

AMBULANCE SERVICE AGREEMENT

AMENDMENT NO. 1

October 1, 2016

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

AMBULANCE SERVICE AGREEMENT

AMENDMENT NO. 1 made this 22 day of November 2016, between PARAMEDICS PLUS, L.L.C., a foreign limited liability corporation registered to do business in Florida and with its principal place of business at 1000 South Beckham Avenue, Tyler, Texas 75701 ("Contractor"), 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 October 1, 2015, began operating under the 2015 Ambulance Service Agreement ("Ambulance Service Agreement" or "Agreement") for the exclusive provision of Advanced Life Support (ALS) Ambulance Services in Pinellas County, Florida.
2. The Authority and Contractor, to meet the increased demand for Ambulance Services and the mutual desire to improve efficiency while reducing costs, seek to implement Basic Life Support (BLS) Ambulance Services in Pinellas County, Florida for non-emergency Patients being discharged from Hospitals and other non-emergent situations.
3. Pursuant to Chapter 401, Florida Statutes, Chapter 64J-1, Florida Administrative Code and Pinellas County EMS Rules and Regulations, Paramedics and Emergency Medical Technicians ("EMTs") must meet certain Continuing Medical Education ("CME") requirements in order to be certified to provide emergency medical services in Pinellas County.
4. The Authority is responsible for providing and making available to Contractor and First Responders a CME training program at multiple, regionally located training sites.
5. The Authority has determined that it is in the best interest of the Pinellas County EMS System that the CME training program be conducted under the joint auspices of the Authority, the Contractor and First Responders for first responder services and ambulance services.
6. The Authority, Contractor and First Responders desire to partner and cooperate to implement and maintain a CME training program.
7. The intent is to utilize classroom training for scenario and competency based skills assessment coupled with online training to meet CME requirements.
8. Classroom based training will include making a sufficient number of classes available at regional training sites on days, times and shifts necessary to maximize the availability of first responder units and ambulances.
9. The Authority and the Contractor now desire to enter into this Amendment No. 1 of the Ambulance Service Agreement.

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 M	Facilities
Appendix N	Equipment/Supplies Not Provided & On Scene Equipment Exchange

SECTION II. AMENDMENT TO SECTION 201. WORDS AND TERMS

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

"CME Instructor" means a County Certified Paramedic or County Certified registered nurse, employed and approved by the Contractor or a First Responder, who meets the qualifications set forth in the EMS Rules and Regulations and is approved by the Medical Director. CME Instructors may be utilized to teach regular CME Course(s), specialized Courses, EMS System orientation or serve as a subject matter expert, curriculum developer or to complete a specific task assignment related to training as contemplated by the EMS Rules & Regulations.

"Course(s)" means any individual CME offering available online or through a sufficient number of classroom based training classes. Regular CME Courses, whether online or classroom based, will be two (2) hours in duration.

"Learning Management System" means the integrated fire and EMS software system utilized by the Authority, Contractor and First Responders for online training, classroom based training attendance tracking, in-service education; dissemination of administrative and medical control directives, tracking receipt of protocols and directives, skill assessment and testing results. Authority's staff and Medical Director shall have administrative rights to upload and post CME curriculum, in-service training modules, administrative and medical control directives, run attendance and grade reports for all students, and reports for CME Instructor activity. Contractor will utilize the common software platform, Target Solutions, or a successor software product as determined by the Authority upon agreement with the CME steering committee as defined in the EMS Rules and Regulations.

B. The following existing terms of Section 201 are amended to be defined as follows:

"Ambulance" means any vehicle permitted by the Department, meeting the requirements of **Appendix H and Appendix I** and approved by the Executive Director, and operated by Contractor which is equipped to provide Advanced Life Support or Basic Life Support services and which is designed, constructed, maintained, equipped, or operated for and used, or intended to be used for the transportation of Patients.

"Ambulance Services" means emergency and non-emergency Transport services offered by the Authority and provided by Contractor, including management, supervision, Additional Services, and other ambulance related services.

"Continuing Medical Education" or **"CME"** means the medical education training program, through distance learning or classroom based courses, provided in accordance with the EMS Rules & Regulations.

"Medical Communications" means the function provided by Contractor through the use of a specially trained EMD, EMT or Paramedic, who relays information to hospitals, monitors the status of hospitals and EMS system resources in accordance with the Medical Operations Manual. This function coordinates communications between the Regional 9-1-1 Center staff, Medical Direction, First Responders, field Personnel, and Hospitals to coordinate the most appropriate Hospital destination, mitigate Hospital Bed Delays, disperse Patients from a mass casualty incident and maintain Hospital bypass and closure status. This function must be staffed continuously and requires rapidly answering phone calls and radio transmissions to ensure timely coordination between field Personnel, Medical Direction and Hospitals. During off peak times, Contractor may assign other duties to Personnel performing this function.

"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, 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.

"Stop-Loss Payment Rates" means per Transport ALS and BLS compensation amounts set forth in **Appendix A**.

"Stop-Loss Payment Amount" means the amount arrived at each month by multiplying the Stop-Loss Payment Rates by the number of the combined ALS and BLS Base Services Transports in excess of the Base Services Transport Volume. In determining the Stop-Loss Payment Amount, transports will be sorted in chronological order.

"Transport" means all Emergency and Non-Emergency transportation in BLS or ALS Ambulances by Contractor of Patients.

SECTION III. AMENDMENT TO SECTION 401. VEHICLES

Section 401(a), (c) and (d) 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 eighty-four (84) total Ambulances, which total number shall include at least ten (10) BLS Ambulances and seventy-four (74) ALS Ambulances, not including the Critical Care Transport Unit(s), Mental Health Transport Units(s), EMS Supervisor Units, Fleet Maintenance Unit, Medical Supply Units or the Tactical EMS Unit.
- (c) **Staffing of Vehicles.**
- i. **Ambulances.** All ALS Ambulances shall have the following minimum staffing: one (1) Paramedic and one (1) EMT. All BLS Ambulances shall have the following minimum staffing: two (2) EMTs.
 - ii. **Critical Care Transport Units.** A Critical Care Transport Unit 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 and make available Reserve Critical Care Transport Units on an as needed basis to meet demand.
 - iii. **Mental Health Transport Units.** A Mental Health Transport Unit shall have the following minimum staffing: one (1) MHT Driver specially trained and certified for Mental Health Transport. Contractor shall staff and operate a Primary Mental Health Transport Unit 24 hours per day, 7 days per week. Contractor may staff and operate a Secondary Mental Health Transport Unit to appropriately meet the demand for services. When a Reserve Mental Health Transport Unit is used to transport a Mental Health Client, Contractor shall staff with two (2) personnel, one (1) of whom must be certified as described in this section, without additional compensation.
 - 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.

v. Medical Supply Unit. Contractor shall staff and operate at least one (1) Medical Supply Unit during business hours, 7 days per week and provide deliveries as needed after business hours. Such unit shall be available to the EMS System to deliver medical equipment, medical supplies and return or deliver exchange equipment on an as needed basis.

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, Mental Health Transport Units and the Tactical EMS Unit.

vii. Disaster and Specialty Response Units. During a Disaster, EMS emergency, large scale emergency or mass gathering, Contractor shall provide staff to operate the Authority's Disaster and Specialty Response Units on an as needed basis. Such units provided and maintained by the Authority, shall be available to the EMS System to evacuate or transport the sick or injured and deliver medical equipment and supplies. Contractor will respond the unit(s) with pre-designated and authorized drivers, provide for the evacuation and transport of the sick or injured; provide for the movement and accounting of supplies and equipment on the scene of the emergency or at an emergency shelter or point of distribution.

- (d) On-Board Equipment and Supplies. All Ambulances and Critical Care Transport Units of Contractor shall at all times carry equipment, supplies, and medications sufficient to meet or exceed State and County requirements for BLS or ALS Ambulances, as applicable to the specific unit, plus additional items currently required, as listed in **Appendix I** attached hereto.

SECTION IV. AMENDMENT TO SECTION 405. RESPONSE TIME

Section 405 (c) of the Ambulance Service Agreement is hereby amended to read as follows, while the remainder of Section 405 shall remain in full force and effect:

- (c) Non-Emergency Requests. Response Time to not less than ninety-three (93.00%) percent of all 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. BLS and ALS Non-Emergency Request Response Times are combined for the purposes of Response Time calculations.

SECTION V. AMENDMENT TO SECTION 406. MISCELLANEOUS EQUIPMENT

Subsections 406 (a) and (b) of the Ambulance Service Agreement are hereby amended to read as follows, while the remainder of Section 406 shall remain in full force and effect:

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 three (103) units.
- (b) Portable radios and their maintenance in excess of two hundred eight (208) units.

SECTION VI. AMENDMENT TO SECTION 412. ADDITIONAL SERVICES

Section 412 of the Ambulance Service Agreement is hereby amended to add the following:

- (i) **CME Instructors.** Contractor shall participate in the CME program by providing CME Instructors to the pool of CME Instructors provided by the ALS First Responder agencies and the Contractor to teach Courses.

SECTION VII. AMENDMENT TO SECTION 414. FIRST RESPONDERS

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

- (a) **Incident Command and Fire Operations.** 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 of 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 local Incident Command System standard operating procedures.

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

- (b) **Courier Service.** Contractor shall deliver materials and supplies to, and pick up materials and supplies from, each First Responder agency at their designated primary location and CME training sites on a regular bi-weekly schedule during business hours. Materials and supplies may include medical equipment, medical supplies, fire equipment and supplies for regular and special operations, paperwork if sent in a secure envelope, training materials and books, return of equipment needing repair, return of expired medications and supplies. Notwithstanding anything to the contrary herein, Contractor shall not be required to deliver or pick up controlled substances in providing courier services under this subsection. The Contractor shall not be responsible for the replacement of any equipment or materials that are lost, stolen or damaged due to a cause other than Contractor's negligence. Contractor will collect hand receipts for transferred equipment. Contractor will recover equipment from hospitals, and decontaminate same prior to reissue for use in the EMS System.

SECTION VIII. AMENDMENT TO SECTION 421. ELECTROCARDIOGRAM EQUIPMENT

Section 421 of the Ambulance Service Agreement is hereby amended to add the following:

Contractor shall provide and maintain ten (10) automated external defibrillators to be utilized on BLS Ambulances.

SECTION IX. 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) 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's intent is to transition Ambulance dispatch from Zoll RescueNET to the County's CORE 9-1-1 CAD 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 thirteen (13) dispatch positions with radio and telephone capability. Chairs and headsets shall be provided;
- viii. Three (3) offices in the Regional 9-1-1 Center for manager, supervisor and training/quality assurance;
- ix. 800 MHz and UHF radio system mobile radios sufficient to equip up to one hundred three (103) Vehicles;
- x. Twelve (12) portable radios for use by the Tactical EMS team;
- xi. Two hundred eight (208) 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; 9-1-1 Pagers for up to two hundred (200) Personnel.

The Authority shall be responsible for the initial installation of all such equipment; and maintenance of such equipment throughout the term and any extensions of this Agreement, except for losses and repairs due to loss, theft, abuse, or neglect. The Authority shall replace mobile and portable radios according to its capital equipment replacement schedule. Contractor shall be responsible for coordinating the

installation of all mobile communications equipment. The EMS Communications Systems and equipment to be furnished shall be as specified in **Appendix K** hereof.

Contractor shall, at its expense, upgrade with the written approval of the Authority's Executive Director, its Automated Aids to ensure a technically advanced, efficient, and responsive dispatching capability is provided. At a minimum, Contractor will utilize global positioning satellite (GPS) receiver enabled Mobile Communications Terminals (MCT) in each Vehicle capable of in-vehicle mapping, updating its location in the CAD on a real-time basis, and receiving dispatch information. The CAD shall utilize real-time geographical data from Vehicles to display maps, update the System Status Plan and perform automatic vehicle location functions (i.e. recommend the closest Ambulance to an Emergency Request).

SECTION X. AMENDMENT TO SECTION 703. ADDITIONAL SERVICES

Section 703 of the Ambulance Service Agreement is hereby amended to add the following:

- (i) **CME Instructors.** The Authority shall reimburse Contractor for the actual cost of salary and benefits up to \$60.00 per hour for 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 \$60.00 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, in the first payment in each Fiscal Year, 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 XI. TERM

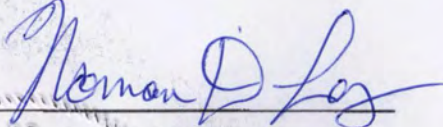
The effective date of this Agreement shall be retroactive to October 1, 2016. This Amendment shall run concurrent with the term and any subsequent renewal(s) of the Ambulance Service Agreement.

SECTION XII. EFFECT OF AMENDMENT

Except as otherwise provided herein, all terms and conditions of the Ambulance Service Agreement shall remain in full force and effect, the same as if this Amendment had not been executed.

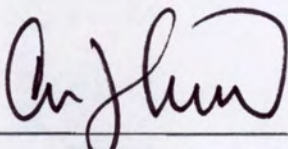
IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers, have caused this Agreement to be executed on this 22nd day of November, 2016.

ATTEST:
KEN BURKE, CLERK


By: 
Deputy Clerk



PINELLAS COUNTY EMERGENCY
MEDICAL SERVICES AUTHORITY

By: 
Chairman

APPROVED AS TO FORM

By: 
Office of the County Attorney

ATTEST:

BY: 

PARAMEDICS PLUS, L.L.C.

By: 

Mark Postma, Vice President

**Appendix A
COMPENSATION SCHEDULE FY16-17**

BASE SERVICES & STOP-LOSS

Base Services Amount (monthly)	\$ 2,697,243.12
Critical Care Transport Base Amount (monthly)	\$ 87,703.37
Mental Health Transport Services Base Amount (monthly)	\$ 26,263.24
Tactical Emergency Medical Services Base Amount (monthly)	\$ 6,982.43
Stop-Loss Payment Rate (Per ALS Base Services Transport) (Per BLS Non-Emergency Transport is \$10.00 less - effective January 1, 2017)	\$ 243.31
Base Services Transport Volume	10,400

ADDITIONAL SERVICES

Reserve Critical Care Transport Call-Out Charge (Per hour, 3 hour minimum)	\$ 194.04
Dedicated Standby Rate (Per hour, per Ambulance, 3 hour minimum)	\$ 119.46
Dedicated Standby – Single Paramedic (Per hour, 3 hour minimum)	\$ 59.72
Long Distance Transport Base (BLS or ALS) (Per transport)	\$ 338.31
Long Distance Transport Mileage Charge (BLS or ALS) (Per mile over 25)	\$ 3.25
Secondary Mental Health Transport Unit (Per hour)	\$ 55.30
Disaster & Specialized Response Unit (Per hour)	\$ 119.46
Community Paramedic (Per Medic, per hour)	\$ 55.28

**Appendix H
VEHICLE REPLACEMENT PLAN
2016 to 2021**

Existing	Maintain or Replace
Ambulances - Type III	
Nine (9) 2015 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Maintain nine (9) 2015 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Ten (10) 2015 Ford/AEV Type III Ambulances	Maintain ten (10) 2015 GMC/Chevrolet C4500/AEV or Ford/AEV Type III Ambulances
Ten (10) 2015 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Maintain ten (10) 2015 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Seven (7) 2010 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount seven (7) in FY16-17 to maintain seven (7) 2016 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Nineteen (19) 2011 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount seven (7) in FY16-17 to maintain seven (7) 2016 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances Remount eleven (11) in FY17-18 to maintain eleven (11) 2017 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances Remount one (1) in FY18-19 to maintain one (1) 2018 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulance
Two (2) 2012 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount two (2) in FY18-19 to maintain two (2) 2018 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Ten (10) 2013 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount one (1) in FY18-19 to maintain one (1) 2018 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulance Remount seven (7) in FY19-20 to maintain seven (7) 2019 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances Remount two (2) in FY20-21 to maintain two (2) 2020 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Seven (7) 2014 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances	Remount one (1) in FY19-20 to maintain one (1) 2019 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulance Remount six (6) in FY20-21 to maintain six (6) 2020 GMC/Chevrolet C4500/AEV or Ford E450/AEV Type III Ambulances
Ambulances - Type II	
Six (6) 2009 Ford Type II Van Ambulances	Demobilize six (6) 2009 Ford Type II Van Ambulances at Contractor's discretion Note: Authority did not compensate Contractor for these units and the minimum Fleet size standard will not be affected
Ten (10) 2016 Sprinter or Ford Transit TS Type II Van Ambulances for BLS Services	Add ten (10) 2016 Sprinter or Ford Transit TS Type II Van Ambulances for BLS Services
Primary 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	
Two (2) 2010 Ford Expedition	Replace two (2) in FY16-17 to maintain two (2) 2016 Supervisor Units
Three (3) 2015 Chevrolet Tahoe	Replacement not required
Mental Health Transport Units	
Two (2) 2011 Ford Transit	Replace one (1) in FY18-19 to maintain one (1) 2018 Ford Transit Replace one (1) in FY17-18 to maintain one (1) 2017 Ford Transit
Medical Supply Units	
One (1) 2011 GMC G3500	Remount in FY18-19 to maintain one (1) 2018 GMC 3500 Supply Vehicle
One (1) 2010 Ford E450	Remount in FY18-19 to maintain one (1) 2018 GMC 3500 Supply Vehicle
Tactical EMS Unit	
One (1) 2015 Chevrolet Suburban	Replacement not required
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.



Appendix I
TECHNICAL SPECIFICATIONS FOR AMBULANCES & VEHICLES
Page 3 of 10



Appendix I
TECHNICAL SPECIFICATIONS FOR AMBULANCES & VEHICLES
Page 4 of 10

TACTICAL EMS UNIT

The Tactical EMS Unit shall be a four door mid-sized sport utility vehicle, 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.



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.



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

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.



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 (New Zoll Road Safety Blue or equivalent)
- Backup cameras
- Solar panels
- LED Emergency and Undercarriage Lighting
- New Hydraulic Stretcher (Stryker Power-PRO XT with XPS - Expandable Patient Surface) or equivalent.
- New 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 (New Zoll Road Safety Blue or equivalent)
- Backup cameras
- Solar panels
- LED Emergency and Undercarriage Lighting
- New Hydraulic Stretcher (Stryker Power-PRO XT with XPS - Expandable Patient Surface) or equivalent.
- New Inmotion Onboard Mobile Gateway (OMG) Wireless Router
- The inventory load plan must comply with the then current Pinellas County BLS & ALS Inspection forms

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

The Primary 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.
- Airborne Isolette (or equivalent) and Hydraulic Lift
- Dual Stretcher Mounts (one for a Standard Cot and one for an Isolette)
- Tie Downs or a mechanism for securing a Balloon Pump or additional medical equipment during transport
- 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 CCT unit only).
3. A cellular phone.
4. A generator and/or inverter for powering and charging equipment necessary for critical care transports.
5. Airborne Transport Incubator with ventilator and external temperature monitoring for critical neonatal or pediatric transfers (Primary CCT unit only).
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 / Defibrillators 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.
8. Temporary transvenous pacemaker (Primary CCT unit only).
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.

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

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 specified "Primary CCT Only" two sets of equipment are required to equip both the Primary Critical Care Transport Unit and the Backup 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 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.

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

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

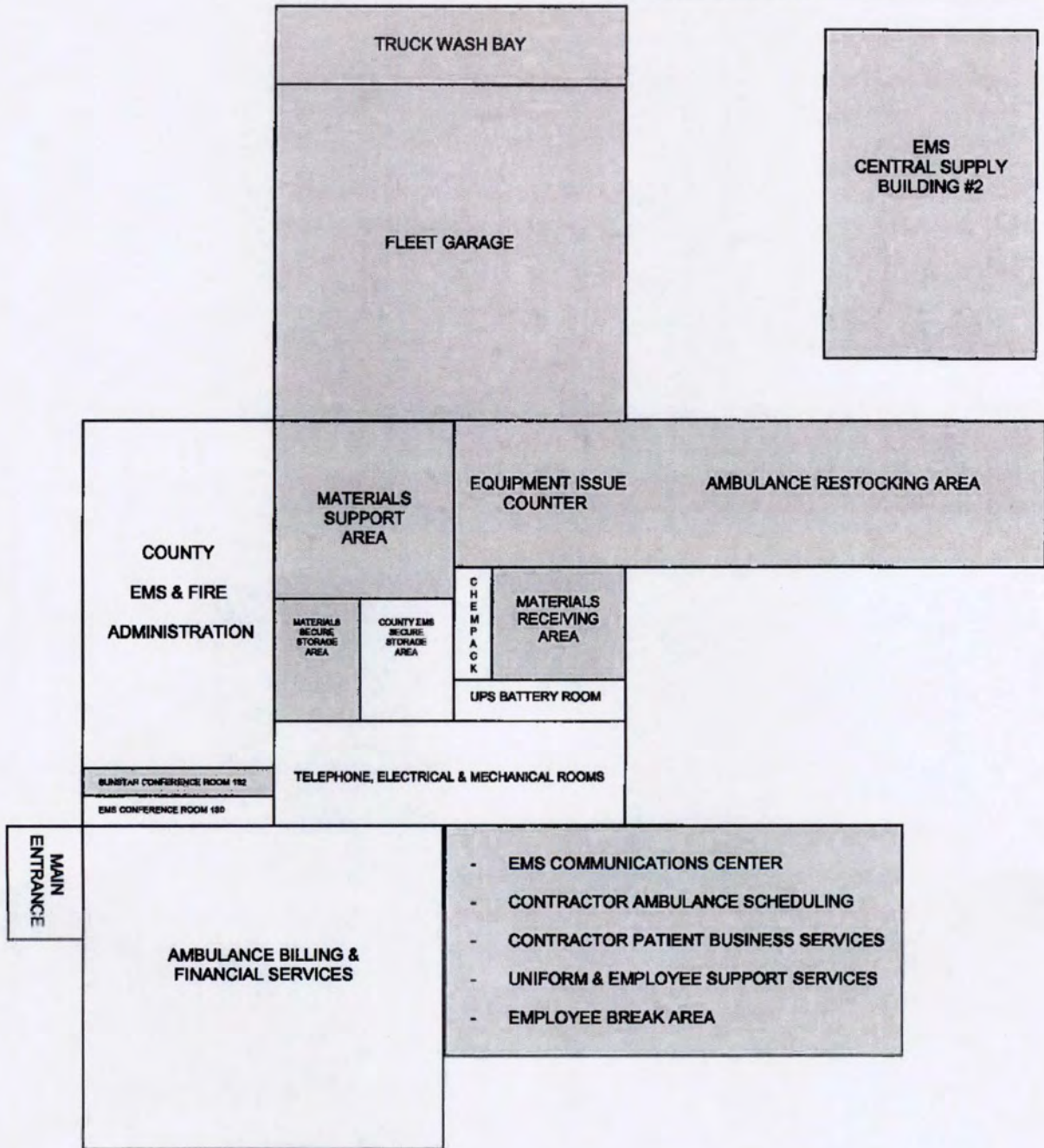
Ambulance Control Center personnel shall accurately determine the level of response needed for Interfacility Transport requests following the Medical Director's protocols.

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

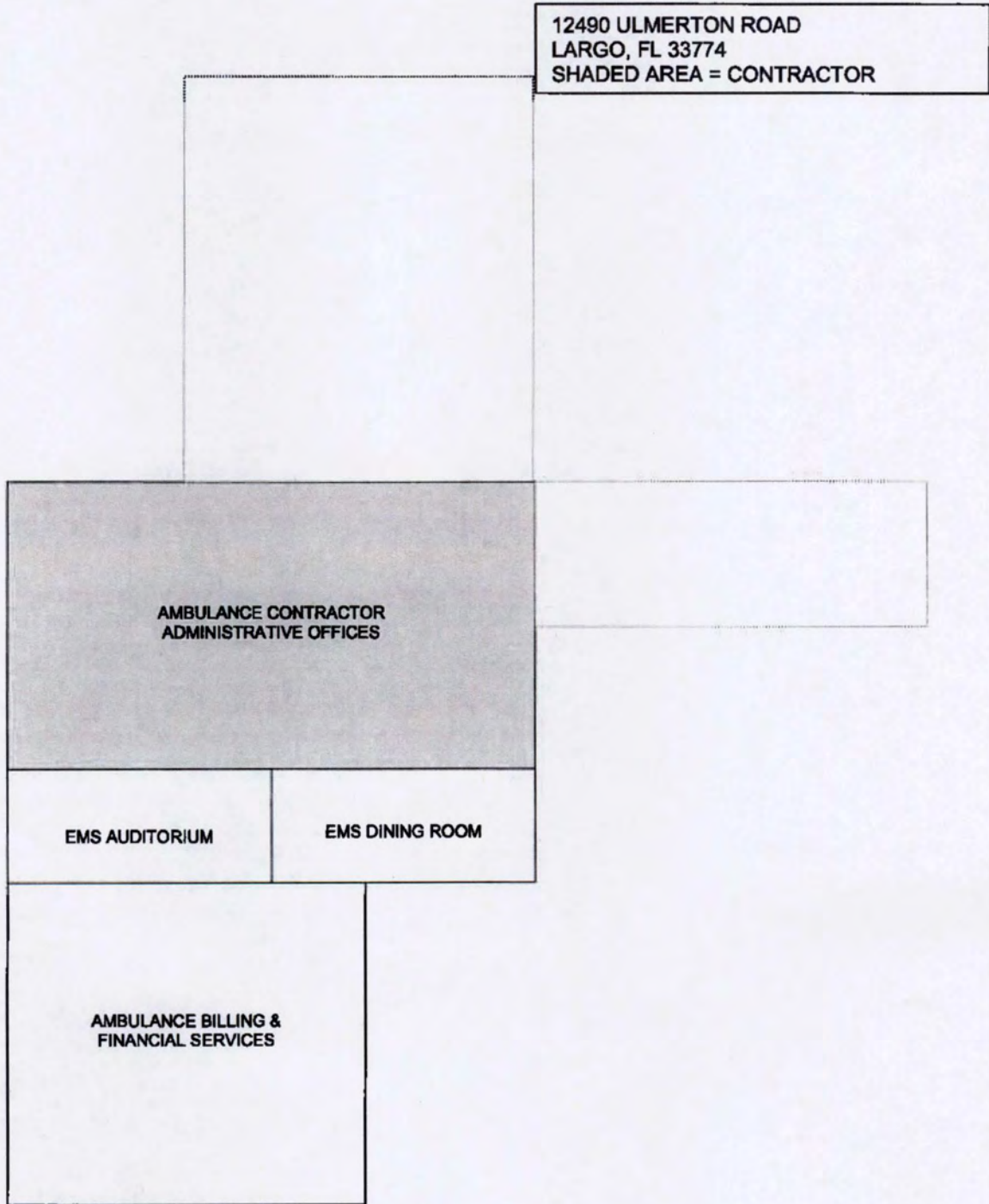
1. Operable Lights to include Headlights, Tail Lights, Brake Lights, Turn Signals, Back Up Lights, Hazard Warning Lights and Interior Lights.
2. Doors open properly and close securely. Door locks are operable and set for "Child Safety."
3. 800 MHz Mobile Radio (except on reserve van) and One (1) 800 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 M
FACILITIES
Page 1 of 4**

12490 ULMERTON ROAD
LARGO, FL 33774
SHADED AREA = CONTRACTOR



**Appendix M
FACILITIES
Page 2 of 4**



**Appendix M
FACILITIES
Page 3 of 4**

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

9-1-1 ADMINISTRATION

SUPV 1 Console 94	SUPV 2 Console 95
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EMS
QA
Rm 341F

EMS
MGR
Rm 341G

EMS
SUPV
Rm 341H

**Appendix M
FACILITIES
Page 4 of 4**

12211-B WALSINGHAM ROAD
LARGO, FL 33774

CLASSROOM	SIMULATION LAB	BREAK OUT ROOM
		OFFICE / STORAGE

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 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 as determined by the Medical Control Board and Authority to include all preventative maintenance/repair, cases, battery chargers and batteries as needed.
 - Specification was determined by the Medical Control Board and approved by the EMS Authority (RFP 089-0423P-SS).
 - 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

Appendix N
EQUIPMENT/SUPPLIES NOT PROVIDED & ON SCENE
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