plans to transition to an FDA-approved AED. To assist you, these are the steps the FDA recommends that you take.

- 1. Check the [list of FDA-approved AEDs](#) on the Automated External Defibrillators (AEDs) webpage on FDA.gov to see if your AED is FDA-approved.**
- 2. If your AED is not listed, you should plan to transition to an FDA-approved AED system. Contact the manufacturer of your current AED to discuss your transition plans.**
- 3. Ensure that you have compatible AED accessories to meet your needs until you transition to an FDA-approved AED. This is particularly important because AED accessories may require frequent replacement.**

AEDs can be highly effective in saving the lives of people suffering cardiac arrest when used in the first few minutes following collapse from cardiac arrest. **Given the importance of these devices in emergency situations, the FDA recommends you continue to keep your AED available for use until you obtain an FDA-approved AED.**

For a medical device to be FDA-approved, the manufacturer must obtain premarket approval. Approval is based on a determination that there is sufficient valid scientific evidence to demonstrate a reasonable assurance of safety and effectiveness. In 2015, the FDA published a [final order](#) describing concerns about adverse event reports and product recalls for AED systems, and concluded that AED systems and necessary AED accessories require more FDA oversight. The final order established the requirement for premarket approval for all AEDs and necessary accessories.

<https://www.federalregister.gov/documents/2015/02/03/2015-02049/effective-date-of-requirement-for-premarket-approval-for-automated-external-defibrillator-systems>).

The FDA will continue to update the list of FDA-approved AEDs on the [Automated External Defibrillators \(AEDs\) page](#) on FDA.gov.



If you have questions about this communication, please contact the Division of Industry and Consumer Education (DICE) at DICE@FDA.HHS.GOV 800-638-2041 or 301-796-7100.

Sincerely,

/s/

William Maisel, MD, MPH

Director

Office of Product Evaluation and Quality

Center for Devices and Radiological Health

U.S. Food and Drug Administration

Appendix O
UNIFORM DRESS CODE & PROFESSIONAL CONDUCT
Page 1 of 6

In order to promote the professional appearance and standards of the Authority's Ambulance Services, the following dress code is applicable to all uniformed Personnel.

Dress Uniform

Managers and Directors may wear a formal dress uniform, informal dress uniform, duty uniform or business attire at their discretion relative to their work assignment.

Supervisors may wear a formal dress uniform, informal dress uniform or duty uniform at their discretion relative to their work assignment.

Uniformed Personnel shall wear informal dress uniforms only during funerals, memorial services, parades, public education, award banquets, dignitary standbys, patient reunions, media interviews, or similar formal settings.

“Formal” means long sleeved dress uniform shirt, dress uniform pants, tie and dress shoes. “Informal” means short sleeved shirt, regular uniform pants, no tie and uniform boots. A combination of formal and informal dress uniform is not allowed.

- White short sleeved uniform shirt or long-sleeved dress uniform shirt as indicated.
- The left sleeve patch placement will be the American Flag, (always in the highest position), and Sunstar patch immediately below it; and on the right sleeve the State EMT, State Paramedic or standard Registered Nurse patch.
- Black tie or black crossover uniform tie if indicated.
- Black uniform BDU-style work pants or black dress pants as indicated.
- Black belt with garrison type belt buckle
- Nameplate over right breast pocket (silver for EMTs and Paramedics, gold for Supervisor, Manager or Director).
- A “Serving Since” tab may be attached to the Nameplate. It may show the starting year the individual was certified as an EMT or Paramedic.
- Metal collar insignia (without Star of Life) will be worn according to rank as follows:
 - Silver medical caduceus on each collar for EMTs, Paramedics and RNs
 - Silver double bars for Coordinators
 - Gold Single bar for Assistant Supervisors
 - Gold Double bar for Supervisors
 - Gold Leaf Insignia for Shift Commanders and Managers
 - Gold Single star for Directors
 - Gold Two stars for Director of Operations
 - Gold Three stars for Chief Operating Officer
 - Military titles are not to be used at any time – Lieutenant, Captain, etc.
- Badge as approved by the Executive Director, worn over heart. Silver cloth/material patch style badge affixed to uniform shirt for EMTs and Paramedics, and gold metal badges for Supervisors, Shift Commanders, Managers and Directors.
- Up to two service or certification pins may be worn over the left breast pocket as follows:

Appendix O
UNIFORM DRESS CODE & PROFESSIONAL CONDUCT
Page 2 of 6

- Silver Field Training Officer Pin
- Advanced Cardiac Life Support
- International Trauma Life Support
- Emergency Medical Dispatch
- National Registry
- Years of Service Pin
- Pinellas County EMT or Paramedic of the Year
- Black military style boots or sturdy shoes with dark socks (sneakers are not allowed) or black dress shoes with dark socks as indicated
- Sunstar baseball cap must not be worn
- At no time shall personnel display the Ambulance Contractor's company name or trademark. Only the Authority's logo and trade name may be displayed.
- Only Contractor issued uniforms shall be worn

Duty Uniform

Uniformed Personnel shall wear Duty Uniforms at all times while in view of the public, operating or riding in a Vehicle as follows:

- Uniformed Personnel requirements apply to Field Personnel on BLS or ALS Ambulances, Critical Care Units, Communications Center, and Standby Units
- Uniform Style Short Sleeved Polo Shirt
 - Royal Blue upper chest and back and sleeves
 - Navy blue lower chest and back
 - Reflective white stripe mid-line
 - Reflective white "EMS" on back
 - Sunstar Paramedics Logo embroidered on Left Chest
 - American flag embroidered on right sleeve
 - Name and Rank embroidered over right breast per specification
 - Black for Field
 - Capitalized First Initial, period and Last Name on Right Chest
 - Capitalized Rank/Assignment below the Name
 - Gold Embroidered Name and Rank
 - CHIEF OPERATING OFFICER
 - DIRECTOR OF OPERATIONS
 - DIRECTOR OF CLINICAL SERVICES
 - DIRECTOR OF COMMUNICATIONS
 - DIRECTOR OF SUPPORT SERVICES
 - OPERATIONS MANAGER
 - OPERATIONS SUPERVISOR
 - COMMUNICATIONS SUPERVISOR
 - PARAMEDIC – ASSISTANT SUPERVISOR

Appendix O
UNIFORM DRESS CODE & PROFESSIONAL CONDUCT
Page 3 of 6

- Silver Embroidered Name and Rank
 - CLINICAL SERVICES COORDINATOR
 - COMMUNICATIONS TRAINING COORDINATOR
 - PARAMEDIC - FIELD TRAINING OFFICER
 - EMT - FIELD TRAINING OFFICER
 - Black Embroidered Name and Rank
 - CRITICAL CARE NURSE
 - CRITICAL CARE PARAMEDIC
 - PARAMEDIC
 - PARAMEDIC - SYSTEM STATUS CONTROLLER
 - EMT - SYSTEM STATUS CONTROLLER
 - EMERGENCY MEDICAL TECHNICIAN
-
- Black BDU-style uniform work pants
 - Black belt with garrison type belt buckle
 - Pinellas County EMS Certification photo identification will be displayed.
 - Black military style boots or sturdy shoes with dark socks (sneakers are not allowed)
 - Issued jackets, rain gear and other personal protective equipment shall be worn as the situation dictates. Black or reflective jackets and rain gear.
 - A Sunstar baseball cap may be worn
 - A Tampa Bay Buccaneers, Lightning, Rays or Rowdies baseball cap may be worn during the week of semi-final/playoff championship games and national championship games (i.e. Stanley Cup, Super Bowl, or World Series) when a Tampa Bay team is playing.
 - At no time shall personnel display the Ambulance Contractor's company name or trademark. Only the Authority's logo and trade name may be displayed.
 - Only Contractor issued uniforms shall be worn

Specialized Work Uniforms

Uniformed personnel shall wear Specialized Work Uniforms upon assignment to a specialized unit or team as follows:

CME or EMS Academy Instructor

- County Red CME Instructor Polo Shirt
- Black uniform BDU-style work pants
- Follow Duty Uniform Standards for belt, shoes and accessories.

Materials Management

- High-visibility Green/Yellow/Orange t-shirt with Sunstar logo on left breast and back of shirt.
- Black BDU-style uniform work pants or shorts.

Appendix O
UNIFORM DRESS CODE & PROFESSIONAL CONDUCT
Page 4 of 6

Mental Health Transport Unit

- Dark Green polo shirts (Sunstar logo over right breast).
- Black uniform BDU-style work pants
- Follow Duty Uniform Standards for belt, shoes and accessories.

Standbys

- Certified Personnel shall not wear shorts or tee shirts.

Uniform Cleanliness and other Requirements

Cleanliness

- Uniform shirts and pants are to be clean, pressed and fit correctly.
- Permanently stained, yellowed shirts or shirts with faded patches shall not be worn.
- Plain, white tee shirts must be worn under white uniform shirts
- Plain, solid dark blue or black tee shirts may be worn under duty uniform polo shirts.
- Uniform Shirts are to be tucked in at all times.
- All buttons other than the collar button are to be buttoned at all times while on duty.
- A spare uniform shall be available in the event the primary uniform is soiled.

Accessories

- Chained wallets and long dangling key devices from the belt are not allowed.
- Portable radios and pagers shall be attached to the belt while on duty.
- Black leather or nylon EMT Holsters for gloves and scissors may be worn.
- A plain, white, long sleeved, turtleneck shirt may be worn underneath white uniform shirts during cold weather.
- A plain, dark blue or black, long sleeved, turtleneck or tee shirt may be worn underneath white uniform shirts during cold weather.
- Except as provided herein, no jewelry of any type may be worn while on duty. The items are as follows: a wedding ring, a wristwatch, a medical alert bracelet may be worn. Earrings shall be of the post type and of a conservative style. No more than one earring per earlobe is permitted. Other piercing jewelry, including tongue piercing is not permitted. Necklaces shall not be visible while in uniform.

Personal Appearance

- Personnel shall have a neat, clean and kempt appearance with particular attention to good oral hygiene, clean hands and fingernails.
- Personnel shall maintain their hair in a clean and groomed condition. Personnel with long hair must keep it pulled back to prevent it from falling into their eyes or interfering with personal protective equipment. Facial hair will be permitted so long as it is maintained in a clean, neat manner and does not interfere with safety equipment.
- Personnel shall not use excessive makeup or perfume while on duty.

Appendix O
UNIFORM DRESS CODE & PROFESSIONAL CONDUCT
Page 5 of 6

Exceptions

Exceptions or permanent changes to the dress codes identified in this appendix may be approved upon application and written approval of the Executive Director prior to the implementation of any temporary or permanent uniform change.

Transition to black pants – all existing Navy Blue BDU-style and dress pants may be worn until they are replaced through their normal replacement cycle.

Professional Conduct Requirements

Requirement	Liquidated Damages
CAD system or interface modules (Contractor's components) not operational for more than eight (8) consecutive hours.	\$500.00 per occurrence
Failure to meet Production Standards – Section 401(a)	\$500.00 per occurrence
Contractor's Personnel prompting a First Responder to downgrade the Response of an Ambulance to an Emergency Request.	\$250 per incident
EMS Headquarters cleanliness – Work areas (EMS Communications Center, Materials Warehouse and Bays, Fleet, Administrative offices, gym, and locker rooms) shall be kept neat and clean.	\$100 per occurrence
Radio Communications – EMS Communications Center personnel shall monitor the working fire tactical radio channel within one minute of receipt of an Emergency Request or Downgraded Request and answer any First Responder inquiry for location or estimated time of arrival (ETA) not answered by Field Personnel (i.e. Ambulance being exchanged for a closer unit or not yet assigned.)	\$100 per occurrence
Radio Communications – Field Personnel shall monitor the working Fire Tactical radio channel within one minute of being assigned to an Emergency Request or Downgraded Request and answer any First Responder inquiry for location or estimated time of arrival (ETA).	\$100 per occurrence
Uniforms and Professional Appearance – Field Personnel shall be clean, neat and dressed, in accordance with Appendix O, whenever in public view. Field Personnel shall be in uniform whenever operating or riding in a Vehicle.	\$100 per occurrence
Vehicle Operations at EMS Headquarters – Vehicles shall not be operated or parked in the public parking lots at EMS. Vehicles are to enter and exit from the electric gate in front of the fleet garage and only operate within the secure parking and materials warehouse area.	\$100 per occurrence
Vehicle stocking and cleanliness – Vehicles shall be clean inside and out and stocked with medical equipment and supplies, as required in Appendix I, prior to being placed into service.	\$100 per occurrence
Late submission of Annual Report - Section 417 (c)	\$100 per day