

**CONTRACT FOR SERVICES #017-111-P-E2011
AMENDMENT 4**

Prehospital Advanced Life Support, Ambulance
and Dispatch Services

This Amendment IV to that Contract for Services #017-111-P-E2011, is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and California Tahoe Emergency Services Operations Authority (hereinafter referred to as "Cal Tahoe").

RECITALS

WHEREAS, Cal Tahoe has been engaged by County for contracted Prehospital Advanced Life Support (ALS) services and dispatch services, in accordance with Contract for Services #017-111-P-E2011, dated October 27, 2011, Amendment 1 dated May 1, 2012, Amendment 2 dated December 11, 2012, and Amendment 3 dated July 16, 2016 incorporated herein and made by reference a part hereof; and

WHEREAS, in accordance with California Health and Safety Code, Section 1797.227 the County has contracted for an electronic Prehospital Care Report (ePCR) software and database, which provides the capability to utilize tablets, computers, and other devices to collect and transmit ePCR data; and

WHEREAS, in February 2017, the California Emergency Medical Services Authority awarded the County grant funding opportunity number C16-041 for the purchase of Electronic Mobile Devices as part of the Data Quality Improvement Program to collect and transmit patient care data to the County consistent with Health and Safety Code 1797.227 with subsequent transmission to the California Emergency Medical Services Information System (CEMSIS) database; and

WHEREAS, to facilitate wireless connectivity between the Emergency Medical Technician (EMT) and EMT-Paramedic staff with the ePCR database, the County has purchased tablets, with the aforementioned grant monies, in sufficient quantity for each Advanced Life Support (ALS) ambulance, and sufficient quantity for each ALS engine to have a dedicated tablet available; and

WHEREAS, Cal Tahoe shall facilitate the integration of ImageTrend software with the contracted dispatch agency; and

WHEREAS, Cal Tahoe has agreed that in exchange for the initial purchase of said tablets, Cal Tahoe will maintain, accessorize, update, repair, and replace each tablet and associated components on an as needed basis; and

WHEREAS, Cal Tahoe has experienced a significant increase in Inter-facility Transfers which has, in turn, significantly accelerated the maintenance and replacement of medic units due to increased wear and tear which is beyond the reasonable control of Cal Tahoe; and,

WHEREAS, County has agreed to increase Cal Tahoe's monthly funding for costs associated with such increase in Inter-facility Transfers; and

WHEREAS, Cal Tahoe is contractually bound to replace or remount medic units when they reach 150,000 miles of service and currently has three (3) medic units that have over 130,000 miles of service, as such County has agreed to fund a one-time purchase of one (1) new ambulance and one (1) remount of an ambulance; and

WHEREAS, the parties hereto have mutually agreed to amend **Section III – General Service Provisions: Article I – General Dispatch Provisions; Section VI – Equipment and Supply Requirements: Article I – Ambulance Vehicles; Section VII – Data Collection and Reporting Requirements: Article II – Prehospital Care Report/Billing Forms, ePCR Required; Section VIII – General Contract Requirements: Article VII – Compensation for Services, Article XV – Notice to Parties; and**

WHEREAS, the parties hereto have mutually agreed to amend and replace **Appendix B, and Appendix E; and**

NOW THEREFORE, the parties do hereby agree that Contract for Services #017-111-P-E2011 shall be amended a fourth time as follows:

- 1) **Section III – General Services Provisions: Article I – General Dispatch Provisions, shall be amended in its entirety to read as follows:**

Article I – General Dispatch Provisions

Cal Tahoe shall provide or subcontract to provide one hundred percent (100%), twenty-four (24) hours per day, seven (7) days per week dispatch coverage and services for all Priority 1, 2, 3, 4, 5 and 6 ambulance requests for service, as described in Section V, Article XI, C., for the term of this Contract, in accordance

with federal, State and local provisions, including but not limited to those outlined below.

Such service shall include, but is not limited to, dispatch personnel, in-service training, quality improvement monitoring, and related support services.

A. Staffing

Staffing levels shall be such that emergency lines will be answered within eighteen (18) seconds (by the third (3rd) ring) in not less than 90% of cases. Cal Tahoe's call-takers will provide medically appropriate priority dispatch and pre-arrival instructions using Medical Priority Dispatch Systems protocols approved by the County EMS Agency Medical Director.

B. Hardware

Certain dispatch communications equipment and radios, proposed communication infrastructure enhancements, and other equipment and software employed by Cal Tahoe in the delivery of these services may be furnished by County (See Appendix B).

C. Computer Aided Dispatch System

Cal Tahoe will provide a computer aided dispatch (CAD) system to be utilized to record dispatch information for all ambulance requests. The CAD time recording system must include the date, hour, minutes and seconds. All radio and telephone communication including pre-arrival instructions and time track must be digitally recorded and retained for a minimum of 365 days. County shall have access to recorded information related to medical calls with appropriate notice.

D. Dispatch facility shall hold current designation as primary or secondary Public Safety Answering Point (PSAP) by State of California.

E. The Designated Dispatch Center shall utilize and maintain a computer aided dispatch (CAD) system with specialized separate tracking of EMS and ambulance responses. Cal Tahoe shall notify County if CAD system is inoperative for more than 24 hours.

F. The designated dispatch center shall integrate the CAD system with the Electronic Prehospital Care Report (ePCR) software.

G. Cal Tahoe shall provide a system of priority dispatch and pre-arrival instructions together with applicable quality assurance approved by the County EMS Agency Medical Director.

H. Priority Dispatch Protocols and Pre-Arrival Instructions

County utilizes medical dispatch protocols and pre-arrival instructions approved by the County EMS Agency Medical Director and the County EMS Agency Administrator. These are based on the Emergency Medical Dispatch National Standard Curriculum as the standard:

The priority dispatch and pre-arrival instruction software approved by the County of El Dorado EMS Agency Director is Medical Priority Consultants software program: ProQA for Windows and AQUA (Advanced Quality Assurance for electronic case review), which meet the standards of the National Traffic Safety Administration: Emergency Medical Dispatch National Standard Curriculum.

Cal Tahoe shall ensure that the County approved priority dispatch and pre-arrival instruction software is installed by the Designated Dispatch Center at all times during this Contract. If, during the term of this Contract, the CAD vendor used by Cal Tahoe develops an interface to ProQA, or Cal Tahoe changes CAD vendors to one with such an interface, Cal Tahoe shall install the interface at its own sole expense.

Adherence to medical dispatch protocols is required. Thus, except where a deviation is clearly justified by special circumstances not contemplated within a dispatch protocol, such medical dispatch protocol shall be strictly followed. Compliance with call-taker and dispatcher questions and pre-arrival instructions shall be a routine part of an integrated quality improvement process and shall be reported on a monthly basis with response statistics.

- I. The Designated Dispatch Center shall provide a process that recommends vehicle locations per criteria included in Cal Tahoe's System Status Management Plan (SSMP).

J. Syndromic Biosurveillance System

Cal Tahoe shall purchase and install a Syndromic Biosurveillance System as proposed in Section XIII. System Enhancements. Paragraph A. beginning on page 1439 of its response to the County RFP. The system installed shall be the FirstWatch Real Time Early Warning System detailed in the proposal. Cal Tahoe may utilize Option 1 (purchase) or Option 2 (Software as a Service) found on page 1473 of the proposal, to acquire this capability. This installation shall be completed no later than, February 1, 2012. Cal Tahoe shall assure that County has access to real time data available from this system. Should County decide to implement the Syndromic Biosurveillance System County-wide at some future date, County and Cal Tahoe will enter into discussions regarding the expansion and distributed costs of the expanded system.

//

//

2) Section VI – Equipment and Supply Requirements: Article I – Ambulance Vehicles, shall be amended in its entirety to read as follows:

Article I – Ambulance Vehicles

A. Vehicles

1. Cal Tahoe shall provide all ambulance vehicles to be used for the provision of the services required in this Contract.
2. Cal Tahoe shall maintain a minimum fleet of five ambulances with four-wheel drive capabilities and with remountable modules. Ambulance modules shall be remounted onto new chassis per Cal Tahoe's vehicle replacement plan. The vehicle replacement plan shall be reviewed annually and revised as needed by Cal Tahoe, and a copy provided to the County EMS Agency of any changes. The Plan shall include a summary of the past year's purchases.
3. Cal Tahoe shall maintain a serviceable fleet of ambulances in accordance with the fleet management and maintenance plans submitted in Cal Tahoe's proposal.
4. Cal Tahoe shall maintain access to a sixth ambulance through cooperative agreements with neighboring ambulance providers.

B. Vehicle Markings

All ambulances shall be marked as described in Appendix D. Cal Tahoe shall not modify ambulance vehicle markings without the expressed written consent of County.

C. Equipment Provided by County

County will provide high-altitude Nitronox units and a radio infrastructure system owned by the County of El Dorado. Additionally, County will purchase the initial supply of EPCR mobile tablets for all ALS ambulances. ePCR mobile tablets shall remain property of the State of California and may not be transferred for use by another department of a local government or disposed of without written approval of California State Emergency Medical Services Authority (EMSA). A detailed description of the provided radio infrastructure and ePCR equipment will be maintained and updated routinely during the annual County property inventory and updated on Appendix B.

D. Equipment Provided by Cal Tahoe

Cal Tahoe will be required to provide all equipment and systems, other than outlined in "C" above, necessary to fulfill the requirements of this Contract. Equipment and systems to be provided by Cal Tahoe include, without limitation, dispatch equipment, computer systems, mobile and portable radios, emergency alerting devices, ambulances, supervisory vehicles, monitors, defibrillators, other clinical equipment, crew quarters and administrative offices.

Additionally, Cal Tahoe shall provide and maintain cellular connectivity for the mobile ePCR tablet.

E. Supplies for Basic and Advanced Life Support Services

It will be the total responsibility of Cal Tahoe to furnish all supplies necessary and/or required to perform Basic and Advanced Life Support services, including, but not limited to, ePCR tablets. Appendix E, "ALS Transporting Unit Minimum Equipment Inventory," is a detailed list with the number, type and in some cases brand, of each item that shall be carried on every ambulance.

EPCR/Tablets – Cal Tahoe shall provide tablet maintenance and repair, as well as operating system updates for each tablet. Cal Tahoe will be solely responsible for the purchase and replacement of all accessories to the tablets including, but not limited to, batteries, plugs, power cords, protective-cases, and screen protectors. In the event a tablet needs to be replaced, Cal Tahoe shall purchase the replacement tablet in an updated make and model capable of performing in accordance with the ePCR platform system requirements. Cal Tahoe shall ensure that a sufficient number of mobile ePCR tablets are available for replacement in the event of breakdown, maintenance, and disaster operations.

F. First Responder Equipment and Supply Replenishment

Cal Tahoe shall develop mechanisms to exchange reusable orthopedic appliances, and re-stock disposable and ALS medical supplies, except pharmaceuticals, used by first responders when treatment has been provided by first responder personnel and patient care is assumed by Cal Tahoe's personnel. Equipment and supplies will be exchanged on a one-for-one basis. Whenever possible, this exchange should be accomplished on scene. If patient care or circumstances at the scene prevent an on scene exchange, Cal Tahoe will arrange to accomplish it as soon as reasonably possible. If Cal Tahoe is canceled en route or at the scene and no patient contact is made by Cal Tahoe's personnel, Cal Tahoe shall not be obligated to restock the first responder agency supplies.

G. Return to Station

In any situation in which fire department personnel assist Cal Tahoe during transport to the hospital, Cal Tahoe shall provide or arrange return transportation to the fire station for those personnel. This will be accomplished within a reasonable period of time.

H. In-Service Training

Cal Tahoe will provide in-service training for first responders that will benefit the EMS system as a whole. This training should, at a minimum, facilitate on-scene interactions with Cal Tahoe's personnel and provide access to Cal Tahoe's educational programs needed for the continued certification of first responders. Cal Tahoe, however, is not responsible for the recertification of first responders.

3) Section VII – Data Collection and Reporting Requirements: Article II – Prehospital Care Report/Billing Forms, ePCR Required, shall be amended in its entirety to read as follows:

Article II – Prehospital Care Report/Billing Forms

- A. On or about June 1, 2017, Cal Tahoe shall have implemented and begun to utilize the County's contracted ePCR software and tablets.

The ePCR is required to be completed for all patients for whom care is rendered at the scene, regardless of whether the patient is transported. Prehospital Care Reports should clearly identify those instances when two or more patients are transported in the same ambulance so that proper billing can be done. Further, a round trip transport occurs when a single ambulance takes a patient to a destination and then provides a transport back to the point of origin. Round trip transports, other than "wait and return" trips are to be counted as two transports.

- B. In order to ensure that County and EMS Agency Medical Director can conduct system wide quality improvement activities, Cal Tahoe is required to provide County with electronic copies of accurately completed patient care forms including, but not limited to, correct name, address, date of birth, social security number and signature of the patient or patient representative (or clearly stated reason why patient is unable to sign) and sufficient information to appropriately document medical necessity.
- C. In the event that hardware, software, communications, licensing or other technical problems temporarily prohibit the real-time capture of ePCR data and information, Cal Tahoe shall have an immediately available backup system to manually collect all required information. Upon manual collection of this information, it shall be Cal Tahoe's responsibility to enter it into appropriate

electronic databases to assure compliance with the reporting requirements and timelines of this Contract.

- D. Cal Tahoe shall be required to provide all Prehospital Care Reports in an electronic format.
- E. Properly completed electronic Prehospital Care Reports should be delivered or electronically available to the County within no more than forty-eight (48) hours of the completion of each call. Cal Tahoe may be exempt from failures to meet this requirement that are outside of Cal Tahoe's reasonable control. For every patient care form not delivered within five (5) business days of the required delivery date, County will deduct \$250 from Cal Tahoe's payment. In addition, County will deduct from Cal Tahoe's payment \$1,000.00 for every patient care form that is not accurately completed and turned over to the County within 30 days of the completion of each call.
- F. Health and Human Services Agency (HHSA) Ambulance Billing personnel shall notify Cal Tahoe of failure to adequately complete an ePCR. Cal Tahoe shall take the necessary action to correct the omission/ error situation within 48 hours. Ambulance Billing personnel shall contact Cal Tahoe to help identify Cal Tahoe personnel in need of additional training. Cal Tahoe acknowledges and agrees that complete and timely reporting is of the essence of this agreement.
- G. All PCR's and ePCR's shall be completed in accordance with the El Dorado County EMS Policy: *"EMS Documentation Policies and Procedures"*.

4) Section VIII – General Contract Requirements, Article VII – Compensation for Services, shall be amended in its entirety to read as follows:

Article VII – Compensation for Services

Cal Tahoe acknowledges and agrees that this Contract is funded from specific, identified CSA No. 3 funding sources and is primarily a fixed price contract with annual adjustments plus standby revenue.

- A. Cal Tahoe will be compensated in sixty (60) monthly payments of \$166,500.00¹ for the duration of the original five-year term of the Contract. The County will work collaboratively with Cal Tahoe to establish and maintain an annual balanced operational budget for CSA No. 3, with operating expenditures that do not exceed annual operating revenues. County shall supply Cal Tahoe on a

¹ Beginning in January 2013, County will annually increase monthly compensation by a percentage that is equal to the Medicare Ambulance Inflation Factor (AIF) released by the Centers for Medicare and Medicaid Studies and effective for each calendar year. In the event that the AIF is zero or a negative percentage in any given year, Cal Tahoe compensation will not be changed during that year.

quarterly basis a report showing billing and collections on all transports. In addition, in recognition of the increased dispatch costs, effective July 19, 2016 in accordance with Amendment III, County shall pay Cal Tahoe a \$60,000 flat fee; thereafter said \$60,000 shall be due July 1st each fiscal year through the remaining term of this Agreement.

At any time during the Contract term, in the event that significant circumstances beyond the reasonable control of Cal Tahoe or County dramatically increase or decrease Cal Tahoe's expenses or County revenues, either party may request that the other meet and confer regarding the terms of the Contract. Potential options include:

- Continue the Contract without changes
- Increase or decrease Cal Tahoe compensation
- Modify the performance requirements of the Contract

Examples of circumstances beyond the reasonable control of the parties include, but are not limited to significant changes in State or federal healthcare reimbursement, State or federal mandates that create an unfunded financial burden on party, the repeal, or reduction of certain taxes or benefit assessments, and significant changes in the payer mix.

Cal Tahoe acknowledges and agrees that the source of funds for Cal Tahoe's compensation is limited to total revenue projected to be collected from two sources: 1) the CSA No. 3 benefit assessment and 2) fees collected by the County from patient charges for service. The County shall not be required to fund compensation from any other funds or revenues, including but not limited to the County's General Fund.

B. Fines and Penalties

The total of all fines and penalties for the previous month shall be deducted prior to monthly payment to Cal Tahoe.

Penalties and fines may be waived by County if acceptable reasons are presented by Cal Tahoe.

C. Additional Compensation for Standby, Disaster Services, and Long Distance Transports:

1. Standby Services: County will reimburse Cal Tahoe 93% of actual revenue received for special event and standby event services provided by Cal Tahoe. Seven percent (7%) will be retained by County for billing and collection services.
2. Disaster Services: County will reimburse Cal Tahoe 100% of payments received from State and federal agencies specifically designated to

reimburse Cal Tahoe for direct, unusual expense of providing disaster services.

3. Long Distance Transports: Long distance transport shall be defined as transportation of a patient in excess of one hundred (100) miles. County will compensate Cal Tahoe a flat rate of twenty-one thousand dollars (\$21,000) each month for Long Distance Transports regardless of whether, and how many, long distant transports are performed in that month.

D. Process for Ambulance Services Compensation

Cal Tahoe shall invoice County by the 10th of each calendar month for that current month. Invoice shall be submitted to the County EMS Agency, 2900 Fair Lane Ct, Placerville, CA 95667 or other location as County may direct. The County will pay to Cal Tahoe the reconciled monthly compensation payment prior to the last day of the invoiced month to include the following:

1. The base Contract monthly compensation for the current month, less any applicable penalties, and
2. Costs associated with disaster response per Section VIII, Article VII, C, 2. of this Contract for the previous month

E. Process for one-time reimbursement:

1. County shall reimburse Cal Tahoe a one-time amount of \$320,000 for the purchase of one (1) ambulance at \$210,000 and one remount of an ambulance at \$110,000 within forty-five (45) days following the County's receipt and approval of itemized invoice(s) identifying purchase of the ambulance and ambulance remount.
2. County agrees to a one-time reimbursement to Cal Tahoe for the expense of integrating ePCR software with the contracted dispatch agency Computer Aided Design (CAD) software. Reimbursement shall be provided for actual work expenses to facilitate integration not to exceed a total of \$7,000. County shall review and provide written approval of integration costs prior to any work being conducted. County shall not be responsible for any cost that was not approved in writing prior to the work being performed. Once integration is completed, as verified by County Contract Administrator and ImageTrend, Cal Tahoe will be responsible for any and all subsequent integration costs, including but not limited to upgrades or routine maintenance as required by the contracted dispatch agency.

Itemized invoices shall follow the format specified by County and shall reference this Agreement number on their faces and on any enclosures or backup

documentation. Copies of documentation attached to invoices shall reflect Contractor's charges for the specific services billed on those invoices. Invoices shall be mailed to County at the following address:

County of El Dorado
Health and Human Services Agency
2900 Fair Lane Court
Placerville, CA 95667

F. Financial Statements and Reports

The County may require that the Cal Tahoe submit an income statement or financial statement for any contract year during the term of the Contract. The income and financial statements shall be in compliance with California Government Code section 6505 and in a format acceptable to the County and shall be certified by a Certified Public Accountant that has direct responsibility for financial aspects of Cal Tahoe's operations under the County contract. It is understood that the County may conduct audits to verify these statements and make them available to other parties as deemed appropriate and Cal Tahoe shall fully cooperate with any County audit.

Cal Tahoe shall also comply with such other miscellaneous reporting requirements as may be specified by the County, provided that these additional reporting requirements shall not be unreasonable or excessively cumbersome to Cal Tahoe.

G. Annual Audit

Cal Tahoe acknowledges and agrees that County is responsible for conducting/obtaining annual audits of Cal Tahoe's books and records. Cal Tahoe agrees to assist administratively in procuring a Certified Public Accountant (CPA) upon County's request. Each audit period shall be July 1 through June 30 for the term of this contract. For each annual audit, a copy of the audit, together with any findings of deficiencies and recommended corrective action from the auditor, shall be submitted to HHSa no later than March 31st of each year. HHSa shall forward the audit documents to the County Auditor-Controller and to the Board of Supervisors for receipt and filing. In the event corrective action is necessary, Cal Tahoe shall, simultaneously with the submission of the audit documents, submit its corrective plan to correct any and all existing deficiencies, and to implement action to protect against future such deficiencies. Within forty-five (45) days of submission of the audit documents and Cal Tahoe's corrective plan to HHSa, County will notify Cal Tahoe if further Cal Tahoe action to implement corrective action is required. Cal Tahoe shall fully cooperate with any County audit.

G. Accounts Receivable/Billing

County shall manage all accounts receivable associated with this Contract. Cal Tahoe shall not engage in any billing activity associated with services provided by this Contract.

5) Section VIII – General Contract Requirements, Article XV – Notice to Parties, shall be amended in its entirety to read as follows:

Article XV – Notice to Parties

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid, Certified, Return Receipt Requested.

Notices to County shall be in duplicate and addressed as follows:

**COUNTY OF EL DORADO
HEALTH AND HUMAN SERVICES AGENCY
3057 BRIW ROAD
PLACERVILLE, CA 95667
ATTN: CONTRACTS UNIT**

And

**COUNTY OF EL DORADO
EMERGENCY MEDICAL SERVICES AGENCY
2900 FAIRLANE COURT
PLACERVILLE, CA 95667
ATTN: EMS AGENCY ADMINISTRATOR**

or to such other location as County directs.

Notices to Cal Tahoe shall be addressed as follows:

**CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY
2211 KEETAK STREET
SOUTH LAKE TAHOE, CA 96150
ATTN: EXECUTIVE DIRECTOR**

or to such other location as Cal Tahoe directs.

6) Appendix B is hereby amended and replaced in its entirety by Appendix B – Amendment IV, attached hereto and incorporated herein.

7) Appendix E is hereby amended and replaced in its entirety by Appendix E – Amendment IV, attached hereto and incorporated herein.

Except as herein amended, all other parts and sections of that Contract #017-111-P-E2011 and any amendments thereto shall remain unchanged and in full force and effect.

REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:

By: Richard W. Todd Dated: 6-6-2017
Richard Todd, EMS Agency Administrator
Contract Administrator

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: Patricia Charles-Heathers Dated: 6-6-17
Patricia Charles-Heathers, Ph.D., Director
Health and Human Services Agency

IN WITNESS WHEREOF, the parties hereto have executed this Fourth Amendment to that Contract for Services #017-111-P-E2011 on the dates indicated below.

--COUNTY OF EL DORADO--

Dated: _____

By: _____
Shiva Frentzen, Chair
Board of Supervisors
"County"

ATTEST:
James S. Mitrison
Clerk of the Board of Supervisors

By: _____ Dated: _____
Deputy Clerk

CALTAHOE

By: Robert Bettencourt Dated: 5-8-17
Robert Bettencourt, Chairman
Board of Directors
"Cal Tahoe"

ATTEST:

By: Don Algren Dated: 6-12-17
Board Secretary

JA

Appendix B – Communications Specification

164-S1211 Amendment IV

1) COMMUNICATIONS INFRASTRUCTURE

- A) A high band radio is available at Barton Memorial Hospital emergency department.
- B) County provides and maintains two repeaters (MED 7 and MED 8).

2.) TRANSMISSION / RECIEVE INFRASTRUCTURE

- A) PL Tone is 100
- B) Assigned Frequencies

<u>ASSIGNMENT</u>	<u>TRANSMIT</u>	<u>RECEIVE</u>
Dispatch	154.445	153.950
Tactical Channel	153.890	154.340
City Net	155.940	153.995
Vehicle To Vehicle	UHF high end frequencies	
Ambulance To Hospital	MED 1 to MED 10 (MED 7 is primary)	
ALS Medical Control	MED 1 to MED 10 (MED 7 is primary)	

3) PREFERRED COMMUNICATION EQUIPMENT

Ambulance Contractor to provide all mobile and portable radios compatible with existing radio system.

4) EPCR PLATFORMS

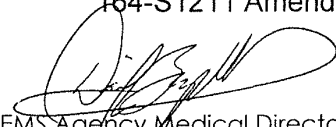
- A) County will provide the initial supply of EPCR mobile platform devices (tablet). All County provided equipment will be tracked on the annual CSA 3 Inventory.
- B) Contractor will provide wireless connectivity for all mobile EPCR platforms and Biphasic monitors.
- C) Contractor shall provide tablet maintenance and repair, as well as operating system updates for each tablet.
- D) Contractor will be solely responsible for the purchase and replacement of all accessories to the tablets including, but not limited to, batteries, plugs, power cords, protective-cases, and screen protectors.
 - α. In the event a tablet needs to be replaced, Cal Tahoe shall purchase the replacement tablet in an updated make and model capable of performing in accordance with the ePCR platform system requirements.
- E) Cal Tahoe shall ensure that a sufficient number of mobile EPCR tablets are available for replacement in the event of breakdown, maintenance, and disaster operations.

EL DORADO COUNTY EMS AGENCY FIELD POLICIES

Effective: July 1, 2017

Reviewed: February 8, 2017

Revised: February 8, 2017



EMS Agency Medical Director

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

PURPOSE:

A standardized inventory control program will ensure that effective levels of ALS equipment and medications are maintained and carried on approved ALS units.

DEFINITIONS:

Minimum Equipment Inventory - A minimum inventory of equipment and medication that is required to be carried on approved Advanced Life Support (ALS) units. More equipment may be carried if deemed appropriate by an ALS contractor.

ALS Transporting Unit – Means an ALS ambulance that is capable of transporting patients.

ALS Non-Transporting Unit – Means an engine, squad, truck, or other type of response unit that is capable of providing full ALS on a full or part-time basis.

ALS Assessment Unit – Means an engine, squad, truck, or other type of response unit that is capable of providing limited ALS on a full or part-time basis.

POLICY:

- 1) The EMS Medical Director has the authority to set the minimum standard for ALS equipment and medications that are to be maintained. This standard shall meet State and local policies, protocols and regulations, and shall ensure the capability to provide an ALS level of patient care. Each ALS provider shall implement an inventory control program to ensure that all ALS units have appropriate ALS equipment and that medications are stocked to at least the minimum level inventory required.
- 2) When determining what inventory your unit(s) will carry, keep in mind the potential for multiple patients and/or multiple calls before restocking. For non-transporting and assessment units this limited inventory may necessitate restocking from the ALS transporting unit prior to transport of the patient in order for the non-transporting unit to stay "in-service".
- 3) Records of daily inventory shall be retained by the ALS contractor for a minimum of twenty-four (24) months.
- 4) **For non-transporting and assessment units:** Contractors with issues in regards to controlled substances (morphine sulfate, Fentanyl, and midazolam) may request an exception to this equipment inventory by submitting a letter to the EMS Agency Medical Director requesting that they not be required to carry morphine sulfate or midazolam. This letter must describe the reason(s) that the contractor desires to exclude these medications from their inventory. The EMS Agency Medical Director will either approve or deny the exception and will notify the contractor in writing of his or her decision.

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	AIRWAY
2	2	2	Needle Thoracotomy Kits Consisting of: <ul style="list-style-type: none"> • 3 1/4" 10 Gauge Cath (For adults) • 2" 14 Gauge Cath (For pediatrics) • Chlorhexidine Prep/Swab
1	1	1	Needle Cricothyroidotomy Kits Consisting of: <ul style="list-style-type: none"> • ENK Flow Modulator • Reinforced 10-14 Gauge Cath (At least 2 1/2" long) • Chlorhexidine Prep/Swab • 5 mL Syringe • Normal Saline Acorn or Vial • Twill Tape
1	N/A	N/A	Main Oxygen Tank w/2 Flow Meters (Minimum oxygen level of 750 PSI)
2	2	1	Portable Oxygen Tanks (Minimum oxygen level of 500 PSI)
1	1	1	Portable Oxygen Regulator
2	Opt.	Opt.	Oxygen Humidifier
1*	1*	Opt.	N2O2/CPAP Adapter (Pigtail) * Optional if N2O2 not used and disposable CPAP is used.
1	1	1	Adult BVM w/Mask & O2 Supply Tubing
1	1	1	Child BVM w/Mask & O2 Supply Tubing
1	1	1	Infant BVM w/Mask & O2 Supply Tubing
2	1	Opt.	Peep Valves
6	1	1	Adult Nasal Cannulas
2	1	Opt.	Pediatric Nasal Cannulas
6	1	1	Adult Non-Rebreather Masks
2	1	1	Pedi Non-Rebreather Masks
2	1	Opt.	Infant Non-Rebreather Masks
2	1	Opt.	AeroEclipse Nebulizers
2	1	1	Nebulizers for Inhaled Meds
2*	1*	Opt.	Nebulizer Mask (*optional if non-re-breather mask can be converted to nebulizer mask)
2	1	Opt.	Nebulizer BVM Adapters

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	AIRWAY continued
2	1	1	Intubation Kit(s) Consisting of: <ul style="list-style-type: none"> • Oropharyngeal Airways Sizes #1 thru #6 • Nasopharyngeal Airways Sizes 20 FR – 36 FR • Uncuffed Endotracheal Tubes Sizes 2.5 – 5.5 (including half sizes) • Cuffed Endotracheal Tubes Sizes 6.0 – 9.0 (half sizes are optional) • Endotrol Endotracheal Tubes Sizes 6.0, 7.0, and 8.0 • Adult Laryngoscope Handle (pediatric sized handle is optional) • Full Set of Disposable Laryngoscope Blades (straight and curved) • 10 mL Syringe • Stylettes (1 adult and 1 pediatric) • 2 ET Securing Devices • Magil Forceps (1 adult and 1 pediatric) • Spare Laryngoscope Batteries (1 set for each handle) • BAAM Device • 4 Water Soluble Lubricating Jelly Packets • End Tidal CO2 Detectors (1 adult and 1 pediatric) • ET Tube Introducer (ETI)/Bougie
Opt.	Opt.	Opt.	Video Intubation Device (Non-brand specific)
1	1	1	King Airway Device Set Consisting of: <ul style="list-style-type: none"> • King LT or LTS-D Airways in sizes 2, 2.5, 3, 4*, & 5* • Water based lubricant • 60 cc or 90 cc syringe (If a 60 cc syringe is used, multiple fillings may be required)
1	1	1	Pulse Oximeter
1	Opt.	Opt.	Spare SPO2 Sensor
2	Opt.	Opt.	Pedi Pulse Oximetry Sensors
Opt.	Opt.	Opt.	Nitrous Delivery System: 1 Matrx Unit/ 1 Mask/ 5 Mouthpieces
1*	1*	Opt.	O2 Max (Pulmodyne®) Fixed System Or Equivalent Single Use Disposable Model With prepackaged nebulizer kit
1*	1*	Opt.	Male Adapted Oxygen Hose (*Not req. if disposable model is used)

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	SUCTION
1	NA	NA	On Board Suction Unit
1	1	Opt.	Battery Operated Portable Suction Unit
3	Opt.	Opt.	Spare Suction Canisters/Bags W/ Lids
3	1	Opt.	Suction Connecting Tubing
3	1	Opt.	Yankauer/Tonsil Tip Catheters
2	1	Opt.	#10 French Suction Catheters
2	1	Opt.	#14 French Suction Catheters
2	1	Opt.	#16 French Suction Catheters
1	1	Opt.	Meconium Aspirator
1	1	Opt.	60 cc Syringe (Luer tapered style tip)
2	1	Opt.	#8 French Pediatric Feeding Tubes
2	Opt.	Opt.	#14 French Salem Sump NG Tube
Opt.	Opt.	1*	Hand Held Suction Device (*Optional if battery powered suction is carried)

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	EKG
1	Opt.	Opt.	12 Lead/ETCO2 Capable Biphasic Monitor/Defibrillator w/Pacing (Test to manufacturers specifications)
N/A	1	1	Biphasic Monitor/Defibrillator w/Pacing (Test to manufacturers specifications)
1	Opt.	Opt.	12 Lead Cables
2	1	1	ECG Leads (Cables)
2	1	1	Spare ECG Paper
8	2	2	Adult Electrode Sets
4	1	1	Pediatric Electrode Sets
2	2	1	Pedi Multi-Function Defibrillation/Pacing Pads
2	1	1	Spare Monitor Batteries
1	Opt.	Opt.	ETCO2 Set (cable and adult and pediatric adapters)

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	IV
8	2	1	Normal Saline IV Solutions 1000 mL
Opt.	Opt.	Opt.	Normal Saline IV Solution 100 mL
8	2	1	IV Administration Sets (Macro-Drip)
Opt.	Opt.	Opt.	Adjustable IV drip tubing may be used in lieu of macro/micro drip tubing. If used, the inventory of all drip tubing may be reduced by 50%.
2	1	Opt.	IV Administration Sets (Micro-Drip)
5	2	2	Saline Locks
2	Opt.	Opt.	Buret Sets (150 mL each)
3	1	1	Normal Saline Vials or Preloaded Syringes 5-10mL
2	Opt.	Opt.	Dial-A-Flows
2	Opt.	Opt.	3 Way Valve w/Extensions
4	2	1	Blood Tube Sets
4	2	1	Vacutainer Barrels
8	4	1	Vacutainer Luer Adapters
1	1	1	Blood Glucose Meter (Calibrate weekly and upon opening a new box of test strips)
1	1	1	Box of Glucose Meter Test Strips
1	1	1	Glucose Meter Testing Solution (High and Low) Must be replaced 90 days after initial opening.
8	3	2	Lancets
10	5	3	Isopropyl Alcohol Preps
30	10	5	Chlorhexidine Preps/Swabs
2	1	1	Prep Razors
4	2	2	Penrose Drains/Tourniquets (Latex Free)
4	1	1	Rolls of Transpore Tape 1"
10	2	2	Sterile IV Site Covers
6	2	Opt.	14 ga. IV Catheters
6	2	1	16 ga. IV Catheters
8	2	2	18 ga. IV Catheters 1.25"
8	2	2	20 ga. IV Catheters 1.25"
4	1	1	22 ga. IV Catheters 1.25"
Opt.	Opt.	Opt.	23 ga. Butterfly Catheter

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

Opt.	Opt.	Opt.	25 ga. Butterfly Catheter
1	1	1*	<p>IO Kit (Either Brand):</p> <p>1 EZ-IO Bag with the Following Supplies:</p> <ul style="list-style-type: none"> • 1 EZ-IO® Driver • 2 EZ-IO® LD Needles (Large Adult) • 2 EZ-IO® Adult Needles • 2 EZ-IO® Pediatric Needles • 2 EZ-Connect Tubings • 1 Pressure Bag • 1 Lidocaine HCl 2%/100 mg. Pre-Load (Recommended) • 2 10 mL Normal Saline Preloaded Syringes (Recommended) • 1 EZ-IO Wristband • 4 Chlorhexidine Preps/Swabs • 2 Sterile 4x4 Dressings • 1 EZ-Stabilizer <p>*Assessment units may use EZ-IO needle manually without the driver and only carry one of each needle size and other supplies.</p>
4	2	Opt.	Twin Catheters
5	2	1	1 mL Syringes
5	2	1	3 mL Syringes
6	2	1	5 mL Syringes
8	1	1	10 mL Syringes
3	1	Opt.	20 mL Syringes
4	2	2*	18 ga. Transfer or Injection Needles *Assessment units may carry either 18 or 20 ga.
4	2	Opt.	20 ga. Transfer or Injection Needles
5*	2*	Opt.*	Filter Needles in Assorted Sizes (*mandatory if carrying ampules)
5	2	1	MAD Intranasal Atomizers

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	MEDs
147 mL (5 oz)	Opt.	Opt.	Acetaminophen 160 mg/5mL (Liquid)
100 G	50 G	Opt.	Activated Charcoal (without Sorbitol)
36 mg	18 mg	6 mg	Adenocard
15 mg	5 mg	Opt.	Albuterol Sulfate
4	2	1	Albuterol / Atrovent Mixed (DuoNeb)
1200 mg	450 mg	300 mg	Amiodarone in 150 mg Preloaded Syringes or 3 ml Vials
1 bttl	1 bttl	1 bttl	Aspirin (Chewable 80 mg.)
3 mg	2 mg	1 mg	Atropine Sulfate/1 mg. Pre-Load Syringes
16 mg	8 mg	Opt.	Atropine Sulfate/8 mg. Vial
2 G	1 G	Opt.	Calcium Chloride 10%/1 G. Pre-Load Syringes
Opt.	Opt	Opt.	50% Dextrose/25 G. Pre-Load Syringes
50 G	20 G	10 G	10% Dextrose/10G (100cc NS)
100 mg	50 mg	50 mg	Diphenhydramine 50 mg Vials or Pre-load Syringes
2 bags	1 bag	Opt.	Dopamine 400 mg in 250 mL (Plus Drip Chart)
10 mg	5 mg	2 mg	Epinephrine 1:10,000 Pre-Load Syringes 1 mg/10 mL
60 mg	30 mg	3 mg*	Epinephrine 1:1000 Multi-Dose 30 mL Vials (*may use ampules)
300 mcg	100 mcg*	100 mcg*	Fentanyl (100 mcg/2 mL Carpujets or vials) (*Optional w/ Medical Director's approval)
2 mg	1 mg	1 mg	Glucagon
120 mL (4 oz)	Opt.	Opt.	Ibuprofen 100 mg/5mL
Opt.	Opt.	Opt.	Inhalation Solution In 3 mL Acorns/Pillows (must have saline in 10 cc syringes)
400 mg	200 mg	100 mg	Lidocaine HCl 2%/100 mg. Pre-Load
30 ml	15 ml	Opt.	Lidocaine Viscous* 2%/15 mL (*Lidocaine Jelly 2% may be substituted)
6	2	Opt.	Magnesium Sulfate

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	
24 mg	8 mg*	8 mg*	Morphine Sulfate (Supplied in 4 mg Carpujets) (*Optional w/ Medical Director's approval) ONLY REQUIRED IF FENTANYL IS NOT AVAILABLE
			MEDs continued
8 mg	4 mg	2 mg	Narcan
1	1	1	Neosynephrine Spray (up to a 1% solution)
1 bttl	1 bttl	1 bttl	Nitroglycerine 1/150 SL Spray or Tablets
3 G	1 G	Opt.	Nitro Bid Ointment (NTG Paste) 2% (30g tube or 1g packets)
Opt.	Opt.	Opt.	Nitronox (*at least one completely full)
48 mg	16 mg	Opt.	Ondansetron Oral Dissolving Tablets (4 mg or 8 mg each)
48 mg	16 mg	8 mg	Ondansetron Vials or Pre-load Syringes 4 mg/2 mL
30 G	15 G	15 G	Oral Glucose 15 g
150 mEq	100 mEq	Opt.	Sodium Bicarbonate/50 mEq. Pre-Load Syringes
15 mg	10 mg*	5 mg*	Versed (5 mg/mL concentration) (*Optional w/ Medical Director's approval)

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	
			INFECTION CONTROL
1*	1*	1*	Hepa (P100) Masks. N95 mask may also be carried, but a minimum of one P100 mask *PER EMT-P is required for high level procedures such as intubation
2	1	1	Disposable Gowns
1	1	1	Hand Cleaner Bottle/ Wipes
2		1	Sharps Containers
1	1	1	Protective Eye Glasses Per Paramedic
Opt.	Opt.	Opt.	Spit Sock Hood
1	Opt.	Opt.	Disinfectant Spray
5	2	2	Large Bio-Hazard Bags
2 sets	Opt.	Opt.	Non-Latex Sterile gloves (XL, L, M) Non-Latex gloves only
1	1	1	Non-Latex Protective Gloves (*1 box sized for each crewmember) Non-Latex gloves only
2	2	2	Emesis Bag/Basin
1	Opt.	Opt.	Post Exposure Kit, containing: 2 Red Top and 1 Purple Top Blood Tube(s), and set of instructions

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

ALS TRANSPORTING UNIT	ALS NON- TRANSPORTING UNIT	ALS ASSESSMENT UNIT	TRAUMA
10	5	5	Sterile 4x4 Dressings
4" stack	Opt.	Opt.	Non-Sterile 4x4 Dressings
5	2	2	Roller Gauze 4.5"
5	2	2	Combine Dressings 5" x 9"
2	1	1	Multi Trauma Dressings
2	2	1	Petroleum Gauze
2	5	5	Adhesive Bandages
6	2	2	QuickClot® Combat Gauze™ Z-Fold Dressing or QuickClot® 1st Response™ 5" clotting sponge dressing pack
2	1	1	Israeli/Pressure Bandage 4" (without mobile pad)
1 box	1	1	Triangular Bandages
1	1*	1*	Burn Kit consisting of: <ul style="list-style-type: none"> • *Face Mask • *2 - Sheets • *2 - 15"x20" Dressings • 2 - 12"x15" Dressings • 2 - 12"x12" Dressings *Only items with an asterisk are required on non-transporting and assessment units.
2	1	1	1000 mL Sterile Irrigation Solution
4	1	1	2" Cloth Tape Rolls
2	1	1	Elastic Bandages
2	1	1	Trauma Shears
2	1	1	Tourniquet (SWAT-T, C-A-T, or SOF Tactical Tourniquets are approved brands)
4	2	1	Hot Packs
8	2	1	Cold Packs
2	1	1	Backboards
1	Opt.	Opt.	Scoop Stretcher
6	3	1	X-Collar (or equivalent)
1	1	1	Infant Cervical Collars
2	1	1	Head Immobilizer Sets
2	1	1	Backboard Straps
1	Opt.	Opt.	KED
2	Opt.	1	Sam Splints
2	2	Opt.	Cardboard Arm Splints
2	2	Opt.	Cardboard Leg Splints
1	1	1	Adult Traction Splint (Sager, Hare, or Kendrick)
1	1	Opt.	Pediatric Traction Splint (Kendrick Traction Device)
1	Opt.	Opt.	Pediatric Immobilizer
Opt.*	Opt.	Opt.	Pelvic Immobilization Device (T-Pod or SAM Sling) * Required if no linen sheet.
Opt	Opt.	Opt.	Full or Half Body Vacuum Splint

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	MISCELLANEOUS
1	1	1	OB Kit
1	1	1	Penlight
2	NA	NA	Blankets
6	NA	NA	Sheets
1	NA	NA	Pillow
4	NA	NA	Pillow Cases
Opt.	NA	NA	Rain Cover
2	2	Opt.	Emergency/CHP Blankets
1	NA	NA	Bedpan
1	NA	NA	Urinal
2	NA	NA	Soft Restraint Sets
1	NA	NA	Hard Leather or Other Hard Padded Restraint Set
1	NA	NA	Med Net Radio
Opt.	Opt.	Opt.	Stuffed Animal
1	1	1	MCI Triage Kit Consisting of: MEDIC UNIT <ul style="list-style-type: none"> • 1- Triage Ribbon Dispenser • 1- 8 Person Go Kit ENGINE <ul style="list-style-type: none"> • 1- Triage Ribbon Dispenser
Opt.	Opt.	Opt.	Clipboard
1*	1*	1*	Patient Care Protocols
5*	3*	2*	PCR Forms
2*	2*	1*	PCR Continuation Forms
5	3	1	Notice of Privacy Rights (HIPAA) Forms
1	1	1	Weight Based Resuscitation tool
1	1	1	Ring Cutter
1	N/A	N/A	Child Car Seat/Restraint System
1	Opt.	Opt.	Hand Cuff Key
Opt.	Opt.	Opt.	Automatic CPR Device (Lucas or AutoPulse)
2	1	1	Nose clips for epistaxis
1	1	1	Thermometer- Temporal or Tympanic
1	1	1	Mobile EPCR Platform

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information