



California Tahoe Emergency Services Operations Authority
Proposal to RFP #19-918-037

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A. Cover Letter and Introduction

Dear Purchasing Agent of County of El Dorado Procurement & Contracts,

The organizational entity proposed to be directly responsible for the provision of service under the contract resulting from County of El Dorado Procurement & Contracts Request for Proposal (RFP) #19-918-037 is the "California Tahoe Emergency Services Operations Authority" (CTESOA.)

CTESOA prepared the proposal for County Service Area #3 Advanced Life Support Ambulance Service as requested by the County of El Dorado Office of Procurement & Contracts, through its Health and Human Services Agency (County.) The County's request is for emergency (9-1-1), non-emergency, inter-facility, and critical care transport ambulance services, including dispatch, and other services as listed in the RFP. The Executive Director of the CTESOA is authorized to make representations for the organization and answer any questions related to this proposal and procurement (See Appendix A: Signatory Agreement for CTESOA ED.)

Mr. Ryan Wagoner
Executive Director, CTESOA
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The CTESOA is

- 1) eligible to submit the following proposal consistent with the eligibility requirements identified in Section IV of RFP #19-918-037,
- 2) the CTESOA has read Exhibit A, the Sample Agreement, in its entirety, and agrees to abide by the terms and conditions in said agreement, and
- 3) that the information provided in this proposal is true, accurate, and correct to the best of our knowledge.

As the representative of the Board of Directors for the CTESOA, my signature below binds the CTESOA to the commitments made in the proposal.

Respectfully Submitted,

1.28.19

Ryan Wagoner
Executive Director, CTESOA

Date

Introduction

The California Tahoe Emergency Services Operations Authority (CTESOA) was established through a Joint Powers Agreement (JPA) to establish, operate, and maintain an Emergency Medical Services Authority (EMSA.) A JPA is an entity permitted under the laws of some U.S. states, whereby two or more public authorities (e.g. local governments, or utility or transport districts), not necessarily located in the same state, may jointly exercise any power common to all of them. As a governmental entity, the CTESOA is a not-for-profit organization. The CTESOA has no interest other than providing the highest level of emergency medical care in South Lake Tahoe and County Service Area #3. The CTESOA operates in accordance with the California Tahoe Emergency Service Operation Bylaws dated 2019 (See Appendix B.) See Figure 1 for an organization chart depicting the CTESOA and the relationship of member agencies, following the Joint Powers Agreement (JPA.)

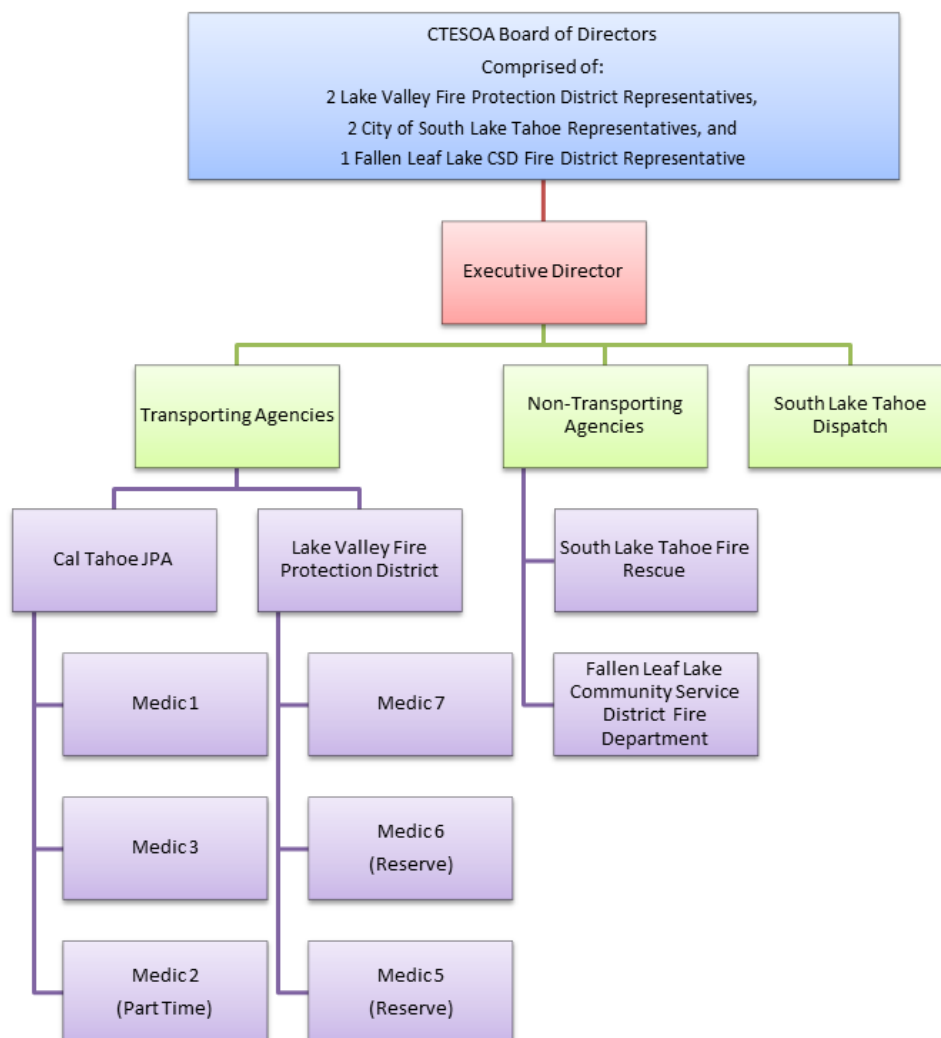


Figure 1. CTESOA Organizational Chart Depicting Member Agency Relationships

The member agencies of the CTESOA are the City of South Lake Tahoe (CSLT), the Lake Valley Fire Protection District (LVFPD), and Fallen Leaf Community Services District

(FLCSD.) Member agencies are divided in two categories, transporting and non-transporting. Transporting agencies include Cal Tahoe JPA, a subsidiary of CTESOA, and LVFPD. Cal Tahoe JPA (CTESOA) staffs Medic 1, 2 & 3 with single role paramedics and EMTs. LVFPD staffs Medic 7 with dual role firefighter paramedics. Medic 1 & 3 run mostly urban calls whereas Medic 7 runs rural and wilderness calls. Firefighter paramedics play an essential role in delivering a quality service. Non-transporting agencies include SLTFR and FLCSD.

The Governing Board of the CTESOA is comprised of two elected representatives each from City of South Lake Tahoe and Lake Valley Fire Protection District, and one representative from Fallen Leaf Lake Community Services District. There are no other financial relationships, ownerships, shared directorships, or other relationships with any entities other than those described above in the CTESOA. A brief overview of each agency is as follows.

TRANSPORTING AGENCIES:

California Tahoe Joint Powers Authority (Cal Tahoe JPA)

The California Tahoe Joint Powers Authority (Cal Tahoe JPA) was formed within the CTESOA on July 1, 2016. Prior to this date, the City of South Lake Tahoe was a transporting agency under the CTESOA. South Lake Tahoe Fire Rescue (SLTFR) determined that it was both counter-productive and cost prohibitive to continue with transport. Cal Tahoe JPA, began staffing Medic 1 & 3 with single role paramedics and EMTs at a cost savings to the CTESOA.

Cal Tahoe JPA currently has 21 paid ambulance staff. The administrative chain of command is as follows:

- CTESOA Board of Directors (5)
- Executive Director (1)
- Operations Manager (1)
- Paramedics (12)
- EMT-1 (7)

Currently, Cal Tahoe JPA staffs 2½ medic units from SLTFR Station #2. Medic 1 & 3 are staffed by a minimum of one paramedic and an EMT-1. Medic 2 is staffed during deployment times or when deemed advantageous to the constituents of CSA#3. Medic 2 is staffed with a minimum of one paramedic and an EMT-1.

Lake Valley Fire Protection District (LVFPD)

The Lake Valley Fire Protection District (LVFPD) was formed in 1947. Since its inception, the District has provided fire, rescue, and emergency medical services (first response), and presently staffs one of the three full-time paramedic ambulances provided to CSA #3 by CTESOA. The Fire Chief is Tim Alameda. LVFPD acts as a subcontractor in respect to staffing and operating the CTESOA provided advanced life support ambulance for the means of patient transportation services.

LVFPD is a full-time paid District with 25 full-time fire personnel providing structure and wildland fire suppression, emergency medical services, fire prevention, hazardous materials mitigation, and diverse technical rescue services, including rope and wilderness rescue. The administrative chain of command is as follows:

- Board of Directors (5)
- Fire Chief (1)
- Battalion Chiefs (3)
- Fire Captains (6)
- Engineers (6)
- Firefighter II/Paramedics (6)
- Firefighter I/Paramedics (3)

The District covers approximately 82 square miles (including a portion of Alpine County to the south) consisting of urban, rural and wilderness/ mountainous terrain. An organizational chart depicting the structure and various services provided by LVFPD is enclosed within Appendix C.

The District's three stations are:

Station #5 - 1009 Boulder Mountain Court (operated by CALFIRE)

Station #6 - 1286 Golden Bear Trail

Station #7 - 2211 Keetak Street (administrative headquarters)

At the present time, a Type 1 fire engine (with ALS capabilities) and ambulance are staffed by a minimum of four Firefighter/Paramedics which include a Fire Captain, Fire Engineer, and two Firefighter/Paramedics at Station 7. Station 6 is staffed with a Fire Captain and Fire Engineer and houses a Type 1 fire engine with ALS capabilities and an ambulance. LVFPD currently cross staffs the fire engine and ambulance at Station 6, which gives the system an additional medic unit during heavy call volume situations. The District also operates two Type 3 engines, a water tender and a rescue squad. See Appendix D for a copy of the LVFPD transporting advanced life support services agreement.

NON-TRANSPORTING AGENCIES:

City of South Lake Tahoe, South Lake Tahoe Fire and Rescue (SLTFR)

The City of South Lake Tahoe is located at the easterly end of El Dorado County, next to the Nevada state line. The population of the City is approximately 24,000, but this number increases dramatically seasonally due to recreational opportunities. The City has approximately 200 full-time employees that provide a variety of services through its different departments, including the fire department.

The City of South Lake Tahoe was incorporated November 10, 1965. The South Lake Tahoe Fire Rescue (SLTFR) was formed on November 1, 1966 as a service of the City of South Lake

Tahoe. The SLTFR assumed responsibility for fire, rescue, and emergency medical services (first response) from the Lake Valley Fire Protection District for the area within the boundaries of the city (18 total square miles.)

SLTFR currently has 31 full-time paid fire staff. The administrative chain of command is as follows:

- City Council (5)
- Fire Chief (1)
- Battalion Chiefs (3)
- Fire Captains (6)
- Engineers (9)
- Firefighter/Paramedics (12)

This provides two three-person engine companies that are staffed with a Fire Captain, Fire Engineer, and Firefighter/Paramedic. An additional squad is staffed daily and carries specialized tools and equipment that are not carried on the fire engine. A Battalion Chief with a command vehicle completes the on-duty minimum staffing of eight personnel per day. The Chief of the City's Fire Department is Jeff Meston. See Appendix C for an organization chart depicting the structure and function of SLTFR.

The SLTFR has four stations:

- Station #1 - 1252 Ski Run Boulevard
- Station #2 - 1951 Lake Tahoe Boulevard (ambulances only)
- Station #3 - 2101 Lake Tahoe Boulevard - (administrative headquarters)
- Station #4 - 1901 Airport Rd, Lake Tahoe Airport (unstaffed)

At the present time, Station 1 is staffed by a minimum of three firefighters which includes a Fire Captain, Fire Engineer, and one Firefighter/Paramedic. Station 3 is staffed by a minimum of four firefighters which include a Fire Captain, two Fire Engineers, and one Firefighter/Paramedic. SLTFR operates two Type 1 engines (which provide Advanced Life Support capabilities), two Type 3 (wildland) engines (cross-staffed), and one squad-rescue unit and a rescue boat. As stated, SLTFR is a non-transporting member of the CTESOA. See Appendix D for a copy of the SLTFR non-transporting advanced life support services agreement.

Fallen Leaf Lake Community Services District, Fallen Leaf Lake Fire Department (FLLFD)

The Fallen Leaf Fire Department is a service of the Fallen Leaf Lake Community Services District. The mission of the Fallen Leaf Fire Department is to minimize the damaging effects of fire and other hazards on life, the environment, and property in and around the Fallen Leaf Lake community, which is also within County Service Area (CSA) #3. The FLLFD is staffed with a combination of paid and volunteer firefighters. The FLLFD is closed in the winter from approximately November to April. The FLLFD provides education, prevention, and initial

response to fires, medical emergencies and other hazards often related to its location as the gateway to backcountry.

The Fallen Leaf Lake Community Services District governing body consists of five board members, publicly elected to four-year terms. Terms are staggered so not all of the board is up for election at the same time. The Board of Directors of the District is the policy-making and governing body that is responsible for the administration and operation of the Fire Department. The administrative chain of command is as follows:

- Board of Directors (5)
- CSD General Manager/Fire Chief (1)
- Assistant Fire Chief (1)
- Fire Captains (3)
- Firefighter/Paramedics (3)
- Volunteer Firefighters/EMT-1 (5)
- Contract Firefighters/EMT-1 (20)

An organizational chart depicting the various services provided by FLLFD is enclosed within Appendix C. FLLFD provides Advanced Life Support response to remote areas of CSA #3. FLLFD operates one of two rescue boats within the CTESOA system. FLLFD has two fire stations, one staffed and one unstaffed. See Appendix D for a copy of the CTESOA and FLLFD non-transporting advanced life support services agreement.

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C. Statement of Experience

Fifteen (15) Mandatory Components:

1. Business name and legal business status (i.e., partnership corporation, etc.) of the proposer and the title, reporting relationship, and limits of authority for the senior executive, who will serve as the main contact with the County:

The organizational entity proposed to be directly responsible for the provision of service under the contract resulting from this proposal is the “California Tahoe Emergency Services Operations Authority” (CTESOA.) The CTESOA was established through a Joint Powers Agreement (JPA) to establish, operate, and maintain an Emergency Medical Services Authority (EMSA.) The agreement as entered into pursuant to the provisions of Title I, Division 7, Chapter 5, Article I, Sections 6500 et seq. of the California Government Code (See Appendix E, Gov Code 6500) relating to joint exercise of powers. See Appendix B, JPA Amendment 8-22-17, for a complete copy of the Joint Powers Agreement forming the CTESOA. The official contact for CTESOA is the current Executive Director, Ryan Wagoner. Ryan Wagoner is authorized to make representations for the CTESOA and answer any questions related to this proposal and procurement (See Appendix A: Signatory Agreement for CTESOA ED.)

2. Number of years the proposer has been in business under the present business name, as well as related prior business names:

CTESOA has been in operation since September 2001. CTESOA has not operated under any other business name though it is sometimes referred to as Cal Tahoe JPA.

3. Number of years of experience the prospective contractor has had in providing the required services:

For the last 18 years, CTESOA has furnished and managed in County Service Area (CSA) #3 the following ambulance operations including but not limited to:

- Employment of field personnel.
- Supervision and management of employees and subcontractors used.
- Provision of all four-wheel drive ground ambulance transportation vehicles and their maintenance, and related equipment necessary to provide the specified services.
- In-service training of CTESOA’s employees.
- Exclusive transportation of emergency, non-emergency, inter-facility and critical care ground ambulance patients throughout CSA #3.
- Development and management of a quality improvement system.
- Purchasing and inventory control.
- Support services necessary to operate the system.
- Accurate completion and timely submission of approved clinical and billing related data (ePCRs, Facesheet, and Physician Certification Statements.)

- Meeting contractual response time and other performance requirements in compliance with state regulations, the EMS Ordinance, the operations contract, and the County of El Dorado EMS Policy and Procedure Manual.
- Participating and cooperating with the EMS Medical Director in medical audits and investigations.
- Reporting contract compliance on a weekly and/or monthly basis, while providing a verifiable audit trail of documentation of that performance.

For the last 18 years, CTESOA provided dispatch services through a subcontract with a qualified agency, including:

- Employment of Emergency Medical Dispatch (EMD) personnel who are certified by the National Academy of Emergency Medical Dispatch and use a Medical Priority Dispatch System (ProQA.)
- Maintenance of telephone, radio, computer aided dispatch, and other infrastructure required to efficiently meet contractual requirements.
- Answering of all 9-1-1 and other medical emergency calls, and processing requests for service according to contractual requirements.
- Consistent adherence to priority dispatch and pre-arrival instruction protocols approved by the EMS Medical Director.
- Participation in quality assurance and improvement processes.
- Efficient and effective dispatch of CTESOA's ambulances and notification of first responder agencies as required by applicable protocols and agreements.
- Recording and reporting pertinent information about each request and response as required by the contract, protocols and agreements.

The combined existing emergency services management system and personnel are fully capable of continuing 9-1-1 and interfacility ambulance transport operations within CSA #3 into the next decade.

4. Contracts completed during the last five (5) years showing year, type of services, dollar amount of services provided, location, and contracting agency:

CTESOA is currently in a contract with El Dorado County until September of 2019 with an ability to extend to 2021. CTESOA underwent an operational review on June 24, 2015 (see Appendix F: CTESOA Extension Review_062415) and received an extension on June 24, 2015 (see Appendix F: CTESOA Extension Approval_062415.) Appendix F includes the current contract and amendments. Under the terms of the contract, CTESOA receives a set monthly compensation amount of \$200,192.00.

5. Details of any future contracts or refusals to complete a contract for services:

CTESOA has never refused to complete a contract for services and intends to complete its current contract with El Dorado County.

Additionally, the California Emergency Medical Services Authority and the California Office of Statewide Health Planning and Development for Operations approved the CTESOA's proposal South Lake Tahoe Community Paramedicine Post Hospital Discharge Follow-up Program (See Appendix G.) CTESOA is currently exploring a Community Paramedicine Post Discharge Pilot Project with Barton Health. No contract for services has been signed between CTESOA and Barton Health.

6. Whether the responder holds a controlling interest in any other organization, or whether or not the responder is owned or controlled by any other organization:

CTESOA does not hold any controlling interest in any other organization and is not controlled by another organization.

7. Financial interests in any other related businesses:

CTESOA has no financial interest in any other related business.

8. Names of persons with whom the prospective contractor has been associated in business as partners or business associates in the last (5) years:

CTESOA, through its member agencies, has been associated in business with the City of South Lake Tahoe, Lake Valley Fire Protection District, Fallen Leaf Lake Community Service District and Barton Health for the last five (5) years.

9. An explanation of any litigation, including any liens or judgements against the organization, involving the prospective contractor or any principal officers thereof, in connection with any contract for similar services. If no such litigation exists, please clearly indicate so:

The CTESOA is subject to claims arising from the normal course of business. A claim exists over an accident by an ambulance in 2017. In the opinion of management, the disposition of the claim is not expected to have a material adverse effect on the financial position of the CTESOA. However, the ultimate outcome is not currently known.

10. An explanation of experience in the service to be provided or similar experience of principal individuals of the proposer's organization:

CTESOA is the incumbent contractor of the services to be provided. CTESOA principal individuals' experiences are exceptional at performing the services identified in RFP #19-918-037. During CTESOA's 18-year tenure as the service provider for County Service Area (CSA) #3, the CTESOA has been able to expand the experience level from the line Paramedics up

through the ranks. Key personnel have gone from being Paramedics to Field Training Officers to operational management. Individuals have thousands of hours of experience in paramedicine, emergency medical response and management. Employees of the CTESOA hold Bachelor of Science degrees in fire administration and emergency management. CTESOA principals understand the difficulty in providing emergency medical care and life transport in a rural setting. For this reason, CTESOA received their first contract for the ambulance service in El Dorado County Service Area #3 (CSA #3) in 2001 and its second contract in 2011.

CTESOA, as an organization, has over 150 years of combined experience providing fire and medical emergency response and rescue in the South Lake Tahoe area. The member agencies of the CTESOA are the City of South Lake Tahoe (CSLT) with South Lake Tahoe Fire Rescue (SLTFR), the Lake Valley Fire Protection District (LVFPD), and Fallen Leaf Community Services District (FLCSD) with Fallen Leaf Lake Fire Department (FLLFD.) The LVFPD was established in 1947, SLTFR was established in 1965, and the FLLFD was established in 1982. All member agency leaders are well versed in CTESOA EMS operational requirements within CSA #3.

CTESOA has consistently provided emergency medical care and transport with response times and a level of service in exceedance of the standards set by El Dorado County. CTESOA is responsible for responding to 100% of the emergency and non-emergency prehospital Advanced Life Support (ALS) ground ambulance calls that are dispatched by the designated Communication Center and which originate within County Service Area #3 and part of Alpine County. The combination of mountainous terrain, extreme weather conditions, significant variations in seasonal population, congested highways, isolated communities and wilderness areas pose significant challenges to the timely delivery of emergency medical care and rescue services to CSA #3 residents and visitors. Despite the challenges, CTESOA has consistently provided response times that far exceed the standard 90% as defined by El Dorado County.

To meet the demand of providing medical services in an urban, rural and wilderness setting, CTESOA maintains a combination of two full-time and one part-time single role paramedic ambulances and one full-time dual role Firefighter/Paramedic ambulance. CTESOA ensures all paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. CTESOA's ambulance delivery service model meets the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the County EMS Agency Policies, Procedures and Field Treatment Protocols; and all other applicable laws, statutes, ordinances, regulations, policies, directives, local rules and resolutions regulating prehospital Advanced Life Support services. For each new employee, the CTESOA provides a copy of all records of certification and/or accreditation to the County EMS Agency.

CTESOA's all-risk fire-based rescue capabilities provide an exceptional level of service to medical emergencies in an area where hiking, mountain biking, skiing, rock climbing, swimming and many other recreational activities put individuals at risk. CTESOA has an excellent working

relationship with the first responder agencies in CSA #3 because member agencies (LVFPD, SLTFR and FLLFD) are also primary first responders. Additionally, CTESOA has an excellent working history with other first responder agencies including law enforcement (California Highway Patrol, El Dorado County Sheriff's Department,, Alpine County Sheriff's Department, Lake Tahoe Basin Management Unit law enforcement officers, California State Parks law enforcement officers, and South Lake Tahoe Police Department) and fire suppression/EMS (USDA Forest Service, California Department of Forestry and Fire Protection, Eastern Alpine Fire Rescue, Tahoe Douglas Fire Protection District, North Tahoe Fire Protection District.)

CTESOA has worked with El Dorado County EMSA in developing a comprehensive and structured EMS system with defined operational policies, procedures and protocols to provide for consistent high-quality service. CTESOA has consistently met the call demand challenges of the tourism flux from November to March and from June to September, where the Tahoe Basin population can quadruple. On holidays, the number of visitors increase significantly more. CTESOA responds to numerous isolated communities and mountainous wilderness areas where winding roads may hinder and cause lengthy ambulance response times in outlying areas of CSA #3. CTESOA utilizes the system status management model to provide greater coverage within the CSA #3. CTESOA's system status management plan ensures ambulances are always appropriately located when needed. CTESOA has three additional reserve ambulances for a total of seven that are located within the snow boundary created by high mountain passes. The additional ambulances can be staffed during peak demands when call volumes dictate the need for additional resources and in the event of a mass casualty incident (MCI.) At any time, CTESOA can staff the additional ambulances with Firefighter/Paramedics already on duty.

The combined all-risk fire-based individuals are fully capable of continuing 9-1-1 and interfacility ambulance transport operations within CSA #3. Our personnel have the knowledge training and experience to meet and exceed expectations as set forth in RFP #19-918-037.

11. A list of major equipment to be used for the direct provision of services. Indicate whether or not this equipment is currently owned or leased by the proposer, or if the equipment will be purchased or leased for the purposes of providing services as identified herein:

The CTESOA presently maintains a fleet of seven ambulances built by Braun Northwest on Ford F-450 Super-duty four-wheel drive chassis. It has been our experience that these vehicles are extremely reliable. The vehicles are owned outright by the CTESOA with no existing equipment-related debt. All first out ambulances are equipped with Stryker Power Loads gurneys which are battery-powered for safety reasons. CTESOA utilizes three Physio LifePak 15 and three Zoll X series cardiac monitors. CTESOA is compliant with El Dorado County EMSA documentation policy utilizing ImageTrend on five iPads.

12. Any relevant financial information which will disclose the true cost of the proposed operation, and the intended source of all funding related to the provision of services as identified herein. At a minimum, this must include (but is not limited to) audited financial statements from the last two (2) years, as well as any letters of credit and guarantor letters from related entities, and any other documents necessary to establish the proposer's financial standing and capability. Additionally, the Proposer must disclose if they have defaulted on any loans or filed for bankruptcy within the last five (5) years. It is the responsibility of the proposer to submit sufficient financial information with which the County can establish a comprehensive and complete picture of the Proposer's financial position:

CTESOA does not hold letters of credit and/or guarantor letters from related entities. CTESOA has never defaulted on any loans or filed for bankruptcy within the last five (5) years. El Dorado County is the intended source of all funding related to the provision of services as identified in RFP #19-918-037. The true cost of the proposed operation in the first year is stated below:

Table 1. CTESOA Proposed Operational Cost in Year One

#	Description	Amount
1	Personal Protective Equipment (PPE)/Uniforms for Paramedics	\$8,000
2	Computer Equipment	\$10,000
3	Employee Training	\$17,000
4	Employee Exp/Physicals/Background Check	\$14,000
5	Insurance	\$15,000
6	Office Expenses	\$5,000
7	Prof Fees- Attorney	\$30,000
8	Prof Fees- Accounting	\$5,000
9	Prof Fees- Paychex	\$16,000
10	Scholarships	\$10,000
11	Station Supplies	\$10,000
12	Contingency	\$14,874
13	Snow Removal	\$5,000
14	Travel	\$5,000
15	JPA Station	\$95,000
16	Reserve Designation	\$47,000
17	Dispatch Contract	\$255,000

18	Supplies -Medical	\$155,000
19	Prof Fees- Lake Valley	\$900,000
20	Communications/Cell	\$12,000
21	Salaries; Health/Work. Comp	\$1,451,742
22	Ambulance/Equip Maintenance	\$40,384
23	Utilities	\$6,000
24	Fuel	\$50,000
TOTAL EXPENSES		\$3,177,000

Audited financial statements from the last two (2) years are included in Appendix I and summaries are included below.

INDEPENDENT AUDITOR’S REPORT (2017) Summary

“To the Board of Directors

California Tahoe Emergency Services Operations Authority, South Lake Tahoe, CA

Report on the Financial Statements:

We have audited the accompanying financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the JPA’s basic financial statements as listed in the table of contents.

Other Reporting Required by Government Auditing Standards:

In accordance with Government Auditing Standards, we have also issued our report dated May 22, 2018 on our consideration of the JPA’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the JPA’s internal control over financial reporting and compliance.

*Richardson and Company, LLP
May 22, 2018”*

INDEPENDENT AUDITOR’S REPORT (2016) Summary

“To the Board of Directors

California Tahoe Emergency Services Operations Authority, South Lake Tahoe, CA

Report on the Financial Statements:

We have audited the accompanying financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2016, and the related notes to the financial statements, which collectively comprise the JPA’s basic financial statements as listed in the table of contents.

Other Reporting Required by Government Auditing Standards:

In accordance with Government Auditing Standards, we have also issued our report dated October 20, 2017 on our consideration of the JPA’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the JPA’s internal control over financial reporting and compliance.

*Richardson and Company, LLP
June 30, 2017”*

13. A list of commitments, and potential commitments, which may impact assets held, lines of credit, guarantor letters, or otherwise affect the proposer’s ability to perform the contract:

CTESOA’s current contract with El Dorado County expires on September 1, 2021. If CTESOA is not awarded the contract it will no longer perform the services for El Dorado County’s CSA #3 and lose all sources of revenue.

14. Business or professional licenses or certificates required by the nature of the contract work to be performed and held by the responder:

The CTESOA was established through a Joint Powers Agreement (JPA) to establish, operate, and maintain an Emergency Medical Services Authority (EMSA.) The agreement as entered into pursuant to the provisions of Title I, Division 7, Chapter 5, Article I, Sections 6500 et seq. of the California Government Code (See Appendix E: Gov Code 6500) relating to joint exercise of powers. In accordance with Federal tax law, CTESOA has been assigned an Employee Identification Number (EIN.) The CTESOA EIN is 68-04279626 (See Appendix B: EIN # in Fed Tax Form.)

Professional licenses and certificates required by the nature of the contract work to be performed and held by the CTESOA include EMT-1, EMT-P, ACLS and PALS. All licenses and certificates held by employees of the CTESOA are noted on the employer rosters and resumes that are included in Appendix C. All licenses and certificates are currently held by El Dorado County.

15. Any breaches or violations of HIPAA, HITECH, and any other applicable State and Federal privacy laws by any entity having a business relationship with the Proposer:

CTESOA has not had any breaches or violations of HIPAA, HITECH or other applicable State and Federal privacy laws. The letters of support included exemplify the integrity and ethics practiced by the CTESOA (See Appendix H- Letters of Support),

Five (5) Statements in Agreement:

✓ 1) By submitting this proposal, the CTESOA agrees to provide the awarding agency with any other information the County determines is necessary for an accurate determination of the proposer's qualifications to perform the services described herein;

✓ 2) By submitting this proposal, the CTESOA agrees the County, as the awarding agency, has a right to audit the proposer's financial records, and other records related to the performance of services and business operations supporting the performance of services as identified herein;

✓ 3) By submitting this proposal, the CTESOA agrees to comply with all HIPAA requirements including but not limited to those identified in the Business Associate Agreement, attached as Exhibit "B";

✓ 4) By submitting this proposal, the CTESOA acknowledges they have read and will comply with all of the standard terms and conditions as identified in Exhibit "A"; and

✓ 5) By submitting this proposal, the CTESOA acknowledges and agrees to provide insurance that meets or exceeds the County's insurance requirements, as identified in Exhibit "A," as well as a Performance Letter of Credit (if required by the County), consistent with the requirements identified in Section I. Overview, D. Performance Letter of Credit.

✓ **The CTESOA understands that by submitting this proposal we agree and comply with the Five (5) Statements in Agreement above.**



Ryan Wagoner
Executive Director, CTESOA

1.28.19

Date

D. Proposal Narrative

1. Plan for Required Services

Plan for Ambulance Services

D.1.a) Describe the plan for providing all vehicles, equipment, and systems (other than the radio infrastructure) necessary to perform the services identified in the RFP, including the number of vehicles that will be provided and how those vehicles will meet the unique challenges of the CSA #3 Service Area:

The California Tahoe Emergency Service Operations Authority (CTESOA) is the incumbent provider to County Service Area (CSA) #3 and has been for 18 years. Because of this intimate relationship with the service area and existing operating program, providing vehicles, equipment, and systems would be seamless should the CTESOA be awarded the service contract.

VEHICLES

For the purpose of providing Advanced Life Support (ALS) ground ambulance service response to CSA #3 on a continuous 24-hour per day, seven days per week basis, the CTESOA owns and maintains a fleet of seven Type-I four-wheel drive ambulances with re-mountable medical modules. The ambulances provide exclusive transportation of emergency, non-emergency, inter-facility transfers (IFTs) and critical care ground ambulance patients throughout the operational area, as well as stand-by coverage for special events, reasonable mutual aid services and special contract services.

Three of the aforementioned ambulances are staffed as first-out units, 24-hours a day, seven days a week. One is staffed as a part-time ALS ambulance during peak deployment times or when deemed advantageous for IFTs. Another ALS ambulance is cross-staffed when circumstances or ambulance coverage needs immediately require an additional ground transport unit. Additionally, two units are kept in reserve status and maintained with first-out capability.

CTESOA deployment can be augmented by mutual aid cooperators' ALS ambulances. To supplement services rendered to constituents, agreements are in place to provide non-transporting ALS services. See Appendix D for the agreements between CTESOA and member agencies for transport or non-transporting ALS services. See Appendix N "Lake Tahoe Regional Fire Chiefs Association Mutual Aid" for the agreement outlining the designated agencies and mutually agreed upon mutual aid services.

Furthermore, a detailed description outlining CTESOA ambulance specifications currently in use and the features supporting operations under the unique challenges of CSA #3 can be found in Appendix J: CalTahoeAmbulanceSPEC2017. Each apparatus is four-wheel drive and is equipped with safety features including heavy-duty shock absorbers front and rear, front and rear stabilizer bars, four-wheel anti-lock braking system, high capacity defroster, dual airbags,

reduced sound package, Insta-chains, back up alarm, interior/exterior grab bars, and electric power operated locking gurneys. Currently all ambulances adhere to all vehicle marking requirements as described in El Dorado County RFP #19-918-037, Exhibit A, Appendix D, “Vehicle Markings.” No other vehicles will be used to fulfill the requirements of the contract.



Figure 2: CTESOA Ambulance Front View



Figure 3: CTESOA Ambulance Rear View



Figure 4: CTESOA Ambulance Side View

Figures 2, 3 & 4 show the current markings of CTESOA ambulances.

Charts that detail the current ambulance age and mileage are included in Appendix J: Ambulance Tracking updated 2019. Ambulance modules are remounted onto a new chassis after 150,000 miles. Service modules are replaced as often as determined necessary because of service life limitations and evolution of ambulance service technology and design (see Appendix J: CTESOA_RemountPlan.)

Due to the adverse conditions within CSA #3 and associated maintenance challenges, it is the policy of the CTESOA to maintain a comprehensive Apparatus Preventative Maintenance Program. The CTESOA's mechanic shall be responsible for the implementation and continuation of this program. See Appendix J for the "Lake Valley Fire Protection District (LVFPD) 2018 Maintenance Agreement." All fire and ambulance apparatus are maintained in prime operating condition to assure the safety of emergency personnel and the public (see Appendix J: CTESOA_Remount Plan.)

Ambulance drivers shall be responsible for assuring that all daily apparatus checks are performed as required and recorded on the appropriate forms. Apparatus checks are performed daily, and the results will be recorded on the Daily Checklist sheet. Monthly apparatus checks will be performed and recorded on the Monthly Checklist. See Appendix J: "Cal Tahoe Ambulance Maint Plus Checklist 2019" for copies of Daily and Monthly Checklists. Annual reports are not produced because daily and monthly checks are continually completed and reported. All apparatus and maintenance reports records are kept for a minimum of three years.

All necessary repairs will be done immediately by on-duty personnel, if the repair is within the scope of

their expertise. If repair cannot be immediately made, a description of the trouble will be written on an Apparatus Malfunction and Maintenance Report or in the Apparatus Log and reported to the operations manager, station captain, senior personnel or Fleet Manager/Master Fire Mechanic. Discretion is left to any of the aforementioned personnel to affect emergency repair of apparatus through other sources if the situation warrants. When significant repairs are performed on any apparatus, an Apparatus Malfunction and Maintenance Report will be completed. All repairs shall be done by the Fleet Manager/Master Fire Mechanic or their qualified designee.

A Daily and Monthly Service Checklist will be completed for all apparatus as the services are completed. The mechanic shall maintain the summary report up-to-date and keep the operational officers informed as to the status of all apparatus service and repairs.

As previously mentioned, the CTESOA employs ambulances designed to meet the unique challenges of CSA #3. With these ambulances, the CTESOA has historically proven its provision exceptional service to the constituents of CSA #3.

EQUIPMENT

The specific items of equipment carried on each ambulance will, at a minimum, include all of the items required per the El Dorado County EMSA policy “ALS Unit Minimum Equipment Inventories” (Appendix K: EDC ALS Unit Min. Inventory.) However, the CTESOA is currently supplying their ALS ambulances with equipment that goes beyond the minimum scope, including Stryker Power-LOAD gurneys, AutoPulse Resuscitation System and King Vision® video laryngoscope. These pieces of equipment and their benefits are described in detail later in “*Plan for System Enhancements.*”

Major equipment items (mobile and handheld radios, monitors/defibrillators, AutoPulse and ambulance gurneys) have been purchased and are maintained under maintenance agreements with the respective manufacturers. The CTESOA commits to maintenance and repair of all major items of equipment by manufacturer-approved technicians according to factory standards.

SYSTEMS

RADIOS

CTESOA operates on a legacy repeated Very High Frequency (VHF) radio system. The VHF system is maintained by the member agencies. All EMS and fire units are equipped with mobile and hand-held radios capable of frequencies to interact with the Communication Center, member agencies and mutual aid cooperators. These VHF radios are preprogrammed with the required operational frequencies and a communication book is available on each unit detailing the specific channels in each group and their associated frequencies, as well as a map of repeater locations.

CTESOA operates on a Ultra High Frequency (UHF) legacy med-radio system for Base Hospital contact with Barton Health (Med 1 to Med 10.) All CTESOA units have UHF mobile radios installed as well as hand-held radios, and Barton Hospital replaced its base station back in 2011. These UHF radios are state of the art safety-rated radios for the enhancement of CTESOA’s communications capability for ambulance to hospital, ALS medical control, and vehicle to

vehicle communications. In the event of Med-Net failure, a cellular telephone is maintained on each unit for Base Hospital contact. A sufficient supply of back-up radios is available through the CTESOA in the event of breakdown, maintenance, and/or disaster events.

EMERGENCY ALERTING DEVICES

For the purpose of alerting EMS personnel to an activated emergency response, inter-facility transfer (IFT), or critical care transport (CCT), specific tones have been established to alert the desired units prior to the Communication Center verbally notifying units over the radio. When a call is generated during nighttime hours, crew quarter lights have been programmed to turn on automatically. This assists in waking up the responding personnel prior to call information being dispatched by the Communication Center.

To supplement this primary alerting system, CTESOA personnel are provided access to Active911®. Active911® is an application that can be utilized on WiFi or mobile data accessible devices, providing emergency pages generated by the Communication Center. These emergency pages provide the type of emergency call being generated (i.e., medical, structure fire, firefighter assist, etc.), the address, time 9-1-1 call received, cross streets, notes and an external link to provide navigation.

In the event of system recall, personnel are given access to the eDispatch® mobile app. The eDispatch® application allows personnel to use their cell phones as a tone and voice pager. Authorized personnel can send out mass messages (text or voice notification) to off-duty personnel for system recall and/or specific announcements. This service can contact mobile devices, as well as landlines. Additionally, it allows for call repeat/rewind, mapping/routing and live continuous radio streaming.

CREW QUARTERS/ADMINISTRATIVE OFFICES

Cal Tahoe JPA (CTESOA) currently maintains Station 2, located at 2915 Lake Tahoe Blvd. in South Lake Tahoe, as crew quarters for ambulance personnel. This station provides enough space and beds to house six employees overnight. While on shift employees have access to two full bathrooms, a living/dining area and a fully furnished kitchen. The apparatus bay has enough capacity to store three ambulances out of the weather. Station 2 also furnishes two private administrative offices with adequate space for the Executive Director, Operations Manager, and Administrative Assistant. One additional office space with computers is made available to ambulance personnel to facilitate and supplement online training and data collection/reporting. The Lake Valley Fire Protection District (LVFPD), a transporting agency under the CTESOA house their ambulance personnel and administrative staff at the aforementioned fire station located in Meyers, CA.

D.1.b) Describe the plan for meeting clinical requirements and staffing the ambulance units with qualified personnel:

For the past 18 years California Tahoe Emergency Services Operations Authority (CTESOA) has met all clinical requirements for staffing ambulances. CTESOA shall continue to staff ambulance units with qualified personnel through proper employee vetting, training and quality improvement.

All new CTESOA EMTs and Paramedics are thoroughly vetted prior to hiring. To ensure that all personnel are physically and mentally fit to serve in the pre-hospital care capacity, all individuals offered employment shall be required to submit to a pre-employment medical examination and controlled substance test at CTESOA expense. The examining medical provider will be provided a description of the job involved to assist in a determination of the individual's fitness to work.

Employment will not occur if a positive controlled substance test result is certified or if a qualified physician does not certify the individual as fit to perform the type of work required by the position applied for. Employment will not occur if the individual refuses to cooperate in the examination and testing.

Employees are also required (as a condition of continued employment) to undergo periodic medical examinations, physical tests, and alcohol and drug screening at times specified by CTESOA, and as required pursuant to CTESOA drug and alcohol testing policies and procedures. Employees may also be required to have a medical examination on other occasions when the examination is job-related and consistent with business necessity. For example, a medical examination may be required when an employee is exposed to toxic or unhealthful conditions, requests an accommodation for a particular disability, or has a questionable ability to perform essential job functions due to a medical condition.

Medical examinations required by CTESOA will be paid for by CTESOA and will be performed by a physician or licensed medical facility designated or approved by the CTESOA. CTESOA receives a full medical report from its examining medical providers regarding the applicant's or employee's state of health. Medical examinations paid for by CTESOA are the property of the CTESOA, and the examination records will be treated as confidential and kept in separate medical files. However, records of specific examinations, if required by law or regulation, will be made available to the employee, persons designated and authorized by the employee, public agencies, relevant insurance companies and/or the employee's doctor.

Prior to employment, all personnel participate in the El Dorado County (EDC) approved accreditation process with an approved Field Training Officer (FTO.) The CTESOA and member agencies currently staff six El Dorado County EMS Agency Medical Director approved FTOs. Clinical performance must be consistent with local medical standards and protocols. The CTESOA operates under and mandates employee compliance with the regulations set forth by the State of California Health and Safety Code, Division 2.5 and California Code of Regulations, Title 22, Division 9. Employee adherence to EDC EMS Agency Policies, Procedures, and Field

Treatment Protocols and clinical performance standards are ensured through periodic performance evaluations by the Operations Manager or EMS Specialist, and the established Continuous Quality Improvement (CQI) process described in this section below. Additionally, new Paramedics will be required to participate in a “New Paramedic Training” program.

All ALS ambulances shall consist of two (2) medical personnel in the following configurations:

- Two (2) California state licensed and EDC accredited paramedics, and/or;
- One (1) California state licensed and EDC accredited paramedic, and one (1) certified and EDC accredited EMT-1.

The CTESOA strives to employ two paramedics on an ambulance whenever possible. See below in Table 2-5 or in Appendix C for personnel roster of current ambulance staff.

The CTESOA requires that employees attend sufficient continuing education sessions to assure that they maintain their appropriate licenses/certifications and continue to meet local requirements for their respective positions. In general, the agencies provide in-house opportunities for continuing education and deliver enough educational programming that individuals meet or exceed all relevant certification requirements. For paramedic personnel, they will be required to obtain and maintain current Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and International Trauma Life Support (ITLS.) The CTESOA maintains records of all EMS training, continuing education and skills maintenance and are available upon request.

A list showing current employees of each of the member agencies with their EMS certification level also appears at the end of this section (and in Appendix C.) These tables show that the CTESOA has made a commitment to excellence in emergency medical care through maintenance of a high degree of training and proficiency for all of their personnel. Additional personnel hired as a result of this contract will only strengthen the existing experienced and well-qualified workforce.

Table 2. Cal Tahoe JPA (CTESOA) Personnel Roster

Last Name	First Name	Position	EMT/P #
Bechler	AJ	Paramedic	P38261
Caput	Steve	Paramedic	P37745
Carlson	Scott	EMT-1	E139023
Cherne	Nicholas	EMT-1	E108930
Connelly	Morgan	Paramedic	P36761
Corbett	Wade	Paramedic	P35406
Cordray	Corey	EMT-1	E129860

Last Name	First Name	Position	EMT/P #
DeVore	Sarah	EMT-1	E106966
Dube	Jeff	EMT-1	E105647
Gallo	Jake	Paramedic	P38282
Glover	Danny	Paramedic	P38092
Grasso	Chris	Paramedic	P39461
Harper	Curtis	Operations Manager /Paramedic FTO	P36360
Hart	Patrick	Paramedic	P36287
Jackson	Mason	EMT-1	E124590
Johnson	Kristie	Paramedic	P36993
Kieffer	Matt	Paramedic	P34078
Kirby	Fallon	Paramedic FTO	P36372
Lee	John	EMT-1	E144917
Looney	Jake	Paramedic	P38539
Riedel	Carley	Paramedic	P39475
True	Dustin	Paramedic	P39065
Wagoner	Ryan	Executive Director	N/A
Galinsky	Kayla	Office Administrator	N/A

Table 3. Lake Valley Fire Protection District (LVFPD) Personnel Roster

Last Name	First Name	Certification	ID Number
Alameda	Tim	EMT-1	E102410
Anderson	Luke	Paramedic	P24509
Anderson	Mike	Paramedic	P28411
Anton	Chris	Paramedic	P32529
Bojsen-Moller	Jan	Paramedic	P24920

Last Name	First Name	Certification	ID Number
Carey	Andrew	Paramedic	P36038
Coats	Jon	Paramedic	P36223
Corbett	Wade	Paramedic	P35406
Gasporra	Anthony	Paramedic	P21768
Goldberg	Martin	EMT-1	E071429
Heng	Chris	Paramedic	P32298
Hagenbach	Nathan	Paramedic	P20862
Jackson	Theodore	Paramedic	P23987
Labrado	Kileigh	Admin/HR	N/A
LaChapelle	Dusty	Paramedic	P26548
Long	Wesley	Paramedic	P28407
Looney	Jake	Paramedic	P38539
Malone	Charles	Paramedic	P22346
Nerdahl	Matt	Paramedic	P25700
Pevenage	Steve	Paramedic	P04848
Pierce	Brian	Paramedic	P27114
Quinn	Perry	Paramedic	P17996
Sessions	Andrew	Mechanic	N/A
Stephen	Chad	Paramedic	P17509
Yazbick	Dylan	Paramedic	P34948
Zlendick	Brad	EMT-1	E031423

Table 4. Fallen Leaf Lake Fire Department (FLLFD) Personnel Roster.

<u>Last Name</u>	<u>First Name</u>	<u>Position</u>
Gerren	Gary	Fire Chief
Roach	Mike	Asst. Fire Chief
Kimball	Josh	Captain
Palaroan	Albert	Captain
DeMarta	Anthony	Captain
Bandy	Chaz	FF/Paramedic
5 positions		Volunteers
16 positions		Contract Firefighters

Table 5. South Lake Tahoe Fire Rescue (SLTFR) Personnel Roster.

<u>Last Name</u>	<u>Position</u>	<u>Certification</u>	<u>Certification Number</u>
Anderson	Captain	EMT-1	E006023
Asbury	Captain	Paramedic	P17358
Bailey	Engineer	Paramedic	P24384
Benavidez	Engineer	EMT-1	E004400
Berthinier	Firefighter	Paramedic	P38660
Bias	Firefighter	Paramedic	P31420
Blasser	Firefighter	Paramedic	P28233
Cawelti	Engineer	Paramedic	P27224
Davis	Engineer	Paramedic	P26773
Drennan	Battalion Chief	EMT-1	E005116
Forehand	Firefighter	Paramedic	P32818

Last Name	Position	Certification	Certification Number
George	Captain	Paramedic	P17717
Hambel	Engineer	EMT-1	E025358
Jack	Captain	Paramedic	P26601
Jones	Firefighter	Paramedic	P35339
Keys	Captain	EMT-1	E052748
Koeppen	Battalion Chief	EMT-1	E000723
Martinez	Captain	Paramedic	P26031
Mileski	Engineer	Paramedic	P24649
Monday	Engineer	EMT-1	E004341
Renner	Firefighter	Paramedic	P32532
Taormina	Engineer	Paramedic	P31216
Vallejo	Firefighter	Paramedic	P32827

The CTESOA helped develop and has implemented a comprehensive CQI program for 2019, which has been adopted by El Dorado County EMS Agency (see Appendix L.) Currently, CTESOA conducts a 100% review of all Patient Care Reports (PCRs.) In addition to the “CQI Plan 2019,” a supplemental document has been developed specific to CTESOA personnel to help bolster the CQI process and associated benefits.

All member agencies have also made a commitment to internal career development. For example, the CTESOA is currently providing a stipend to employees for the purpose of Paramedic training as an opportunity to enhance their education and improve the level of service provided.

D.1.c) Describe the plan for responding to calls across the priority spectrum within the required response times, including a plan for addressing reassignment en route, upgrades/downgrades, and response outside CSA #3:

RESPONDING WITHIN CSA #3

The California Tahoe Emergency Services Operations Authority (CTESOA) current plan for responding to calls across the priority spectrum within the required response times. CTESOA's system-wide response time compliance for urban, semi-rural, rural and wilderness transports exceeds the 90% compliance. CTESOA's plan includes staffing three ambulances 24 hours per day, seven days a week. All three ambulances will respond to all priority calls as defined below in Table 6. All three staffed ambulances will follow a rotation, starting with Medic 1, for all Priority 4, 5, and 6 requests. The next ambulance on rotation or closest resource will take Priority 3 request. CTESOA's intends to continue staffing a part-time ambulance for 9-1-1 and inter-facility transfers (IFTs) during peak times and days. Medic 2, the part-time ambulance, will take all Priority 4, 5, and 6 requests.

Table 6. Response Priorities as outlined in RFP #19-918-037.

Priority	Definition
1	Life Threatening Emergencies
2	Non-Life-Threatening Emergencies
3	Urgent (Or Emergency Transfer from Healthcare Facility)
4	Scheduled Transfer (4-hour Advance Notification)
5	Unscheduled Transfer
6	Critical Care Transport

Figure 5, on the following page, depicts CTESOA ambulance station locations within CSA #3. Two Advanced Life Support (ALS) ambulances are staffed with either one Paramedic and one EMT-1, or two Paramedics and available from Station #2 (2951 Lake Tahoe Blvd, South Lake Tahoe.) The third ambulance is staffed with Firefighter/Paramedics from Lake Valley Fire Protection District (LVFPD) Station #7 (2211 Keetak St, Meyers.) The fire-based LVFPD ambulance shall respond to all Priority 1 and 2 calls in semi-rural, rural and wilderness areas where fire rescue trained personnel is essential to our success. The part-time ALS ambulance is staffed with one Paramedic and one EMT-1 and is available from Station #2. An additional ALS ambulance is cross-staffed by LVFPD from Station #6 (1284 Golden Bear, South Lake Tahoe) personnel when circumstances or ambulance coverage needs immediately require additional ground transport units. Cross-staffed Medic 6 from Station 6 shall respond to all Priority 1 or 3. Furthermore, two units are kept in reserve status and maintained to first-out capability.

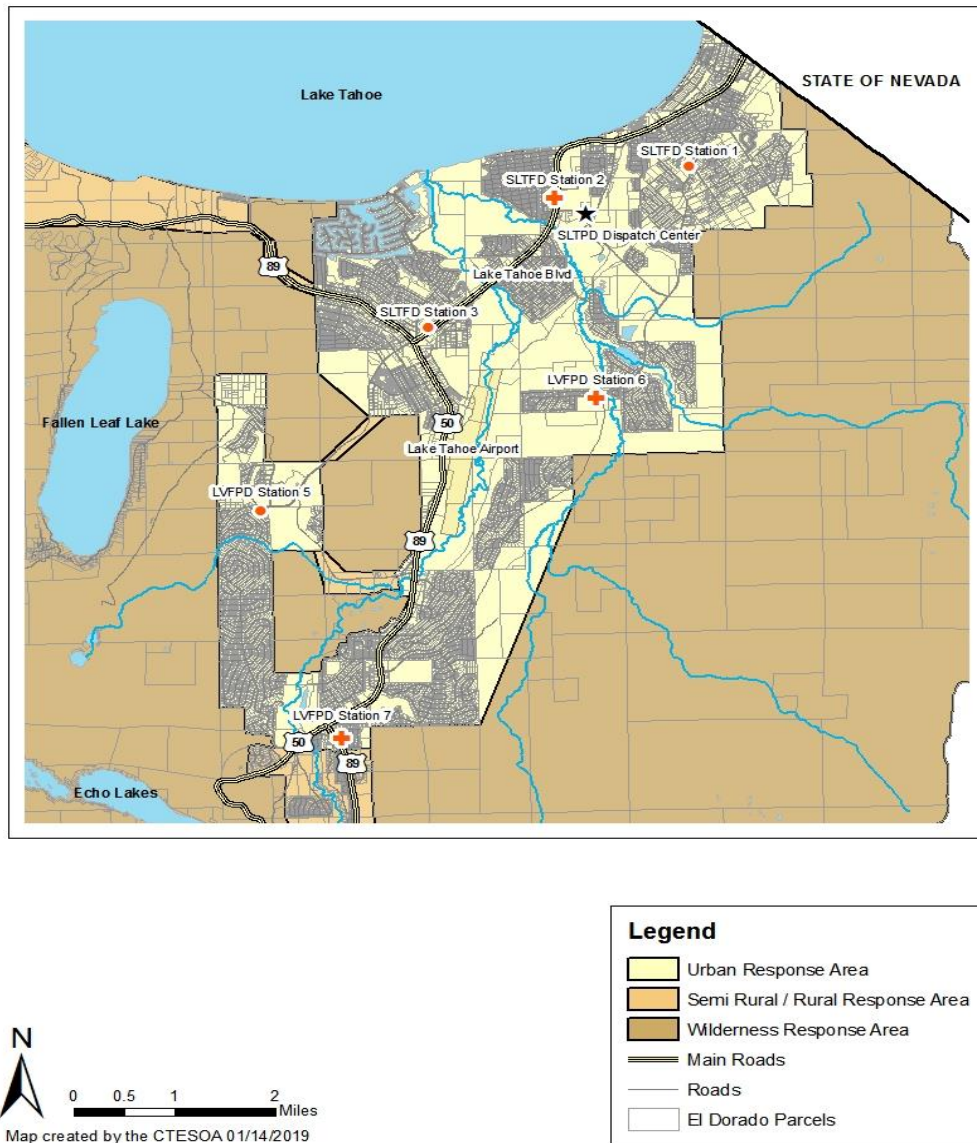


Figure 5. Map of CTESOA Fire Station Location within County Service Area #3

CTESOA deployment can be augmented by mutual aid cooperators' ALS ambulances. CTESOA has mutual agreements with Tahoe Douglas Fire Protection District, North Tahoe Fire Protection District, East Fork Fire Protection District and El Dorado County Fire Protection District which are also able to provide ALS ambulances. To further supplement services rendered to constituents, agreements are in place to provide non-transporting ALS services.

In order to best utilize resources and meet response time requirements across the priority spectrum, the CTESOA has established system status levels based on available ambulances. System status levels have been established to provide guidance on the management of the

organization's resources to maximize effectiveness for Geographic Service Area (GSA) coverage and response times. The Communication Center, LVFPD's Battalion Chief and/or CTESOA's Operations Manager has the authority to deviate from this guidance depending on the circumstances. CTESOA deploys three (3) medic units, 24/7/365 to cover CSA #3. System status levels are referred to as either "Green," "Yellow," or "Red" and are described below:

Green: Medic-1, Medic-3 and Medic-7 are available within the GSA for Priority 1, 2, 3, 4, 5, and 6 request types. Green is the highest of our system status levels. CTESOA maintains three fully staffed and equipped advanced life support ambulances in CSA #3, 24 hours per day, seven days per week, and 365 days per year. A status level is referred to as "Green" prior to any drawdown from any priority request type.

Yellow: Two of the three medic units are available within the GSA for Priority 1, 2 and 3 request types. Yellow is the status level when one of the three units is unavailable for response. Yellow is the maximum drawdown of resources that allows CTESOA to meet response time requirements for Priority 1, 2 and 3 request types. Yellow may be a very short duration, or very long, depending on the status of the unavailable unit. The goal of the CTESOA is to maintain a minimum "Yellow" system status level.

Red: One medic unit is available within the GSA for Priority 1, 2 and 3 requests and posted at the intersection of US Highway 50 and State Route 89 in the City of South Lake Tahoe, commonly referred to as "the Y". Red is the status level when two of the three units are unavailable for response. The remaining available unit will move to the intersection of US Highway 50 and State Route 89 in the City of South Lake Tahoe ("the Y") for coverage of the entire service area. It is the responsibility of the Operations Manager and/or CTESOA personnel to notify the Communication Center of the status of Medic-2, and the responsibility of the LVFPD Battalion Chief to notify the Communication Center of the status of Medic-6 for additional coverage to return to "Yellow."

The system has the capacity to staff additional medic units for disaster events, mutual aid, automatic aid, long distance transfers, system drawdown, and to stand-by at special events. The system is very fluid and medic unit status can run the spectrum of medic unit availability.

As the system is drawn down of available medic units, it is essential that a strategic move-up be implemented to maintain coverage from the core of the service area, from which a medic unit can be deployed for a timely and efficient response.

PATIENT TRANSFERS

CTESOA provides ALS services for patient transfers between Barton Hospital and a variety of higher level care facilities with destinations outside of the Tahoe Basin.

1. Emergency transfer requests are to be considered "Priority-3 urgent" with a 15-minute response time. These emergency transfer requests include transport of flight crew from airport to hospital, and back to airport. Emergency transfer requests will not be delayed due to

unavailability of the “up” agency or commitment of resources to other incidents or inter-facility transfers (IFTs.)

2. Scheduled, unscheduled or Critical Care Transfer (CCT) IFT requests “Priorities 4, 5 and 6”, shall be filled with a medic unit that is up in rotation for IFT response. An exception would be a transfer to home within the Geographical Service Area, where the jurisdiction having authority will handle the transfer and will not count as an IFT since it is not between facilities.

3. In the event of multiple IFT requests, CTESOA will do its best to accommodate the requesting facility, while maintaining our system status goal of “Yellow”. This can be accomplished by coordination between the hospital and the CTESOA Operations Manager regarding the available resources and prioritized needs.

4. In the event CTESOA is unable to meet the established maximum response time for any Priority 3, 4, 5 or 6 requests for service, the CTESOA Operations Manager or LVFPD Battalion Chief will contact the Communication Center to provide an updated estimated time of arrival. The Communication Center will then provide to the entity requesting service a reasonable estimate of the time that the unit will arrive and the reason for the delay.

Reassignment of ALS ambulances already en route to a 9-1-1 call is at the discretion of the responding paramedics and the Communication Center, with close oversight from the Operations Manager and LVFPD Battalion Chief, as to whether or not diverting from one call to another is beneficial to patient care. For example, if an ambulance is responding to a lower priority request when a higher priority request is activated for which they are the closest appropriate resource. In this instance, ambulance personnel must make radio contact with the Communication Center and Operations Manager or LVFPD Battalion Chief, if necessary, to request reassignment to the higher priority call and a second ALS ambulance to respond to the lower priority call.

UPGRADE, DOWNGRADE AND CANCELLATION OF RESPONDING UNITS

First responders en-route to or on-scene of a prehospital emergency incident may request a change in the response of responding units. All such requests will be routed through the Communication Center. In order to upgrade, downgrade or cancel responding units CTESOA follows these guidelines:

- First responders en-route or on-scene with a patient shall request an upgraded response upon determination that a life-threatening condition exists, or that any delay in transport or arrival of ALS may impact patient outcome
- First responders on-scene with a patient may request a downgraded response of an ambulance after determining that no life-threatening condition exists and that the time saved from lights and siren use would not likely impact patient outcome.
- First responders shall cancel other responding units when it is determined that the patient is not at the scene; or the patient is determined dead and cardiopulmonary resuscitation (CPR) is withheld or terminated in accordance with El Dorado County EMS Agency Field Policy, Determination of Death; or transport personnel arrive first and determine that no assistance is necessary from other responders.

- After completing the primary and secondary patient exam and establishing the chief complaint, an ALS first responder may cancel the responding transport unit if it is determined that the patient will not be transported by ambulance.

RESPONSE OUTSIDE CSA #3

Occasionally, a mutual aid request will come from Alpine County (those parts outside CSA #3) or Tahoe Douglas Fire Protection District (TDFPD) for CTESOA ALS ambulances to respond outside of CSA #3 in accordance with mutual aid agreements (see Appendix N.) In this instance, the request will be routed through the Communication Center who will then dispatch the closest available unit. The dispatched unit will advise the Communication Center when en-route and changing to the appropriate radio frequency for either Alpine County or TDFPD. Once the responding unit is in the area of the mutual aid requester, radio contact will be made with the appropriate Communication Center for the area over the appropriate frequency to advise availability for assignment or en-route to incident location. CTESOA is not required to unreasonably deplete its emergency resources. In the event CTESOA is unable to respond to mutual aid requests if such response conflicts with a response in the Primary Response Area the Communication Center will be notified and, in turn, notify the requesting agency.

D.1.d) Describe the plan for establishing procedures and training for response staff:

An effective system begins with highly trained and experienced personnel. Apart from the El Dorado County EMS Agency required accreditation procedure, new personnel are required to go through an orientation and training program prior to starting as an independent, unsupervised EMS provider. This new employee training program provides various training resources and reference guides along with additional field training and area familiarization that will help assimilate employees to operations within County Service Area (CSA) #3. CTESOA provides a robust training program that expands the knowledge, experience and skills of its employees.

For continuing education, the CTESOA utilizes the Target Solutions online management training system. Target Solution provides state and local public safety mandated training with more than 1,000 online courses for public entities. It enables us to streamline our organization's completion of training and compliance tasks with 24/7 online convenience. Target Solutions delivers training that decreases workplace accidents, minimizes lost work days, and reduces workers' compensation claims. Target Solutions ensures every hour of classroom and hands-on skills training is tracked with a records management software. Furthermore, it makes training management less stressful with innovative technology built for public safety professionals and reduces out-of-service man hours, fuel costs and overtime.

The National Highway Traffic and Safety Administration analyzed data over a 20-year period and found that each year, the nation averages 29 fatal crashes involving an ambulance, resulting in an average of 33 fatalities annually. The CTESOA takes Code 3 driving seriously, especially in adverse weather conditions as experienced in CSA #3. Lake Valley Fire Protection District

(LVFPD) offers all CTESOA employees an annual Emergency Vehicle Operations Course (EVOC.) The course provides each employee with the latest information about emergency vehicle operation through a four-hour classroom setting and a manipulative emergency driving course. The material covered in the classroom portion includes, but is not limited to, rules of the road, safe driving practices, and accepted emergency driving techniques. The manipulative portion of the course provides the opportunity to practice basic and emergency maneuvers through a series of standardized courses. The EVOC program allows employees to operate each piece of equipment in various driving situation in a controlled environment. In addition, a winter driving component is added to the course which allows employees to practice maneuvering a large vehicle in icy conditions - a condition which frequently occurs. The current EVOC course meets the requirements for El Dorado County's annual mandatory Ambulance Drivers EVOC course (Appendix M: EVOC Training Forms.)

D.1.e) Describe the plan for providing all necessary equipment, first responder equipment, and supply replenishment:

As the current provider, the CTESOA has the necessary equipment and first responder equipment. The CTESOA employs Operative IQ developed by EMS Technology Solutions, LLC for supply replenishment. Operative IQ is managed by the CTESOA's Operations Manager. Operative IQ keeps track of all our inventory across multiple apparatus and supply caches. Operative IQ tracks lot numbers and expiration dates for perishable items. The CTESOA's Operations Manager has established maximum points and reorder minimum points for each supply cache to ensure product availability and complete visibility across a distributed supply chain. Operative IQ allows the CTESOA to save time and money with streamlined processes that reduces stock issues, manage expiration dates and generate purchase orders based on supply usage under current compliance requirements. Operative IQ uses role-based security and purchasing approvals to control who can order and ensure compliance. The CTESOA maintains records for all assets from the date of purchase to the day they are decommissioned.

D.1.f) Describe the deployment model and the initial coverage plan estimated to be sufficient or in excess of the performance standards the will be implemented as a part of the System Status Management Plan, as indicated in Section II - Scope of Services, B. Service Provisions, #4. System Status Management:

The California Tahoe Emergency Services Operations Area's (CTESOA) approved System Status Management Plan facilitates communication and coordination between varying agencies and disciplines, identifies roles and responsibilities of each contributing agency, and provides guidance on medic unit operations that will achieve superior performance through timely and effective deployments in accordance with Section II - Scope of Services, B. Service Provisions, #4. System Status Management. The CTESOA continually makes improvements to the current Contract for Prehospital Advanced Life Support, Ambulance and Dispatch Services, between the County and the California Tahoe Emergency Services Operations Authority dated February 2018

(See Appendix N: SSMP.) Highlights of CTESOA's SSMP that pertain to deployment and coverage described in this section.

Two Advanced Life Support (ALS) ambulances are staffed with either one Paramedic and one EMT-1, or two Paramedics and available from Station #2 (2951 Lake Tahoe Blvd, South Lake Tahoe.) The third ambulance is staffed with Firefighter/Paramedics from Lake Valley Fire Protection District (LVFPD) Station #7 (2211 Keetak St, Meyers.) The fire-based LVFPD ambulance shall respond to all Priority 1 and 2 calls in semi-rural, rural and wilderness areas where fire rescue trained personnel are essential to our success. The part-time ALS ambulance is staffed with one Paramedic and one EMT-1 and is available from Station #2. An additional ALS ambulance is cross-staffed by LVFPD from Station #6 (1284 Golden Bear, South Lake Tahoe) personnel when circumstances or ambulance coverage needs immediately require additional ground transport units. Furthermore, two units are kept in reserve status and maintained to first-out capability. The CTESOA Geographic Service Area (GSA) consists of El Dorado County CSA #3 and portions of Alpine County, as specifically identified on the following maps, Figures 6 & 7.

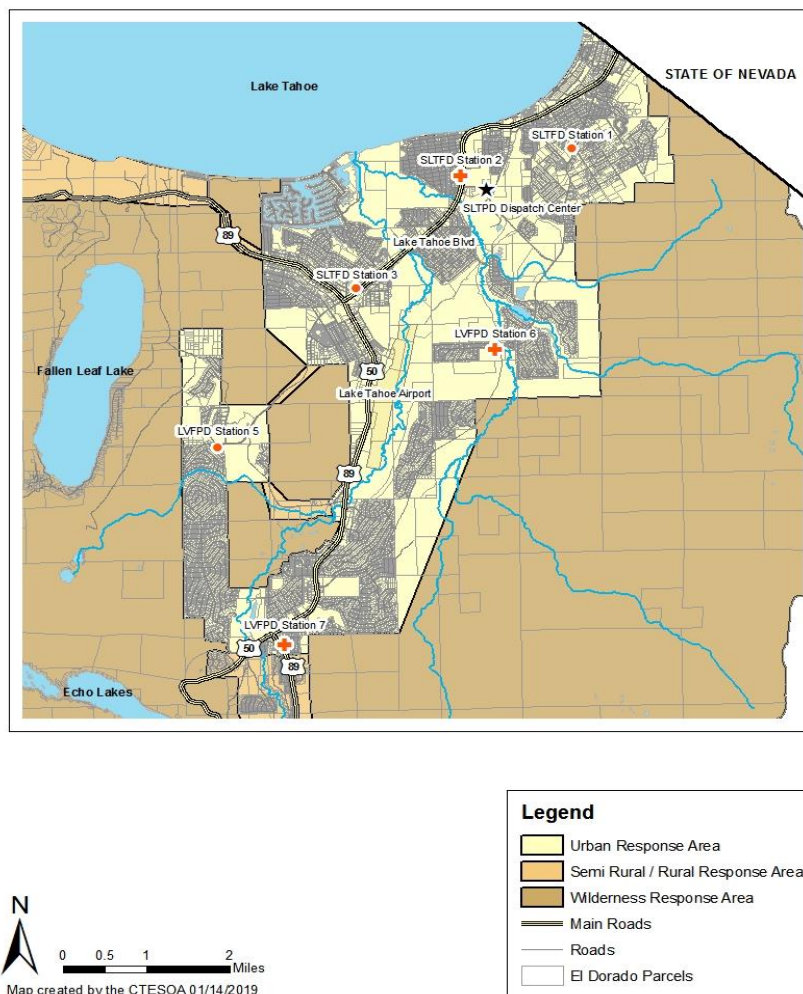


Figure 6. Map of CTESOA Geographic Service Area (GSA) denoting Urban, Semi Rural/Rural and Wilderness Response Areas.

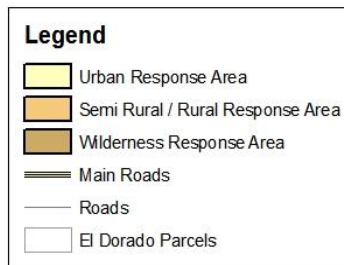
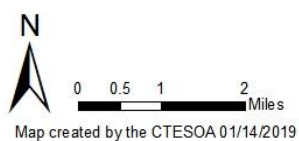
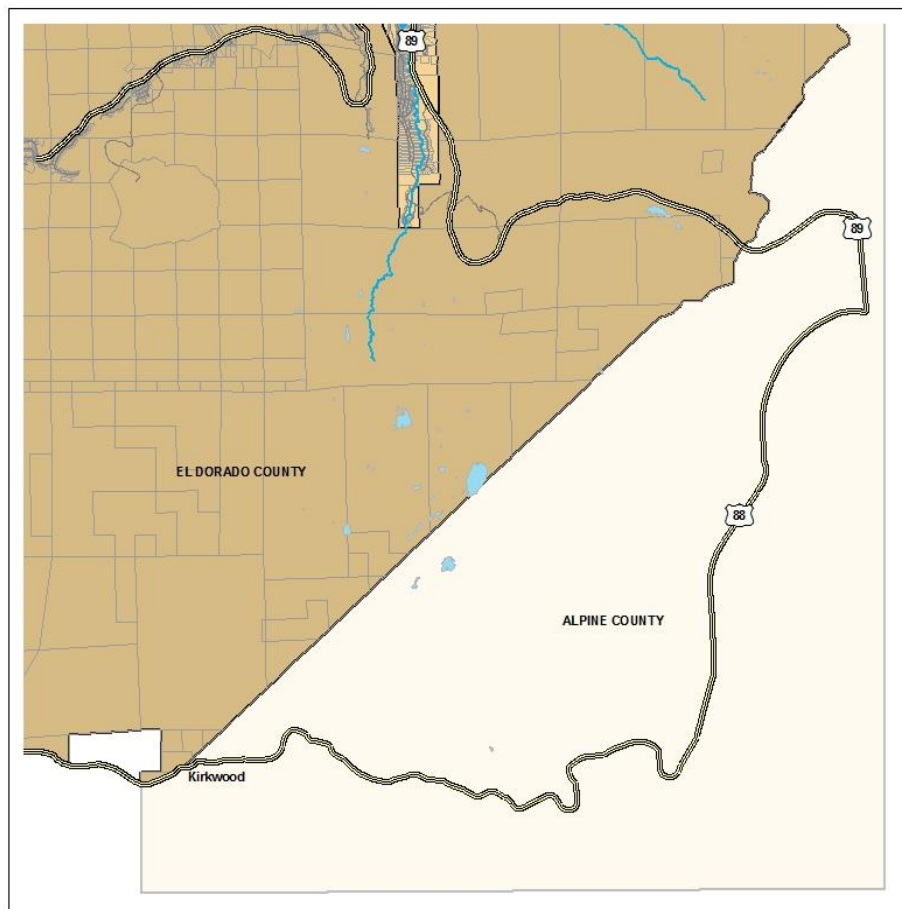


Figure 7. Map of Alpine County Service Area included within County Service Area #3.

CTESOA ambulance station locations satisfies all Priority 1 10-minute response time requirements for the defined areas of the county. Figure 8 below is a display of the 10-minute response time coverage for Medic 1, 3 & 7 when all units are available in quarters.

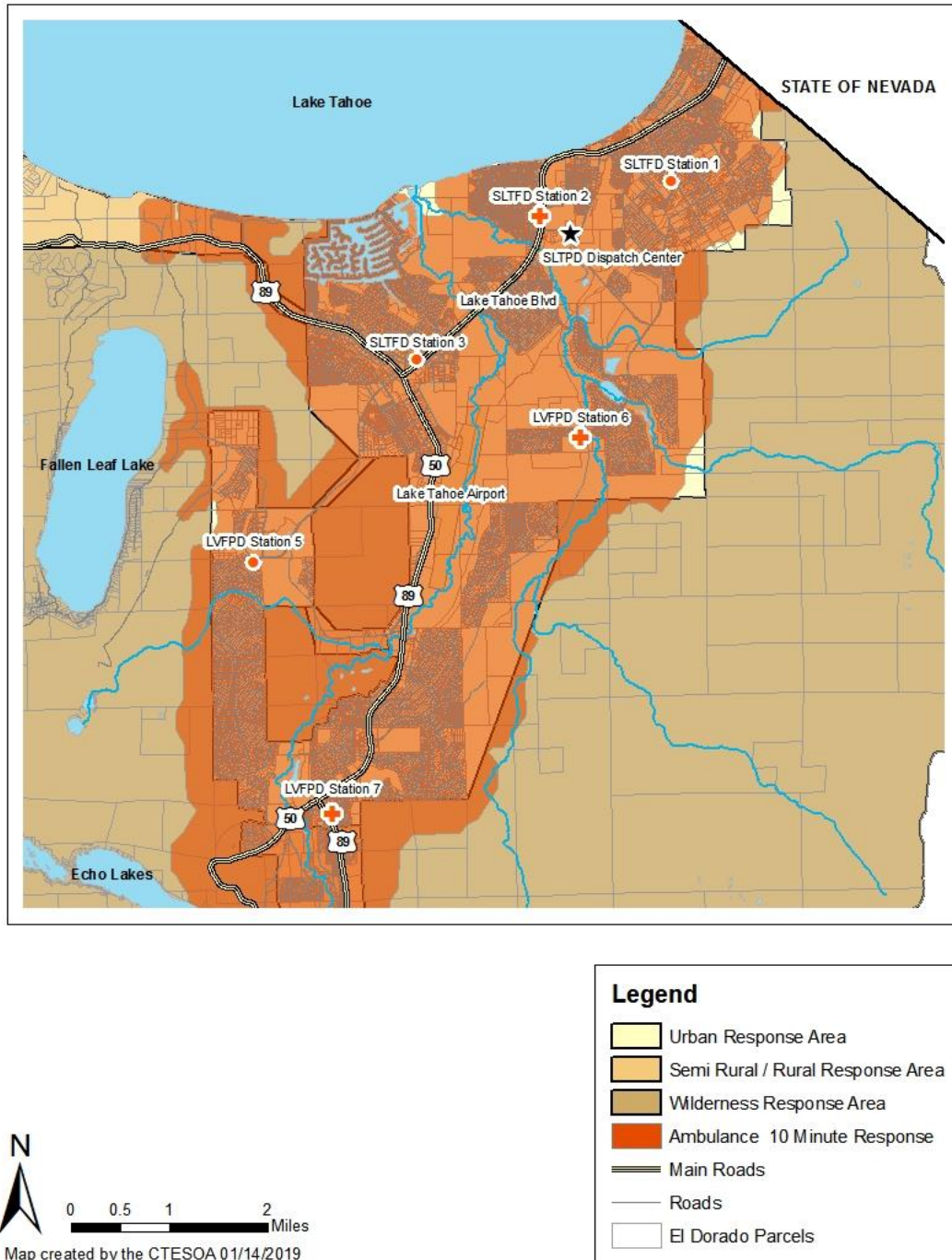
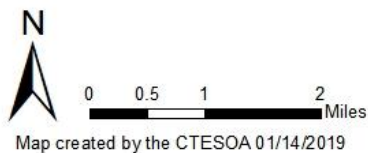
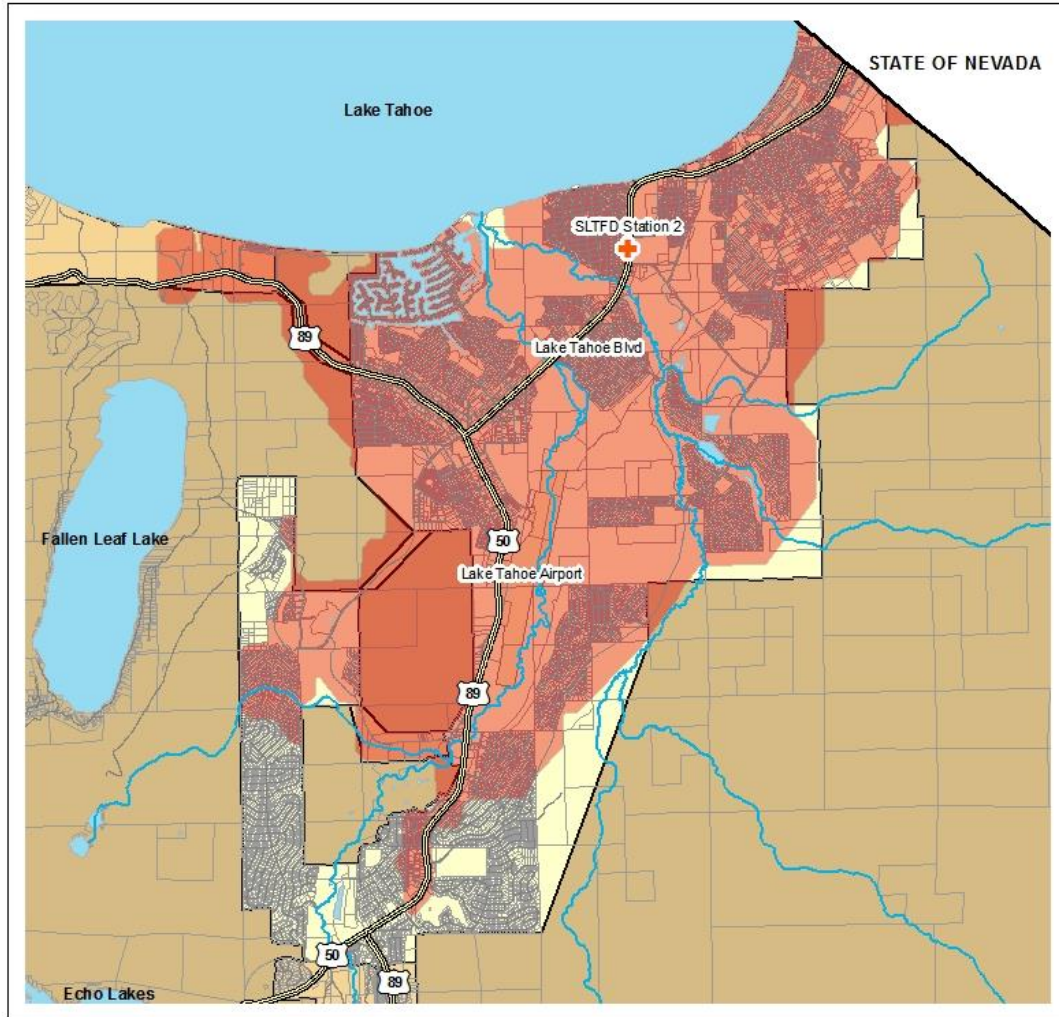


Figure 8. Map of CTESOA Medic 1, 3 & 7 Ten-minute Response Area



Legend

- Urban Response Area
- Semi Rural / Rural Response Area
- Wilderness Response Area
- Station 2 10 Minute Response
- Main Roads
- Roads
- El Dorado Parcels

Figure 9. Map of CTESOA Medic 1 & 3 Ten-minute Response Area

While Figure 9 shows Medic 1 & 3 Ten-minute response area if Medic 7 is committed, Figure 10 (below) shows Medic 7's 10-minute response time if Medics 1 & 3 are committed. In order to improve response times, it is the policy of the CTESOA to move Medic 7 to the intersection of US Highway 50 and State Route 89, also known as the "Y".

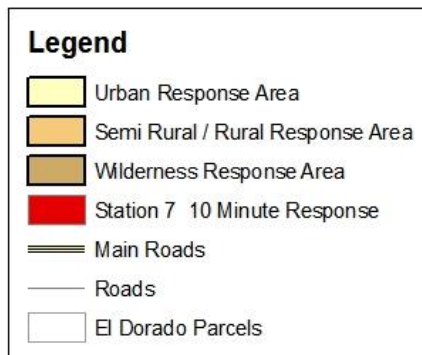
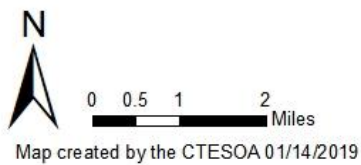
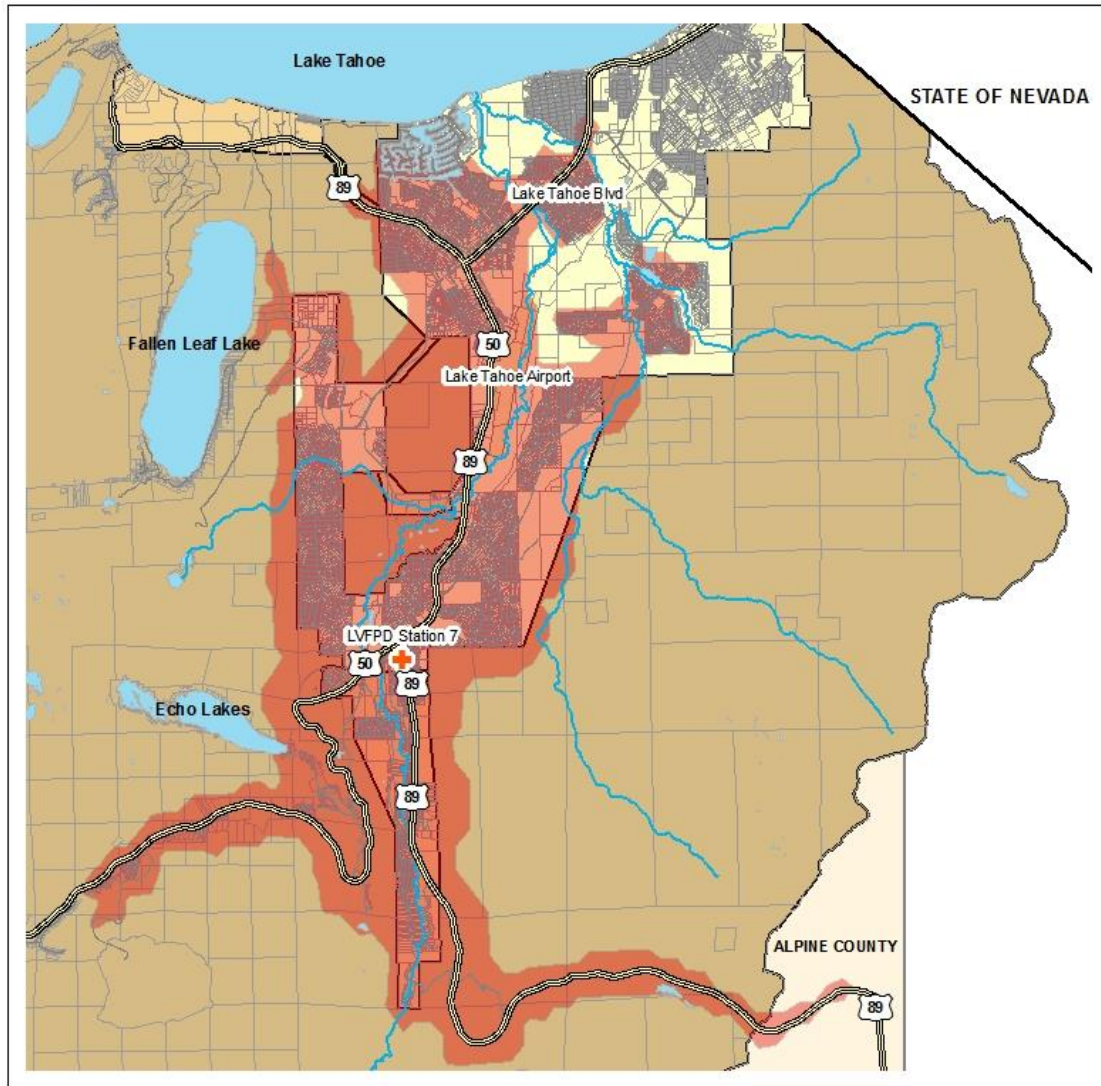


Figure 10. Map of CTESOA Medic 7 Ten-minute Response Area

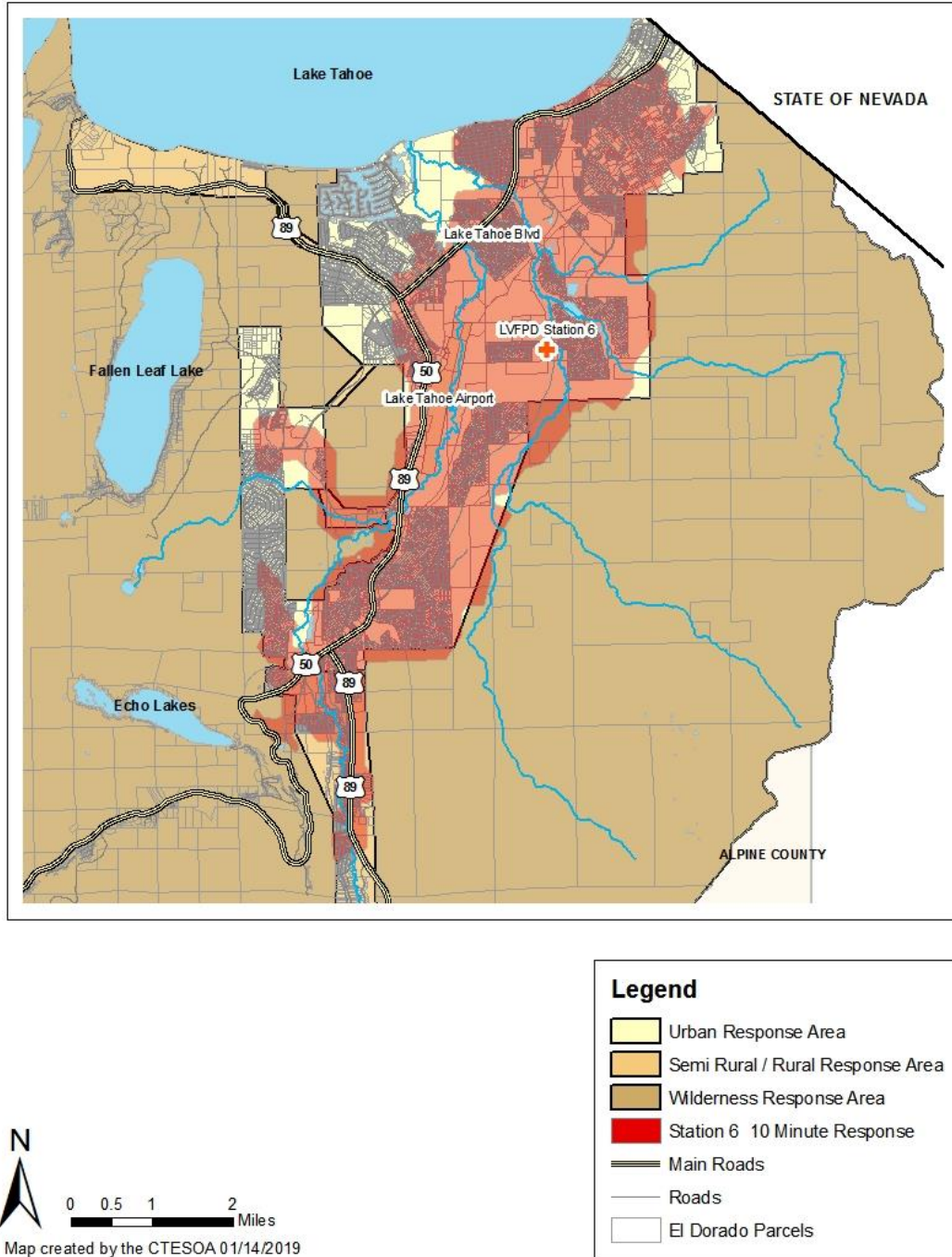


Figure 11. Map of CTESOA Medic 6 Ten-Minute Response Area.

When Medics 1, 3 & 7 are committed and a Tahoe Douglas Fire Protection District ambulance is unavailable for coverage, Medic 6 is cross-staffed and available. Figure 12 above displays the Medic 6 10-minute response area. The above 10-minute response time maps denote Urban, Semi Rural /Rural and Wilderness Response Areas. Based on the mapping and CTESOA's knowledge of CSA #3, CTESOA will meet all priority response times as required at a rate greater than 90%

of the time. Exceptions to these time requirements are allowed for unavoidable situations such as disaster events, communication failure, adverse traffic conditions, and severe weather conditions, etc.

As the system is drawn down of available medic units, CTESOA implements strategic move-up to maintain coverage from the core of the service area, from which a medic unit can be deployed for a timely and efficient response. The system status is defined as follows:

POSTING ASSIGNMENTS

Normal posting assignments of medic units:

1. Medic 1 at South Lake Tahoe (SLT) Fire Station #2
2. Medic 3 at SLT Fire Station #2
3. Medic 7 at Lake Valley (LV) Fire Station #7
4. Medic 2 (Part-time/Reserve) at SLT Fire Station #2
5. Medic 6 (Cross-staff/Reserve) at LV Fire Station #6

FIRST-RESPONSE ZONES

Medic 1

- All of District 1 (US Highway 50 from the California/Nevada state line west to the Trout Creek Bridge, and Pioneer Trail from US Highway 50 in Stateline to Al Tahoe Blvd)
- The east portion of District 2 (from Trout Creek to the west boundary of District 1)
- District 6 (from the boundary of District 1 up to and including Golden Bear Trail)

Medic 3

- All of District 3 (US Highway 50 from the Trout Creek Bridge west to Jewell Rd, State Route 89 from “the Y” in South Lake Tahoe to Emerald Bay)
- The west portion of District 2 (from Trout Creek to the Eastern boundary of District 3)
- All of District 7 (US Highway 50 from Jewell Road to Twin Bridges, Pioneer Trail from Al Tahoe to Meyers, State Route 89 from Highway 50 in Meyers to just north of Pickett’s Junction)
- All of District 9 (Fallen Leaf Lake)
- East along Lake Tahoe Blvd. up to and including Angora Highlands and Boulder Mountain Drive
- South along US Highway 50 (Emerald Bay Road) up to and including Jewel Road

Medic 7

- All of District 7 (US Highway 50 from Jewell Road to Twin Bridges, Pioneer Trail from Al Tahoe to Meyers, State Route 89 from Highway 50 in Meyers to just north of Pickett’s Junction)
- All of District 8
- Alpine County and Kirkwood Meadows
- District 5 (north up to but not including Boulder Mountain Drive)

SECOND-IN RESPONSE ZONES

Medic 2

- Whenever Medic 2 is staffed, apart from being “first-out” for all IFTs, it will respond to all medical emergencies if the primary medic unit for that area is unavailable.

Medic 3

- Whenever Medic 1 is unavailable within its first-in area, Medic 3 responds to all medical emergencies in Medic 1’s area.
- Whenever Medic 7 is unavailable within its first-in area, Medic 3 responds to all medical emergencies in Medic 7’s area.

Medic 1 and Medic 7

- Whenever Medic 3 is unavailable within its primary response zone, Medic 1 shall respond to all .
- Medical emergencies within the South Lake Tahoe City limits up to Viking Rd. and D St. at Lake Tahoe Blvd, and Airport Road and US Highway. 50: Medic 7 shall respond to all medical emergencies within the County portions of CSA #3 west of the City limits noted.

THIRD-IN RESPONSE PLAN

Whenever two of the three medic units (1, 3, and 7) are committed, the available medic unit will proceed to District 3 area for coverage of all response areas, specifically the intersection of US Highway 50 and State Route 89 in the City of South Lake Tahoe (“the Y”).

Whenever all three medic units (1, 3, & 7) are committed, contract agencies will notify the Communication Center to see if Medic-2 and/or Medic-6 are staffed and available for response.

If all units are unavailable, dispatch will notify Tahoe Douglas Fire Protection District and request a medic unit move to SLTFR Station. #2 for CSA #3 coverage.

STRATEGIC MOVE-UPS AND ASSIGNMENTS

System Status Management is an on-going planning process that involves not only a reaction to the current situation, but also an intuitive examination of what future needs might include. The CTESOA Operations Manager and LVFPD’s Battalion Chiefs are responsible for managing resources of the CTESOA by monitoring activity levels and shifting resources between posting assignments in order to provide maximum coverage to the service area. As drawdowns occur, planning for current and future ALS service needs can be accomplished by taking into consideration the following factors:

- Numbers of units committed at any given time;
- Call volume (below, at, and/or above normal for that period);
- The nature of the ALS calls (traffic collisions, MCI’s, and major injury patients);
- Turn-around time for units to return to service (out-of-county transports);
- Remoteness of current calls (rural and wilderness settings);

- Time, day of the week, holiday periods;
- Weather conditions (rain, snow);
- Special events that are taking place (New Year's Eve);
- Emergencies such as fires, crime scenes, hazmat spills, and mutual aid requests.

The Communication Center, CTESOA Operations Manager and/or the LVFPD's Battalion Chief may deviate from the normal post assignment when extenuating circumstances occur (i.e. MCIs, disaster events, etc.) Move-up assignments should be given to the closest available medic unit to minimize any delay in achieving a higher system status level.

PATIENT TRANSFERS

CTESOA shall continue to provide ALS services for patient transfers between Barton Memorial Hospital and a variety of higher level care facilities with destinations outside of the Tahoe Basin.

CTESOA shall adhere to the following protocol:

1. Emergency Transfer requests are considered "Priority-3 urgent" with a 15-minute response time. These emergency transfer requests include transport of flight crew from airport to hospital and back to airport. Emergency Transfer requests shall not be delayed due to unavailability or commitment of resources to other incidents or interfacility transfers (IFTs.)
2. Scheduled, unscheduled or CCT IFT requests, Priorities 4, 5 and 6, shall be filled with the medic unit that is up in rotation for IFT response. An exception would be a transfer to home within the GSA, where the jurisdiction having authority will handle the transfer and will not count as an IFT since it is not between facilities.
3. In the event of multiple IFT requests, CTESOA will do its best to accommodate the requesting facility, while maintaining a system status goal of "Yellow." This can be accomplished by the hospital coordinating with CTESOA's Operation Manager or Battalion-7 to coordinate available resources to their prioritized needs.
4. In the event CTESOA is unable to meet the established maximum response time for any Priority 3, 4, 5 or 6 request for service, CTESOA will contact the dispatcher to provide an updated estimated time of arrival. The dispatcher will then provide to the requester of service a reasonable estimate of the time that the unit will arrive and the reason for the delay.

Response Time Standards and Exceptions for some Inter-Facility Transfers

1. In the case of Priority 4, 5, and/or 6 elective transfers that exceed 100 loaded miles, CTESOA may require four hours advance notice before beginning the response.
2. Requests for Priority 4, 5 and/or 6 service when two (2) or more units are simultaneously engaged in any call type at moment of dispatch are exempt from response time compliance.
3. CTESOA shall not deplete its own ALS medical resources below level yellow for priority 4 and 5 transfers.
4. The receiving facility must be within 150 miles of Barton Hospital. Exception: The Executive Director, transporting member agency Battalion Chief or Operations Manager

may use his/her judgment to accept a transfer exceeding 150 miles for unusual or exigent circumstances.

5. CTESOA shall not be required to perform priority 4 or 5 services west of Barton Hospital during inclement weather when chain control restrictions are in effect.

MUTUAL AID

CTESOA shall provide mutual aid to Tahoe Douglas Fire Protection District on the South Shore of Lake Tahoe in Nevada (See Appendix N: TDFPD Mutual Aid Agreement.)

CALL-BACKS

The CTESOA shall call-back employees to staff additional medic units, as deemed necessary, to maintain system status levels.

Plan for Providing Emergency Communication and Dispatch Services

D.1.g) Describe the plan for ensuring Communication Center personnel are trained in accordance with local/national standards as indicated in Section II - Scope of Service, B. Service Provisions, #13. General Dispatch Provisions:

The California Tahoe Emergency Services Operations Authority (CTESOA) has extensive and ongoing experience operating in a contractual relationship with the City of South Lake Tahoe Public Safety Communication Center (Communication Center.) The Communication Center has performed to the highest local/national standards as witnessed over the past 18 years of our contractual relationship. The Communication Center is staffed and led by a cadre of extraordinarily capable and dedicated personnel who are well trained, know the community and have a demonstrated track record of success.

The Communication Center is headed by Lieutenant Shannon Laney of the South Lake Tahoe Police Department, with fire department coordination provided by Battalion Chief Jim Drennan of SLTFR and EMS coordination provided by Ryan Wagoner of CTESOA. The Center employs one Communications Supervisor, Melissa Dube, who has been with the South Lake Tahoe Police Department for 10 years and has been newly promoted to Communications Supervisor eight months ago.

Continuing dispatch education is required. This is obtained by in-house training sessions, ride-alongs, protocol reviews, multimedia education and fire/EMS meeting attendance. Dispatchers are also invited and encouraged to attend in-service fire/EMS trainings. Dispatchers are authorized to attend a variety of accredited training programs.

Compliance with call-taker and dispatcher questions and pre-arrival instructions are a routine part of an integrated quality improvement process; the Operations Contractor is required to report on a monthly basis with response statistics. The Communication Center participate in the County EMS Agency's Continuous Quality Improvement (CQI) Program (see Appendix L.)

Dispatchers further comply with local/national standards by adhering to the CTESOA Contract for Prehospital Advanced Life Support, Ambulance and Dispatch Services, between the County and the California Tahoe Emergency Services Operations Authority dated February 2018 (See Appendix N: SSMP.)

D.1.h) Describe the plan for ensuring Emergency Communication and Dispatch operators are trained according to County EMS Agency's adopted program of national standards, the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch National Standard Curriculum, and have and maintain Emergency Medical Dispatch (EMD) certification:

The California Tahoe Emergency Services Operations Authority's (CTESOA) contractor, City of South Lake Tahoe Public Safety Communication Center (Communication Center), shall ensure that Emergency Communication and Dispatch operators are trained according to County EMS Agency's adopted program of national standards, the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch National Standard Curriculum, and have and maintain Emergency Medical Dispatch (EMD) certification. New dispatchers have a rigorous training program of approximately nine months. This includes, but is not limited to, radio and phone operations, use of CAD and EMD/ProQA programs, police/fire/ambulance policies and deployment methods.

All dispatchers employed in the Communication Center are trained according to the County EMS Agency's adopted program of national standards, the National Highway Traffic Safety Administration EMD National Standard Curriculum and are certified in Emergency Medical Dispatch (EMD.) All dispatchers are certified in EMD using the National Academy of Medical Priority training and certification program, and all have gone through extra training to be certified as Advanced EMD. EMD recertification requires a minimum of 24 hours of continuing dispatch education every two years. Dispatchers are required to have current CPR certification provided by the American Red Cross or American Heart Association; specifically BLS: CPR/AED for Professional Rescuers and Healthcare Providers.

CTESOA shall audit the Communication Center annually for:

- Current list of dispatchers and their EMD/CPR certification dates;
- Job description for Communications Supervisor;
- Job description for Public Safety Dispatcher.

As stated above, 24 hours of continuing dispatch education are required for EMD recertification every two years. This is obtained by in-house training sessions, ride-alongs, protocol reviews, multimedia education and fire/EMS meeting attendance. Dispatchers are also invited and encouraged to attend in-service fire/EMS trainings. Dispatchers are sent to authorized accredited training programs and the cost of attendance is paid for by the Communication Center; tuition, materials, accommodations, transportation and meals, as well as their salary and any overtime accrued.

Most of the Communication Center staff are Tactical Dispatchers, as certified by the California Peace Officers Standards and Training (POST.) While the certification is geared toward law enforcement tactical team support, it is also valuable in fire dispatchers as it is based on the Incident Command System.

Dispatchers wishing to further their formal education can have tuition reimbursed by the City of South Lake Tahoe. The City of South Lake Tahoe, as part of the Police Employees Association contract, have agreed to cover the cost of tuition and books for up to two job-related classes of formalized study per semester or quarter.

D.1.i) Describe the plan for ensuring Communication System staffing levels are sufficient to meet the needs of the Service Area:

The Communication Center schedules two dispatchers on shift except between the hours of 5:00 am and 9:00 am, when only one is on duty. During scheduled major events (New Year's Eve, Fourth of July, etc.), extra personnel are brought in to handle the call load. During unplanned events (large fires, earthquake, etc.), the staff has the capability of calling in off-duty dispatchers to expand staffing levels. An EMD-certified dispatcher is on shift at all times.

Additional Plan Components

D.1.j) Describe the plan for the treatment of incumbent employees in the County's EMS system:

CTESOA is the current provider, thus treatment of incumbent employees will not be a factor.

D.1.k) Describe the plan for using mutual aid and other resources to meet periods of peak demand in the event of equipment problems:

In the event of equipment failure, the California Tahoe Emergency Services Operations Authority (CTESOA) will rely on backup equipment and mutual aid agreements to meet demand. CTESOA is the incumbent provider for County Service Area #3. CTESOA has successfully dealt with past equipment problems.

CTESOA has backup/reserve equipment immediately available. CTESOA's operations are entirely located in South Lake Tahoe. Reserve ambulances can be staffed immediately during peak demands when call volumes dictate the need for additional resources. Paramedics on-duty at member agencies can staff ambulances. CTESOA has backup equipment in stock or available through member agencies.

In the rare event that ambulances or equipment are not available, CTESOA deployment can be augmented by mutual aid cooperators' ALS ambulances. CTESOA has mutual agreements with Tahoe Douglas Fire Protection District, North Tahoe Fire Protection District, and El Dorado County Fire Protection District which are also able to provide ALS ambulances or equipment.

In the case of a catastrophic failure of the primary Communication Center, 9-1-1 calls are routed to El Dorado County Sheriff's Department (EDSO) Central Dispatch in Placerville. Radio/CAD operations can be resumed in the SLT Mobile Command Vehicle, which can be moved to virtually any location. The Communication Center has an agreement with El Dorado County Sheriff's Department (EDSO) to take over phone calls and dispatching services until either a Mobile Command Vehicle is activated, or personnel move down to EDSO Central Dispatch Center to dispatch from there. In the spring of 2019, when EDSO opens their new dispatch center, there will be an official Memorandum of Understanding (MOU) in place for these mutual aid services.

As stipulated in the RFP, the Communication Center already uses a manual "dispatch card" system when there is a failure of the dispatch computer systems. The data is later manually entered in the CAD upon resumption of computer services. As stated above, the ability to continue operation in the event of a power failure is maintained by utilizing a Matrix UPS system which in turn is backed up by a generator. Weekly tests are conducted on the generator. Full and incremental automated backups are conducted on all servers and stored to disc and tape.

D.1.1) Describe the plan for operating and managing the data collection system in accordance with County standards, including the maintaining of all records in compliance with HIPAA, HITECH, and any other applicable State and Federal privacy laws:

Compliance and Quality Assurance Methods for Third Party Billing

The County currently utilizes Intermedix as a contractor for all patient billing. California Tahoe Emergency Services Operations Authority (CTESOA) shall submit all PCRs to the County for review and data collection and verification prior to the information being passed along to the billing agency. CTESOA works closely with the County EMSA in making sure that records completed and submitted in a timely manner with appropriate secondary documentation such as the El Dorado County Medical Necessity Form for interfacility transfers to facilitate the prompt billing ability of Intermedix.

Health Insurance Portability and Accountability Act (HIPAA) Compliance

All CTESOA personnel and contractors shall follow the Federal HIPAA and El Dorado County Documentation regulations and policies including the "Guidelines for Maintaining Privacy of Protected Health Information" Policy. All patient care records (PCRs) are to be treated as confidential and their access restricted to essential EMS personnel, El Dorado County EMSA and its billing agency or others as outlined in the County policy. CTESOA personnel shall

provide each patient with a County approved “Privacy Statement” at the time of care and document it within the PCR. During the CQI process, records may be de-identified in order to help protect patient information. PCRs shall continue to be transported by County selected courier back to the EMSA office to provide compliance. With ImageTrend, e-PCR records shall continue to be transmitted in a secured manner that meets County requirements for records transmittal. The CQI process acts as a secondary screening process to maintain compliance.

Compliance with the Health Information Technology for Economic and Clinical Health Act (HITECH Act)

CTESOA is currently using ImageTrend e-PCR, an electronic tablet-based patient care record (PCR) program approved and mandated by the County for records and data collection and retention. ImageTrend assists in patient care billing that the County contracts through Intermedix. CTESOA Paramedics sync e-PCRs to a secure cloud server held by ImageTrend. Staff at the El Dorado County EMSA, with their own individual secure login, capture data in order to complete records management for the County as well as transfer required data to their billing agency. Each Paramedic has his or her own secure login to ensure that unauthorized persons may not access the program or any patient care records. This process of protected computers and servers allows CTESOA to maintain a secure and confidential transfer of all patient records in meeting not only HIPAA requirements, but the more stringent requirements outlined in the HITECH Act.

D.1.m) Describe the plan for participation in EMS Week activities and the provision of at least 24 hours of public relations events:

Emergency Medical Service (EMS) Week is a national event that brings local communities together with the medical personnel that provide day-to-day life saving services. California Tahoe Emergency Services Operations Authority (CTESOA) honors the dedication of those who provide "front line" medicine with awards ceremonies and quiet reflection about what it means to be an EMS practitioner. CTESOA honored two paramedics during last year's EMS week. CTESOA member agency South Lake Tahoe Fire Rescue recognized EMS Week by hosting several events and an open house. EMS Week is the perfect time to recognize the EMS industry and all that its practitioners do for our community.

CTESOA’s plan for May 2019 EMS Week is to follow the national five-day theme that represents the diverse nature of EMS. The five days are:

- Monday - EMS Education Day
- Tuesday - Safety Tuesday
- Wednesday - EMS for Children Day
- Thursday - Stop the Bleed Day
- Friday - EMS Recognition Day



Figure 12. 2018 EMS week: Honoring a Paramedic.

A CTESOA Paramedic or EMT from Community Service Area (CSA) #3 will be recognized during EMS Week 2019 at the El Dorado County Board of Supervisors Meeting. “EMS Week is a great time to say thank you to the men and women in El Dorado County who save lives every day,” says Rich Todd, Administrator for the El Dorado County EMS Agency. CTESOA agrees and looks forward to participating in next year’s EMS Week. The CTESOA will develop a Community Education Plan that reflects the goals of the County including participation in EMS Week activities.

The CTESOA exceeds the provision of at least 24 hours of public relations. CPR training for members of the public are offered on a monthly basis. Free CPR by SLTFR and LVFPD in the South Lake Tahoe area helps community members be better prepared for a health-related emergency. The courses are offered within CSA #3 and involve instructors and personnel from all of the member agencies. As with all CPR classes taught to the public under the guidelines of the American Heart Association, the courses include information about appropriate public access to the EMS system and appropriate use of 9-1-1. The member agencies of the CTESOA have an extensive history of delivering CPR training in the community. For example, CTESOA CPR instructors have provided training for:

- El Dorado County Office of Education
- El Dorado County Library
- Choices for Children (California Child Care Givers)
- South Lake Tahoe Public Works Department
- South Lake Tahoe Airport (Title 22)
- Lake Tahoe Community College - College Kids program
- Embassy Suites Security
- Heavenly and Sierra-At-Tahoe Ski Patrol
- Sierra-at-Tahoe employees
- Barton Health nurses and staff
- Numerous child care center employees
- Numerous doctor and dentist office personnel

CTESOA has an extensive record of participation in public relations events and school education programs that emphasize preventative health care and the use of 9-1-1. CTESOA shall continue to work collaboratively with County and other public safety and EMS-related groups. CTESOA public relations commitments easily meets and exceeds the 24 hours per year required under the provisions of the RFP. It is the CTESOA’s goal to continue building and improving these quality public health services to our residents and visitors alike.

CTESOA delivers safety education to children in kindergarten through third grade in the local elementary schools using a grant funded Life Safety



Figure 13. CTESOA educates local children on safety and using 911.

Trailer. The presentations include fire safety information, as well as information about the proper use of the 9-1-1 system.



Figure 14. CTESOA helps education 6th graders at the Drug Store Project.

The ‘Drug Store Project’ is a community wide, annual event for all 6th graders in the Tahoe Basin. The Drug Store Project is a comprehensive drug prevention program designed to educate youth about the dangers of substance use and abuse. The Drug Store Project is a day-long, anti-drug/anti-destructive behavior event. The planning process includes one year, 45+ agencies-service clubs, and 220 volunteers. These combined efforts provide realty-based scenarios for our 6th grade youth. CTESOA, along with its member agencies, participates in this event every April.

Another educational program that CTESOA participates in is “Every 15 Minutes.” The “Every 15 Minutes” Program offers real-life experience without the real-life risks for South Tahoe High School students. This emotionally charged program is an event designed to dramatically instill teenagers with the potentially dangerous consequences of drinking alcohol and texting while driving. This powerful program will challenge students to think about drinking, texting while driving, personal safety, and the responsibility of making mature decisions when lives are involved.

All of these programs are conducted within existing budgets. It is anticipated that these programs and any other public education effort implemented as a result of the ambulance service contract will also be accomplished within the existing public education budgets. The current proposed budget for the ambulance service does not divert any funding away from service delivery toward public education. This is a commitment that the organizations are prepared to make, separate from the ambulance service funds.

D.1.n) Describe the plan for ensuring data collection and reporting requirements as specified in Section II., Scope of Services, B. Services Provisions, #15. Data and Reporting Requirements:

The California Tahoe Emergency Services Operations Authority (CTESOA) shall meet all data collection and reporting requirements as identified “Article VI” of the Sample Agreement, attached as Exhibit “A”.

ePCR REQUIRED - PREHOSPITAL PATIENT CARE REPORT/BILLING FORM

CTESOA utilizes an ePCR (ImageTrend), that meets the standards and specifications of the EMS Agency Medical Director. The ePCR is required to be completed by all CTESOA employees for every patient contact and/or dispatched response for medical assistance requires the creation of

an ePCR, this includes patient AMA and canceled en route. When a patient is transported, the ePCR will be delivered with the patient to the receiving hospital by posting the run from Elite Field to Elite Web prior to leaving the hospital. While it's always a good practice to complete the ePCR as soon as possible, at this time, the EMS Agency is not mandating that a paper PCR be printed for the destination facility. A "Transfer of Care Sheet" can be left with the receiving hospital until the ePCR is completed in accordance with the documentation policy. Patient care records shall clearly identify those instances when two or more patients are transported in the same ambulance so that proper billing can be done.

CTESOA currently provides all appropriate demographic and billing information to the County and utilizes the County billing policy to ensure completeness. The County currently utilizes Intermedix Enterprises as a contractor for all patient billing. CTESOA submits all PCRs to the County for review and data collection and verification prior to the information being passed along to the billing agency. The CTESOA has been following this procedure since the implementation of the ePCR program. All ePCRs will be completed within a maximum of 48 hours, however CTESOA employees complete these ePCRs well before the maximum reporting time requirement. Once ePCRs are completed, marked as finished, and uploaded to the ImageTrend server, they are immediately available to the El Dorado County EMS Agency for review and billing purposes. El Dorado County EMS Agency handles all billing related issues.

In the event there is a malfunction of the ePCR device, patient documentation, including a signature, shall be completed on an approved paper PCR form. Once CTESOA employees have access to a functioning device, an ePCR will be completed electronically and marked as "Not Signed – Equipment Failure" and chosen as the reason the signature was not entered in the required field. The signature(s) obtained on the paper PCR will be either sent to the El Dorado County EMS Agency to be scanned and attached to the ePCR, or a photo will be taken and attached to the ePCR.

INCIDENT REPORT

The CTESOA furnishes all employees with Incident Report forms and ensures they are educated as to what they are for and how to utilize them. The principal form utilized by the CTESOA is the current Incident Report furnished on the El Dorado County EMS Agency website. The Incident Report form is utilized for sentinel events (i.e., injury to patient, crew or public, or violent or high-profile incidents) or unusual activities that impacted or influenced the normal delivery of services that should be documented but are not appropriate to be documented on the ePCR. Such unusual activities may include, but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, communication failures. Written documentation of all equipment and/or vehicle failure shall be completed by CTESOA employees within 24 hours using the Unit/Equipment Failure Report. All traffic collisions of a CTESOA owned vehicles must have an "Accident Report" filled out by the employee operating the vehicle. All mutual aid provided outside of CSA #3 will have an incident report filled out in the form provided on the CTESOA electronic reporting system.

RESPONSE TIME REPORTING

After the close of each month the CTESOA generates a Response Time Report which includes data that identifies the Incident Number, Date, Unit Number, Response Mode (Code-2 or Code-3), service area location (Urban, Semi-Rural, Rural, or Wilderness) and the following times: Time of Dispatch, Arrival at Scene, Ambulance Arrival at Emergency Department and Ambulance Patient Offload Time. After the report is completed, CTESOA staff verifies that all calls were responded to within the appropriate, county mandated response times. If a call was outside of the allotted response time, staff ensures that a County Response Time Exception Report was filed with county personnel. After all calls are verified, the report is submitted via email to the EMS Agency Administrator.

TRANSMITTAL OF DATA AND REPORTING

CTESOA staff ensures that all information is submitted to the county within seven (7) business days after the end of each month. All Board of Directors meeting minutes and agendas are available on the CTESOA's website, as well as provided to the county via email at the same time they are provided to the Board of Directors.

D.1.o) Describe the plan for providing Mutual Aid, as required by the State of California Emergency Plan maintained by the California Governor's Office of Emergency Services:

California Tahoe Emergency Services Operations Authority (CTESOA) operates under member agency, the Lake Valley Fire Protection District's (LVFPD), mutual aid agreement. CTESOA is available to support mutual aid requirements of the State of California Emergency Plan maintained by the California Governor's Office of Emergency Services. Mutual aid response may require CTESOA personnel to respond with ALS ambulances into a response area other than that assigned in this Agreement. Whenever CTESOA personnel receive a request for service in another area, CTESOA personnel shall immediately respond with an ALS vehicle as directed, either Code-3 or Code-2. If, due to prior or concurrent commitments of on-line units, and the CTESOA is unable to respond in a timely manner, the requesting agency shall be notified immediately.

Plan for System Enhancements

D.1.p) Describe the plan for developing and implementing any system enhancements that will be provided in addition to the services specified in this RFP:

County Service Area (CSA) #3 is unique and requires specific operational enhancements to serve the people on the Eastern Slope of El Dorado County. Geographically, CSA #3 offers unique challenges ranging from patient access issues to travel-inhibiting weather, and heavily used backcountry areas to water rescue/recovery needs. California Tahoe Emergency Services Operations Authority (CTESOA) utilizes several non-contractual system enhancements to accommodate and provide a greater service to the constituents who have found themselves injured, sick or lost within the Eastern Slope of El Dorado County.

POWER LOAD AND GURNEY:

The Stryker Power Load and Gurney supports the patients and cot throughout the loading and unloading process. This power load and gurney is crash standard tested and meets the dynamic crash test standards: EN 1789:2007 Medical vehicles and their equipment – Road ambulances 1 and AS/NZS 4535:1999 Ambulance restraint systems 2. Stryker Power Load Gurneys are capable of lifting patients weighing up to 700lbs. Furthermore, the system provides a linear guide for the cot through the loading and unloading process. The system is equipped with light-emitting diode (LED) indicators which communicate system status to the operator. The system has wireless communication capabilities and provides a method of inductive charging for associated batteries without the use of cables or connectors. The system also provides a method of operation when the system loses power or experiences an error.

AUTO PULSE:

The AutoPulse® Resuscitation System provides high-quality automated cardiopulmonary resuscitation (CPR) to victims of sudden cardiac arrest. Easy to use and battery operated, the AutoPulse squeezes the patient's entire chest to improve blood flow to the heart and brain. The AutoPulse automatically sizes to the patient and has shown improved outcomes in numerous clinical trials.

Furthermore, when the AutoPulse's stabilizing board is placed on a soft stretcher, rescuers can continue providing high-quality CPR down steep staircases, around sharp corners, or even in a cramped elevator. Compared with manual CPR, the AutoPulse has been shown to reduce interruptions in compressions during transport by more than 85%. The AutoPulse is made for resuscitation on the move. Its board delivers stability and maneuverability, supporting both patient and rescuer from the scene of the rescue to the hospital.

Multiple comparative studies have demonstrated improved vital signs because the AutoPulse drives superior blood flow, resulting in coronary perfusion pressure levels 33% higher than those of sternal compressions, positively impacting Return of Spontaneous Circulation (ROSC) and survival. Additionally, while piston-driven sternal CPR devices have shown no benefit in

improving ROSC rates when compared to manual CPR, the AutoPulse has increased ROSC rates in numerous studies.

KING VISION:

King Vision is a video laryngoscope with a high intensity Liquid Crystal Display (LCD.) The device is designed to visualize the vocal cords indirectly which can help minimize the need for tissue manipulation and improve the ability to see anterior airways. This improves patient care by helping to confirm correct intubation and reduce mistakes.

OPERATIVE IQ:

Operative IQ is a system to track medical supply inventory and is capable of tracking across multiple locations. Not only does the system track our field usage and back stock, but it is also able to track dates to ensure less waste of perishable supplies and medications. It also lets CTESOA check lot numbers in case of recalls. The system allows the user to establish maximum and minimum inventory amounts, which has greatly helped the CTESOA cut down on the cost of medical supplies since it has been implemented in October of 2018. When an item reaches the minimum inventory level, the system automatically adds the item to an order to be reviewed and placed with the designated vendor.

COMMUNITY PARAMEDICINE:

CTESOA is one of eight newly approved sites and the only provider in El Dorado County for the Health Workforce Pilot Project (HWPP) # 173 by the Office of Statewide Health Planning and Development (OSHPD), otherwise known as Community Paramedicine (CP.) CP is sponsored by California Emergency Medical Services Authority (EMSA) and is an evolutionary step, creating pragmatic collaboration between the EMS system and the health care system, improving patient care and overall patient health while reducing health care cost (Triple Aim Framework.) CP is a locally designed, community-based, collaborative model of care that leverages the skills of paramedics and emergency medical services (EMS) systems to take advantage of collaborations between EMS and other health care and social service providers. Community Paramedics receive specialized training in addition to general paramedicine training and work within a designated program under local medical control as part of a community-based team of health and social services providers.

CP is an innovative and evolving model of community-based health care designed to provide more effective and efficient services. Paramedics working in this model go beyond their traditional response-and-transport roles to facilitate more appropriate use of emergency care resources, reduce repeat hospitalizations, direct patients to the most appropriate site for care and enhance access to primary care for medically underserved populations. Currently, 33 other states within the United States have fully operational Community Paramedic programs. Insurance companies are beginning to recognize the value of these services which is opening the door for Community Paramedic reimbursement. Participation in this Pilot Project will allow CTESOA ground level entry and potential grandfather rights into an up-and-coming state and national program while serving the community of South Lake Tahoe and fostering further partnership with Barton Health.

ACTIVE 911:

CTESOA currently uses Active 911 for early emergency communications, alerting and mapping. Active 911 provides emergency responders with the ability to see what resources are responding to calls, routing information, map markers and pre-arrival instructions or codes (such as door codes or keys for entry to houses.) Furthermore, it shares the locations of responding emergency personnel and members in real time in its mapping to help with response coordination with neighboring departments for mutual aid calls.

NARC BOX:

Narc Box is being used by CTESOA for maximum controlled substance security with quick access to these medications in critical patient response situation. The Narc Box is constructed from extruded lightweight and durable airplane grade anodized aluminum which features a hi-resolution resistive touch display (which allows for glove use during access) for Personal Identification Number (PIN) entry as well as an Radio Frequency Identification (RFID) key card entry system. The Narc Box can be configured to require Dual Pin access, through either PIN, RFID, or a combination of both, to further enhance security and accountability. Multiple internal motion sensors notify all administrators or supervisors of forced entry via email within minutes of a security breach, while multiple incorrect repeated PIN entries also “flag” administrators and supervisors via email of suspicious activity. All Narc Box entry events are time, date, and medic stamped and transmitted instantly to a third-party secure server. Additional entry and usage information, such as medications administered and a dispatch or Electronic Patient Care Report (ePCR) can be assigned to every access as well.

The Narc Box also reports temperature and notifies all administrators or supervisors when the narcotics are outside specified temperature ranges.

AUTOMATIC CHAINS:

CTESOA currently utilizes a fleet of Braun Ford F-450 Super-duty four-wheel drive chassis equipped with automatic chains. Automatic chains are short lengths of snow chain attached to a small drive wheel, that when activated contact the inside tire of the rear duals. Centrifugal force throws the lengths of chain under the tire. When they are needed, the chains are controlled (i.e., raised or lowered) by the driver from inside the cab of the ambulance. These chains can be engaged while the ambulance is moving up to 25 MPH. These chains work best when the ambulance maintains slow but steady speeds, such as in shallow snow, or on intermittently clear/covered roadways, giving CTESOA an advantage while operating on the icy roads of CSA # 3.

MUTUAL AID:

The CTESOA has mutual aid agreements with neighboring fire and medical agencies through its member agencies. Tahoe Douglas Fire Protection District, North Tahoe Fire Protection District, Eastern Alpine County Fire and El Dorado County Fire Protection District are all available emergency medical transport services. The CTESOA member agencies maintains strong working relationships with partner agencies within the Tahoe Basin and adjoining service areas. CTESOA member agencies are signatory to the Lake Tahoe Regional Fire Chiefs Association agreement (see Appendix N) which provides for mutual aid assistance between all of its fire agencies. CTESOA, through its member agencies, maintains a boundary drop agreement that

provides the closest, most appropriate response to areas north of South Lake Tahoe along Hwy 89.

SPECIALTY RESCUE:

The Eastern Slope of El Dorado County has a high volume of hikers, climber, skiers, and other outdoor enthusiasts that find their way miles from the pavement. CTESOA all-risk fire personnel have developed several specialty rescue programs to accommodate individuals who have found themselves injured or sick within our mountainous environment. CTESOA all-risk fire personnel utilize special equipment to combat this terrain. Special equipment includes fully equipped ALS bags, Bauman Rescue Bag, collapsible stokes and wheel, low and high angle rope rescue gear, avalanche rescue equipment, swift water and ice rescue equipment.

- The ALS backcountry bags are a complete ALS complement in two backpacks which allows rescuers to provide full ALS care miles from any paved road in both traumatic and medical emergencies.
- The Bauman rescue bag is an approved helicopter hoist bag used by rescue personnel and CHP helicopter crews for hoisting operations. This bag greatly reduces the time it takes for the patient to receive definitive care and also mitigates dangerous ground extractions from treacherous trails.
- The collapsible stokes with wheel allows rescuers to package and secure patients for ground extraction through technical and challenging terrain.
- CTESOA member agency low and high angle rope rescue gear is state of the art and includes ropes from 300 to 600 feet long, multi-purpose devices (MPDs), electric winches, aluminum stokes baskets, and a wide array of climbing and rescue hardware.
- CTESOA member agency avalanche equipment consists of transceivers, probes, shovels, hasty packs, and snow clothing. We utilize dry suits, helmets, personal flotation devices (PFDs), throw bags, and other rescue equipment for our swift water and ice rescues.

CTESOA all-risk fire training is constantly ongoing and improving to ensure we stay at the highest level of competency for these technical rescue operations. CTESOA all-risk fire personnel are trained in one or all of the following: Low Angle Rope Rescue Operations (LARRO), Rescue Systems 1 (RS1), Rescue Systems 2 (RS2), Rigging for Rescuers, and Rope Rescue Technician. Rope Rescue Technician is the highest state level training for rope rescuers. The most qualified personnel conduct multiple training each year to assure all-risk fire personnel are competent in their skills. Avalanche, swift water, and ice rescue trainings are seasonal but held to the same standard. Member agencies are currently working with CHP to develop a more fundamental program for inserting personnel into the wilderness for hoisting operations of sick and injured patients.

BOAT RESCUE:

The Lake Tahoe Basin offers many bodies of water for recreation. CTESOA personnel are trained in water rescue, once again creating a situation where the rescuer can provide early ALS care. This is accomplished with the use of fire and rescue boats. CTESOA currently has two rescue boats available. These rescue boats are staffed by SLTFR and FLLFD. SLTFR's boat is a 17' 2017 Safeboat with twin Evinrude engines with 600 Horsepower that is capable of reaching 55 MPH. Staffed with ALS personnel, the Safeboat is equipped with forward-looking infrared

vision (FLIR) night vision, full radar, mapping, utilizes VHF and UHF radios and is in the water for immediate response a minimum of six months out of the year. SLTFR boat is rated for 27 persons on board and can go anywhere on Lake Tahoe. FLLFD's boat is a 28' 2014 Fire Boat with twin engines with 500 Horsepower that is capable of reaching 55 MPH. Staffed with ALS personnel, the fireboat is equipped with FLIR night vision, full radar, mapping, utilizes VHF and UHF radios and is in the water for immediate response during popular summer months. FLLFD's boat also provides fire suppression thanks to a 1600 gallons per minute (GPM) pump that shoots a water stream up to 350 feet high.

D.1.q) Describe the benefit the proposed system enhancements would provide in support of the services identified in the RFP:

Geographically, CSA #3 offers unique challenges ranging from patient access issues to travel-inhibiting weather, and heavily used backcountry areas to water rescue/recovery needs. The invaluable knowledge CTESOA employees have gained throughout the many years of service with these system enhancements gives them the ability to reach patients in urban, rural and wilderness areas.

The Stryker Power Loader and Gurney allows employees to efficiently move patients to and from the ambulance, limiting worker's compensation claims. The Zoll Auto Pulse frees up EMS personnel to accomplish advanced procedures, while patients receive nonstop, high-quality compressions throughout their pre-hospital transport. With King Vision's ability to visualize the vocal cords, it helps minimize the need for tissue manipulation, improves the ability to visualize the vocal cords and decreases the amount of time a patient is without oxygen. With Operative IQ's capability to keep track of all our inventory across multiple supply rooms and track lot numbers and expiration dates for perishable items, we have the potential to save 20% annually. Active 911 provides emergency responders with early emergency communications, alerting and mapping. Active 911 also provides emergency responders with the ability to see who is responding to calls, routing information, map markers, and pre-arrival instructions.

Furthermore, automatic chains allow CTESOA to reach patients in extreme weather. Whether it be in the backcountry or in the lakes and rivers within CSA #3, CTESOA is able to reach people in need. With the two rescue boats having ALS and fire suppression capabilities, CTESOA provides a greater service to the County of El Dorado and CSA #3 that is unmatched by any other ALS service.

Finally, CTESOA's specialty rescue capabilities go above and beyond what is required in CSA #3 services requirement. CTESOA has proven to be a highly efficient and effective organization in delivering ALS ambulance service in a very challenging environment that consists of rugged terrain, frequent severe weather events, and a large influx of visitors. CTESOA's Firefighter/Paramedics are trained to a very high standard to deliver ALS services in an "all risk" environment which is an absolute necessity given the vulnerabilities the region has for major disaster events. CSA #3 has many popular rock and ice climbing areas, backcountry skiing zones, hiking trails, and highways with steep shoulders and cliffs. CTESOA's all-risk

Firefighter/Paramedics are trained to deal with these dynamic situations with the multitude of system enhancements CTESOA possesses. It is a great benefit to the victim when the rescuer is also cross-trained as a Paramedic, allowing for ALS care to be delivered immediately. Winter rescue in the Sierra Nevada mountains offer many environmental and access challenges. CTESOA Paramedics work with many agencies through mutual aid to overcome these obstacles with use of the above system enhancements as well as helicopters, snowmobiles, snow cats, and avalanche rescue equipment.

2. Capabilities

D.2.a) Describe the organization's overall ability to perform all of the services and requirements identified in the RFP:

California Tahoe Emergency Services Operations Authority (CTESOA) has provided continuous and uninterrupted 9-1-1, non-emergency, and interfacility transport services within the County Service Area (CSA) #3 region since 2001. Lake Valley Fire Protection District (LVFPD), South Lake Tahoe Fire Rescue (SLTFR) and Fallen Leaf Lake Fire Department (FLLFD), have a combined 150 years of experience providing emergency services in this geographic region, CTESOA has met or exceeded the response standards as set forth within the contract. Because of this high performance, CTESOA has been awarded multiple extensions to the original contracts to provide EMS services (See Appendix F: CTESOA Extension Review_062415.) During the past 18 years of operation, CTESOA has consistently provided response times that far exceed the standard 90% as defined by El Dorado County.

CTESOA has continuously worked with the El Dorado County EMSA in developing a comprehensive and structured EMS system with defined operational policies, procedures and protocols to provide for consistent high-quality care to the patients. The combined existing emergency services management system and personnel are fully capable of continuing 9-1-1 and interfacility ambulance transport operations within CSA #3.

SYSTEM STATUS PLANNING AND DEPLOYMENT

By utilizing the system status model, CTESOA provides greater coverage within CSA #3. CTESOA currently operates three full-time ambulances. Ambulances are based at member agency fire stations and/or facilities spread across the service area. The geographic locations of each ambulance is based on response times and standards developed primarily by the Insurance Service Organization (ISO.) ISO evaluates and rates local fire protection resources as a method for establishing insurance rates within a community. While the ISO system is oriented toward property protection it does assure that resources are properly distributed throughout a community. Within the communities of CSA #3 there are existing fire stations located in such a manner as to provide appropriate geographic dispersal of resources as listed on Figure 15 on the next page.

The CTESOA Operations Manager and/or LVFPD Battalion Chief are responsible for managing resources of the CTESOA by monitoring activity levels and shifting resources between stations in order to provide maximum coverage to the service area. CTESOA has the capability of staffing up to seven fully equipped ambulances within the snow boundary of CSA #3, through cross staffing and call back during peak demands when call volume dictates the needs for additional resources. Since CTESOA is currently operating within the CSA #3 service area there is no need for start-up or deployment planning in order to continue current operations within CSA #3.

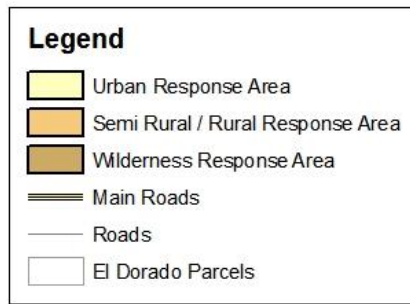
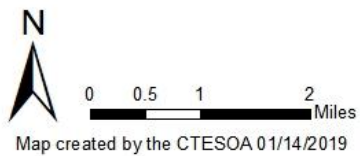
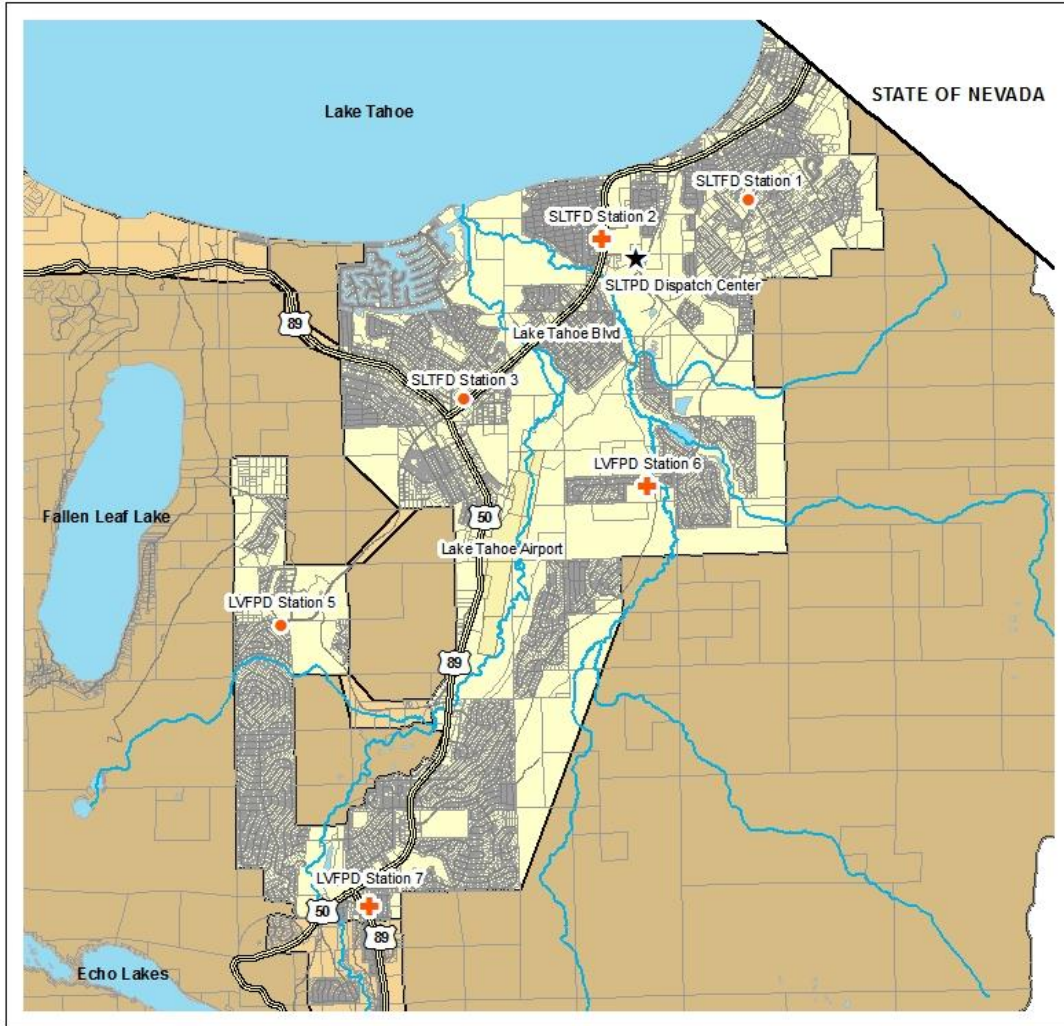


Figure 15. Map of CTESOA Fire Station Location within County Service Area #3

INTER-AGENCY COOPERATION

CTESOA and its member agencies have mutual aid agreements with Tahoe Douglas Fire Protection District, North Tahoe Fire Protection District and El Dorado County Fire Protection District which are also able to provide ALS ambulances (See Appendix N: Letters of Support.) The CTESOA maintains strong working relationships with partner agencies within the Tahoe Basin and adjoining service areas. Also, the CTESOA through its member agencies maintain a boundary drop agreement that provides the closest, most appropriate response, to areas north of South Lake Tahoe along State Route 89 near Emerald Bay.

FIELD SUPERVISION

Daily medical operation questions are addressed by the CTESOA Executive Director and Operations Manager who are routinely available for consultation. In the event that the CTESOA executives are unavailable, the SLTFR and LVFPD have an existing system utilizing station Captains and Duty Officers to provide 24/7 in station and field supervision for CTESOA agency personnel (refer to Appendix C– LVFPD and SLTFR Organizational Charts.) Captains and Duty Officers are available 24 hours per day and have the ability to call upon chief officer resources if required.

TRAINING AND MANAGEMENT OF CLINICAL PERSONNEL

CTESOA has a wide range of experienced providers for training and managing clinical personnel from the first responder level through the Paramedic level. The CTESOA has designated lead Paramedics that oversee training within their respective agencies and ensures that all training is standardized across the board within CTESOA and meets or exceeds El Dorado County Emergency Medical Services Authority (EMSA) and State training requirements. All new CTESOA personnel are required to complete the El Dorado County accreditation process as outlined in the accreditation instructions and application that are included. CTESOA also utilizes County-approved Field Training Officers (FTO's) to augment County specific and CSA#3 specific training. Each CTESOA member agency has an EMS Officer overseeing operations and acting as a resource. CTESOA works with the El Dorado County EMSA and Barton Hospital (base hospital for CSA #3) to develop new training policies and procedures as well as provide for first responder and Paramedic accreditation within El Dorado County. In addition, skill testing is completed annually utilizing Barton Hospital and training criteria set forth by the EMSA. Because the CTESOA is a fire-based system with career Paramedics, CTESOA maintains highly trained personnel with a long history of experience in EMS (see Appendix C for key personnel lists and resumes to review qualifications/certification/accreditations.)

RECRUITMENT, ORIENTATION AND RETENTION OF PERSONNEL

The CTESOA has established practices in place to recruit, orient and retain qualified personnel. Upon hire, personnel receive training in El Dorado County EMSA and CSA #3 specific operations as part of their County accreditation.

EQUAL OPPORTUNITY EMPLOYER

As is contractually required by the contract with El Dorado County, CTESOA provides equal employment opportunities (EEO) to all employees and applicants for employment without regard

to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, CTESOA complies with applicable state and local laws governing nondiscrimination in employment in every location in which they have facilities. This policy applies to all terms and conditions of employment, including, but not limited to, recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Adhering to the policy regarding EEO has enabled the CTESOA administration to attract quality applicants who are interested in working long-term for a fair and equitable employer.

QUALITY IMPROVEMENT PROCESS MANAGEMENT

CTESOA is an active participant in the El Dorado County EMSA Quality Improvement Process. CTESOA works with both the EMS Medical Director, EMSA and base hospital in Continuous Quality Improvement (CQI), a peer-based process that conducts a clinical review of patient care (see Appendix L.) The CQI process reveals potential areas for improvement within the EMS System including training opportunities and highlights outstanding clinical performance. This is evidenced by active ongoing participation not only in the County CQI process but participation in the Medical Advisory Committee and Paramedic Advisory Committee. The CTESOA follows current County CQI policies and utilizes the County CQI Medical Event Report forms.

INTERACTION WITH FIRST RESPONDERS

CTESOA has an excellent working relationship with the first responder agencies in CSA #3 because the CTESOA member agencies (of LVFPD, SLTFR and FLLFD) are also the primary first responders. In addition, CTESOA has an excellent working history with other first responder agencies including law enforcement (California Highway Patrol, El Dorado County Sheriff's Department, CHP, El Dorado County Sheriff, Alpine County Sheriff's Department, Lake Tahoe Basin Management Unit law enforcement officers, California State Parks law enforcement officers and South Lake Tahoe Police Department) and fire suppression/EMS (USDA Forest Service, California Department of Forestry and Fire Protection, Eastern Alpine Fire Rescue, Tahoe Douglas Fire Protection District, North Tahoe Fire Protection District), Tahoe Douglas Fire Protection District, North Tahoe Fire Protection District) US Forest Service, California State Parks, CalFire and Alpine County Fire. The member agencies continue to cooperate with these other first responder agencies in training and field operations in an ongoing basis.

MANAGEMENT OF A MATERIAL MANAGEMENT AND DISTRIBUTION SYSTEM

CTESOA is utilizing the Operative IQ system for purchasing and distribution of materials primarily through a single point for medical supplies and equipment. Most all medical supplies are purchased through the CTESOA Operations Manager. As supplies are required at various ambulance / housing locations the required orders are filled. All large value purchases such as cardiac monitors are approved by the CTESOA Board of Directors with the purchase being completed by either the Executive Director or designee.

FLEET MANAGEMENT

The CTESOA currently has a fleet of seven four-wheel drive ambulances that are maintained by a Master Fire Mechanic through an agreement with LVFPD. This covers non-warranty preventative maintenance and repair of the vehicles used in EMS operations for CSA #3.

CTESOA maintenance is tracked by the Fire Mechanic and includes vehicle life expectancy and replacement recommendations. Replacement schedules are presented to the Board of Directors so that replacements may be added into the budget process.

DRIVER TRAINING

The CTESOA follows the LVFPD driver training programs for initial orientation and training of ambulance drivers/operators. The programs include both oral and practical skills training (refer to Appendix M for EVOC Training Forms.) Successful completion of the program requires a passing score in the practical skills testing.

OSHA COMPLIANCE AND EXPOSURE CONTROL

CTESOA and member agencies have current policies and procedures in place for OSHA compliance and exposure control. Barton Hospital and its Occupational Medicine Clinic are utilized for possible exposure cases in order to provide rapid and appropriate treatment as well as follow-up if required.

PARTICIPATION IN MEDICARE/MEDICAID COMPLIANCE PROGRAM

El Dorado County holds the Medicare/Medicaid provider number for all ambulance billing within the County. El Dorado County then works with their contracted billing service Wittman Enterprises to complete appropriate billing to both Medicare and Medicaid. The responsibility for CTESOA is to provide the County with timely and accurate patient care records (PCR), billing information and include such additional items as the El Dorado County Medical Necessity Form for interfacility transfers. CTESOA currently provides all appropriate demographic and billing information to the County and utilizes the County billing policy to ensure completeness.

COMPLIANCE AND QUALITY ASSURANCE METHODS FOR 3rd PARTY BILLING

The County currently utilizes Intermedix Enterprises as a contractor for all patient billing. CTESOA submits all PCR's to the County for review and data collection and verification prior to the information being passed along to the billing agency. CTESOA works closely with the County EMSA in making sure that records completed and submitted in a timely manner with appropriate secondary documentation such as the El Dorado County Medical Necessity Form for interfacility transfers to facilitate the prompt billing ability of Intermedix.

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) COMPLIANCE

CTESOA personnel and contractors are required to follow the Federal HIPAA and El Dorado County Documentation regulations and policies including the "Guidelines for Maintaining Privacy of Protected Health Information" policy. All patient care records (PCR's) are to be treated as confidential and their access restricted to essential EMS personnel, El Dorado County EMSA and its billing agency or others as outlined in the County policy. CTESOA personnel

provide each patient with a County approved “Privacy Statement” at the time of care and document it within the PCR. During the CQI process records may be de-identified in order to help protect patient information. PCRs are currently transported by County selected courier back to the EMSA office to provide compliance. With the introduction of the electronic PCR (ePCR) records will be transmitted in a secured manner that meets County requirements for records transmittal. The CQI process acts as a secondary screening process to maintain compliance. Compliance with the Health Information Technology for Economic and Clinical Health Act (HITECH Act) CTESOA is using the County designated vendor ImageTrend, an electronic tablet-based patient care record (PCR) program. CTESOA is compliant with all County protocols regarding data collection policies. Subsequently, this information will also assist in patient care billing that the County contracts through Intermedix. Upon completion of a PCR the ePCR is synced to a secure server at ImageTrend. Staff at the El Dorado County EMSA have their own individual secure login to the server to pull data in order to complete records management for the County as well as transfer required data to their billing agency. Each paramedic also has their own secure log in for the program to ensure that unauthorized persons may not access the program or any patient care records. This process of protected computers and servers allows CTESOA to maintain the secure and confidential transfer of all patient records in meeting not only HIPAA requirements, but the more stringent requirements outlined in the HITECH Act.

MANAGEMENT SUPERVISORIAL STRENGTHS

During CTESOA’s tenure as the service provider for CSA #3, CTESOA has expanded the experience level from the Paramedics up through the ranks to include Fire Chiefs from each department. Agency leaders are now well versed in CTESOA EMS operational requirements within CSA #3. Key personnel are listed with resumes in Appendix C.

TIES TO THE COMMUNITY

From the least senior EMT on up to the Board of Directors, all members of the CTESOA have a strong connection to the community they serve. Several EMS personnel functioning on the ambulance were born in the hospital where they now deliver patients. The Executive Director is a life-long resident of the Tahoe area. One of the Directors was born on the south shore of Tahoe prior to the hospital’s existence. The majority of employees went through the local school system and have worked for local businesses in a variety of occupations. They have also participated in the vast amount of outdoor recreation offered in the Tahoe area, enabling them to become familiar with the same areas where they now perform rescue operations. Tahoe is unique - geographically, socially, economically, politically, and environmentally. To successfully provide a public safety service to the depth and breadth of the community requires full comprehension of all aspects, and a respect for its history. In addition, it necessitates an understanding of the unique and challenging environment in which the ambulance service must work. CTESOA has this understanding, this depth and breadth of its community, and a respect for its history. CTESOA is the community it serves.

D.2.b) Describe the organization's current ambulance response times across all response priorities and provide a comparison of those response times to the Service Provisions, #12. Response Times Performance:

California Tahoe Emergency Services Operations Authority (CTESOA) current ambulance response time in County Service Area (CSA) #3 has exceeded the 90% standards required by the county of El Dorado, both in relationship to response priorities and response areas. CTESOA has been lauded by the County of El Dorado Health and Human Services for this accomplishment. In 2015, the Director of Health and Human Services, Don Ashton, stated that CTESOA had exceeded criteria, and also thanked CTESOA in a letter of Extension of Ambulance services. Director Ashton went on to state *"I am happy to inform you that your organization has exceeded the numerical criteria score required to continue services to the County, and I am in concurrence with the EMS Agency staff recommendation."* Director Ashton further stated *"I would like to take this opportunity once again to commend you on the ALS Ambulance system you have developed and your hard work to continue to improve your services. The citizens of El Dorado County are well served by your efforts."* (see Appendix F for entire extension letter)

Response Times for transport capable ALS ambulances is measured from the Time of Dispatch to Arrival at the Scene. The response time requirement changes for different priorities and the location of the call. Priority 1 is distinguished as a Code 3 Emergency (use of emergency lights and siren by responding units.) Priority 2 is distinguished as a Code 2 Emergency (no lights or sirens.) Priority 3, 4 and 5 are distinguished as Emergency, Scheduled and unscheduled interfacility transfers (IFT- one medical facility to another.) Priority 6 is distinguished as a Critical Care Transfer, which requires a Registered Nurse to ride in the ambulance from one hospital to another. These often occur due to the severity of the patient or due to extreme weather conditions where helicopter or fixed-wing airplane transport is impossible.

Table 7: Maximum Response Times.

Priority	Urban	Semi-Rural	Rural	Wilderness
1	10:00	20:00	20:00	90:00
2	12:00	22:00	22:00	90:00
3	15:00	25:00	25:00	90:00
4	On Time	30:00	60:00	90:00
5	60:00	60:00	90:00	N/A
6	30:00	45:00	N/A	N/A

In comparison with the Maximum Response Time Requirements as delineated in the Maximum Response Time table (Table 7) provided by the County EMS Agency Medical Director, CTESOA met the specified response time criteria **97.4%** of the time over the last 21 months (January 2017- September 2018.) As seen in Table 8 on the following page, the CTESOA met the required

response time criteria of 90% and earned a 97.4% response time with three and a half ambulances. This, despite the challenges CSA #3 roadways provide during peak travel weekends and holidays, summer construction season, and inclement weather.

Table 8. Percentage of Late Calls Based on Priority Levels.

Priority	Total Calls	Late Calls	Average % Late
1	2889	74	2.57%
2	1057	36	3.20%
3	233	4	1.76%
4	26	1	4.76%
5	856	15	1.73%
6	12	2	6.35%
TOTAL	5073	132	2.60%

*This data is compiled from the County Response Time Summaries for CSA-3 provided by Richard W. Todd, MBA EMS Agency Administrator - MHOAC, El Dorado County, Health and Human Services Agency. (Appendix O: Raw Data; Response Time Data from County)

Delving further, Table 9 below summarizes the calls received by CTESOA over the past 21 months (the most recent period that the data is available) in terms of both geographical response areas and the priority levels. This table shows the diversity of calls received in County Service Area #3, and the volume processed by the CTESOA over the past two years. The response time data for the CTESOA described below shows that 83.8% of the 5,073 calls received were Urban Calls, 5.28% were Rural Calls, 2.05% were Semi-Rural, and 8.87% were Wilderness Calls. Furthermore, CTESOA responded to 261 of 268 Rural calls in response times allowed (in table above), 101 of the 104 Semi-Rural calls, and 438 of 450 Wilderness calls over the last two years.

Table 9. Call Volume based on Area and Priority.

*Call Volume by Area/ Priority for Past Two Years (January 2017- September 2018)						
Area→ Priority↓	Urban	Semi-Rural	Rural	Wilderness	Total	Percentages
1	2365	69	173	282	2889	56.95%
2	901	13	26	117	1057	20.84%
3	166	11	9	47	233	4.59%
4	20	1	4	1	26	0.51%
5	788	10	55	3	856	16.87%
6	11	0	1	0	12	0.24%
Total	4251	104	268	450	5073	
Percentages	83.80%	2.05%	5.28%	8.87%		

*Data taken from County Response Time Data from County in Appendix O

When drawing from the compliance average of 97.4%, Table 9 can be compared with the Maximum Response Time Table (Table 7) above. Conclusions drawn from this comparison of the two tables include:

- CTESOA met the response time criteria 97.4% of the time for these 5,073 calls, thus, 4,140 of the 4,251 urban calls were responded to in under 10 minutes. This includes calls that occur during our peak seasons with thousands more visitors in the response areas and calls that occur during a variety of challenging weather conditions of the Sierra Nevada mountain range. Because CTESOA is a local organization comprised of local agencies (Lake Valley Fire Protection District and South Lake Tahoe Fire Rescue), the responses of our ambulances are efficient and accurate in almost all instances.
- More specifically, the Urban Area, Life Threatening Emergencies (Priority 1) make up the majority of calls (46.62%) received by CTESOA, and of those 2,365 calls, with a compliance average of 97.4%, we can conclude that about 2,303 of those life-threatening emergencies were answered in less than 10 minutes (the maximum response time allowed by the County.)
- 8.87% of all calls received by CTESOA are Wilderness calls, calls that require specific expertise and tools that CTESOA personnel have already acquired. And of these 450 calls over the last two year, CTESOA has responded in under 90 minutes to 438 of them. In most cases, that 90 minutes is far in excess of what CTESOA actually needs to reach Wilderness patients.
- Unscheduled Transfers make up 16.87% of the calls CTESOA received within County Service Area #3 in the past two years, and again, with a compliance rate, CTESOA successfully responded to 834 of the 856 calls in the time (60 or 90 minutes) allowed.

Specifically, for Priority Response Levels 1-6 (as provided by the data from the County Response Time Summaries for CSA-3 provided by Richard W. Todd, MBA, EMS Agency Administrator - MHOAC, El Dorado County, Health and Human Services Agency), the data is provided on the following pages, in Tables 10-14, and explained (Appendix O: Raw Data; Response Time Data from County.)

Table 10, the data table below, shows that of the 2,889 Priority 1 Calls (Life Threatening Emergencies) CTESOA received between January 2017 and September 2018, in only 74 cases did it take our ambulances more than the allowed time to arrive. Thus, on average the arrival time of 55.61% of all ambulance request in the 21-month study period was under 10 minutes for the urban areas (most of the calls) and the respective allowances for the non-urban areas. CTESOA medic units arrived in less than the allotted time in all geographical areas 97.4% of the time for the study period. This average is substantially greater than the required 90%. The CTESOA's response plan leads to an increase in service for our community members, the visitors who frequent our area, and ultimately the safety of the people within our boundaries.

Table 10. Priority 1 Calls.

Priority 1:	Life Threatening Emergencies		
Month	# of Calls	# Late	% Late
Jan-17	151	7	4.64%
Feb-17	117	6	5.13%
Mar-17	110	5	4.55%
Apr-17	114	0	0.00%
May-17	104	2	1.92%
Jun-17	115	4	3.48%
Jul-17	191	2	1.05%
Aug-17	177	3	1.69%
Sep-17	161	8	4.97%
Oct-17	113	0	0.00%
Nov-17	111	1	0.90%
Dec-17	155	8	5.16%
Jan-18	150	8	5.33%
Feb-18	126	2	1.59%
Mar-18	145	6	4.14%
Apr-18	101	2	1.98%
May-18	108	3	2.78%
Jun-18	138	2	1.45%
Jul-18	210	2	0.95%
Aug-18	159	0	0.00%
Sep-18	133	3	2.26%
TOTALS	2889	74	2.56%

Furthermore, in Table 11, for Priority 2 Calls (Non-Life-Threatening Emergencies), CTESOA was called 1,057 times between January 2017 and September 2018, and in only 36 cases did the ambulances take more than the allotted time allowed. More than likely, the ambulance took more than the allotted time due to attending to another call to service, extreme weather, or heavy traffic limiting the response time. Thus, for Non-Threatening Emergencies, CTESOA was on time or early 96.8% of the time in County Service Area #3.

Table 11. Priority 2 Calls.

Priority 2: Non-Life Threatening Emergencies			
Month	# of Calls	# Late	% Late
Jan-17	77	6	7.79%
Feb-17	46	3	6.52%
Mar-17	84	7	8.33%
Apr-17	63	2	3.17%
May-17	47	0	0.00%
Jun-17	74	0	0.00%
Jul-17	55	1	1.82%
Aug-17	58	2	3.45%
Sep-17	62	1	1.61%
Oct-17	60	0	0.00%
Nov-17	36	3	8.33%
Dec-17	37	0	0.00%
Jan-18	53	0	0.00%
Feb-18	67	5	7.46%
Mar-18	45	2	2.00%
Apr-18	25	2	8.00%
May-18	15	1	6.67%
Jun-18	40	0	0.00%
Jul-18	51	1	1.96%
Aug-18	35	0	0.00%
Sep-18	27	0	0.00%
TOTALS	1057	36	3.20%

Continuing with Table 12 with Priority 3 Calls (Urgent), CTESOA was over the required response time limit for four of the 233 calls made between January 2017 and September 2018. This data shows that for Urgent Calls, CTESOA was met the response time requirements 98.24% of the time, a very high percentage when considering the terrain, weather, and traffic dilemmas within County Service Area #3.

Table 12. Priority 3 Calls.

Priority 3:	Urgent (or Emergency Transfer from Healthcare Facility)		
Month	# of Calls	# Late	% Late
Jan-17	8	0	0.00%
Feb-17	14	0	0.00%
Mar-17	12	3	25.00%
Apr-17	5	0	0.00%
May-17	7	0	0.00%
Jun-17	8	0	0.00%
Jul-17	4	0	0.00%
Aug-17	4	0	0.00%
Sep-17	10	1	10.00%
Oct-17	7	0	0.00%
Nov-17	10	0	0.00%
Dec-17	22	0	0.00%
Jan-18	10	0	0.00%
Feb-18	14	0	0.00%
Mar-18	11	0	2.00%
Apr-18	14	0	0.00%
May-18	9	0	0.00%
Jun-18	17	0	0.00%
Jul-18	22	0	0.00%
Aug-18	19	0	0.00%
Sep-18	6	0	0.00%
TOTALS	233	4	1.76%

Of Priority 5 Calls (Unscheduled Transfer) as seen in Table 13, CTESOA received 856 calls for Unscheduled Transfers (Priority 5 calls in the time period defined above, and of those, 15 (or 1.76%) were late. Thus, again CTESOA had over 98% of an on-time response as delineated by the county.

Table 13. Priority 5 Calls

Priority 5:	Unscheduled Transfer		
Month	# of Calls	# Late	% Late
Jan-17	50	1	2.00%
Feb-17	39	0	0.00%
Mar-17	51	0	0.00%
Apr-17	38	1	2.63%
May-17	40	0	0.00%
Jun-17	36	1	2.78%
Jul-17	56	3	5.36%
Aug-17	53	1	1.89%
Sep-17	44	0	0.00%
Oct-17	44	0	0.00%
Nov-17	39	3	7.69%
Dec-17	34	0	0.00%
Jan-18	33	0	0.00%
Feb-18	37	1	2.70%
Mar-18	38	0	0.00%
Apr-18	38	2	5.26%
May-18	31	0	0.00%
Jun-18	43	0	0.00%
Jul-18	48	0	0.00%
Aug-18	33	2	6.06%
Sep-18	31	0	0.00%
TOTALS	856	15	1.73%

Lastly, because there were so few calls for Priority 4 (Scheduled Transfer) and Priority 6 (Critical Care Transport), they have been organized together in Table 14. Only 3 of the 38 calls were over the required response time limit between January 2017 and September 2018. And again, more times than not, the ambulance took more than the allotted time due to attending to another call to service, extreme weather, or heavy traffic limiting the response time.

Table 14. Priority 4 and 6 Calls

Month	Priority 4: Scheduled Transfer			Priority 6: Critical Care Transport		
	# of Calls	# Late	% Late	# of Calls	# Late	% Late
Jan-17	2	0	0.00%	1	0	0.00%
Feb-17	0	0	0.00%	1	0	0.00%
Mar-17	1	0	0.00%	0	0	0.00%
Apr-17	4	0	0.00%	0	0	0.00%
May-17	2	0	0.00%	2	0	0.00%
Jun-17	1	0	0.00%	0	0	0.00%
Jul-17	1	0	0.00%	0	0	0.00%
Aug-17	1	0	0.00%	3	1	33.33%
Sep-17	5	0	0.00%	1	1	100.00%
Oct-17	4	0	0.00%	0	0	0.00%
Nov-17	0	0	0.00%	0	0	0.00%
Dec-17	1	0	0.00%	0	0	0.00%
Jan-18	1	0	0.00%	1	0	0.00%
Feb-18	1	0	0.00%	0	0	0.00%
Mar-18	1	1	100.00%	1	0	0.00%
Apr-18	0	0	0.00%	2	0	0.00%
May-18	1	0	0.00%	0	0	0.00%
Jun-18	0	0	0.00%	0	0	0.00%
Jul-18	0	0	0.00%	0	0	0.00%
Aug-18	0	0	0.00%	0	0	0.00%
Sep-18	0	0	0.00%	0	0	0.00%
TOTALS	26	1	4.76%	12	2	6.35%

CTESOA has a long history and tremendous experience here in County Service Area #3. The response time compliance of 97.4% for CTESOA is possible because CTESOA is a community-based organization, with community board members, local fire chiefs, and community members who are its employees. With just three and a half ambulances, CTESOA responds to all calls, regardless of their priority or response area, with the intent to provide the highest quality care, as quickly, efficiently, and safely as possible. Our patients are friends, family members, colleagues, neighbors, and fellow community members of CTESOA personnel.

D.2.c) Describe the current communications capabilities of the organization including what percentage of calls are answered within what period of time, and how the performance standards identified in Section II - Scope of Services, B. Service Provisions, #13. General Dispatch Provisions will be met:

In 2017, The South Lake Tahoe Public Safety Communication Center (Communication Center) handled 10,137 emergency calls for law enforcement and EMS service (911) and 64,366 administrative calls, including inbound and outbound calls. The dispatch center answered an average of 845 9-1-1 calls per month over the past year. The current standard for answering calls in California is 95% within 15 seconds for 9-1-1 calls. According to the Emergency Call Tracking System (ECTS) data available to the CA 9-1-1 Branch, the Communication Center answered an average of 100% of the 9-1-1 calls within 15 seconds over the past 12 months. This data was provided by Melissa Dube, Communication Center Supervisor, South Lake Tahoe, CA. (See full email from Ms. Dube in Appendix O.)

The past three years of data provides an excellent example of the Communication Center's capability in CSA #3, and CTESOA's ability to provide the service needed (see Table 15.) Answering 100% of the calls within 15 seconds, the Communication Center performed above the standards expected. Over 10,000 calls were answered over the past three years, at an average of 291 EMS calls per month.

Table 15. Call Volume of EMS Calls.

Year	IFTs	Medical	Total Call
2016	719	2849	3568
2017	691	2756	3447
2018	746	2722	3468
TOTALS:	2156	8327	10483
average/month:	60	231	291

All of the current Communication Center equipment, radios and software are in position and available for immediate use. They are owned by the City of South Lake Tahoe. This includes both the primary systems, as well as the backup systems. There should be no need for the county to furnish any equipment unless significant changes are made in county-mandated system requirements.

CTESOA provides a system of priority dispatch and pre-arrival instructions together with applicable quality assurance approved by the County EMS Agency Medical Director. The Communication Center protocols and pre-arrival instruction software is the 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.

The Communication Center adheres to medical dispatch protocols, except where a deviation is clearly justified by special circumstances not contemplated within a dispatch protocol such as medical dispatch protocol, shall be strictly followed. Compliance with call-taker and dispatcher questions and pre-arrival instructions is a routine part of an integrated quality improvement process; the Communication Center reports on a monthly basis with response statistics. The Communication Center participates in the EMS Agency's Continuous Quality Improvement (CQI) process as required in the RFP (see Appendix L.)

D.2.d) Describe the organization's experience and history of involvement with planning and response to any declared disaster in a county, including mass casualty incidents and emergency disaster declarations:

Existing mass casualty incident plans and an emergency disaster plan, following incident command system guidelines, have been developed by the Office of Emergency Services (OES) and approved by the County. California Tahoe Emergency Services Operations Authority (CTESOA) maintains knowledge of plans, and any updates/amendments thereto, and is actively involved in planning for, and responding to, any declared disaster in the County. In the event that a disaster within the service area, the County or a neighboring County is declared, normal operations shall be suspended and CTESOA shall respond in accordance with the County's disaster plan. CTESOA shall use best efforts to maintain primary emergency services and may suspend non-emergency service as required (see Appendix P: MCI.)

D.2.e) Describe the qualifications of the organization's key personnel presented in the proposal and how those qualifications are sufficient to expect success in performing the services identified in this RFP:

The California Tahoe Emergency Services Authority's (CTESOA) key personnel qualifications are beyond successful in performing the services identified in the RFP. During CTESOA's 18-year tenure as the service provider for County Service Area (CSA) #3, we have been able to expand the experience level from the Paramedics up through the ranks to include Fire Chiefs at member agencies. For example, Ryan Wagoner was an elected Board member for the Lake Valley Fire Protection District (LVFPD) and a City of South Lake Tahoe Police Officer. Ryan Wagoner has an unprecedented experience and understanding of CTESOA and its member agencies. Paramedic Steve Pevenage who started his career in 2001 under CTESOA's first contract is now EMS/Battalion Chief Pevenage. Chief Pevenage leads CTESOA's Firefighter/Paramedic transport services for the Lake Valley Fire Protection District (LVFPD.) All agency leaders are well versed in CTESOA EMS operational requirements within CSA #3. All the following key personnel are listed with resumes attached in Appendix C.

CTESOA Executive Director - Ryan Wagoner
 LVFPD EMS/Battalion Chief - Paramedic Steve Pevenage
 SLTFR Battalion Chief - Jim Drennan
 CTESOA EMS Operations Manager - Paramedic Curtis Harper
 HIPAA, HITECH* Officer - Paramedic Christian Anton & Paramedic Curtis Harper
 PAC/MAC** - Paramedic Christian Anton & Paramedic Fallon Kirby
 CQI***/Medical Supply Coordinator - Paramedic Chris Heng & Paramedic Fallon Kirby
 EMS Specialist - Paramedic Christian Anton
 EMS Captain - Paramedic Kim George
 Master Mechanic/Fleet Manager - Andrew Session
 Communication Tech - Paramedic Ted Jackson
 Grant Writer - Paramedic Matt Nerdahl
 Field Training Officer - Paramedic Mike Anderson
 Field Training Officer - Paramedic Christian Anton
 Field Training Officer - Paramedic Curtis Harper
 Field Training Officer - Paramedic Fallon Kirby
 Field Training Officer - Paramedic Dylan Yuzbick
 Field Training Officer - Paramedic Dusty La Chapelle
 Office Administrator/Human Resources - Kayla Galinski
 Office Administrator/Human Resources - Kileigh Labrado

- * Health Insurance Portability and Accountability Act (HIPAA)
- Health Information Technology for Economic and Clinical Health (HITECH) Act
- ** Paramedic Advisory Committee (PAC)
- Medical Advisory Committee (MAC)
- *** Continuous Quality Improvement (CQI)

The above list of key personnel qualifications covers all the major aspects of running a highly efficient and successful ambulance delivery service. Executive management, including the CTESOA Executive Director and LVFPD EMS/Battalion Chief, plan, direct, and coordinate all aspects of the CTESOA. They are responsible for improving performance, productivity, and efficiency through the implementation of effective methods and strategies. They ensure that all workings occur in a correct, cost effective, and timely manner in alignment with specifications and quality requirements. Operational managers chalk out or improve operational systems, processes, and best practices that guarantee organizational well-being and compliance with the System Status Management Plan (See Appendix N.) Lastly, the executive managers ensure the all CTESOA personnel have what they need to effectively do their job.

The CTESOA Operations Manager oversees the day to day operations of the organization. The Operations Manager controls the purchasing of materials, inventory planning of medical equipment and station supplies per CTESOA Policy. They contribute towards the achievement of the CTESOA's operational objectives. They recruit, train, supervise, and appraise human resources. The CTESOA Operations Manager works with the LVFPD Mechanic to ensure their functionality of ambulances without interruption of service.

CTESOA CQI coordinator represents the CTESOA at monthly El Dorado County CQI meetings. The CQI process starts with all Paramedics and is overseen by the CTESOA's CQI representative. All CTESOA paramedics read through high acuity reports including code 3, critical trauma, STEMI and helicopter flights.

CTESOA's Field Training Officers (FTO) remain compliant with El Dorado County Field Training Officer standards. FTOs make certain all CTESOA employees are familiar with the CTESOA Policy and Procedure Manual and ensure employees are compliant.

Medical supply ordering shall include purchasing medical equipment based on inventory procedures performed on a weekly basis. Medical Supply Coordinator is responsible for maintaining in-station product availability to meet the El Dorado County minimum inventory requirements. Medical Supply Coordinators are responsible for inventory and upkeep on all reusable EMS equipment. Medical Supply Coordinator are also the point contact for equipment requiring service, such as radios, oxygen, gurneys, etc.

The CSA #3 geography presents a formidable challenge to any service provider; as a result, required response times vary based on location (urban, rural, semi-rural, and wilderness.) The CTESOA record of compliance with the contractual response time requirements is 97.4%. As a public entity, the CTESOA and its personnel are not driven by profit; employees focus on providing service to the public. Key personnel decision-making is based on delivering the highest level of service practical to all residents and visitors. Public safety personnel provide long-term sustainability as evidenced by our success.

D.2.f) Describe the organization's history and experience managing a Communication System to include dispatch personnel, in-service training, quality improvement monitoring, and related support services:

CTESOA's member agencies have extensive and ongoing experience operating in a contractual relationship with the City of South Lake Tahoe Public Safety Communication Center (Communication Center) for over 40 years, and CTESOA has 18 years of operational relationship with the Communication Center. This is not an unusual agreement in that fire and ambulance agencies within the Lake Tahoe Basin utilize law enforcement for dispatch services. This level of cross interaction between police, fire and EMS dispatching allows for a more rapid deployment of additional and varied resources as necessitated by the emergency.

The Communication Center is staffed and led by a local cadre of extraordinarily capable and dedicated personnel who are well trained and have a demonstrated track record of success. Dispatch staff often live within CSA #3 and are part of the community. This significantly increases their jurisdictional knowledge. In fact, employees and/or Board members of the CTESOA have either worked or at one time managed programs at the Communication Center. The South Lake Tahoe Communication Center is headed by Lieutenant Shannon Laney of the South Lake Tahoe Police Department, with fire department coordination provided by Battalion Chief Jim Drennan of SLTFR and EMS coordination provided by Ryan Wagoner of CTESOA.

The Center employs one Communications Supervisor, Melissa Dube, who has been with the South Lake Tahoe Police Department for 10 years and was newly promoted to Communications Supervisor eight months ago (see the org chart below.)

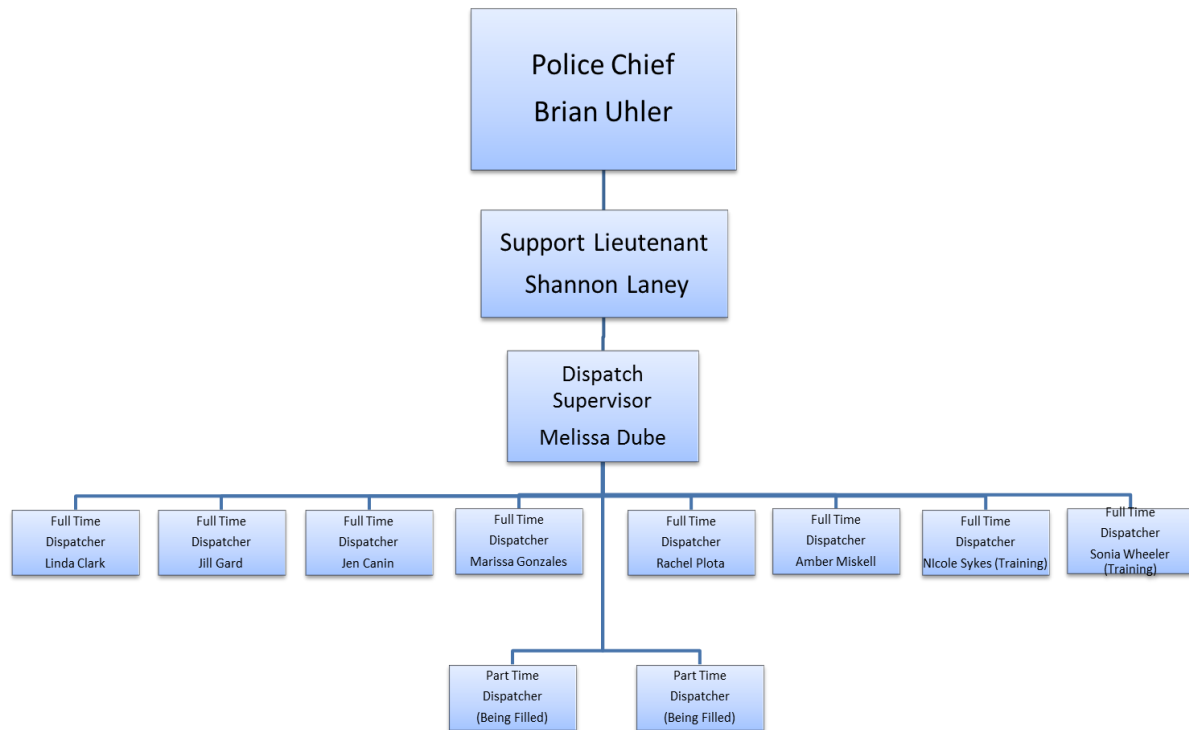


Figure 16. Org Chart for Communication Center (also in Appendix C.)

Dispatchers employed in the South Lake Tahoe Public Safety Communication Center (Communication Center) are trained according to the County EMS Agencies adopted program of national standards, the National Highway Traffic Safety Administration Emergency Medical Dispatch (EMD) National Standard Curriculum and are certified in EMD. New dispatchers have a rigorous in-service training program of approximately nine months. This includes, but is not limited to, radio and phone operations, use of CAD and EMD/ProQA programs and police/fire/ambulance policies and deployment methods. All dispatchers are certified in EMD using the NAEMD Medical Priority training and certification program, and all have gone through extra training to be certified as Advanced EMD. EMD recertification requires a minimum of 24 hours of continuing dispatch education every two years, not including police-specific training. Dispatchers are required to have current CPR certification provided by the American Red Cross or American Heart Association; specifically BLS: CPR/AED for Professional Rescuers and Healthcare Providers.

CTESOA audits the Communication Center annually and ensures quality improvement. Annually, CTESOA receives a current list of dispatchers and their EMD/CPR certification dates. Additionally, the CTESOA receives and reviews the Communication Supervisor and Public Safety Dispatcher's job descriptions. Where needed, CTESOA works with the Communication

Center to improve dispatcher qualifications and/or training to meet the needs of the dispatch area. Decisions to make fundamental changes to staffing and/or dispatcher qualifications and training is made by the CTESOA Operations Committee following careful analysis. This model has been in use for the past eighteen years and has proven itself.

CTESOA and Communication Center management personnel closely monitor dispatcher wellness and provide services as necessary. South Lake Tahoe Fire Rescue (SLTFR) has a robust Behavioral Health Program including regular meetings and trainings available to all Communication Center employees. Emergency dispatchers are exposed to duty-related critical incident stress indirectly through someone else's traumatic experience. Duty-related trauma puts dispatchers at risk for developing stress-related illnesses including Post Traumatic Stress Disorder (PTSD.) Emergency dispatchers may experience stress related illness in reaction to various calls they received. In addition to being on the receiving end of difficult calls, emergency dispatchers also deal with the pressure and demand of the job. Following protocol, despite ever changing situations can cause stress. CTESOA and Communication Center management personnel take dispatcher wellness seriously and provide close monitoring and program assistance for dispatchers.

D.2.g) Describe the Computer Aided Dispatch system that will be provided and how it will perform all requirements identified in Section II - Scope of Services, B. Service Provisions, #13. General Dispatch Provisions:

The CTESOA subcontracts 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, in accordance with Federal, State and local provisions, as well as those provisions outlined below and required in Section II - Scope of Services, B. Services Provision, #13. General Dispatch Provisions of the RFP. Dispatch services shall be provided by South Lake Tahoe Public Safety Communication Center (Communication Center.) The Communication Center under the designation as a primary Public Safety Answering Point (PSAP.) The following are highlights of the Communication Center's computer aided dispatch (CAD.)

- The Communication Center uses the "Alliance PD Central" CAD system. The system is developed and supported by Cyrun (125 Water Street, Suite A2, Santa Cruz, CA 95060.) The system is capable of recording dispatch information for all ambulance requests. The CAD time recording system includes the date, hour, minutes and seconds.
- All radio and telephone communication, including pre-arrival instructions and time-stamps, are digitally recorded using J.E.I. Communications. Recordings are kept for a minimum of 365 days.
- The Cyrun CAD system provides for real-time electronic data entry or "time stamp" of every response on a real-time basis.
- The Cyrun CAD system provides for a constant display of calls received, runs pending, runs in progress, transfers scheduled up to 24 hours in advance, and the status of resources available in the system. The CAD system does not provide a method for "color

coded prioritization of deployment planning”. The CAD system does mark particular runs/calls as “hot”, which causes the call to appear red on the dispatch screen, or “in-progress”, which causes the call to appear in a bold black. For “prior” or “cold” calls, they appear in a normal black.

- The Cyrun system maintains a master clock on each incident. Each “event” in a particular response is time-stamped with the appropriate clock time. The Cyrun system shows “time since last contact” on a unit-by-unit basis but is unable to automatically display units exceeding predetermined “time in status” by way of welfare timers or status-specific warnings.
- The system is able to provide immediate recalls based on date, incident number or location - it is not able to recall based on patient name. If dispatchers were to log patient names into the CAD system, it could violate HIPPA privacy laws. In cases where runs need to be located by name, that information can be obtained by the fire agencies via their reporting systems.
- The CAD does not have mapping capability, but future updates may allow for integration of a mapping system. CAD does track available resources. However, given the small size of the system, the fact that only three or four ambulances need to be tracked, and the fact that the deployment level is constant, the lack of a visual map is not a critical factor. The Communication Center is not responsible for deployment adjustments. Those decisions are made by the appropriate field duty officer based on monitoring radio traffic and ambulance activity.
- The Cyrun CAD system is able to receive 9-1-1 ANI/ALI data directly from the VESTA phone system, has full digital paging capabilities and has mobile status capabilities with all CTESOA units.
- The required logs of deployment are available through the system.
- A full suite of security and audit features are provided in the software. Unauthorized access and retrospective adjustment are not permitted.
- There is integration of the CAD system with the Electronic Prehospital Care Report (ePCR) software as well.

D.2.h) Describe how the data system used by the Proposer is capable of tracking and reporting all of the required data elements described in Section II - Scope of Services, B. Service Provisions, #13. General Dispatch Provisions, b. Dispatch Data Reporting, including how that system will work in coordination with the ePCR system in use by the County:

The electronic data systems managed by CTESOA’s subcontractor, South Lake Tahoe Public Safety Communication Center (Communication Center) is capable of tracking and reporting all of the required data elements described in Section II - Scope of Services, B. Service Provisions, #13. General Dispatch Provisions, b. Dispatch Data Reporting. Due to limitations in the Communication Center’s Computer Aided Dispatch (CAD) software used, not all of the reports are available through CAD. However, the reports that are not available through the dispatch CAD system are available through the ImageTrend RMS System utilized by CTESOA.

ImageTrend RMS is one of the leading vendors of records management software for the fire service. It offers a full complement of records management software.

CAD data is routinely transferred to the ImageTrend and it is able to produce many reports that CAD is not. Between the two systems, all of the reports are available. The CAD system does not contain any information based on crew members but can narrow results by medic unit number. Following list provides reporting information available to the County and the corresponding reporting tool or software utilized.

- Response Time Reports

Available in ImageTrend

- Emergency life threatening and non-life-threatening response times by jurisdiction and by user definition per the Medical Priority Dispatch System

Available in ImageTrend

- Inter-facility response times

Available in ImageTrend

- Unscheduled non-emergency and scheduled non-emergency response times by jurisdiction and by user definition per the Medical Priority Dispatch System

Available in ImageTrend

- Turn out time response times by crew members

Available in ImageTrend

- Point of dispatch to arrival-at-scene response times

Available in CAD and ImageTrend

- Time from scene to hospital by crew members

Available in ImageTrend

- Ambulance Patient Offload Time (APOT) report

Available in ImageTrend

- Emergency and non-emergency responses by hour and day

Available in CAD and ImageTrend

- Dispatch call processing response time reports

Available in CAD

- Incident number

Available in CAD

- Canceled run report

Available in ImageTrend

- Utilization ratio by unit

Available in ImageTrend

- Dry-run reports

Available in ImageTrend

- Demand analysis report showing calls by day of week, hour of day

Available in CAD and ImageTrend

- Call priority by hour and day

Available in ImageTrend

- Post utilization rates

CTESOA does not post

- Ambulance alert exception report (report of any delay between dispatcher's receipt of call and the dispatched request for service to the ambulance unit.)

Available in ImageTrend

If at any time, the computer is inoperable, the Communication Center can complete a manual "dispatch card" approved by County for each dispatch of an ambulance. Dispatch personnel, following the resumption of normal service of the CAD system, shall enter manual dispatch cards into the CAD system.

D.2.i) Describe the organization's experience and history of collaborative efforts with counties and other public safety and EMS related agencies (American Heart Association, American Red Cross, fire departments, base hospitals, etc.), for Community education:

The CTESOA has extensive experience and history of collaborative efforts with counties and other public safety and EMS related agencies for community education. CTESOA shall continue to work collaboratively with County and other public safety and EMS-related groups. It is the CTESOA's goal to continue building and improving these quality community education programs. Specific programs developed, implemented, and supported by CTESOA include:

Annual Public School Educational Programs

- CTESOA delivers safety education to children in kindergarten through third grade in the local elementary schools using a grant-funded Life Safety Trailer. The presentations include fire safety information, as well as information about the proper use of the 9-1-1 system.



Fig.17. CTESOA paramedics educating high school students.

- CTESOA participates in "Career Days" sponsored by both Lake Tahoe Community College and the local high schools. CTESOA educates students about emergency services as a career opportunity and recruits young people into the fire/rescue/EMS service.

- The 'Drug Store Project' is a community wide, annual event for all 6th graders in the Tahoe Basin. The Drug Store Project is a comprehensive drug prevention

program designed to educate youth about the dangers of substance use and abuse. The Drug Store Project is a day-long, anti-drug/anti-destructive behavior event. A planning process which includes one year, 45+ agencies-service clubs, and 220 volunteers. These combined efforts provide realty-based scenarios for our 6th grade youth. CTESOA, along with its member agencies, participate in this event every April.

- Another educational program that CTESOA participates in is "Every 15 Minutes." The "Every 15 Minutes" Program offers real-life experience without the real-life risks for South Tahoe High School students. This emotionally charged program is an event designed to dramatically instill teenagers with the potentially dangerous consequences of drinking alcohol and texting while driving. This powerful program challenges students to think about drinking, texting while driving, personal safety, and the responsibility of making mature decisions when lives are involved.

Health Fairs

- Healthy Kids Community Health Fair at South Tahoe Middle School is a fairly new annual event with over 30 booths of interactive health and fitness with activities sponsored by local health and wellness organizations. CTESOA participates with a booth.
- Furthermore, Barton Health has numerous activities that CTESOA participates in throughout the year: Events, Wellness Lectures, Quarterly Health Checks, Flu Shot Clinics, Education Classes and more events to benefit medical care in our community.



Figure 18. Community Health Fair Flier.

Public Education

As an example of the public education commitment of the member organizations, the following list represents the highlights of other programs actively supported by CTESOA. CTESOA continues to provide standby and/or EMS education for all of these events and activities:

- 'Earth Day,' in cooperation with the League to Save Lake Tahoe
- 'Day of the Child' at Lake Tahoe Community College
- School fire drills and school district emergency planning
- SLTFR Door Hanger Program where firefighters go door-to-door to educate the citizens regarding fire safety
- Senior Center Programs on fire and medical topics.
- Juvenile Fire setter Intervention Program
- The Tahoe Network of Fire Adapted Communities education through the Tahoe Resource Conservation District
- Support of the Pacific Burn Institute Summer Camp held at Camp Concord (near Camp Richardson)
- Monthly safety-related public service announcements to all media venues
- 'Kids Day Tahoe' – health, safety and environmental awareness



Figure 19. Public Education Forum.

FireFest

FireFest is a public education event held annually during Fire Prevention Week in October. More than fifty fire, EMS, and other public safety agencies (including CTESOA) participate in a coordinated effort to educate the public about fire safety, injury prevention, effective use of the emergency services system, etc. The most recent

FireFest, the 28th, attracted hundreds of families comprised of community members and visitors alike.

All of these programs are conducted within existing budgets. It is anticipated that these programs, and any other public education efforts implemented as a result of the ambulance service contract, will also be accomplished within the existing public education budgets. The current proposed budget for the ambulance service does not divert any funding away from service delivery toward public education. This is a commitment that the organizations are prepared to make, separate from the ambulance service funds.

E. Fiscal Outlook and Administrative Structure

E.1) Describe the organization's history and experience providing services in a rural area that are substantially similar in scope to those services described in this RFP:

California Tahoe Emergency Services Operations Authority's (CTESOA) history, experience and previous performance within County Service Area (CSA) #3 speak for themselves. According to Chief Scott Lindgren, CSA #7 JPA, Board Chair, "*Cal Tahoe JPA (CTESOA) has proven to be a highly efficient and effective organization in delivering ALS (Advanced Life Support) ambulance service in a very challenging environment that consists of rugged terrain, frequent severe weather events, and large influxes of visitors. Cal Tahoe JPA's firefighter - paramedics are trained to a very high standard to deliver ALS services in an "All Risk" environment which is an absolute necessity given the vulnerabilities the region has for major disaster events.*" Chief Lindgren finishes his support with, "*History is a great predictor of the future and when combined with the support and respect Cal Tahoe JPA (CTESOA) has achieved, we believe they will be seen above all others as the best choice for CSA #3.*" (See Appendix H: EDC ESA Letter of Support.)

The ability to exceed the response time criteria year after year is because CTESOA has its equipment in place in CSA #3 and available 24/7/365. All of the CTESOA resources are within snow boundaries, and none of the services are outsourced. To better respond to the unique challenges of CSA #3, the CTESOA and member agencies have developed a cohesive working relationship, along with specific rescue tactics and equipment to best respond to these challenges. For instance, the CTESOA utilizes ALS backcountry bags that are a complete ALS complement in two backpacks that allows rescuers to provide full ALS care miles from any paved road in both traumatic and medical emergencies. The equipment is located on Squad 7 housed at Station 7 with Medic 7. Station 7, located in the county closest to the wilderness, is staffed with all-risk firefighter Paramedics ready to respond to the backcountry.

As necessitated in a rural service area, CTESOA deploys three and a half (3.5) 4x4 medic units, 24/7/365. CTESOA's has extensive and ongoing experience operating in a contractual relationship with the City of South Lake Tahoe Public Safety Communication Center ("Communication Center") for 18 years. The CTESOA System Status Management Plan, as approved by El Dorado County, meets the needs of the rural service area. The system has the capacity to staff additional medic units for disaster events, mutual aid, automatic aid, long distance transfers, system drawdown, and stand-by at special events. The system is very fluid and medic unit status can run the spectrum of medic unit availability.

CSA #3 has many popular rock and ice climbing areas, backcountry skiing zones, hiking trails, and highways with steep shoulders and cliffs. CTESOA all-risk firefighter paramedics are trained to deal with these dynamic situations. It is a great benefit to the victim when the rescuer is also cross-trained as a Paramedic, allowing for ALS care to be delivered immediately. Winter rescue in the Sierra Nevada mountains offer many environmental and accessibility challenges.

CTESOA paramedics work with many agencies through mutual aid to overcome these obstacles with use of helicopters, snowmobiles, snow cats, and avalanche rescue equipment. For the past 18 years, CTESOA has conducted a professional, efficient and safe ambulance service for Eastern El Dorado County (CSA) #3. The extensions for the CTESOA contracts have been continuously granted because of our superior service to El Dorado County and the constituents of CSA #3 (See Appendix F: CTESOA Extension Approval.)

The CTESOA was originally developed as a Joint Powers Authority (JPA) in 2001. A JPA is an entity permitted under the laws of some U.S. states, whereby two or more public authorities (e.g. local governments, or utility or transport districts), not necessarily located in the same state, may jointly exercise any power common to all of them. CTESOA membership is currently made up by the City of South Lake Tahoe, the Lake Valley Fire Protection District, and Fallen Leaf Community Services District. As a governmental entity, the CTESOA is a not for profit organization. The CTESOA will continue operations within the new contract for CSA #3. JPA member agreements are enclosed in Appendix D, and the current CTESOA Bylaws are enclosed in Appendix B.

E.2) Provide a comprehensive description of the organization's fiscal outlook including any relevant factors that may affect future stability:

The California Tahoe Emergency Service Operations Authority (CTESOA) is pleased to provide a comprehensive description of the organization's fiscal outlook. In short, the CTESOA has operated at a loss under the current contract due to unforeseen increases in long distance interfacility requests, as well as call volume increases without a contracted annual increase in compensation for the increase in service levels. CTESOA has nearly depleted its reserves in trying to meet the increasing service demands within the fixed income from the County. In 2011, CTESOA had a fund balance of over \$1,000,000. Today, the fund holds approximately \$159,841. The \$840,159 loss over 8 years equates to an 84% loss in revenue. It should be noted the CSA #3 fund balance has increased from approximately \$1,538,828 to approximately \$3,000,000. The current contract does allow for a contract opener due to significant circumstances beyond the reasonable control of the CTESOA. CTESOA did make such an attempt in 2014 but was unsuccessful. CTESOA requested another contract opener in 2016 to address dispatch increases and ambulance replacement. This resulted in the fourth amendment to the contract that ultimately provided a monthly increase for IFTs and the funds to remount one ambulance and purchase a new ambulance.

The Lake Valley Fire Protection District (LVFPD), a transporting agency under CTESOA, is also operating at a loss under the current contract. A once adequate reserve fund has dwindled to less than \$300,000 and continues downward without the ability to be replenished. LVFPD is looking for ways to lower costs which may come as cuts to fire delivery services. LVFPD personnel recently forewent a cost of living increase and faces further cuts to compensation and staffing in the immediate future. The LVFPD can no longer subsidize dual role firefighter/paramedic delivery under their current operational budget.

Figure 20 below shows that between 2011 and 2018, inter-facility transfers (IFT) have increased from 416 to 756 annually. IFT volume increased by nearly 45%. With 3468 calls in 2018, IFTs comprised nearly 22%. A part-time transfer medic unit is a necessity at the current increases in transfers. These increases result in increased personnel and ambulance repair/replacement costs to the CTESOA.

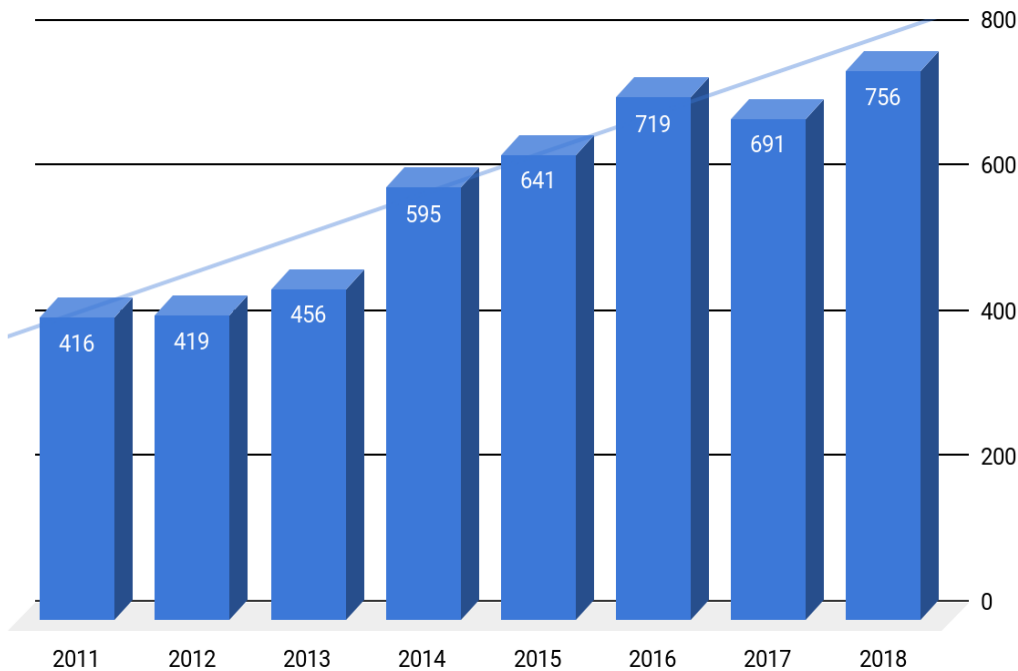


Figure 20. Annual Number of Inter-facility Transfer Conducted by CTESOA.

CTESOA is contractually bound to replace or remount units at 150,000 miles. CTESOA has replaced or remounted 11 ambulances in the last 10 years. CTESOA has modified its proposed system status management plan (SSMP) to be consistent with the County approved CSA # 7 long distance limitation of 150 loaded patient miles. If the proposed SSMP for long distance IFTs is not approved, the CTESOA forecasted ambulance purchase plan will continue to require ambulance replacement or remount every one or two years based on the trend.

The CTESOA conducted a financial forecast exercise to evaluate current and future fiscal conditions and guide policy and programmatic decisions. The financial forecast helped identify future revenue and expenditure trends that may have an immediate or long-term influence on our organization. The forecast is an integral part of our annual budget process. The forecast is based on a modest 1.5% inflation factor. The 1.5% inflation factor was applied only to what CTESOA considered **non-controllable** factors like supplies, fuel, maintenance, communications and salaries. Non-controllable costs have historically increased annually. By applying the inflation factor to only the non-controllable factors, CTESOA is taking an even more conservative approach to planning for the future. Table 16 and 17 combined represent CTESOA's ten-year budget forecast. The budget forecast tables are split into two areas. The shaded section identifies

the non-controllable factors based on the requirement to fulfill the contract obligations. The non-shaded section is considered controllable either by contracts or fixed costs based on contracts with vendors or non-contract based discretionary spending needs.

Table 16. CTESOA's Forecasted Years One Through Five of a Ten Year Proposed Budget

Line Item	Year 1	Year 2	Year 3	Year 4	Year 5
PPE/Uniforms	8,000	8,000	8,000	8,000	8,000
Computer Equipment	10,000	10,000	10,000	10,000	10,000
Employee Training	17,000	17,000	17,000	17,000	17,000
Empl Exp /Phys / Background	14,000	14,000	14,000	14,000	14,000
Insurance	15,000	15,000	15,000	15,000	15,000
Office Expense	5,000	5,000	5,000	5,000	5,000
Prof Fees - Attorney	30,000	30,000	30,000	30,000	30,000
Prof Fees - Accounting	5,000	5,000	5,000	5,000	5,000
Prof Fees - Paychex	16,000	16,000	16,000	16,000	16,000
Scholarships	10,000	10,000	10,000	10,000	10,000
Station Supplies	10,000	10,000	10,000	10,000	10,000
Contingency	14,874	14,874	14,874	14,874	14,874
Snow Removal	5,000	5,000	5,000	5,000	5,000
Travel	5,000	5,000	5,000	5,000	5,000
JPA Station	95,000	95,000	95,000	95,000	95,000
Reserve designation	47,000	47,000	47,000	47,000	47,000
Dispatch Contract	255,000	262,500	270,225	278,182	286,376
Supplies - Medical	155,000	157,325	159,685	162,080	164,511
Prof Fees - Lake Valley	900,000	913,500	927,203	941,111	955,227
Communications / Cell	12,000	12,180	12,363	12,548	12,736
Salaries/ Health/ Work Comp	1,451,742	1,473,518	1,495,621	1,518,055	1,540,826
Ambulance/Equip Maintenance	40,384	40,990	41,605	42,229	42,862
Utilities	6,000	6,090	6,181	6,274	6,368
Fuel	50,000	50,750	51,511	52,284	53,068
Total Expenses	\$3,177,000	\$3,223,727	\$3,271,267	\$3,319,636	\$3,368,849

Table 17. CTESOA's Forecasted Years Six Through Ten of a Ten Year Proposed Budget.

Line Item	Year 6	Year 7	Year 8	Year 9	Year 10
PPE/Uniforms	8,000	8,000	8,000	8,000	8,000
Computer Equipment	10,000	10,000	10,000	10,000	10,000
Employee Training	17,000	17,000	17,000	17,000	17,000
Empl Exp /Phys / Background	14,000	14,000	14,000	14,000	14,000
Insurance	15,000	15,000	15,000	15,000	15,000
Office Expense	5,000	5,000	5,000	5,000	5,000
Prof Fees - Attorney	30,000	30,000	30,000	30,000	30,000
Prof Fees - Accounting	5,000	5,000	5,000	5,000	5,000
Prof Fees - Paychex	16,000	16,000	16,000	16,000	16,000
Scholarships	10,000	10,000	10,000	10,000	10,000
Station Supplies	10,000	10,000	10,000	10,000	10,000
Contingency	14,874	14,874	14,874	14,874	14,874
Snow Removal	5,000	5,000	5,000	5,000	5,000
Travel	5,000	5,000	5,000	5,000	5,000
CTESOA Station	95,000	95,000	95,000	95,000	95,000
Reserve designation	47,000	47,000	47,000	47,000	47,000
Dispatch Contract	294,817	303,511	312,466	321,689	331,190
Supplies - Medical	166,979	169,484	172,026	174,606	177,225
Prof Fees - Lake Valley	969,556	984,099	998,860	1,013,843	1,029,051
Communications / Cell	12,927	13,121	13,318	13,5172	13,721
Salaries/ Health/ Work Comp	1,563,938	1,587,398	1,611,208	1,635,377	1,659,907
Ambulance/Equip Maint	43,505	44,158	44,820	45,492	46,175
Utilities	6,464	6,561	6,659	6,759	6,860
Fuel	53,864	54,672	55,492	56,325	57,170
Total Expenses	\$3,418,924	\$3,469,877	\$3,521,724	\$3,574,483	\$3,628,173

The above review of CTESOA current financial stability and forecast budget exercise represent a comprehensive description of the organization's fiscal outlook including relevant factors that may affect future stability. CTESOA believes \$3,177,000 is the true cost of operating a highly qualified ambulance service in CSA #3. CTESOA is a not-for-profit governmental agency whose primary concern is providing quality emergency medical services to our community. The future stability of CTESOA is contingent upon acceptance of this proposal and full consideration of our proposed rate.

CTESOA is audited annually to ensure all financial transactions contain detailed information that is accurately documented and processed through a multi-tiered review and approval process that will result in clear and verifiable accountability for ambulance expenditures and reimbursements. A copy of the most recent audits, which audited the accompanying financial statements of the

CTESOA completed by Richardson & Company LLP are enclosed (Appendix I.) These audits and financial records clearly demonstrate the financial depth and stability of the CTESOA. The summaries below provide a sample of information in Appendix I.

INDEPENDENT AUDITOR’S REPORT (2017) Summary

“To the Board of Directors

California Tahoe Emergency Services Operations Authority, South Lake Tahoe, CA

Report on the Financial Statements:

We have audited the accompanying financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the JPA’s basic financial statements as listed in the table of contents.

Other Reporting Required by Government Auditing Standards:

In accordance with Government Auditing Standards, we have also issued our report dated May 22, 2018 on our consideration of the JPA’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the JPA’s internal control over financial reporting and compliance.

*Richardson and Company, LLP
May 22, 2018”*

INDEPENDENT AUDITOR’S REPORT (2016) Summary

“To the Board of Directors

*California Tahoe Emergency Services Operations Authority,
South Lake Tahoe, CA*

Report on the Financial Statements:

We have audited the accompanying financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2016, and the related notes to the financial statements, which collectively comprise the JPA’s basic financial statements as listed in the table of contents.

Other Reporting Required by Government Auditing Standards:

In accordance with Government Auditing Standards, we have also issued our report dated October 20, 2017 on our consideration of the JPA's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the JPA's internal control over financial reporting and compliance.

*Richardson and Company, LLP
June 30, 2017"*

E.3) Describe the organization's management structure as well as the management's history and experience relevant to managing a full-service, high-performance ambulance service organization:

The California Tahoe Emergency Services Operations Authority's (CTESOA) management structure as well as the management's history and experience are well suited to managing a full-service, high-performance ambulance service organization. CTESOA is overseen by a Board of Directors comprised of agency members:

- Two representing Lake Valley Fire Protection District – elected officials from the District's Board of Directors
- Two representing South Lake Tahoe Fire Rescue – elected officials from the South Lake Tahoe City Council
- One representing Fallen Leaf Fire Department – an appointed official from the Fallen Leaf Community Services District

Upon the development of the CTESOA organization in 2001, it was decided that the Board would consist of elected officials from the fire/Emergency Medical Service (EMS) agencies so they could be held accountable by the constituents that they serve. The model proved beneficial, as is evident by the success of the CTESOA organization and its services to County Service Area # 3 over the past 18 years. Our current Board members include appointed officials who represent member agencies and communities. In addition, these individuals have life-long history in the Lake Tahoe area and understand the unique and challenging environment in which the ambulance service must work.

Reporting directly to the Board of Directors is the Executive Director, who oversees operations and makes recommendations to the Board. The Executive Director also works with agency Fire Chiefs to develop and implement operational plans and interfaces with the El Dorado County Emergency Medical Services Authority on operational and business matters. Furthermore, the

Executive Director represents the CTESOA at agency meetings and in contract development. The Executive Director is a Lake Tahoe native who has significant experience working in public safety, as well as business management in the private sector.

All CSA #3 EMS agencies and community representatives are part of the CTESOA delivery model. CTESOA Board of Directors meet monthly in an open session. Regular attendees include El Dorado County EMS, El Dorado County Mental Health, Barton Health, CALSTAR Air Medical Services, local ski resorts and community advocates. All Board of Directors are elected officials and represent the community. See Figure 21, CTESOA organizational chart (also found in Appendix C.) As a governmental entity, the CTESOA is a not-for-profit organization. The CTESOA has no interest other than providing the highest level of emergency medical care in South Lake Tahoe and County Service Area #3.

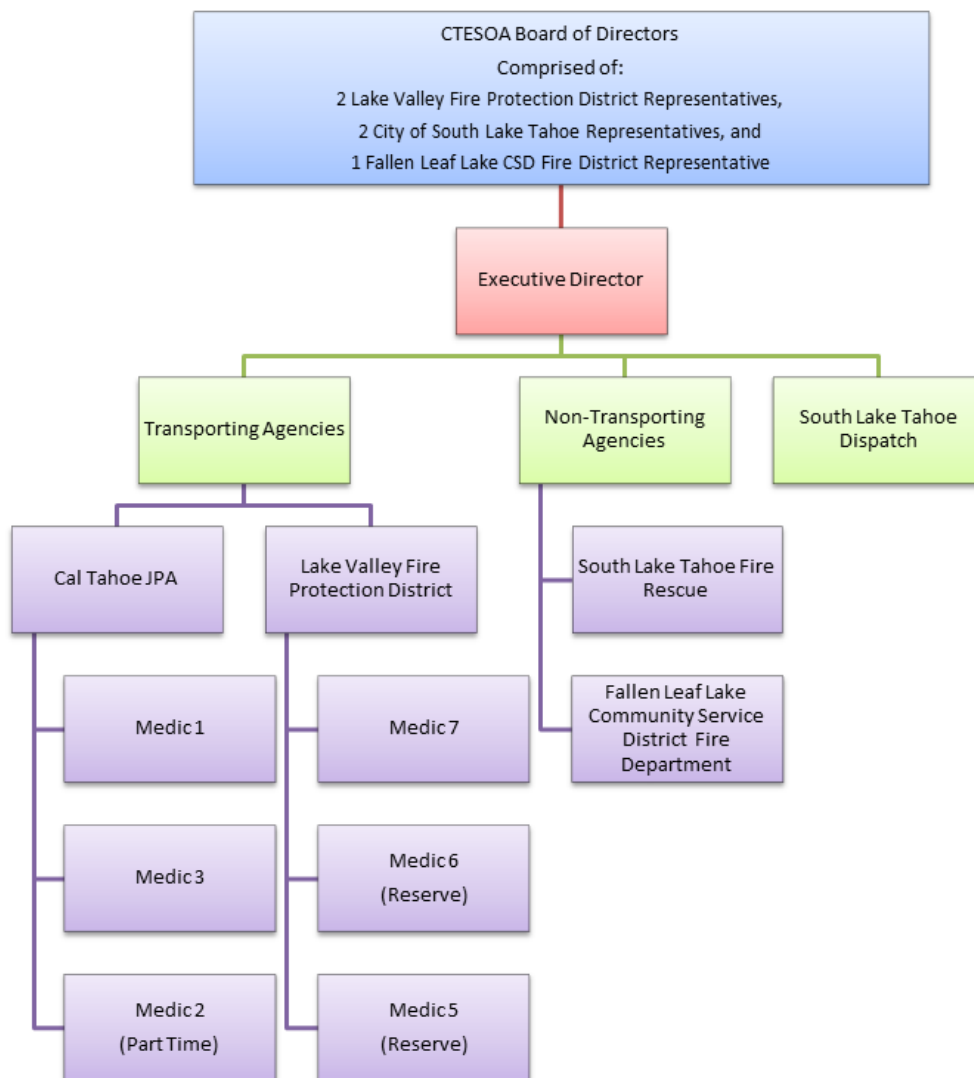


Figure 21. CTESOA Organizational Chart Depicting Member Agency Relationships.

The CTESOA's management structure, history and experience is relevant to managing a full-service, high performance ambulance service. The management team has been extremely successful in performing the services identified in the RFP for the past 18 years. All agency leaders are well versed in CTESOA EMS operational requirements within CSA #3. The management structure was developed to administer all aspects of a high performing system. The following management personnel are listed with resumes attached in Appendix C.

CTESOA Executive Director - Ryan Wagoner
LVFPD EMS/Battalion Chief - Paramedic Steve Pevenage
SLTFR Battalion Chief - Jim Drennan
CTESOA EMS Operations Manager - Paramedic Curtis Harper
HIPAA, HITECH* Officer - Paramedic Christian Anton & Paramedic Curtis Harper
PAC/MAC** - Paramedic Christian Anton & Paramedic Fallon Kirby
CQI***/Medical Supply Coordinator - Paramedic Chris Heng & Paramedic Fallon Kirby
EMS Specialist - Paramedic Christian Anton
EMS Specialist/Captain - Paramedic Kim George
Master Mechanic/Fleet Manager - Andrew Session
Communication Tech - Paramedic Ted Jackson
Grant Writer - Paramedic Matt Nerdahl
Field Training Officer - Paramedic Mike Anderson
Field Training Officer - Paramedic Christian Anton
Field Training Officer - Paramedic Curtis Harper
Field Training Officer - Paramedic Fallon Kirby
Field Training Officer - Paramedic Dylan Yuzbick
Field Training Officer - Paramedic Dusty La Chapelle
Office Administrator/Human Resources - Kayla Galinski
Office Administrator/Human Resources - Kileigh Labrado

* Health Insurance Portability and Accountability Act (HIPAA)
Health Information Technology for Economic and Clinical Health (HITECH) Act
** Paramedic Advisory Committee (PAC)
Medical Advisory Committee (MAC)
*** Continuous Quality Improvement (CQI)

The above list of personnel and responsibilities encompass all the major aspects of operating an ambulance service, a highly efficient and successful ambulance delivery service. Responsibilities cover everything from personnel to product delivery. CTESOA has qualified executives, administrators, managers, FTOs and specialist. Executives are in place to plan, direct, and coordinate the CTESOA. Administrators are there to run the business. Managers improve operational systems, processes, and best practices that guarantee organizational well-being and compliance with the System Status Management Plan (See Appendix N.) FTOs assure Paramedics are trained in County protocols and ready to serve. The specialist ensures compliance with the practice of paramedicine. The CTESOA management structure is successful, and we are proud of the system we have built.

E.4) Describe the organization's history with managing large-scope contracts, as well as the organization's experience meeting the fiscal and administrative requirements mandated in said contracts:

As County Service Area #7 JPA Board Chair Chief Scott Lindgren states in his letter of support for CTESOA being awarded the 2019 contract, *"Cal Tahoe JPA (CTESOA) has served the tax payers of CSA #3 exceptionally well by operating in a cost-effective manner and investing wisely in the development of its personnel and infrastructure to meet current and future ALS ambulance demands. Those tax dollar investments will be lost if Cal Tahoe JPA (CTESOA) is not allowed to continue to serve CSA #3 as the ALS ambulance provider. We too will be at a loss given the time and effort we have invested in developing a strong working relationship with Cal Tahoe JPA(CTESOA.)"* (Letter can be found in Appendix H: EDC ESA Letter.)

California Tahoe Emergency Services Operations Authority's (CTESOA) original contract with El Dorado County was awarded in 2001 for five years of service with a provision to secure additional one-year contract extensions based on performance. In 2006, CTESOA was awarded five one-year extensions. In 2011, CTESOA was awarded another five-year contract, which was extended by El Dorado County when requested. CTESOA has continued to succeed at providing uninterrupted 9-1-1, non-emergency and interfacility transports within the CSA #3 region since 2001.

Over the past 18 years and under contract with El Dorado County for CSA #3, CTESOA has furnished and managed the following ambulance operations:

- Employment of field personnel.
- Supervision and management of employees and subcontractors used.
- Provision of all four-wheel drive ground ambulance transportation vehicles and their maintenance, and related equipment necessary to provide the specified services.
- In-service training of CTESOA's employees.
- Exclusive transportation of emergency, non-emergency, inter-facility and critical care ground ambulance patients throughout CSA #3.
- Development and management of a quality improvement system.
- Purchasing and inventory control.
- Support services necessary to operate the system.
- Accurate completion and timely submission of approved clinical and billing related data (ePCR's, Facesheet, and Physician Certification Statements.)
- Meeting contractual response time and other performance requirements in compliance with state regulations, the EMS Ordinance, the operations contract, and the County of El Dorado EMS Policy and Procedure Manual.
- Participating and cooperating with the EMS Medical Director in medical audits and investigations.
- Reporting contract compliance on a weekly and/or monthly basis, while providing a verifiable audit trail of documentation of that performance.

During the last 18 years, CTESOA has also provided communications services through a subcontract with a qualified agency, which includes:

- Employment of Emergency Medical Dispatch (EMD) personnel who are certified by the National Academy of Emergency Medical Dispatch and use a Medical Priority Dispatch System (ProQA.)
- Maintenance of telephone, radio, computer aided dispatch, and other infrastructure required to efficiently meet contractual requirements.
- Answering of all 9-1-1 and other medical emergency calls, and processing requests for service according to contractual requirements.
- Consistent adherence to priority dispatch and pre-arrival instruction protocols approved by the EMS Medical Director.
- Participation in quality assurance and improvement processes.
- Efficient and effective dispatch of CTESOA's ambulances and notification of first responder agencies as required by applicable protocols and agreements.
- Recording and reporting pertinent information about each request and response as required by the contract, protocols and agreements.

The combined existing emergency services management system and personnel are fully capable of continuing 9-1-1 and interfacility ambulance transport operations within CSA #3 into the next decade.

A large part of the success in managing large-scope contracts is due to the collaborative efforts of the organization. CTESOA's member agencies have over 150 years of combined experience providing fire and medical emergency response and rescue in the South Lake Tahoe area. LVFPD was established in 1947, SLTFR was established in 1965, the and the FLLFD was established in 1982. Member agencies of the CTESOA understand the difficulty in providing emergency medical care and life transport in a mountainous area. The combination of mountainous terrain, extreme weather conditions, significant variations in seasonal population, congested highways, isolated communities and wilderness areas pose significant challenges to the timely delivery of emergency medical care and rescue services to CSA #3 residents and visitors. Despite the challenges, CTESOA has consistently provided emergency medical care with response times and a level of service in exceedance of the standards set by the contract with El Dorado County.

The success of managing a large-scope contract also involves the hiring and training of qualified and competent personnel. CTESOA ensures all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. The CTESOA ensures that EMT-I and EMT-P personnel are certified in El Dorado County and comply with regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures, and Field Treatment Protocols are followed. The fiscal management of the current contract between El Dorado County and the CTESOA has been a success story since the inception of the agreement in 2001. Although contractual funding caps have often been difficult to navigate, the administrative personnel, the Board of Directors as well as CTESOA staff, have ensured that the services offered by CTESOA have met and

exceeded the requirements put forth by the County. The following examples show how the CTESOA personnel efficiently manages the CTESOA's fiscal affairs:

- The CTESOA Board of Directors consists of two elected representatives from the City of South Lake Tahoe, two elected representatives from Lake Valley Fire Protection District, and appointed official from Fallen Leaf Lake Community Service District Fire Department. The Board's organization consists of a Chairperson and Vice-Chairperson. The Board member positions are not compensated in any manner. The inclusion of elected officials on the Board ensures accountability to the constituents that they serve.
- An Executive Director is selected by the Board and is responsible to the Board of Directors. He/she is charged with overseeing CTESOA operations and making recommendations to the Board, as well as serving as Board Secretary. The Executive Director also works with the Fire Chiefs to develop operational plans and assist in their implementation as needed. The Executive Director also interfaces with El Dorado County EMSA on operational and business matters with the County.
- The CTESOA staff includes a Certified Public Accountant, who serves as Board Treasurer and is responsible for accurate and up-to-date financial reporting to the Board of Directors. Both the Executive Director and the Board Treasurer are tasked with facilitating and responding to the annual financial audit.
- The CTESOA Operations Manager oversees the day-to-day affairs of the organization. This includes the purchasing of materials and inventory planning of medical equipment/station supplies per CTESOA Policy. The position also works with the LVFPD Mechanic to ensure their functionality of ambulances without interruption of service.

On a monthly basis, CTESOA receives funds from El Dorado County for the purpose of the provision of fire-based ambulance service. Personnel funds are appropriated to each subcontractor and include the maximum amount of money that Provider Agencies are authorized to spend for personnel. In the current contract, if a member agency exceeds its authorized appropriations level, they must fund the overage from their District/City budget, or request authorization, prior to exceeding their cap, from the CTESOA Board for extraordinary circumstances. CTESOA may exceed its appropriations within a line item but may not exceed its appropriations for each class without prior approval of the Board.

Adhering to the protocols set forth for effective fiscal management has allowed the CTESOA to effectively administer the funds received by El Dorado County, operate within the contractual requirements, exceed requisite response times, and provide high quality Emergency Medical Services to the residents and visitors of CSA #3.

Meeting the mandated administrative requirements of the contract between El Dorado County and the CTESOA requires stringent protocols and qualified personnel. CTESOA takes special pride in the quality of their administrative work in the required areas:

- Field Supervision – CTESOA administrative personnel, to include the Executive Director and Operations Manager, are available for daily medical operation questions or needs. In

their absence, LVFPD Battalion Chiefs are available 24/7 to respond to queries and requests.

- Training and Management of Clinical Personnel – lead Paramedics have been designated to oversee training within the respective transport agencies, which ensures standardization across all EMS personnel. The training meets or exceeds the requirements set forth by the El Dorado County EMSA and the State of California. Each new CTESOA employee must complete the El Dorado County accreditation process. CTESOA has also incorporated a County-approved Field Training Officer (FTO) program to augment County and CSA #3 specific training. Training policies are developed in collaboration with El Dorado County EMSA and Barton Hospital, as well as annual skills testing.
- Recruitment, Orientation and Retention of Personnel – attracting, screening and selecting qualified personnel is acknowledged as a strong management practice, and the CTESOA recognizes its importance in securing and retaining an effective workforce. Along with a stringent application process, the CTESOA creates a positive and healthy environment within its organization and provides specific employee benefits to encourage high performance.
- Quality Improvement Process Management – as an active participant in the El Dorado County EMSA quality improvement process, CTESOA personnel work with the EMS Medical Director, EMSA and Barton Hospital in Continuous Quality Improvement (CQI), a peer-based process that conducts a clinical review of patient care. The CQI process reveals potential areas for improvement within the EMS System including training opportunities and highlights outstanding clinical performance.
- Management of a Material Management and Distribution System - CTESOA uses the Operative IQ system for purchasing and distribution of materials primarily through a single point for medical supplies and equipment. This process lends to efficiency and accountability in ordering procedures as well as fiscal practicality. All large value purchases such as cardiac monitors are approved by the CTESOA Board of Directors with the purchase being completed by either the Executive Director or designee.
- Fleet Management - The CTESOA's fleet of seven four-wheel drive ambulances are maintained by a Master Fire Mechanic through an agreement with LVFPD. CTESOA maintenance is tracked by the Fire Mechanic and includes vehicle life expectancy and replacement recommendations. Replacement schedules are presented to the Board of Directors so that replacements may be added into the budget process as part of the fiscal management system.
- Driver Training and Risk Management – Emergency Vehicle Operations Courses (EVOC) and driver training programs are required of all CTESOA personnel. This requirement provides effective risk management, and thus reduction of costs pertaining to accidents and insurance premiums.

- OSHA Compliance and Exposure Control - CTESOA and member agencies have current policies and procedures in place for OSHA compliance and exposure control. This also reduces costs as they pertain to medical expenses and worker's compensation claims.
- Participation in Medicare/Medicaid Compliance Program – although the responsibility for the Medicare/Medicaid Compliance program rests on the El Dorado County EMSA, CTESOA's duty is to provide them with timely and accurate patient care records (PCRs) and billing information.
- Compliance and Quality Assurance Methods for Third Party Billing – also the responsibility of El Dorado County EMSA, CTESOA ensures that all records are completed and submitted in a timely manner with appropriate documentation.
- Health Insurance Portability and Accountability Act (HIPAA) Compliance – in accordance with the “Guidelines for Maintaining Privacy of Protected Health Information” policy, all PCRs are to be treated as confidential. CTESOA takes particular pride to ensure that policies are followed and that the organization is compliant with all protocols as they relate to HIPAA, recognizing the potential costs associated with associated lawsuits.

CTESOA's only history is in providing 18 years of quality Emergency Medical Services to the residents and visitors to CSA #3, while meeting the fiscal and administrative requirements of the contract with El Dorado County.

It is important to note that the member agencies and personnel associated with CTESOA are themselves strongly tied to our community. From the least senior EMT on up to the Board of Directors, all members of the CTESOA have a strong connection to the community they serve. Several EMS personnel functioning on the ambulance were born in the hospital where they now deliver patients. The Executive Director is a life-long resident of the Tahoe area. One of the Directors was born on the south shore of Tahoe prior to the hospital's existence. Many of the employees went through the local school system and have worked for local businesses in a variety of occupations. They have also participated in the vast amount of outdoor recreation offered in the Tahoe area, enabling them to become familiar with the same areas where they now perform rescue operations. Tahoe is unique - geographically, socially, economically, politically, and environmentally. To successfully provide a public-safety service to the depth and breadth of the community requires full comprehension of all aspects, and a respect for its history. In addition, it necessitates an understanding of the unique and challenging environment in which the ambulance service must work. CTESOA is the community it serves.

F. Cost Proposal

F.1) Provide a detailed, line-item cost proposal for all services identified in the RFP, clearly identifying and explaining the total costs for all activities, system enhancements, and/or potential cost escalation factors:

The proposed first year budget will allow California Tahoe Emergency Services Operations Authority (CTESOA) to operate and build liquidity. CTESOA included escalation factor of 1.5% on the **non-controllable** factors (line items 18-24) to begin annually starting July 1, 2020 until completion of the 10-year contract (& to continue with the 5-year extension if extended.)

Table 18. CA Tahoe Emergency Services Operation Authority Annual Budget, Year One.

#	Description	Amount
1	Personal Protective Equipment (PPE)/Uniforms for Paramedics <ul style="list-style-type: none"> The cost allotted for personal protection equipment (EMS County PPE), company shirts, sweatshirts, polos and jackets. 	\$8,000
2	Computer Equipment <ul style="list-style-type: none"> The cost allotted for new computers, printers, and internet routers as needed, as well as the cost for software renewals, website maintenance, and Operative IQ Inventory system. 	\$10,000
3	Employee Training <ul style="list-style-type: none"> The cost allotted for class, online training platforms, & certification reimbursement. 	\$17,000
4	Employee Exp/Physicals/Background Check <ul style="list-style-type: none"> The costs for pre-employment drug screens, physicals, background checks, livescan fingerprints, and ambulance driver licensure. 	\$14,000
5	Insurance <ul style="list-style-type: none"> The cost for vehicle insurance. 	\$15,000
6	Office Expenses <ul style="list-style-type: none"> The cost for office supplies such as ink, paper, pens, etc. 	\$5,000
7	Prof Fees- Attorney <ul style="list-style-type: none"> The cost for legal services and representation. 	\$30,000
8	Prof Fees- Accounting <ul style="list-style-type: none"> The cost for the CPA and bookkeeping service. 	\$5,000
9	Prof Fees- Paychex <ul style="list-style-type: none"> The cost of Payroll and Human Resource services. 	\$16,000
10	Scholarships <ul style="list-style-type: none"> The max reimbursement for employees concurrently enrolled in Paramedic School. 	\$10,000

11	<i>Station Supplies</i> <ul style="list-style-type: none"> The cost for laundry services and necessary supplies not included under office or medical supplies. 	\$10,000
12	<i>Contingency</i> <ul style="list-style-type: none"> The Cost set aside for unpredicted expenses. 	\$14,874
13	<i>Snow Removal</i> <ul style="list-style-type: none"> The cost for snow plow services. 	\$5,000
14	<i>Travel</i> <ul style="list-style-type: none"> The cost for long-distance Interfacility Transport (IFT) meal reimbursement and other travel needs. 	\$5,000
15	<i>JPA Station</i> <ul style="list-style-type: none"> Projected annual cost of building lease for medic 1-2-3. 	\$95,000
16	<i>Reserve Designation</i> <ul style="list-style-type: none"> Necessary reserve designation to remount the forecasted 3 ambulances in years 2025, 2026 and 2027. 	\$47,000
17	<i>Dispatch Contract</i> <ul style="list-style-type: none"> The contracted amount for dispatch services (see RFP response.) 	\$255,000
18	<i>Supplies -Medical</i> <ul style="list-style-type: none"> Medical supply ambulance and back stock inventory. 	\$155,000
19	<i>Prof Fees- Lake Valley</i> <ul style="list-style-type: none"> CTESOA Board of Directors approved amount to Lake Valley for ambulance employee payroll reimbursement. 	\$900,000
20	<i>Communications/Cell</i> <ul style="list-style-type: none"> The cost allotted for the operations manager's work phone, tablets for ePCR, and cardiac monitor transmission. 	\$12,000
21	<i>Salaries; Health/Work. Comp</i> <ul style="list-style-type: none"> CTESOA employees and ED (see org chart) cost for salaries, health benefits, and workmen's compensation insurance for 2 full time (24/7 365 days) medic units and 1 part-time 4,380 hours a year coverage. 	\$1,451,742
22	<i>Ambulance/Equip Maintenance</i> <ul style="list-style-type: none"> The projected cost for oil changes, fleet manager hourly rate, vehicle maintenance, and equipment repair/ replacement. 	\$40,384
23	<i>Utilities</i> <ul style="list-style-type: none"> The cost for trash, internet, phone, gas, & electric services. 	\$6,000
24	<i>Fuel</i> <ul style="list-style-type: none"> The cost for ambulance and utility vehicle fuel. 	\$50,000
	TOTAL EXPENSES	3,177,000

CTESOA to be compensated in twelve (12) monthly payments of \$266,416, for a total of \$3,177,000 for the initial year of this Agreement. County shall increase the monthly payment, based on an escalation factor of 1.5% on the **non-controllable factors**, as shown in the table below. In addition to the proposed increases below, County will annually increase 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, Contractor compensation will not be changed during that year.

Table 19: 10 Year Projection of Budget and Compensation Rate

Year	Annual Budget	Monthly Compensation Rate
2019	\$3,177,000.00	\$264,750.00
2020	\$3,223,727.00	\$268,643.92
2021	\$3,271,267.00	\$272,605.58
2022	\$3,319,636.00	\$276,636.33
2023	\$3,368,849.00	\$280,737.42
2024	\$3,418,924.00	\$284,910.33
2025	\$3,469,877.00	\$289,156.42
2026	\$3,521,724.00	\$293,477.00
2027	\$3,574,483.00	\$297,873.58
2028	\$3,628,173.00	\$302,347.75

In addition, Contractor will request \$120,000 every other year for the first three years of the contract and such money shall be used solely for repair and replacement of capital assets. The bi-annual amount will be paid to the Contractor on July 1 of every other year of the first three years (July 1, 2019, 2021, and 2023.) No further annual amount will be paid as defined in this paragraph after July 1, 2023.

F.2) Provide a written narrative identifying and explaining all proposed/budgeted line items as yearly or contract period costs as well as the necessity and reasonableness of the proposed cost:

BUDGET NARRATIVE:

1. PPE/Uniforms (\$8,000):

New personnel uniforms including class B shirts, sweatshirts and jackets.

2. Computer Equipment (\$10,000):

Each year CTESOA plans to replace aging iPads, office computers, CQI laptops and printers. Other equipment are the software and hardware that go along with the new computers and laptops.

3. Employee Training (\$17,000):

County and State required certifications and trainings for emergency vehicle operations course, international trauma life support, pediatric advanced life support, CPR, Paramedic accreditation and skills, advanced cardiac life support, First Aid, and online training for continuing education's using Target Solutions online training platform and certificate tracking. These certifications are required, and renewals range from one to three years depending on the certification.

4. Employee Expenses/ Physicals/ Background checks (\$14,000):

State and County mandated new employee background checks, live scan fingerprinting, DMV checks and physicals for every non-safety new employee.

5. Insurance (\$10,000):

ISU Vehicle Insurance; Annual fee (see Appendix B: CTESOA Insurance Summary)

6. Office Expense (\$5,000):

The County requires documentation and records retention that require the use of normal office supplies and storage, purchased monthly as needed. Supplies will include basics like paper, writing utensils, and ink.

7. Prof Fees – Attorney (\$30,000):

The CTESOA Board of Directors retained legal counsel in 2016 and is billed at an hourly rate when utilized.

8. Prof Fees – Accounting (\$5,000):

CTESOA board appointed a CPA as the CTESOA Treasurer in 2016 and utilizes them to process monthly invoices per auditor recommendation and bills annually for the service.

9. Prof Fees – Paychex (\$16,000):

Paychex is contracted for providing payroll and HR services for non-safety employees and charges a monthly fee based on number of employees employed as non-safety employees.

10. Scholarships (\$10,000):

In 2017, the CTESOA board voted to support continuing education for EMTs enrolled in Paramedic school. The scholarship program allows for scholarships between \$2500-\$5000 that are paid out in equal portions each pay period. Half is paid at the start of school for six (6) months, and the remaining half is paid in increments after they are licensed and accredited in El Dorado County as a Paramedic. If there are more applicants than CTESOA can financially sustain at one time, an interview and testing process is performed by the Fire Department Chiefs and the Executive Director to determine the most qualified recipients for the scholarships. In order to continue receiving the scholarship, the employee is required to maintain a B-average or higher GPA, and sign a contract agreeing to maintain employment with CTESOA a minimum of 8 months post-graduation. If the employee drops out of school or discontinues employment prematurely, the employee is required to pay back the amount of the scholarship received.

11. Station Supplies (\$10,000):

Monthly expenses for janitorial supplies to maintain clean safe station as well as cleaning supplies for washing the ambulances. Carpet cleaning occurs weekly.

12. Contingency (\$14,874):

Budget that covers unexpected expenses during the course of a fiscal year, not to exceed \$14,874.

13. Snow Removal (\$5,000):

Seasonal expense to clear snow from stations to insure emergency personnel respond in a timely manner.

14. Travel (\$5,000):

Travel expenses are used to support the training budget and are used to reimburse employees for travel related expenses incurred during training attendance.

15. JPA Station (\$95,000):

Currently, CTESOA does not have a station expense due to a no cost lease agreement with the City of South Lake Tahoe until August 2019. The CTESOA is limited in the types of facilities that can accommodate 3 ambulances, office space and living quarters for six personnel at a time. The CTESOA will not consider posting ambulances around CSA #3 in public as the sustainability is not a realistic long-term option due to the need to keep medical supplies temperature controlled, as well as the environmental impact of long-term idling during the winter months. The snow conditions require heated storage for all medic units. CTESOA is committed to housing all EMS assets within the snow boundaries of CSA #3 so they may be accessed during call back situations or large mass

casualty incidents. The CTESOA has been in discussions with two facilities within CSA #3 that may accommodate our unique needs at an estimated cost of \$110 per square foot.

16. Reserve Designation (\$47,000):

As a result of the past eight years in the current contract, CTESOA has depleted its reserves in an effort to maintain services from over \$1,000,000 in 2011 to \$159,842. Reserves are utilized for repair and replacement of capital assets. They are primarily used to remount the forecasted 3 ambulances in years 2025, 2026 and 2027.

17. Dispatch Contract (\$255,000):

The CTESOA is contracted with the City of South Lake Tahoe Public Safety Communication Center until August of 2019. The CTESOA is in receipt of a new 10-year proposal from the SLTPS Communication Center. The new proposal is for \$250,000 with subsequent annual increases of 3% per year to account for increased operating costs for the term of the new contract (see Part G- subcontract for Comm Center, pg. 117)

18. Supplies – Medical (\$155,000):

CTESOA complies with El Dorado County mandated medical supplies and required backstock. Medical supplies are tracked and replenished monthly utilizing an online platform called Operative IQ (monthly fee.) Medical supply use is recorded on ePCR per El Dorado County policy.

19. Prof Fees - Lake Valley (\$900,000):

Lake Valley Fire Protection District (LVFPD) has a transporting agreement with the CTESOA for one fully staffed all-risk fire ambulance (Medic 7), 365 days a year, 24 hours a day, for a total of 8,760 hours a year (see Appendix D for agreement and Appendix C for the CTESOA org chart.) On a monthly basis, the CTESOA shall receive funds for the purpose of the provision of fire-based ambulance service. Personnel funds are appropriated to LVFPD and include the reimbursement for 6 fully burdened all risk Firefighter EMT-P. \$900,000 is the maximum amount of funding that LVFPD is authorized to spend for personnel on behalf of the CTESOA. If the member agency exceeds its authorized appropriations level, they either must fund the overage from their fire district budget or request authorization, prior to exceeding their cap, from the CTESOA Board for extraordinary circumstances. It should be noted the annual contracted reimbursement of \$900,000 to operate a fire-based ambulance is approximately \$200,000 less annually than the current employee payroll reimbursement rate for the same service in County Service Area #7, El Dorado County, as of July 2018. The staffing of a fire-based hybrid system with CSA #3 has been the community expectation since 2001 due to the unique needs of CSA #3.

The LVFPD's Medic 7 sits on the Eastern Slope of El Dorado County where an extremely high volume of hikers, climber, skiers, and other outdoor enthusiasts find their way miles from the pavement. CTESOA all-risk fire personnel are trained in one or all of the following: Low Angle Rope Rescue Operations (LARRO), Rescue Systems 1 (RS1), Rescue Systems 2 (RS2), Rigging for Rescuers, and Rope Rescue Technician. Rope

Rescue Technician is the highest state level training for rope rescuers. CTESOA all-risk fire personnel are trained in avalanche rescue and carry specialty equipment consisting of transceivers, probes, shovels, hasty packs, and snow clothing. CTESOA all-risk fire personnel are trained in swift water and ice rescue and carry dry suits, helmets, personal flotation devices (PFDs), throw bags, and other rescue equipment. CTESOA all-risk fire paramedics train and work with helicopters, snowmobiles, and snow cats. CTESOA's all-risk fire paramedics are compensated for their higher level of training and delivery of service. Advanced Life Support (ALS) begins when a CTESOA all-risk fire paramedic reaches the patient.

20. Communications / Cell (\$12,000):

Each ambulance has one iPad with a data plan to record ePCR data required by the County for a total of 7 plans. Each ambulance is equipped with a heart monitor and a data plan to transmit 12 lead charts to receiving hospitals. All data plans receive a monthly government discount.

21. Salaries (Health/Work Comp) (\$1,451,742):

Salaries in this budget line item operate the two full-time and one part-time ambulances for a total ambulance staffed time of 21,900 hours per year. The 2 full-time and 1 part-time ambulances respond to over 80% of the calls in CSA #3. The CTESOA commonly refers to "non-safety" or "single role" employees as CTESOA employees with a primary role of providing ALS transport. The CTESOA employees are at-will employees, nonunion and NOT eligible for California PERS benefits. The part time ambulance is utilized during the peak seasons to assist with the system status management plan. The CTESOA has operated a fourth part time ambulance since July 2017. The fourth part time ambulance is staffed 12 hours a day to assist with the increased interfacility transfers (IFT) from Barton Health and is staffed full time during the high tourist seasons to assist with the increased call volume. The part time medic unit is a necessary addition to the regular full-time medic units and has allowed the CTESOA to remain compliant with the contract response times for CSA #3. Based on historical data, CTESOA is only able to accommodate transfer request limited to 150 miles per the system status management plan under the current payroll budget and ambulance replacement schedule. The CTESOA is open to discussing the expansion of the IFT distance to accommodate long distance IFTs with an increase to the salaries line item budget in this contract.

22. Ambulance/Equipment Maintenance (\$40,384):

Ambulance repairs and maintenance occur on a weekly basis and are invoiced monthly once reviewed by the executive director. See Appendix J: LVFPD Maintenance Agreement 2018 for Maintenance Agreement between CTESOA and LVFPD in regard to maintenance services provided by LVFPD. All necessary repairs will be done immediately by on-duty personnel, if the repair is within the scope of their expertise. If repair cannot be immediately made, a description of the trouble will be written on an Apparatus Malfunction and Maintenance Report (see Appendix J: Cal Tahoe Ambulance Maint Plus Checklist 2019) or in the Apparatus Log and reported to the duty officer,

station captain, senior personnel or Fleet Manager/Master Fire Mechanic. All repairs shall be done by the Fleet Manager/Master Fire Mechanic or his qualified designee.

A Daily and Monthly Service Checklist will be completed for all apparatus as the services are completed. The mechanic shall maintain the summary report up-to-date and keep the operations officer informed as to the status of all apparatus service and repairs.

23. Utilities (\$6,000):

Monthly utility expenses are reviewed per policy and include the cost for trash, internet, phone, gas, water & electric services.

24. Fuel (\$50,000):

The CTESOA is a member of a fleet fuel supplier (CFN.) All ambulance fuel is monitored and tracked for each ambulance on a monthly basis prior to paying the monthly invoice.

Additional work beyond the normal ambulance service will be compensated separately.

Lastly, the California Tahoe Emergency Services Operations Authority will insist the services agreement allow for renegotiation of certain terms, including budget line items identified as #18-#24, at least once during the term of the agreement.

G. Subcontracts

G.1) Describe the nature of any subcontracts or proposed subcontracts that will be utilized, including any plan to contract with a dispatch subcontractor if applicable. If no subcontracts will be utilized, clearly indicate so.

The subcontractors for the CTESOA are as follows, and the current subcontracts for each entity is included below.

SLTPS Communication Center:

CTESOA is contracted with the City of South Lake Tahoe Public Safety (SLTPS) Communication Center for dispatch services until August of 2019. SLTPS Communication Center has been providing dispatch services for CTESOA since 2001. Also, included with the subcontract is SLTPS Communication Center's new proposal that would take effect after August 2019. (Part G: Subcontracts: pgs. 106 – 132)

Ryan Wagoner, Executive Director CTESOA

Ryan Wagoner is currently under contract by CTESOA to be the Executive Director. Ryan has been the Executive Director since April of 2014. Wagoner's resume is included in Appendix C. (Part G: Subcontracts: pgs. 133 – 150)

Lake Valley Fire Protection District

CTESOA is contracted with Lake Valley Fire Protection District (LVFPD) for Emergency and Non-Emergency transport services. LVFPD has been providing dual role firefighter paramedics services since 2001.

(Part G: Subcontracts: pgs. 151 – 171)

CONTRACTS for all three subcontractors have been included starting on the next page.

G.2) Provide evidence of insurance for any subcontractor that is already a party to an executed agreement with the Proposer, who the proposer also intends to use in the contract resulting from this RFP. Evidence of insurance must meet the same minimum requirements as the Proposer, as specified in Exhibit "A".

All Insurance Information and Policy Summaries are in Appendix B. The SLTPS Communication Center is covered under the City Liability Insurance. Ryan Wagoner, Executive Director of CTESOA, is covered under the CTESOA Insurance Policy, while Lake Valley Fire Protection District is covered by the LV Insurance Policy. All policies meet the minimum requirements as the Proposer, as specified in Exhibit "A".

PROFESSIONAL SERVICES AGREEMENT

SLTPC Communication Center Subcontract

This Agreement is made and entered into as of the 6-29-14 day of June 2014 by and between the **California Tahoe Emergency Services Operation Authority**, a Public Entity ("CTESOA"), and the **City of South Lake Tahoe**, a municipal corporation ("Consultant City").

RECITALS

A. Consultant City has staff that is specially trained, experienced and competent to perform the special services which will be required by this Agreement.

B. Consultant City possesses the skill, experience, ability, background, certification and knowledge to provide the services described in this Agreement on the terms and conditions described herein.

C. CTESOA desires to retain Consultant City to render professional services as set forth in this Agreement.

AGREEMENT

1. Scope of Services. Consultant City shall perform the services set forth in this agreement and shall provide said services at the time, place, and in the manner specified in this agreement. Consultant City shall have no power or authority by this Agreement to bind CTESOA in any respect.

All services provided by Consultant City pursuant to this Agreement will be provided in accordance with the terms set forth in the **Schedule A, "Scope of Services,"** attached hereto and incorporated herein by reference. **Schedule B, "Compensation Schedule,"** attached hereto and incorporated herein by reference, outlines the fees and compensation which shall be paid pursuant to this Agreement.

2. Term/Time of Performance. The services by Consultant City are to commence upon the execution of the Agreement and continue for no more than Four months.
3. Compensation. Compensation to be paid to Consultant City shall be in accordance with the Schedule set forth in **Schedule B** which is attached

hereto and incorporated herein by reference. Payment under this Agreement shall not be deemed a waiver of defects, even if such defects were known at the time of payment. Payment is contingent upon compliance with all terms and conditions of this Agreement, as set forth herein.

4. Method of Payment. Consultant City shall submit monthly billings to CTESOA describing the work performed during the preceding month. Consultant City's bills shall include a brief description of the services performed, the date the services were performed, the number of hours spent and by whom, the applicable hourly rate, and a description of any reimbursable expenditures. CTESOA shall pay Consultant City no later than 30 days after receipt of the invoice.
5. Termination. This Agreement may be terminated by CTESOA through its Executive Director or by Consultant City through its Police Chief immediately with or without cause. Upon termination, Consultant City shall be entitled to compensation for services performed up to the effective date of termination, and CTESOA shall be entitled to all work performed to that date.

Termination, revocation, or expiration of this Agreement shall not release either party from liability resulting from an event which occurred prior to such termination, revocation or expiration.

6. Ownership Of Documents.
All documents and other writings, including working notes and internal documents, prepared by and for CTESOA, its officers, employees and agents and subcontractors in the course of implementing this Agreement, shall become the property of CTESOA upon payment to Consultant City for such work, and CTESOA shall have the sole right to use such materials in its discretion without further compensation to Consultant City or to any other party. Consultant City shall, at Consultant City's expense, provide such reports, plans, studies, documents and other writings to CTESOA upon written request. All documents prepared by Consultant City are confidential and shall be maintained to preserve their confidential nature. Release of any such documents to third parties shall only be made upon written consent of CTESOA.
7. Independent Contractor. It is understood that Captain Hewlett, in the performance of the work and services agreed to be performed, shall act as and be an independent contractor as to CTESOA and shall not act as an agent or employee of CTESOA. Captain Hewlett shall obtain no rights to retirement benefits or other benefits which accrue to CTESOA's employees, and Captain Hewlett hereby expressly waives any claim he may have to any

such rights. All employees, agents, contractors or subcontractors hired or retained by Consultant City are employees, agents, contractors or subcontractors of Consultant City and not of CTESOA.

8. Professional Ability of Consultant City. CTESOA has relied upon the professional training and ability of Consultant City to perform the services hereunder as a material inducement to enter into this Agreement. Consultant City shall therefore provide properly skilled professional and technical personnel to perform all services under this Agreement. All work performed by Consultant City under this Agreement shall be in accordance with applicable legal requirements and shall meet the standard of quality ordinarily to be expected of competent professionals in Consultant City's field of expertise..
9. Compliance with Laws. Consultant City shall comply with all applicable federal, state, regional and local laws, codes, ordinances and regulations in carrying out his/her duties under this Agreement. Consultant City shall observe and comply with all applicable laws, ordinances, regulations and codes of federal, state and local governments, and shall commit no trespass on any public or private property in performing any of the work authorized by this Agreement.
10. Indemnity. Each Party hereby agrees to and shall indemnify and hold harmless City, its elected and appointed boards, officers, agents, employees and volunteers from and against any liability for any and all claims, demands, actions, losses, damages and injuries, direct or indirect (including any and all costs and expenses in connection therein), caused in any way by the indemnifying party's negligent performance of this Agreement or its breach of its obligations contained in this Agreement, except for any such claims arising out of the negligence or willful misconduct of the other party.
11. Notices. Any notice required to be given under this Agreement shall be in writing and either served personally or sent prepaid, first class mail. Any such notice shall be addressed to the other party at the address set forth below. Notice shall be deemed communicated within 48 hours from the time of mailing if mailed as provided in this section.

If to City:

Chief Brian Uhler
City of South Lake Tahoe
South Lake Tahoe, CA 96150

Provide a copy to: City Attorney's Office
City of South Lake Tahoe
1901 Airport Road, Suite 300
South Lake Tahoe, CA 96150

If to CTESOA: Executive Director
CTESOA
2211 Keetak Street
South Lake Tahoe, CA 96150

12. Assignment and Subcontracting. The parties recognize that a substantial inducement to CTESOA for entering into this Agreement is the professional reputation, experience and competence of Consultant City. Assignments of any or all rights, duties or obligations of the Consultant City under this Agreement will be permitted only with the express consent of CTESOA. Consultant City shall not subcontract any portion of the work to be performed under this Agreement without the written authorization of CTESOA. If CTESOA consents to such subcontract, Consultant City shall be fully responsible to CTESOA for all acts or omissions of the subcontractor. Nothing in the Agreement shall create any contractual relationship between CTESOA and subcontractor nor shall it create any obligation on the part of CTESOA to pay or to see to the payment of any monies due to any such subcontractor other than as otherwise required by law.
13. Waiver. Waiver of a breach or default under this Agreement shall not constitute a continuing waiver of a subsequent breach of the same or any other provision under this Agreement.
14. Dispute Resolution. Any dispute concerning this Agreement will be first submitted to the City Manager or his designee for resolution. If no resolution is reached, such dispute shall be submitted to the City Council. The decision of the City Council shall be final and shall be appealable only to the El Dorado Superior Court pursuant to California Code of Civil Procedure §1094.5, and as provided by law.
15. Controlling Law Venue. This Agreement and all matters relating to it shall be governed by the laws of the State of California and any action brought relating to this Agreement shall be held exclusively in the Superior Courts in the County of El Dorado, South Lake Tahoe Division.
16. Prohibited Interests. Consultant City maintains and warrants that it has not employed nor retained any Consultant City or person, other than the independent contractors hired in accordance with Consultant City's standard business practice, to solicit or secure this Agreement. Further,

Consultant City warrants that it has not paid nor has it agreed to pay any Consultant City or person, other than a bona fide employee working solely for Consultant City or an independent contractor hired as discussed above, any fee, commission, percentage, brokerage fee, gift or other consideration contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, CTESOA shall have the right to rescind this Agreement without liability. For the term of this Agreement, no member, officer or employee of CTESOA, during the term of his or her service with CTESOA, shall have any direct interest in this Agreement, or obtain any present or anticipated material benefit arising therefrom.

17. Equal Opportunity Employment. Consultant City represents that it is an equal opportunity employer and it shall not discriminate against any subcontractor, employee or applicant for employment because of race, religion, color, national origin, disability, ancestry, sex or age. Such non-discrimination shall include, but not be limited to, all activities related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination. Consultant City shall also comply with all relevant provisions of City's Minority Business Enterprise program, Affirmative Action Plan, or other related programs or guidelines currently in effect or hereinafter enacted.
18. Drug-Free Workplace Certification. By signing this Agreement, Consultant City hereby certifies under penalty of perjury under the laws of the State of California that the Consultant City will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350, et seq.) and will provide a drug-free work place by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355 (a).
 - b. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b) to inform employees about all of the following:
 - i. The dangers of drug abuse in the workplace;
 - ii. The person's or organization's policy of maintaining a drug-free workplace;
 - iii. Any available counseling, rehabilitation and employee assistance program; and
 - iv. Penalties that may be imposed upon employees for drug abuse violations.

c. Provide, as required by Government Code Section 8355(c), that every employee who performs activities under this Agreement:


- i. Will receive a copy of the Consultant City's drug-free policy statement; and
- ii. Will agree to abide by the terms of the Consultant City's statement as a condition of employment on this Agreement.

- 19. Americans with Disabilities Act. By signing this Agreement, Consultant City assures the CTESOA that it complies with the American with Disabilities Act (ADA) of 1990, (42 U.S.C. 12101, et. seq.), which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to ADA.
- 20. Amendments. This Agreement may be modified or amended only by a written document executed by both Consultant City and CTESOA and approved as to form by the City Attorney.
- 21. Severability. If any term or portion of this Agreement is held to be invalid, illegal, or otherwise unenforceable by a court of competent jurisdiction, the remaining provisions of this Agreement shall continue in full force and effect.
- 22. Entire Agreement. This Agreement constitutes the complete and exclusive statement of Agreement between Consultant City and CTESOA. All prior written and oral communications, including correspondence, drafts, memoranda, and representations, are superseded in total by this Agreement.
- 23. Execution. This Agreement may be executed in several counterparts, each of which shall constitute one and the same instrument and shall become binding upon the parties when at least one copy hereof shall have been signed by both parties hereto. In approving this Agreement, it shall not be necessary to produce or account for more than one such counterpart.
- 24. Time is of the Essence. Time is of the essence for this Agreement.
- 25. Authority to Enter Agreement. Consultant City and CTESOA have all requisite power and authority to conduct its business and to execute, deliver, and perform the Agreement. Each party warrants that the individuals who have signed this Agreement have the legal power, right, and authority to make this Agreement and to bind each respective party.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the date first written above.

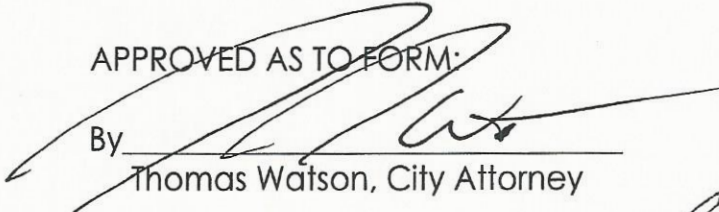
CONSULTANT CITY - CITY OF
SOUTH LAKE TAHOE:

CTESOA

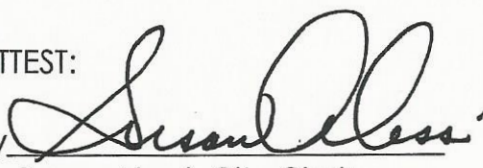
By 
Police Chief Brian Uhler

By 
Bob Bettencourt, Chairman

APPROVED AS TO FORM:

By 
Thomas Watson, City Attorney

ATTEST:

By 
Susan Alessi, City Clerk



Attachments:

Exhibit A – Scope of Services

Exhibit B – Compensation Schedule and Timeline

EXHIBIT A

SCOPE OF SERVICES

The City of South Lake Tahoe, through its Police Department, shall provide CTESOA with all necessary dispatch services as required for the medical aid services provided by CTESOA to the County of El Dorado, as outlined in the CTESOA/County agreement.

EXHIBIT B

COMPENSATION SCHEDULE AND TIMELINE

\$150,000.00 total for Budget year 2014-2015

\$12,500.00 (Twelve Thousand Five Hundred Dollars) payable monthly in arrears with or without invoice.

AMENDMENT ONE
TO
PROFESSIONAL SERVICES AGREEMENT

18 THIS FIRST AMENDMENT ("Amendment") made and entered into as of this day of August, 2017, amends the Professional Services Agreement, dated June 24, 2014, ("Agreement") heretofore entered into between the California Tahoe Emergency Services Operation Authority, a California Government Code section 6500 et seq, Joint Powers Authority ("CTESOA"), and the City of South Lake Tahoe, a municipal corporation ("Consultant City"), collectively referred to as ("Parties").

RECITALS

WHEREAS, CTESOA and CONSULTANT CITY entered into the Agreement, dated June 24, 2014 for providing CTESOA with necessary dispatch services as required for the medical aid services provided by CTESOA to the County of El Dorado, as outlined in the CTESOA/County Agreement, and

WHEREAS, all terms and conditions of the Agreement are incorporated by reference and reaffirmed herein and remain the same without modification unless otherwise amended herein, and

WHEREAS, CTESOA and CONSULTANT CITY now desire to modify and extend the term of the Agreement.

AGREEMENT

NOW, THEREFORE, in consideration of the above recitals which recitals are contractual in nature, the covenants, conditions, and premises hereinafter contained, to be kept and performed by the respective Parties, the Parties agree that the aforesaid Agreement shall remain in full force and effect and is amended as follows:

1. Provision 2 of the Agreement is amended in its entirety to read as follows:

"2. Term/Time of Performance. The services by Consultant City are to commence upon the execution of the Agreement and continue till August 31, 2019. "

2. In the event of any conflict between the body of this Amendment and the original Agreement or any Exhibit or Attachment hereto, the terms and conditions of the body of this Amendment shall control and take precedence over the terms and conditions expressed within the original Agreement or any Exhibit or Attachment.

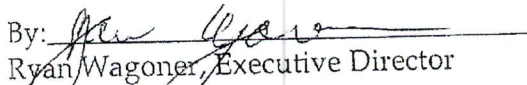
Amendment No. 1
Professional Services Agreement

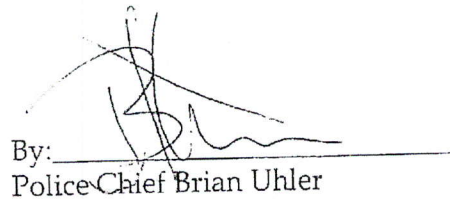
3. Except as otherwise provide herein, the Agreement entered into by CTESOA and CONSULTANT CITY, dated June 24, 2014 remains in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this Amendment at South Lake Tahoe, California, the day and year first above written.

CALIFORNIA TAHOE EMERGENCY
SERVICES OPERATION AUTHORITY

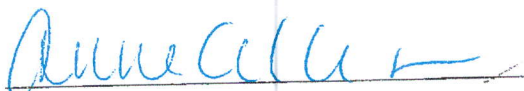
CITY OF SOUTH LAKE TAHOE

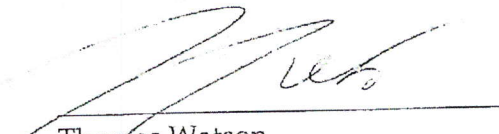
By: 
Ryan Wagoner, Executive Director

By: 
Police Chief Brian Uhler

APPROVED AS TO FORM:

APPROVED AS TO FORM:


Anne L. Collins
General Counsel for CTESOA


Thomas Watson
City Attorney

Amendment No. 1
Professional Services Agreement

Mr. Ryan Wagoner, Executive Director,

01/16/19

This proposal submission from the City of South Lake Tahoe is in response to the California Tahoe Emergency Services Operations Authority (CAL TAHOE) request for proposals due on January 21st 2019, seeking 9-1-1 dispatch services.

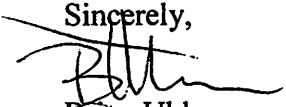
The City of South Lake Tahoe Police Department operates a full-service, 24 hour per day, 7 day per week, public safety dispatch center. The South Lake Tahoe Joint Dispatch Center is certified by the State of California as the primary Public Safety Answering Point (PSAP) for the South Tahoe basin area. It has fulfilled the dispatch responsibilities for the Cal Tahoe JPA since its inception in 2001; a tenure during which a long-standing mutual working relationship with the JPA has been developed. I submit that using dispatch services from any other source would hinder, rather than improve, Cal Tahoe JPA response to the community. As the designated PSAP, the South Lake Tahoe Joint Dispatch Center receives all emergency calls for our local area. Any protocol modifications which would cause the transfer of emergency calls out of the South Lake Tahoe Joint Dispatch Center PSAP to other contracted dispatch source would create unnecessary delays in emergency response.

All public safety dispatchers employed at our center are fully trained in police, fire and EMS dispatch protocols, and are required to maintain their training certifications in these areas. In addition to dispatching for the Cal Tahoe JPA, our center provides dispatch services for the South Lake Tahoe Police Department, South Lake Tahoe Fire Rescue, Lake Valley Fire Protection District, and Fallen Leaf Fire. We are staffed with one Dispatch Supervisor, and ten Public Safety Dispatchers consisting of eight full-time and two part-time positions.

We believe there is wisdom in having a local dispatch center for the JPA, as our dispatchers are uniquely positioned to understand the area, including hazards, routing possibilities, particular traffic trouble spots, spatial relationships and estimated times of travel between points of our area, the response tactics of other local agencies, etc.. This body of local knowledge can prove valuable both to emergency first responders and the public of whom require their services.

The City of South Lake Tahoe Joint Dispatch Center is prepared to continue providing dispatch services to the Cal Tahoe JPA under the terms and conditions addressed in this proposal. We are prepared and able to meet the scope of services required by the Cal Tahoe JPA as described herein, and submit this response for your consideration.

Sincerely,



Brian Uhler

Chief of Police

Checklist Item B

Related Experience, Background and Qualifications

The City of South Lake Tahoe Joint Dispatch Center began over 50 years ago, with the establishment of the newly formed City Police Department in June of 1967. At that time the unit was not yet designated as a Joint Dispatch Center. Almost immediately the value of having a localized dispatch service became evident to the El Dorado County Sheriff's Office and the County Emergency Services for law enforcement and ambulance service throughout the south shore area of Lake Tahoe. Soon after, our dispatch unit began to provide service for Lake Tahoe's south shore emergency services.

Dispatch has provided service to the City Police Department for all 51 years of our history. We dispatched for County based ambulance service for six years, from 1967 until the inception of the privately owned Lake Tahoe Ambulance service in 1973. Except for a brief break in service in 1992, the privately owned Lake Tahoe Ambulance company was contracted by the County for ambulance service and operated in the Tahoe basin until 2001. The South Lake Tahoe Joint Dispatch Center provided dispatch service to the Lake Tahoe Ambulance Company the entire period that it operated in the Tahoe area.

In 2001 the City of South Lake Tahoe Joint Dispatch Center began providing dispatch services to the Cal Tahoe JPA, and has continued to do so for over 17 years. The City of South Lake Tahoe Joint Dispatch Center currently employs eight full-time dispatchers, two part-time dispatchers and one dispatch supervisor. The department has more than 65 combined years of professional dispatch experience. Our Public Safety Dispatchers are non-sworn employees who, along with other tasks, receive emergency calls for law enforcement, fire, and medical services and dispatch appropriate personnel to respond.

The California Commission on Peace Officer Standards and Training (POST) sanctions and certifies all of our dispatchers. POST establishes minimum selection standards for all public safety dispatchers employed by agencies participating in the POST public safety dispatcher program. Our dispatchers are required to meet certain selection standards as defined in POST regulations. Each public safety dispatcher must, at a minimum, pass the POST selection standards of a written examination, and assessments of their verbal, reasoning, memory and perceptual abilities. Further, they must also submit to and pass a rigorous background investigation to determine their personal and professional character standards which are legally required to receive, deliver, retain and process highly sensitive legal and medical information. The background investigation includes truth verification tests and medical clearances.

Dispatchers are carefully screened in order to maintain the highest professional and ethical standards possible.

Our dispatchers must complete a 120 hour POST Dispatch Academy within their first year of service. Dispatchers then must complete and maintain 24 hours of Continuing Education, which is sanctioned and certified by California POST, every two years. Additionally, our dispatchers must complete a 24 hour EMD course, (Emergency Medical Dispatcher). To maintain their certified proficiency in this area, dispatchers must complete 24 hours of Continuing Education in EMD every two years.

In 2017, The South Lake Tahoe Joint Dispatch Center handled 10,137 emergency calls for service (911) and 64,366 administrative calls, including inbound and outbound calls. Our dispatch center answered an average of 845 9-1-1 calls per month over the past year. The current standard for answering calls in California is 95% of the 9-1-1 calls should be answered within 15 seconds. According to the Emergency Call Tracking System (ECaTS) data available to the CA 9-1-1 Branch, the South Lake Tahoe Joint Dispatch Center answered an average of 100% of the 9-1-1 calls within 15 seconds over the past 12 months.

Proposer's Checklist Item C

Current Client List wherein performing similar work

Presented here is a list of former or current clients with whom the South Lake Tahoe Joint Dispatch Center has performed, or is performing, the same or similar work. While typically not performing primary dispatch responsibilities for these entities, our interaction often requires radio communication and coordination through our dispatch center. The close and frequent interaction the City of South Lake Tahoe Joint Dispatch Center shares with these entities creates an important understanding and working dynamic among these locally based community services. Our duties often overlap during emergencies, and we share important local communication and knowledge of our area. This facilitates efficiency and ensures operations safety for all responders to an extent not achievable by any dispatch service from out of the area. Our prior and current experiences with these entities therefore make the South Lake Tahoe Joint Dispatch Center uniquely qualified for the services described in this RFP.

Barton Memorial Hospital

Calstar/Reach

Careflight

El Dorado County Sheriff's Office of South Lake Tahoe

California Highway Patrol in South Lake Tahoe

Alpine County Sheriff's Office

US Forest Service

US Coast Guard

US State Parks

Kirkwood Fire Department

East Fork Fire Department in Douglas County, Nevada

Douglas County Nevada Sheriff's Office, Nevada

Tahoe Douglas Fire Department, Nevada

Carson City Sheriff's Department, Nevada

CALFIRE Camino

CALFIRE Grass Valley Region IV

Nevada County Fire
North Tahoe Fire Department
North Lake Tahoe Fire Department
Squaw Valley Fire Department
Northstar Fire Department
Truckee Fire Department
Meeks Bay Fire Department
City of South Lake Tahoe Public Works Department
Heavenly Valley Ski Resort
Sierra-At-Tahoe Ski Resort
Kirkwood Ski Resort

Proposer's Checklist Item D:

Operations Plan on how to implement Dispatch Services

Scope of Services Section 1/ General Dispatch Provisions

A. Staffing

The South Lake Tahoe Joint Dispatch Center shall 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 the RFP Exhibit A, Scope of Services.

Staffing levels will ensure that emergency lines are always answered within fifteen seconds (by the second ring) in not less than 95% of cases. Currently, as calculated from January through November 2018, our dispatch performance has achieved this threshold on average of 100% of all calls taken. These records, which are calculated and tracked by Emergency Call Tracking System (ECaTs), are maintained and kept on file in the South Lake Tahoe Joint Dispatch Center for reference and review as needed..

Dispatch will provide medically appropriate priority dispatch and pre-arrival instructions using Medical Priority Dispatch Systems protocols approved by Cal Tahoe and the County EMS Agency Medical Director.

B. Computer Aided Dispatch System

The South Lake Tahoe Joint Dispatch shall provide a computer aided dispatch (CAD) system to be utilized to record dispatch information for all ambulance requests.

The CAD time recording system shall include the date, hour, minutes and seconds on all calls for service and status changes of apparatus.

All radio and telephone communication including pre-arrival instructions and time track shall be digitally recorded through J.E.I Communications Recorders and retained for a minimum of 365 days. Cal Tahoe JPA shall have access to recorded information related to medical calls with appropriate notice.

Currently an interface is in place and utilized, which will continue to be required between the JPA's records management system (RMS) to electronically communicate in a fully compatible and seamless fashion with the South Lake Tahoe Joint Dispatch Center computer aided dispatch (CAD) and City RMS. The City is currently in the process of changing over systems to ImageTrend and it should be fully functional by March 2019. Cal Tahoe JPA currently has ImageTrend and the ability to receive CAD/RMS data from the South Lake Tahoe Joint Dispatch

Center . If there are costs associated with creating a patch between South Lake Tahoe Joint Dispatch Center CAD/RMS and ImageTrend, those costs will be absorbed by the South Lake Tahoe Dispatch Center.

C. PSAP

The South Lake Tahoe Joint Dispatch Center shall maintain the current designation as a Primary Public Safety Answering Point by the State of California. The records of our currently sanctioned status as a PSAP, as designated by the State of California, are maintained at the South Lake Tahoe Police Department and are available for review as needed.

D. CAD with EMS Tracking

The South Lake Tahoe Joint Dispatch Center shall utilize and maintain a computer aided dispatch (CAD) system with specialized separate tracking of ambulance responses. The South Lake Tahoe Joint Dispatch Center shall notify Cal Tahoe JPA if the CAD system is inoperative for more than 24 hours.

E. Priority Dispatch / Pre-arrival instructions

The South Lake Tahoe Joint Dispatch Center shall use the system of priority dispatch and pre-arrival instructions together with applicable quality assurance approved and provided by the County EMS Agency Medical Director.

F. Priority Dispatch Protocols and Pre-arrival instructions (additional)

In addition to point “E” above, the South Lake Tahoe Joint Dispatch Center shall ensure that the County approved priority dispatch and pre-arrival software instructions are installed at all times during this contract and up to date with current software. This will ensure the use of the software program “Paramount” version 13.1.115, which is the most current version of ProQA for Windows and AQUA (Advanced Quality Assurance for electronic case review), which meets the standards of the Emergency Medical Dispatch National Standard Curriculum. This software shall be installed and in use at all times during the term of this contract.

The South Lake Tahoe Joint Dispatch Center anticipates the requirement of a software interface to be designed and installed, permitting seamless electronic communication between the Paramount system, which currently provides AQUA access, and an upgraded CAD system to be functioning circa summer of 2019. As this system is required solely for the purposes of the Cal Tahoe JPA rather than for any other dispatching function performed by the South Lake Tahoe Joint Dispatch Center, the expense of this interface development and installation shall not be borne by the City of South Lake Tahoe, but rather be passed on to the Cal Tahoe JPA.

The South Lake Tahoe Joint Dispatch Center shall adhere to the medical dispatch protocols as required, except where a deviation is clearly justified by special circumstances.

The South Lake Tahoe Joint Dispatch Center shall comply with pre-arrival questions and instructions as a routine part of an integrated quality improvement, and shall be reported on a monthly basis to Cal Tahoe JPA with response statistics.

G. Vehicle Location Criteria

The South Lake Tahoe Joint Dispatch Center shall provide a process that recommends vehicle locations per criteria included in Cal Tahoe JPA's System Status Management Plan (SSMP), contingent upon Cal Tahoe JPA providing and installing an Automatic Vehicle Location (AVL) system in all JPA vehicles. Cal Tahoe JPA must also provide and install an interface to the South Lake Tahoe Joint Dispatch Center CAD at their expense.

H. Syndromic Bio surveillance System

El Dorado County EMS formerly covered the expense of this program. The South Lake Tahoe Joint Dispatch Center shall use a Syndromic Bio surveillance System as required by this RFP through the use of the Paramount system and AQUA. If the JPA requires another system or software be used, it will be purchased and installed at the expense of the JPA via county EMS.

I. Compliance with the State of California

The South Lake Tahoe Joint Dispatch Center complies with the State of California Health and Human Services Agency, Emergency Medical Services Authority, Emergency Medical Services Dispatch Program Guidelines identified as EMSA #132, as amended. The South Lake Tahoe Joint Dispatch Center is now, and is prepared to continue to be, the Emergency Medical Dispatch Provider Agency (EMD Provider Agency). Records documenting such compliance are maintained at the South Lake Tahoe Joint Dispatch Center facility and are available for review as needed.

J. Review and Update of Technical Standards

Every geographic area of the State has its own designated Public Safety Answering Point (PSAP). The South Lake Tahoe Joint Dispatch Center is now, and will continue to be, the Primary Public Safety Answering Point (PSAP) for the south Tahoe basin area. Altering the current PSAP operations would hinder, rather than improve, emergency response to the community served by the Cal Tahoe JPA. Any protocol modifications which would cause the transfer of calls out of the South Lake Tahoe Joint Dispatch Center PSAP would create unnecessary delays in emergency response.

The South Lake Tahoe Joint Dispatch Center complies with the State of California 9-1-1 Operations Manual, published by the Department of General Services, Telecommunications Division. The South Lake Tahoe Joint Dispatch Center receives funding from the State of California on an annual basis for periodic upgrades to the 9-1-1 system based upon our designated PSAP status.

K. Not Applicable for RFP documentation.

Scope of Services Section 2/ Dispatch Data and Reporting Requirements

The South Lake Tahoe Joint Dispatch Center shall provide detailed operations, clinical and administrative data as outlined below.

A. Dispatch Computer

1. Electronic data entry will be made concerning every response on a real-time basis.
2. Prioritization of deployment planning, displaying calls received for runs pending, runs in progress, transfers scheduled up to 24 hours in advance, and status of ambulance resources available for service.
3. Immediate recall on any current, previous, or pre-scheduled run for inquiry by date, incident number, and location rather than patient name. The South Lake Tahoe Joint Dispatch Center does not obtain patient names at any time.
4. The South Lake Tahoe Joint Dispatch Center is able to meet the intent of the JPA's request for simultaneous and continuous printed logs of deployment. This would first be contingent upon any request from JPA clarifying the date and time span sought. As no such request has been made by the JPA currently, specifics will be addressed on a case by case basis.
5. Security features shall exist to prevent unauthorized access and/or retrospective adjustment of data, and to ensure a full audit trail of documentation is available.

B. Dispatch Data and Reporting

The South Lake Tahoe Joint Dispatch Center's electronic data system is capable of, and agrees to produce, the following reports to be utilized in measuring response time compliance for each of the 6 priority call types for all Cal Tahoe JPA ambulances:

1. Emergency life threatening and non-life threatening response times by jurisdiction and by user definition per the Medical Priority Dispatch System.
2. Scheduled and unscheduled non-emergency response times by jurisdiction and by user definition per the Medical Priority Dispatch System. Automatic Vehicle Locator software will be used in order to prepare appropriate unit response recommendations.
3. Out-of-chute response times by crew members.
4. Arrival-at-scene times.
5. Hospital turnaround times by crew members.
6. Priority 1-6 responses by hour and day.
7. Dispatch call processing response time reports.
8. Canceled run report.
 - a. This provision is contingent upon Cal Tahoe JPA staff and medics, advising dispatch of this particular status in the event an outside agency cancels their response while en-route to a call.

9. Dry run report.

- a. This provision is contingent upon Cal Tahoe JPA staff, medics, specifically advising dispatch upon clearing a scene that it was a dry run.

10. Demand analysis report showing calls by day of week, hour of day.

11. Problem hour assessment. This will be the same report as #10.

12. Call priority by hour and day.

13. Ambulance alert exception report.

- a. Historically fire agencies have generated this report, rather than the South Lake Tahoe Joint Dispatch Center. This provision is contingent upon Cal Tahoe JPA staff providing to dispatch the data to be entered. South Lake Tahoe Joint Dispatch Center will then enter the data at the time of the call for later report generation.

C. Quality Assurance and Medical Control

The South Lake Tahoe Joint Dispatch Center's electronic data system is currently capable of capturing and reporting common data elements that are standard for the EMS industry, and include data elements established by the National Association of EMS Directors. In addition, the data system is capable of reporting adherence to medical dispatch protocols, adherence to primary and secondary medical priority dispatch questioning, and provision of pre-arrival instruction.

Scope of Services Section 3/ Dispatch Personnel Requirements

The South Lake Tahoe Joint Dispatch Center already, and will continue to, provide Emergency Medical Dispatch (EMD) dispatchers with the authority, expertise, and management skills to operate Cal Tahoe's System Status Management Plan including the following:

- A. Trained according to the County of El Dorado EMS Agency's adopted program of national standards, the National Highway Traffic Safety Administration (NHTSA), Emergency Medical Dispatch National Standard Curriculum.
- B. Utilize Paramount ProQA software for management of EMS resources through the proper interrogation and situation assessment by the dispatcher and provide patient care through the delivery of post-dispatch/pre-arrival instructions to assist the patient until prehospital care providers arrive at the scene.
- C. Utilize AQUA for performance evaluation of EMD.
- D. Maintain and keep current EMD staff certifications.
- E. Provide staff orientation to the emergency medical services system.
- F. Maintain continuing education requirements.
- G. Facilitate JPA resource management.
- H. Facilitate JPA operational plan management.
- I. Manage Priority 1-6 requests for service.
- J. Manage Priority 1-6 requests for service to include critical care transport requests.

Scope of Services Section 4/ Record of Dispatch Call

Upon request of the Cal Tahoe JPA, the South Lake Tahoe Joint Dispatch Center can provide digitally recorded copies of calls for quality assurance purposes. Recordings shall be delivered to the Cal Tahoe JPA within five business days from receipt of written, including email requests.

Proposer's Checklist Item E:

Financing Plan for funding of necessary services

This bid amount is contingent upon the following:

The cost calculations referenced in this section have been based upon the current City of South Lake Tahoe fiscal year budget (2018/2019) for the South Lake Tahoe Joint Dispatch Center. Additionally, the statistics related to calls for service, and service types, which support the calculations, have been gleaned from data covering the time period of January 1st, 2017 through December 31st, 2017.

The methodology used to calculate the figures here includes a review of the financial impacts which Police, Fire and EMS each individually bring against all current annual revenues, and total employee compensation costs associated with the South Lake Tahoe Joint Dispatch Center. The current Fiscal Year budget for South Lake Tahoe Joint Dispatch Center is \$1,102,183.00.

The South Lake Tahoe Joint Dispatch Center functions equally to provide dispatch services to two particular emergency services in our community; Police, and Fire/EMS. Therefore; fifty percent (50%) of the budget total, representing the financial impact of Police dispatch services on the South Lake Tahoe Joint Dispatch Center, was removed as this cost has no relationship to the services provided to Cal Tahoe JPA. A balance of \$551,091.50 remains as the cost for Fire/EMS dispatch services. To make things proportionate and equitable, this balance was further divided to separate Fire service calls from EMS service calls.*

Data analysis reveals that, during the calendar year of 2017, there were a total of 4,346 Fire/EMS calls for service. Of this total, calls for Fire service amounted to 710 or (16.34%). EMS calls for service generated a total of 3,636 or (83.66%) as follows:

- 2756 Medical aid
- 691 Transfers
- 189 Helicopter transfers

Based on the data above, Cal Tahoe JPA generated 83.66% of the dispatch calls related to Fire/EMS service that were received by the South Lake Tahoe Joint Dispatch Center during calendar year 2017. This percentage translates into \$461,043. of the overall \$551,091 Fire/EMS portion of South Lake Tahoe Joint Dispatch Center annual budget. 3,636 EMS calls for service over calendar year 2017 amounts to a "per call" cost of \$126.80. The current \$150,000 being charged to the Cal Tahoe JPA for South Lake Tahoe Joint Dispatch Center services is far below the actual financial costs incurred..

The South Lake Tahoe Joint Dispatch Center recognizes the value in keeping our JPA services dispatched locally, as previously described. A locally based dispatch center serves a legitimate public safety need. While an increase to the amount charged to the Cal Tahoe JPA is necessary, the South Lake Tahoe Joint Dispatch Center remains willing to absorb a portion of the full cost of \$461,043.15 annually.

The current contract with the JPA covers approximately 27% of the actual EMS dispatch service operating costs for 2017/2018 FY. The South Lake Tahoe Joint Dispatch Center is willing to continue providing dispatch services at a reduced rate with built in yearly increases to help offset increased operating costs. For the first year of the contract, the South Lake Tahoe Joint Dispatch Center will offer EMS dispatching services described herein for the amount of \$250,000 which equates to approximately 45% of operating costs, with subsequent annual increases of 3% per year to account for increased operating costs for the term of this contract. The total yearly charge will not exceed 75% of overall operating costs for EMS dispatch services.

Additional charges may result in the event that the Cal Tahoe JPA requires services not outlined in this RFP. Any expenses created by the Cal Tahoe JPA based upon need or desire for FAA radio frequencies, radios, hardware or infrastructure not already owned and operated by the South Lake Tahoe Joint Dispatch Center, or training above what has already been described in the submitted Operations Plan (Checklist Item D) in compliance to current standards, will be borne by the Cal Tahoe JPA. In such circumstances, price negotiations would be required to address specifics.

In relation to the last paragraph of item B in the submitted Operations Plan (Checklist Item D), the South Lake Tahoe Joint Dispatch Center proposes to charge \$25 per call into the center to address Cal Tahoe JPA data requests related to times associated with calls for service. In the event that the required interface between the Cal Tahoe JPA's records management system (RMS) with the South Lake Tahoe Joint Dispatch Center computer aided dispatch (CAD) and City RMS (ImageTrend) is temporarily not functioning, due to reasons beyond the control of the JPA, this fee may be waived.

In relation to item F in the submitted Operations Plan (Checklist Item D), the South Lake Tahoe Joint Dispatch Center anticipates the requirement of a software interface to be designed and installed, permitting seamless electronic communication between the Paramount system, AQUA access, and our current CAD system to be functioning circa spring or summer of 2019. As this system is required solely for the purposes of the Cal Tahoe JPA rather than for any other dispatching function performed by the South Lake Tahoe Joint Dispatch Center, the expense of this interface development and installation shall be borne by the Cal Tahoe JPA. An initial, informal, cost estimate for this has been provided by the current South Lake Tahoe Joint Dispatch Center RMS/CAD vendor.

There is a time and cost saving consideration for the Cal Tahoe JPA regarding the continued use of the South Lake Tahoe Joint Dispatch Center. Our center is already fully equipped with an authorized FCC radio frequency to be used for all Cal Tahoe JPA services, including

CALSTAR. The full scope of radio transmission and reception infrastructure, including items such as antennas, repeaters and associated hardware equipment, already exist to facilitate JPA communication with dispatch. This system covers the entirety of the Cal Tahoe JPA response area. Therefore, what otherwise could amount to a very costly and time consuming initial start-up related to the creation and installation of such radio infrastructure and the acquisition of an FCC radio frequency(ies), will be no concern for Cal Tahoe JPA if the relationship with the South Lake Tahoe Joint Dispatch Center continues under the terms of this RFP response.

In the event of catastrophic system failures needing repair, necessary upgrades or other alterations to the system required for normal operations, legal compliance to law or to County EMS mandates, the South Lake Tahoe Joint Dispatch Center will pass the associated costs, in a proportionate manner, to all agencies who have contractual or municipal association for the use of this system. During the duration of this five to ten year agreement, these proportionate costs will be calculated by the same method used in this agreement to calculate the proportionate burden each agency places upon the overall annual budget of the South Lake Tahoe Joint Dispatch Center.

Bid: \$250,000 with subsequent annual increases of 3% per year to account for increased operating costs for the term of this contract. The total yearly charge will not exceed 75% of overall operating costs for EMS dispatch services + specific costs as detailed above and in RFP Checklist D

Proposer's Checklist Item F:

Professional References other than client list

Presented here is a list of professional references which are in addition to the former or current client list appearing on checklist item C. These references each have knowledge and first-hand experience working with the City of South Lake Tahoe Joint Dispatch Center, and may offer valuable insight into the professionalism of our service.

The South Lake Tahoe Live Violence Free Center

Lake Tahoe Vessel Assist

South Tahoe Public Utility District

Sierra Pacific Power Company

Southwest Gas Company

Liberty Energy

Charter Cable

Lukins Water District

El Dorado County District Attorney's Office

El Dorado County Mental Health

El Dorado County Child Protective Services

El Dorado County Animal Control

El Dorado County Probation

El Dorado County Department of Transportation

Caltrans

Environmental Management

California Tahoe Conservancy

Tahoe Regional Planning Agency (TRPA)

Department of Fish & Game

Tahoe Wildlife Care

California State Parole

Federal Bureau of Investigations (FBI)

Tahoe Keys Property Owner's Association

Welcome's Auto Body & Towing

California Colors Auto Body & Towing

High Sierra Patrol Private Security

South Shore Security

Marriott Security Services

PROFESSIONAL SERVICES AGREEMENT

Executive Director Subcontract

This Agreement is made and entered into as of the 1 day of June, 2016 by and between the **California Tahoe Emergency Services Operations Authority**, a Joint Powers authority ("JPA") and Ryan Wagoner ("Consultant").

RECITALS

A. Consultant is specially trained, experienced and competent to perform the special services which will be required by this Agreement.

B. Consultant possesses the skill, experience, ability, background, certification and knowledge to provide the services described in this Agreement on the terms and conditions described herein.

C. JPA desires to retain Consultant to render professional services as set forth in this Agreement.

AGREEMENT

- Scope of Services. Consultant shall perform the services described in **Exhibit A** which is attached hereto and incorporated herein by reference. Consultant shall provide said services at the time, place, and in the manner specified in **Exhibit A**, subject to the direction of JPA through its fire chiefs that it may provide from time to time. Consultant shall have no power or authority by this Agreement to bind JPA in any respect.

The Consultant agrees that it has satisfied itself by its own investigation and research regarding the conditions affecting the work to be done and labor and materials needed, and that its decision to execute this Contract is based on such independent investigation and research.

- Term/Time of Performance. The services by Consultant are to commence upon the execution of the Agreement and continue until all authorized work is approved by JPA. All such work shall be completed no later than August 30, 2019. Time is of the essence, and failure of the Consultant to perform the services described in **Exhibit A** within the time limits set forth above shall constitute a material breach of this Agreement.

- Compensation. Compensation to be paid to Consultant shall be in accordance with the Schedule set forth in **Exhibit B**, which is attached hereto and incorporated herein by reference. In no event shall Consultant's compensation, including travel and out-of-pocket expenses, exceed \$9,166 monthly without additional written authorization from JPA. Payment by JPA under this Agreement shall not be deemed a waiver of defects, even if such defects were known to JPA at the time of payment.

- Method of Payment. Consultant shall submit monthly billings to JPA describing the work to be performed during the month. JPA shall pay Consultant no later than 30 days after approval of the monthly invoice by JPA Board Chair.

- Extra Work. At any time during the term of this Agreement, JPA may request that Consultant perform extra work. As used herein, "Extra Work" means any work which is determined by JPA to be necessary for the proper completion of the Project, but which the parties did not reasonably anticipate would be necessary at the execution of this Agreement. Consultant shall not perform, nor be compensated for, extra work without written authorization from JPA.

- Termination. This Agreement may be terminated by either party immediately for cause or without cause upon thirty days' written notice of

termination. Upon termination, Consultant shall be entitled to compensation for services performed up to the effective date of termination, and JPA shall be entitled to all work performed to that date.

- Ownership of Documents. All plans, studies, documents and other writings, including working notes and internal documents, prepared by and for Consultant, its officers, employees and agents and subcontractors in the course of implementing this Agreement, shall become the property of JPA upon payment to Consultant for such work, and JPA shall have the sole right to use such materials in its discretion without further compensation to Consultant or to any other party. Consultant shall, at Consultant's expense, provide such reports, plans, studies, documents and other writings to JPA upon written request. All documents prepared by Consultant are confidential and shall be maintained to preserve their confidential nature. Release of any such documents to third parties shall only be made upon written consent of JPA.

- Consultant's Books and Records.

- a. Consultant shall maintain any and all ledgers, books of account, invoices, vouchers, canceled checks, and other records or documents evidencing or relating to charges for services, or expenditures and disbursements charged to JPA for a minimum period of three (3) years, or for any longer period required by law, from the date of final payment to Consultant for services provided pursuant to this Agreement.

- b. Consultant shall maintain all documents and records which demonstrate performance under this Agreement for a minimum period of three (3) years, or for any longer period required by law, from the date of termination or completion of this Agreement.

- c. Any records or documents required to be maintained pursuant to this Agreement shall be made available for inspection or audit, at any time during regular business hours, upon written request by the JPA Attorney, County or J Auditor or a designated representative of these officers. Copies of such documents shall be provided to JPA for inspection at JPA

offices when it is practical to do so. Otherwise, unless an alternative is mutually agreed upon, the records shall be available at Consultant's address indicated for receipt of notices in this Agreement.

d. Where JPA has reason to believe that such records or documents may be lost or discarded due to dissolution, disbandment or termination of Consultant's business, JPA may, by written request by any of the above-named officers, require that custody of the records be given to JPA and that the records and documents be maintained at JPA offices. Access to such records and documents shall be granted to any party authorized by Consultant, Consultant's representatives, or Consultant's successor-in-interest.

- Independent Contractor. It is understood that Consultant, in the performance of the work and services agreed to be performed, shall act as and be an independent contractor and shall not act as an agent of the of JPA. Consultant shall obtain no rights to retirement benefits or other benefits which accrue to JPA fire department employees, and Consultant hereby expressly waives any claim it may have to any such rights. All employees, agents, contractors or subcontractors hired or retained by Consultant are employees, agents, contractors or subcontractors of Consultant and not of the JPA.

JPA is not required to make any deductions or withholdings for the compensation payable to Consultant under the provisions of this Contract, and is not required to issue W-2 Forms for income and employment tax purposes for any of Consultant's assigned personnel. Any third party persons employed by Consultant shall be entirely and exclusively under the direction, supervision, and control of Consultant. Consultant hereby indemnifies and holds JPA harmless from any and all claims that may be made against JPA based upon any contention by any third party that an employer-employee relationship exists by reason of this Contract.

- Interest of Consultant. Consultant (including principals, associates and professional employees) covenants and represents that it does not now have any investment or interest in real property and shall not acquire any interest, direct or indirect, in the area covered by this Agreement or any other source of

income, interest in real property or investment which would be affected in any manner or degree by the performance of Consultant's services hereunder. Consultant further covenants and represents that in the performance of its duties hereunder no person having any such interest shall perform any services under this Agreement.

Consultant is not a designated employee within the meaning of the Political Reform Act because Consultant:

a. Will conduct research and arrive at conclusions with respect to his/her rendition of information, advice, recommendation or counsel independent of the control and direction of JPA or of any JPA official, other than normal agreement monitoring; and,

b. Possesses no authority with respect to any JPA decision beyond rendition of information, advice, recommendation or counsel. [FPPC Reg. 18700(a)(2)].

- Professional Ability of Consultant. JPA has relied upon the professional training and ability of Consultant to perform the services hereunder as a material inducement to enter into this Agreement. Consultant shall therefore provide properly skilled professional and technical personnel to perform all services under this Agreement. All work performed by Consultant under this Agreement shall be in accordance with applicable legal requirements and shall meet the standard of quality ordinarily to be expected of competent professionals in Consultant's field of expertise. The primary provider of the services called for by this Agreement shall be Ryan Wagoner, who shall not be replaced without the written consent of JPA.

- Compliance with Laws. Consultant shall use the generally accepted standard of care in its profession to comply with all applicable federal, state, regional and local laws, codes, ordinances and regulations. Consultant shall observe and comply with all applicable laws, ordinances, regulations and codes of federal, state and local governments, and shall commit no trespass on any public or private property in performing any of the work authorized by this

Agreement. The JPA, its officials, officers, elected officials, appointed officials and employees shall not be liable at law or in equity as a result of any failure of Consultant to comply with this section.

In the event it is determined that the Consultant is required to pay prevailing wages for the work performed under this Agreement, the Consultant shall pay all penalties and wages as required by law.

- Licenses. Consultant represents and warrants to JPA that it has all licenses, permits, qualifications, insurance and approvals of whatsoever nature which are legally required of Consultant to practice its profession. Consultant represents and warrants to JPA that Consultant shall, at its sole cost and expense, keep in effect or obtain at all times during the term of this Agreement, any licenses, permits, insurance and approvals which are legally required of Consultant to practice its profession. Consultant shall maintain a City of South Lake Tahoe and El Dorado County business license at all times services are performed under this Agreement. Consultant acknowledges that payments made pursuant to this Agreement may be withheld until this provision has been satisfied.

- Indemnity. Consultant hereby agrees to and shall defend, indemnify and hold harmless JPA, its elected and appointed boards, officers, agents, employees and volunteers from and against any liability for any and all claims, demands, actions, losses, damages and injuries, direct or indirect (including any and all costs and expenses in connection therein), arising out of the negligent performance of this Agreement or its breach of its obligations contained in this Agreement, except for any such claims arising out of the sole negligence or willful misconduct of the JPA, its boards, officers, agents, employees or volunteers.

JPA does not, and shall not, waive any rights against Consultant which it may have by reason of the aforesaid hold harmless agreement, because of the acceptance by JPA, or the deposit with JPA by Consultant, of any of the insurance policies hereinafter set forth.

This hold harmless agreement by Consultant shall apply to all damages and claims for damages, or alleged to have been suffered, by reason of any of the aforesaid operation of Consultant or any subcontractor, regardless of whether or not such insurance policies shall have been determined to be applicable to any of such damages or claims for damages.

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i.

• Notices. Any notice required to be given under this Agreement shall be in writing and either served personally or sent prepaid, first class mail. Any such notice shall be addressed to the other party at the address set forth below. Notice shall be deemed communicated within 48 hours from the time of mailing if mailed as provided in this section.

Provide a copy to: JPA Attorney

One Capital Mall, Suite 640,
Sacramento, CA 95814

If to Consultant: Ryan Wagoner

Attn:

Address

City, State Zip

- Assignment and Subcontracting. The parties recognize that a substantial inducement to JPA for entering into this Agreement is the professional reputation, experience and competence of Consultant. Assignments of any or all rights, duties or obligations of the Consultant under this Agreement will be permitted only with the express consent of JPA. Consultant shall not subcontract any portion of the work to be performed under this Agreement without the written authorization of JPA. If JPA consents to such subcontract, Consultant shall be fully responsible to JPA for all acts or omissions of the subcontractor. Nothing in the Agreement shall create any contractual relationship between JPA and subcontractor nor shall it create any obligation on the part of JPA to pay or to see to the payment of any monies due to any such subcontractor other than as otherwise required by law.

- Waiver. Waiver of a breach or default under this Agreement shall not constitute a continuing waiver of a subsequent breach of the same or any other provision under this Agreement.

- Dispute Resolution. Any dispute concerning this Agreement will be first submitted to the either Fire chief or his/her designee for resolution. If no resolution is reached, such dispute shall be submitted to the JPA Board of Directors. The decision of the JPA Board of Directors shall be final and shall be appealable only to the El Dorado Superior Court pursuant to California Code of Civil Procedure §1094.5, and as provided by law.

- Controlling Law Venue. This Agreement and all matters relating to it shall be governed by the laws of the State of California and any action brought relating to this Agreement shall be held exclusively in the Superior Courts in the County of El Dorado, South Lake Tahoe Division.

- Prohibited Interests. Consultant maintains and warrants that it has not employed nor retained any company or person, other than a bona fide employee working solely for Consultant, to solicit or secure this Agreement. Further, Consultant warrants that it has not paid nor has it agreed to pay any company or person, other than a bona fide employee working solely for Consultant, any fee, commission, percentage, brokerage fee, gift or other consideration contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, JPA shall have the right to rescind this Agreement without liability. For the term of this Agreement, no member, officer or employee of JPA, during the term of his or her service with JPA, shall have any direct interest in this Agreement, or obtain any present or anticipated material benefit arising therefrom.

- Equal Opportunity Employment. Consultant represents that it is an equal opportunity employer and it shall not discriminate against any subcontractor, employee or applicant for employment because of race, religion, color, national origin, disability, ancestry, sex or age. Such non-discrimination shall include, but not be limited to, all activities related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination.

- Drug-Free Workplace Certification. By signing this Agreement, Consultant hereby certifies under penalty of perjury under the laws of the State of California that the Consultant will comply with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350, et seq.) and will provide a drug-free work place by taking the following actions:

- Publish a statement notifying employees that unlawful manufacture, distribution dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355 (a).

- Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b) to inform employees about all of the following:

- The dangers of drug abuse in the workplace;
- The person's or organization's policy of maintaining a drug-free workplace;
- Any available counseling, rehabilitation and employee assistance program; and
- Penalties that may be imposed upon employees for drug abuse violations.

- Provide, as required by Government Code Section 8355(c), that every employee who performs grant activities under this Agreement:

- Will receive a copy of the company's drug-free policy statement; and
- Will agree to abide by the terms of the company's statement as a condition of employment on this Agreement.

Failure to comply with these requirements may result in suspension of payments under this Agreement or termination of the Agreement, or both, and Consultant may be ineligible for award of any future JPA agreements if JPA determines that any of the following has occurred: the Consultant (1) has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

- Anti-Lobbying Certification. Consultant shall submit to JPA the Anti-Lobbying Certification contained in **Exhibit C**. Further, Consultant shall require that the language of the certification in **Exhibit C** be included in all contracts or subcontracts entered into in connection with this Agreement and that all Consultants and contractors shall certify and disclose accordingly.

- Americans with Disabilities Act. By signing this Agreement, Consultant assures the JPA that it complies with the American with Disabilities Act (ADA) of 1990, (42 U.S.C. 12101, et.seq.), which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to ADA.

- Amendments. This Agreement may be modified or amended only by a written document executed by both Consultant and JPA and approved as to form by the JPA Attorney.

- Severability. If any term or portion of this Agreement is held to be invalid, illegal, or otherwise unenforceable by a court of competent jurisdiction, the remaining provisions of this Agreement shall continue in full force and effect.

- Entire Agreement. This Agreement constitutes the complete and exclusive statement of Agreement between JPA and Consultant. All prior written and oral communications, including correspondence, drafts, memoranda, and representations, are superseded in total by this Agreement.

- Execution. This Agreement may be executed in several counterparts, each of which shall constitute one and the same instrument and shall become binding upon the parties when at least one copy hereof shall have been signed by both parties hereto. In approving this Agreement, it shall not be necessary to produce or account for more than one such counterpart.

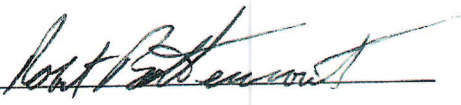
- Authority to Enter Agreement. Consultant has all requisite power and authority to conduct its business and to execute, deliver, and perform the

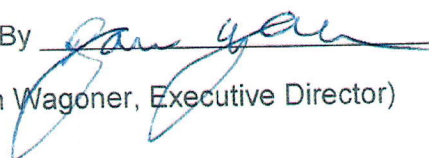
Agreement. Each party warrants that the individuals who have signed this Agreement have the legal power, right, and authority to make this Agreement and to bind each respective party.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the date first written above.

California Tahoe Emergency Services
Operations Authority

Ryan Wagoner

By 
Robert Bettencourt
Chair

By 
(Ryan Wagoner, Executive Director)

Business License # 2013-053371_

EXHIBIT A

SCOPE OF SERVICES

The executive director shall oversee operations of the CalTahoe JPA to ensure contractual compliance with El Dorado County in providing prehospital care and transportation within CSA-3 service area. The Executive Director is responsible for organizing, directing, coordinating, and evaluating the operations of the JPA and its employees under the direction of and in collaboration with the Board of Directors, and agency Fire Chiefs, consistent with all JPA policies. The Executive Director conducts on-going opportunity analysis to determine key performance management issues and to provide sound financial management. The Executive Director utilizes theory-based program design, implementation, and evaluation strategies and provides data to guide ongoing short and long term system development.

Oversee operations of Cal Tahoe JPA and its employees to ensure contractual compliance with El Dorado County in providing pre-hospital care and transportation within the CSA-3 service area. These responsibilities may include but are not limited to:

Provide reporting to the CalTahoe Board of Directors.

Be responsible for the member agencies contract compliance, agreements, and operations.

Be the contact person between the El Dorado County Emergency Medical Services Agency and CalTahoe and be available as required by the EMS contract.

Plans, organizes, implements, and evaluates all operations / activities relative to the provision of emergency medical treatment and transport within the jurisdiction of the JPA.

Prepares strategic plans and system reports to include recommendations relative to revisions, implementation, or discontinuation of specific system elements.

Participates in internal and external committees, task forces, advisory groups, and professional organizations.

Develops and maintains collaborative professional relationships with member agency Fire Chiefs and Board Members, JPA Board of Directors, and other members of the EMS community.

Develops and implements JPA policies and procedures.

Successfully manages projects to their timely conclusion within budgetary guidelines.

Establishes and monitors quality improvement indicators and measurements for JPA operations.

Demonstrates behaviors that model the JPA's mission and philosophy.

To utilize economy of scale where appropriate throughout this policy and the operation of the JPA's mission.

Ensure compliance with all written contracts and agreements and act as the primary point of contact for El Dorado County in matters pertaining to the CalTahoe JPA.

Oversight of and insure inspection and maintenance of EMS equipment in a timely manner.

Ensure procurement of EMS equipment and supplies is sufficient to maintain operational requirements.

Ensure ongoing training for personnel that may include Basic CPR, ACLS, PALS, and ITLS.

Additional training may be achieved through collaboration with the Barton Hospital Pre-Hospital EMS Coordinator and completed at base station meetings and annual skills days.

Work with operational commands of member agencies and Barton Hospital to ensure timely response and completion of inter-facility transfers (IFT) from Barton Hospital.

Additionally work with Barton Hospital to facilitate ongoing communications about IFT responses and develop plans to meet Barton and CalTahoe operational requirements.

Review and revise policies and procedures as deemed necessary. The policies and procedures shall be approved by the Board of Directors prior to implementation.

Participate in future contract negotiations and/or (As Directed by the Board) respond to requests for proposals for ambulance and paramedic services for El Dorado County as needed in cooperation with the member agency's Fire Chiefs.

Oversight of and insure regular maintenance of vehicles is completed and vehicle records are maintained for inspections.

Represent JPA through participation in internal and external committees, task forces, advisory groups, and professional organizations such as El Dorado County Medical Advisory Committee meeting.

Ensure participation of CalTahoe in El Dorado County CQI and Paramedic Advisory Committees.

Maintain collaborative professional relationships with JPA Board of Directors, participating Fire Chiefs and Board Members, and other members of the EMS community.

Record Keeping

Serve as the JPA Custodian of records that are to be maintained by the Executive Director at his/her office and provide copies one Lake Valley Fire Protection District Station #7.

Ensure recording of Board Meeting Minutes and publishing and providing the minutes within 10 days following the Board Meeting to the members of the Board and the Fire Chiefs. This may be done in cooperation with the JPA Secretary(s).

In addition, post JPA meeting agendas and approved JPA meeting minutes to CalTahoe website in a timely manner.

Ensure data collection and reporting to the County is completed in a timely manner.

Ensuring compliance with the Open Meetings Laws (Brown Act).

Completion and submission of annual contract extension report to El Dorado County.

Keeps CalTahoe current with the use of technology including web updates, electronic mail and maintaining electronic files.

Financial

Ensure monthly invoicing to the County for contract payments.

Provide a systematic plan for payment of invoices to CalTahoe from member agencies and vendors to include coding of invoices to meet budget line items, check preparation, and signature prior to dispersing the funds.

Provide Board Members and the Member Agency Fire Chief with a monthly report no later than the last day of each month; and Final Monthly Financial Reports once the monthly statements are posted so accounts may be reconciled.

In conjunction with the Fire Chief, develop financial budgets and monitor expenses of CalTahoe operations. This may also include engaging financial and capital planning consistent with JPA Board Direction.

Assist as needed during annual independent third party financial audits paid for by El Dorado County.

Ensure completion and submission of the annual Financial Transaction Report to the State Controller's Office.

EXHIBIT B

SCHEDULE OF CHARGES AND TIMELINE

Compensation

Consultant will invoice the California Tahoe Emergency Services Operations Authority \$9,166.67 monthly.

~~XXXXXXXXXX~~

**TRANSPORTING AND NON-TRANSPORTING
ADVANCED LIFE SUPPORT SERVICES
AGREEMENT
BETWEEN CAL TAHOE AND MEMBER AGENCY**

THIS AGREEMENT made and entered into by and between the California Tahoe Emergency Services Operations Authority (hereinafter referred to as "CAL TAHOE"), and LAKE VALLEY FIRE PROTECTION DISTRICT, (hereinafter referred to as "Member Agency"), whose principal place of business is SOUTH LAKE TAHOE CALIFORNIA.

RECITALS

WHEREAS, CAL TAHOE is responsible for providing Advanced Life Support (ALS) prehospital medical care within its jurisdiction, in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency desires to provide Advanced Life Support prehospital medical care services in El Dorado County; and

WHEREAS, Member Agency may also desire to provide Advanced Life Support emergency medical services, be it for an emergency, at a special event, or routine medical transportation; and

WHEREAS, this Agreement is developed in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, Section 100164; the County Emergency Medical Service and Medical Transportation Ordinance; the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, El Dorado County Trauma Plan, and applicable agency, State or local statutes, ordinances or regulations; and

WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the COUNTY; and that the Medical Director has the exclusive authority for establishing the required equipment, medication inventories, and medical protocols; and

WHEREAS, the El Dorado County EMS Agency Medical Director shall have retrospective, concurrent, and prospective medical control including access to all information pertinent to data collection, evaluation and analysis,

CAL TAHOE and Member Agency mutually agree as follows:

SECTION I – DEFINITIONS

The following terms and definitions apply to this Agreement:

1. **Advanced Life Support (ALS)** means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
2. **ALS Service Agency** A public agency, private corporation, or other business entity which has 1) met all criteria for approval and has been approved by the EMS Agency in accordance with Title 22 California Code of Regulations (CCR) Division 9, Chapter 4, Section 100167 to provide ALS services to a designated geographic area with a designated number of DMT-P units and 2) employees certified EMT-1, certified EMT-2 or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer (Reference Title 22 CCR Section 100401). This definition shall include all authorized air ambulances servicing the County of El Dorado.
3. **Ambulance** means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.

4. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
5. Base Hospital An acute care hospital responsible for providing on-line (active communication via radio, telephone or other electronic telephonic communication device) and off-line (discussion at Continuous Quality Improvement or peer review meetings) medical direction/control to COUNTY accredited EMT-Ps, pursuant to a written agreement with the COUNTY in accordance with Title 22 CCR Division 9, Chapter 4, Section 100168.
6. County means County of El Dorado, the political subdivision of the State of California. The Health Services Department through its local County EMS Agency is responsible for the direct oversight of prehospital emergency and non-emergency medical care in El Dorado County.
7. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County EMS Agency Medical Director.
8. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician.
9. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
10. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the El Dorado County Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and medical transportation service requirements. It empowers the El Dorado County Emergency Medical Services Agency through the County Health Services Department to issue permits to litter van and wheelchair van transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.

11. Emergency Medical Services (EMS) means the medical services provided in an emergency.
12. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
13. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
14. Emergency Medical Technician or EMT means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.80) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.
15. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado must additionally be accredited according to standards established by the County EMS Agency Medical Director.
16. Medical Director means the medical director of the County EMS Agency.
17. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the medical director of the local County EMS agency as qualified to provide prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local County EMS Agency.
18. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
19. Prehospital Care Report (PCR) means the form approved by the County EMS Agency for the purpose of documenting all patient care provided in El Dorado County and shall also include all required billing information.
20. Primary Response Area means a geographical area designated by the County as an emergency medical services zone.
21. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.)

22. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
23. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
24. Utilization Ratio means a measure of productivity. The unit hour utilization ratio is calculated by dividing the number of transports during a given period by the number of unit hours produced during the same period.
25. Unit Hour means a fully staffed, equipped, and available ambulance available for or involved in emergency medical response for one hour. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION II - SCOPE OF SERVICES

Member Agency agrees to provide full service Prehospital Advanced Life Support Services as described in this Agreement, and the terms and conditions of the El Dorado County Emergency Medical Service and Medical Transportation Ordinance. In the performance of its obligation hereunder, it is agreed that the Member Agency is subject to the medical control of the El Dorado County EMS Agency Medical Director, and to the control or direction of CAL TAHOE.

1. Member Agency shall provide prehospital Advanced Life Support service response on a continuous twenty-four (24) hour per day basis, unless otherwise specified by the County EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.
2. Member Agency shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles,

equipment, services, and supplies which are the subject of this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

3. This Agreement is for prehospital Advanced Life Support services provided in the primary response area of El Dorado County known as County Service Area No. 3 South Shore Area, and a part of Alpine County, except for the "Tahoe West Shore" in El Dorado County. Member Agency shall be responsible for providing prehospital Advanced Life Support services for all emergency requests for ALS service received from any person or any agency in the coverage area and dispatched through the designated dispatch center.
4. Member Agency shall ensure that personnel shall be familiar with local geography throughout the primary response area.

Article I - Standards of Service for Prehospital ALS

1. Member Agency shall respond to requests for emergency medical services from the designated dispatch center.
2. Member Agency shall not cause or allow its ALS units to respond to a location without receiving a specific request from the designated Dispatch Center for such service at that location.
3. Member Agency shall immediately respond to requests for emergency medical service to the address or place given and shall complete that run, unless diverted by the designated Dispatch Center.

Member Agency shall promptly respond an ALS unit to the emergency call and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.

4. In the case of scheduled ambulance service, Member Agency shall schedule a time to respond that is acceptable for non-emergency calls, and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
5. In the case of ambulance service, ambulances shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, upon arrival at hospital, and upon departure from hospital. Ambulances shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

In the case of ALS first responder, the first responder shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, and shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

6. In the case of ambulance service, ambulances shall notify the base hospital and give a report on patient status, treatment given, and estimated time of arrival. Member Agency shall ensure that prehospital personnel shall communicate current and ongoing patient assessments to the Base Hospital, and collaborate with Base Hospital in the provision of care, and follow physician or MICN direction as instructed.
7. In the event that Member Agency is unable to respond to a request for emergency medical service, the Member Agency shall immediately notify the designated Dispatch Center. When all vehicles in service are committed, mutual aid request provisions shall be followed.
8. Member Agency shall not advertise itself or the responding unit as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7.
9. In the case of emergency ambulance responses, Member Agency shall meet the maximum response times as established in the Prehospital Advanced Life Support and Dispatch Services Contract between El Dorado County and CAL TAHOE.
10. Member Agency shall implement said ALS emergency medical services as a part of CAL TAHOE's response system within the Primary Response Area, and adhere to a System Status Management Plan developed by CAL TAHOE at all times during the term of this Agreement.

Article II - System Designations

1. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798.000 through and including Section 1798.104. The designated Base Hospital for CSA No. 3 (CSA #3) South Shore Area is Barton Memorial Hospital.
2. The designated Dispatch Center for CSA No. 3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for prehospital Advanced Life Support services from the designated Dispatch Center.

Article III – Personnel Requirements

1. Member Agency shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Member Agency shall ensure that EMT personnel are certified in El Dorado County. Personnel whose certification/accreditation has lapsed shall not be allowed to provide prehospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Member Agency shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee,

Member Agency shall provide a copy of such records of certification and/or accreditation to CAL TAHOE.

2. Member Agency shall ensure that all personnel will be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.
3. In the case of ambulance service, Member Agency shall maintain a minimum staffing level of not less than one (1) EMT and one (1) Paramedic.
4. In the case of Critical Care Transport (CCT) Ambulance, each CCT ambulance shall be staffed with a minimum of one EMT and one registered nurse qualified at the appropriate level or a physician to provide critical care during transport, as agreed upon by the sending hospital. Each ambulance shall be equipped with appropriate medical equipment and supplies.

In the case of First Responder ALS, Member Agency shall maintain a minimum staffing level of not less than one (1) CAL TAHOE Paramedic.
5. Member Agency shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.
6. In the case of ambulance service, Member Agency shall ensure that a crew or individual is not being constantly overworked. Overwork is defined as: working an individual in excess of any consecutive hours which may impair patient care, and not allowing an individual at least twelve (12) hours off, immediately following three (3) 24-hour periods worked. Any exceptions due to extenuating circumstances will be reported in writing within 72 hours to CAL TAHOE who may be required to revise its System Status Management Plan, deployment plan, crew hours or additional hours.
7. In the case of ambulance service, the maximum unit hour utilization (UHU) for 24-hour ambulance transport unit crews shall not exceed 0.40 continuously without County approval. County shall review CAL TAHOE's System Status Management Plan any time the ratio of transports to unit-hour production exceeds 0.40 UHU.
8. Member Agency shall maintain good working relationships with fire agencies; law enforcement; base hospitals; County EMS Agency; and City and County staff. The conduct of personnel must be professional and courteous at all times.
9. Member Agency shall provide safe and sanitary living quarters for on-duty personnel.

Article IV - Equal Opportunity Employer

Member Agency shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEO). It shall be the stated policy of Member Agency that all employees and applicants shall receive equal consideration and

treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions will be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity will be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article V – Training Requirements

1. Member Agency shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Member Agency shall provide to the County EMS Agency specific records upon request.
2. Member Agency shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by provider.
3. Member Agency shall provide qualified paramedic personnel to be Field Training Officers (FTO's) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTO's shall provide orientation to El Dorado County EMS Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Station and receiving hospitals. FTO's shall provide training in any optional scope of practice procedure currently in effect in El Dorado County. CAL TAHOE shall ensure that FTO's shall be allowed to attend meetings and/or training pertinent to the El Dorado County EMS system. The County EMS Agency Medical Director shall approve all El Dorado County FTO's.

Article VI – Community Education

Member Agency shall participate in providing community education on 9-1-1 system access, CPR and first aid, and shall utilize community organizations to support and enhance local community efforts in providing public education.

Article VII – Quality Improvement/Quality Assurance

1. Member Agency shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the prehospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by CAL TAHOE.
2. Member Agency shall participate in assigned CAL TAHOE quality improvement/quality assurance activities, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement

Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees.

3. Member Agency shall cooperate fully in supplying all requested documentation to CAL TAHOE, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the COUNTY.
4. Member Agency shall allow inspections, site visits or ride-alongs at any time by CAL TAHOE and County EMS Agency staff, with or without notice, for purposes of CAL TAHOE contract compliance and medical quality assurance.

Article VIII – Mutual Aid Requests

1. Mutual aid response shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, Member Agency shall be exempt from the maximum response time standards. Member Agency shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Area.
2. Mutual aid response may require Member Agency to respond ALS vehicles into a response area other than that assigned in this Agreement. Whenever Member Agency personnel receive a request for service in another area, Member Agency personnel shall immediately respond an ALS vehicle as directed. If, due to prior or concurrent commitments of on-line units, the Member Agency personnel are unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, the Member Agency shall initiate such call-up.

Article IX – Disaster/Multicasualty Incident Requirements

1. Member Agency shall cooperate with CAL TAHOE in establishing disaster and multicasualty incident plans, policies and procedures; and assist in planning and participate in interagency disaster/multicasualty incident training exercises annually.
2. During declared disasters or large-scale multicasualty incidents, Member Agency shall be exempt from all responsibilities for response-time performance until notified by CAL TAHOE. When the Member Agency is notified that disaster assistance is no longer required, the Member Agency shall return all its resources to the primary area of responsibility, and shall resume all operations in a timely manner.
3. During the course of a disaster or large-scale multicasualty incident, Member Agency shall use best efforts to provide Priority 1, Priority 2, and Priority 3 service coverage to the assigned Primary Response Area while suspending Priority 4, 5, and 6 service upon notification of such by CAL TAHOE.

Article X – Drugs and Medical Supplies

Member Agency shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual.

Article XI - ALS Medical Equipment

1. Standards for medical equipment shall be in compliance with the County EMS Agency Policy and Procedure Manual promulgated by the County EMS Agency as required for the level of service being provided. The County EMS Agency provides electronic access to the Policy and Procedure Manual and Manual updates on an ongoing basis. Member Agency shall be charged with knowledge of that Policy. The policy shall be updated from time to time as determined necessary by the County EMS Agency.
2. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

Article XII – Communications Equipment

Member Agency shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Station facilities and all EMS users. Communication capabilities and use of frequencies will be monitored by CAL TAHOE and the County EMS Agency. (No private medical transportation/ambulance system telephone access number shall exist for emergency dispatch.)

SECTION III - DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

Member Agency shall be responsible to ensure that all information is provided to CALTAHOE in a timely manner as indicated throughout this Agreement.

Article I – Patient Care Report

1. Member Agency personnel shall utilize the El Dorado County "Prehospital Care Report" (PCR) for all emergency and non-emergency responses including non-transports.
2. The Prehospital Care Report and billing paperwork shall be submitted to COUNTY according to the time frames established in writing by Ambulance Billing as required by El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
3. In the case of ALS first responder where the first responder maintains patient care and rides in the ambulance, one of the following documentation options shall be utilized: a) a PCR may be filled out by the first responder paramedic and be utilized as the only PCR for that patient; or, b) the first responder paramedic completes a first responder PCR, and the ambulance paramedic completes a separate PCR.
4. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
5. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene; the first responder shall complete this report within 24 hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete PCR is passed on to the transporting unit, it shall not be considered an official document.
6. Member Agency personnel shall perform due diligence to obtain and transmit all required billing and patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, Member Agency shall remain responsible to obtain the required information and submit it to COUNTY. Member Agency personnel shall adhere to the requirements of the El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
7. Ambulance Billing shall notify the Member Agency management of failure to adequately complete a PCR. Repeated failures to adequately complete the PCR shall be reported to the JPA, and the JPA shall take the necessary action to correct the omission/error situation. Ambulance Billing personnel shall provide reports no less than monthly to the JPA to help identify personnel in need of additional training.
8. Upon receipt of notification from Ambulance Billing of missing or incomplete items of billing or patient care information, the JPA shall have five calendar days in which to furnish the required information to Ambulance Billing. This reporting timeline may be

adjusted by the County EMS Agency Administrator according to the sensitivity and urgency of required information.

Article II - Incident Report

Member Agency shall furnish its personnel with EMS Event Analysis forms, and shall ensure that its personnel understand and utilize such forms. Member Agency shall notify CAL TAHOE within 24 hours if a sentinel event occurs, i.e., injury to patient, crew or public, or violent or high profile incident. Member Agency may also provide notification and EMS Event Analysis forms to the El Dorado County EMS Agency.

1. Mutual Aid Received or Provided

Member Agency shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Area by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Area on an EMS Event Analysis Form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

2. Unusual Activities

Member Agency shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or the Member Agency feel should be documented but are not appropriate to include on the PCR should be included on the EMS Event Analysis form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, or communication failures. Any other unusual activities that have the potential of affecting patient care shall be documented as well.

3. Vehicle Failure and Accident Reporting

Member Agency shall document vehicle failure above and beyond usual scheduled maintenance and repairs and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article III - Ambulance Response Time Report

1. Member Agency shall submit a monthly report to CAL TAHOE on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Mode (Priority 1, 2 & 3), and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital. Emergency medical response time data shall be provided as a computerized report in a tab-delineated format.

2. For each response within the previous calendar month that exceeds the Response Time Standard for the area of dispatch location (Urban, Semi-Rural/Rural, or Wilderness) Member Agency shall submit a Response Time Exception Report to CAL TAHOE. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to CAL TAHOE for the previous calendar month of service on a monthly basis.

SECTION IV – CONTRACT REQUIREMENTS

Article I - Operational Policies

Member Agency shall be responsible to comply with all operational policies and standards currently articulated in this Agreement; CAL TAHOE's Policy and Procedure Manual; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; policies and procedures promulgated by the California Emergency Medical Services Authority, and by the El Dorado County Emergency Medical Services Agency.

Article II – Billing for Services

Parties receiving emergency medical transport services from Member Agency shall be billed by County Ambulance Billing for said services.

Ambulance personnel shall not request nor receive payment for any services provided pursuant to this Agreement, nor shall they quote charges to the patient or any other concerned individuals, or extend promises for special treatment regarding billable charges. CAL TAHOE shall provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

Article III – Term

This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions in Article V of this section. This Agreement will be reviewed by May 31 of each year for continuation of service.

Article IV - Compensation for Services

(TO BE DETERMINED BY CAL TAHOE)

Article V – Changes to Agreement

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.

CAL TAHOE may deny, suspend or revoke this Agreement for failure of the Member Agency to comply with this Agreement, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance; or applicable policies, procedures and regulations promulgated by the State of California or by the El Dorado County EMS Agency.

Article VI – Assignment and Delegation

CAL TAHOE engages Member Agency for Member Agency's unique qualifications and skills as well as those of Member Agency's personnel. Member Agency shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of CAL TAHOE.

Article VII - Independent Provider Liability

Member Agency is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Member Agency exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Member Agency shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. CAL TAHOE shall not be charged with responsibility of preventing risk to the Member Agency or its employees.

Article VIII - Nondiscrimination in Services, Benefits, and Facilities

- A. Member Agency certifies under the laws of the State of California that Member Agency shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR,

Section 7285.0 et seq.); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.

- B. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

Article IX – Notice to Parties

All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Member Agency shall be addressed as follows, or to such other location as either party directs:

CAL TAHOE

PO BOX 8917
SOUTH LAKE TAHOE CA 96158
Attn: BRYAN POND

Member Agency

LAKE VALLEY FPD
2211 KEETAK STREET
SOUTH LAKE TAHOE CA 96150
Attn: CHIEF HARRIS

Article X - Indemnity

To the fullest extent of the law, Member Agency shall defend, indemnify, and hold CAL TAHOE and the County of El Dorado harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, CAL TAHOE employees, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Member Agency's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of CAL TAHOE, the County of El Dorado, the Member Agency, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of CAL TAHOE, its officers and employees, the County of El Dorado, its officers and employees, or as expressly provided by statute. This duty of Member Agency to indemnify and save CAL TAHOE and El Dorado County harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XI - Insurance

The Member Agency shall provide to CAL TAHOE proof of a policy of insurance that is also satisfactory to the El Dorado County Risk Management Division and documentation evidencing that the Member Agency maintains insurance that meets the following requirements set forth hereinafter.

1. Full Worker's Compensation and Employers' Liability Insurance covering all employees of the Member Agency as required by law in the State of California.
2. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
3. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Member Agency's business.
4. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
5. Member Agency shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
6. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
7. Member Agency agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Member Agency agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and Member Agency agrees that no work or services shall be performed prior to the giving of such approval. In the event Member Agency fails to keep in effect at all times insurance coverage as herein provided, CAL TAHOE may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
8. The certificate of insurance must include the following provisions stating that:
 - A. The insurer shall not cancel the Insured's coverage without thirty (30) days prior written notice to CAL TAHOE; and;
 - B. CAL TAHOE and El Dorado County, their officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to

all liability policies except worker's compensation and professional liability insurance policies.

9. Member Agency's insurance coverage shall be primary insurance as respects CAL TAHOE, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by CAL TAHOE or the County of El Dorado, its officers, officials, employees or volunteers shall be in excess of the Member Agency's insurance and shall not contribute with it.
10. Any deductibles or self-insured retentions must be declared to and approved by CAL TAHOE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CAL TAHOE, its officers, officials, employees, and volunteers; or Member Agency shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
11. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to CAL TAHOE, its officers, officials, employees or volunteers.
12. The insurance companies shall have no recourse against CAL TAHOE, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
13. The Member Agency's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
14. In the event the Member Agency cannot provide an occurrence policy, Member Agency shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
15. Certificate of insurance shall meet such additional standards as may be determined by CAL TAHOE either independently or in consultation with the County Risk Management Division, as essential for protection of CAL TAHOE.

Article XII - Interest of Public Official

No official or employee of Member Agency who exercises any functions or responsibilities in review or approval of services to be provided by Member Agency under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of CAL TAHOE have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XIII - Interest of Provider

Member Agency covenants that Member Agency presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other agreement or contract connected with or directly affected by the services to be

performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Member Agency further covenants that in the performance of this Agreement no person having any such interest shall be employed by Member Agency.

Article XIV - Venue

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Member Agency waives any removal rights it might have under Code of Civil Procedure Section 394.

Article XV - California Residency (Form 590)

All independent contractors providing services to CAL TAHOE must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. Member Agency shall be required to submit a Form 590 prior to execution of a Contract or CAL TAHOE shall withhold seven (7) percent of each payment made to Member Agency during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XVI – Taxpayer Identification / Form W9

Member Agency's federal Taxpayer Identification Number is: 94-6000-511. Member Agency shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XVII - Administrator

The CAL TAHOE Officer or employee responsible for administering this Agreement is the JPA Executive Director, or successor.

Article XVIII - Authorized Signatures

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

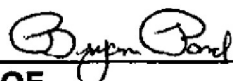
Article XIX - Partial Invalidity

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.


Article XX - Entire Agreement

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.



CAL TAHOE Date 1-18-12



Service Member Agency Date 12/21/11

Transporting and Non-Transporting
Advanced Life Support Services
Agreement
Between Cal Tahoe and Member Agency

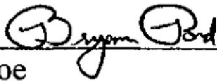
Article IV, Exhibit 1

Compensation for Services

Pursuant to the Member Agency agreement between Cal Tahoe and Lake Valley Fire Protection District annual compensation to the member agency will be stipulated within the Cal Tahoe annual fiscal budget. The budget will be evaluated and approved by the Cal Tahoe Board of Directors which is made up by members of the Member Agency

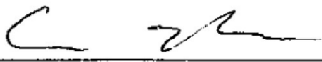
Operational cost by the Member Agency will be compiled and billed to Cal Tahoe on a monthly basis utilizing the billing codes supplied by Cal Tahoe.

Additional compensation paid to the Member Agency will be calculated as part of Cal Tahoe's annual budget process



Cal Tahoe

Date 1-18-12



Service Member Agency

Date 12/24/11

APPENDIX A Contents:

A2 – A3 Signatory Agreement for CTESOA Executive Director

**BOARD OF DIRECTORS OF THE
CALIFORNIA TAHOE EMERGENCY SERVICES AUTHORITY
EL DORADO COUNTY, CALIFORNIA**

**RESOLUTION NO. 4
RESOLUTION DELEGATING AUTHORITY
TO SUBMIT PROPOSAL AND ENTER INTO AN EMERGENCY SERVICES
CONTRACT WITH THE COUNTY OF EL DORADO**

WHEREAS, the purpose of the California Tahoe Emergency Services Authority ("EMS JPA"), as identified by Section 2 of the Second Amended Joint Powers Agreement to Establish, Operate, and Maintain an Emergency Medical Services Authority ("JPA Agreement"), is to provide ambulance and other emergency medical services within the Tahoe Basin and other portions of El Dorado County ("County"), in particular County Service Area No. 3; and

WHEREAS, the EMS JPA is currently providing ambulance and other emergency medical services in County Service Area No. 3 pursuant to a service contract with the County which will terminate on July 30, 19; and

WHEREAS, California Government Code section 6508 authorizes the EMS JPA to make and enter into contracts; and

WHEREAS, Section 3(d) of the JPA Agreement authorizes the EMS JPA to enter into and perform all necessary contracts pursuant to Article 53 (commencing with Section 20810) of Part 3 of Division 2 of the Public Contract Code; and

WHEREAS, on November 16, 2018, the County issued a Request for Proposals ("County RFP") for emergency, non-emergency, inter-facility, and critical care transport ambulance services for County Service Area No. 3; and

WHEREAS, the Board established a temporary advisory committee composed solely of two members of the Board to advise the Board regarding the EMS JPA's response to the RFP; and

WHEREAS, California Government Code section 20811 authorizes the EMS JPA to contract with any other public agency for emergency medical services, ambulance services, and any other emergency services for the protection of lives and property; and

WHEREAS, Section 7.1 of the California Tahoe Emergency Services Operations Authority Bylaws ("Bylaws") authorizes the Board of Directors ("Board") of the EMS JPA to delegate its contracting authority to any officer or officers, agent or agents of the EMS JPA and to execute and deliver any instrument in the name of and on behalf of the EMS JPA; and

WHEREAS, the Board wishes to authorize the Executive Director of the EMS JPA to submit a proposal in response to the County RFP on behalf of and in the name of the EMS JPA and to negotiate and enter into a contract with the County, if selected.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE CALIFORNIA TAHOE EMERGENCY SERVICES AUTHORITY that:

1. The foregoing recitals are true and correct.
2. The Board delegates to the Executive Director of the EMS JPA, or designee, the authority to submit a proposal on behalf of the EMS JPA in response to the pending El Dorado County RFP, for emergency, non-emergency, inter-facility and critical care transport ambulance services.
3. The Board delegates to the Executive Director of the EMS JPA, or designee, the authority to negotiate and execute a contract with El Dorado County on behalf of the EMS JPA consistent with its proposal.

PASSED AND ADOPTED by the following vote this 22 day of January, 2019.

AYE:

NO:

ABSTAIN:

ABSENT:



President, Board of Directors
California Tahoe Emergency Services Authority
El Dorado County, State of California

APPENDIX B Contents: CTESOA Organizational Information

B2 - B4	EIN Number (in Quarterly Tax Return)
B5 – B12	JPA Amendment #4
B13 – B14	JPA Amendment #1
B15 - B17	JPA Amendment #2
B18 – B19	JPA Amendment #3
B20 - B25	Signed Bylaws
B26 – B35	CTESOA Insurance Summary
B36	LVFPD Insurance Policy
B37 – B54	SLT City Liability Insurance (PARSAC)

Form **941 for 2018: Employer's QUARTERLY Federal Tax Return**

(Rev. January 2018)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	6	8	-	0	4	7	9	6	2	6
Name (not your trade name)	CALIFORNIA TAHOE EMERGENCY SVC									
Trade name (if any)										
Address	PO BOX 8917									
	Number				Street				Suite or room number	
	SOUTH LAKE TAHOE				CA		96150			
	City				State		ZIP code			
	Foreign country name				Foreign province/county				Foreign postal code	

**Report for this Quarter of 2018
(Check one.)**

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☐ 3: July, August, September
- ☒ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	19																																																																				
2	Wages, tips, and other compensation	2	203,066.07																																																																				
3	Federal income tax withheld from wages, tips, and other compensation	3	23,181.40																																																																				
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																																																																					
<table border="1"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>203,066.07 × 0.124 =</td> <td>25,180.19</td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td> × 0.124 =</td> <td>.</td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages & tips</td> <td>203,066.07 × 0.029 =</td> <td>5,888.92</td> </tr> <tr> <td>5d</td> <td>Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td> × 0.009 =</td> <td>.</td> </tr> <tr> <td>5e</td> <td>Add Column 2 from lines 5a, 5b, 5c, and 5d</td> <td>5e</td> <td>31,069.11</td> </tr> <tr> <td>5f</td> <td>Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions)</td> <td>5f</td> <td>.</td> </tr> <tr> <td>6</td> <td>Total taxes before adjustments. Add lines 3, 5e, and 5f</td> <td>6</td> <td>54,250.51</td> </tr> <tr> <td>7</td> <td>Current quarter's adjustment for fractions of cents</td> <td>7</td> <td>.</td> </tr> <tr> <td>8</td> <td>Current quarter's adjustment for sick pay</td> <td>8</td> <td>.</td> </tr> <tr> <td>9</td> <td>Current quarter's adjustments for tips and group-term life insurance</td> <td>9</td> <td>.</td> </tr> <tr> <td>10</td> <td>Total taxes after adjustments. Combine lines 6 through 9</td> <td>10</td> <td>54,250.51</td> </tr> <tr> <td>11</td> <td>Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</td> <td>11</td> <td>.</td> </tr> <tr> <td>12</td> <td>Total taxes after adjustments and credits. Subtract line 11 from line 10</td> <td>12</td> <td>54,250.51</td> </tr> <tr> <td>13</td> <td>Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter</td> <td>13</td> <td>54,250.51</td> </tr> <tr> <td>14</td> <td>Balance due. If line 12 is more than line 13, enter the difference and see instructions</td> <td>14</td> <td>.</td> </tr> <tr> <td>15</td> <td>Overpayment. If line 13 is more than line 12, enter the difference</td> <td colspan="2">Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.</td> </tr> </tbody> </table>					Column 1		Column 2	5a	Taxable social security wages	203,066.07 × 0.124 =	25,180.19	5b	Taxable social security tips	× 0.124 =	.	5c	Taxable Medicare wages & tips	203,066.07 × 0.029 =	5,888.92	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	.	5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	31,069.11	5f	Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions)	5f	.	6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	54,250.51	7	Current quarter's adjustment for fractions of cents	7	.	8	Current quarter's adjustment for sick pay	8	.	9	Current quarter's adjustments for tips and group-term life insurance	9	.	10	Total taxes after adjustments. Combine lines 6 through 9	10	54,250.51	11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	.	12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	54,250.51	13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	54,250.51	14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	.	15	Overpayment. If line 13 is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	
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▶ You MUST complete both pages of Form 941 and SIGN it.

Next ➔

Name (not your trade name)

CALIFORNIA TAHOE EMERGENCY SVC

Employer identification number (EIN)

68-0479626

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 12.

☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City State

ZIP code

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)

6

8

-

0

4

7

9

6

2

6

Name (not your trade name)

CALIFORNIA TAHOE EMERGENCY SVC

Calendar year

2

0

1

8

(Also check quarter)

Report for this Quarter ...
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☒ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1		9		17		25	
2		10	9,226.36	18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	8,693.44		

Tax liability for Month 1

17,919.80

Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21	9,234.28	29	
6		14		22		30	
7	8,062.10	15		23		31	
8		16		24			

Tax liability for Month 2

17,296.38

Month 3

1		9		17		25	
2		10		18		26	
3		11		19	8,856.07	27	
4		12		20	241.23	28	
5	9,937.03	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

19,034.33

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

54,250.51

**SECOND AMENDED JOINT POWERS AGREEMENT
TO ESTABLISH, OPERATE, AND MAINTAIN AN
EMERGENCY MEDICAL SERVICES AUTHORITY**

THIS AGREEMENT, dated June 19, 2018, by and between the City of South Lake Tahoe ("City"), the Lake Valley Fire Protection District ("Lake Valley"), the Fallen Leaf Lake Community Service District ("Fallen Leaf"), and the Barton Healthcare System ("Barton") (collectively the "Member Agencies") is entered into pursuant to the provisions of Title I, Division 7, Chapter 5, Article I, Sections 6500 et seq. of the California Government Code relating to joint exercise of powers. This Agreement supersedes the Joint Powers Agreement to Establish, Operate, and Maintain an Emergency Medical Services Authority dated November 1, 2000, the Amended Joint Powers Agreement to Establish, Operate, and Maintain an Emergency Medical Services Authority dated January 1, 2007, and the amendments thereto (dated January 11, 2016, April 10, 2017, and September 25, 2017) (collectively the "Prior Agreements"), and any and all amendments thereto.

RECITALS

WHEREAS, Lake Valley, Fallen Leaf, Barton, and City have each determined that there is a need to jointly provide coordinated prehospital emergency medical services within El Dorado County Service Area No. 3; and

WHEREAS, Sections 6502 et seq. of the Government Code permits two or more public agencies jointly to exercise any power common to the contracting parties; and

WHEREAS, Section 6523.10 of the Government Code permits a private, nonprofit hospital to enter into a joint powers agreement as defined in Section 6500 of the Government Code; and

WHEREAS, Barton is a private nonprofit hospital within the meaning of Section 6523.10 of the Government Code; and

WHEREAS, each of the contracting parties is empowered by law to provide ambulance and other emergency medical services; and

WHEREAS, it appears economically practical for the parties hereto to join together for the purpose of providing ambulance and other emergency medical services; and

WHEREAS, it is to the mutual benefit of and in the best public interest of the parties hereto to join together to establish this Joint Powers Agreement to accomplish the purposes hereinafter set forth; and

WHEREAS, the members of the EMS JPA (as hereinafter defined) have elected to amend and restate the Prior Agreements in order to refine and clarify membership and other matters; and

NOW, THEREFORE, for and in consideration of the mutual covenants herein and of the mutual benefits to be derived therefrom, each of the parties hereto agrees as follows:

AGREEMENT

1. Creation. This Agreement supersedes the Prior Agreements, which created a joint powers entity, pursuant to Section 6500 et seq. of the Government Code, to be known as "The California Tahoe Emergency Services Operations Authority" (hereinafter "EMS JPA"), separate and apart from the Member Agencies signatory hereto, which EMS JPA shall continue in operation as set forth herein. Except to the extent that its terms are incorporated herein, the Prior Agreements are extinguished by this Agreement. The debts, liabilities, and obligations of the EMS JPA shall not constitute debts, liabilities, or obligations of the parties.

2. Purpose. The purpose of the EMS JPA is to provide:

(a) Ambulance and other emergency medical services within the Tahoe Basin and other portions of the County of El Dorado, as specified by El Dorado County. The actual area of service shall be determined by the applicable service agreement with the County of El Dorado. It is anticipated that the primary service shall be provided within the boundaries of County Service Area No. 3. However, this JPA shall have the authority to provide service outside of this area upon approval by the Board of Directors of EMS JPA. The emergency services to be provided by the EMS JPA are more fully described as follows:

- 1) A well-defined delivery of ambulance and other emergency services regardless of jurisdictional boundaries.
- 2) Provide a single billing source.
- 3) Establish uniform County Service Area 3 rates in cooperation with the County of El Dorado.
- 4) Work in cooperation with the El Dorado County EMS Agency and the EMS Medical Director to assure compliance with state and local EMS standards as defined in Title 22, Division 9, Prehospital Emergency Medical Service.
- 5) Establish Service Area 3 ambulance deployment in cooperation with the County.
- 6) Provide Inter-facility transfers.

(b) A coordinated dispatch system or to contract for such a system.

(c) No additional services shall be provided by the EMS JPA unless this Agreement is amended pursuant to the procedures described in Section 17 of this Agreement and in compliance with applicable law.

3. Powers. The EMS JPA shall have and may exercise all rights and powers, expressed or implied, necessary to carry out the purposes and intent of this Agreement, including, but not limited to, the following powers:

(a) To acquire any property, including personal property, within the jurisdictional boundaries of the Member Agencies by any means, to hold, manage, occupy, dispose of, convey and encumber the property, and to create a leasehold interest in the property for the benefit of the EMS JPA.

(b) To appoint or employ necessary employees, to define their qualifications and duties, and to provide a pay schedule for performance of their duties.

(c) To employ counsel.

(d) To enter into and perform all necessary contracts pursuant to Article 53 (commencing with Section 20810) of Part 3 of Division 2 of the Public Contract Code, including contracts with the County of El Dorado, the City, Lake Valley, Fallen Leaf, or other entities or persons to provide the authorized services of the JPA, including mutual aid agreements.

(e) To adopt a seal and alter it at pleasure.

(f) To establish and enforce rules and regulations for the administration, operation and maintenance of emergency medical services and ambulance services pursuant to Division 2.5 of the Health and Safety Code (commencing with Section 1797), and to provide such services directly or by contract.

(g) To enter joint powers agreements pursuant to Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code.

(h) To provide insurance pursuant to Part 6 (commencing with Section 989 of Division 3.6 of Title 1 of the Government Code).

(i) To sue and be sued in its own name.

(j) To exercise any and all other powers as may be provided by law necessary to carry out and implement the purposes for which the EMS JPA is established.

4. Governing Board. The EMS JPA shall be administered by its Governing Board (hereinafter "Board"). The Board may do and perform all acts which are necessary to accomplish the purposes set forth above. The Board shall be initially composed of two elected representatives of the City, two elected representatives of Lake Valley, one representative of Fallen Leaf, and one representative of Barton. The Board, by a majority vote of the representatives then appointed, may increase or decrease the number of representatives from any Member Agency provided that no Member Agency shall have less than one representative. Each Member Agency shall appoint an alternate to serve in the absence of their appointed members. Each Member Agency shall notify the EMS JPA of this appointment in writing. Each alternate shall have the authority to attend the meetings of the Board, but shall not participate or vote unless an appointed representative is absent. Each representative or alternate shall serve at the

pleasure of the appointing body. Each representative, or in the representative's absence, his or her alternate, shall have one (1) vote. A majority vote shall be required for the adoption of a resolution or ordinance or for any other action, unless otherwise provided by Board bylaws or policies.

5. Meetings of the Board and Officers.

(a) The Board shall hold an organizational meeting as soon after the effective date hereof as is reasonable.

(b) The Board shall hold at least one regular meeting each year, and shall provide for additional regular, adjourned regular and special meetings, as necessary.

(c) All meetings of the Board, including regular, adjourned regular, and special meetings shall be called, noticed, held and conducted in accordance with the provisions of the Ralph M. Brown Act (Government Code Sections 54950, et seq.).

(d) The Secretary of the EMS JPA shall cause minutes of all meetings of the Board to be kept and shall, as soon as possible after each meeting, cause a copy of the minutes to be forwarded to each member of the Board and to the Member Agencies.

(e) The presence of a majority of the representatives then appointed to the Board shall constitute a quorum for the transaction of business, except that less than a quorum may adjourn from time to time. Approval of all motions presented to the Board for action shall require approval of the majority of the representatives, as then appointed, in accordance with the power as described in this document. Whenever a unanimous vote is required for action, it shall be unanimous by the representatives, as then appointed to the Board.

(f) The Board shall elect a Chairperson, a Vice Chairperson, and a Secretary/Treasurer at its first meeting, and thereafter in each succeeding calendar year. The Board shall elect or re-elect its Chairperson, Vice Chairperson, and Secretary/Treasurer for immediate assumption of office. In the event that the Chairperson or Vice Chairperson so elected ceases to be a representative to the Board, the resulting vacancy shall be filled at the next meeting of the Board held after such vacancy occurs. In the absence or inability of the Chairperson to act, the Vice Chairperson shall act as Chairperson.

(g) Each Board member shall file all required conflict of interest forms.

6. Auditing. Pursuant to Government Code Section 6505.5, there shall be a treasurer for the EMS JPA, which shall be the treasurer for the County, unless otherwise designated by the EMS JPA Board, and said treasurer shall perform the functions and duties set forth in Section 6505.5, including the preparation of quarterly reports and verification regarding the EMS JPA's funds as set forth in Section 6505.5(e). The treasurer shall be responsible for the strict accountability of all funds and report of all receipts and disbursements. There shall be an auditor or controller designated to serve the EMS JPA, which person shall be the same person that serves

as the County's controller or auditor, unless otherwise designated by the EMS JPA Board, and such person shall perform those responsibilities set forth in Government Code Sections 6505 and 6505.5.

All EMS JPA funds and transactions records shall be open to inspection at any time by the parties hereto, and to the public pursuant to the Public Records Act.

7. Public Officer Official Bond. The EMS JPA Executive Director, and such other persons as the EMS JPA Board may designate, are hereby designated as the person who shall have charge of all property of the EMS JPA. Pursuant to Government Code Section 6505.1, the EMS JPA shall secure and pay for a fidelity bond or bonds, in an amount or amounts and in form specified by the EMS JPA Board, covering all officers and staff of the EMS JPA who are authorized to hold or disburse funds of the EMS JPA and all officers and staff who are authorized to have charge of, handle, and have access to property of the EMS JPA.

8. Fiscal Year. The fiscal year for EMS JPA shall be July 1st through the next June 30th.

9. Budget. The Board shall adopt a budget for each fiscal year in accordance with the provisions set forth in Health and Safety Code Sections 13890 and following. It is the Member Agencies' intent that contributions from the Member Agencies not be necessary for the provision of the ambulance and other medical services to be provided by EMS JPA. However, to the extent the budget depends upon contributions from Member Agencies, the Board shall attempt to establish and consider such contributions prior to the beginning of the fiscal year so the Member Agencies may adequately plan for the contributions during the Member Agencies' budget adoption process.

10. Member Contributions. Ambulance and other emergency medical services will be funded through a contract with the County of El Dorado and any contributions approved by the Member Agencies.

11. Term. This Agreement shall become effective upon approval by the City, Lake Valley, Fallen Leaf, and Barton, and shall continue until terminated as hereinafter provided.

12. Termination of Powers. This Agreement shall continue until rescinded or terminated by agreement of the parties; provided, however, that this Agreement shall not be rescinded or terminated during the term of any agreement with El Dorado County under which the EMS JPA provides prehospital emergency/ambulance services. If the EMS JPA is not the provider of ambulance services in County Service Area 3 after the conclusion of any RFP process, the officers of the EMS JPA shall take all actions necessary for the prompt dissolution of the EMS JPA, at which time this Agreement shall terminate and the EMS JPA shall cease to exist.

13. Withdrawal. Provided that all of its financial obligations to the EMS JPA have been met, any Member Agency may withdraw as a party to this Agreement as follows:

(a) June 30, annually, shall be the only day and month on which a withdrawal shall take effect.

(b) Notice of such withdrawal shall be in writing and addressed to each Member Agency and to the EMS JPA Board.

(c) Notice shall be received by the EMS JPA no less than one hundred eighty (180) days prior to the effective date of such withdrawal.

(d) Unless otherwise agreed at the time the interest or asset is acquired, no withdrawing Agency shall be entitled to any payment for its interests, contributions, or assets upon withdrawal. Withdrawal of a Member Agency shall not cancel or forgive any debt or financial obligations of the Member Agency to the EMS JPA.

14. Dissolution. This Agreement may be terminated in its entirety upon the adoption of a resolution of dissolution by two of the Member Agencies. No assets may be divided or returned until all outstanding obligations have been resolved or a paid-up contract has been adopted which will remove further obligation from the EMS JPA. Such contract may be for the parties to accept responsibility for any outstanding claims. Disposition of the remaining property and money will then be distributed among the Member Agencies in proportion to the respective contributions made for the fiscal year of dissolution.

15. New Member Agencies. A non-member agency with like powers may join the EMS JPA upon the unanimous approval of the EMS JPA Board, and agreement to terms and conditions determined by the Board, which terms and conditions may vary from those set forth in the Agreement. The non-member agency shall file with the EMS JPA Board a resolution indicating acceptance of the terms of this Agreement and any other documents as may be required by the EMS JPA Board to demonstrate satisfaction of or agreement to satisfy any conditions imposed by the EMS JPA Board. The addition of the non-member agency shall be effective upon the unanimous determination of the EMS JPA Board, as then appointed, that the non-member agency has satisfied or will satisfy all necessary conditions and unanimous approval of the EMS JPA Board, as then appointed, of the addition of the non-member agency. Any agency which joins the EMS JPA pursuant to this section shall initially have one representative on the EMS JPA Board, provided that the agency's number of representatives may be modified pursuant to Section 4 of this Agreement. Any agency which joins the EMS JPA pursuant to this section shall be considered a "Member Agency" and a party to this Agreement. The EMS JPA Board may establish a fair share capitalization fee for new member agencies.

16. Indemnity. Each Member Agency shall indemnify and hold harmless the other Member Agencies for claims arising from such indemnifying party's performance of its obligations pursuant to the authority granted hereby.

17. Amendment. This Agreement may be amended by a majority vote of the EMS JPA Board, as then appointed, with the concurrence of all Member Agencies as further described below. The EMS JPA Board, shall approve any amendment to this Agreement by a majority vote and cause such amendment to be transmitted to each Member Agency for approval. Any

amendment to this Agreement shall become effective upon the filing of certified copies of all resolutions approving the amendment from the Member Agencies with the EMS JPA..

18. Original Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original Agreement.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be duly executed by their authorized officers as set forth herein below.

CITY OF SOUTH LAKE TAHOE

Date: 6/21/18

By: Wendy David
Wendy David, Mayor

LAKE VALLEY FIRE PROTECTION DISTRICT

Date: _____

By: Signed in Counterpart
President, Board of Directors

FALLEN LEAF COMMUNITY SERVICE DISTRICT

Date: _____

By: Signed in Counterpart
President, Board of Directors

BARTON HEALTHCARE SYSTEM

Date: _____

By: Signed in Counterpart
Chairman, Board of Directors

Legal/Agreemts/EMS-JPA

ATTEST:

Susan Alessi
Susan Alessi, City Clerk



amendment to this Agreement shall become effective upon the filing of certified copies of all resolutions approving the amendment from the Member Agencies with the EMS JPA..

18. Original Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original Agreement.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be duly executed by their authorized officers as set forth herein below.

CITY OF SOUTH LAKE TAHOE

Date: _____

By: _____
Wendy David, Mayor

LAKE VALLEY FIRE PROTECTION DISTRICT

Date: _____

By: 
President, Board of Directors

FALLEN LEAF COMMUNITY SERVICE DISTRICT

Date: _____

By: 
~~President, Board of Directors~~ JPA Rep

BARTON HEALTHCARE SYSTEM

Date: _____

By: 
Chairman, Board of Directors

Legal/Agreemts/EMS-JPA

AMENDMENT NUMBER ONE TO THE AMENDED
JOINT POWERS AGREEMENT TO ESTABLISH, OPERATE, AND
MAINTAIN AN EMERGENCY MEDICAL SERVICES AUTHORITY

THIS AMENDMENT, dated 1 - 11 - 2016, by and between the City of South Lake Tahoe ("City") and the Lake Valley Fire Protection District ("Lake Valley"), collectively referred to as ("Parties") is entered into pursuant to the provisions of Title 1, Chapter 5, Article 1, Sections 6500 et seq. of the California Government Code relating to joint exercise of powers.

RECITALS

WHEREAS, Lake Valley and City have previously entered into an "Amended Joint Powers Agreement ("Agreement") to Establish, Operate, and Maintain an Emergency Medical Services Authority, dated January 1, 2007; and

WHEREAS the Agreement established the California Tahoe Emergency Services Operations Authority, ("EMS JPA"); and

WHEREAS, the Agreement contains provision 5.4 which states each year at its 1st meeting of the fiscal year, the Board of Directors shall elect a Chairperson, Vice-Chairperson, Secretary and Treasurer for the term lasting until his or her successor shall be elected and shall assume the respective office.

WHEREAS the Board of Directors of the EMS JPA held a regular scheduled Board meeting on January 11th, 2016 wherein they reviewed and approved as amendment to the Cal Tahoe JPA bylaws; and

WHEREAS the Cal Tahoe bylaws state each year at its 1st calendar year meeting, the Board of Directors shall elect a Chairperson, Vice-Chairperson, Secretary and Treasurer for the term lasting until his or her successor shall be elected and shall assume the respective office.

WHEREAS the Executive Director shall file a notice of amendment to the Agreement with the Office of Secretary of State and shall file a complete copy of the full text of the original Agreement and this Amendment with the State Controller within 30 days of the effective date of this Amendment.

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 5.4 as follows:

Section 5.4. Of the Agreement is hereby amended in total with the following:

Governing Board. The EMS JPA shall be administered by its Governing Board (hereinafter "Board"). The Board may do and perform all acts which are necessary to accomplish the purposes set forth above. The Board shall be composed of one elected representative from the City of South Lake Tahoe and two representatives from Lake Valley Fire Protection District. Each Member Agency may each appoint an alternate to serve in the absence of their appointed member. Each Member Agency shall notify the EMS JPA of this appointment in writing. Each alternate shall have the authority to attend the meetings of the Board, but shall not participate or vote unless the appointed representative is absent. Each representative or alternate shall serve at the pleasure of the appointing body. Each representative, or in the representative's absence, his or her alternate, shall have one (1) vote. A unanimous vote shall be required for the adoption of a resolution or ordinance or for any other action.

Section 2. Unless amended or modified by this Amendment number one, all other terms and conditions of the Agreement shall remain unchanged and of full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment number one to the Agreement as of the date first above written, and the City Council and Governing Boards of Lake Valley have duly approved this Amendment number one by filing with the EMS JPA Governing Board an executed, certified copy of its duly adopted authorizing resolution.

CITY OF SOUTH LAKE TAHOE

Date: Jan 11, 2016

By: Wendy David
Mrs. Wendy David, Mayor

LAKE VALLEY FIRE PROTECTION
DISTRICT

Date: 1/11/2016

By: Dave Huber
Dave Huber Chairman, Board of Directors

AMENDMENT NUMBER TWO TO THE AMENDED
JOINT POWERS AGREEMENT TO ESTABLISH, OPERATE,
AND MAINTAIN AN EMERGENCY MEDICAL SERVICES
AUTHORITY

THIS AMENDMENT, dated April 10, 2017, by and between the City of South Lake Tahoe ("City") and the Lake Valley Fire Protection District ("Lake Valley"), collectively referred to as ("Parties") is entered into pursuant to the provisions of Title 1, Chapter 5, Article 1, Sections 6500 et seq. of the California Government Code relating to joint exercise of powers.

RECITALS

WHEREAS, Lake Valley and City have previously entered into an "Amended Joint Powers Agreement ("Agreement") to Establish, Operate, and Maintain an Emergency Medical Services Authority, dated January 1, 2007; and

WHEREAS the Agreement established the California Tahoe Emergency Services Operations Authority, ("EMS JPA"); and

WHEREAS, the Agreement contains a provision 3.1 which states the CTESOA Board of Directors shall consist of 2 elected representatives from each of its member agencies in addition to the Fire Chiefs of the respective agencies. The Board member positions shall be a non-compensated position from CTESOA.

WHEREAS, the Agreement contains a provision 3.2 which states an Executive Director or designee shall be selected by the Board and will be responsible to the Board of Directors and charged to oversee CTESOA operations and make recommendations to the Board of Directors. The Director will work with the Fire Chiefs to develop operational plans and assist in their implementation as needed. The Director will also interface with El Dorado County EMSA on operational and business matters with the County. This will include attending MAC meetings and other meetings required to perform the duties as the Executive Director. This position will be selected by the Board of Directors. The Executive Director may be elected by the Board of Directors to serve as Secretary and/or Treasurer.

WHEREAS, the Agreement contains a provision 5.6 which states each member as defined in Article II, Section 1 of these Bylaws shall have one (1) vote and shall not have the right to accumulate votes. A majority vote with a quorum in attendance shall be required to take action on a matter before the CTESOA Board.

WHEREAS, the Agreement contains a provision 6.4 which states Business meetings shall be conducted by Rosenberg's Rules of Order unless otherwise agreed to by the majority of the members present.

WHEREAS, the Agreement contains a provision 11.1 which states no part of the net earnings of the corporation shall inure to the benefit of, or be distributed to its members, trustees, officers, directors or other private persons, except to pay reasonable compensation for services rendered.

WHEREAS the Board of Directors of the EMS JPA held a regular scheduled Board meeting on April 10, 2017 wherein they reviewed and approved as amendment to the Cal Tahoe JPA bylaws; and

WHEREAS the Executive Director shall file a notice of amendment to the Agreement with the Office of Secretary of State and shall file a complete copy of the full text of the original Agreement and this Amendment with the State Controller within 30 days of the effective date of this Amendment

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 3.1 as follows:

The CTESOA Board of Directors shall consist of 2 elected representatives from each of its member agencies. The Board member positions shall be a non-compensated position from CTESOA

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 3.2 as follows:

An Executive Director or designee shall be selected by the Board and will be responsible to the Board of Directors and charged to oversee CTESOA operations and make recommendations to the Board of Directors. The Director will work with the Fire Chiefs to develop operational plans and assist in their implementation as needed. The Director will also interface with El Dorado County EMSA on operational and business matters with the County. This will include attending MAC meetings and other meetings required to perform the duties as the Executive Director. This position will be selected by the Board of Directors. The Executive Director may be elected by the Board of Directors to serve as Secretary and/or Treasurer.

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 5.6 as follows:

Voting. Each member as defined in Article II, Section 1 of these Bylaws shall have one (1) vote and shall not have the right to accumulate votes. A unanimous vote with a quorum in attendance shall be required to take action on a matter before the CTESOA Board.

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 6.4 as follows:

Business meetings shall be conducted by Robert's Rules of Order unless otherwise agreed to by the majority of the members present.

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 11.1 as follows:

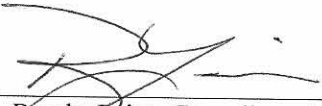
No part of the net earnings of the CTESOA shall inure to the benefit of, or be distributed to its members, trustees, officers, directors or other private persons, except to pay reasonable compensation for services rendered.

Section 2. Unless amended or modified by this Amendment number two, all other terms and conditions of the Agreement shall remain unchanged and of full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment number two to the Agreement as of the date first above written, and the City Council and Governing Boards of Lake Valley have duly approved this Amendment number two by filing with the EMSJPA Governing Board an executed, certified copy of its duly adopted authorizing resolution.


CITY OF SOUTH LAKE TAHOE

Date: 7/13/17

By: 
Mrs. Brooke Laine, Councilmember

LAKE VALLEY FIRE PROTECTION DISTRICT

Date: 7/20/17

By: 
Mr. Bob Bettencourt, Chairman, Board of Directors

AMENDMENT NUMBER THREE TO THE AMENDED
JOINT POWERS AGREEMENT TO ESTABLISH, OPERATE,
AND MAINTAIN AN EMERGENCY MEDICAL SERVICES
AUTHORITY

THIS AMENDMENT, dated September 25, 2017, by and between the City of South Lake Tahoe ("City") and the Lake Valley Fire Protection District ("Lake Valley"), collectively referred to as ("Parties") is entered into pursuant to the provisions of Title 1, Chapter 5, Article 1, Sections 6500 et seq. of the California Government Code relating to joint exercise of powers.

RECITALS

WHEREAS, Lake Valley and City have previously entered into an Amended Joint Powers Agreement ("Agreement") to Establish, Operate, and Maintain an Emergency Medical Services Authority, dated January 1, 2007; and

WHEREAS the Agreement established the California Tahoe Emergency Services Operations Authority, ("EMS JPA"); and

WHEREAS, the Agreement contains a provision 3.1 which states the CTESOA Board of Directors shall consist of 2 elected representatives from each of its member agencies.

WHEREAS, the Agreement contains a provision 5.1 and 5.2 which state the City Council for South Lake Tahoe will elect 2 of its members to sit as board members on the CTESOA Board of Directors and the Lake Valley Fire Protection District will elect 2 members of its Board of Directors to sit as board members on the CTESOA Board of Directors.

WHEREAS, the Agreement contains a provision 5.6 which states a unanimous vote with a quorum in attendance shall be required to take action on a matter before the CTESOA Board.

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 3.1 as follows:

The CTESOA Board of Directors shall consist of two (2) elected representatives from the City of South Lake Tahoe Fire Department, two (2) elected representatives of the Lake Valley Fire Protection District, and one (1) elected representative of the Fallen Leaf Community Service District Fire Department.

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to add provision 5.3 as follows:

The Fallen Leaf Lake Community Service District Fire Department will elect 1 of its members to sit as a board member on the CTESOA Board of Directors.

NOW THEREFORE, the Parties do hereby agree that the Agreement shall be amended to change provision 5.6 as follows:

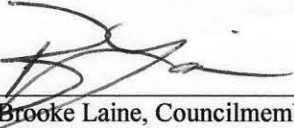
A majority vote with a quorum in attendance shall be required to take action on a matter before the CTESOA Board.

Section 2. Unless amended or modified by this Amendment number three, all other terms and conditions of the Agreement shall remain unchanged and of full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment number two to the Agreement as of the date first above written, and the City Council and Governing Boards of Lake Valley have duly approved this Amendment number two by filing with the EMSJPA Governing Board an executed, certified copy of its duly adopted authorizing resolution.

CITY OF SOUTH LAKE TAHOE

Date: 10-9-17

By: 
Mrs. Brooke Laine, Councilmember

LAKE VALLEY FIRE PROTECTION DISTRICT

Date: 10-12-17

By: 
Mr. Bob Bettencourt, Chairman, Board of Directors

California Tahoe Emergency Services Operations Authority Bylaws

Article 1: Name and Address

1.1 California Tahoe Emergency Services Operations Authority, aka CTESOA or Cal/Tahoe JPA.

1.2 PO Box 8917 South Lake Tahoe, CA 96158

Article 2: Organization/ Purpose

2.1 CTESOA was formed in 2001 as Joint Powers Authority for the purpose of providing ambulance services under contract with El Dorado County, CA for the CSA #3 region with the goal of providing high quality emergency medical care with dignity and compassion.

2.2 CTESOA is made up and supported by three member agencies: The City of South Lake Tahoe Fire Department, the Lake Valley Fire Protection District, and the Fallen Leaf Lake Community Service District Fire Department.

2.3 CTESOA provides emergency ambulance response for 911 calls within its service area and within neighboring agencies jurisdictions as part of a mutual aid program

2.4 CTESOA provides Inter-Facility transports of medical patients between medical facilities.

2.5 CTESOA provides these medical services under the direction of the El Dorado County EMSA's policies and procedure. CTESOA also works within defined California State Public Health and EMS laws.

Article 3: Organizational / Governing Structure

3.1 The CTESOA Board of Directors shall consist of 2 elected representatives from the City of South Lake Tahoe, 2 elected representatives from Lake Valley Fire Protection District, and 1 elected official from Fallen Leaf Lake Community Service District Fire Department. The Board member positions shall be a non-compensated position from CTESOA

3.2 An Executive Director or designee shall be selected by the Board and will be responsible to the Board of Directors and charged to oversee CTESOA operations and

make recommendations to the Board of Directors. The Director will work with the Fire Chiefs to develop operational plans and assist in their implementation as needed. The Director will also interface with El Dorado County EMSA on operational and business matters with the County. This will include attending MAC meetings and other meetings required to perform the duties as the Executive Director. This position will be selected by the Board of Directors. The Executive Director may be elected by the Board of Directors to serve as Secretary and/or Treasurer.

Article 4: Governing Documents

4.1 The Bylaws shall define the purpose of CTESOA and the structure for procedural and organization activity. There shall be a complete review of the by-laws every 3 three years by the Board.

4.2 CTESOA shall abide by its contract with El Dorado County for providing EMS operations within the CSA #3 service area. During the contract period either CTESOA or the County may propose amendments to the current contract pending acceptance by the other party.

4.3 Medical personnel operating as part of the CTESOA will be governed by El Dorado County and California State EMS medical policies.

4.4 Personnel of the member agencies will be governed by policies set forth by that agency. Disciplinary actions will only be conducted by the member agency or El Dorado County EMSA. Neither the CTESOA Board of Directors nor the Executive Director has any disciplinary authority of member agency personnel.

Article 5: Board of Directors

5.1 The City Council for South Lake Tahoe will elect 2 of its members to sit as board members on the CTESOA Board of Directors.

5.2 The Lake Valley Fire Protection District will elect 2 members of its Board of Directors to sit as board members on the CTESOA Board of Directors.

5.3 The Fallen Leaf Lake Community Service District Fire Department Board of Directors shall appoint an elected official to sit as a board member on the CTESOA Board of Directors.

5.4 Vacancies occurring on the CTESOA Board of Directors other than the expiration of a term may be filled at the discretion of the member agency.

5.5 Each year at its 1st calendar year meeting, the Board of Directors shall elect a Chairperson, Vice-Chairperson, Secretary and Treasurer for a term lasting until his or her successor shall be elected and shall assume the respective office.

5.6 Officers

- A. The Chairperson shall preside over all regular and special meetings of the Board. S/he shall conduct all meetings in accordance with the current edition of Robert's Rules of Order.
- B. The Vice-Chairperson shall perform the duties of the Chairperson in the latter's absence. In the event of a vacancy in the office of Chairperson, the Vice chairperson will become Chair and a new vice Chair will be elected upon one or more nominations presented by the Board of Directors
- C. The Secretary shall be responsible for overseeing the maintenance of records for the Board of Directors actions, including the taking of minutes at all Board of Directors meetings, sending out Board of Directors meeting announcements, distributing copies of minutes to each Director, and assuring that corporate records are maintained. The Executive Director may be appointed to fill this position by the Board of Directors
- D. The Treasurer shall maintain an accurate account of all receipts. Pay all bills in a timely manner. Provide a summary accounts to the members during business meetings. Submit financial records to the appropriate firms, agencies or others to comply with any legal, tax or reporting requirements. The Executive Director may be appointed to fill this position by the Board of Directors

5.7 Voting. Each member as defined in Article II, Section 1 of these Bylaws shall have one (1) vote and shall not have the right to accumulate votes. A unanimous vote with a quorum in attendance shall be required to take action on a matter before the CTESOA Board.

Article 6: Meetings

6.1 There shall be regularly scheduled business meetings attended by the membership. There shall be a minimum of one meeting per quarter. Emergency and special business meetings may be called at any time pursuant to the Brown Act.

6.2 All meetings of the Board shall be open to the public and notices of the meeting posted in a location fully accessible to the public seventy two (72) hours before the meeting pursuant to the Brown Act by the Executive Director and/or Secretary

6.3 Meeting agendas for all scheduled meetings shall be transmitted in advance in writing to all Board members and other interested persons who have submitted a request in writing. There shall be a notation on the agenda for public comments

6.4 Business meetings shall be conducted by Robert's Rules of Order unless otherwise agreed to by the majority of the members present.

6.5 The presence of a majority of the seated Board of Director shall constitute a quorum. A quorum shall consist of 3 Board of Directors members.

6.6 If there is no quorum at the designated time of the meeting, the meeting will not be conducted. A meeting may be held to discuss views, but no decisions can be made.

6.7 There shall be minutes completed by the Secretary for all Board meetings. Copies will be distributed to Board members prior to the next meeting for review

Article 7: Contracts

7.1 The Board of Directors may authorize any officer or officers, agent or agents of CTESOA, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the organization, and such authority may be general or may be confined to specific instances.

Article 8: Conflict of interest

8.1 The Board has the obligation to act for the public good in all actions and through the voting process. Such actions should be for the public good and not motivated for private gain. Potential conflicts of interest are to be declared prior to any action. Action on a matter, which may be or could be perceived to be motivated for private interests, shall constitute a conflict of interest.

8.2 Members shall not vote on any issue or question in which that member has direct personal or pecuniary interest. Where a member may have the slightest uncertainty as to whether a conflict of interest exists, full disclosure of the matter should be made to the Board of Directors and the Board will render a determination by affirmative vote.

8.3 At the beginning of each fiscal year or upon appointment of a new Board member they are to complete and submit a Letter of Conflict Disclosure to the Executive Director.

Article 9: Books and Records

9.1 CTESOA shall keep correct and complete books and records of account and shall keep minutes of the proceedings of its members and Board of Directors. Duplicates of all records will be kept by the accountant for CTESOA.

9.2 All books and records of CTESOA may be inspected by any member of the Board or public for any proper purpose at any reasonable time. Request for copies of records may be charged for printing and preparation cost.

Article 10: Fiscal Year

10.1 The CTESOA fiscal year runs from July 1st through June 30th of the next year. Preliminary budget will be presented to the Board on or before June 15th for review and adoption. A final budget will be presented to the Board on or before October 30th for review and adoption.

Article 11: Financials

11.1 No part of the net earnings of the CTESOA shall inure to the benefit of, or be distributed to its members, trustees, officers, directors or other private persons, except to pay reasonable compensation for services rendered.

11.2 All funds of CTESOA shall be deposited from time to time to the credit of the organization in such banks, trust companies, or other depositories as the Board of Directors may select based on recommendations by the CTESOA accountant and approved by the Board of Directors.

11.3 All checks for the payment of money, notes or other evidences of indebtedness issued in the name of CTESOA shall be signed by such officers of the organization as appointed by the Board, and in such manner, shall from time to time be determined by resolution of the Board of Directors, such instruments shall be signed by persons with banking signatory status to include fiscal accountability of capital assets.


Article 12: Amendments

12.1 These Bylaws may be amended when necessary by a quorum vote by the Board of Directors. Proposed amendments must be posted at least seven (7) days prior to a scheduled meeting of the Board of Directors. In the event of an emergency meeting amendments will be posted seventy two (72) hours prior to the meeting in accordance with the Brown Act.


Article 13: Liabilities

13.1 Nothing herein shall constitute members of the CTESOA Board of Directors as partners for any purpose. No member, officer, or agent shall be liable for the acts or failures of any other member, officer or agent of CTESOA.


In Witness Whereof, these parties hereto have executed these BYLAWS of the California Tahoe Emergency Services Operations Authority, aka CTESOA or Cal/Tahoe JPA On the day and year first written below


Robert Bettencourt, Chairperson
CTESOA Board of Directors

1/22/19
Date


Leona Allen, Director CTESOA

1/22/19
Date


Brooke Laine, Director CTESOA

1/22/19
Date

Tom Davis, Vice-Chairperson Director CTESOA

Date


Ryan Wagoner, Executive Director and
CTESOA Board Secretary

1/22/19
Date

SUMMARY OF INSURANCE

Prepared: 1/22/2019

For California Tahoe ESOA
PO Box 8917
South Lake Tahoe, CA
96158

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
Commercial Application		Allied World Assurance Company	6300003003	11/01/18	11/01/19	
Premises						
Premise 000 Building 000						
Premise 001 Building 001						
AMB/RESCUE BLDG						
1901 Airport Dr. #110						
South Lake Tahoe, CA						
96150						

SUMMARY OF INSURANCE

Prepared: 1/22/2019

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For California Tahoe ESOA

PO Box 8917
South Lake Tahoe, CA
96158

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
General Liability		Allied World Assurance Company	6300003003	11/01/18	11/01/19	
Occurrence						
General Aggregate	10,000,000					
Products/Completed Oper. Aggr.	10,000,000					
Personal & Advertising Injury	1,000,000					
Each Occurrence	1,000,000					
Damage to Rented Premises	1,000,000					
Medical Expense (Any One Person)	10,000					
Location 000 Building 000						
NOLOC						

SUMMARY OF INSURANCE

Prepared: 1/22/2019

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For California Tahoe ESOA

PO Box 8917
South Lake Tahoe, CA
96158

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
Property		Allied World Assurance Company	6300003003	11/01/18	11/01/19	
Policy Level Information						
SOFT - Software						
Limit 1	250,000					
MSEC - Money & Securities						
Limit 1	30,000					
APMP - Additional for Polic						
Premise 001 Building 001						
1901 Airport Dr. #110 South Lake Tahoe, CA 96150						
PP - Personal Property	6,842					
Coins % 100						
Valuation R						
Cause of Loss BPP						
Deductible 500						
Additional Coverages						
1 BPP 100% 500						
EQBRK -	6,842					
Cause of Loss EQBM						
Additional Coverages						
2 EQBM %						
EQ - Earthquake	6,842					
Cause of Loss EQ						
Deductible 342						
Additional Coverages						
3 EQ % 342						
FLOOD - Flood	6,842					
Cause of Loss FLOOD						
Deductible 1000						
Additional Coverages						

**PO Box 8917
South Lake Tahoe, CA
96158**

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
Property (Continued)						
4 FLOOD % 1000						

**PO Box 8917
South Lake Tahoe, CA
96158**

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
Crime		Allied World Assurance Company	6300003003	11/01/18	11/01/19	
Location 001 Building 001						
Computer Fraud	10,000					
Form A	50,000					

**PO Box 8917
South Lake Tahoe, CA
96158**

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
Umbrella		Allied World Assurance Company	6500000203	11/01/18	11/01/19	
Liability Limit Each Occurrence	4,000,000					
aggregate	8,000,000					

SUMMARY OF INSURANCE

Prepared: 1/22/2019

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For **California Tahoe ESOA**

**PO Box 8917
South Lake Tahoe, CA
96158**

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
Business Auto		Allied World Assurance Company	6400003003	11/01/18	11/01/19	
Liability						
CSL	1,000,000					
Any Auto						
Medical Payments Ea Per	10,000					
Autos Specified on Schedule						
Uninsured Motorists						
CSL	1,000,000					
All Owned Autos						
Underinsured Motorists						
CSL	1,000,000					
All Owned Autos						
Comprehensive						
Autos Specified on Schedule						
Hired Autos						
Collision						
Autos Specified on Schedule						
Hired Autos						
* See Attached Vehicle Schedule						

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**PO Box 8917
South Lake Tahoe, CA
96158**

19-0303 B 209 of 789

SUMMARY OF INSURANCE

Prepared: 1/22/2019

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For California Tahoe ESOA

PO Box 8917
South Lake Tahoe, CA
96158

Business Automobile - Vehicle Schedule

Policy No. 6400003003

Co #	Year	Make	Model	VIN	Garage Loc	Class	Cost New	Liab	PIP	Med Pay	UM	Comp	Coll	Tot Prem
2	2012	FORD	AMB ALS	1FDRF3HTXCEC57188	OLYMPIC VALLEY, CA 96146 Agreed Amount Limit: 150,000	791	150,000	X				100	250	
4	2013	FORD	AMB ALS	1FDRF3HT1FEA99845	OLYMPIC VALLEY, CA 96146 Agreed Amount Limit: 157,000		157,000	X		X	X	100	250	
6	2012	FORD	AMB ALS	1FDRF3HT7CEA08332	SOUTH LAKE TAHOE, CA 96158 Agreed Amount Limit: 125,000		125,000	X		X	X	100	250	
7	2012	FORD	AMB ALS	1FDRF3HT3CEC03134 NON-OP	SOUTH LAKE TAHOE, CA 96158 Agreed Amount Limit: 150,000		150,000	X				100		
8	2003	CHEVY	P/U	1GCEK19V43E224819	SOUTH LAKE TAHOE, CA 96158 Agreed Amount Limit: 5,000		5,000	X		X	X	100	250	
9	2017	FORD	AMBULANCE	1FDRF3HT6HEB30445	SOUTH LAKE TAHOE, CA 96158 Agreed Amount Limit: 175,000		175,000	X		X	X	100	250	
10	2017	FORD	AMBULANCE	1FDRF3HT7HEE86936	SOUTH LAKE TAHOE, CA 96158 Agreed Amount Limit: 220,000		220,000	X		X	X	100	250	
11	2016	FORD	AMBULANCE	1FDRF3HTXHEB30447	SOUTH LAKE TAHOE, CA 96158 Agreed Amount Limit: 220,000		220,000	X		X	X	100	250	

SUMMARY OF INSURANCE

Named Insured: FIRE AGENCIES INSURANCE RISK AUTHORITY (FAIRA)
and all entities listed on the Schedule of Named Insureds

Member District: Lake Valley FPD
2211 Keetak Street
South Lake Tahoe, CA 96150

Coverage Term: July 1, 2018 through July 1, 2019

Carrier: Allied World Assurance Company *Package & Business Auto*
Argonaut Insurance Company *Umbrella*

Policy Numbers: JPAPKG0023700F *Package*
JPAAUT0023700F *Business Auto*
462733606 *Umbrella Liability*

Notable Exposure Data:

Total Insurable Values:	\$6,314,377
Total Reported Fleet Values:	\$2,695,677
Number of Firefighters:	25
Number of Directors:	11
Number of Volunteers:	0
Number of EMT-P:	18
Number of Medical Aid Calls:	921
Number of Fire/Rescue Calls:	505
Number of Other Calls:	68

LIABILITY Limits:

\$1,000,000	Each Occurrence or Wrongful Act
\$1,000,000	Personal and Advertising Injury
\$1,000,000	Fire Damage Legal Liability
\$10,000	Medical Expense (each accident)
\$10,000,000	General Aggregate
\$10,000,000	Products/Completed Operations Annual Aggregate
\$10,000,000	Umbrella Liability
\$1,000,000	Management Liability
\$1,000,000	Cyber Liability – Claims-Made
\$1,000,000	Auto Liability – Combined Single Limit
\$500,000	Garagekeepers Legal Liability

PROPERTY Limits:

Buildings:	Not to exceed Scheduled Value on file.
Contents:	Not to exceed Scheduled Value on file.
Crime:	\$1,000,000 Employee Dishonesty coverage

Deductibles:

Liability – NIL

Management Liability -\$5,000

Business Auto - \$5,000 Emergency vehicles – *Comp/Collision*

Garagekeepers - \$250 *Comprehensive/\$500 Collision*

Property - \$5,000 / Crime - \$5,000

2018-2019
FAIRA's Premium: \$20,444.00

While we believe the Summary of Insurance and the Coverage Outline fairly represents the terms, conditions and exclusions found in the master insurance policy, in the event any discrepancy occurs between the policy and the Summary of Insurance including the Coverage Outline occur, the policy provisions will direct resolution. This Summary of Insurance and the Coverage Outline are intended to replace or supersede any part of your insurance contracts. Please refer to the Coverage Outline (attached) for additional coverage information.



LIABILITY MEMORANDUM OF COVERAGE

FOR

PARSAC

Public Agency Risk Sharing
Authority of California

Adopted May 31, 2018

Effective Until Revised

PARSAC MLP REV. 11/19/93
PARSAC MLP REV. 05/31/96
PARSAC MLP REV. 05/29/98
PARSAC MLP REV. 05/28/99
PARSAC MLP REV. 05/19/00
PARSAC MLP REV. 05/18/01
PARSAC MLP REV. 05/10/02
PARSAC MLP REV. 05/29/03
PARSAC MLP REV. 05/20/05
PARSAC MOC REV. 12/01/05
PARSAC MOC REV. 05/29/08
PARSAC MOC REV. 05/27/10
PARSAC MOC REV. 04/14/11
PARSAC MOC REV. 05/29/14
PARSAC MOC REV. 12/04/14
PARSAC MOC REV. 12/03/15
PARSAC MOC REV. 11/30/17
PARSAC MOC REV. 5/31/18

**MEMORANDUM OF COVERAGE
FOR THE
PUBLIC AGENCY RISK SHARING AUTHORITY OF CALIFORNIA
(PARSAC)**

In consideration of the payment of the deposit premium, the **Authority** agrees with the **Member Entities** as follows:

SECTION I – COVERAGE

Subject to all provisions of this **Memorandum**, the **Authority** will cause the **Program** to pay on behalf of the **Covered Party** the **Ultimate Net Loss** that the **Covered Party** shall become legally obligated to pay as **Damages** by reason of **Tort Liability** imposed by law, or the **Tort Liability** of others assumed in a **Covered Contract**, because of:

1. **Bodily Injury** or **Property Damage**,
2. **Personal Injury**, or
3. **Public Officials Errors and Omissions**
caused by an **Occurrence** to which this **Memorandum** applies.

This Memorandum of Coverage does not provide insurance, but instead provides for pooled risk sharing. This **Memorandum** is a negotiated agreement amongst the **Member Entities** of the **Authority** and none of the parties to the **Memorandum** is entitled to rely on any contract interpretation principles which require interpretation of ambiguous language against the drafter of such **Memorandum**. This **Memorandum** shall be applied according to the principles of contract law, giving full effect to the intent of the **Member Entities** of the **Authority**, acting through the Board of Directors in adopting this Memorandum of Coverage.

SECTION II—DEFINITIONS

Additional Covered Party means any person, organization or entity that is specifically named by the **Authority** in a written attachment to this **Memorandum**. An **Additional Covered Party** is not covered for claims arising from the **Additional Covered Party's** sole negligence or for claims by another **Covered Party**.

Aircraft means any vehicle controlled directly by a person from within or on the vehicle, designed to transport people or property through the air.

Airport means any locality either on land or water which is adopted for the landing and taking off of **Aircraft**, including all land, water, buildings, structures, equipment or other improvements necessary or convenient in the establishment and operation of an **Airport**.

Authority means the Public Agency Risk Sharing Authority of California (PARSAC).

Automobile means a land motor vehicle, trailer or semi-trailer.

Bodily Injury means bodily injury, sickness or disease sustained by any person, including death resulting from any of these at any time.

Claim means a notice, demand or **Suit** against a **Covered Party** to recover **Damages**.

Code Enforcement means enforcement of zoning laws, regulations and ordinances; land use laws, regulations and ordinances; and nuisance, abatement, dumping or similar municipal ordinances.

Covered Contract means that part of any written agreement or contract pertaining to the **Member Entity's** operations or business under which the **Member Entity** assumes the **Tort Liability** of another party to pay for **Bodily Injury or Property Damage** to a third person or organization. A **Covered Contract** does not include any part of any contract or agreement:

1. That indemnifies any person or organization for **Bodily Injury or Property Damage** caused by the sole negligence of such person or organization.
2. That indemnifies any person or organization for **Bodily Injury or Property Damage** arising out of the ownership, operation, maintenance or use of any **Aircraft, Unmanned Aerial Vehicle, Airport or Watercraft**.
3. That indemnifies an architect, engineer or surveyor for **Bodily Injury or Property Damage** arising out of:
 - a. Preparing, approving or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications
 - b. Giving directions or instructions, or failing to give directions or instructions, if that is the primary cause of the **Bodily Injury or Property Damage**.
4. Under which the **Covered Party**, if an architect, engineer or surveyor, assumes liability for **Bodily Injury or Property Damage** arising out of the **Covered Party's** rendering or failing to render professional services, including those listed in 3. above, and supervisory, inspection or engineering services.
5. That has not been approved by the **Authority** at least 14 days in advance of its execution by the Member or its effective date, whichever is earlier.

Covered Individuals means persons who are, or were, elected or appointed officials, employees or volunteers of the **Member Entity**, whether or not compensated, while acting for or on behalf of the **Member Entity**. However, no coverage or defense will be provided to a volunteer while using his or her personal **Automobile**, unless such use is for the business of the **Member Entity** and at the express direction of the **Member Entity**, nor to any person who is an independent contractor and not an employee of the **Member Entity**, but who either provides services to or acts as an official of the **Member Entity** in exchange for compensation pursuant to an oral or written contract with the **Member Entity**. **Covered Individual** shall not include any person, whether or not compensated, who is not acting in the course and scope of his or her employment or whose conduct, as a matter of law, is not

within the course and scope of his or her employment by the **Member Entity** at the time of the act or acts alleged in a **Claim**.

Covered Party means:

1. The **Member Entity**;
2. **Covered Individuals**;
3. Any **Additional Covered Party**;
4. With respect to any **Automobile** owned or leased by the **Member Entity**, or loaned to or hired for use by or on behalf of the **Member Entity**, any person while using such **Automobile** and any person or organization legally responsible for the use thereof, provided the actual use is with the express permission of the **Member Entity**, but this coverage does not apply to:
 - a. any person or organization, or any agent or employee thereof, operating an **Automobile** sales agency, repair shop, service station, storage garage or public parking place, with respect to an **Occurrence** arising out of the operation thereof; or
 - b. the owner or any lessee, other than the **Member Entity**, of any **Automobile** hired by or loaned to the **Member Entity** or to any agent or employee of such owner or lessee.

Cover Page means the cover page, which is part of this **Memorandum**, identifying the **Member Entity**, the **Coverage Period**, the **Limit of Coverage** and the **Retained Limit**.

Coverage Limit means the limit of coverage shown in item C of the Cover Page as more fully defined under Section IV of this **Memorandum**.

Coverage Period means the time period shown on the Cover Page of this **Memorandum**.

Dam means any artificial barrier, together with appurtenant works, which does or may impound or divert water, and which either (a) is 25 feet or more in height from the natural bed of the stream or watercourse at the downstream toe of the barrier, or from the lowest elevation of the outside limit of the barrier, if it is not across a stream channel or watercourse, to the maximum possible water storage elevation; or (b) has an impounding capacity of 50 acre-feet or more.

Any such barrier which is not in excess of six (6) feet in height, regardless of storage capacity, or which has a storage capacity not in excess of 15 acre-feet, regardless of height, shall not be considered a **Dam**.

No obstruction in a canal used to raise or lower water therein or divert water therefrom, no levee, including but not limited to a levee on the bed of a natural lake the primary purpose of which levee is to control flood-waters, no railroad fill or structure, tank constructed of steel or concrete or of a combination thereof, no tank elevated above the ground, and no barrier which is not across a stream channel, watercourse, or natural drainage area and

which has the principal purpose of impounding water for agricultural use shall be considered a **Dam**. In addition, no obstruction in the channel of a stream or watercourse which is 15 feet or less in height from the lowest elevation of the obstruction and which has the single purpose of spreading water within the bed of the stream or watercourse upstream from the construction for percolation underground shall be considered a **Dam**. Nor shall any impoundment constructed and utilized to hold treated water from a sewage treatment plant be considered a **Dam**. Nor shall any waste water treatment or storage pond exempted from State regulations and supervision by Water Code Section 6025.5 be considered a **Dam**.

Regardless of the language of the above definition, however, no structure specifically exempted from jurisdiction by the State of California Department of Water Resources, Division of Safety of Dams shall be considered a **Dam**, unless such structure is under the jurisdiction of any agency of the Federal government.

Damages means compensatory monetary damages including claimant/plaintiff attorney's fees not otherwise excluded under the **Memorandum**, interest on judgments and costs. **Damages** does not include non-monetary relief or redress or injunctive relief.

Defense Costs means all fees and expenses incurred in connection with the adjustment, investigation, defense and appeal of a **Claim** covered hereunder, including attorney fees, court costs, premiums for appeal bonds, and interest on judgments accruing after the entry of judgment, and also shall include the costs of any claims administrator or defense counsel specifically assigned by PARSAC to respond to any **Claim** on behalf of PARSAC. **Defense Costs** shall not include attorneys' fees or costs arising in connection with **Claims** that are not covered by this Memorandum. **Defense Costs** shall not include the office expenses of the **Authority** or the **Covered Party**, nor the salaries of employees or officials of the **Authority** or the **Covered Party**, nor expenses of any claims administrator engaged by the **Covered Party**. **Defense Costs** shall not include any fee or expense relating to coverage issues or disputes between the **Authority** and any **Covered Party**. **Defense Costs** does not include attorneys' fees awarded to the prevailing plaintiff.

Hostile Fire means a fire that becomes uncontrollable and breaks out from where it is intended to be.

Limit of Coverage means the amount of coverage shown in the Cover Page, or sublimits as started therein, for each **Covered Party** per **Occurrence** subject to any lower sublimit stated in this **Memorandum**. For each **Occurrence**, there shall be only one **Limit of Coverage** regardless of the number of claimants or **Covered Parties** against whom a claim is made. In the event of a structured settlement, whether purchased from or through a third-party, or paid directly by the **Covered Party** in installments, as utilized in the resolution of a claim or suit, the **Authority** will pay only up to the amount stated in the cover page in present value of the claim, as determined on the date of settlement, regardless of whether the full value of the settlement exceeds the amount sated in the Cover Page.

Member Entity means the entity, which is a signatory to the Joint Powers Agreement creating PARSAC, as they may be amended from time to time, whose name appears on the Cover Page. **Member Entity** includes any other agency, commission, district or board

coming under the **Member Entity's** direction or control or for which the **Member Entity's** board members act as the governing board.

Memorandum means the PARSAC Memorandum of Coverage, including the Cover Page and all attachments and endorsements forming a part thereof.

Nuclear Material means source material, special nuclear material, or by-product material. "Source Material", "Special Nuclear Material", and "By-Product Material" have the meanings given them in the Atomic Energy Act of 1954 or any law amendatory thereof.

Occurrence means:

1. With respect to **Bodily Injury** or **Property Damage**, an accident or event or series of related accidents or events, including continuous or repeated exposure to substantially the same generally harmful conditions, which results during the **Coverage Period** stated in the Cover Page, in **Bodily Injury** or **Property Damage** neither expected nor intended from the standpoint of the **Covered Party**, except that assault and battery committed by, at the direction of or with the consent of the **Covered Party** for the purpose of protecting persons or property from injury or death, shall be considered an **Occurrence**;
2. With respect to **Personal Injury**, the commission of an offense described in the definition of **Personal Injury** during the **Coverage Period**;
3. With respect to **Public Officials Errors and Omissions**, actual or alleged conduct described in the definition of **Public Officials Errors and Omissions** during the **Coverage Period**.

Peace Officer means a person designated under Penal Code Sections 830 to 832.6 as a peace officer, or a public officer authorized under Penal Code Sections 830 to 832.6 to carry a firearm, and who is authorized by the **Member Entity** to carry a firearm in the course and scope of employment.

Personal Injury means injury, other than **Bodily Injury**, **Property Damage** or **Public Officials Errors and Omissions**, as a result of one or more of the following offenses:

1. False arrest, detention, or imprisonment
2. Malicious prosecution or abuse of process
3. Wrongful entry by any employee of a **Member Entity** into a room, dwelling or other similar premises that a person occupies
4. Wrongful eviction by any employee of a **Member Entity** of a person from a room, dwelling or other similar premises that such person occupies
5. The publication or utterance of a libel or slander, including disparaging statements concerning the condition, value, quality or use of real or personal property, or a publication or utterance in violation of rights of privacy

6. Discrimination or violation of civil rights
7. Infliction of emotional distress

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to acids, alkalis, asbestos, chemicals, fumes, hazardous waste, polychlorinated biphenyls, radioactive material, smoke, soot, toxic substances, vapor, mold, fungal pathogens, electromagnetic fluids and airborne particles or fibers, waste and any related material. Waste includes material to be recycled, reconditioned or reclaimed. The term **Pollutants** as used herein shall not include potable water or agricultural water or water furnished to commercial users or water used for fire suppression.

Program means the PARSAC Liability Coverage Program described by the Participation Agreement for the Liability Program and the PARSAC Joint Powers Agreement.

Property Damage means:

1. Physical injury to or destruction of tangible property which occurs during the **Coverage Period**, including the loss of use thereof at any time resulting therefrom; or
2. Loss of use of tangible property which has not been physically injured or destroyed provided such loss of use is caused by an **Occurrence** during the **Coverage Period**;

Public Officials Errors and Omissions means any act, error, omission, misstatement, misleading statement, neglect or breach of duty by any Covered Individual in the discharge of that individual's duties for the **Member Entity**; or any matter claimed against any Covered Individual solely by reason of the individual being or having been a public official of the **Member Entity**. **Public Officials Errors and Omissions** does not include **Bodily Injury**, **Property Damage** or **Personal Injury**.

Retained Limit means the amount of **Ultimate Net Loss**, identified in item D of the Coverage Page, which the **Covered Party** becomes liable to pay before the **Authority** is obligated to make payment. For each **Occurrence**, there shall be only one **Retained Limit** regardless of the number of claimants or **Covered Parties** against whom a **Claim** is made.

Suit means a civil proceeding in which a **Covered Party** is named as a party defendant or cross defendant or an arbitration proceeding or alternative-dispute resolution proceeding to which a **Covered Party** submits with the **Authority's** written consent.

Tort Liability means civil liability imposed by law in the absence of any agreement or contract.

Unmanned Aerial Vehicle (UAV) or drone means an aircraft (with its aerial system or control device) that is not controlled directly by a person from within or on the aircraft, and which is piloted or operated in conformance with 14 C.F.R. 107 et seq. Any pilot or operator must have a remote pilot certificate issued in compliance with Subpart C of

Section 107 or possess a valid Certificate of Waiver or Authorization issued by the FAA, and satisfy the requirements of Section 107.65.

Ultimate Net Loss means the **Defense Costs** and amount that the **Covered Party** is legally obligated to pay as **Damages** by reason of a settlement made with the written consent of the claimant(s), the **Covered Party** and the **Authority** or a judgment.

Watercraft means a vessel more than 26 feet in length designed to transport persons or property in, on or through water.

SECTION III—DEFENSE AND SETTLEMENT

A. *Duty to Defend.* The **Authority** shall have the right and duty to participate in the defense of any **Claim** or **Suit** against a **Covered Party** if the final judgment or settlement is likely to result in an **Ultimate Net Loss** within the **Coverage Limit** as those terms are defined in the **Memorandum**. The **Authority** is not bound by any “duty to defend” principle which is or may be applicable to insurance carriers; the **Authority’s** obligation to provide a defense to a **Covered Party** is solely and exclusively as provided in this **Memorandum**. The **Authority** shall have no obligation to defend or contribute to the defense of uncovered **Claims**, including uncovered **Claims** contained in a suit that contains covered **Claims**. Where a **suit** contains covered and uncovered **Claims** the **Authority** shall make a determination as to its participation in the defense as follows: 100%, 75%, 50% or 25%. The percentage of participation shall be determined by the **Authority** in its sole discretion. As the **Authority** is not an insurer, it has no obligation to provide “Cumis” counsel as provided by Civil Code Section 2860. The defense and indemnity coverage afforded by this **Memorandum** to a past or present official, employee or volunteer of a **Member Entity** is not broader than the **Member Entity’s** duty to defend and indemnify its official, employee or volunteer, pursuant to California Government Code Section 815, 815.3, 825 to 825.6, 995 to 996.6, inclusive, and any amendments thereof. If the **Member Entity** which employs the official, employee or volunteer is not obligated under the California Government Code to provide a defense or to provide indemnity for a **Claim**, or if said **Member Entity** refuses to provide such defense and/or indemnity to said official, employee or volunteer, then this **Memorandum** shall not provide any such defense or indemnity coverage to said official, employee or volunteer. All immunities, defenses, rights, and privileges afforded to a **Member Entity** under California Government Code Section 815, 815.3, 825 to 825.6, 995 to 996.6, inclusive, and any amendments thereof, shall be afforded to the **Authority** to bar any defense or indemnity coverage under this Memorandum to that **Member Entity’s** official, employee or volunteer.

B. *Selection and Assignment of Defense Counsel.*

1. With respect to any covered Claim or Suit against the Member Entity, where the applicable **Retained Limit** is under \$250,000, the **Authority** shall select and assign counsel to defend the **Covered Party(s)** against the **Claim** or **Suit**. The **Authority** shall select counsel from a list of Panel Counsel established by the **Authority**. The **Authority** will consider the wishes of a **Covered Party** with respect to the assignment of counsel, however the **Authority** retains the sole right to make the assignment of counsel. In the event of a *disagreement regarding*

the assignment of counsel, the Covered Party retains the right to appeal to the Board of Directors, whose decision shall be final. If the **Covered Party** refuses to be defended by the counsel assigned by the **Authority**, then this **Memorandum** shall not provide any defense or indemnity to such **Covered Party** for such **Claim** or **Suit**, and the **Authority** shall not be required to contribute to any **Defense Costs**, settlement or judgment arising from such **Claim** or **Suit**.

2. With respect to any covered **Claim** or **Suit** against the **Covered Party** where the applicable **Retained Limit** is \$250,000 or higher, the **Covered Party** may select and retain counsel from the list of Panel Counsel, except for any **Claim** involving in any manner law enforcement policies, operations, conduct or personnel. In the event a **Covered Party** retains counsel who is not on the list of panel counsel, this **Memorandum** shall not provide any defense or indemnity to the **Covered Party**, and the **Authority** shall not be required to contribute to any **Defense Costs**, settlement or judgment arising from such **Claim** or **Suit**.
3. With respect to any covered **Claim** or **Suit**, a **Covered Party** may select as its defense counsel the in-house City or Town Attorney directly employed as such by the **Member Entity**. For purposes of this provision, in-house City or Town Attorney shall not include any outside counsel contracted to act as a City or Town Attorney by the **Member Entity** or any outside counsel contracted by the **Covered Party** to act as counsel for any **Claim**. In the event that a **Covered Party** selects the in-house City or Town Attorney to defend any **Claim**, the **Authority** shall not be required to contribute to any **Defense Costs** arising from such **Claim** or **Suit**, and any **Defense Costs** arising from such **Claim** or **Suit** or sums incurred by the **Member Entity** for salaries, fees, benefits or costs of any nature of the in-house counsel shall not apply toward satisfaction of the **Retained Limit**. Notwithstanding the foregoing, and subject to the **Authority's** review and approval, with respect to any covered **Claim** or **Suit** where the **Retained Limit** is \$350,000 or higher, the **Covered Party** may select as its defense counsel outside counsel contracted by the **Member Entity** to act as the City or Town Attorney. If as the result of the **Authority's** review of the defense counsel's performance on the **Claim** or **Suit**, the **Authority** withdraws its approval of such counsel, then counsel shall be determined and assigned as provided in Section III.B, paragraph 1, regardless of the **Member Entity's Retained Limit**.
4. With respect to the defense of any covered **Claim** or **Suit** against a **Member Entity** for **Tort Liability** assumed in a **Covered Contract**, the **Authority** shall select and assign counsel to defend such parties identified in the **Covered Contract**. The **Authority** shall select counsel from a list of Panel Counsel established by the **Authority**. The **Authority** will consider the wishes of a **Covered Party** with respect to the assignment of counsel, however the **Authority** retains the sole right to make the assignment of counsel. In the event of a *disagreement regarding the assignment of counsel*, the **Covered Party** retains the right to appeal to the Board of Directors, whose decision shall be final. If either the **Covered Party** or the party identified in the **Covered Contract** refuses to have such party(s) be defended by the counsel assigned by the **Authority**, then the obligation of the **Authority** to contribute to **Defense Costs** arising from such **Claim** or **Suit** shall be limited to such amounts as would be incurred if counsel selected from the Panel Counsel list were assigned the defense of such **Claim** or **Suit**.

- C. *Defense and/or Coverage Determination.* When a **Claim** is submitted to the **Authority**, the **Authority** will determine whether it has any defense and/or coverage obligation for the **Claim**. Upon the express written request of a **Member Entity**, the **Authority** will provide a written explanation of its defense and/or coverage determination, including the **Authority's** defense and coverage analysis. The **Authority** may also of its own accord, but without any obligation to do so, provide the **Member Entity** with such an explanation.
- D. *Termination of Authority's Obligation.* The **Authority's** obligation to defend and/or cover any **Claim** shall cease after the **Coverage Limit** stated in Section V has been exhausted by payment of settlement(s), judgment(s) and/or **Defense Costs**.
- E. *Settlement.* No **Claim** shall be settled for an amount in excess of the **Retained Limit** without the prior written consent of the **Authority** and the **Authority** shall not be required to contribute to any settlement to which it has not consented.

If the **Member Entity's Retained Limit** has already been expended the **Authority** shall have the sole discretion to control, including settlement, the **Claim**. Any such decision to settle shall be final.

If the **Member Entity's Retained Limit** has not been expended (i.e., the **Member Entity** will have to contribute funds to effectuate the settlement), then the consent of the **Member Entity** to any settlement shall be required. If however, the **Member Entity** refuses to consent to any settlement or compromise recommended by the Authority or its Claim Administrator and elects instead to continue to contest the **Claim**, then the **Authority's** liability shall not exceed the amount for which the **Authority** would have been able to settle the **Claim** plus **Defense Costs** at the time the **Claim** could have been settled or compromised.

SECTION IV—COVERAGE LIMIT

A. The Limit of Coverage shown in item C of the **Cover Page** and the rules below determine the most the **Program** will pay, inclusive of **Defense Costs**, regardless of the number of:

1. **Covered Parties;**
2. **Occurrences;**
3. **Claims** made or **Suits** brought; or
4. Persons or organizations that sustain injuries or **Damages**.

B. The **Program** shall pay only for **Ultimate Net Loss** in excess of the **Retained Limit** as stated in item D of the **Cover Page**.

C. The Limit of Coverage stated in item C of the **Cover Page** is the most the **Program** will pay for **Ultimate Net Loss** as respects the sum of **Damages** and **Defense Costs** arising out of any one **Occurrence**. The sublimit of coverage for **Claims** for physical damage to tangible property stated in item C of the **Cover Page** is the most the **Program** will pay for **Ultimate Net Loss** as the result of any one **Occurrence**.

D. For the purpose of determining the Limit of Coverage all **Bodily Injury, Property Damage, Personal Injury or Public Officials Errors and Omissions** arising out of exposure to substantially the same general condition(s) shall be considered as arising out of one **Occurrence**.

E. Any actual or alleged loss of use of tangible property not physically injured or destroyed shall be deemed to occur at the time of the **Occurrence** that caused such loss of use. Any other injury or damage occurring or alleged to have occurred over more than one **Covered Period** shall be deemed to have occurred either during the **Covered Period** when the **Occurrence** begins, or during such **Covered Period** as determined by the Board of Directors in its sole discretion, and only the **Limit of Coverage** for that **Covered Period** shall apply.

SECTION V—COVERAGE PERIOD AND TERRITORY

This **Memorandum** applies to **Bodily Injury, Property Damage, Personal Injury or Public Officials Errors or Omissions** that occurs anywhere in the world during the **Coverage Period** stated in the **Cover Page**.

SECTION VI—EXCLUSIONS

This **Memorandum**, including any obligation to defend or to pay **Defense Costs**, does not apply to:

A. *Additional Covered Party's Sole Negligence.* **Claims** arising out of the sole negligence of an **Additional Covered Party**.

B. *Aircraft or Airport Operations and Watercraft.* **Claims** arising out of the ownership, operation, use or maintenance of any **Aircraft** or **Airport** or any **Watercraft** owned by a **Covered Party**. However, this exclusion does not apply to claims arising out of the ownership, operation, use or maintenance of any **Unmanned Aerial Vehicle (UAV)** that is owned or operated by or on behalf of any **Member Entity**.

C. *Antitrust or Restraint of Trade.* **Claims** arising out of violation of state or federal antitrust or restraint-of-trade laws.

D. *Breach of Contract.* **Claims** arising out of failure to perform, or breach of, a contractual obligation.

E. *Contractual Liability.* **Claims** arising out of the **Covered Party's** assumption of **Tort Liability** in a written agreement or contract. This limitation does not apply to liability assumed in a **Covered Contract** provided that the **Damages** occur subsequent to the execution of the **Covered Contract**.

F. *Dam Failure.* **Claims** arising out of the partial or complete structural failure of any **Dam**.

G. *Impairment or Loss of Property.* **Public Officials Errors and Omissions** arising out of or resulting in injury or damage to, destruction of, disappearance of, loss of, loss of use of, or diminution of value of any tangible property, money or securities; or failure to pay debt obligations.

H. *Employee Benefits Plans.* **Claims** arising out of any act or omission regarding benefits payable under any employee benefits plan established by the **Covered Party**.

I. *Employee Injury.* **Bodily Injury or Personal Injury** to:

1. any past or current employee of the **Covered Party** arising out of and in the course of employment by the **Covered Party**; or
2. The spouse, child, parent, brother, sister, or other relative of such employee as a consequence of 1. above.

J. *Employment Practices Liability.* **Claims** arising out of or in any manner related to:

1. failure or refusal to hire any job applicant
2. failure or refusal to assign new duties to or to promote any employee
3. discipline of any employee
4. demotion, reassignment or termination of employment of any employee
5. discrimination against or violation of the civil rights of any employee or official in violation of the federal or state constitutions, any federal, state or local laws, any amendments to such laws or any regulations issued under such laws.
6. coercion, defamation, evaluation, humiliation, infliction of emotional distress, invasion of privacy, sexual or other harassment, investigation or any other acts, errors, omissions, practices, procedures or policies in any way connected with any past, present or future employment relationship.

K. *Estimates, Plans and Contract Awards.* **Public Officials Errors and Omissions** arising out of:

1. estimates of probable costs or cost estimates being exceeded
2. faulty preparation of bid specifications, or architectural or engineering drawings, plans or specifications
3. failure to award contracts in accordance with ordinances, regulations or statutes governing such contracts that must be submitted for bids

L. *False Statements.* **Personal Injury** arising out of a publication or utterance concerning any organization or business enterprise, or its products or services, made by or at the direction of any **Covered Party** with knowledge of the falsity thereof.

M. *Failure to Supply Utilities.* Any **Claim** arising out of the failure to supply or provide an adequate supply of gas, water, sewage capacity or electricity. However, this exclusion does not apply if the failure to supply results from direct and immediate accidental injury to tangible property owned or used by a **Covered Party** to procure, produce, process or transmit gas, water, sewage capacity or electricity.

N. *Fiduciary Liability*. **Claims** arising out of any breach of responsibility, obligation or duty imposed upon or imputed to a **Covered Party**:

1. under the Employee Retirement Income Security Act of 1974 and any law amendatory thereof
2. under Article XVI, Section 17 of the California Constitution and any law amendatory thereto
3. under any other law imposing or imputing fiduciary responsibilities, obligations or duties upon a **Covered Party**.

O. *Fines, Penalties and Punitive Damages*. **Claims** for fines, penalties, restitution, disgorgement, punitive damages or exemplary damages.

P. *Condemnation and Land-Use Regulation*. Any **claim** arising out of or in connection with land-use regulation, land-use planning, the principles of eminent domain or inverse condemnation, by whatever name called, or condemnation proceedings, regardless of whether such claims are made directly against the **Covered Party** or by virtue of any agreement entered into by or on behalf of the **Covered Party**. However, this exclusion shall not apply to claims arising from physical damage to tangible property. With respect to any coverage granted by this provision that is not otherwise provided by the **Memorandum**, the **Coverage Limit** is \$700,000 **Ultimate Net Loss** as the result of any one **Occurrence**.

Q. *Medical Malpractice*. **Claims** arising out of ownership, use, operation or maintenance of any hospital, health care or medical clinic facility, and any professional medical services performed by or on behalf of the **Covered Party**, including, but not limited to, dental, veterinary and chiropractic, but this limitation does not apply to such services performed by emergency medical technicians or paramedics functioning under the direction and control of the **Covered Individuals**.

R. *Nuclear*. **Bodily Injury or Property Damage** arising out of the hazardous properties of **Nuclear Material**.

S. *Pollution*. **Claims** arising out of the actual, alleged or threatened discharge, dispersal, escape, migration, release, or seepage of **Pollutants**. However, this limitation does not apply to **Bodily Injury or Property Damage** arising out of or caused by any actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of **Pollutants** if:

1. It was directly caused by **Hostile Fire**, explosion, lightning, windstorm, vandalism, malicious mischief, or by the collision, overturning or upset of a motor vehicle; or
2. It was accidental and neither expected nor intended by the **Covered Party**; and
3. It was instantaneous and was demonstrable as having commenced at a specific time and date during the **Covered Period**; and
4. Its commencement became known to the **Covered Party** within seven days; and

5. Its commencement was reported in writing to the Authority within twenty days of becoming known to the **Covered Party**; and
6. The **Covered Party** takes reasonable steps to correct or terminate the discharge, dispersal, seepage, migration, release or escape of **Pollutants**.

Nothing contained in this Limitation S shall operate to provide any coverage or any obligation to defend or pay **Defense Costs** with respect to:

1. Any site or location used by others on the **Covered Party's** behalf for the handling, storage, disposal, dumping, processing or treatment of waste material. This limitation applies whether or not the action by others was known to the **Covered Party**;
2. Any clean-up costs mandated by the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) and any similar laws or statutes;
3. Clean up, removal, containment, treatment, detoxification or neutralization of **Pollutants** situated on the premises the **Covered Party** currently owns, rents or occupies.
4. Any **Claim**, liability, loss, cost or expense based upon or arising out of **Personal Injury** or **Public Officials Errors and Omissions**.

T. *Property in the Covered Party's Control.* **Property Damage** to:

1. property owned by the **Covered Party**;
2. property rented to, leased to the **Covered Party** where the **Covered Party** has assumed liability for damage to or destruction of such property, unless the **Covered Party** would have been liable in the absence of such assumption of liability; or
3. **Aircraft** or **Watercraft** in the **Covered Party's** care, custody or control.

U. *Refunds.* **Claims** arising out of the refund of taxes, fees or assessments.

V. *Transit Operations.* **Bodily Injury or Property Damage** arising out of any transit authority, transit system or public transportation system owned or operated by the **Covered Party**, but this limitation does not apply to any transit system operating over non-fixed routes, including dial-a-ride, senior citizen transportation, or handicapped transportation.

W. *Unlawful Financial Gain.* **Claims** arising in whole or in part out of any **Covered Individual's** obtaining remuneration or financial gain to which the **Covered Individual** was not legally entitled.

X. *Willful Violation of Any Law.* **Personal Injury** arising out of the willful violation of any law committed by or with the knowledge or consent of the **Covered Party**. **Public Officials Errors and Omissions** arising out of the willful violation of any law.

Y. *Workers' Compensation.* **Claims** for which the **Member Entity** or its insurance company may be held liable under any workers' compensation, unemployment compensation or disability benefits law, or under any similar law.

Z. *Non-monetary Relief.* **Claims** alleging, based upon or arising out of claims, demands or actions seeking relief or redress in any form other than money damages, or for claimant/plaintiff attorney fees, costs or expenses relating to claims, demands or actions seeking relief or redress in any form other than money damages.

AA. *Non-Certified Skateboard Parks.* Any **Claim** arising out of the ownership, operation, design, use or maintenance of a skateboard park the design for which an engineer or an architect has not certified.

BB. *Earthquake.* **Damages** caused directly or indirectly by an earthquake.

CC. *Compliance with ADA Requirements.* **Claims** alleging, based upon or arising out of the violation of the Americans with Disabilities Act of 1990, any similar Federal, State or local law, any amendment to such laws, or any regulations promulgated under any such laws Notwithstanding the foregoing, and subject to the **Coverage Limit**, the **Memorandum** shall provide coverage for **Defense Costs** and **Damages** to the claimant(s), including claimant(s)/plaintiff(s) attorneys' fees and costs as the result of the alleged ADA violation.

DD. *Medicare Compliance.* **Claims** arising from or relating to any sums sought by Medicare with respect to a **Claim** or **Suit** settled by a **Member Entity** within its **Retained Limit**.

EE. *Use of a Firearm.* Claims arising from the use of a firearm in connection with **Code Enforcement** by non-**Peace Officers** in connection with the enforcement of the criminal laws of the State of California by non-**Peace Officers**.

SECTION VII—CONDITIONS

A. *Amendment or Cancellation.* This **Memorandum** may be amended or cancelled at any time in accordance with the provisions of the Joint Powers Agreement creating PARSAC and its Bylaws. The terms of this **Memorandum** may not be changed except by written amendment issued by the **Authority** to form a part of this **Memorandum**.

B. *Appeal of Disputes with Authority.* Any disputes concerning coverage or procedures of the **Program** may be appealed only to the **Authority's** Board of Directors in the manner and form that it may from time to time determine. Decisions by the **Authority** to assume control of the negotiation, appeal, or settlement of a **Claim**, or whether or not coverage exists for a particular **Claim** or part of a **Claim** or any other dispute that arises under and in connection with the Memorandum shall be made by the Board of Directors of the **Authority** or the Executive Committee as set forth herein. An appeal of a coverage determination of the General Manager or Coverage Counsel of the **Authority** or of any other dispute that arises under and in connection with the Memorandum shall be made in writing to the **Authority** within 60 days of the decision or dispute and shall be heard and determined by the Board at the next regularly scheduled meeting of the Board. If at the request of the **Covered Party**, or in the event that in the judgment of the **Authority** that exceptional circumstances warrant, an appeal of a coverage determination or any other dispute that arises under and in connection with the Memorandum shall be heard by the Executive Committee within 21 days of receipt of the appeal. Any determination by the Executive Committee may be appealed by the **Covered Party** and shall be determined at the next regularly scheduled meeting of the Board.

C. *Appeal of Judgments.* In the event the **Covered Party** elects not to appeal a judgment, the **Authority** may elect to do so at its own expense, but in no event shall the **Program's** liability for **Ultimate Net Loss** plus all **Defense Costs** necessary and incident to such appeal exceed the limit of coverage stated in Section V.

D. *Bankruptcy.* Bankruptcy or insolvency of the **Covered Party** shall not relieve the **Authority** of any of its obligations under this **Memorandum**.

E. *Duties in the Event of an Occurrence or Claim.*

1. The **Covered Party** shall cooperate with the **Authority** and upon the **Authority's** request assist in making settlements, in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the **Covered Party** because of **Bodily Injury, Property Damage, Personal Injury or Public Officials Errors and Omissions** with respect to which coverage is afforded under this **Memorandum**; and the **Covered Party** shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses.
2. The **Covered Party** shall provide a copy to the **Authority** within 15 calendar days of all Government Code Section 910 claims likely to exceed 50% of the **Member Entity's Retained Limit** and within 7 calendar days of all suits covered by this **Memorandum**, except property damage claims under five thousand dollars (\$5,000.00).
3. The **Covered Party** shall notify the **Authority** not later than 7 calendar days of any **Occurrence** reasonably considered a serious incident that is likely to be covered by this **Memorandum**, including but not limited to:
 - (i) One or more fatalities;
 - (ii) Loss of a limb;
 - (iii) Loss of use of any sensory organ;
 - (iv) Paralysis, Quadriplegia or paraplegia;
 - (v) Third degree burns involving more than ten percent of the body;
 - (vi) Serious facial disfigurement;
 - (vii) Long term hospitalization;
 - (viii) Closed head injury; or
 - (ix) Serious loss of use of any bodily function.
4. The **Covered Party** shall forward to the **Authority** every demand, notice summons or other process received.
5. The **Covered Party** shall not, except at its own cost and expense, voluntarily make any payment, assume any obligation or incur any expense without the written consent of the **Authority**.

F. *Duties with Respect to **Covered Contracts**.*

1. With respect to any contract for which a **Covered Party** seeks coverage as a **Covered Contract**, the **Covered Party** shall submit the proposed contract to the **Authority** for its review and approval, at least 14 days prior to the date of execution of the contract, or its effective date, whichever is earlier.

2. The factors that shall be considered by the **Authority** in determining approval of a contract shall include:

a. the party contracting with the **Covered Party** has requested indemnification for services the contracting party is providing to the **Covered Party**;

b. the subject matter of the proposed contract does not pertain to an essential service of the **Covered Party** and there are available options to contract with other providers;

c. whether all efforts to negotiate terms acceptable to the **Authority** have been exhausted;

d. whether there is alternative coverage through the commercial market for the proposed subject matter of the contract, for example, special events coverage; and,

e. whether the **Member** executes the contract against the **Authority's** recommendation.

G. *Other Coverage or Insurance.* If collectible insurance with any insurer, coverage with any other joint powers authority or other self-funding mechanism is available to the **Covered Party** covering a loss to which this **Memorandum** applies (whether on a primary, excess or contingent basis), the coverage of this **Memorandum** shall be in excess of, and shall not contribute with, such other insurance or coverage; provided that this clause does not apply with respect to excess insurance or coverage purchased specifically to be in excess of this **Memorandum**. The bankruptcy of, insolvency of, or placement into rehabilitation or receivership by any regulatory agency of any joint powers authority or insurance company providing joint powers authority coverage or insurance coverage to the **Covered Party** shall not amend the application of this condition.

H. *Satisfaction of Retained Limit.* In order for defense or indemnity to be available hereunder, the **Covered Party** must first pay the full amount of its **Retained Limit**. Payment of the **Retained Limit** by the **Covered Party** is required in addition to, and regardless of, any payment from any other source for or on behalf of the **Covered Party**, such as, for example, insurance procured by a third party pursuant to which the **Covered Party** is an additional named insured or otherwise covered. The foregoing does not apply to any insurance purchased by the **Member Entity** or any **Covered Party** to cover all or any part of the **Retained Limit**.

I. *Relationship to Joint Powers Agreement.* The provisions of this **Memorandum** are subject to and subordinate to the terms and provisions of the Joint Powers Agreement creating PARSAC, and in the event of any conflict between the terms and provisions of said Agreement and this **Memorandum**, the terms and provisions of the Agreement shall control.

J. *Severability of Interests.* The coverage applies separately to each **Covered Party** against whom **Claim** is made, as if a separate **Memorandum** were issued to it, except with respect to the **Authority's** Limit of Coverage.

K. *Subrogation.* To the extent of any payment under this **Memorandum**, the **Authority** shall be subrogated to all the **Covered Party's** rights of recovery thereof. The **Covered Party** shall do everything necessary to secure such rights and shall do nothing after the **Occurrence** to prejudice such rights. Any amount so recovered shall be apportioned as follows:

1. The **Authority** shall be reimbursed to the extent of all payment under this **Memorandum**. Any remaining balance shall be applied to reimburse the **Covered Party**.
2. The expenses of such recovery proceedings shall be apportioned in the ratio of respective recoveries. If there is no recovery in proceedings conducted solely by the **Authority**, the **Authority** shall bear the expenses thereof.

L. *Actions.* No action shall lie against the **Authority** with respect to the coverages and related provisions defined in the **Memorandum** unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of this **Memorandum**, nor until the amount of the **Covered Party's** obligations to pay shall have been finally determined either by judgment against the **Covered Party** after actual trial or by written agreement of the **Covered Party**, the claimant and the **Authority**. Any person or organization or the representative thereof who has secured such judgment or written agreement shall thereafter be entitled to recovery under this **Memorandum** to the extent of the coverage afforded by this **Memorandum**. No person or entity shall have the right under this **Memorandum** to join the **Authority** as a party to any action against the **Covered Party** to determine the **Authority's** liability, nor shall the **Authority** be impleaded by the **Covered Party** or its legal representative.

M. *Venue.* In the event of any dispute between a **Member Entity** and the **Authority** concerning the coverage provided by the **Memorandum**, the place of venue for any **Suit** concerning such coverage dispute shall be the County of Sacramento, and any action concerning such dispute shall be filed in the Superior Court for the County of Sacramento, California.

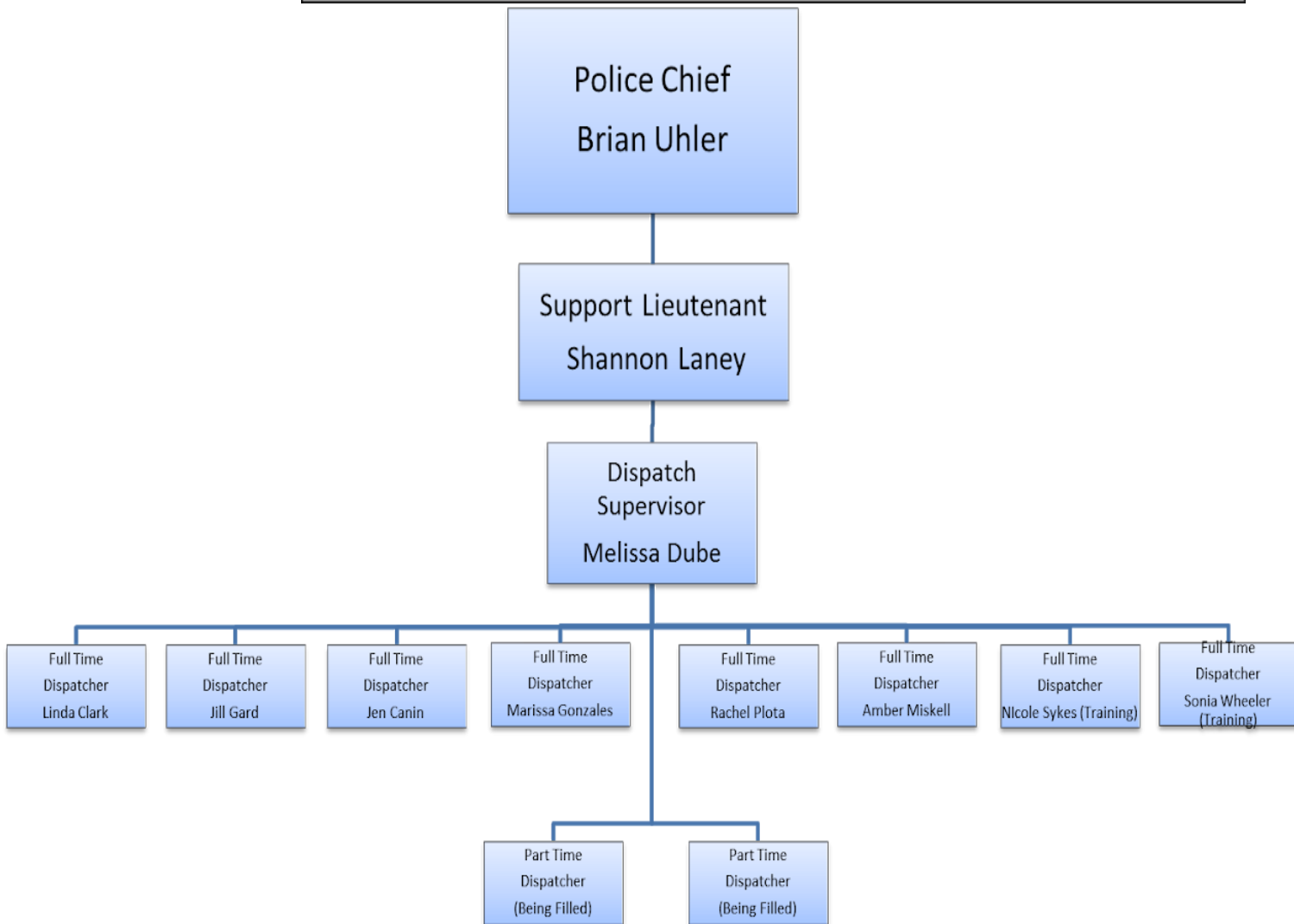
N. *Medicare Compliance.* Where a **Member Entity** settles a claim within its **Retained Limit**, in which a claimant is either presently Medicare eligible or will be Medicare eligible within 30 months of the settlement, the **Member Entity** shall comply with all pertinent laws and regulations applicable to the settlement, and shall ensure that Medicare's interests are fully addressed, protected and documented in the settlement.

The failure by a **Member Entity** to comply with all pertinent laws and regulations applicable to the settlement or to properly protect and document Medicare's interests in the settlement, shall preclude coverage under the **Memorandum** for **Claims** arising from or relating to any sums sought by Medicare with respect to a **Claim** or **Suit** settled by a **Member Entity** within its **Retained Limit**.

APPENDIX C Contents: Org Charts- Personnel Lists- Resumes

C2	Comm Center Org Chart
C3	CTESOA Org Chart
C4	Fallen Leaf Lake Fire Dept. Org Chart
C5	Lake Valley Fire Protection District Org Chart
C6	SLT Fire and Rescue Org Chart
C7	CTESOA Personnel Roster
C8 – C10	Galinski Resume
C11 – C12	Harper Resume
C13 – C14	Kirby Resume
C15 - C16	Wagoner Resume
C17	Fallen Leaf Lake Fire Dept Personnel Roster
C18	Lake Valley Fire Protection District Personnel Roster
C19 – C20	Anderson Resume
C21 – C22	Anton Resume
C23 – C25	Heng Resume
C26 – C27	Jackson Resume
C28 – C29	Labrado Resume
C30	LaChapelle Resume
C31 – C33	Long Resume
C34	Nerdahl Resume
C35 – C38	Pevenage Resume
C39 – C42	Sessions Resume
C43 – C44	Yuzbick Resume
C45	SLT Fire and Rescue Personnel Roster
C46	Drennan Resume
C47	George Resume
C48	Manning Resume
C49 – C53	Meston Resume

SOUTH LAKE TAHOE COMMUNICATIONS CENTER ORGANIZATIONAL CHART



Cal Tahoe Emergency Services Operations Authority

Updated: April 2018



JPA Board of Directors
Bob Bettencourt, Chair

Executive Director
Ryan Wagoner

Transporting
Agencies

Non-Transporting
Agencies

SLT Dispatch
Melissa Dube, Supervisor

Cal Tahoe JPA
Curtis Harper, Operations
Manager

South Lake Tahoe FD
Chief Jeff Meston

Fallen Leaf FD
Chief Gary Gerren

Medic 1

Medic 3

Medic 2
(Reserve Unit)

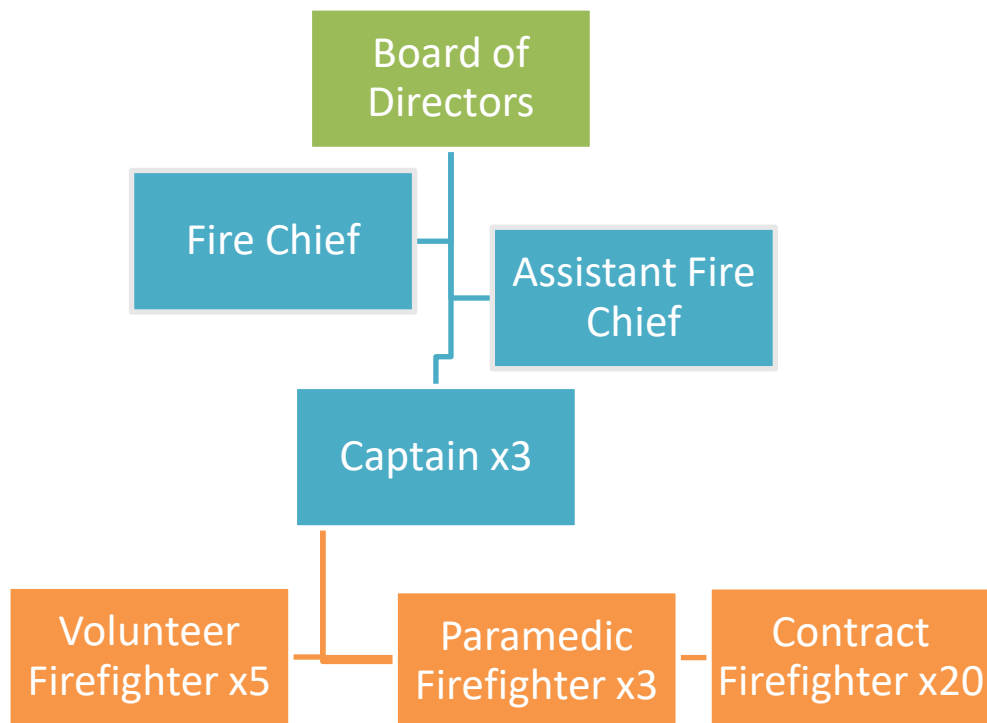
Lake Valley FPD
Chief Tim Alameda

Medic 7

Medic 6
(Reserve Unit)



Fallen Leaf Lake CSD Fire Department Organization Chart



LAKE VALLEY FIRE PROTECTION DISTRICT

"Serving the Community Since 1947"

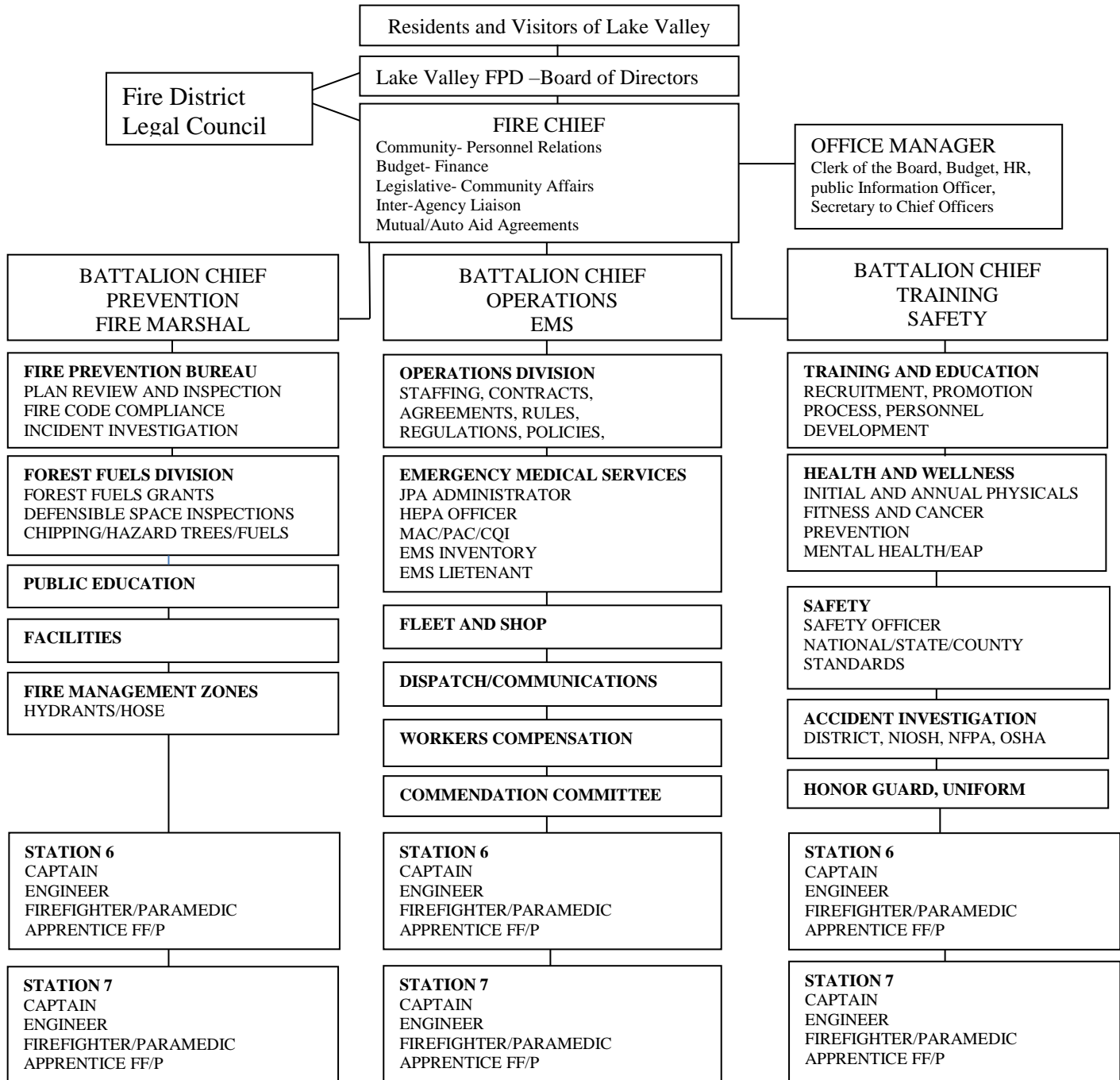
Tim Alameda, Fire Chief

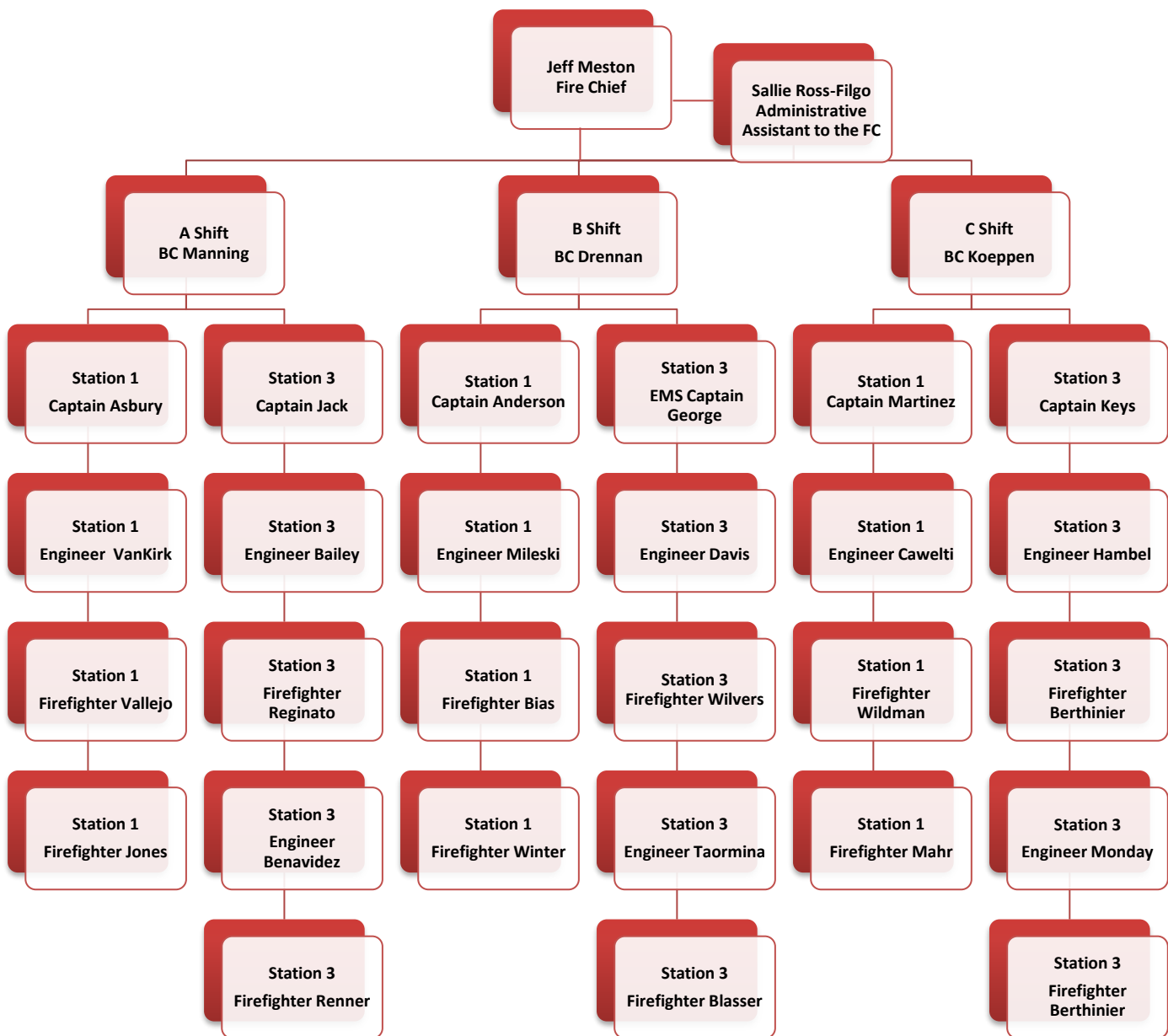
Board of Directors

Leona Allen
Robert Bettencourt
Gary Moore
John Rice
Brian Hogan



Section I **Organization Chart**





South Lake Tahoe Fire and Rescue Organizational Chart

Last Name	First Name	Position	EMT/P #
Bechler	AJ	Medic	P38261
Caput	Steve	Medic	P37745
Carlson	Scott	EMT	E139023
Cherne	Nicholas	EMT	E108930
Connelly	Morgan	Medic	P36761
Corbett	Wade	Medic	P35406
Cordray	Corey	EMT	E129860
DeVore	Sarah	EMT	E106966
Dube	Jeff	EMT	E105647
Gallo	Jake	Medic	P38282
Glover	Danny	Medic	P38092
Grasso	Chris	Medic	P39461
Harper	Curtis	Operations Manager; Medic; FTO	P36360
Hart	Patrick	Medic	P36287
Jackson	Mason	EMT	E124590
Johnson	Kristie	Medic	P36993
Kieffer	Matt	Medic	P34078
Kirby	Fallon	Medic; FTO	P36372
Lee	John	EMT	E3402728
Looney	Jake	Medic	P38539
Riedel	Carley	Medic	P39475
True	Dustin	Medic	P39065
Wagoner	Ryan	Executive Director	N/A
Galinski	Kayla	Office Administrator	N/A

CTESOA Personnel Roster

Objectives

To obtain a position where I can expand my knowledge while serving others.

Education

- ☐ West Hills High School Diploma 2010
- ☐ Grossmont College, General Education, 2010-2012

Skills

- ☐ Substantial experience and outstanding skills in customer service, both in person and over the phone.
- ☐ Accustomed to working in fast-paced environments with the ability to think quickly, and successfully handle difficult situations amongst staff or clients.
- ☐ Highly organized with a skilled eye toward details.
- ☐ Proficient in the use of computer applications such as Microsoft Word, Excel and Adobe.
- ☐ Excellent interpersonal skills; ability to work well with others in both supervisory and support staff roles.
- ☐ Punctual and dedicated to providing top quality service.

Experience

Office Administrator (January 2017-Present)

California Tahoe Emergency Services Operations Authority (South Lake Tahoe, CA)

- Update and maintain employee files, both physical and electronic.
- Prepare agenda and documents for Board Meetings and take Minutes.
- Compose and proofread correspondence to various agencies
- Organize, verify, and code monthly invoices and bills and submit for payment
- Verify, process and submit Payroll on a bi-weekly basis
- Improve the operational systems, processes and policies in support of the Cal Tahoe JPA's mission and objectives
- Coordinate and schedule meetings
- Manage and increase the effectiveness and efficiency of the Executive Director in support services
- Assist in the documentation of disciplinary action.
- Revised Bylaws as approved by the Board and executed new policies.
- Implemented new ways of organization both for scheduling and general office upkeep

Kayla Galinski

716 Hot Springs Rd Apt 6, Carson City, NV
89706
619-917-3174
kayla.galinski@yahoo.com

Accounts Receivable Representative (June 2016- January 2017)

National Business Factors (Carson City, NV)

- ☐ Process and post credit card and check payments to appropriate accounts.
- ☐ Manage automatic online payments; update and cancel information as needed.
- ☐ Review accounts for next payment and set-up future payments accordingly.

Assistant Manager (April 2014- May 2016)

FunctionSmart Physical Therapy (San Diego, Ca)

- ☐ Track and obtain authorizations for patients when required by insurance.
- ☐ Verify benefits and policies and efficiently explain to patients.
- ☐ Answer multi-line phones, schedule new and existing patients
- ☐ Communicate effectively with therapists, doctors and support staff
- ☐ Assist therapists in the care of patients by helping stretch, supervising exercises and performing modalities
- ☐ Interview and schedule volunteers, as well as train volunteers and PT aides
- ☐ Supervise, direct and delegate PT aides in daily tasks and assist billing manager

Supervisor, Sales (October 2012 – December 2013)

Marini's Candies Inc. (Santa Cruz, CA)

- ☐ Responsible for delivering friendly, customer-centered service at busy candy retail shop.
- ☐ Supervised 5 to 10 sales associates during peak hours and holidays.
- ☐ Greeted customers when they entered the shop while answering queries and assisting in finding products.
- ☐ Operated the cash register and ensured a balanced till at closing.
- ☐ Managed opening and closing the store.
- ☐ Assisted in training new hires.

Cashier (January 2012 – August 2012)

Pick Up Stix (La Mesa, CA)

- ☐ Received customer orders in store and over the phone while ensuring accuracy and customer satisfaction.
- ☐ Maintained appearance and cleanliness of restaurant.
- ☐ Helped implement new and improved methods and standards in regards to catering.
- ☐ Operated cash register with Point Of Sale system and managed multi-line phone.

Kayla Galinski

716 Hot Springs Rd Apt 6, Carson City, NV
89706
619-917-3174
kayla.galinski@yahoo.com

Personal and Professional references

Ryan Wagoner

Executive Director
CTESOA
530-55-1183

Gino Cinco

Co-Owner
FunctionSmart Physical Therapy
858-452-0282

Rochelle Maynor

Accounts Receivable Lead
National Business Factors
775-624-4073

Ashley Gassaway

Assistant Manager
FunctionSmart Physical Therapy
530-613-1432

Jason Nguyen

Longtime Friend
619-228-1528

Curtis S. Harper

3291 Promenade Ln, Placerville, CA 95667 | 530.457.5547 | curtisharper63@gmail.com

Personal Profile

A highly skilled and dedicated paramedic with extensive experience in pre-hospital emergency care and services. Strong ability to work effectively alongside other medical professionals and first responders. Over six years of military service and five years of Paramedic/EMT experience.

Education & Certifications

- California Paramedic (P-36360)
- ACLS/PALS/ITLS/AMLS
- Firefighter 1
- Confined Space Rescue Technician
- Swift Water Rescue Technician
- LARRO
- Hazmat FRO
- Driver Operator 1A/1B
- ICS 100,200,300,700,800
- NCTI-Roseville Paramedic Program
- Community College of the Air Force
- AA Criminal Justice

Skills

- Expert in emergency treatment procedures, advanced airway management and cardiac monitoring.
- Excellent interpersonal, leadership and communication skills.
- Ability to work in high pressure environments for prolonged periods of time.
- Outgoing, personable and professional.

Experience

PARAMEDIC/FTO | CAL-TAHOE EMERGENCY SERVICES | MARCH 2017-PRESENT

- Provides Advanced Life Support in a 911 system that responds to 3500 medical calls to service a year.
- Streamlined medical supply inventory system reducing waste, controlling supply usage and expenses.
- Manages daily shift operations including scheduling, medical supply ordering, training and accreditations.
- Coordinates, prepares and reviews CQI plans, identify risk issues and implements corrective action plans.

LT.FIREFIGHTER/PARAMEDIC | MOSQUITO FIRE DEPARTMENT | JAN 2017-PRESENT

- Responds to various emergency and non-emergency calls for service in the capacity of a company officer.
- Takes command of incidents until the incident is terminated or until relieved by a senior fire officer.
- Responsible for patient care from initial contact to transfer of care to transporting paramedic.
- Conducts trainings in fire response, medical training, specialty rescue, response teams and public education.

FIREFIGHTER/PARAMEDIC | GARDEN VALLEY FIRE DEPARTMENT | MAY 2016-PRESENT

- Rides in emergency apparatus in response to fires, emergency medical events and routine requests for help.
- Initiates ALS care including cardiac monitoring, medication administration and advanced airways.
- Proficiently places equipment, lays and connects hoses, operates high-capacity pumps and uses SCBA.
- Maintains effective working relationships with co-workers, supervisors and the general public.

FIREFIGHTER/PARAMEDIC | GEORGETOWN FIRE DEPARTMENT | MARCH 2018-PRESENT

- Works on all risk fire based ambulance in an extra help capacity, typically working 24 or 48 hour shifts.
- Directly involved in fire suppression, vehicle extrication, water rescues and backcountry rescues.
- Responds to calls in an 87 square mile jurisdiction serving a population of over 3000 residents.
- Proficiently follows El Dorado County protocols during ALS transports that average 45 minutes in duration.

EMERGENCY MEDICAL TECHNICIAN | RED HAWK CASINO | MARCH 2014-JAN 2017

- Administered first aid and emergency medical services to guests and team members.
- Maintained accuracy and completion of all reports regarding injuries and illnesses.
- Acted as a dispatcher during emergency incidents and coordinated solutions for the situation.
- Worked closely with the Risk Manager and Workers Comp Coordinator on guest and employee medicals.

SECURITY FORCES | U.S AIR FORCE | TINKER AIR FORCE BASE | MAY 2007-MAY 2013

- Performed Military Police duties including routine traffic stops, issuing citations and performing arrests.
- Conducted detailed vehicle searches and inspections of Weapon Storage Areas with zero security incidents.
- Supervised a team of twelve, offering excellent customer service for visitors entering Tinker Air Force Base.
- Prepared oral and written incident reports for security manager and took appropriate law enforcement action.

Fallon Kirby

7801 Bayne Road

Kelsey, CA 95667

(530)333-5262

f_kirby19@hotmail.com

My objective is to get a job in the medical field as a Paramedic. I am a licensed Paramedic in the state of California.

Education:

2008-June 2012	Golden Sierra High School 5101 Garden Valley Road Garden Valley, CA 95633 High School Curriculum Diploma
Aug.2011-May 2012	Central Sierra ROP 4675 Missouri Flat Road Placerville, CA 95667 Health Occupation Curriculum
Jan.2013-Sept.2013	University of Wyoming 1000 E. University Ave. Laramie, WY 82071 BS of Nursing Curriculum
Oct.2013-Dec.2013	NCTI-Roseville 333 Sunrise Ave. Ste.500 Roseville, CA 95661 EMT-Basic
Aug.2014-Dec. 2015	NCTI-Roseville 333 Sunrise Ave. Ste.500 Roseville, CA 95661 Paramedic
Aug. 2018-Present	Folsom Lake College 10 College PKWY Folsom, CA 95630 AA of Psychology

Work Experience:

2007-2017	Rick and Monique Gillespie Kelsey, CA Ranch Hand and Landscaping Taking care of animals and property
Sept.2012- Aug.2014	Diamond Pacific Placerville, CA Inside sales and inventory
Mar. 2016-Aug. 2016	Red Hawk Casino Placerville, CA Security/EMT
Aug.2016-Oct. 2017	Pro-Transport 1 Sacramento, CA Paramedic
Feb.2014- Present	Shingle Springs Vet & Emergency Shingle Springs, CA Head Vet Tech/Assistant Manager
May. 2017- Present	Cal Tahoe Emergency Services Operations Authority South Lake Tahoe, CA Paramedic/FTO

Special Skills: American Heart Association Healthcare provider CPR certified. California State Champion in Nursing Assisting (HOSA). ALS,PALS,ITLS,AMLS Certified. Licensed California EMT. Volunteer Firefighter/Paramedic for Garden Valley Fire District, California licensed Paramedic. FTO for CTESOA.

Other Interests: 2009-2012 Teen Court student attorney
2011-2012 HOSA(Health Occupation Students of America) Secretary
2008-2010 Leadership body officer
June-July 2011 mission trip to Arizona to build houses on the Navajo Indian Reservation
2010-2011 DAC(Divide Action Club) member preventing drug and alcohol use
June 2010-November 2010 part of a German Exchange Program

RYAN WAGONER

Professional Experience

California Tahoe Emergency Services Operations Authority

Executive Director, May 2014- Current

The executive director oversees operations of the Cal Tahoe JPA to ensure contractual compliance with El Dorado County in providing prehospital care and transportation within CSA-3 service area. The Executive Director employs organizes, directs, coordinates, and evaluates the operations of the JPA and its employees under the direction of and in collaboration with the Board of Directors, and agency Fire Chiefs. The Executive Director conducts on-going opportunity analysis to determine key performance management issues and to provide sound financial management. The Executive Director utilizes theory-based program design, implementation, and evaluation strategies and provides data to guide ongoing short and long term system development.

City of South Lake Tahoe

Police K9 Officer, January 2008 – April 2014

Patrolled assigned area to prevent and deter crimes from occurring, responded to suspicious activities and answered emergency calls for service. Investigated juvenile and adult criminal activity. Enforced state and local laws and ordinances. Coordinated crime scene control and investigation, including interviews and interrogations, identification of witnesses, and overseeing the collection and preservation of physical evidence. Prepared and documented cases; completed reports and records.

Sierra-at-Tahoe

Marketing Sales Manager, December 2006 – December 2007

Responsible for marketing and group sales at the resort. Collaborated with local businesses, media and other retail establishments to ensure successful sales both locally and regionally. Attended and represented Sierra at Tahoe on various boards and committees on the South shore.

adidas America

District Manager January 2002 – December 2006

Responsible for 11 retail outlet stores in California, Oregon, Washington, Minnesota and Wisconsin. Conducted regular store visits as well as store audits to insure the management team is in compliance with HR. Reviewed all progressive discipline of store staff as well as hire all management positions. Assisted in the creation and implementation of the first policy and procedure handbook for adidas retail. Lead and assisted in multiple Inline and Outlet store openings. Assisted in training of new district managers.

Store Manager October 2001 – January 2002

Assistant Store Manager July 1999 – October 2001

Daily operations management of South Lake Tahoe Retail Outlet. Annual budget 3.2 Million.

Associations

SLT Police Association Board Member, 2009-2014

SLT Police Canine Association, 2012-Current

SLT City Budget Task Force Committee, 2012

Elected to the Lake Valley Fire Protection District Board for two terms, 2006-2011

Fallen Leaf Lake Fire Department Personnel Roster

Last Name	First Name	Position
Gerren	Gary	Fire Chief
Roach	Mike	Asst. Fire Chief
Kimball	Josh	Captain
Palaroan	Albert	Captain
DeMarta	Anthony	Captain
Bandy	Chaz	FF/Paramedic
5 positions		Volunteers
16 positions		Contract Fire Fighters

Lake Valley Fire Protection District

EMS Certification Levels of Current Personnel

Personnel	Certification	ID Number
Tim Alameda, Chief	EMT-1	E102410
Brad Zlendick, Battalion Chief	EMT-1	E031423
Andrew Carey, Firefighter	Paramedic	P36038
Anthony Gasporra, Engineer	Paramedic	P21768
Brian Pierce, Engineer	Paramedic	P27114
Chad Stephen, Battalion Chief	Paramedic	P17509
Charles Malone, Captain	Paramedic	P22346
Chris Anton, Firefighter	Paramedic	P32529
Chris Heng, Firefighter	Paramedic	P32298
Dusty LaChapelle, Firefighter	Paramedic	P26548
Dylan Yuzbick, Firefighter	Paramedic	P34948
Jake Looney, Firefighter	Paramedic	P38539
Jan Bojsen-Moller, Captain	Paramedic	P24920
Jon Coats, Firefighter	Paramedic	P36223
Luke Anderson, Captain	Paramedic	P24509
Martin Goldberg, Engineer	EMT-1	E071429
Matt Nerdahl, Engineer	Paramedic	P25700
Mike Anderson, Engineer	Paramedic	P28411
Nathan Hagenbach, Captain	Paramedic	P20862
Perry Quinn, Captain	Paramedic	P17996
Steve Pevenage, Battalion Chief	Paramedic	P04848
Theodore Jackson, Captain	Paramedic	P23987
Wade Corbett, Firefighter	Paramedic	P35406
Wesley Long, Engineer	Paramedic	P28407

Michael A Anderson

2066 Nez Perce
South Lake Tahoe, CA 96150
H: 530-725-8650
M: 775-233-1164
andersontahoe@gmail.com

OBJECTIVE: To establish depth within Lake Valley Fire District as a Field Training Officer according to our new RFP.

Profession Background

- Two years as acting Engineer with Lake Valley Fire District
- Three years as a Firefighter/Paramedic with Lake Valley Fire District
- Four years as a Volunteer with Lake Valley Fire District
- Thirteen years of total fire experience
- Twelve years of EMS experience
- Ten years of Wildland Fire experience as Squad Boss and Crew Foreman

Accomplishments

- MVP/Best Team Player Award 2003 Northern Nevada Fire Academy
- MVP award 2005 Slide Mountain Hand Crew
- Firefighter of the year award 2015 Lake Valley Fire District

Professional Experience

Jun 2018-current	Lake Valley Fire Protection District-Engineer/Paramedic Performing all daily tasks and skills needed for Engineer position and acquiring all necessary documentation and training for acting Captain
Aug 2012-June 2018	Lake Valley Fire Protection District – Firefighter/Paramedic Performing all daily tasks and skills needed for an All Risk Municipal Fire Dept.
Aug 2010-Aug 2012	Barton Memorial Hospital – Emergency Room Technician Working the ER assisting ER Physicians and RN's with patient care and treatment
Jan 2008-Aug 2010	Lake Valley Fire Protection District – Volunteer Firefighter As a Volunteer Firefighter, I volunteered a minimum of 24 hours a week performing many functions of daily operations achieving my Paramedic accreditation for El Dorado County
Apr 2010-Aug 2010	Carson Valley Medical Center – Monitor Tech Monitoring patient EKG rhythms and assisting with patient care
Nov 2009-Sep 2010	Barton Sierra Clinic – EMT Technician Working in close quarters with ER Physicians and RN's performing patient care and treatment to all trauma and medical related patients
May 2005-Nov 2009	Angora Peak Hand Crew Lake Valley Fire Protection District – Crew Foreman Operating and supervising a Type II Hand Crew in fuels management and wildland firefighting
Sept 2002-Nov 2009	Slide Mountain Hand Crew North Lake Tahoe Fire Protection District – Squad Boss Type II Hand Crew performing fuels management throughout the Tahoe Basin and Nationwide Type II Fire Crew

Education

- NCTI Paramedic Program American River College
- Northern Nevada Fire Academy TMCC
- Saddle Back Community College
- George Whittell High School

Michael A Anderson

2066 Nez Perce
South Lake Tahoe, CA 96150
H: 530-725-8650
M: 775-233-1164
andersontahoe@gmail.com

Certifications

- Engineers Task Book complete
- Class C license with FF endorsement
- EMT Paramedic, ACLS, PALS, ITLS
- Certified Crew Boss
- Certified Class C Faller
- Certified Burn Boss
- CPR Instructor, Field Training Officer
- Instructor

Christian Anton
737 San Francisco Ave, #2
South Lake Tahoe, CA 96150
Phone: (775) 901-0869 E-mail: Christiananton41@gmail.com

Education:

Bachelor's Degree Fire Science - Generalist
Associate's Degree Paramedic Technology
Lake Superior State University, Sault Sainte Marie, MI 3.59 GPA

Certifications:

California Fire I + II
Emergency Response Technician Hazardous Waste Worker: 29 CFR 1910.120
Wild Land Firefighting: S-130, S-190, S-290 I-220, L-180
Portable Pumps and Water Course: S-211
CA Paramedic - P32529
AHA CPR Instructor, ACLS, PALS, ITLS
FEMA IS-100, IS-200, IS-700, IS-800
Instructor 1
Company Officer 2D

Professional Experience:

Lake Valley Fire Protection District: 05/16 - Present
Firefighter/Paramedic - 911 Response and Rescues, Inter-facility Transfers
~1,500 Annual Calls
Collaterals – Radios, IT Rep., PAC/CQI/MAC, FTO, Honor Guard, CPR instructor, CE Provider, Image Trend Rep.

Lake Tahoe Community College: 03/17 – Present
EMT Instructor – average of 20 students

Alpena Fire Department: 05/14 - 05/16
Firefighter/Paramedic - 911 Response, Inter-facility Transfers, Intercepts, Long Distance Transfers
~5,000 Annual Calls

Kinross EMS: 10/13 - 03/14
Paramedic - 911 Response, Inter-Facility Transfers, Intercepts, Long Distance Transfers

Advanced Fire and Rescue Services: 07/13-10/13
Raceway Services
Movie Set Standby
Fire, Medical, Event Coordination
Contract Emergency Services

Lake Superior State University: 2009-2013
Fire I and II Teaching Assistant/Tutor
Michigan First Responder, EMT-Basic, Paramedic Tutor

United States Navy: 2005-2009 (Honorable Discharge)
Advanced Shipboard Firefighter
Fire Investigator
Repair Party Leader/ Scene Leader
Aircraft Rescue and Firefighting

Awards:

Dean's List x8
Navy/Marine Corps Achievement Medal x2

References:

Renee Gray
EMS Director
Kinross EMS
5220 W. M-80
Kincheloe, MI 49788
Phone: (906) 495-6062 Email: Kctems@kinross.net

James Schaefer
Associate Professor
Lake Superior State University
650 Easterday Ave.
Sault Sainte Marie, MI 49783
Phone: (906) 748-1684 E-mail: jschaefer@lssu.edu

Kevin Mohar
Lieutenant
City of Sault Sainte Marie Fire Department
917 Augusta Street
Sault Sainte Marie, MI 49783
Phone: (906) 632-9153 Email: kmohar@lssu.edu

Eric Reynolds
Chief Boatswain's Mate
United States Navy
4402 148th St. NE
Marysville, WA 98271
Phone: (360) 471-6521 E-mail: Eric.reynolds8@me.com

Christopher Heng

1393 Skyline Drive, South Lake Tahoe, CA, 96150

530-318-2255

cripper10@gmail.com

heng@caltahoe.net

Education

National College of Technical Institution, Paramedic Program-Completion August 2012
Roseville, CA.

Lake Tahoe Basin Fire Academy-Completed June 2010
One College Dr. South Lake Tahoe, CA 96150

High School Diploma, June 2009
South Tahoe High School, South Lake Tahoe, CA 96150
Graduating GPA: 3.65/4.0

Clinical

Experience

Lake Valley Fire Protection District – South Lake Tahoe, CA

- Firefighting, paramedic and rescue response
- Continual emergency preparedness
- Community emergency awareness and education
- Team leader on critical EMS calls

South Lake Tahoe Fire Rescue/CalTahoe JPA – South Lake Tahoe, CA

- Paramedic and emergency response
- Continual education updates
- Patient assessment and emergency management

Barton Memorial Hospital- South Lake Tahoe, CA

Primary Locations include Barton Family Medicine and Barton Community Health Center

- Continual HIPAA practices
- Vital Signs
- Infection Control

Mercy San Juan Level 2 Trauma Center-Sacramento, CA

- Intravenous access
- Medication administration
- Endotracheal intubation
- Patient assessment and management

American Medical Response-Sacramento, CA

- Patient assessment, triage, treatment and management
- Treat and stabilize patients in accordance to Sacramento county Paramedic Protocols
- Intravenous access
- Endotracheal intubation
- Medication administration

Christopher Heng

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530-318-2255

cripper10@gmail.com

heng@caltahoe.net

Employment

Lake Valley Fire Protection District Firefighter/Paramedic – August 2015 to Current

- Work as a Firefighter/Paramedic in a team to achieve a unified goal
- All risk Firefighting, paramedic and rescue response
- Wildland and structural firefighting response
- Continual adaptation to an ever changing EMS system and community needs

City of South Lake Tahoe/CalTahoe JPA Paramedic – December 2014 to August 2015

- Single roll paramedic responding to medical emergencies
- Work with an EMT partner to provide medical care to patients in need
- Continual education with updates to paramedic protocols as needed
- Promoted to Lead Paramedic

City of South Lake Tahoe Firefighter Reserve - September 2013 to March 2014

- Work in conjunction with firefighters and paramedics to achieve a common goal
- Perform basic life support, advanced life support and firefighting operations

Lake Valley Fire Protection District Volunteer - October 2010 to 2014

- Volunteer community education
- Work with public on fire prevention measures
- Perform life and property saving measures when applicable

Barton Health Care-Emergency Room Technician - April 2012 to 2014

- Work under BLS and EMT-basic scope of practice
- Splinting using "Ortho glass"
- Proficient in emergency response, CPR
- Patient assessment, comfort, and family support

Barton Health-BLS And PEARS instructor - December 2014 to 2016

- Teach according to current AHA standards
- Educating the public and healthcare providers with current CPR standards

Lake Valley Fire Protection District -Angora Peak Fire Crew - June 2010-October 2010

- Fire prevention through fuels reduction and community education
- Fight wild land fires as a 20 man hand crew

Riva Enterprises LLC-Construction Crew - Summer 2008, Summer 2009

- Construction site cleanup and management
- Observe building plans and work with contractors to achieve final goal

Christopher Heng

1393 Skyline Drive, South Lake Tahoe, CA, 96150

530-318-2255

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heng@caltahoe.net

Qualifications/

Certifications

- Work one on one with patients. Families and public agencies
- High level of responsibility, calmness, stress tolerant, and initiative
- Vast knowledge of operating lifesaving equipment, and life support systems
- Continual renewal and knowledge of current medical qualifications
- California State certified Paramedic
- 7 Years experience in the EMS system
- Love and passion for the Medical Field

Medical Certifications:

- California Certified Paramedic
- California Certified EMT-Basic
- AHA certified ALS Provider
- PALS Provider
- AHA Certified BLS Provider
- AHA Certified BLS and PEARS instructor

Firefighting:

- California Firefighter 1
- California Firefighter 2
- Instructor 1
- ICS 100
- ICS 200
- Hazard Materials First Responder Operations Level
- California Accredited Fire Academy Completion

Organizations

and

Involvements

Tahoe Valley Elementary School 5th grade

- Assist with basic teaching
- Math, spelling, grammar, review

Lake Valley Fire Protection District

- Public Education on fire prevention and life safety through the use of “Fire and life safety Trailer”
- Fire Prevention through fuels reduction in conjunction with education
- Volunteer at local fire departments
- Respond to disaster situation as Firefighter/EMT as needed

Reference

List of references available upon request

Theodore Gary Jackson
557 Koru Street
South Lake Tahoe, CA 96150
H (530) 577-4046

POSITION: Captain at Lake Valley Fire Protection District

EDUCATION: San Diego State University, San Diego, California
Bachelor of Science in Business Administration, Finance, May 1991

California State Fire Marshal, Fire Officer Certification, May 2015

Northern California Training Institute, Paramedic Program, November 2005
Emergency Medical Technician, Paramedic, FTO, El Dorado County, California

WORK

HISTORY: **Lake Valley Fire Protection District, South Lake Tahoe, California**

Captain Paramedic, January 2019 - present
Engineer Paramedic, May 2014 - January 2019
Firefighter Paramedic, August 2006 - May 2014
Ambulance Driver Firefighter, paid part-time position, January 2004 - August 2005
Volunteer Firefighter, August 2001- January 2004

- I have been involved with Lake Valley Fire Protection District in varying capacities for over 18 years. During this time, I have been a reliable, capable, and decorated member of this organization. In addition to core duties, the following list of accomplishments and collateral duties represent a proven history of performance, increased responsibility and involvement.
- Firefighter of the Year, 2016
- Local 4409 President, Secretary, 2009 - Present
- Field Training Officer, Paramedic, February 2012 - May 2014
- Lake Valley Volunteer Firefighters Association, Secretary, January 2003 - January 2004
- Significant involvement in developing and implementing the Career Development Program
- Spearheaded and assisted the negotiations and re-writing of our past two MOU's
- Staff assignments to include all radio and related communications aspects
- Wrote and received grant for purchase of all handheld radios currently in use
- Budget Committee and financial consulting in a multitude of capacities for both the District and Local 4409
- Senior Project Mentor for South Tahoe High School and Mount Tallac High School
- Involvement in community outreach including Firefighters Ball, Easter Egg Hunt, elementary school programs, and various other events

RELATED

COURSEWORK

EDUCATION: Blue Card Program, Hazard Zone Management, coursework, March 2018
Current certification in ACLS, PALS, and ITLS
California State Fire Marshal Firefighter I and Firefighter II

LVFPD Captain and Engineer Taskbooks completed
On-going continuing education topics in Target Solutions
Incident Command System (ICS) 100, 200, 300, 400
Driver Operator 1A and 1B

Fire Investigation 1A
Fire Prevention 1A and 1B
Fire Instructor 1A and 1B
Fire Command 1A and 1B
Fire Management 1

Theodore G. Jackson

RELATED
COURSEWORK
EDUCATION

CON'T: FEMA, NIMS 700, 701.a, 703.a, 706, 800.b
Hazardous Materials First Responder Operations
Hazardous Material Decontamination Operations
Intermediate Wildland Behavior, S290
Wildland Fire Behavior, S110-130-190
Low Angle Rope Rescue Operational (LARRO)
Firefighter Type 1, S-131
Chainsaw, S212
Single Engine Crew Boss, S-230
Single Resource Engine Boss, S-231
Basic Air Operations, S-270
Intermediate Wildland Fire Behavior, S-290
Advanced Auto Extrication Training, June 2003
Introduction to Fire Technology, Lake Tahoe Community College, Fall 2001

PRIOR
WORK
HISTORY:

City of South Lake Tahoe Fire Department, South Lake Tahoe, California
Firefighter
August 2005 to August 2006

Embassy Suites Hotel Lake Tahoe Resort, South Lake Tahoe, California
National Sales Manager, Hilton Hotels Corporation
January 2000 to August 2004

American Golf Corporation, Santa Monica, California
General Manager, Blacklake Golf Resort, Nipomo, California, April 1999 to January 2000
General Manager, Lake Tahoe Golf Course, South Lake Tahoe, California, June 1997 to April 1999
General Manager, Eastlake Country Club, Chula Vista, California, March 1995 to June 1997
General Manager, Oceanside Golf Course, Oceanside, California, August 1993 to March 1995

References, licenses and certifications available upon request

Kileigh E. Labrado
957 Springwood Court
South Lake Tahoe, CA 96150
(303) 709-6144
grocco44@gmail.com

EXPERIENCE:

LAKE VALLEY FIRE PROTECTION DISTRICT

South Lake Tahoe, California

Administrative Manager /Clerk of the Board

February 2015- Present

- Manage front office and act as the primary point of contact for public interaction with the Fire District.
- Perform a wide variety of administrative, programmatic, confidential and supportive duties to manage Fire District.
- Serve as a liaison with other agencies and the County of El Dorado support services staff.
- Oversee budget, personnel, accounts payable/receivable and payroll.
- Record and prepare minutes from monthly Board of Directors meeting; compile and send out Board of Directors packets.
- Create and maintain custom reports and spreadsheets.
- Fire District's Public Information Officer required to establish media relationships and manage District's social media.
- Oversee the Wildfire Prevention Division budget to ensure compliance with District's policies and procedures.
- Coordinate, prepare and invoice for all strike team assignments for engines and crew.

FALLEN LEAF LAKE CSD FIRE DEPARTMENT

South Lake Tahoe, California

Reserve Firefighter/EMT

May 2014 –May 2016

- Respond to all fire and emergency medical calls on both land and water providing service until additional resources arrive.
- Maintain equipment and apparatus as well as performing daily, weekly and monthly inspections.
- Available and responded to mutual aid strike team assignments.
- Conducted defensible space inspections in accordance with CA PRC 4291.
- Perform various education and public information tasks to Fallen Leaf residents, Stanford Camp, and the general public.
- Participate in weekly training activities and instruction sessions to include structural and wildland firefighting, boat rescue, medical aid, and search and rescue.

TURNING LEAF REALTY

Longmont, Colorado

Realtor/Owner

November 2008 - December 2009

- Coordinated all aspects of a real estate transaction including marketing, advertising, financing and title work.
- Established a marketing campaign, website and presentations to capture new clients and increase market share.
- Managed all files and established databases through Top Producer and Outlook to ensure all real estate transactions closed.

REAL ESTATE OF THE ROCKIES

Longmont, Colorado

Realtor/Office Manager

October 2005 - October 2008

- Operated my own real estate business while assisting other realtors with contracts, computer software, and data management.
- Created a website, marketing materials, and presentations to capture new clients and sell more houses.
- Established and maintained office records, filing systems, computer databases.
- Procured mortgage loans for clients ensuring they received the best rates and service.

ERA TRADEWIND REAL ESTATE

Longmont, Colorado

Realtor

July 2004 – October 2005

- Created relationships with local home builders to establish myself as their on-site sales agent.
- Developed a marketing campaign for local builders to generate site traffic and increase sales.
- Had hands on involvement in all aspects of the real estate transaction to ensure the sale would close.
- Maintained a database and filing system to ensure all client paperwork/contract documents were managed properly.

RICHMOND AMERICAN HOMES

Longmont, Colorado

Community Sales Manager

March 2004 – June 2004

- Captured new buyers and generated new leads to meet monthly sales goals.
- Wrote and executed sales contracts for the purchase of new homes including change orders and expenses.
- Managed and maintained a large backlog of buyers to ensure they become homeowners and received proper customer care.
- Marketed the community through the creation of advertisements and flyers aimed at realtors and targeted consumer groups.
- Trained assistants on sales processes and office procedures to maintain an efficient and productive sales office.

PULTE HOMES CORPORATION
Sales Consultant

Englewood, Colorado
October 2002 – February 2004

- Assisted potential new buyers in the selection, purchasing and financing of their new home.
- Wrote and executed sales contracts for the purchase of new homes.
- Managed and maintained a highly efficient sales office in order to generate new leads and increase buyer traffic.
- Established and maintained close contracts with a strong realtor network to effectively market and promote the community to the public through hosting tours, presentations, seminars and community activities.

CITY OF LONGMONT HOUSING PROGRAMS
Income Certification Specialist

Longmont, Colorado
June 2001- September 2002

- Certify and approve housing applicants for Down Payment Assistance and Rehabilitation Assistance.
- Assisted in the implementation of a new Community Housing program for low to moderate income families.
- Work closely with lenders and realtors to ensure that applicants close on real estate properties.
- Market the housing programs throughout the county through the creation of brochures and a series of informational meetings

EDUCATION:

UNIVERSITY OF COLORADO AT BOULDER

Leeds College of Business

Area of Emphasis: Business Administration / Marketing

Area of Application: Real Estate (Certificate Program)

Boulder, Colorado
Graduation Date: May 2002

LAKE TAHOE COMMUNITY COLLEGE

Lake Tahoe Basin Fire Academy

Certificate of Completion: Basic Firefighter 1 Academy

Certificate of Completion: EMT Basic

South Lake Tahoe, CA
Graduation Date: June 2014

SKILLS & CERTIFICATIONS:

- Proficient with Microsoft Word, Excel, Power Point, and Outlook
- Fluent with IRESis, DocuSign, Cloud CMA, Realist, Top Producer and Mysite computer programs
- Completion of Accounting and Financial Analysis, Intro to Finance and Real Estate Accounting through CU Boulder
- Firefighter 1 Certification
- EMT Basic, First Aid, CPR/AED
- ICS 100, 200, 700, 800
- L-180, L-280, S-190, S-130, S-133, S-134
- Sexual Harassment
- Confined Spaces
- Ice Rescue Operations
- Hazardous Materials
- Fire Fighter Survival
- Auto Extrication
- Field Force Extrication Tactics
- VBIED Detection and Prevention

Dusty La Chapelle

999 Iron Mountain Circle, South Lake Tahoe, Ca. 96150. (530) 409-3242

OBJECTIVE: Current employee and **FTO** within Lake Valley Protection District organization.

PROFESSIONAL EXPERIENCE:

LAKE VALLEY FIRE DEPT: Firefighter/Paramedic from November 3rd, 2013 to present which includes twenty two months as an apprentice. Duties included, but not limited to, structural/wild land education and suppression, paramedicine, station detail, vehicle inspection and maintenance, acting Engineer. Collateral duties include volunteer association president for two years, firefighter ball coordinator for three years accumulating \$290,000, SCBA technician program, rope rescue program, Field Training Officer (FTO) for **seven** El Dorado County Paramedics, Honor Guard duties, CPR Instructor. Achievements: 2015 Firefighter of the year, 2016 Community Service Award.

PIONEER FIRE DEPT: Employed from March 7th, 2006 to September 20th, 2013. As an entry level firefighter/EMT, I promoted to engineer October 1st, 2007. Fire Captain promotion from Engineer July 3rd, 2008. All standard fire department duties performed. Collateral duties included Training Officer with El Dorado County Training Officers Association, EMS CEU Program Director, CPR instructor. Program Director for volunteer firefighter academy. Began part time ALS Program. Local 4586 President, Vice President. El Dorado County "Award for Merit" recipient 2012.

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE (CDF): 5 seasons as a schedule B firefighter from 2001 to 2005. Participate wild land, rural, and structural fire suppression. Actively respond as an EMT.

EDUCATION: 1998 South Tahoe High School graduate, 2001 Butte Fire Academy graduate, 2008 E.M.S.T.I graduate (Paramedic) #P26548. Currently enrolled Lake Tahoe Community College (four classes from Fire Science/Fire Officer AS degree).

ACCOMPLISHMENTS: Three years active El Dorado County **FTO**. Seven accreditations to date. 2015 Firefighter of the year. Certified AHA CPR instructor.

WESLEY A. LONG

Po Box 7713 • South Lake Tahoe, CA 96158
(cell) 530.362.0832 • e-mail weslong44@yahoo.com

FIRE EXPERIENCE SUMMARY

- Promotion to the Engineer Position
- Four years Acting Engineer with Lake Valley Fire Protection District
- Eight years as Firefighter/Paramedic with Lake Valley Fire Protection District
- Two years as Volunteer Fire Captain with Woodfords Fire Department
- Ten years total fire experience
- Eight years of EMS experience
- Two years of wildland fire experience
- Extensive experience with operation, repair and maintenance of trucks and heavy equipment.

CERTIFICATIONS/LICENSES

- LVFPD Engineers Task Book completed
- Class A Commercial California Drivers License
- EMT Paramedic License
- California Wildland Red Card
- Certified Equipment Operator – Front End Loader and Loader Backhoe
- EMT Paramedic ACLS, PALS, ITLS
- California State Fire Marshal Firefighter I and II certificates
- HazMat/First Responder Operations certificate
- CSFM Driver/Operator 1A/1B certificates
- Certificates for ICS-100, ICS-200, IS-700.B, IS-701

EMPLOYMENT SUMMARY

Lake Valley Fire Protection District

February 2010 to Current

- Engineer/Firefighter/Paramedic
- EVOC Program Coordinator/Instructor
- Liaison to STPUD for Hydrant Maintenance Program
- Special Event Coordinator

Woodfords Fire Department
June 2007 to February 2010

As a Volunteer Captain with the Woodfords Fire Department, I was relied upon to perform many functions of the day-to-day operations. I was the primary EMT on call Tuesday through Friday. I had also been called upon to be the Acting Engineer, Incident Commander and I regularly responded to calls in our BLS Ambulance. During my time with the Woodfords Fire Department, I was promoted to Capitan in 2009. I was also in charge of the safety and training of the EMS program.

South Tahoe Public Utility District
June 2007 to January 2010

My position with South Tahoe Public Utility District was Land Application in Alpine County. My job description included improving and maintaining a 3300-acre piece of property owned by the district. On a day-to-day basis, I operated and maintained heavy equipment including, but not limited to; back hoe, front-end loader and a new Holland Tractor. During my daily ten-hour shifts, I was also on call with the Woodfords Fire Department.

Alpine Motor Company
August 2000 to June 2007
South Lake Tahoe, CA

I opened Alpine Motor Company on a small budget, in a small warehouse here in South Lake Tahoe. Through hard work and determination, it became a successful business. As the owner, I handled and oversaw all aspects of daily operations. I made retail customer sales, handled credit applications, dealt directly with numerous lending institutions, processed DMV documents for all sales, oversaw inventory purchasing, coordinated service calls, managed accounts receivable/payable and supervised and trained 2 to 4 employees. I opened a second location in Minden, NV in 2004 and an offshoot detailing business in 2004

South Tahoe Newspaper Agency
May 1995 to October 2001
South Lake Tahoe, CA

As the commercial route distribution manager, my job consisted of being at the warehouse by 3:00 a.m. to make sure the correct amount of newspapers were unloaded from the bulk trucks. I was also in charge of adjusting the amount of papers that each commercial route driver was asked to place in each individual newspaper rack each day and week. This adjustment was based on the time of the year and the day of the week. I also ensured that each driver had the correct total amount of each paper that they would need for their entire route. I entered the data compiled by each driver concerning the number of unsold papers from the previous day. I scheduled employee's work days, days off, vacations, etc. I dealt with day-to-day employee problems and operations.

United States Forest Service

May 1997 to October 1999

South Lake Tahoe, CA

I worked for the Forest Service on a hand crew for two seasons. I did participate in several fire events over the two fire seasons, but those were light fire years so much of my time was spent working on forestry projects.

EDUCATION SUMMARY

NCTI Roseville

- NCTI Paramedic program

Lake Tahoe Community College

- Emergency Medical Technician Certification 1999 and 2007
- Completed multiple Fire Science and Business classes over two years

Santa Barbara City College

- Completed multiple general education classes in pursuit of a BA in Fire

Science

- Completed several General Business Classes

REFERENCES

Jeff Michael

Retired Fire Chief – Lake Valley Fire Protection District

647 Eloise Ave

South Lake Tahoe, CA 96150

(530) 545-3694

Darcie Goodman-Collins, PhD

CEO League to Save Lake Tahoe

2608 Lake Tahoe BLVD

South Lake Tahoe, CA 96150

(530) 541-5388

Lucas Giordano

Main Street Wealth Group

431 Cleveland St

Woodland, CA 95695-3901

(530) 666-2128

Paul Schlange

South Tahoe Public Utility District

Water Reuse Lead Person

Matthew Nerdahl

982 Boulder Mountain Dr. South Lake Tahoe, CA 96150 – 530-318-1666(C) – 530-600-0301(H)
nerdahl@caltahofire.net

Professional Profile

Experienced Firefighter/Paramedic with a solid reputation for hard-work, professionalism, and concise decision making. Dedicated employee with the mechanical aptitude and skills necessary for the position, and the motivation for advancement.

Pertinent Qualifications

- CA state Paramedic license
- Operator 1A & 1B
- Firefighter I & II certified
- Completed Engineer Task book
- DL: CA Class B
- Haz-Mat FRO
- ICS 100 & 200
- NIMS 700 & 701

Relevant Experience

- 7 years experience as a Firefighter Paramedic
- 4 years qualified as an acting Engineer
- 12 Day assignment as Acting Engineer Type III, King Fire 2014
- 3 years volunteer Firefighting with Lake Valley

Additional Experience

- 2 years Emergency Room Technician
- 2 seasons Heavy Equipment Operator
- 2 years as a Restaurant General Manager

Work Experience

Lake Valley Fire Protection District
Firefighter/Paramedic
South Lake Tahoe, CA

March 2008 – Present

3+ years experience as a Firefighter/Paramedic Apprentice with an additional 4+ years Full time permanent. Responsibilities include Grant writing, grounds maintenance, and FTO status.

Education

Northern California Training Institute (NCTI)
Certificate of Completion: Paramedic
Roseville, CA

2007

Lake Tahoe Community College
Associate's Degree: Fire Science
South Lake Tahoe, CA
Graduated with Honors: 3.96 GPA

2006

Lake Tahoe Community College
Transfer requirements

Currently working on transfer requirements to continue education for Bachelor's degree

Stephen Pevenage

2187 Catalina Drive
South Lake Tahoe CA 96150

Battalion Chief

Operations/EMS

Work Experience:**Battalion Chief-Paramedic****Operations/EMS**

September 2017-Present

- Coordinate the organization, staffing, and operational activities of a battalion
- Assist in the development and implementation of comprehensive fire prevention, suppression, hazardous material, emergency medical services, fire inspections, training and public education programs
- Participate in the development and implementation of goals, objectives, policies and priorities for assigned areas of responsibility

Strike Team Leader Engine

May 2017-Present

- Function in capacity of Strike Team Leader Engine as required by the California Incident Command Certification System.

Division/Group Supervisor (t)

May 2018-Present

- Function in capacity of Division/Group Supervisor as required by the California Incident Command Certification System.

Captain/Paramedic

September 2005-September 2017, Lake Valley Fire Protection District

Special Assignments:

- District run books
- Best Practice Guidelines
- ALS Engines
- Public education
- Defensible Space Inspector
- Project leader to Finalize Training Center (portable classroom and offices)

Engineer/Paramedic

March 2003-September 2005, Lake Valley Fire Protection District

Special Assignments:

- Logistics Section Chief (CTESOA) Responsible for all Logistical needs of the District and JPA

Firefighter/Paramedic

March 2001-March 2003, Lake Valley Fire Protection District

Special Assignment:

- Medical Supplies

Firefighter/Paramedic

October 1999-March 2001, El Dorado Hills Fire Protection District

Special Assignment:

- Paramedic Field Training Officer
- Child Safety Seat Program Administrator

Firefighter/Paramedic

October 1997-October 1999, El Dorado County Fire Protection District

Volunteer Firefighter

1993-1997, Lake Valley Fire Protection District

Paramedic

October 1994-October 1997, Lake Tahoe Ambulance

Education:

Columbia Southern University

Bachelor of Science, Fire Administration

Magna Cum Laude

June 2017

California State Chief Officers Certification

June 2010

California State Fire Officers Certification

May 2006

Associate of Arts Fire Science
1998, Lake Tahoe Community College

Certificate in Paramedic Science
1994, Truckee Meadows Community College

Relevant Certifications:

California State Fire Marshal Fire Officer 2006
California State Fire Marshal Chief Officer 2010
California State Fire Marshal Firefighter I 1997
California State Fire Marshal Firefighter II 2006
California State Fire Marshal Rescue Systems I
California State Fire Marshal Driver Operator 1A
California State Fire Marshal Driver Operator 1B
California State Fire Marshal Fire Apparatus Driver/Operator I
California State Fire Marshal Fire Instructor 1A
California State Fire Marshal Fire Instructor 1B
California State Fire Marshal Fire Instructor 1C
Department of Forestry & Fire Protection S290 1998
NWCG ICS 100, 200, 300 2002
NWCG S-205 2002
NWCG S-131 2009
NWCG S-212 2009
NWCG S-270 2010
NWCG S-200 2011
NWCG S-231 2012
NWCG S-230 2012
NWCG I-400 2010
NWCG S-234 2013
NWCG S-330AR 2015
NWCG S-215 2016
NWCG S-339 2017
NWCG S-390 2019
FEMA National Fire Academy Political and Legal Foundations in Fire
Protection

FEMA National Fire Academy Applications of Fire Research
 FEMA National Fire Academy Principles of Firefighter Safety and Survival
 FEMA National Fire Academy Building Construction for Fire Protection
 FEMA National Fire Academy Community Risk reduction for Fire and
 Emergency Services

Fire Experience:

Incident Na	Location	Year	Position	Operational Periods	Incident Compl
Darby	Calaveras	2001	Apparatus Operator		
Coleville	Mono	2002	Apparatus Operator		
Angora	El Dorado	2007	Engine Boss	7	
Harris	San Diego	2007	Engine Boss	14	
BTU Lightning Co	Butte	2008	Engine Boss	14	
Humboldt	Butte	2008	Engine Boss	6	
Lockheed	Santa Cruz	2009	Engine Boss	14	
Hat Creek Com	Shasta	2009	Engine Boss	7	
Robbers	Placer	2012	Engine Boss	3	
Ponderosa	Tehama/Shasta	2012	Engine Boss	6	
Eiler/Bald	Shasta	2014	Engine Boss	10	
Washington	Alpine	2015	Engine Boss	10	
Trailhead	El Dorado	2016	Sten (T)	8	
Mineral	Fresno	2016	Sten (T)	6	
Clayton	Lake Co	2016	Sten (T)	7	
Willard	Lassen	2016	Sten (T)	6	
Loma	Santa Cruz	2016	Engine Boss	4	
Wall	Butte	2017	Engine Boss	8	
Detweiler	Mariposa	2017	Engine Boss	14	
Ponderosa	Butte	2017	Engine Boss	6	
Salmon/August	Klammoth	2017	Engine Boss	8	
Thomas	Ventura	2017	STEN	14	

Andrew C. Sessions

3364 South Upper Truckee Road

South Lake Tahoe CA, 96150

Phone: 916-917-0142

530-721-0972

Email: Sessions@caltahoefire.net

Profile: A twenty two year fleet professional with broad experience in the maintenance, diagnostics, repair, specification, and disposal of all types of vehicles and equipment, specializing in emergency service vehicles ie: Fire Apparatus, Police vehicles, and Ambulances. Certified Master Fire Mechanic, ASE certified Master Automotive Technician, ASE certified Master Truck Technician. Current Fleet Manager and Master Fire Mechanic for the Lake Valley Fire Protection District, serving as Mechanic/Fleet Management for the Cal Tahoe Joint Powers Authority since 2015.

Education:

8/13/1999: Associated of Occupational Studies - Automotive Technology
Universal Technical Institute, Phoenix, AZ

1998: Diploma
Campbell County High School, Gillette, WY

Work Experience:

6/2015- current :	Fleet Manager/Master Fire Mechanic Lake Valley Fire District
2/2006 – 5/2015	Mechanic II, Senior Fire Mech City of Roseville
8/2005 - 2/2006:	Service Technician, Future Nissan, Roseville, CA
6/2003 — 3/2005:	Garage Supervisor, Mammoth/June Mountain Ski Area
3/2000 — 2/2001:	Grounds and Construction Supervisor, Mammoth Mountain Inn

Certifications and licenses :

CA Commercial Class B Driver's License with Passenger & Tank Endorsement, ASE Certifications: Master Automobile, Master Medium Heavy Truck Tech, Certified Service Consultant, Certified Undercar Specialist, Certified Maintenance and Light Repair Tech, Medium Heavy Truck Preventative Maintenance & Inspection, Light Vehicle Diesel Engines

Additional Skills:

Fleet Management Software — Squarerigger Version 7
Proprietary Software — Allison Transmissions, Detroit DDEC, WABCO/Meritor, Cummins Insight, Ford IDS, GM Tech II, Chrysler DRB3, Prolink Diagnostic Software and various Snap-On Diagnostic Tools.

Windows, Internet Search Engines, Outlook and Word

Supplemental Information
of Andrew C. Sessions

Category 17 — CERTIFICATES, LICENSES:

AA Associate Degree Automotive Technology (UTI)
Fire Mechanic II (Office of State Fire Marshall)
Fire Mechanic III/Master Fire Mechanic(Office of State Fire Marshall)
Driver Operator 1A and 1B (SFT)
Fire Mechanic 1: Fire Pumps & Accessories (SFT)
Fire Mechanic 2A: Fire Apparatus Electrical Systems(SFT)
Fire Mechanic 2B: Allison Transmissions(SFT)
Fire Management 1: Management/Supervision for Company Officer(SFT)
Fire Mechanic 3A: Ambulance Service & Maintenance(SFT)
Fire Mechanic 3B: Aerial Apparatus(SFT)
ASE Master Automobile Technician
ASE Master Medium Heavy Truck Technician
ASE Certified Service Consultant
ASE Certified Undercar Specialist
ASE Certified Maintenance and Light Repair Technician
ASE Certified Exhaust Systems Specialist
ASE CERTIFIED Parts Specialist
EPA — Environmental Protection Agency - Section 609 Refrigerant Recovery & Recycling Certification #564990731
FEMA — Federal Emergency Management Agency — Incident Command System ICS-100
FEMA — Federal Emergency Management Agency — Incident Command System NIMS IS-700.A
Fleet Program Defensive Driving Strategies
Blood Born Pathogen Training (CMFA Academy Spring 2015 Refresher — Ambulance Course)
CPR
First Aid

Forklift Certified Operator
Heartsaver AED
Pierce Manufacturing — PUC Maintenance Class
Pierce Manufacturing — Husky/CAFS Maintenance Class
American LaFrance — Aerial Apparatus Specialist
International Navistar Diamond Logic System Training
Aerial Bucket Truck Operator Training
Safety Award 2000 Mammoth Mountain Ski Area Outstanding Leadership
2011 Pride of Roseville Recipient — Caughlin Fire Reno NV
Bendix Air Brake System
PSD 7.3L,6.0L, 6.4L & 6.7L Diesel
Whelen New Products & Technical Training
Cleaire Emission Controls, DPF,SCR,DOX
PEMA Advanced Hydraulics
CFMA 2018 Steering & Suspension
CFMA 2018 Allison Transmission PM Service and Repair
CFMA 2015 Detroit Diesel Engine Service and Repair
CFMA 2018 Title 13 Lighting packages and installation
CFMA 2018 Laws,Regs,Standards for Emergency apparatus CHP, DOT, CA
CFMA 2016 Cummins Engines, Service repair, Diagnostics,
CFMA 2016 Cummins ISL9 & ISX15 CM2350
Lake Valley Fire Fleet awarded ASE Blue Seal of Excellence 2017

DYLAN C. YUZBICK

P.O. BOX 551327, SOUTH LAKE TAHOE, CA 96155 530.545.3302 dyazur@yahoo.com

Education

Lake Tahoe Community College, South Lake Tahoe, CA

Major Fire Science, Specialization Firefighter I Certificate of Achievement, 2013

Lake Tahoe Basin Fire Academy Graduate, 2013

Received Leadership Award at Graduation Ceremony

San Diego State University, San Diego, CA

Bachelor of Arts, Liberal Arts and Sciences, English Graduate, 2009

Lake Tahoe Community College, South Lake Tahoe, CA

Associate in Arts, Liberal Arts Graduate, 2007

South Tahoe High School, South Lake Tahoe, CA

High School Diploma Graduate, 2005

Experience

Lake Valley Fire Protection District

Professional Firefighter/EMT-P September 2015-Present

Respond to activation of 911 system as required per the District's Mission Statement
Operate within District's Chain of Command to ensure all wants and needs of District are fulfilled Function with members of District to fulfill daily objectives, training, and goals of District
Constant responsibility, truthfulness, and honesty in motives and actions at District

Lake Valley Fire Protection District

Volunteer Firefighter/EMT-B January 2010-September 2015

Lake Tahoe Community College

Lake Tahoe Basin Fire Academy, Instructional Aide September 2013-Present
Effectively teach academy cadets Firefighter I curriculum per the California State Fire Marshal
Consistency of values, actions, methods, expectations, outcomes, and principles
Cognizant of the way set forth by the founding committees to assure academy reputation

EMT B, Instructional Aide September 2012-Present

Accurate and effective transmission of current EMS Scope of Practice
Awareness of numerous learning patterns and ability to mold curriculum to each

South Tahoe CrossFit

Certified Level I Trainer

August 2011-Present

Professionally coach and manage large groups of people of all abilities and demographics
Effectively encourage members to help fulfill their health and fitness needs
Integrate continuous improvement to progress and evolve the local CrossFit community
Exemplify patience to demonstrate that gratification will present if given attentive time

Shodan Inc.

Alaskan Fisherman (Deckhand)

June 2011-July 2011

Entertain work ethic by completing objectives and exceeding objective expectations
Management of time and movement efficiency to assure effective return success
Maintenance of deck and quarter cleanliness as insurance to safety and vessel order
Constant composure protection in every of the many variable environment circumstances

Qualifications

California State Fire Marshal Fire Fighter I and II

Certificate of Completion Lake Tahoe Basin Fire Academy

Basic Wildland Firefighter

Candidate Physical Ability Test

National Registry EMT-P, ACLS, PALS, ITLS

California State EMT-P

American Heart Association CPR

Skills/Interests

Versed in Spanish

Trade Experienced

CrossFit Trainer of Functional Fitness

References

Terrence Finney, Judge of the Superior Court Retired -Deceased, State of California

Brad Jackson, Captain Retired, South Lake Tahoe Fire Department

Kenneth Spielvogel, MD, Barton Memorial Hospital

Contact information furnished upon request

Additional License's, Certifications, and References furnished upon request



South Lake Tahoe Fire Rescue Personnel Roster

Last Name	Position	Certification	Certification Number
Anderson	Captain	EMT	E006023
Asbury	Captain	Medic	P17358
Bailey	Engineer	Medic	P24384
Benavidez	Engineer	EMT	E004400
Berthinier	Firefighter	Medic	P38660
Bias	Firefighter	Medic	P31420
Blasser	Firefighter	Medic	P28233
Cawelti	Engineer	Medic	P27224
Davis	Engineer	Medic	P26773
Drennan	BC	EMT	E005116
Forehand	Firefighter	Medic	P32818
George	Captain	Medic	P17717
Hambel	Engineer	EMT	E025358
Jack	Captain	Medic	P26601
Jones	Firefighter	Medic	P35339
Keys	Captain	EMT	E052748
Koeppen	BC	EMT	E000723
Martinez	Captain	Medic	P26031
Mileski	Engineer	Medic	P24649
Monday	Engineer	EMT	E004341
Renner	Firefighter	Medic	P32532
Taormina	Engineer	Medic	P31216
Vallejo	Firefighter	Medic	32827

Jim Drennan

779 Algonquin Ct South Lake Tahoe, CA 96150 530.318.2334 jdrennan@cityofslt.us

Work Experience

Operations Battalion Chief, South Lake Tahoe Fire Dept (May 2016—Present) Under direction of the Fire Chief, plan, direct and supervise daily operations of assigned shift and all personnel. Required to take Incident Command of all 1st alarm or greater responses. Responsible for Fire Department operations including EMS, response policies, new apparatus, company standards, EOC liaison, dispatch liaison and Acting Fire Chief.

Shift Commander, South Lake Tahoe Fire Department (Nov 2011—Mar 2012) Promoted as the first Shift Commander and subsequently requested a demotion to Fire Captain due to family health needs. Continued to act as Shift Commander on an as-needed basis from March 2012—present.

Acting Division Chief, South Lake Tahoe Fire Department (May 2009—Nov 2011) Worked in the capacity of duty chief on an as-needed basis. Managed multiple engine companies, provided incident command at large incidents as well as all administrative and support functions including but not limited to payroll, staffing, training and record keeping.

Fire Captain, South Lake Tahoe Fire Department (March 2007—May 2016) Under direction of the assigned Division Chief or Shift Commander, plan, direct and supervise the day-to-day activities of assigned engine company personnel; command engine company emergency responses; and direct shift/station activities related to fire suppression, inspection, prevention, training and public education.

Fire Engineer, South Lake Tahoe Fire Department (June 2005—March 2007) Under general supervision of assigned Fire Captain, operate and maintain fire apparatus and other fire-fighting and safety related equipment; respond to fire alarms and other emergency calls to protect life and property

Firefighter, South Lake Tahoe Fire Department (December 2002—June 2005) Under the direction of the Fire Captain respond to fire alarms and other emergency calls to protect life and property; provide basic life support emergency medical service.

Education

Bachelor of Arts Degree History 1997, Lewis & Clark College, Portland, OR

Fire Academy 1999, Portland Community College, Portland, OR

Complete list of applicable certifications and licenses provided via NEOGOV

Currently enrolled at Columbia Southern to complete Master's Degree in Emergency Services Mgmt

Additional Information

South Tahoe Action Team (STAT) program manager November 2014—Present.

Union President IAFF Local #4427 (January 2007—January 2009).

Have worked extensively with neighboring Fire Departments to build strong professional relationships with mutual and auto aid agreement partners.

Wrote and implemented Firefighter Rescue Policy for South Lake Tahoe Fire Department and Lake Valley Fire Protection District.

Adjunct Faculty for the LTCC Lake Tahoe Basin Fire Academy since 2007

KIM GEORGE
731 LASSEN DR
SOUTH LAKE TAHOE, CA 96150
(530) 307-9596

EDUCATION

2019	GRAND CANYON UNIVERSITY CURRENT MASTERS IN SCIENCE STUDENT EXECUTIVE FIRE LEADERSHIP W/ EMPHASIS IN DISASTER PREPAREDNESS	PHEONIX, AZ
2016	LAKE TAHOE COMMUNITY ASSOCIATE FIRE SCIENCE	S. LAKE TAHOE, CA
2013	EXCELSIOR COLLEGE BACHELORS IN SCIENCE NURSING	ALBANY, NY
2009	EXCELSIOR COLLEGE ASSOCIATE NURSING	ALBANY, NY
2001	METS PARAMEDIC SCHOOL PARAMEDIC	LODI, CA
1995	DIABLO VALLEY COLLEGE ASSOCIATE LIBERAL ARTS	CONCORD, CA

CURRENT CERTIFICATIONS

CALIFORNIA FIRE MARSHALL FIRE OFFICER
REGISTERED NURSE CA#761360
REGISTERED NURSE NV#95994
NATIONAL REGISTRY PARAMEDIC #0929743
CALIFORNIA PARAMEDIC #P17717
NATIONAL FIRE ACADEMY QUALITY IMPROVEMENT IN EMS
ACLS / PALS / PHTLS

EXPERIENCE

2001-2019	CITY OF SOUTH LAKE TAHOE FIRE RESCUE
2016-2019	CAPTAIN PARAMEDIC / EMS OFFICER
2012-2016	EMS COORDINATOR
2011-2016	SLTFD EMS TRAINING / SLTFD FTO LEADER
2009-2016	ENGINEER PARAMEDIC
2003-2016	FIELD TRAINING OFFICER
2005-2006	EL DORADO COUNTY CQI LEADER
2003-2006	SLTFD CQI COORDINATOR
2001-2009	FIREFIGHTER / PARAMEDIC
2017-2018	H2UP IV HYDRATION THERAPY RN

JAY D. MANNING

28844 Road 168, Visalia CA. 93292 559-284-5315 jd@stephaniemanning.com

PROFESSIONAL PROFILE

Innovative, team oriented professional with 22 years of practical experience and demonstrated success in the fire service; including suppression, operations, supervision, labor relations, and training. Demonstrated proven ability to work collaboratively and communicate effectively to accomplish results; providing the necessary foundation for effective change. Experienced interaction with senior administration and management personnel, as well as, stakeholders with both private and public agencies.

EDUCATION

Waldorf College
BS - Fire Service Administration – 2014

College Of Sequoias
AS - Fire Science - 2001

PROFESSIONAL EXPERIENCE

South Lake Tahoe Fire Rescue – Battalion Chief

November 2018 – Present

City of Visalia - Administration Officer

August 2014 - November 2016

City of Visalia - Fire Captain

March 2009 – November 2018

City of Visalia - Fire Engineer

March 2006 - March 2009

City of Visalia - Firefighter / EMT-D

August 2000 - March 2006

California Department of Forestry - Firefighter I

March 2000 - August 2000
June 1999 - November 1999

COMMUNITY

- Volunteer Coach Visalia Parks and Recreation
- Participant in Fill the Boot - MDA
- Sequoia Union School District - School Site Council, 2014/2015, 2016/2017, and 2017/2018
- Volunteer Coach Odyssey South Youth Soccer

ACHEIVEMENTS

- Visalia Firefighters L-3719 Vice President, January 2017 to Present
- 2015 City of Visalia Supervisory Academy
- 2012 Visalia Fire Department Firefighter of the Year
- 2011 Circle of Excellence Award Recipient - Visalia Fire Department

CERTIFICATIONS / SKILLS

CSFM Chief Officer
CSTI HazMat IC
CSFM Rescue Systems I, II
S-234, 258, 270, 290
S-330AR Strike Team Leader All Risk
CSTI WMD, HAZMAT F.R.O.
FEMA IS800.b National Response Framework
S-358 Communications Unit Leader
#19-918-037 CTESOA Proposal

CSFM Fire Officer
ICS 100, 200, 300, 400
FEMA IS700 NIMS
NFA Advanced Fire & Emergency Services Admin
NFA Personnel Management in the Fire Service
NFA Political and Legal Foundations for Fire
NFA Community Risk Reduction
NFA Fire Protection Structures and System Design

Jeffrey A. Meston
531 Sugarpine Drive
Incline Village, Nevada 89451
(775) 832-1073 home (775) 636-3439 cell
Jmeston@northtaho.net

Highlights of Qualifications

Competent, reliable, and a committed professional, with a proven record of success in assuming increasing levels of responsibility. Outstanding interpersonal communication skills, an effective team member who is comfortable with leading or collaborating. The ability to maintain a balanced, objective viewpoint in addressing problems. A conceptual talent for seeing "the big picture," pinpointing an organizational objective, and setting goals and identifying priorities to achieve it.

PROFESSIONAL EXPERIENCE

LEADERSHIP

- Past President, California Fire Chiefs Association, Northern Division, Fire Training Officers Section
- First Certified Firefighter II in the State of California
- Successfully upgraded the volunteer firefighter program in two jurisdictions
- Led the Centennial Celebration and State Championship Fireman's Muster in 1985
- Implemented the annual master planning session for Northern California Training Officers
- Served as program developer and instructor for management courses at the National Fire Academy and California State Fire Academy
- Guest speaker and instructor at the following conferences: Fire Department Instructors Conference, California Fire Chiefs Association, California Special Districts Association, Fire Districts of California and the International Association of Fire Chiefs
- Pioneered a public access defibrillator program for the community including establishing a non-profit foundation for the Fire District
- Course Developer, Instructor and Speaker at the National and State level
- Led the task force to implement Ethics Training for the California State Fire Marshals Office State Wide Training Program
- Serves on the Board of Directors for FIRESCOPE
- Serves as an advocate for California Fire Chief Certification

- Serves as needed, as the Acting City Manager for the City of South Lake Tahoe
- Serves as the Emergency Operations Manager for the City of South Lake Tahoe
- Serves on the California Statewide Alert & Warning Guidelines Committee, Cal OES
- President, California Fire Chiefs Association (2018/19)

ADMINISTRATION/MANAGEMENT

As Entrepreneur

- Led three major revisions of two jurisdictions Emergency Medical Service delivery system at the NFPD and CSLT
- Administered a comprehensive disaster preparedness program that interfaced with both the City and the County in two jurisdictions. The plan included emergency response, citizen preparedness and joint emergency operations management
- Co-authored and implemented a Career Development Guide that was successfully negotiated with labor in two jurisdictions which focused on succession planning
- Served as the campaign manager of a successful tax ballot measure that ensured the long term stable funding for the Novato Fire Protection District, March 2002
- Created revenue streams in every cost center within the Novato Fire District
- Developed and implemented a business plan that addressed policy issues, capital equipment and infrastructure needs for the long-term health of the NFPD and CSLT
- Was awarded a 2003 International Association of Fire Chiefs Excellence Award for the District's Strategic Visioning Program
- Led a 3 year process which led to the CFAI Accreditation of NFD
- Received the Lifetime Achievement Award for the California Fire Chiefs Association
- Honored as Marin County Task Force Commander, California Urban Search and Rescue TF-1
- Received the City of South Lake Tahoe Leadership and Inspiration Award 2015
- Received the Ed Bent Training Excellence Award, Outstanding Fire Instructor of the Year 2017.

As Staff Member

- Managed and supervised all aspects of a full-service fire agency
- Involved in four major fire department construction projects

- Facilitated the development and adoption of an all-risk Standards of Cover document for the Novato Fire District and for the City of South Lake Tahoe Fire Department
- Facilitated the development and update of the NFD and CSLT Strategic Plan
- Represented the Fire Districts Association of California as the Chair of the California Fire Service Legislative Task Force
- Served on the Special Districts Leadership Foundation
- Past President, Marin County Fire Chiefs Association - Board member FDAC and Cal-Chiefs - Section Chief, Training Section, California Fire Chiefs Association - Liaison from the California Fire Chiefs Association to the Fire District Association of California
- Served as the President of the Lake Tahoe Regional Fire Chief's Association

COMMUNITY RELATIONS

- Pioneered a citizen disaster preparedness training program for both business and homeowner groups that won an IAFC national award
- Appointed by the Office of the California State Fire Marshal to serve on the State Training and Education Committee (S.T.E.A.C.)
- Former Rotarian, Past President, Rotary Club of Ignacio
- Served as a membership Co-Chairman, Novato Human Needs Center
- Served on the annual Fourth of July committee to celebrate the Fire District's 75 years of service to the community
- Served as a committee member for Novato Nostalgia Days
- Served as Treasurer for the Novato Chamber of Commerce, facilitated the Annual Chamber of Commerce Strategic Plan and coordinated activities for the Leadership Academy
- Served as the California OES representative for California Seismic Network
- Served on the Fireman's Fund Insurance Company's Heritage Program as a technical expert
- Served on the County of Marin's Emergency Medical Care Committee
- Served as Founder and President Novato Fire Foundation 501 (c 3)
- Served on the South Shore Community Vision Committee
- Serves on the Alert and Warning committee for the State of California

EMPLOYMENT HISTORY

2013-Present Fire Chief, City of South Lake Tahoe Fire Rescue

2018-	Served for 4 months as the Acting City Manager, CSLT
2009-2011	Fire Chief, Capstone Fire Management (private fire agency)
2009-2010	Interim Fire Chief, Los Coyotes Tribal Fire Department
1999-2006	Fire Chief, Novato Fire Protection District
1995-1999	Assistant Chief, NFPD
1989-1995	Division Chief, NFPD
1986-1989	Battalion Chief, NFPD
1981-1986	Fire Captain, Madera City Fire Department
1979-1981	Fire Engineer, MFD
1977-1979	Firefighter, MFD
1976-1977	Volunteer Firefighter, Alameda County OES

EDUCATION

Certified Fire Chief, California State Fire Marshal, 2004 (Number 16)

Chief Fire Officer Designation- International Association of Fire Chiefs, 2003

Master of Arts Public Administration-Columbia Pacific University, 1993

Executive Fire Officer-National Fire Academy, 1991

Certified Chief Officer-California State Fire Marshal, 1990

Bachelor of Arts Public Administration-Columbia Pacific University, 1989

A.A. Fire Science-Chabot College, 1976

CONSULTANT HISTORY

- Developed a study for the Santa Cruz County Fire Chiefs on the delivery of Emergency Medical Services
- Developed a City of Petaluma Fire Department Master Plan
- Facilitated and troubleshot County of Sonoma Fire Services Master Plan Issues
- Conducted Fire Department Team Building for Wilmar Volunteer Fire Department
- Developed Promotional Testing for Rancho Adobe Fire Department
- Developed Promotional Testing for Valley of the Moon Fire District

- Developed and field tested the Quality Improvement Program for the State of California Fire Service Training and Education System
- Developed Standard of Cover documents for Truckee Meadows, Sierra Fire and Washoe County Volunteer Fire Departments
- Served as a Fire Service Consultant for Fireman's Fund Heritage Program
- Served as a Fire Service Consultant to Fireman's Fund Personal Insurance, Wild Fire Program
- Served as the Fire Chief for the Los Coyotes Tribal Fire Department that includes funding and establishing a new fire agency from incipient stages
- Served as a Consultant to Fire-Stop Wild Fire Program
- Served as Capstone Fire Management Fire Chief, specializing in fire protection for the utilities (San Diego Gas and Electric and Southern California Edison)
- Served as an Associate Consultant to Diamante Partners, Sacramento California
- Served as a consultant on fire department emergency response for the City of Cotati
- Conducted a fire station location study for the Carpinteria/Summerland Protection District with Diamante Partners
- Serves as an instructor for NWCG L580, San Diego Megafires; An All-Hazards Interactive Case Study- Leadership is Action

APPENDIX D Contents: Member Agreements

D2 – D19	Fallen Leaf Lake Fire Department (FLLFD) Non-Transport Member Agreement
D20 – D40	Lake Valley Fire Protection District (LVFPD) Member Agreement
D41 – D59	South Lake Tahoe Fire and Rescue (SLTFR) Non-Transport Member Agreement

**NON-TRANSPORTING
ADVANCED LIFE SUPPORT SERVICES
AGREEMENT**

Between Cal Tahoe And Fallen Leaf Lake CSD Fire Department

THIS AGREEMENT made and entered into by and between the California Tahoe Emergency Services Operations Authority (hereinafter referred to as "CAL TAHOE"), and Fallen Leaf Lake CSD Fire Department, (hereinafter referred to as "Member Agency"), whose principal place of business is 241 Fallen Leaf Road, South Lake Tahoe California.

R E C I T A L S

WHEREAS, CAL TAHOE is responsible for providing Advanced Life Support (ALS) prehospital medical care within its jurisdiction, in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency desires to provide Advanced Life Support prehospital medical care services in El Dorado County; and

WHEREAS, Member Agency may also desire to provide Advanced Life Support emergency medical services, be it for an emergency, at a special event, or routine medical transportation; and

WHEREAS, this Agreement is developed in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, Section 100164; the County Emergency Medical Service and Medical Transportation Ordinance; the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, El Dorado County Trauma Plan, and applicable agency, State or local statutes, ordinances or regulations; and

WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the COUNTY; and that the Medical Director has the exclusive authority for establishing the required equipment, medication inventories, and medical protocols; and

WHEREAS, the El Dorado County EMS Agency Medical Director shall have retrospective, concurrent, and prospective medical control including access to all information pertinent to data collection, evaluation and analysis,

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CAL TAHOE and Member Agency mutually agree as follows:

SECTION I – DEFINITIONS

The following terms and definitions apply to this Agreement:

1. 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.
2. Advanced Life Support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
3. ALS Service Agency A public agency, private corporation, or other business entity which has 1) met all criteria for approval and has been approved by the EMS Agency in accordance with Title 22 California Code of Regulations (CCR) Division 9, Chapter 4, Section 100168 to provide ALS services to a designated geographic area with a designated number of DMT-P units and 2) employees certified EMT-1, certified EMT-2 or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer (Reference Title 22 CCR Section 100401). This definition shall include all authorized air ambulances servicing the County of El Dorado.
4. Ambulance means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol,
5. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
6. Base Hospital An acute care hospital responsible for providing on-line (active communication via radio, telephone or other electronic telephonic communication device) and off-line (discussion at Continuous Quality Improvement or peer review meetings) medical direction/control to COUNTY accredited EMT-Ps, pursuant to a written agreement with the COUNTY in accordance with Title 22 CCR Division 9, Chapter 4, Section 100169.
7. County means County of El Dorado, the political subdivision of the State of California. The Health Services Department through its local County EMS Agency is responsible for the direct oversight of prehospital emergency and non-emergency medical care in El Dorado County.

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8. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County EMS Agency Medical Director.
8. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent layperson; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician.
9. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
10. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the El Dorado County Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and medical transportation service requirements. It empowers the El Dorado County Emergency Medical Services Agency through the County Health Services Department to issue permits to litter van and wheelchair van transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.
11. Emergency Medical Services (EMS) means the medical services provided in an emergency.
12. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
13. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
14. Emergency Medical Technician or EMT means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.80) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.

15. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado must additionally be accredited according to standards established by the County EMS Agency Medical Director.
16. Medical Director means the medical director of the County EMS Agency.
17. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the medical director of the local County EMS agency as qualified to provide prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local County EMS Agency.
18. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
19. Prehospital Care Report (PCR) means the form approved by the County EMS Agency for the purpose of documenting all patient care provided in El Dorado County and shall also include all required billing information.
20. Primary Response Area means a geographical area designated by the County as an emergency medical services zone.
21. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.
22. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
23. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
24. Utilization Ratio means a measure of productivity. The unit hour utilization ratio is calculated by dividing the number of transports during a given period by the number of unit hours produced during the same period.

25. Unit Hour means a fully staffed, equipped, and available ambulance available for or involved in emergency medical response for one hour. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION II - SCOPE OF SERVICES

Member Agency agrees to provide full service Prehospital Advanced Life Support Services as described in this Agreement, and the terms and conditions of the El Dorado County Emergency Medical Service and Medical Transportation Ordinance. In the performance of its obligation hereunder, it is agreed that the Member Agency is subject to the medical control of the El Dorado County EMS Agency Medical Director, and to the control or direction of CAL TAHOE.

1. Member Agency shall provide prehospital Advanced Life Support service response on a seasonal basis twenty-four (24) hour per day, unless otherwise specified by the County EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100168
2. Member Agency shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies which are the subject of this Agreement. *In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.*
3. This Agreement is for prehospital Advanced Life Support services provided in the primary response area of El Dorado County known as County Service Area No. 3 South Shore Area, and a part of Alpine County, except for the "Tahoe West Shore" in El Dorado County. Member Agency shall be responsible for providing prehospital Advanced Life Support services for all emergency requests for ALS service received from any person or any agency in the coverage area and dispatched through the designated dispatch center.
4. Member Agency shall ensure that personnel shall be familiar with local geography throughout the primary response area.

Article I - Standards of Service for Prehospital ALS

1. Member Agency shall respond to requests for emergency medical services from the designated dispatch center.
2. Member Agency shall not cause or allow its ALS units to respond to a location without receiving a specific request from the designated Dispatch Center for such service at that location.

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3. Member Agency shall immediately respond to requests for emergency medical service to the address or place given and shall complete that run, unless diverted by the designated Dispatch Center.
4. Member Agency shall promptly respond an ALS unit to the emergency call and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
5. In the case of ALS first responder, the first responder shall notify the designated dispatch center when en route, upon arrival at scene, upon arrival at patient, upon departure from scene, and shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.
6. In the event that Member Agency is unable to respond to a request for emergency medical service, the Member Agency shall immediately notify the designated Dispatch Center. When all vehicles in service are committed, mutual aid request provisions shall be followed.
7. Member Agency shall not advertise itself or the responding unit as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7.
8. Member Agency shall implement said ALS emergency medical services as a part of CAL TAHOE's response system within the Primary Response Area, and adhere to a System Status Management Plan developed by CAL TAHOE at all times during the term of this Agreement.

Article II - System Designations

1. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798.000 through and including Section 1798.104. The designated Base Hospital for CSA No. 3 (CSA #3) South Shore Area is Barton Memorial Hospital.
2. The designated Dispatch Center for CSA No. 3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for prehospital Advanced Life Support services from the designated Dispatch Center.

Article III — Personnel Requirements

1. Member Agency shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Member Agency shall ensure that EMT personnel are certified in El Dorado County. Personnel whose certification/accreditation has lapsed shall not be allowed to provide prehospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation, Member Agency shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County

EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee, Member Agency shall provide a copy of such records of certification and/or accreditation to CAL TAHOE.

2. Member Agency shall ensure that all personnel will be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.
3. In the case of First Responder ALS, Member Agency shall maintain a minimum staffing level of not less than one (1) CAL TAHOE Paramedic.
4. Member Agency shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.
5. Member Agency shall maintain good working relationships with fire agencies; law enforcement; base hospitals; County EMS Agency; and City and County staff. The conduct of personnel must be professional and courteous at all times.
6. Member Agency shall provide safe and sanitary living quarters for on-duty personnel.

Article IV - Equal Opportunity Employer

Member Agency shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEOP). It shall be the stated policy of Member Agency that all employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions will be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity will be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article V — Training Requirements

1. Member Agency shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Member Agency shall provide to the County EMS Agency specific records upon request.
2. Member Agency shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by provider.

3. Member Agency shall provide qualified paramedic personnel to be Field Training Officers (FTO's) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTO's shall provide orientation to El Dorado County EMS Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Station and receiving hospitals. FTO's shall provide training in any optional scope of practice procedure currently in effect in El Dorado County. CAL TAHOE shall ensure that FTO's shall be allowed to attend meetings and/or training pertinent to the El Dorado County EMS system, The County EMS Agency Medical Director shall approve all El Dorado County FTO's.

Article VI — Community Education

Member Agency shall participate in providing community education on 9-1-1 system access, CPR and first aid, and shall utilize community organizations to support and enhance local community efforts in providing public education.

Article VII — Quality Improvement/Quality Assurance

1. Member Agency shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the prehospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by CAL TAHOE.
2. Member Agency shall participate in assigned CAL TAHOE quality improvement/ quality assurance activities, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees.
3. Member Agency shall cooperate fully in supplying all requested documentation to CAL TAHOE, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the COUNTY.
4. Member Agency shall allow inspections, site visits or ride-alongs at any time by CAL TAHOE and County EMS Agency staff, with or without notice, for purposes of CAL TAHOE contract compliance and medical quality assurance.

Article VIII — Mutual Aid Requests

1. Mutual aid response shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, Member Agency shall be exempt from the maximum response time standards. Member Agency shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Area.

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2. Mutual aid response may require Member Agency to respond ALS vehicles into a response area other than that assigned in this Agreement. Whenever Member Agency personnel receive a request for service in another area, Member Agency personnel shall immediately respond an ALS vehicle as directed. If, due to prior or concurrent commitments of on-line units, the Member Agency personnel are unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, the Member Agency shall initiate such call-up.

Article IX — Disaster/Multicasualty Incident Requirements

1. Member Agency shall cooperate with CAL TAHOE in establishing disaster and multicasualty incident plans, policies and procedures; and assist in planning and participate in interagency disaster/multicasualty incident training exercises annually.
2. During declared disasters or large-scale multicasualty incidents, Member Agency shall be exempt from all responsibilities for response-time performance until notified by CAL TAHOE or incident commander. When the Member Agency is notified that disaster assistance is no longer required, the Member Agency shall return all its resources to the primary area of responsibility, and shall resume all operations in a timely manner.
3. During the course of a disaster or large-scale multicasualty incident, Member Agency shall use best efforts to provide Priority 1, Priority 2, and Priority 3 service coverage to the assigned Primary Response Area while suspending Priority 4, 5, and 6 service upon notification of such by CAL TAHOE.

Article X — Drugs and Medical Supplies

Member Agency shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual.

Article XI - ALS Medical Equipment

1. Standards for medical equipment shall be in compliance with the County EMS Agency Policy and Procedure Manual promulgated by the County EMS Agency as required for the level of service being provided. The County EMS Agency provides electronic access to the Policy and Procedure Manual and Manual updates on an ongoing basis. Member Agency shall be charged with knowledge of that Policy. The policy shall be updated from time to time as determined necessary by the County EMS Agency.
2. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life

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Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

Article XII — Communications Equipment

Member Agency shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Station facilities and all EMS users. Communication capabilities and use of frequencies will be monitored by CAL TAHOE and the County EMS Agency. (No private medical transportation/ambulance system telephone access number shall exist for emergency dispatch.)

SECTION III - DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

Member Agency shall be responsible to ensure that all information is provided to CAL TAHOE in a timely manner as indicated throughout this Agreement.

Article I — Patient Care Report

1. Member Agency personnel shall utilize the approved El Dorado County "Prehospital Care Report" (PCR) for all emergency and non-emergency responses including non-transports.
2. The Prehospital Care Report and billing paperwork shall be submitted to COUNTY according to the time frames established in writing by Ambulance Billing as required by El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
3. In the case of ALS first responder where the first responder maintains patient care and rides in the ambulance, one of the following documentation options shall be utilized: a) a PCR may be filled out by the first responder paramedic and be utilized as the only PCR for that patient; or, b) the first responder paramedic completes a first responder PCR, and the ambulance paramedic completes a separate PCR.
4. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
5. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene; the first responder shall complete this report within 24 hours and follow the distribution instructions as defined in the El Dorado County EMS documentation

policy. If any portion of the incomplete PCR is passed on to the transporting unit, it shall not be considered an official document.

6. Member Agency personnel shall perform due diligence to obtain and transmit all required billing and patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, Member Agency shall remain responsible to obtain the required information and submit it to COUNTY. Member Agency personnel shall adhere to the requirements of the El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
7. Ambulance Billing shall notify the Member Agency management of failure to adequately complete a PCR. Repeated failures to adequately complete the PCR shall be reported to the JPA, and the JPA shall take the necessary action to correct the omission/error situation. Ambulance Billing personnel shall provide reports no less than monthly to the JPA to help identify personnel in need of additional training.
8. Upon receipt of notification from Ambulance Billing of missing or incomplete items of billing or patient care information, the JPA shall have five calendar days in which to furnish the required information to Ambulance Billing. This reporting timeline *may* be adjusted by the County EMS Agency Administrator according to the sensitivity and urgency of required information.

Article II - Incident Report

Member Agency shall furnish its personnel with EMS Event Analysis forms, and shall ensure that its personnel understand and utilize such forms. Member Agency shall notify CAL TAHOE within 24 hours if a sentinel event occurs, i.e., injury to patient, crew or public, or violent or high profile incident. Member Agency may also provide notification and EMS Event Analysis forms to the El Dorado County EMS Agency.

1. Mutual Aid Received or Provided

Member Agency shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Area by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Area on an EMS Event Analysis Form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

2. Unusual Activities

Member Agency shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or the Member Agency feel should be documented but are not appropriate to include on the PCR should be included on the EMS Event Analysis form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, or communication failures. Any other unusual activities that have the

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potential of affecting patient care shall be documented as well.

3. **Vehicle Failure and Accident Reporting**

Member Agency shall document vehicle failure above and beyond usual scheduled maintenance and repairs and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article III - Ambulance Response Time Report

1. Member Agency shall submit a monthly report to CAL TAHOE on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Mode (Priority 1, 2 & 3), and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital, Emergency medical response time data shall be provided as a computerized report in a tab-delineated format.
2. For each response within the previous calendar month that exceeds the Response Time Standard for the area of dispatch location (Urban, Semi-Rural/Rural, or Wilderness) Member Agency shall submit a Response Time Exception Report to CAL TAHOE. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to CAL TAHOE for the previous calendar month of service on a monthly basis.
- 3.

SECTION IV — CONTRACT REQUIREMENTS

Article I - Operational Policies

Member Agency shall be responsible to comply with all operational policies and standards currently articulated in this Agreement; CAL TAHOE's Policy and Procedure Manual; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; policies and procedures promulgated by the California Emergency Medical Services Authority, and by the El Dorado County Emergency Medical Services Agency.

Article II — Billing for Services

Parties receiving emergency medical transport services from Member Agency shall be billed by County Ambulance Billing for said services.

Personnel shall not request nor receive payment for any services provided pursuant to this Agreement, nor shall they quote charges to the patient or any other concerned individuals, or extend promises for special treatment regarding billable charges. CAL TAHOE shall provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

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Article III – Term

This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions in Article V of this section. This Agreement will be reviewed by May 31 of each year for continuation of service.

Article IV - Compensation for Services (TO BE DETERMINED BY CAL TAHOE)

Article V - Changes to Agreement

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.

CAL TAHOE may deny, suspend or revoke this Agreement for failure of the Member Agency to comply with this Agreement, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance; or applicable policies, procedures and regulations promulgated by the State of California or by the El Dorado County EMS Agency.

Article VI - Assignment and Delegation

CAL TAHOE engages Member Agency for Member Agency's unique qualifications and skills as well as those of Member Agency's personnel. Member Agency shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of CAL TAHOE.

Article VII - Independent Provider Liability

Member Agency is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Member Agency exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Member Agency shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. CAL TAHOE shall not be charged with responsibility of preventing risk to the Member Agency or its employees.

Article VIII - Nondiscrimination in Services, Benefits, and Facilities

- A. Member Agency certifies under the laws of the State of California that Member Agency shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR, Section 7285.0 et seq); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.
- B. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

Article IX — Notice to Parties

All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Member Agency shall be addressed as follows, or to such other location as either party directs:

CAL TAHOE Member Agency

PO Box 8917
South Lake Tahoe CA, 96158
Attn: Ryan Wagoner

P.O Box 9415
South Lake Tahoe, CA 96158
Attn: Thomas Bacchetti

Article X – Indemnity

To the fullest extent of the law, Member Agency shall defend, indemnify, and hold CAL TAHOE and the County of El Dorado harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys' fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, CAL TAHOE employees, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Member Agency's services, operations, or performance hereunder, regardless of the existence or degree of fault or

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negligence on the part of CAL TAHOE, the County of El Dorado, the Member Agency, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of CAL TAHOE, its officers and employees, the County of El Dorado, its officers and employees, or as expressly provided by statute. This duty of Member Agency to indemnify and save CAL TAHOE and El Dorado County harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XI – Insurance

The Member Agency shall provide to CAL TAHOE proof of a policy of insurance that is also satisfactory to the El Dorado County Risk Management Division and documentation evidencing that the Member Agency maintains insurance that meets the following requirements set forth hereinafter.

1. Full Worker's Compensation and Employers' Liability Insurance covering all employees of the Member Agency as required by law in the State of California.
2. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
3. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Member Agency's business.
4. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
5. Member Agency shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
6. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
7. Member Agency agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Member Agency agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and Member Agency agrees that no work or services shall be performed prior to the giving of such approval. In the event Member Agency fails to keep in effect at all times insurance coverage as herein provided, CAL TAHOE may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

8. The certificate of insurance must include the following provisions stating that:
 - A. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to CAL TAHOE, and;
 - B. CAL TAHOE and El Dorado County, their officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
9. Member Agency's insurance coverage shall be primary insurance as respects CAL TAHOE, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by CAL TAHOE or the County of El Dorado, its officers, officials, employees or volunteers shall be in excess of the Member Agency's insurance and shall not contribute with it.
10. Any deductibles or self-insured retentions must be declared to and approved by CAL TAHOE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CAL TAHOE, its officers, officials, employees, and volunteers; or Member Agency shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
11. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to CAL TAHOE, its officers, officials, employees or volunteers.
12. The insurance companies shall have no recourse against CAL TAHOE, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
13. The Member Agency's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
14. In the event the Member Agency cannot provide an occurrence policy, Member Agency shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
15. Certificate of insurance shall meet such additional standards as may be determined by CAL TAHOE either independently or in consultation with the County Risk Management Division, as essential for protection of CAL TAHOE.

Article XII - Interest of Public Official

No official or employee of Member Agency who exercises any functions or responsibilities in review or approval of services to be provided by Member Agency under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall

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any such official or employee of CAL TAHOE have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XIII - Interest of Provider

Member Agency covenants that Member Agency presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other agreement or contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Member Agency further covenants that in the performance of this Agreement no person having any such interest shall be employed by Member Agency.

Article XIV – Venue

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Member Agency waives any removal rights it might have under Code of Civil Procedure Section 394.

Article XV - California Residency (Form 590)

All independent contractors providing services to CAL TAHOE must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. Member Agency shall be required to submit a Form 590 prior to execution of a Contract or CAL TAHOE shall withhold seven (7) percent of each payment made to Member Agency during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XVI — Taxpayer Identification I Form W9

Member Agency's federal Taxpayer Identification Number is: _____. Member Agency shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XVII – Administrator

The CAL TAHOE Officer or employee responsible for administering this Agreement is the JPA Executive Director, or successor.

Article XVIII - Authorized Signatures

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

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Article XIX - Partial Invalidity

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Article XX - Entire Agreement

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

Date: 10/31/2017

CAL TAHOE

By: *Robert Bennett, Chair*

Service Member Agency

By: *Thomas Diabets*
Director

~~XXXX~~

**TRANSPORTING AND NON-TRANSPORTING
ADVANCED LIFE SUPPORT SERVICES
AGREEMENT
BETWEEN CAL TAHOE AND MEMBER AGENCY**

THIS AGREEMENT made and entered into by and between the California Tahoe Emergency Services Operations Authority (hereinafter referred to as "CAL TAHOE"), and LAKE VALLEY FIRE PROTECTION DISTRICT, (hereinafter referred to as "Member Agency"), whose principal place of business is SOUTH LAKE TAHOE CALIFORNIA.

RECITALS

WHEREAS, CAL TAHOE is responsible for providing Advanced Life Support (ALS) prehospital medical care within its jurisdiction, in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency desires to provide Advanced Life Support prehospital medical care services in El Dorado County; and

WHEREAS, Member Agency may also desire to provide Advanced Life Support emergency medical services, be it for an emergency, at a special event, or routine medical transportation; and

WHEREAS, this Agreement is developed in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, Section 100164; the County Emergency Medical Service and Medical Transportation Ordinance; the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, El Dorado County Trauma Plan, and applicable agency, State or local statutes, ordinances or regulations; and

WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the COUNTY; and that the Medical Director has the exclusive authority for establishing the required equipment, medication inventories, and medical protocols; and

WHEREAS, the El Dorado County EMS Agency Medical Director shall have retrospective, concurrent, and prospective medical control including access to all information pertinent to data collection, evaluation and analysis,

CAL TAHOE and Member Agency mutually agree as follows:

SECTION I – DEFINITIONS

The following terms and definitions apply to this Agreement:

1. **Advanced Life Support (ALS)** means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
2. **ALS Service Agency** A public agency, private corporation, or other business entity which has 1) met all criteria for approval and has been approved by the EMS Agency in accordance with Title 22 California Code of Regulations (CCR) Division 9, Chapter 4, Section 100167 to provide ALS services to a designated geographic area with a designated number of DMT-P units and 2) employees certified EMT-1, certified EMT-2 or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer (Reference Title 22 CCR Section 100401). This definition shall include all authorized air ambulances servicing the County of El Dorado.
3. **Ambulance** means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.

4. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
5. Base Hospital An acute care hospital responsible for providing on-line (active communication via radio, telephone or other electronic telephonic communication device) and off-line (discussion at Continuous Quality Improvement or peer review meetings) medical direction/control to COUNTY accredited EMT-Ps, pursuant to a written agreement with the COUNTY in accordance with Title 22 CCR Division 9, Chapter 4, Section 100168.
6. County means County of El Dorado, the political subdivision of the State of California. The Health Services Department through its local County EMS Agency is responsible for the direct oversight of prehospital emergency and non-emergency medical care in El Dorado County.
7. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County EMS Agency Medical Director.
8. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician.
9. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
10. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the El Dorado County Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and medical transportation service requirements. It empowers the El Dorado County Emergency Medical Services Agency through the County Health Services Department to issue permits to litter van and wheelchair van transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.

11. Emergency Medical Services (EMS) means the medical services provided in an emergency.
12. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
13. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
14. Emergency Medical Technician or EMT means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.80) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.
15. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado must additionally be accredited according to standards established by the County EMS Agency Medical Director.
16. Medical Director means the medical director of the County EMS Agency.
17. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the medical director of the local County EMS agency as qualified to provide prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local County EMS Agency.
18. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
19. Prehospital Care Report (PCR) means the form approved by the County EMS Agency for the purpose of documenting all patient care provided in El Dorado County and shall also include all required billing information.
20. Primary Response Area means a geographical area designated by the County as an emergency medical services zone.
21. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.)

22. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
23. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
24. Utilization Ratio means a measure of productivity. The unit hour utilization ratio is calculated by dividing the number of transports during a given period by the number of unit hours produced during the same period.
25. Unit Hour means a fully staffed, equipped, and available ambulance available for or involved in emergency medical response for one hour. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION II - SCOPE OF SERVICES

Member Agency agrees to provide full service Prehospital Advanced Life Support Services as described in this Agreement, and the terms and conditions of the El Dorado County Emergency Medical Service and Medical Transportation Ordinance. In the performance of its obligation hereunder, it is agreed that the Member Agency is subject to the medical control of the El Dorado County EMS Agency Medical Director, and to the control or direction of CAL TAHOE.

1. Member Agency shall provide prehospital Advanced Life Support service response on a continuous twenty-four (24) hour per day basis, unless otherwise specified by the County EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.
2. Member Agency shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles,

equipment, services, and supplies which are the subject of this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

3. This Agreement is for prehospital Advanced Life Support services provided in the primary response area of El Dorado County known as County Service Area No. 3 South Shore Area, and a part of Alpine County, except for the "Tahoe West Shore" in El Dorado County. Member Agency shall be responsible for providing prehospital Advanced Life Support services for all emergency requests for ALS service received from any person or any agency in the coverage area and dispatched through the designated dispatch center.
4. Member Agency shall ensure that personnel shall be familiar with local geography throughout the primary response area.

Article I - Standards of Service for Prehospital ALS

1. Member Agency shall respond to requests for emergency medical services from the designated dispatch center.
2. Member Agency shall not cause or allow its ALS units to respond to a location without receiving a specific request from the designated Dispatch Center for such service at that location.
3. Member Agency shall immediately respond to requests for emergency medical service to the address or place given and shall complete that run, unless diverted by the designated Dispatch Center.

Member Agency shall promptly respond an ALS unit to the emergency call and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.

4. In the case of scheduled ambulance service, Member Agency shall schedule a time to respond that is acceptable for non-emergency calls, and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
5. In the case of ambulance service, ambulances shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, upon arrival at hospital, and upon departure from hospital. Ambulances shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

In the case of ALS first responder, the first responder shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, and shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

6. In the case of ambulance service, ambulances shall notify the base hospital and give a report on patient status, treatment given, and estimated time of arrival. Member Agency shall ensure that prehospital personnel shall communicate current and ongoing patient assessments to the Base Hospital, and collaborate with Base Hospital in the provision of care, and follow physician or MICN direction as instructed.
7. In the event that Member Agency is unable to respond to a request for emergency medical service, the Member Agency shall immediately notify the designated Dispatch Center. When all vehicles in service are committed, mutual aid request provisions shall be followed.
8. Member Agency shall not advertise itself or the responding unit as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7.
9. In the case of emergency ambulance responses, Member Agency shall meet the maximum response times as established in the Prehospital Advanced Life Support and Dispatch Services Contract between El Dorado County and CAL TAHOE.
10. Member Agency shall implement said ALS emergency medical services as a part of CAL TAHOE's response system within the Primary Response Area, and adhere to a System Status Management Plan developed by CAL TAHOE at all times during the term of this Agreement.

Article II - System Designations

1. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798.000 through and including Section 1798.104. The designated Base Hospital for CSA No. 3 (CSA #3) South Shore Area is Barton Memorial Hospital.
2. The designated Dispatch Center for CSA No. 3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for prehospital Advanced Life Support services from the designated Dispatch Center.

Article III – Personnel Requirements

1. Member Agency shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Member Agency shall ensure that EMT personnel are certified in El Dorado County. Personnel whose certification/accreditation has lapsed shall not be allowed to provide prehospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Member Agency shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee,

Member Agency shall provide a copy of such records of certification and/or accreditation to CAL TAHOE.

2. Member Agency shall ensure that all personnel will be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.
3. In the case of ambulance service, Member Agency shall maintain a minimum staffing level of not less than one (1) EMT and one (1) Paramedic.
4. In the case of Critical Care Transport (CCT) Ambulance, each CCT ambulance shall be staffed with a minimum of one EMT and one registered nurse qualified at the appropriate level or a physician to provide critical care during transport, as agreed upon by the sending hospital. Each ambulance shall be equipped with appropriate medical equipment and supplies.

In the case of First Responder ALS, Member Agency shall maintain a minimum staffing level of not less than one (1) CAL TAHOE Paramedic.
5. Member Agency shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.
6. In the case of ambulance service, Member Agency shall ensure that a crew or individual is not being constantly overworked. Overwork is defined as: working an individual in excess of any consecutive hours which may impair patient care, and not allowing an individual at least twelve (12) hours off, immediately following three (3) 24-hour periods worked. Any exceptions due to extenuating circumstances will be reported in writing within 72 hours to CAL TAHOE who may be required to revise its System Status Management Plan, deployment plan, crew hours or additional hours.
7. In the case of ambulance service, the maximum unit hour utilization (UHU) for 24-hour ambulance transport unit crews shall not exceed 0.40 continuously without County approval. County shall review CAL TAHOE's System Status Management Plan any time the ratio of transports to unit-hour production exceeds 0.40 UHU.
8. Member Agency shall maintain good working relationships with fire agencies; law enforcement; base hospitals; County EMS Agency; and City and County staff. The conduct of personnel must be professional and courteous at all times.
9. Member Agency shall provide safe and sanitary living quarters for on-duty personnel.

Article IV - Equal Opportunity Employer

Member Agency shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEO). It shall be the stated policy of Member Agency that all employees and applicants shall receive equal consideration and

treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions will be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity will be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article V – Training Requirements

1. Member Agency shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Member Agency shall provide to the County EMS Agency specific records upon request.
2. Member Agency shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by provider.
3. Member Agency shall provide qualified paramedic personnel to be Field Training Officers (FTO's) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTO's shall provide orientation to El Dorado County EMS Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Station and receiving hospitals. FTO's shall provide training in any optional scope of practice procedure currently in effect in El Dorado County. CAL TAHOE shall ensure that FTO's shall be allowed to attend meetings and/or training pertinent to the El Dorado County EMS system. The County EMS Agency Medical Director shall approve all El Dorado County FTO's.

Article VI – Community Education

Member Agency shall participate in providing community education on 9-1-1 system access, CPR and first aid, and shall utilize community organizations to support and enhance local community efforts in providing public education.

Article VII – Quality Improvement/Quality Assurance

1. Member Agency shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the prehospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by CAL TAHOE.
2. Member Agency shall participate in assigned CAL TAHOE quality improvement/quality assurance activities, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement

Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees.

3. Member Agency shall cooperate fully in supplying all requested documentation to CAL TAHOE, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the COUNTY.
4. Member Agency shall allow inspections, site visits or ride-alongs at any time by CAL TAHOE and County EMS Agency staff, with or without notice, for purposes of CAL TAHOE contract compliance and medical quality assurance.

Article VIII – Mutual Aid Requests

1. Mutual aid response shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, Member Agency shall be exempt from the maximum response time standards. Member Agency shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Area.
2. Mutual aid response may require Member Agency to respond ALS vehicles into a response area other than that assigned in this Agreement. Whenever Member Agency personnel receive a request for service in another area, Member Agency personnel shall immediately respond an ALS vehicle as directed. If, due to prior or concurrent commitments of on-line units, the Member Agency personnel are unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, the Member Agency shall initiate such call-up.

Article IX – Disaster/Multicasualty Incident Requirements

1. Member Agency shall cooperate with CAL TAHOE in establishing disaster and multicasualty incident plans, policies and procedures; and assist in planning and participate in interagency disaster/multicasualty incident training exercises annually.
2. During declared disasters or large-scale multicasualty incidents, Member Agency shall be exempt from all responsibilities for response-time performance until notified by CAL TAHOE. When the Member Agency is notified that disaster assistance is no longer required, the Member Agency shall return all its resources to the primary area of responsibility, and shall resume all operations in a timely manner.
3. During the course of a disaster or large-scale multicasualty incident, Member Agency shall use best efforts to provide Priority 1, Priority 2, and Priority 3 service coverage to the assigned Primary Response Area while suspending Priority 4, 5, and 6 service upon notification of such by CAL TAHOE.

Article X – Drugs and Medical Supplies

Member Agency shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual.

Article XI - ALS Medical Equipment

1. Standards for medical equipment shall be in compliance with the County EMS Agency Policy and Procedure Manual promulgated by the County EMS Agency as required for the level of service being provided. The County EMS Agency provides electronic access to the Policy and Procedure Manual and Manual updates on an ongoing basis. Member Agency shall be charged with knowledge of that Policy. The policy shall be updated from time to time as determined necessary by the County EMS Agency.
2. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

Article XII – Communications Equipment

Member Agency shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Station facilities and all EMS users. Communication capabilities and use of frequencies will be monitored by CAL TAHOE and the County EMS Agency. (No private medical transportation/ambulance system telephone access number shall exist for emergency dispatch.)

SECTION III - DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

Member Agency shall be responsible to ensure that all information is provided to CALTAHOE in a timely manner as indicated throughout this Agreement.

Article I – Patient Care Report

1. Member Agency personnel shall utilize the El Dorado County "Prehospital Care Report" (PCR) for all emergency and non-emergency responses including non-transports.
2. The Prehospital Care Report and billing paperwork shall be submitted to COUNTY according to the time frames established in writing by Ambulance Billing as required by El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
3. In the case of ALS first responder where the first responder maintains patient care and rides in the ambulance, one of the following documentation options shall be utilized: a) a PCR may be filled out by the first responder paramedic and be utilized as the only PCR for that patient; or, b) the first responder paramedic completes a first responder PCR, and the ambulance paramedic completes a separate PCR.
4. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
5. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene; the first responder shall complete this report within 24 hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete PCR is passed on to the transporting unit, it shall not be considered an official document.
6. Member Agency personnel shall perform due diligence to obtain and transmit all required billing and patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, Member Agency shall remain responsible to obtain the required information and submit it to COUNTY. Member Agency personnel shall adhere to the requirements of the El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
7. Ambulance Billing shall notify the Member Agency management of failure to adequately complete a PCR. Repeated failures to adequately complete the PCR shall be reported to the JPA, and the JPA shall take the necessary action to correct the omission/error situation. Ambulance Billing personnel shall provide reports no less than monthly to the JPA to help identify personnel in need of additional training.
8. Upon receipt of notification from Ambulance Billing of missing or incomplete items of billing or patient care information, the JPA shall have five calendar days in which to furnish the required information to Ambulance Billing. This reporting timeline may be

adjusted by the County EMS Agency Administrator according to the sensitivity and urgency of required information.

Article II - Incident Report

Member Agency shall furnish its personnel with EMS Event Analysis forms, and shall ensure that its personnel understand and utilize such forms. Member Agency shall notify CAL TAHOE within 24 hours if a sentinel event occurs, i.e., injury to patient, crew or public, or violent or high profile incident. Member Agency may also provide notification and EMS Event Analysis forms to the El Dorado County EMS Agency.

1. Mutual Aid Received or Provided

Member Agency shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Area by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Area on an EMS Event Analysis Form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

2. Unusual Activities

Member Agency shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or the Member Agency feel should be documented but are not appropriate to include on the PCR should be included on the EMS Event Analysis form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, or communication failures. Any other unusual activities that have the potential of affecting patient care shall be documented as well.

3. Vehicle Failure and Accident Reporting

Member Agency shall document vehicle failure above and beyond usual scheduled maintenance and repairs and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article III - Ambulance Response Time Report

1. Member Agency shall submit a monthly report to CAL TAHOE on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Mode (Priority 1, 2 & 3), and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital. Emergency medical response time data shall be provided as a computerized report in a tab-delineated format.

2. For each response within the previous calendar month that exceeds the Response Time Standard for the area of dispatch location (Urban, Semi-Rural/Rural, or Wilderness) Member Agency shall submit a Response Time Exception Report to CAL TAHOE. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to CAL TAHOE for the previous calendar month of service on a monthly basis.

SECTION IV – CONTRACT REQUIREMENTS

Article I - Operational Policies

Member Agency shall be responsible to comply with all operational policies and standards currently articulated in this Agreement; CAL TAHOE's Policy and Procedure Manual; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; policies and procedures promulgated by the California Emergency Medical Services Authority, and by the El Dorado County Emergency Medical Services Agency.

Article II – Billing for Services

Parties receiving emergency medical transport services from Member Agency shall be billed by County Ambulance Billing for said services.

Ambulance personnel shall not request nor receive payment for any services provided pursuant to this Agreement, nor shall they quote charges to the patient or any other concerned individuals, or extend promises for special treatment regarding billable charges. CAL TAHOE shall provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

Article III – Term

This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions in Article V of this section. This Agreement will be reviewed by May 31 of each year for continuation of service.

Article IV - Compensation for Services

(TO BE DETERMINED BY CAL TAHOE)

Article V – Changes to Agreement

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.

CAL TAHOE may deny, suspend or revoke this Agreement for failure of the Member Agency to comply with this Agreement, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance; or applicable policies, procedures and regulations promulgated by the State of California or by the El Dorado County EMS Agency.

Article VI – Assignment and Delegation

CAL TAHOE engages Member Agency for Member Agency's unique qualifications and skills as well as those of Member Agency's personnel. Member Agency shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of CAL TAHOE.

Article VII - Independent Provider Liability

Member Agency is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Member Agency exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Member Agency shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. CAL TAHOE shall not be charged with responsibility of preventing risk to the Member Agency or its employees.

Article VIII - Nondiscrimination in Services, Benefits, and Facilities

- A. Member Agency certifies under the laws of the State of California that Member Agency shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR,

Section 7285.0 et seq.); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.

- B. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

Article IX – Notice to Parties

All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Member Agency shall be addressed as follows, or to such other location as either party directs:

CAL TAHOE

PO BOX 8917
SOUTH LAKE TAHOE CA 96158
Attn: BRYAN POND

Member Agency

LAKE VALLEY FPD
2211 KEETAK STREET
SOUTH LAKE TAHOE CA 96150
Attn: CHIEF HARRIS

Article X - Indemnity

To the fullest extent of the law, Member Agency shall defend, indemnify, and hold CAL TAHOE and the County of El Dorado harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, CAL TAHOE employees, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Member Agency's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of CAL TAHOE, the County of El Dorado, the Member Agency, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of CAL TAHOE, its officers and employees, the County of El Dorado, its officers and employees, or as expressly provided by statute. This duty of Member Agency to indemnify and save CAL TAHOE and El Dorado County harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XI - Insurance

The Member Agency shall provide to CAL TAHOE proof of a policy of insurance that is also satisfactory to the El Dorado County Risk Management Division and documentation evidencing that the Member Agency maintains insurance that meets the following requirements set forth hereinafter.

1. Full Worker's Compensation and Employers' Liability Insurance covering all employees of the Member Agency as required by law in the State of California.
2. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
3. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Member Agency's business.
4. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
5. Member Agency shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
6. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
7. Member Agency agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Member Agency agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and Member Agency agrees that no work or services shall be performed prior to the giving of such approval. In the event Member Agency fails to keep in effect at all times insurance coverage as herein provided, CAL TAHOE may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
8. The certificate of insurance must include the following provisions stating that:
 - A. The insurer shall not cancel the Insured's coverage without thirty (30) days prior written notice to CAL TAHOE; and;
 - B. CAL TAHOE and El Dorado County, their officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to

all liability policies except worker's compensation and professional liability insurance policies.

9. Member Agency's insurance coverage shall be primary insurance as respects CAL TAHOE, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by CAL TAHOE or the County of El Dorado, its officers, officials, employees or volunteers shall be in excess of the Member Agency's insurance and shall not contribute with it.
10. Any deductibles or self-insured retentions must be declared to and approved by CAL TAHOE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CAL TAHOE, its officers, officials, employees, and volunteers; or Member Agency shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
11. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to CAL TAHOE, its officers, officials, employees or volunteers.
12. The insurance companies shall have no recourse against CAL TAHOE, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
13. The Member Agency's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
14. In the event the Member Agency cannot provide an occurrence policy, Member Agency shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
15. Certificate of insurance shall meet such additional standards as may be determined by CAL TAHOE either independently or in consultation with the County Risk Management Division, as essential for protection of CAL TAHOE.

Article XII - Interest of Public Official

No official or employee of Member Agency who exercises any functions or responsibilities in review or approval of services to be provided by Member Agency under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of CAL TAHOE have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XIII - Interest of Provider

Member Agency covenants that Member Agency presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other agreement or contract connected with or directly affected by the services to be

performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Member Agency further covenants that in the performance of this Agreement no person having any such interest shall be employed by Member Agency.

Article XIV - Venue

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Member Agency waives any removal rights it might have under Code of Civil Procedure Section 394.

Article XV - California Residency (Form 590)

All independent contractors providing services to CAL TAHOE must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. Member Agency shall be required to submit a Form 590 prior to execution of a Contract or CAL TAHOE shall withhold seven (7) percent of each payment made to Member Agency during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XVI – Taxpayer Identification / Form W9

Member Agency's federal Taxpayer Identification Number is: 94-6000-511. Member Agency shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XVII - Administrator

The CAL TAHOE Officer or employee responsible for administering this Agreement is the JPA Executive Director, or successor.

Article XVIII - Authorized Signatures

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

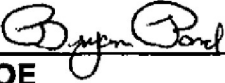
Article XIX - Partial Invalidity

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Article XX - Entire Agreement

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.



CAL TAHOE

Date 1-18-12



Service Member Agency

Date 12/21/11

Transporting and Non-Transporting
Advanced Life Support Services
Agreement
Between Cal Tahoe and Member Agency

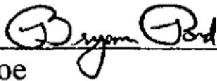
Article IV, Exhibit 1

Compensation for Services

Pursuant to the Member Agency agreement between Cal Tahoe and Lake Valley Fire Protection District annual compensation to the member agency will be stipulated within the Cal Tahoe annual fiscal budget. The budget will be evaluated and approved by the Cal Tahoe Board of Directors which is made up by members of the Member Agency

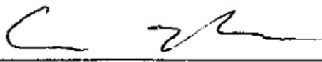
Operational cost by the Member Agency will be compiled and billed to Cal Tahoe on a monthly basis utilizing the billing codes supplied by Cal Tahoe.

Additional compensation paid to the Member Agency will be calculated as part of Cal Tahoe's annual budget process



Cal Tahoe

Date 1-18-12



Service Member Agency

Date 12/24/11

**NON-TRANSPORTING
ADVANCED LIFE SUPPORT SERVICES
AGREEMENT
BETWEEN CAL TAHOE AND City Of South Lake Tahoe**

THIS AGREEMENT made and entered into by and between the California Tahoe Emergency Services Operations Authority (hereinafter referred to as "CAL TAHOE"), and City of South Lake Tahoe, (hereinafter referred to as "Member Agency"), whose principal place of business is 1901 Airport Road, South Lake Tahoe California.

R E C I T A L S

WHEREAS, CAL TAHOE is responsible for providing Advanced Life Support (ALS) prehospital medical care within its jurisdiction, in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency desires to provide Advanced Life Support prehospital medical care services in El Dorado County; and

WHEREAS, Member Agency may also desire to provide Advanced Life Support emergency medical services, be it for an emergency, at a special event, or routine medical transportation; and

WHEREAS, this Agreement is developed in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, Section 100164; the County Emergency Medical Service and Medical Transportation Ordinance; the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, El Dorado County Trauma Plan, and applicable agency, State or local statutes, ordinances or regulations; and

WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the COUNTY; and that the Medical Director has the exclusive authority for establishing the required equipment, medication inventories, and medical protocols; and

WHEREAS, the El Dorado County EMS Agency Medical Director shall have retrospective, concurrent, and prospective medical control including access to all information pertinent to data collection, evaluation and analysis,

CAL TAHOE and Member Agency mutually agree as follows:

SECTION I - DEFINITIONS

The following terms and definitions apply to this Agreement:

1. Advanced Life Support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
2. ALS Service Agency A public agency, private corporation, or other business entity which has 1) met all criteria for approval and has been approved by the EMS Agency in accordance with Title 22 California Code of Regulations (CCR) Division 9, Chapter 4, Section 100167 to provide ALS services to a designated geographic area with a designated number of DMT-P units and 2) employees certified EMT-1, certified EMT-2 or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer (Reference Title 22 CCR Section 100401). This definition shall include all authorized air ambulances servicing the County of El Dorado.
3. Ambulance means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.

4. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
5. Base Hospital An acute care hospital responsible for providing on-line (active communication via radio, telephone or other electronic telephonic communication device) and off-line (discussion at Continuous Quality Improvement or peer review meetings) medical direction/control to COUNTY accredited EMT-Ps, pursuant to a written agreement with the COUNTY in accordance with Title 22 CCR Division 9, Chapter 4, Section 100168.
6. County means County of El Dorado, the political subdivision of the State of California. The Health Services Department through its local County EMS Agency is responsible for the direct oversight of prehospital emergency and non-emergency medical care in El Dorado County.
7. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County EMS Agency Medical Director.
8. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician.
9. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
10. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the El Dorado County Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and medical transportation service requirements. It empowers the El Dorado County Emergency Medical Services Agency through the County Health Services Department to issue permits to litter van and wheelchair van transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.

11. Emergency Medical Services (EMS) means the medical services provided in an emergency.
12. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
13. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
14. Emergency Medical Technician or EMT means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.80) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.
15. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado must additionally be accredited according to standards established by the County EMS Agency Medical Director.
16. Medical Director means the medical director of the County EMS Agency.
17. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the medical director of the local County EMS agency as qualified to provide prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local County EMS Agency.
18. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
19. Prehospital Care Report (PCR) means the form approved by the County EMS Agency for the purpose of documenting all patient care provided in El Dorado County and shall also include all required billing information.
20. Primary Response Area means a geographical area designated by the County as an emergency medical services zone.
21. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.)

22. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
23. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
24. Utilization Ratio means a measure of productivity. The unit hour utilization ratio is calculated by dividing the number of transports during a given period by the number of unit hours produced during the same period.
25. Unit Hour means a fully staffed, equipped, and available ambulance available for or involved in emergency medical response for one hour. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION II – SCOPE OF SERVICES

Member Agency agrees to provide full service Prehospital Advanced Life Support Services as described in this Agreement, and the terms and conditions of the El Dorado County Emergency Medical Service and Medical Transportation Ordinance. In the performance of its obligation hereunder, it is agreed that the Member Agency is subject to the medical control of the El Dorado County EMS Agency Medical Director, and to the control or direction of CAL TAHOE.

1. Member Agency shall provide prehospital Advanced Life Support service response on a continuous twenty-four (24) hour per day basis, unless otherwise specified by the County EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.
2. Member Agency shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles,

equipment, services, and supplies which are the subject of this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

3. This Agreement is for prehospital Advanced Life Support services provided in the primary response area of El Dorado County known as County Service Area No. 3 South Shore Area, and a part of Alpine County, except for the "Tahoe West Shore" in El Dorado County. Member Agency shall be responsible for providing prehospital Advanced Life Support services for all emergency requests for ALS service received from any person or any agency in the coverage area and dispatched through the designated dispatch center.
4. Member Agency shall ensure that personnel shall be familiar with local geography throughout the primary response area.

Article I - Standards of Service for Prehospital ALS

1. Member Agency shall respond to requests for emergency medical services from the designated dispatch center.
2. Member Agency shall not cause or allow its ALS units to respond to a location without receiving a specific request from the designated Dispatch Center for such service at that location.
3. Member Agency shall immediately respond to requests for emergency medical service to the address or place given and shall complete that run, unless diverted by the designated Dispatch Center.
4. Member Agency shall promptly respond an ALS unit to the emergency call and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
5. In the case of ALS first responder, the first responder shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, and shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.
6. In the event that Member Agency is unable to respond to a request for emergency medical service, the Member Agency shall immediately notify the designated Dispatch Center. When all vehicles in service are committed, mutual aid request provisions shall be followed.
7. Member Agency shall not advertise itself or the responding unit as providing advanced life support services unless routinely providing advanced life support

services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7.

8. Member Agency shall implement said ALS emergency medical services as a part of CAL TAHOE's response system within the Primary Response Area, and adhere to a System Status Management Plan developed by CAL TAHOE at all times during the term of this Agreement.

Article II - System Designations

1. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798.000 through and including Section 1798.104. The designated Base Hospital for CSA No. 3 (CSA #3) South Shore Area is Barton Memorial Hospital.
2. The designated Dispatch Center for CSA No. 3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for prehospital Advanced Life Support services from the designated Dispatch Center.

Article III – Personnel Requirements

1. Member Agency shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Member Agency shall ensure that EMT personnel are certified in El Dorado County. Personnel whose certification/accreditation has lapsed shall not be allowed to provide prehospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Member Agency shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee, Member Agency shall provide a copy of such records of certification and/or accreditation to CAL TAHOE.
2. Member Agency shall ensure that all personnel will be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.
3. In the case of First Responder ALS, Member Agency shall maintain a minimum staffing level of not less than one (1) CAL TAHOE Paramedic.
4. Member Agency shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.

5. Member Agency shall maintain good working relationships with fire agencies; law enforcement; base hospitals; County EMS Agency; and City and County staff. The conduct of personnel must be professional and courteous at all times.
6. Member Agency shall provide safe and sanitary living quarters for on-duty personnel.

Article IV - Equal Opportunity Employer

Member Agency shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEOP). It shall be the stated policy of Member Agency that all employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions will be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity will be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article V – Training Requirements

1. Member Agency shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Member Agency shall provide to the County EMS Agency specific records upon request.
2. Member Agency shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by provider.
3. Member Agency shall provide qualified paramedic personnel to be Field Training Officers (FTO's) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTO's shall provide orientation to El Dorado County EMS Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Station and receiving hospitals. FTO's shall provide training in any optional scope of practice procedure currently in effect in El Dorado County. CAL TAHOE shall ensure that FTO's shall be allowed to attend meetings and/or training pertinent to the El Dorado County EMS system. The County EMS Agency Medical Director shall approve all El Dorado County FTO's.

Article VI – Community Education

Member Agency shall participate in providing community education on 9-1-1 system access, CPR and first aid, and shall utilize community organizations to support and enhance local community efforts in providing public education.

Article VII – Quality Improvement/Quality Assurance

1. Member Agency shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the prehospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by CAL TAHOE.
2. Member Agency shall participate in assigned CAL TAHOE quality improvement/quality assurance activities, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees.
3. Member Agency shall cooperate fully in supplying all requested documentation to CAL TAHOE, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the COUNTY.
4. Member Agency shall allow inspections, site visits or ride-alongs at any time by CAL TAHOE and County EMS Agency staff, with or without notice, for purposes of CAL TAHOE contract compliance and medical quality assurance.

Article VIII – Mutual Aid Requests

1. Mutual aid response shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, Member Agency shall be exempt from the maximum response time standards. Member Agency shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Area.
2. Mutual aid response may require Member Agency to respond ALS vehicles into a response area other than that assigned in this Agreement. Whenever Member Agency personnel receive a request for service in another area, Member Agency personnel shall immediately respond an ALS vehicle as directed. If, due to prior or concurrent commitments of on-line units, the Member Agency personnel are unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, the Member Agency shall initiate such call-up.

Article IX – Disaster/Multicasualty Incident Requirements

1. Member Agency shall cooperate with CAL TAHOE in establishing disaster and multicasualty incident plans, policies and procedures; and assist in planning and participate in interagency disaster/multicasualty incident training exercises annually.
2. During declared disasters or large-scale multicasualty incidents, Member Agency shall be exempt from all responsibilities for response-time performance until notified by CAL TAHOE or incident commander. When the Member Agency is notified that disaster assistance is no longer required, the Member Agency shall return all its resources to the primary area of responsibility, and shall resume all operations in a timely manner.
3. During the course of a disaster or large-scale multicasualty incident, Member Agency shall use best efforts to provide Priority 1, Priority 2, and Priority 3 service coverage to the assigned Primary Response Area while suspending Priority 4, 5, and 6 service upon notification of such by CAL TAHOE.

Article X – Drugs and Medical Supplies

Member Agency shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual.

Article XI - ALS Medical Equipment

1. Standards for medical equipment shall be in compliance with the County EMS Agency Policy and Procedure Manual promulgated by the County EMS Agency as required for the level of service being provided. The County EMS Agency provides electronic access to the Policy and Procedure Manual and Manual updates on an ongoing basis. Member Agency shall be charged with knowledge of that Policy. The policy shall be updated from time to time as determined necessary by the County EMS Agency.
2. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

Article XII – Communications Equipment

Member Agency shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Station facilities and all EMS users. Communication capabilities and use of frequencies will be monitored by CAL TAHOE and the County EMS Agency. (No private medical transportation/ambulance system telephone access number shall exist for emergency dispatch.)

SECTION III - DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

Member Agency shall be responsible to ensure that all information is provided to CAL TAHOE in a timely manner as indicated throughout this Agreement.

Article I – Patient Care Report

1. Member Agency personnel shall utilize the approved El Dorado County "Prehospital Care Report" (PCR) for all emergency and non-emergency responses including non-transports.
2. The Prehospital Care Report and billing paperwork shall be submitted to COUNTY according to the time frames established in writing by Ambulance Billing as required by El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
3. In the case of ALS first responder where the first responder maintains patient care and rides in the ambulance, one of the following documentation options shall be utilized: a) a PCR may be filled out by the first responder paramedic and be utilized as the only PCR for that patient; or, b) the first responder paramedic completes a first responder PCR, and the ambulance paramedic completes a separate PCR.
4. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
5. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene; the first responder shall complete this report within 24 hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete PCR is passed on to the transporting unit, it shall not be considered an official document.

6. Member Agency personnel shall perform due diligence to obtain and transmit all required billing and patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, Member Agency shall remain responsible to obtain the required information and submit it to COUNTY. Member Agency personnel shall adhere to the requirements of the El Dorado County EMS Policy: *"Documentation - Medic Unit Prehospital Care Report Form"*.
7. Ambulance Billing shall notify the Member Agency management of failure to adequately complete a PCR. Repeated failures to adequately complete the PCR shall be reported to the JPA, and the JPA shall take the necessary action to correct the omission/error situation. Ambulance Billing personnel shall provide reports no less than monthly to the JPA to help identify personnel in need of additional training.
8. Upon receipt of notification from Ambulance Billing of missing or incomplete items of billing or patient care information, the JPA shall have five calendar days in which to furnish the required information to Ambulance Billing. This reporting timeline may be adjusted by the County EMS Agency Administrator according to the sensitivity and urgency of required information.

Article II - Incident Report

Member Agency shall furnish its personnel with EMS Event Analysis forms, and shall ensure that its personnel understand and utilize such forms. Member Agency shall notify CAL TAHOE within 24 hours if a sentinel event occurs, i.e., injury to patient, crew or public, or violent or high profile incident. Member Agency may also provide notification and EMS Event Analysis forms to the El Dorado County EMS Agency.

1. Mutual Aid Received or Provided

Member Agency shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Area by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Area on an EMS Event Analysis Form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

2. Unusual Activities

Member Agency shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or the Member Agency feel should be documented but are not appropriate to include on the PCR should be included on the EMS Event Analysis form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, or communication failures. Any other unusual

activities that have the potential of affecting patient care shall be documented as well.

3. **Vehicle Failure and Accident Reporting**

Member Agency shall document vehicle failure above and beyond usual scheduled maintenance and repairs and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article III - Ambulance Response Time Report

1. Member Agency shall submit a monthly report to CAL TAHOE on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Mode (Priority 1, 2 & 3), and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital. Emergency medical response time data shall be provided as a computerized report in a tab-delineated format.
2. For each response within the previous calendar month that exceeds the Response Time Standard for the area of dispatch location (Urban, Semi-Rural/Rural, or Wilderness) Member Agency shall submit a Response Time Exception Report to CAL TAHOE. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to CAL TAHOE for the previous calendar month of service on a monthly basis.

SECTION IV – CONTRACT REQUIREMENTS

Article I - Operational Policies

Member Agency shall be responsible to comply with all operational policies and standards currently articulated in this Agreement; CAL TAHOE's Policy and Procedure Manual; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; policies and procedures promulgated by the California Emergency Medical Services Authority, and by the El Dorado County Emergency Medical Services Agency.

Article II – Billing for Services

Parties receiving emergency medical transport services from Member Agency shall be billed by County Ambulance Billing for said services.

Personnel shall not request nor receive payment for any services provided pursuant to this Agreement, nor shall they quote charges to the patient or any other concerned individuals, or extend promises for special treatment regarding billable charges. CAL TAHOE shall

provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

Article III – Term

This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions in Article V of this section. This Agreement will be reviewed by May 31 of each year for continuation of service.

Article IV - Compensation for Services

(TO BE DETERMINED BY CAL TAHOE)

Article V – Changes to Agreement

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.

CAL TAHOE may deny, suspend or revoke this Agreement for failure of the Member Agency to comply with this Agreement, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance; or applicable policies, procedures and regulations promulgated by the State of California or by the El Dorado County EMS Agency.

Article VI – Assignment and Delegation

CAL TAHOE engages Member Agency for Member Agency's unique qualifications and skills as well as those of Member Agency's personnel. Member Agency shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of CAL TAHOE.

Article VII - Independent Provider Liability

Member Agency is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Member Agency exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Member Agency shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. CAL TAHOE shall not be charged with responsibility of preventing risk to the Member Agency or its employees.

Article VIII - Nondiscrimination in Services, Benefits, and Facilities

- A. Member Agency certifies under the laws of the State of California that Member Agency shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR, Section 7285.0 et seq.); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.
- B. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

Article IX – Notice to Parties

All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Member Agency shall be addressed as follows, or to such other location as either party directs:

CAL TAHOE

PO Box 8917
South Lake Tahoe CA, 96158
Attn: Ryan Wagoner

Member Agency

1901 Airport Road, Suite 300
South Lake Tahoe, CA 96150
Attn: Tom Watson, City Attorney

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Article X - Indemnity

To the fullest extent of the law, Member Agency shall defend, indemnify, and hold CAL TAHOE and the County of El Dorado harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, CAL TAHOE employees, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Member Agency's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of CAL TAHOE, the County of El Dorado, the Member Agency, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of CAL TAHOE, its officers and employees, the County of El Dorado, its officers and employees, or as expressly provided by statute. This duty of Member Agency to indemnify and save CAL TAHOE and El Dorado County harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XI - Insurance

The Member Agency shall provide to CAL TAHOE proof of a policy of insurance that is also satisfactory to the El Dorado County Risk Management Division and documentation evidencing that the Member Agency maintains insurance that meets the following requirements set forth hereinafter.

1. Full Worker's Compensation and Employers' Liability Insurance covering all employees of the Member Agency as required by law in the State of California.
2. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
3. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Member Agency's business.
4. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
5. Member Agency shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
6. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
7. Member Agency agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Member Agency agrees to provide at least thirty (30) days prior to said expiration date, a new

certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and Member Agency agrees that no work or services shall be performed prior to the giving of such approval. In the event Member Agency fails to keep in effect at all times insurance coverage as herein provided, CAL TAHOE may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

8. The certificate of insurance must include the following provisions stating that:
 - A. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to CAL TAHOE, and;
 - B. CAL TAHOE and El Dorado County, their officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
9. Member Agency's insurance coverage shall be primary insurance as respects CAL TAHOE, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by CAL TAHOE or the County of El Dorado, its officers, officials, employees or volunteers shall be in excess of the Member Agency's insurance and shall not contribute with it.
10. Any deductibles or self-insured retentions must be declared to and approved by CAL TAHOE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CAL TAHOE, its officers, officials, employees, and volunteers; or Member Agency shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
11. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to CAL TAHOE, its officers, officials, employees or volunteers.
12. The insurance companies shall have no recourse against CAL TAHOE, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
13. The Member Agency's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
14. In the event the Member Agency cannot provide an occurrence policy, Member Agency shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.

15. Certificate of insurance shall meet such additional standards as may be determined by CAL TAHOE either independently or in consultation with the County Risk Management Division, as essential for protection of CAL TAHOE.

Article XII - Interest of Public Official

No official or employee of Member Agency who exercises any functions or responsibilities in review or approval of services to be provided by Member Agency under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of CAL TAHOE have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XIII - Interest of Provider

Member Agency covenants that Member Agency presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other agreement or contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Member Agency further covenants that in the performance of this Agreement no person having any such interest shall be employed by Member Agency.

Article XIV - Venue

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Member Agency waives any removal rights it might have under Code of Civil Procedure Section 394.

Article XV - California Residency (Form 590)

All independent contractors providing services to CAL TAHOE must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. Member Agency shall be required to submit a Form 590 prior to execution of a Contract or CAL TAHOE shall withhold seven (7) percent of each payment made to Member Agency during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XVI – Taxpayer Identification / Form W9

Member Agency's federal Taxpayer Identification Number is: _____. Member Agency shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XVII - Administrator

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The CAL TAHOE Officer or employee responsible for administering this Agreement is the JPA Executive Director, or successor.

Article XVIII - Authorized Signatures

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

Article XIX - Partial Invalidity

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Article XX - Entire Agreement

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

Robert B. Kucera
CAL TAHOE

Date 8/15/16

Wendy David
Service Member Agency
Wendy David, Mayor

Date Aug 3 2016

ATTEST:

Susan Alessi
Susan Alessi, City Clerk



APPROVED AS TO FORM:

[Signature]

APPENDIX E Contents: Government Codes

E2	ABA 545
E3	Gov. Code 6500

Assembly Bill No. 545
CHAPTER 124

An act to add Section 6523.10 to the Government Code, relating to local government.

[Approved by Governor July 24, 2017. Filed with Secretary of State July 24, 2017.]

legislative counsel's digest

AB 545, Bigelow. Joint powers agreements: County of El Dorado: nonprofit hospitals.

The Joint Exercise of Powers Act authorizes 2 or more public agencies to enter into an agreement to jointly exercise any power common to the contracting parties.

This bill, notwithstanding the law relating to the joint exercise of powers, would authorize a private, nonprofit hospital in the County of El Dorado to enter into a joint powers agreement with a public agency. The bill would prohibit nonprofit hospitals and public agencies participating in the agreement from reducing or eliminating any emergency services following the creation of the joint powers authority without a public hearing, as provided.

This bill would make legislative findings and declarations as to the necessity of a special statute for the County of El Dorado.

The people of the State of California do enact as follows:

SECTION 1. Section 6523.10 is added to the Government Code, to read:

6523.10. (a) Notwithstanding any other provision of this chapter, a private, nonprofit hospital in the County of El Dorado may enter into a joint powers agreement with a public agency, as defined in Section 6500.

(b) Nonprofit hospitals and public agencies participating in a joint powers agreement entered into pursuant to subdivision (a) shall not reduce or eliminate any emergency services, as a result of that agreement, following the creation of the joint powers authority without a public hearing by the authority. The joint powers authority shall provide public notice of the hearing to the communities served by the authority not less than 14 days prior to the hearing and the notice shall contain a description of the proposed reductions or changes.

(c) This section shall not be construed to grant any power to a nonprofit hospital that participates in an agreement authorized under this section to levy any tax or assessment. This section shall not permit any entity, other than a nonprofit hospital corporation or a public agency, to participate as a party to an agreement authorized under this section.

State of California
GOVERNMENT CODE
Section 6500

6500. As used in this article, “public agency” includes, but is not limited to, the federal government or any federal department or agency, this state, another state or any state department or agency, a county, county board of education, county superintendent of schools, city, public corporation, public district, regional transportation commission of this state or another state, a federally recognized Indian tribe, or any joint powers authority formed pursuant to this article by any of these agencies.

(Amended by Stats. 2011, Ch. 266, Sec. 1. (AB 307) Effective January 1, 2012.)

APPENDIX F Contents: CTESOA-County Agreements

F2 – F127	CTESOA- EDC Ambulance Services Contract
F128 – F131	Contract Amendment #1
F132 – F138	Contract Amendment #2
F139 – F143	Contract Amendment #3
F144 – F157	Contract Amendment #4
F158	CTESOA Extension Approval 06_24_15
F159- F161	CTESOA Extension Review 06_24_15

CONTRACT
for
PREHOSPITAL ADVANCED LIFE SUPPORT,
AMBULANCE AND DISPATCH SERVICES
between
COUNTY OF EL DORADO
and
CALIFORNIA TAHOE
EMERGENCY SERVICES OPERATIONS AUTHORITY
(CAL TAHOE)

September 1, 2011

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CONTRACT

for

PREHOSPITAL ADVANCED LIFE SUPPORT, AMBULANCE AND DISPATCH SERVICES

THIS CONTRACT, made and entered into on September 1, 2011 by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "COUNTY"), and the California Tahoe Emergency Services Operations Authority, (hereinafter referred to as "CAL TAHOE"), whose principal place of business is 1901 Airport Road, South Lake Tahoe, CA 96150, and whose mailing address is P.O. BOX 8917, South Lake Tahoe, CA 96158;

WITNESSETH

WHEREAS, COUNTY provides exclusive Prehospital Advanced Life Support services, ambulance services and dispatch services under a public utility model to the residents of the County of El Dorado, and COUNTY desires to ensure that when persons in the County of El Dorado request, or have dispatched, Prehospital Advanced Life Support service, be it for an emergency, at a special event or for routine medical transportation, they will receive a consistent level of service that meets or exceeds the minimum acceptable standards as established by the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; the California Emergency Medical Services Authority; and the County of El Dorado Emergency Medical Services (EMS) Agency; and

WHEREAS, the County of El Dorado Service Area No. 3 (CSA No. 3) was duly organized pursuant to the provisions of Section 25210.1 et. seq. of the Government Code of California, to make available to the property owners and residents ambulance services within that area, as authorized by Section 25210.4 (a)(8); and

WHEREAS, a joint powers authority entitled California Tahoe Emergency Services Operations Authority (CAL TAHOE) was formed and has provided prehospital emergency and non-emergency medical services and patient transportation services and dispatch services; and

WHEREAS, COUNTY desires to provide Prehospital Advanced Life Support services and dispatch services through a contractual agreement with CAL TAHOE;

NOW, THEREFORE, in consideration of the recitals and the mutual obligation of the parties as expressed herein, both COUNTY and CAL TAHOE do hereby expressly agree as follows:

SECTION I – DEFINITIONS

For the purposes of this Contract, the following words and phrases shall have the meanings respectively ascribed to them by this Section.

1. Advanced Life Support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital, until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
2. Ambulance means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.
3. Ambulance Billing means the business unit designated by or under contract to COUNTY to process and collect fees for ambulance service.
4. Ambulance Service means a licensed person or entity or a public agency that is specially trained, equipped, and staffed to provide ambulance transportation services, including providing care to ill or injured persons.
5. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
6. Base Hospital means one of a limited number of hospitals which, upon designation by the local EMS agency and upon the completion of a written contractual agreement with the local EMS agency, is responsible for directing the advanced life support system or limited advanced life support system and prehospital care system assigned to it by the local EMS agency.
7. Cancelled Run means a call that is cancelled prior to making patient contact.
8. COUNTY means the County of El Dorado, a political subdivision of the State of California. The County of El Dorado Health Services Department through the County of El Dorado EMS Agency is responsible for the direct oversight of

prehospital emergency and non-emergency medical care in the County of El Dorado.

9. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for COUNTY accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County of El Dorado EMS Agency Medical Director.
10. Critical Care Transport Paramedic means an Emergency Medical Technician-Paramedic that has been specifically trained and authorized to provide certain critical care services that are beyond the normal scope of EMT-P's working within the County.
11. Dedicated Ambulance means a fully staffed ambulance committed to provide standby ambulance services during the course of a special event.
12. Designated Dispatch Center means the dispatch agency designated by COUNTY as the Command Center for CSA No. 3 - East Slope Primary Response Areas to dispatch and track requests for emergency and non-emergency medical services within the County of El Dorado.
13. Dry Run means a call that does not result in a patient transport.
14. Electronic Prehospital Care Report (ePCR) means an electronic form approved by the County of El Dorado EMS Agency for the purpose of documenting all patient care provided in the County of El Dorado. If service entity is providing ambulance transport service under contract with the County of El Dorado, the ePCR shall also include all required billing information.
15. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician or determined to be an emergency through the use of an Emergency Medical Dispatch system approved by the County of El Dorado EMS Agency Medical Director.
16. Emergency Medical Dispatch (EMD) means medical dispatch protocols and pre-arrival instructions approved by the County of El Dorado EMS Agency Medical Director and EMS Agency Administrator, based on the Emergency Medical Dispatch National Standard Curriculum as the standard.

17. Emergency Medical Dispatch (EMD) Dispatcher means a dispatcher trained according to the National Highway Traffic Safety Administration (NHTSA): Emergency Medical Dispatch National Standard Curriculum.
18. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
19. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the County of El Dorado Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response time; communication requirements; and medical transportation service requirements. It empowers the County of El Dorado Emergency Medical Services Agency through the County Health Services Department to issue permits for litter van, wheelchair van, and specific ambulance transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.
20. Emergency Medical Services (EMS) means the medical services provided in an emergency.
21. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the County of El Dorado Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
22. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
23. Emergency Medical Technician (EMT) means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.60) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.
24. Emergency Medical Technician-Paramedic (EMT-P) means an individual who is educated and trained in all elements of Prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in the County of El Dorado must additionally be accredited according to standards established by the County of El Dorado EMS Agency Medical Director.
25. Hospital Turnaround Time means the length of time from arrival at hospital to the time that an ambulance or medical transportation vehicle is available to respond to a call.

26. Member Agency means a member agency of the California Tahoe Emergency Services Operations Authority (CAL TAHOE) which include: Lake Valley Fire Protection District and South Lake Tahoe Fire Department.
27. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the local County EMS Agency Medical Director as qualified to provide Prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the County of El Dorado EMS Agency.
28. Out-of-Chute means the time from the moment that the ambulance or medical transportation entity is first provided the call information, to the moment that the vehicle leaves its present position to respond to the call (wheels move).
29. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
30. Prehospital Care Report (PCR) means the form approved by the County of El Dorado EMS Agency for the purpose of documenting all patient care provided in the County of El Dorado. If service entity is providing ambulance transport service under contract with the County of El Dorado, the PCR shall also include all required billing information.
31. Primary Response Areas means the geographical areas designated by the COUNTY as emergency medical service areas as defined in Appendix A.
32. Priority Dispatch means an emergency medical dispatch program that includes an emergency medical dispatch priority reference system, approved pre-arrival instructions, and certified Emergency Medical Dispatchers.
33. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the State of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.)
34. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
35. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale,

sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site.

36. System Standard of Care means the most current versions of the County's Emergency Medical Service and Medical Transportation Ordinance, the County of El Dorado EMS Agency Policy and Procedure Manual, and any written directives issued by the County of El Dorado EMS Agency Medical Director.
37. Time of Dispatch means the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and either: (i) in the case of ambulance request the presumptive patient condition as defined by EMD; or (ii) in the case of medical transportation the requested level of service.
38. Unit Hour means a fully staffed and equipped ambulance available for, or involved in emergency medical response for one hour.
39. Unit Hour Utilization Ratio (UHUR) means a measure of system productivity that is calculated by dividing the number of transports by the number of unit hours produced during any specific period of time. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION II – GENERAL SERVICE PROVISIONS

Article I – General

CAL TAHOE agrees to provide full service emergency and non-emergency Prehospital Advanced Life Support Services and Dispatch Services as described in this Contract, within the terms and conditions of COUNTY's current Emergency Medical Service and Medical Transportation Ordinance, as hereinafter amended. In the performance of its obligation hereunder, it is agreed that CAL TAHOE is subject to medical control or direction of the COUNTY.

A. Scope of Services

CAL TAHOE will exclusively provide all emergency and non-emergency ground ambulance service (Priorities 1, 2, 3, 4, 5 & 6 as defined in Section V, Article XI, C.), including ambulance dispatch, for the entire population of CSA No.3 South Shore Area, and a part of Alpine County (specifically, the response areas identified on the maps in Appendix A), except for the "Tahoe West Shore Zone of Benefit" in the County of El Dorado. EMS Aircraft utilized for the purpose of prehospital emergency patient response and transports are provided by established public and private operators and will not be the responsibility of CAL TAHOE. Additionally, COUNTY may grant limited special exceptions to allow the use of specialized critical care ground transportation units if such units provide medically necessary services not provided by CAL TAHOE or if such units are operated by receiving facility specialty transport teams and COUNTY determines that granting the exception is in the public interest.

CAL TAHOE shall provide non-emergency Prehospital Advanced Life Support transport services (Priorities 4, 5, & 6) to Enki Health psychiatric clients on a twenty-four (24) hour, seven (7) day a week basis, as needed, and as requested by a Designated 9-1-1 Dispatch Center, as long as services are within the resource limits of the County of El Dorado.

CAL TAHOE shall not be required to unreasonably deplete its own ALS medical resources, personnel, services or facilities to the detriment of its normal operations and responsibilities in furnishing such services. These services may include non-emergency ALS transport for psychiatric patients located within the boundaries of Alpine County, and/or non-emergency transports from Barton Memorial Hospital in the County of El Dorado to a designated psychiatric facility.

Documents executed by personnel for billing purposes for services to Enki Health, shall be notated "ENKI", where appropriate, to indicate Enki Health is taking financial responsibility for all services provided by CAL TAHOE to their psychiatric patients.

1. In cases where an Enki Health employee is present at the ALS response scene, that employee shall authorize payment for the ALS transport by signing the Financial Responsibility and Assignment of Benefits portion of the Prehospital Care Report (PCR), which is completed for each response. Authorization shall be placed immediately after the patient's name and read, "[Enki Health by _____ (employee's name)]". ALS personnel at the scene shall also mark, "ENKI", in bold letters at the top of the PCR form or by making an appropriate annotation to the ePCR.

2. In cases where an Enki Health employee is not present at an ALS response scene for transport of a psychiatric patient in Alpine County or from Barton Memorial Hospital, ALS personnel shall inquire of the person in charge at the scene if this is an Enki Health patient, and note on the PCR, "ENKI", in bold letters at the top, or by making an appropriate annotation to the ePCR.

In the event Enki Health is succeeded by another psychiatric provider, the process of identification shall remain the same for the new provider.

B. Applicable Laws

CAL TAHOE shall provide services in accordance with applicable federal and State laws, statutes, regulations, policies and directives, local rules, regulations, ordinances and policies, and any changes or amendments thereto, including those described in this Contract.

C. CAL TAHOE Accountability

CAL TAHOE shall be directly accountable to the County of El Dorado Health Services Department for Contract compliance issues and conformance with operational policy. CAL TAHOE shall be responsible to the COUNTY EMS Agency, under the direction of the EMS Agency Medical Director, for such issues as medical control, accreditation, quality assurance, and other medical care

related activities. On-line medical control has been delegated to the Base Hospital (Barton Memorial Hospital) for day-to-day patient care oversight.

CAL TAHOE shall also be expected to cooperate fully with all other agencies during the course of the Contract, and to refer any requests for deviation from the terms of the Contract to the COUNTY Director of Health Services.

D. Successors and Waivers

This Contract shall bind the successors of COUNTY and CAL TAHOE in the same manner as if they were expressly named. Waiver by either party or any default, breach or condition precedent shall not be construed as a waiver of any other default, breach or condition precedent or any other right hereunder.

E. Prior Contracts

Any prior contracts regarding this subject matter between COUNTY and CAL TAHOE, and all prior ALS contracts with Member Agencies for services within CSA No. 3, are hereby terminated as of the effective date of this Contract.

Article II – System Designations

- A. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798. through and including Section 1798.105. The designated Base Hospital for CSA No. 3 is Barton Memorial Hospital.
- B. The Designated Dispatch Center for CSA No. 3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for Prehospital Advanced Life Support services from the Designated Dispatch Center.

SECTION III – DISPATCH REQUIREMENTS

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. 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.

G. 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.

H. The Designated Dispatch Center shall provide a process that recommends vehicle locations per criteria included in CAL TAHOE's System Status Management Plan (SSMP).

I. 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.

Article II – Dispatch Data and Reporting Requirements

CAL TAHOE shall provide detailed operations, clinical and administrative data in a manner that facilitates its retrospective analysis as outlined below.

A. Dispatch Computer

The dispatch computer supplied by CAL TAHOE shall be capable of the following:

1. Electronic data entry of every response on a real-time basis.
2. Prioritization of deployment planning, displaying calls received for runs pending, runs in progress, transfers scheduled up to 24 hours in advance, and status of ambulance resources available for service.
3. Immediate recall on any current, previous, or pre-scheduled run for inquiry by date, incident number, location or patient name.
4. Simultaneous and continuous printed logs of deployment.

5. Security features preventing unauthorized access or retrospective adjustment and full audit trail documentation.

B. Dispatch Data and Reporting

CAL TAHOE's electronic data system shall be capable of producing the following reports to be utilized in measuring response time compliance:

1. Emergency life threatening and non-life threatening response times by jurisdiction and by user definition per the Medical Priority Dispatch System.
2. Unscheduled non-emergency and scheduled non-emergency response times by jurisdiction and by user definition per the Medical Priority Dispatch System.
3. Out-of-chute response times by crew members.
4. Arrival-at-scene times.
5. Hospital turnaround times by crew members.
6. Emergency and non-emergency responses by hour and day.
7. Dispatch call processing response time reports.
8. Canceled run report.
9. Dry run report.
10. Demand analysis report showing calls by day of week, hour of day.
11. Problem hour assessment.
12. Call priority by hour and day.
13. Ambulance alert exception report (report of any delay between dispatcher's receipt of call and the dispatched request for service to the ambulance unit).

At a minimum, CAL TAHOE's electronic data system will provide the reports, features and capabilities documented in its Proposal submitted in response to COUNTY's RFP 11-0073.

In addition, Dispatch personnel shall fully complete a manual "dispatch card" approved by COUNTY for each dispatch of an ambulance when the computer is inoperable. Dispatch personnel, following the resumption of normal service of the CAD system, shall enter manual dispatch cards into the CAD system.

C. Quality Assurance and Medical Control

CAL TAHOE's electronic data system shall be capable of capturing and reporting common data elements that are standard for the EMS industry and include the data elements contained in Appendix C as required under the standard established by the National Association of EMS Directors. In addition, it is anticipated that the data system will be capable of reporting adherence to medical dispatch protocols, adherence to primary and secondary medical priority dispatch questioning, and provision of pre-arrival instruction.

Article III – Dispatch Personnel Requirements

CAL TAHOE shall provide or contract to provide Emergency Medical Dispatch (EMD) dispatcher(s) with the authority, expertise, and management skills to operate CAL TAHOE's System Status Management Plan including the following:

- A. Trained according to the COUNTY EMS Agency's adopted program of national standards, the National Highway Traffic Safety Administration (NHTSA): Emergency Medical Dispatch National Standard Curriculum.
- B. Utilize ProQA software for management of EMS resources through proper interrogation and situation assessment by the dispatcher and provide patient care through the delivery of post-dispatch/pre-arrival instructions to assist the patient until prehospital care providers arrive at the scene.
- C. Utilize AQUA for performance evaluation of EMD.
- D. Maintain and keep current EMD staff certifications.
- E. Provide staff orientation to the emergency medical services system.
- F. Maintain continuing education requirements.
- G. Provide resource management.
- H. Provide operational plan management.
- I. Manage 9-1-1 non-urgent requests for service.
- J. Manage critical care transport requests for service.

Article IV – Record of Dispatch Call

Upon request of the COUNTY EMS Agency, CAL TAHOE shall provide from Dispatch Center digitally recorded copies of calls for quality assurance purposes. Recordings shall be delivered to the Agency within five business days from receipt of written, including email, request to CAL TAHOE Executive Director.

SECTION IV – PRIMARY RESPONSE AREAS

This Contract is for all ALS ground ambulance services, including emergency and non-emergency services dispatched to CAL TAHOE by the Designated Dispatch Center, for that area of the COUNTY known as CSA No.3 South Shore Area, and a part of Alpine County except for a portion of "Tahoe West Shore Zone of Benefit" in the COUNTY. The boundaries of the Primary Service Areas are delineated on the map contained in Appendix A to this Agreement. CAL TAHOE shall be responsible for providing ALS Ambulance Service for all requests from the Designated Dispatch Center.

The Primary Response Areas shall extend to Camp Sacramento heading west on Hwy. 50; north to Hwy 89 up to the north snow gate; to the Nevada state line heading east on Hwy. 50; and under agreement with Alpine County, down Hwy. 89 to Hwy. 88 and west on Hwy. 88 to but not including the Kirkwood Inn parking lot.

CAL TAHOE is responsible for responding to 100% of the Priority 1, 2, and 3 emergency Prehospital Advanced Life Support calls and 100% of the Priority 4, 5 and 6 non-emergency calls that are dispatched by the Designated Dispatch Center that originate within CAL TAHOE's Primary Response Areas. When all vehicles in service are committed, mutual aid request provisions shall be followed.

SECTION V – STANDARDS of SERVICE for PREHOSPITAL ALS

Performance in this Contract means: appropriately staffed and equipped ambulances and vehicles at the Advanced Life Support level which respond within defined Response Time standards and performance pursuant to the requirements established by COUNTY and articulated in this Contract. Clinical performance must be consistent with approved local medical standards and protocols. The conduct of personnel must be professional and courteous at all times.

Article I – Emergency Medical Standards and Requirements

- A. CAL TAHOE shall provide Prehospital Advanced Life Support service response on a continuous twenty-four (24) hour per day basis, unless otherwise specified by the COUNTY EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167(b) (1).
- B. CAL TAHOE shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the County EMS Agency Policies, Procedures and Field Treatment Protocols; and any and all other applicable statute, ordinance, and resolution regulating Prehospital Advanced Life Support services provided under this Contract, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies. In the event of any conflicting

statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

- C. CAL TAHOE, on behalf of itself or a subcontracted responding unit, shall not advertise itself as providing Advanced Life Support services unless routinely providing Advanced Life Support services on a continuous twenty-four (24) hour per day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, section 100167(c).

Article II – System Status Management

- A. CAL TAHOE shall implement services under this Contract as a part of the emergency medical response system within the designated Primary Response Areas, and adhere to a System Status Management Plan developed by CAL TAHOE and reviewed by the COUNTY EMS Agency. Such plan shall be in place at all times during the term of this Contract. CAL TAHOE shall submit to the COUNTY EMS Agency for review and comment any proposed material or permanent changes to the System Status Management Plan at least fifteen (15) days in advance of implementation of any proposed changes.
- B. CAL TAHOE may be required to revise its System Status Management Plan, deployment plan, crew hours or additional ambulance hours when a crew or individual is being constantly overworked.
 - 1. The System Status Management Plan shall be revised when an individual works in excess of any consecutive hours that may impair patient care, and an individual is not allowed at least twelve (12) hours off, immediately following four (4) 24-hour periods worked. Any exceptions due to extenuating circumstances shall be reported in writing within 72 hours to the COUNTY EMS Agency.
 - 2. The maximum Unit Hour Utilization (UHU) for 24-hour ambulance transport unit crews shall not exceed 0.40 continuously without COUNTY approval. COUNTY shall review the System Status Management Plan any time the ratio of transports to unit-hour production exceeds 0.40 UHU, and may recommend remedial corrections to the Plan. CAL TAHOE may notify COUNTY at any time CAL TAHOE deems UHU levels necessitate a review of the System Status Management Plan.

Article III – Changing Service Demand Levels

In the event that the service demand level significantly changes during the period of the Contract, and such change requires CAL TAHOE to materially adjust the amount of ambulance coverage, COUNTY shall negotiate appropriate revisions with CAL TAHOE to reflect such adjustments. CAL TAHOE shall not decrease the service coverage without written consent of COUNTY.

Article IV – Emergency Medical Service Requirements

- A. Ambulances shall transport each patient in need of or requiring transport to the designated Base Hospital or as directed by on-line medical control at the Base Hospital.
- B. CAL TAHOE shall promptly respond an ambulance to the emergency call, or schedule a time to respond that is acceptable for non-emergency calls, and shall complete that run, unless diverted by the Designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
- C. Ambulance crew shall notify the Designated Dispatch Center when en route, upon arrival at scene, upon departure from scene, upon arrival at hospital, and upon departure from hospital. Ambulance crew shall notify the Designated Dispatch Center when they are committed to a call, out of service, or when any other status change occurs.
- D. CAL TAHOE shall not cause or allow its ambulances to respond to a location without receiving approval to respond from the Designated Dispatch Center for such service at that location. Ambulance staff shall notify the Designated Dispatch Center to be assigned to an incident if circumstances are warranted.
- E. In the event that an ambulance is unable to respond to a request for ambulance service, the ambulance crew shall immediately notify the Designated Dispatch Center.
- F. During a patient transport, ambulance crew shall notify the Base Hospital and give a report on patient status, treatment given, and estimated time of arrival. CAL TAHOE shall ensure that prehospital personnel communicate current and ongoing patient assessments to the Base Hospital, and collaborate with Base Hospital in the provision of care, and follow physician or MICN direction as instructed.
- G. CAL TAHOE shall ensure that personnel be familiar with local geography throughout the Primary Response Areas.
- H. CAL TAHOE shall allow inspections, site visits, or ride-alongs at any time by COUNTY EMS Agency staff, with reasonable notice, for purposes of Contract compliance and medical quality assurance. This section does not override COUNTY's rights and responsibilities under Title 22 to perform unannounced site visits. COUNTY will respect any applicable due process in regard to employee rights when conducting an investigation.
- I. COUNTY does not prohibit ambulance personnel from engaging in other emergency-related activities such as fire suppression or high-angle rescue if and only if response time performance requirements are currently being met.

Article V – Standby and Special Event Coverage

A. Non-dedicated Standby Ambulance Service

Upon request by law enforcement and/or fire departments, and where available units/staffing exist, CAL TAHOE may furnish courtesy stand-by ambulance coverage at emergency incidents involving a potential danger to the personnel of the requesting agency or the general public. Units assigned to stand-by coverage at emergency incidents shall be under the control of the Incident Commander and will only be available for assignment to other duties or calls if released by the Incident Commander. CAL TAHOE may request the release of such units by communicating with the Incident Commander through the Designated Dispatch Center.

Other community service oriented entities may request non-dedicated standby ambulance coverage for special events from CAL TAHOE. CAL TAHOE is encouraged to provide such non-dedicated stand-by coverage to events when possible.

CAL TAHOE will offer such non-dedicated standby ambulance services at no charge.

B. Dedicated Standby Ambulance Service

Community service oriented entities or commercial enterprises may request dedicated stand-by ambulance coverage for special events from CAL TAHOE. Each dedicated standby ambulance service event shall have a two-hour minimum.

CAL TAHOE may also make personnel available, without an ambulance vehicle, for pre-scheduled standby and special events coverage at an hourly rate consistent with the County Board of Supervisors approved Ambulance Rate Schedule, Appendix I. No minimum time will be required for personnel-only events.

CAL TAHOE will offer such dedicated standby ambulance services at the rates established by the County of El Dorado Board of Supervisors. CAL TAHOE is hereby authorized by COUNTY to execute any necessary contracts for these services with the requester of services. CAL TAHOE shall secure all billing information required by COUNTY so that COUNTY can bill the responsible parties for such services, and provide to COUNTY a copy of any such contract and required billing information.

If CAL TAHOE is requested to provide such services with a dedicated ambulance, then CAL TAHOE may provide such services and be reimbursed by COUNTY at a rate equal to 93% of the COUNTY revenue generated by CAL TAHOE for standby services.

Article VI – Personnel Requirements

- A. CAL TAHOE shall maintain a minimum staffing level of not less than one (1) EMT, and one (1) EMT-P for each in-service ambulance. The EMT-P shall be responsible to provide primary patient care at all times.
- B. CAL TAHOE shall ensure that all EMT-P personnel are licensed by the State of California and accredited by the County of El Dorado EMS Agency. Additionally, CAL TAHOE shall ensure that all EMTs are certified in accordance with Section I – Definitions, item 21, Emergency Medical Technician.

Personnel whose certification/accreditation/license has lapsed shall not be allowed to provide prehospital care within the COUNTY until they have met all requirements to bring current their certification/accreditation. CAL TAHOE shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the COUNTY EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee, CAL TAHOE shall provide a copy of such records of certification and/or accreditation to the COUNTY EMS Agency.

- C. In the case of Critical Care Transport (CCT) ambulance, each CCT ambulance shall be staffed with a minimum of one EMT and one specially trained and authorized paramedic or additional personnel as defined in Section I – Definitions, item 8, Critical Care Transport. Each ambulance shall be equipped with appropriate medical equipment and supplies that may be provided by the CCT staff or provider.
- D. CAL TAHOE shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.
- E. CAL TAHOE shall ensure that all personnel shall be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.
- F. CAL TAHOE shall maintain records of all EMS training, continuing education and skills maintenance as required by the COUNTY EMS Agency. CAL TAHOE shall provide to the COUNTY EMS Agency specific records upon request.
- G. CONTRACTOR shall provide a single point liaison to COUNTY for communication regarding Contract fulfillment. In the event that the single point liaison is unavailable, CAL TAHOE's communication chart shall be utilized.
- H. CAL TAHOE shall designate an on-duty or on-call management or supervisory staff, available at all times, who is authorized to act on behalf of CAL TAHOE in all operational matters. The Designated Dispatch Center shall at all times be advised and have available the contact information for the designated staff.

- I. If the CAL TAHOE Executive Director is unavailable during scheduled working hours Monday through Friday, notification shall be given to the COUNTY EMS Agency.
- J. CAL TAHOE shall maintain good working relationships with fire agencies; first response agencies; law enforcement; base hospitals; the COUNTY EMS Agency; and City and COUNTY staff.
- K. CAL TAHOE shall ensure professional and courteous conduct at all times from all personnel, office personnel, field supervisors, middle management, officers, and executives.
- L. CAL TAHOE shall ensure safe and sanitary living quarters for on-duty personnel.

Article VII – Equal Opportunity Employer

CAL TAHOE through its member agencies and subcontractors shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEOP). It shall be the stated policy of CAL TAHOE and its member agencies and subcontractors that all employees, personnel and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions shall be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., shall also be administered without discrimination. Equal employment opportunity shall be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article VIII – Training Requirements

- A. CAL TAHOE shall provide qualified paramedic personnel to be Field Training Officers (FTOs) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTOs shall provide orientation to the COUNTY EMS Agency Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Hospital and receiving hospitals. FTOs shall provide training in any optional scope of practice procedure currently in effect in the County of El Dorado. CAL TAHOE shall ensure that FTOs shall be allowed to attend meetings and/or training pertinent to the COUNTY EMS system. The COUNTY EMS Agency Medical Director shall approve all COUNTY FTOs.

- B. CAL TAHOE shall require that among the Member Agencies which provide ambulance service, there shall be appointed at a minimum a combined total of no less than three (3) Field Training Officers (FTOs), approved by the EMS Agency Medical Director, to provide accreditations, internships, field training, and quality improvement functions. CAL TAHOE shall notify the COUNTY EMS Agency Medical Director when less than three (3) FTOs are available.
- C. CAL TAHOE shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by CAL TAHOE.

Article IX – Community Education

COUNTY desires that CAL TAHOE take significant steps to improve access to the 9-1-1 system and participate in community education programs emphasizing preventive health care. These programs are to be made available to schools and community groups. It is COUNTY's expectation that CAL TAHOE will plan such programs working collaboratively with COUNTY and other public safety and EMS-related groups, such as the American Heart Association, the American Red Cross, and the fire departments. CAL TAHOE's Community Education Plan shall reflect the goals of the COUNTY to include participation in EMS Week activities, and the provision of at least 24 hours of public relations events per year (in addition to events that are provided on a non-dedicated basis). Public Relations hours may, at CAL TAHOE's option, be provided by in-service units/personnel. All programs shall be approved by COUNTY.

Article X – Quality Improvement/Quality Assurance

- A. CAL TAHOE shall participate in all quality improvement/quality assurance activities promulgated by the COUNTY EMS Agency, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees. CAL TAHOE shall be fiscally responsible for this staff's participation time.
- B. CAL TAHOE shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the Prehospital Advanced Life Support services required in this Contract. The program shall be reviewed and approved by the COUNTY EMS Agency.
- C. CAL TAHOE shall cooperate fully in supplying all requested documentation to both the Base Hospital and the COUNTY EMS Agency, and shall participate fully in all quality assurance programs mandated by COUNTY.

Article XI – Response Time Standards

A. Response Time Definition

For purposes of CAL TAHOE performance and monitoring, response time is as defined in Section I – Definitions, item 32, Response Time.

Responses to requests for emergency ambulance service originating from within the Primary Response Areas must meet the following Response Time requirements (Response Areas are defined in Appendix A).

B. Response Time Requirements

Compliance is achieved when 90% or more of transports in each category meet the specified response time requirement. For example, to be in compliance for Priority 1 responses, CAL TAHOE would place an ALS ambulance on the scene of each presumptively defined life threatening emergency, within ten (10) minutes and zero (0) seconds on not less than 90% of all those calls resulting in transport to a hospital.

CAL TAHOE will be required to meet the following response time requirements within each EMS response area of CSA No.3.

C. Maximum Response Times

Priority	Urban	Semi-Rural	Rural	Wilderness
1	10:00	20:00	20:00	90:00
2	12:00	22:00	22:00	90:00
3	15:00	25:00	25:00	90:00
4	On time*	30:00	60:00	90:00
5	60:00	60:00	90:00	N/A
6	30:00	45:00	N/A	N/A

* on-scene for a scheduled transport no later than the scheduled time.

Response priorities are defined according to a standard presumptive priority dispatch protocol approved by the COUNTY EMS Agency Medical Director. The protocols currently in use were obtained from Medical Priority Dispatch Systems and will be made available to CAL TAHOE upon request. For the purpose of response time calculations, responses are prioritized according to the following table:

Priority	Definition
1	Life Threatening Emergencies
2	Non-Life Threatening Emergencies
3	Urgent (Or Emergency Transfer From Healthcare Facility)
4	Scheduled Transfer (4-hour Advance Notification)
5	Unscheduled Transfer
6	Critical Care Transport

For every call in every presumptively defined priority not meeting the specified response time criteria, CAL TAHOE will submit a written report, at least monthly, in a format approved by COUNTY and the COUNTY EMS Agency Medical Director, documenting the cause of the late response and CAL TAHOE's efforts to eliminate recurrence.

In the case of Priority 6 requests for service, CAL TAHOE may contact the requesting agency to establish a reasonable, scheduled time of arrival. CAL TAHOE will either directly provide or subcontract for any clinical staff required to provide critical care transports. CAL TAHOE shall, in any subcontract assure that patients and their responsible parties are not separately billed by any subcontractor for staffing, equipment supplies or services provided on critical care transports.

In the case of Priority 4, 5 & 6 elective transports that will exceed 100 miles of loaded patient travel, CAL TAHOE may require a 4-hour advance notice before beginning the response in order to call in adequate staff. In cases in which very long elective transports are requested, the COUNTY EMS Agency may require preauthorization or payment guarantees prior to acceptance of each transport. CAL TAHOE and the COUNTY EMS Agency shall cooperate as needed to establish procedures for these special transports.

In the event that CAL TAHOE is unable to meet the established maximum response time for any Priority 3, 4, 5 or 6 request for service, CAL TAHOE will contact the Dispatcher to provide an updated estimated time of arrival. The Dispatcher will then provide to the requestor of service a reasonable estimate of the time that the unit will arrive and the reason for the delay.

D. Response Time Measurement for Primary Response Areas

The response time measurement methodology employed can significantly influence operational requirements of the EMS system. The following methodology will be used throughout the Contract to measure response times.

1. Time Intervals

For the purposes of this Contract, response times will be measured from the time CAL TAHOE is first made aware of the call address, call back number

and chief complaint by CAL TAHOE's Dispatch Center until the arrival at the incident location by the first arriving transport-capable ALS ambulance. For scheduled non-emergency (Priority 4) requests, "scheduled time of pick up" will be substituted for "time call received."

Arrival at incident means the moment an ambulance crew notifies the Dispatch Center that it is fully stopped at the location where the ambulance shall be parked while the crew exits to approach the patient. In situations where the ambulance has responded to a location other than the scene (e.g., staging areas for hazardous scenes), arrival "at scene" shall be the time the ambulance arrives at the designated staging location. The COUNTY EMS Agency Medical Director may require CAL TAHOE to log time "at patient" for medical research purposes. However, during the term of this Contract, "at patient" time intervals shall not be considered part of the contractually stipulated response time.

In instances when the ambulance fails to report "at scene", the time of the next communication with the ambulance will be used as the "at scene" time. However, CAL TAHOE may appeal such instances when it can document the actual arrival time through other means such as first responders. Arrival times captured by Automated Vehicle Locator (AVL) position reporting data may be used to verify arrivals provided the data show that the ambulance actually arrived on the scene and did not automatically show an arrival prior to stopping.

2. Upgrades, Downgrades and Reassignments

a. Upgrades

If an assignment is upgraded prior to the arrival on scene of the first ALS ambulance (e.g., Priority 2 to Priority 1), CAL TAHOE's compliance with Contract standards and penalties will be calculated based on the shorter of:

- Time elapsed from call receipt to time of upgrade plus the higher priority response time standard, or
- The lower priority response time standard.

b. Downgrades

Downgrades may be initiated by first responders. If an assignment is downgraded prior to the arrival on scene of the first ALS ambulance, CAL TAHOE's compliance with Contract standards and penalties will be calculated based on:

- If the unit is downgraded before it would have been judged late under the higher priority standard and the request by a first

responder to reduce the ambulance to "Code 2" (i.e., non-emergent) is documented by CAD records, no late penalty will be assessed.

- If the unit is downgraded after the unit would have been judged "late" under the original priority, CAL TAHOE's compliance and any penalties will be calculated on the response time standard applicable to the final priority assigned by communications.

c. Reassignment En route

If an ambulance is reassigned en route or turned around prior to arrival on scene (e.g., to respond to a higher priority request), CAL TAHOE's compliance and penalties will be calculated based on the response time standard applicable to the final priority assigned by communications.

E. Response Times Outside of CSA No.3 Service Areas

CAL TAHOE shall respond into Alpine County, which is outside CSA No.3. These calls are treated as Remote Area (Wilderness) with a ninety (90) minute response time requirement. CAL TAHOE will not be held accountable for emergency or non-emergency response time compliance for any other assignment originating outside of the defined service areas. Responses to requests for service outside of the service areas will not be counted in the total number of responses used to determine compliance.

F. Each Incident a Single Response

Each incident will be counted as a single response regardless of the number of units that respond. The response time of the first arriving ALS ambulance capable of transport will be used to compute the response time for the incident.

G. Response Time Audit Trail

CAL TAHOE will maintain a system to assure a complete audit trail for all response times and assure COUNTY and the COUNTY EMS Agency Medical Director access to the response time data at any time to assure compliance and to calculate penalties.

H. Response Time Compliance

CAL TAHOE shall be compliant with the response time reliability requirements, achieving 90% or better performance for each priority for the entire term of this Contract and any extensions thereto.

Article XII – Response Time Exceptions and Exemption Requests

CAL TAHOE shall maintain mechanisms for reserve production capacity to increase production should temporary system overload persist. However, it is understood that from time to time unusual factors beyond CAL TAHOE's reasonable control affect the achievement of the specified response time standards. These unusual factors are limited to unusually severe weather conditions, declared disasters, or periods of unusually high demand for emergency services. Unusually high demand for emergency responses, for the purpose of considering exemption requests, will be defined as more than two units simultaneously engaged in Priority 1, 2 and/or 3 calls.

Equipment failures, predictable traffic congestion, ambulance failures, inability to staff units and other causes will not be grounds for granting an exception to compliance with the response standards.

Exceptions from Response Time Requirements

Unusual circumstances must have been a material factor in producing a particular excessive response time. Good cause for an exception, as determined by COUNTY, may include but not be limited to the following:

- Disaster and mutual aid situation (mutual aid will not be chronically used to avoid response time requirements);
- Additional units responding to large multi-casualty incident situations requiring two or more ambulances;
- Incorrect or inaccurate dispatch information received at a 9-1-1 PSAP, public safety agency or other direct source;
- Material change in dispatch location;
- Inability to locate address due to non-existent address;
- Delays caused by extraordinary adverse traffic conditions;
- Delays caused by road construction and/or closure;
- Unavoidable delays caused by off-paved-road locations;
- Severe weather conditions including dense fog, snow or ice;
- Delays attributable to COUNTY and not due to CAL TAHOE including an inventory audit;
- Delays attributable to inaccessible geographic location.

- Requests for Priority 1, 2 and/or 3 service when two (2) or more units are simultaneously engaged in Priority 1, 2, and/or 3 calls at moment of dispatch. (For example: When two (2) units are concurrently unavailable due to their commitments to Priority 1, 2 and/or 3 calls, the third (3rd) and/or fourth (4th) request for Priority 1, 2 and/or 3 service will be exempt from response time compliance.)

The parties agree to annually reevaluate, on the anniversary date of execution of this Contract, this exception from response time requirements. At any time that the use of this exception makes a difference in contractual response time compliance of five percent (5%) or more for two months in a row, COUNTY shall contact CAL TAHOE to initiate a reevaluation of this requirement.

- Requests for Priority 4, 5 and/or 6 service when two (2) or more units are simultaneously engaged in any call at moment of dispatch. (For example: When two (2) units are concurrently unavailable due to their commitments to any type of call, a request for Priority 4, 5 and/or 6 service will be exempt from response time compliance.)

If CAL TAHOE feels that any response or group of responses should be excluded from the calculation of the response time standards due to "unusual factors beyond CAL TAHOE's reasonable control", CAL TAHOE may provide detailed documentation to the COUNTY EMS Agency Administrator and the COUNTY EMS Agency Medical Director, and request that COUNTY exclude these runs from response time calculations and late penalties. Any such request must be made in writing and received by the COUNTY EMS Agency Administrator within five (5) business days after the end of each month. The COUNTY EMS Agency Administrator and the COUNTY EMS Agency Medical Director will jointly review the request and issue a determination.

Should CAL TAHOE dispute the determination made by the COUNTY EMS Agency Administrator and the COUNTY EMS Agency Medical Director, CAL TAHOE may make a written appeal to COUNTY for a definitive ruling by submitting it to the COUNTY Director of Health Services, within five (5) business days of the receipt of the response time calculations summary. The ruling of the COUNTY Director of Health Services will be final and binding.

Article XIII – Penalties and Incentives for Response Time Requirements

COUNTY understands that isolated instances may occur in which CAL TAHOE does not meet the stated performance specifications. Minor violations of these requirements will result in performance penalties that will be deducted from CAL TAHOE's payment. However, chronic failure to comply with the response time standards may constitute default of the Contract.

For purposes of calculating non-performance penalties, a fraction of a percent is to be rounded down to the whole percentage point. For example, any priority of transport

achieving 89.9% will be determined to be 89% compliance because it failed to achieve the 90% reliability threshold.

A. Non-performance Penalties

The following deductions will be applied when system-wide response time compliance for Priority 1 or 2 transports falls below 90% for any given month:

89%	\$ 1,000
88%	\$ 2,000
87%	\$ 3,000
86%	\$ 4,000
85%	\$ 5,000

Failure to meet Priority 1 or 2 response time criteria for at least 90% of the time for three consecutive months or for four months in any contract year will be additionally defined as a major breach and may result in removal of CAL TAHOE and forfeiture of performance security.

The following deductions will be applied when system-wide response time compliance for Priority 3, 4, 5 or 6 transports falls below 90% for any given month:

89%	\$ 500
88%	\$ 1,000
87%	\$ 1,500
86%	\$ 2,000
85%	\$ 3,000

Failure to meet Priority 1 or 2 response time criteria for at least 90% of the time in a particular response area, or to meet Priority 3, 4, 5 or 6 response criteria system-wide at least 90% of the time for three consecutive months or for four months in any contract year will be additionally defined as a major breach and may result in removal of CAL TAHOE and forfeiture of performance security.

B. 100 Transport Rule

For the purpose of determining compliance with Priority 1 or 2 response time requirements within the service areas each month, the following method will be used. For every month in which 100 or more Priority 1 or 2 transports originate within the service areas, 90% compliance is required for the calendar month. However, for any month within which fewer than 100 Priority 1 or 2 transports originate, compliance will be calculated using the last 100 sequential transports for that priority.

For example, if the service areas produce 105 Priority 1 transports and 89 Priority 2 transports during a single month, CAL TAHOE will be required to meet 90% compliance for the month for Priority 1, while Priority 2 will be subject to the 100 transport rule.

Should CAL TAHOE be determined to be subject to non-performance penalties for failure to meet 90% compliance with Priority 1 or 2 criteria within the service areas under the 100 transport rule, CAL TAHOE will not be subject to another non-performance penalty for that priority until at least 25 additional transports of that priority have originated within the service areas. If more than one month passes before 25 additional transports occur, and CAL TAHOE is still out of compliance under the 100 transport rule at the end of the month in which the 25th transport occurred, it will be considered a consecutive failure to meet the criteria. Three such consecutive failures or four during any 12 measurement periods (i.e., months within which the 25th transport since last measurement occurred) will be defined as a major breach.

The above deductions will be assessed each month. For purposes of assessing non-performance penalties, monthly response times will be reported without decimals and no rounding factor will be allowed (e.g., a monthly performance of 89.9% will be reported as 89%).

C. Incentive for Superior Response Time Performance

For any year in which the CAL TAHOE has been assessed any non-performance penalties for one or more priority of service, and in which, at the end of the contract year, it achieves at least 92% compliance for those priorities in which it had been previously penalized, the County will forgive the previously deducted penalties. This provision shall apply to each priority separately and no carry-over shall be used from contract year to contract year.

D. Reporting Requirement Penalties

CAL TAHOE will provide, within five (5) business days after the end of each month, reports detailing CAL TAHOE's performance during the preceding month as it relates to each of the performance requirements stipulated herein. These reports shall be submitted electronically, via email or other suitable medium approved by the COUNTY. For each day that CAL TAHOE fails to provide the reports, COUNTY shall deduct \$100 from CAL TAHOE's payment. CAL TAHOE may be exempted from this penalty for any delay in the submission of the month-end report that is due to a delay caused by COUNTY.

Article XIV – Backup Unit Coverage Requirement

CAL TAHOE shall establish and maintain a capability to staff and activate backup ambulance units 24 hours per day 365 days per year. CAL TAHOE shall use best efforts to expeditiously staff a backup unit when requested.

Article XV – Mutual Aid Requests

Mutual aid response by CAL TAHOE shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, CAL TAHOE shall be exempt from the response time standards otherwise imposed by this Contract. CAL TAHOE shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Areas.

Mutual aid response may require CAL TAHOE personnel to respond ALS vehicles into a response area other than that assigned in this Contract. Whenever CAL TAHOE personnel receive a request for service in another area, CAL TAHOE personnel shall immediately respond an ALS vehicle as directed, either Code-3 or Code-2. If, due to prior or concurrent commitments of on-line units, CAL TAHOE is unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, CAL TAHOE shall initiate such call-up per the provisions of Article XIV of this Section.

Article XVI – Disaster/Multicasualty Incident Requirements

- A. CAL TAHOE shall be actively involved in planning for and responding to any declared disaster in the County. Both a mass casualty incident plan and an emergency disaster plan following incident command system guidelines have been developed.
- B. In the event that a disaster within the service area, the County or a neighboring County is declared, normal operations shall be suspended and CAL TAHOE shall respond in accordance with the County's disaster plan. CAL TAHOE shall use best efforts to maintain primary emergency services and may suspend non-emergency service as required. During the period of declared disaster, the COUNTY will not impose performance requirements and penalties for response times.
- C. COUNTY will reimburse CAL TAHOE for the documented, direct, marginal increased cost of providing approved disaster services. In the event of a declared disaster, COUNTY shall coordinate all efforts to recover disaster funding from various local, state, federal, and other applicable sources. CAL TAHOE will comply with reasonable requirements to provide operational, financial, and other data that may be required or useful in pursuing reimbursement. This provision will only be used for situations in which the County, State, or Federal Government has declared a disaster or state of emergency. Bad or even severe weather of a nature that is foreseeable will not qualify unless an appropriate authority declares it a disaster situation and CAL TAHOE has sustained increased expense as a direct and proximate result of the disaster.

SECTION VI – EQUIPMENT and SUPPLY REQUIREMENTS

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. A detailed description of the provided radio infrastructure and equipment is provided as 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.

E. Supplies for Basic and Advanced Life Support Services

It will be the total responsibility of CAL TAHOE to supply all supplies necessary and/or required to perform Basic and Advanced Life Support services. 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.

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.

Article II – Equipment and Vehicle Sublease Agreements

A. Takeover Rights (Step-In)

In order for COUNTY to exercise takeover rights under the terms of this Contract, CAL TAHOE shall maintain a Contingent Lease Agreement with COUNTY for any CAL TAHOE owned equipment that COUNTY would need in order to operate this ambulance service. The Contingent Lease should be substantially in the form of the sample attached as Appendix F.

B. Vehicle and ALS Equipment Requirements

1. CAL TAHOE may choose to hold title to vehicles and ALS equipment or enter into some form of a lease arrangement. If ownership is desired, CAL TAHOE must maintain a Contingent Lease Agreement with COUNTY, whereby COUNTY, at its discretion, can assume immediate control of the ambulances and ALS equipment in the event of breach of Contract, declared bankruptcy, failure to efficiently and adequately provide prompt service delivery, unforeseen cessation of operations, or termination of Contract for whatever reason.
2. If a lease arrangement is desired, CAL TAHOE must arrange for a provision in the lease whereby COUNTY can exercise an option to assume the lease obligation so that immediate control of the vehicles and ALS equipment being used to provide services, but not owned by CAL TAHOE, can be exercised by the COUNTY, at its discretion, in the event of breach of Contract, declared bankruptcy, failure to efficiently and adequately provide prompt service delivery, or other unforeseen cessation of operations. Prior to CAL TAHOE leasing ambulances or equipment, a written Agreement shall exist between CAL TAHOE and leasing agency.
3. Prior to CAL TAHOE utilizing loaned ambulances or equipment, a written Agreement shall exist between CAL TAHOE and loaning agency. CAL TAHOE shall provide adequate documentation demonstrating that COUNTY will have access to sufficient loaned ambulances and equipment necessary to provide the same level of services as defined in this Contract for a 30-day period, should the Takeover provision of this Contract be exercised by COUNTY.
4. It is understood between COUNTY and CAL TAHOE that any lease agreements entered into for future rolling stock purchases and other durable medical equipment will include COUNTY as part of the lease. These agreements may be modified in the future by mutual written consent of the parties; however, it shall be a requirement of each lease that, in the event that COUNTY exercises its takeover rights under this Contract, or in the event of the termination or expiration of this Contract, both the vehicles and the equipment shall be transferred to and assumed by COUNTY. At COUNTY's sole discretion, vehicles and equipment may be purchased, in whole or in part from CAL TAHOE at fair market value. Provided, however, in the event that the COUNTY selects a successor contractor, provisions shall be made for the COUNTY to transfer both the vehicles and equipment to COUNTY selected contractor.
5. The desired plan shall be subject to the review and approval of COUNTY's legal counsel. The ownership or lease instrument, when developed and approved, shall be maintained by CAL TAHOE and copies provided to COUNTY along with a listing of all the Fixed Assets to be turned over to County under the takeover provision. This list of assets shall be updated annually by CAL TAHOE, and will then be reviewed by County wherein

asset and depreciation values will be adjusted to current levels as required to determine fair market value. Should the purchase of assets be required as outlined in the Contingent Lease Agreement, the current fair market value will be utilized.

Article III - Drugs and Medical Supplies

CAL TAHOE shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the current COUNTY EMS Agency Policy and Procedure Manual.

Article IV – ALS Medical Equipment

- A. Standards for medical equipment shall be in compliance with the COUNTY EMS Agency Policy and Procedure Manual promulgated by the COUNTY EMS Agency as required for the level of service being provided. The COUNTY EMS Agency provides an electronic copy of the current Policy and Procedure Manuals and Manual updates on an ongoing basis to each CAL TAHOE subcontractor's facility and to the CAL TAHOE Executive Director. CAL TAHOE shall be charged with knowledge of the current Policy and Procedure Manuals and Manual updates. The current Policy and Procedure Manuals shall be updated from time to time as determined necessary by the COUNTY EMS Agency. Any substantial financial impact to CAL TAHOE resulting from proposed policy updates shall be resolved prior to implementation of a new policy.
- B. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment, and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
- C. Upon inspection by COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by COUNTY, any Advanced Life Support vehicles other than ambulances failing to meet these medical emergency requirements shall immediately discontinue providing advanced life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Contract, the unit shall comply with all Equipment Requirements as specified in this Contract.

Article V – Vehicle and Equipment Maintenance and Repair

- A. Under this Contract, CAL TAHOE shall be responsible for securing all maintenance of vehicles, ALS equipment, and facilities used by CAL TAHOE in performance of this work. CAL TAHOE shall establish a record-keeping system for the maintenance program, including problem pattern analyses, vehicle, equipment maintenance histories, and costs, and make these records available to COUNTY upon request.

- B. CAL TAHOE shall arrange for all vehicles and electronic and communications equipment to be included in a preventive maintenance program which, at a minimum, conforms to the manufacturer's recommended standards.
- C. At a minimum, CAL TAHOE shall provide a maintenance program of the same or higher quality as the program described in its response to the COUNTY Request for Proposals.

Article VI – Communications Equipment

CAL TAHOE shall meet the following standards for communications equipment:

- A. CAL TAHOE shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Hospital facilities and all EMS users. Communication capabilities and use of frequencies shall be monitored by the COUNTY EMS Agency. (No private ambulance system telephone access number shall exist for emergency dispatch.)
- B. CAL TAHOE shall provide and maintain a tone-encoded voice emergency alerting or functionally equivalent, device(s);
- C. CAL TAHOE shall ensure that a sufficient number of radios are available for replacement in the event of breakdown, maintenance, and disaster operations;
- D. CAL TAHOE shall provide a method of alerting and recalling off-duty personnel;
- E. CAL TAHOE shall ensure that each ambulance is equipped with a communications unit capable of transmitting on UHF Med Net frequencies 1 to 10;
- F. CAL TAHOE shall provide and maintain cellular telephones for Base Hospital contact in the event of Med-Net failure;
- G. CAL TAHOE shall provide all necessary radio equipment to fulfill the requirements of this Contract;
- H. CAL TAHOE shall ensure the availability of all required dispatch radio frequencies and related FCC licenses.

SECTION VII – DATA COLLECTION and REPORTING REQUIREMENTS

CAL TAHOE shall submit reports and data to COUNTY in a form and manner approved by COUNTY. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

Article I – Data and Reporting

CAL TAHOE shall manage data collection in accordance with COUNTY's standards. The data system shall include, but not be limited to, the following:

- A. A mutually agreed upon dispatch report format to COUNTY and the COUNTY EMS Agency Medical Director specifications.
- B. A Prehospital Care Report form to COUNTY and the COUNTY EMS Agency Medical Director specifications.
- C. Equipment maintenance and inventory control schedules as required by COUNTY.
- D. Continuing education and certification records documenting training and compliance upon COUNTY's request.

Article II – Prehospital Care Report/Billing Forms, ePCR Required

- A. On or before December 1, 2011, CAL TAHOE shall implement and continue to utilize an electronic Prehospital Care Report (ePCR), meeting the specifications of the EMS Agency Medical Director. 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. Patient care records 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 patient care records in an electronic format. CAL TAHOE shall provide detailed information regarding the method proposed to accomplish this requirement, including technical specifications, edit and audit capabilities, provisions for security and the advantages of such approach to electronic patient records for COUNTY approval. Any ePCR must, at a minimum be certified as NEMSIS Gold compliant and CEMSIS compatible.
- 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. Ambulance Billing personnel shall notify CAL TAHOE of failure to adequately complete a PCR. CAL TAHOE shall take the necessary action to correct the omission/ error situation. Ambulance Billing personnel shall contact CAL TAHOE to help identify CAL TAHOE personnel in need of additional training.

Article III – Incident Reporting

CAL TAHOE shall furnish its personnel with [EMS Event Analysis](http://www.edcgov.us/Government/EMS/EMS_Forms.aspx) forms available at http://www.edcgov.us/Government/EMS/EMS_Forms.aspx, or subsequent replacement website, and shall ensure that its personnel understand and utilize such forms. CAL TAHOE shall notify the County EMS Agency within 24 hours if a sentinel event occurs in the Primary Transport Areas, i.e., injury to patient, crew or public, or violent or high profile incident; copies shall be furnished monthly for non-sentinel events.

A. Mutual Aid Received or Provided

CAL TAHOE shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Areas by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Areas on an [EMS Event Analysis](#) form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

B. Unusual Activities

CAL TAHOE shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or CAL TAHOE feel should be documented but are not appropriate to include on the ePCR should be included on the [EMS Event Analysis](#) form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road

conditions, and radio, dispatch, or communication failures. Any other unusual activities that have the potential of affecting patient care shall be documented as well.

C. Vehicle Failure and Accident Reporting

CAL TAHOE shall document vehicle failure above and beyond usually scheduled maintenance and repairs, and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article IV – Response Time Reporting

A. Dispatch Response Time Report

CAL TAHOE shall submit a monthly report issued by the Dispatch Center of all emergency medical response times for audit purposes.

B. CAL TAHOE Response Time Report

CAL TAHOE shall submit a monthly report on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Priorities and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital.

Emergency medical response time data shall be provided electronically in tab-delineated format.

C. CAL TAHOE Response Time Exception Report

For each response within the previous calendar month that exceeds the Response Time Standard for the maximum response time category, CAL TAHOE shall submit a Response Time Exception Report available at: http://www.edcgov.us/Government/EMS/EMS_Forms.aspx, or subsequent replacement website, and shall ensure that its personnel understand and utilize such forms. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to the COUNTY EMS Agency for the previous calendar month of service on a monthly basis.

D. COUNTY Response Time Review

The COUNTY EMS Agency shall review all Response Time Reports and Response Time Exception Reports monthly to determine if performance standards are met or exceeded and if non-performance penalties shall be assessed.

Article V – Current Costs of Medications and Supplies

CAL TAHOE shall supply a complete list of the most current costs for all medications and supplies purchased by CAL TAHOE and utilized on the ambulances by April 1st each year, so that patient fee charges may be adjusted annually in keeping with the most current "Resolution to Adopt Ambulance Rate Schedule for CSA No. 3 for Ambulance Services". This list shall include the description of item(s), unit(s) of measure, and most recent cost(s).

Article VI – Transmittal of Data and Reports

CAL TAHOE shall be responsible to ensure that all information is provided to COUNTY in a timely manner as indicated throughout this Contract.

CAL TAHOE shall provide, by the seventh day of each calendar month, reports dealing with its performance during the preceding month as it relates to the clinical, operational, and financial performance stipulated herein. The format of such reports shall be subject to COUNTY approval.

CAL TAHOE shall provide agendas and minutes of all CAL TAHOE Board meetings to the COUNTY EMS Agency Director and the COUNTY Director of Health Services at the time agendas and minutes are provided to CAL TAHOE Board Members.

SECTION VIII – GENERAL CONTRACT REQUIREMENTS

Article I – COUNTY Operational Policies

CAL TAHOE shall be responsible to comply with all operational policies and standards currently articulated in this Contract; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; the California Emergency Medical Services Authority; and the County of El Dorado Emergency Medical Services Agency.

Article II – On-Scene Collections

Ambulance personnel shall not request or receive payment for any services provided pursuant to this Contract, and shall not quote charges to the patient or any other concerned individuals, except as allowed by COUNTY policy when completing Advance Beneficiary Notifications or quoting long distance elective transports. Ambulance personnel shall not extend promises for special treatment regarding billable charges. CAL TAHOE shall provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

Article III – Market Rights and EMS Aircraft Services

CSA No. 3 is an exclusive operating area for emergency and non-emergency ground medical transport under COUNTY's EMS Plan by the authority of the Board of Supervisors. COUNTY reserves its rights to take any and all appropriate action, and to

exercise its discretion with regard to any other public or private emergency medical transporters. COUNTY reserves the right to utilize public or private EMS aircraft services as defined in Title 22, Chapter 8, Article 1, Section 100279, if such utilization is in the best interest of the public.

Article IV – Venue

Any dispute resolution action arising out of this Contract, including, but not limited to, litigation, mediation, or arbitration, shall be brought in the County of El Dorado, California, and shall be resolved in accordance with the laws of the State of California.

Article V – Subcontractors

COUNTY acknowledges that CAL TAHOE is a single point of contracting for the provision of Prehospital Advanced Life Support and Dispatch Services, and that CAL TAHOE contracts with various Member Agencies for the provision of Prehospital Advanced Life Support and Dispatch Services. CAL TAHOE shall execute Agreements with all Member Agencies of the CAL TAHOE JPA by the date of execution of this Contract, and also execute ALS Agreements with Member Agencies providing services under this Contract (see Appendix G for sample), to include all COUNTY EMS Agency ALS requirements and provisions. These Contracts may be combined into one document, should CAL TAHOE desire. All Agreements must be reviewed as to content by County Counsel. COUNTY will look to CAL TAHOE as the Contractor to deliver contracted performance. The inability or failure of any Member Agency to perform any duty or deliver contracted performance shall not excuse CAL TAHOE from any responsibility under this Contract.

Article VI – Term and Renewal Provisions

The term of this Contract is for a period of five (5) years beginning September 1, 2011 and continuing through August 31, 2016. CAL TAHOE may earn up to five (5) extensions of one (1) year each with the same terms/conditions contemplated in Article VII – Compensation for Services, below.

To earn each extension, CAL TAHOE must substantially exceed the minimum requirements of the Contract during the previous term. Extensions must be applied for and approved annually. The five areas to be considered in granting extensions are:

1. Response Time Performance
2. Certification, Qualification and Training
3. Quality Assurance Process
4. Policy and Procedure/Protocol Compliance
5. Teamwork and Leadership

The COUNTY EMS Agency Medical Director shall provide an annual written report evaluating CAL TAHOE's clinical and response time performance during the previous contract year. In preparing this annual evaluation, the COUNTY EMS Agency Medical Director shall rate CAL TAHOE's clinical reliability and response time performance in five (5) areas in accordance with certain specific criteria. The five areas shall be

discussed jointly between the COUNTY EMS Agency Medical Director and CAL TAHOE so as to more accurately measure the performance with certain measurable standards each year.

The numerical score earned by CAL TAHOE over the previous contract year shall determine CAL TAHOE's eligibility for a one-year extension to the ambulance service Contract, to be added to the then-remaining term of the Contract as provided for in this Contract. Earned renewal rights shall be conditioned on CAL TAHOE's earning an average score equal to or in excess of 3.0 for the previous 12-month period for the five areas, as rated in accordance with the following criteria:

CRITERIA	
SCORE	
0	Chronic failure to comply with the System Standard of Care and/or contractual response time requirements of such nature and magnitude that public health and safety is threatened.
1	Frequent failure to comply with the System Standard of Care and or contractual response time requirements, with a poor record of responsive and effective effort to correct such deficiencies as they are discovered.
2	Occasional but still excessive failure to comply with the System Standard of Care and/or contractual response time requirements, with a marginal record of responsive and effective effort to correct such deficiencies as they are discovered.
3	Substantial compliance with the System Standard of Care and/or contractual response time requirements, with a good record of responsive and effective effort to correct deficiencies as they are discovered.
4	Highly reliable compliance with the System Standard of Care and/or contractual response time requirements, with a superior record of responsive and effective effort to correct deficiencies as they are discovered.
5	Exemplary compliance with the System Standard of Care and/or contractual response time requirements, with a history of leadership in efforts to advance the System Standard of Care, and an impressive record of relentless effort to identify and correct performance deficiencies.

The COUNTY EMS Agency will annually certify that CAL TAHOE has been in compliance with the terms of the Contract and response time requirements.

The COUNTY EMS Agency will annually certify that CAL TAHOE has continued to provide services under this Contract within the contracted reimbursement level.

Article VII – Compensation for Services

CAL TAHOE acknowledges and agrees that this Contract is funded from specified 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 \$166,500.00 for the duration of the original five-year term of the Contract. 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 Services 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. The COUNTY will work collaboratively with the 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 quarterly basis a report showing billing and collections on all transports.

Additional work beyond the normal ambulance service call volume will be compensated separately. For the purposes of this Contract, additional work shall include compensated standbys, long distance patient transports that exceed 100 loaded miles and such other ambulance activities that are not a part of the basic ambulance responsibilities under this Contract and that are billed by the COUNTY. In the case of standbys and other ambulance services, which the parties might agree to include, COUNTY will pay CAL TAHOE 93% of revenues collected. In the case of transports that exceed 100 patient loaded miles, County will pay CAL TAHOE 93% of all mileage revenue collected in excess of 100 miles.

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:

- Agree to 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 either party, the repeal or reduction of certain taxes or benefit assessments, and significant changes in the payor 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 and Disaster Services

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. Compensation for 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.

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, 415 Placerville Drive, Suite J, 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. 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.

F. Annual Audit

CAL TAHOE acknowledges and agrees that it is responsible for conducting/obtaining annual audits of CAL TAHOE's books and records. COUNTY will provide reimbursement from CSA No. 3 on the condition that prior to CAL TAHOE procuring a CPA to conduct any annual audit, CAL TAHOE will confer with Health Services Department and the County Auditor-Controller on requirements for the audit and the rate for audit services. 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 the Health Services Department no later than March 31st of each year. Health Services Department 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 Health Services Department, COUNTY will notify CAL TAHOE if further CAL TAHOE action to implement corrective action is required. If COUNTY remains unsatisfied with the audit and/or corrective plan, in addition to any other action allowed by law, COUNTY reserves the right to perform its own audit of CAL TAHOE's books and records for that time period to be paid from CSA No. 3 funds. CAL TAHOE shall fully cooperate with any COUNTY audit.

For audit services procured by CAL TAHOE in accordance with this provision, COUNTY reimbursement to CAL TAHOE will be provided as follows unless otherwise agreed to in writing between COUNTY and CAL TAHOE: Upon completion of the audit and after receipt by Health Services Department of the annual written audit report required by this provision, CAL TAHOE shall submit an itemized invoice, separate from monthly invoicing, detailing audit services rendered. Payment shall be made within forty-five (45) days following COUNTY receipt and approval of the itemized invoice detailing services provided in accordance with the requirements specified by COUNTY. The invoice shall include back-up documentation, including but not limited to, engagement letter between CAL TAHOE and the CPA or entity performing the audit, all billing statements or other billing information submitted to CAL TAHOE by the CPA or entity performing the 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.

Article VIII – Changes to Contract

This Contract may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

- A. The COUNTY EMS Agency Administrator may recommend changes to this Contract to the COUNTY Director of Health Services for the Director's consideration. The COUNTY Director of Health Services shall independently review any recommendations presented by the COUNTY EMS Agency Administrator, and determine whether the recommended changes, modifications or adjustments are warranted and should be forwarded to the County of El Dorado Board of Supervisors. In the event that the COUNTY Director of Health Services determines that changes are deemed necessary, the COUNTY Director of Health Services shall notify CAL TAHOE of the recommended changes and solicit comment from CAL TAHOE prior to submission to the COUNTY Board of Supervisors for approval and/or funding.
- B. CAL TAHOE, upon continuing review of this Contract, may recommend changes to this Contract, in writing (with the exception of CAL TAHOE's compensation) to the COUNTY EMS Agency Administrator. These recommendations shall be reviewed by the COUNTY EMS Agency Administrator, the Administrator's comments and further recommendations noted, and passed on to the COUNTY Director of Health Services. The COUNTY Director of Health Services shall independently review any recommendations presented to the Director by the County EMS Agency Administrator, and determine whether the recommended changes, modifications or adjustments are warranted and should be forwarded to the COUNTY Board of Supervisors. In the event that the COUNTY Director of Health Services determines that the changes are warranted, the COUNTY Director of Health Services shall notify CAL TAHOE of the recommended changes and solicit comment from CAL TAHOE prior to submission to the COUNTY Board of Supervisors for approval and/or funding.

Article IX – Assignment and Delegation

CAL TAHOE is engaged by COUNTY for their and their Member Agencies', unique qualifications and skills. Except as otherwise allowed herein, CAL TAHOE shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other entity without prior written consent of COUNTY. Any material change in control of CAL TAHOE shall be considered a form of assignment of the Contract, and must be approved by the County of El Dorado Board of Supervisors.

Article X – Product Endorsement / Advertising

CAL TAHOE shall not use the name or equipment of COUNTY for the endorsement of any commercial product or service without the expressed written permission of COUNTY.

Article XI – Return of County Equipment

CAL TAHOE agrees to return any COUNTY issued equipment in good working order, normal wear and tear excepted, at the termination of the Contract. For any COUNTY equipment not returned at the conclusion of the term, or, for any equipment returned damaged or unusable, COUNTY shall repair or replace said equipment at CAL TAHOE's expense and deduct an equivalent amount from CAL TAHOE's performance security.

Article XII – Independent Contractor Liability

CAL TAHOE is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Contract. CAL TAHOE exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Contract during the course and scope of their employment.

CAL TAHOE shall be responsible for performing the work under this Contract in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. COUNTY shall not be charged with responsibility of preventing risk to CAL TAHOE or its employees.

Article XIII – Fiscal Considerations

The parties to this Contract recognize and acknowledge that COUNTY is a political subdivision of the State of California. As such, the COUNTY is subject to the provisions of Article XVI, Section 18, of the California Constitution and other similar fiscal and procurement laws and regulations, and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of COUNTY business, COUNTY shall adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Notwithstanding any other provision of this Contract to the contrary, COUNTY shall give notice of cancellation of this Contract in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this Contract. Upon the effective date of such notice, this Contract shall be automatically terminated and COUNTY released from any further liability hereunder.

In addition to the above, should the County of El Dorado Board of Supervisors during the course of a given year for financial reasons reduce, or order a reduction, in the budget for any COUNTY department for which services were contracted to be performed, pursuant to this paragraph in the sole discretion of COUNTY, this Contract may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

Article XIV – Nondiscrimination in Services, Benefits, and Facilities

- A. CAL TAHOE certifies under the laws of the State of California that CAL TAHOE shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR, Section 7285.0 et seq.); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.
- B. For the purposes of this Contract, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Contract; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

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 SERVICES DEPARTMENT
931 SPRING STREET
PLACERVILLE, CA 95667
ATTN: DANIEL NIELSON, M.P.A, ACTING DIRECTOR**

or to such other location as COUNTY directs.

Notices to CAL TAHOE shall be addressed as follows:

**CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY
P.O. BOX 8917
SOUTH LAKE TAHOE, CA 96158
ATTN: BRYAN POND, EXECUTIVE DIRECTOR**

or to such other location as CAL TAHOE directs.

Article XVI – Indemnity

To the fullest extent of the law, CAL TAHOE shall defend, indemnify, and hold COUNTY harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, COUNTY employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with CAL TAHOE's, or any of its Member Agency's services, operations, or performance hereunder, and/or in connection with or arising from the selection of CAL TAHOE as a responsible, responsive proposer, regardless of the existence or degree of fault or negligence on the part of COUNTY, CAL TAHOE, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of COUNTY, its officers and employees, or as expressly provided by statute. This duty of CAL TAHOE to indemnify and save COUNTY harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XVII – Insurance

CAL TAHOE shall provide proof of a policy of insurance satisfactory to the COUNTY Risk Management Division and documentation evidencing that CAL TAHOE maintains insurance that meets the following requirements set forth hereinafter. In addition, where CAL TAHOE authorizes its members to provide services specified under this Contract, CAL TAHOE shall ensure either that CAL TAHOE's policy of insurance names the Member Agencies as an additional, named insured for the purposes of this Contract, or alternatively, that the Member Agencies provide proof of a policy of insurance meeting all of the following requirements and naming the COUNTY as an additional insured for the purposes of rendering services as CAL TAHOE's subcontractor under this Contract:

- A. Full Worker's Compensation and Employers' Liability Insurance covering all employees and subcontractors of CAL TAHOE as required by law in the State of California.
- B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
- C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with CAL TAHOE's business.

- D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
- E. CAL TAHOE shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
- F. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
- G. CAL TAHOE agrees that the insurance required above shall be in effect at all times during the term of this Contract. In the event said insurance coverage expires at any time or times during the term of this Contract, CAL TAHOE agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Contract, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and CAL TAHOE agrees that no work or services shall be performed prior to the giving of such approval. In the event CAL TAHOE fails to keep in effect at all times insurance coverage as herein provided, COUNTY may, in addition to any other remedies it may have, terminate this Contract upon the occurrence of such event.
- H. The certificate of insurance must include the following provisions stating that:
 - 1. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to COUNTY, and;
 - 2. The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Contract are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
- I. CAL TAHOE's insurance coverage shall be primary insurance as respects the COUNTY, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, officials, employees or volunteers shall be in excess of CAL TAHOE's insurance and shall not contribute with it.
- J. Any deductibles or self-insured retentions must be declared to and approved by the COUNTY, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the COUNTY, its officers, officials, employees, and volunteers; or CAL TAHOE shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

- K. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the COUNTY, its officers, officials, employees or volunteers.
- L. The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
- M. CAL TAHOE's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Contract.
- N. In the event CAL TAHOE cannot provide an occurrence policy, CAL TAHOE shall provide insurance covering claims made as a result of performance of this Contract for not less than three (3) years following completion of performance of this Contract.
- O. Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with the County Risk Management Division, as essential for protection of the COUNTY.

Article XVIII – Interest of Public Official

No official or employee of COUNTY who exercises any functions or responsibilities in review or approval of services to be provided by CAL TAHOE under this Contract shall participate in or attempt to influence any decision relating to this Contract which affects his/her personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of COUNTY have any interest, direct or indirect, in this Contract or the proceeds thereof.

Article XIX – Interest of Contractor

CAL TAHOE covenants that CAL TAHOE presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other contract connected with or directly affected by the services to be performed by this Contract except as to contracts with Member Agencies and public agencies; or, 2) any other entities connected with or directly affected by the services to be performed by this Contract. CAL TAHOE further covenants that in the performance of this Contract no person having any such interest shall be employed by CAL TAHOE.

Article XX – California Residency (Form 590)

All independent contractors providing services to COUNTY must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. CAL TAHOE shall be required to submit a Form 590 prior to execution of a Contract or COUNTY shall withhold seven (7) percent of each payment made to CAL TAHOE during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XXI – Taxpayer Identification / Form W9

CAL TAHOE's federal Taxpayer Identification Number is 68-0479626. CAL TAHOE shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XXII – Administrator

The County Officer or employee with responsibility for administering this Contract is Daniel Nielson, M.P.A., Acting Director of Health Services Department, or successor.

Article XXIII – Authorized Signatures

The parties to this Contract represent that the undersigned individuals executing this Contract on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

Article XXIV – Partial Invalidity

If any provision of this Contract is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Article XXV – HIPAA

Under this Agreement, CAL TAHOE will provide services to COUNTY and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to CAL TAHOE for the purposes of carrying out its obligations. CAL TAHOE agrees to comply with all the terms and conditions of Appendix H, HIPAA Business Associate Agreement, attached hereto and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

In as much as an exchange of Protected Health Information (PHI) will occur between CAL TAHOE and COUNTY, CAL TAHOE agrees to require their subcontractors to faithfully distribute to patient the COUNTY supplied "County of El Dorado Notice of Privacy Practices" before the first delivery of service for all non-emergency transfers and dry runs with patient contact, where services will be provided to patient. All Notices of Privacy Practices for emergency transfers will be mailed by COUNTY Ambulance Billing as soon as practical following the provision of services.

SECTION IX – DEFAULT/BREACH, TERMINATION, and CANCELLATION

Article I –Irrevocable Letter of Credit or Cash Payment

CAL TAHOE will deposit with COUNTY a cash payment or an irrevocable letter of credit in a form acceptable to COUNTY for a term of five years, subject to renewal or a new

letter in the event that the Contract is extended. The COUNTY prefers an irrevocable letter of credit, which must be issued by a federally insured (FDIC) banking institution, acceptable to the COUNTY, with a debt rating of 1A or higher by the FDIC; A or higher by Standard and Poor's, A or higher by Moody's investors, or have a comparable rating by another rating system acceptable to the COUNTY.

The amount of the irrevocable letter of credit or cash payment shall be fifty thousand dollars (\$50,000). CAL TAHOE's failure to provide the required irrevocable letter of credit or cash deposit specified herein within 30 days of the date of award of this Contract will constitute a failure to execute and return the Contract as required under the Request for Proposal and upon such failure, CAL TAHOE's deposit will be forfeited to COUNTY.

The irrevocable letter of credit or cash payment shall be used to assure the operation of the ambulance service, including, but not limited to, the conduct of a procurement process, negotiation or related administrative expenses, should COUNTY terminate the Contract because of default.

Article II – COUNTY Review Process

- A. COUNTY, through the COUNTY EMS Agency, shall review and monitor the operation of this Contract to assess whether CAL TAHOE fulfills its obligations hereunder.
- B. The COUNTY EMS Agency may, on a quarterly basis, review with CAL TAHOE compliance to the conditions of this Contract, and shall render an opinion on the level of compliance to this Contract. In the event that CAL TAHOE is found to be in non-compliance, the rights and obligations of the parties shall be determined as set forth in this Article.
- C. The COUNTY EMS Agency, through the COUNTY Health Services Department, may issue an annual or more frequent report to the County of El Dorado Board of Supervisors on Contract compliance to all critical elements within this Contract. In addition, the COUNTY EMS Agency may issue a quarterly (or more frequent) report to CAL TAHOE regarding performance under this Contract. The report shall make recommendations to improve operations, and shall list violations, and make recommendations to eliminate violations under this Contract. The COUNTY EMS Agency shall file such reports with the CAL TAHOE Board, and CAL TAHOE shall use its best efforts to ensure the COUNTY EMS Agency agenda requests are promptly placed on the CAL TAHOE Board's agenda. CAL TAHOE shall oversee the work of its subcontractors, including its Member Agencies, to ensure compliance with this Contract, and the COUNTY EMS Agency is encouraged to make recommendations in this regard.

Article III – CAL TAHOE Minor Breach of Contract

Minor breach shall mean failure to fulfill any of the terms and conditions of this Contract for which failures are not already provided for, and which failures do not amount to a

major breach of the Contract as that term is defined herein. When the COUNTY EMS Agency Administrator has determined that a minor breach has occurred, CAL TAHOE shall be given notice of the alleged breach by U.S. mail, postage prepaid, return receipt requested, and will have fifteen (15) days after receipt of notice to resolve the breach or otherwise respond to the allegations of breach. If the breach has not been cured within fifteen (15) days following the notice to CAL TAHOE, an objection may be made by the County EMS Agency Administrator to the COUNTY Director of Health Services, who shall have the full and final authority to review the objection, issue a determination, and, where appropriate, direct adjustments to be implemented so long as the adjustments do not result in any significant increased unbudgeted costs.

Article IV – CAL TAHOE Major Breach of Contract

Conditions and circumstances which shall constitute a major breach of Contract by CAL TAHOE shall include, but not be limited to, the following:

- A. Failure of CAL TAHOE to operate the system in a manner which enables COUNTY and CAL TAHOE to remain in compliance with federal or State laws, rules or regulations, and with the requirements of the County EMS transportation ordinance and/or related rules and regulations.
- B. Falsification of information supplied by CAL TAHOE including by way of example, but not by way of exclusion, altering the presumptive run code designations to enhance CAL TAHOE's apparent performance or falsification of any other data required under the Contract.
- C. Creating patient transports so as to artificially inflate run volumes.
- D. Chronic failure of CAL TAHOE to provide data generated in the course of operations including by way of example, but not by way of exclusion, dispatch data, patient report data, response time data or financial data.
- E. Excessive and unauthorized scaling down of operations to the detriment of performance during a "lame duck" period.
- F. Chronic failure of CAL TAHOE's employees to conduct themselves in a professional and courteous manner and present a professional appearance.
- G. Chronic failure of CAL TAHOE to maintain equipment in accordance with manufacturer recommended maintenance procedures.
- H. Making assignments for the benefit of creditors; filing a petition for bankruptcy; being adjudicated insolvent or bankrupt; petitioning by a custodian, receiver or trustee for a substantial part of its property; or, commencing any proceeding related to bankruptcy, reorganization arrangement readjustment of debt, dissolution or liquidation law or statute.
- I. Failure of CAL TAHOE to cooperate with and assist COUNTY after a default has been declared as proven herein, even if it is later determined that such breach

never occurred or that the cause of the breach was beyond CAL TAHOE's reasonable control.

- J. Acceptance by CAL TAHOE or CAL TAHOE's employees of any bribe, kickback or consideration of any kind in exchange for any consideration whatsoever, when such consideration or action on the part of CAL TAHOE or CAL TAHOE's employees could be reasonably construed as a violation of federal, State or local law.
- K. Payment by CAL TAHOE or any of CAL TAHOE's employees of any bribe, kickback or consideration of any kind to any federal, State or local public official or consultant in exchange for any consideration whatsoever, when such consideration could reasonably be construed as a violation of any federal, State or local law.
- L. Chronic failure of CAL TAHOE to meet the system standard of care as established by the COUNTY EMS Agency Medical Director.
- M. Failure of CAL TAHOE to maintain insurance in accordance with the Contract.
- N. Chronic failure of CAL TAHOE to meet response time requirements as set forth in the Contract.
- O. Failure to maintain a performance letter of credit or cash payment meeting the terms and amount specified in the Contract.
- P. Chronic failure to submit reports and information under the terms and conditions outlined in this Contract.
- Q. Any other failure of performance, clinical or other, required in the Contract and which is determined by the COUNTY Director of Health Services or the COUNTY EMS Agency Medical Director and confirmed by the COUNTY Board of Supervisors to constitute a default or endangerment to public health and safety.
- R. Willful attempts by CAL TAHOE to intimidate or otherwise punish employees who file authenticated reports with COUNTY as to matters of CAL TAHOE's breach of this Contract.
- S. Multiple minor breaches the cumulative effect of which is deemed a major breach.
- T. Failure to respond to a call or to transport or to render emergency medical patient assessment and treatment, as appropriate, or to otherwise refuse or fail to provide any ambulance services originating within the regulated service area because of the patient's perceived, demonstrated or stated inability to pay for such services, or because of an unavailability status or the location of any ambulance unit at the time of the request.

Article V – COUNTY’S Remedies

If conditions or circumstances constituting an event of default by CAL TAHOE as defined in the Contract exist, COUNTY shall have all rights and remedies available by law or in equity, inclusive of the right to terminate the Contract. The COUNTY’s remedies shall be cumulative and shall be in addition to any other remedy available to COUNTY.

Article VI – COUNTY Major Breach

Conditions and circumstances which shall constitute a major breach of the Contract by COUNTY are failure to pay CAL TAHOE for services rendered in accordance with this Contract.

Article VII – Notice Provisions for CAL TAHOE Major Breach

- A. If it appears that any of the conditions or circumstances set forth above exist or have occurred, then either party complaining of a breach shall notify the other by U.S. mail, postage prepaid, return receipt requested. The written notice complaining of breach shall specify the facts and circumstances that have occurred, and specify the breach in sufficient detail to allow the other party to identify the issues involved. CAL TAHOE shall be notified through its designated Contract Administrator, and COUNTY through its COUNTY EMS Agency Administrator.
- B. The party receiving the notice must respond in writing to the other within seven (7) business days of receipt of notice of major breach.
- C. Upon receipt of the response, if a party is in disagreement with the finding of breach, it may file a formal objection with the COUNTY Director of Health Services within seven (7) business days of the receipt of the response.
- D. Nothing in this section shall be construed as preventing COUNTY from acting under Section X, Article I, Expedited Takeover, pursuant to this Contract.

Article VIII – Appeal to the COUNTY Director of Health Services

- A. If a formal objection is taken, the COUNTY Director of Health Services shall consider all relevant evidence and materials submitted.
- B. The decision of the COUNTY Director of Health Services shall be in writing, and copies shall be given to CAL TAHOE and all interested parties.

Article IX – Appeal to the COUNTY Board of Supervisors

- A. CAL TAHOE or grieving party may appeal in writing the findings by the COUNTY Director of Health Services of major breach as defined within this Contract. Such appeal must be received by the office of the COUNTY Board of Supervisors, 330 Fair Lane, Placerville, CA 95667, by U.S. mail, postage prepaid, return receipt

requested, within seven (7) business days of CAL TAHOE's receipt of decision of the COUNTY Director of Health Services.

- B. If no appeal is taken within the seven (7) business day time frame, the decision of the COUNTY Director of Health Services is final.
- C. When such matters are appealed to the COUNTY Board of Supervisors, the COUNTY Board of Supervisors may conduct a hearing to consider such evidence, testimony, and argument as may reasonably be presented, and shall render its written findings and decision to uphold, modify, or overturn the COUNTY Director of Health Services' decision.
- D. If the COUNTY Board of Supervisors finds that the public health and safety would be endangered by allowing CAL TAHOE to continue its operations under this Contract, it shall declare this Contract terminated and commence action to affect an immediate takeover by COUNTY of CAL TAHOE operations.

If the COUNTY Board of Supervisors finds that a major breach has occurred but that the public health and safety would not be endangered by allowing CAL TAHOE to continue its operations, then the COUNTY Board of Supervisors may advise the COUNTY Director of Health Services to take such other actions, short of termination and takeover, as it deems appropriate under the circumstances.

- E. The findings and decision of the COUNTY Board of Supervisors shall be final and shall be appealable only to the Superior Court of El Dorado County pursuant to California Code of Civil Procedure Section 1094.5, and as provided by law.

Article X – Penalty Appeal Process

If CAL TAHOE does not understand or disagrees with the fines assessed for a specific period of time, CAL TAHOE may within thirty (30) days of notification of a Penalty for Performance Failure follow the procedures below in an attempt to resolve an issue:

1. First, request a review with the COUNTY EMS Agency to explain and clarify a penalty assessment. If CAL TAHOE's concerns are not resolved:
2. Second, request Contract clarification from the COUNTY Health Services Department, and, if CAL TAHOE's concerns remain unsatisfied:
3. Third, request in writing a fair hearing before the COUNTY Board of Supervisors.

SECTION X – TAKEOVER PROCESS

Article I – Expedited Takeover

- A. Notwithstanding major breach, COUNTY may immediately take over ambulance operations when the COUNTY Public Health Officer makes written findings of fact requiring such action to immediately protect the public health, safety and welfare, and that to follow the dispute resolution procedure defined within this Contract would endanger the public health and safety. COUNTY shall immediately so notify CAL TAHOE per SECTION VIII, Article XVI, Notice to Parties, which shall then give CAL TAHOE a right to hearing before the COUNTY Board of Supervisors. The takeover shall be effective pending the conducting of the hearing. The hearing shall be held within fifteen (15) days of notice, and the written decision shall be issued within fifteen (15) days thereafter to continue, terminate, or modify the takeover.
- B. COUNTY may terminate the takeover period at any time, and return the operations to CAL TAHOE. The takeover period shall last as long as the COUNTY Director of Health Services believes is necessary to stabilize the Prehospital Advanced Life Support services system to protect the public health and safety.

Article II – Takeover Cooperation

- A. CAL TAHOE's cooperation and full support of such emergency takeover, as well as CAL TAHOE's immediate release of performance security funds to COUNTY, shall not be construed as acceptance by CAL TAHOE of the finding of major breach, and shall not in any way jeopardize CAL TAHOE's right to recovery should a court later find that the declaration of major breach was made in error. However, failure on the part of CAL TAHOE to cooperate fully with COUNTY to effect a safe and smooth takeover of operations shall in itself constitute a material breach of the Contract even if it was later determined that the original declaration of major breach by COUNTY was made in error.
- B. In the event of an immediate takeover, declaration that a major breach has occurred shall be initiated and shall take place only after emergency takeover has been completed, and shall not, under any circumstances, delay the process of the emergency takeover or the transfer of vehicles and equipment utilized in the performance of this Contract.

Article III – Final Authority

Except as provided by law, the COUNTY Board of Supervisors shall be the final authority for COUNTY.

Article IV – "Lame Duck" Provisions

Should CAL TAHOE fail to prevail in a future procurement cycle, CAL TAHOE will agree to continue to provide all services required in and under the Contract until a new

contractor assumes service responsibilities. Under these circumstances, CAL TAHOE will, for a period of several months, serve as a lame duck contractor. To assure continued performance fully consistent with the requirements of the Contract through any such period, the following provisions will apply:

- A. CAL TAHOE will continue all operations and support services at the same level of effort and performance that were in effect prior to the award of the subsequent Contract to a competing organization, including but not limited to compliance with the provisions related to the qualifications of key personnel.
- B. CAL TAHOE will make no changes in methods of operation which could reasonably be considered to be aimed at cutting Contractor services and operating cost to maximize profits during the final stages of the Contract.
- C. COUNTY recognizes that if a competing organization should prevail in a future procurement cycle, CAL TAHOE may reasonably begin to prepare for transition of the service to a new contractor. COUNTY will not unreasonably withhold its approval of CAL TAHOE's request to begin an orderly transition process, including reasonable plans to relocate staff, scale down certain inventory items, etc., as long as such transition activity does not impair CAL TAHOE's performance during this period.
- D. During the process of subsequent competition conducted by COUNTY, CAL TAHOE will permit its non-management personnel reasonable opportunities to discuss with competing organizations issues related to employment with such organizations in the event CAL TAHOE is not the successful proposer. CAL TAHOE may, however, require that its non-management personnel refrain from providing information to a competing organization regarding CAL TAHOE's current operations, and CAL TAHOE may also prohibit its management personnel from communicating with representatives of competing organizations during the competition. However, once COUNTY has made its decision regarding award, and in the event that CAL TAHOE is not the winner, CAL TAHOE will permit free discussion between CAL TAHOE based employees and the winning proposer without restriction, and without consequence to the employee.


This document and the documents referred to herein or exhibits hereto are the entire Contract between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.

DEPARTMENT HEAD CONCURRENCE:


Daniel Nielson, M.P.A. Acting Director Date
Health Services

IN WITNESS WHEREOF, the parties hereto have executed this Contract the day and year first below written.

COUNTY OF EL DORADO



Raymond J. Nutting, Chair
County of El Dorado Board of Supervisors

8/23/11

Date

ATTEST
Suzanne Allen de Sanchez, Clerk

By:  8/23/11

Deputy Clerk

CAL TAHOE



Robert Bettencourt, Chairman
CAL TAHOE Board of Directors

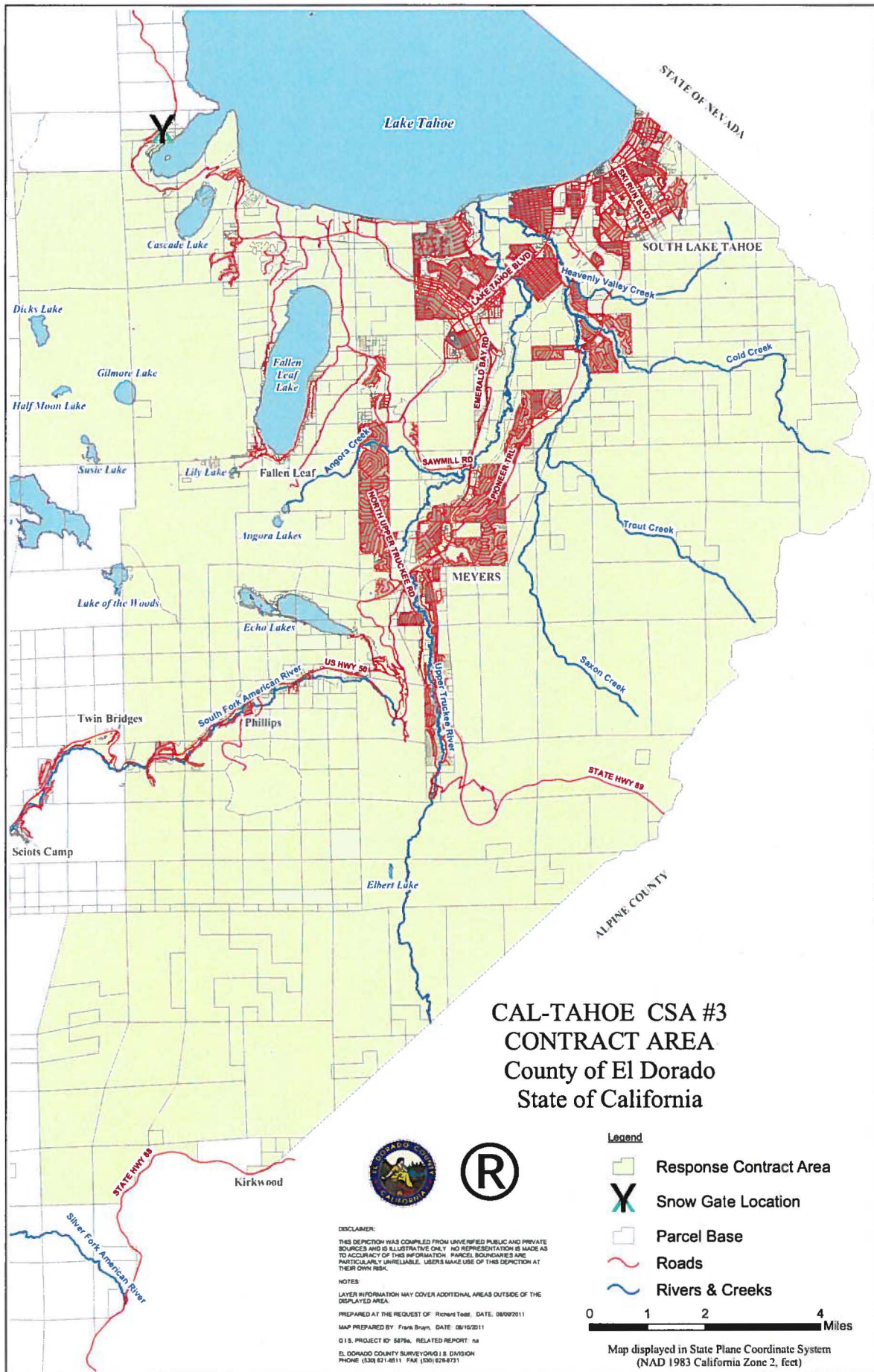
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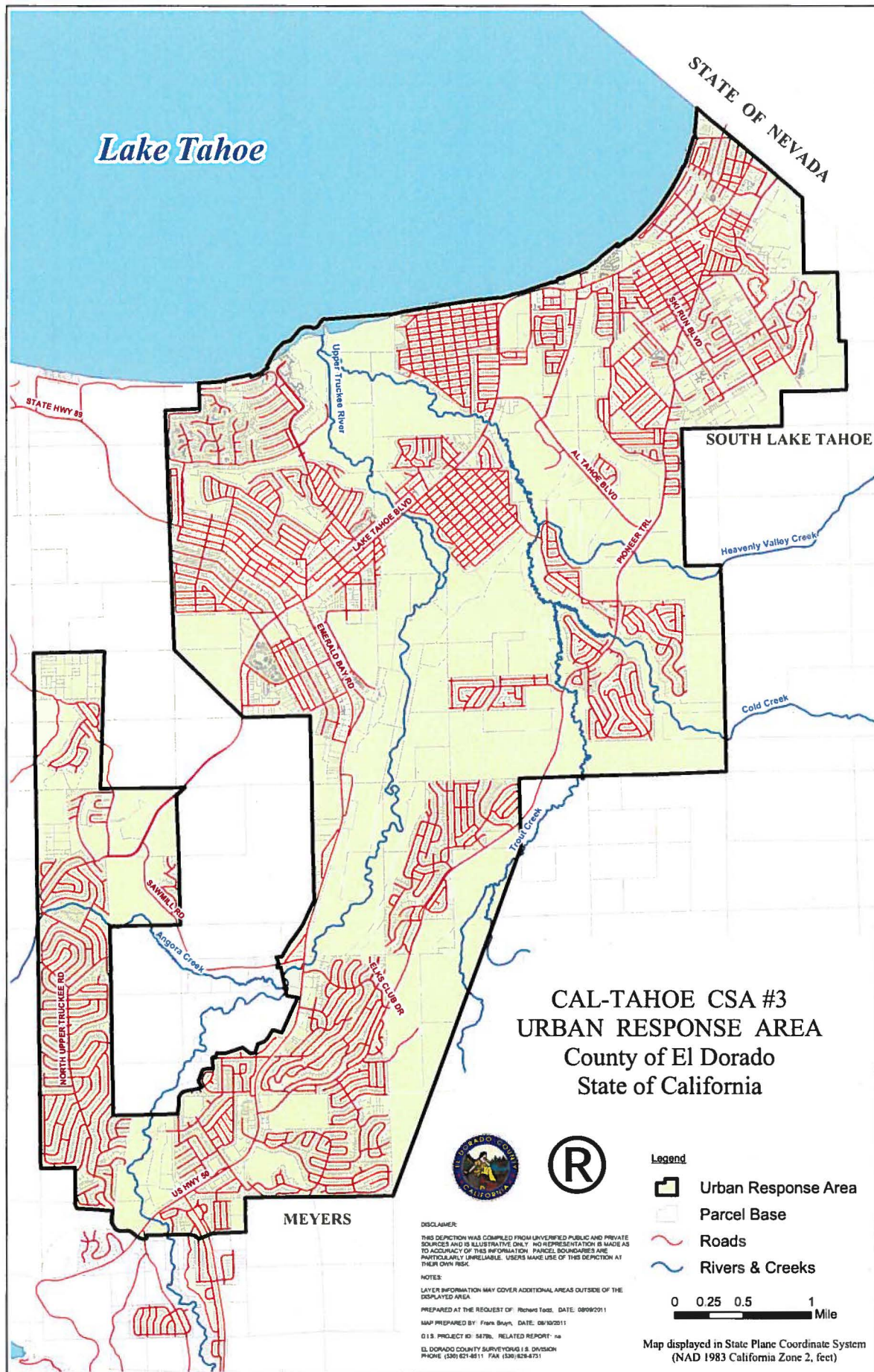
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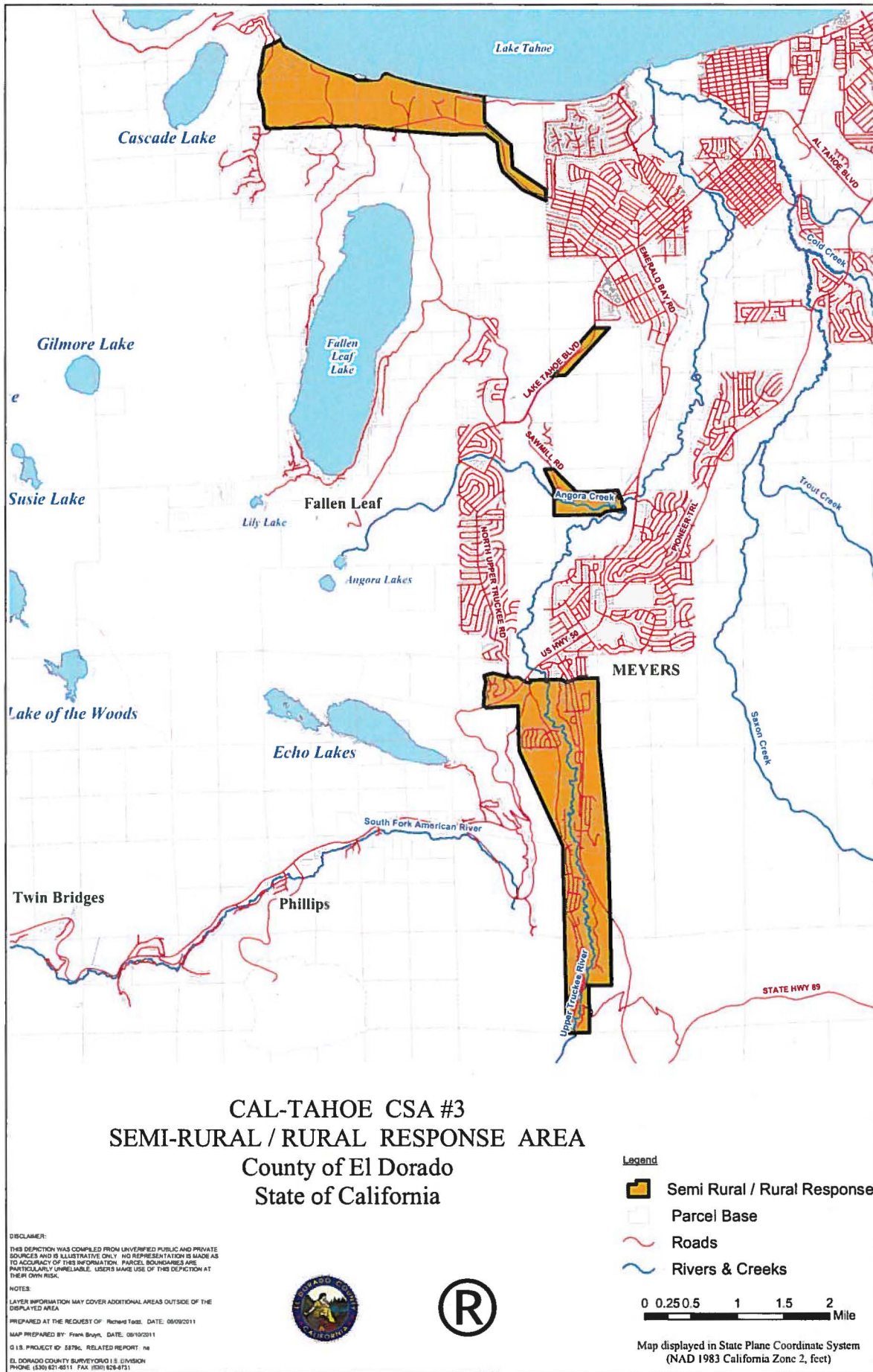
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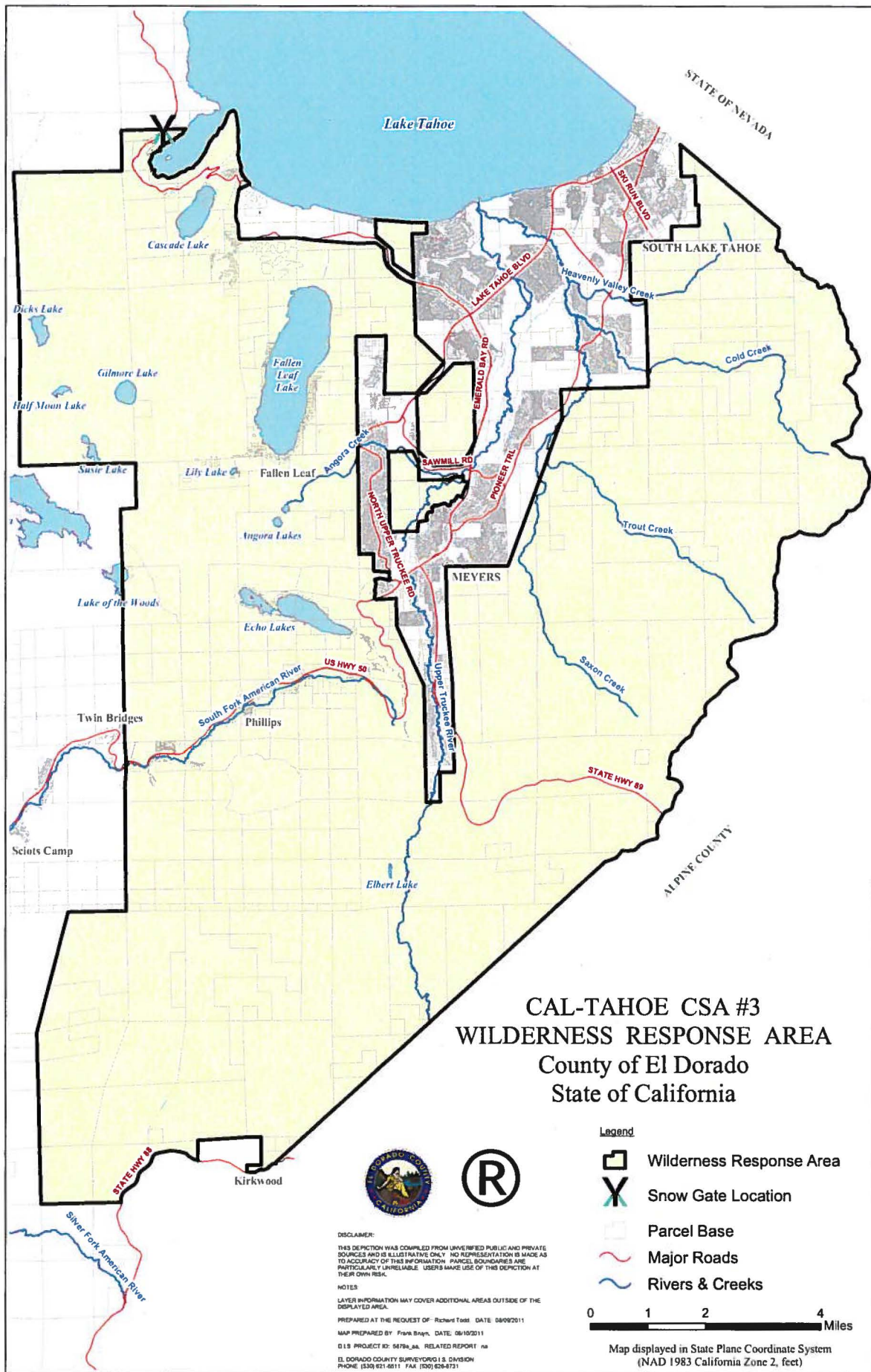
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Board Secretary



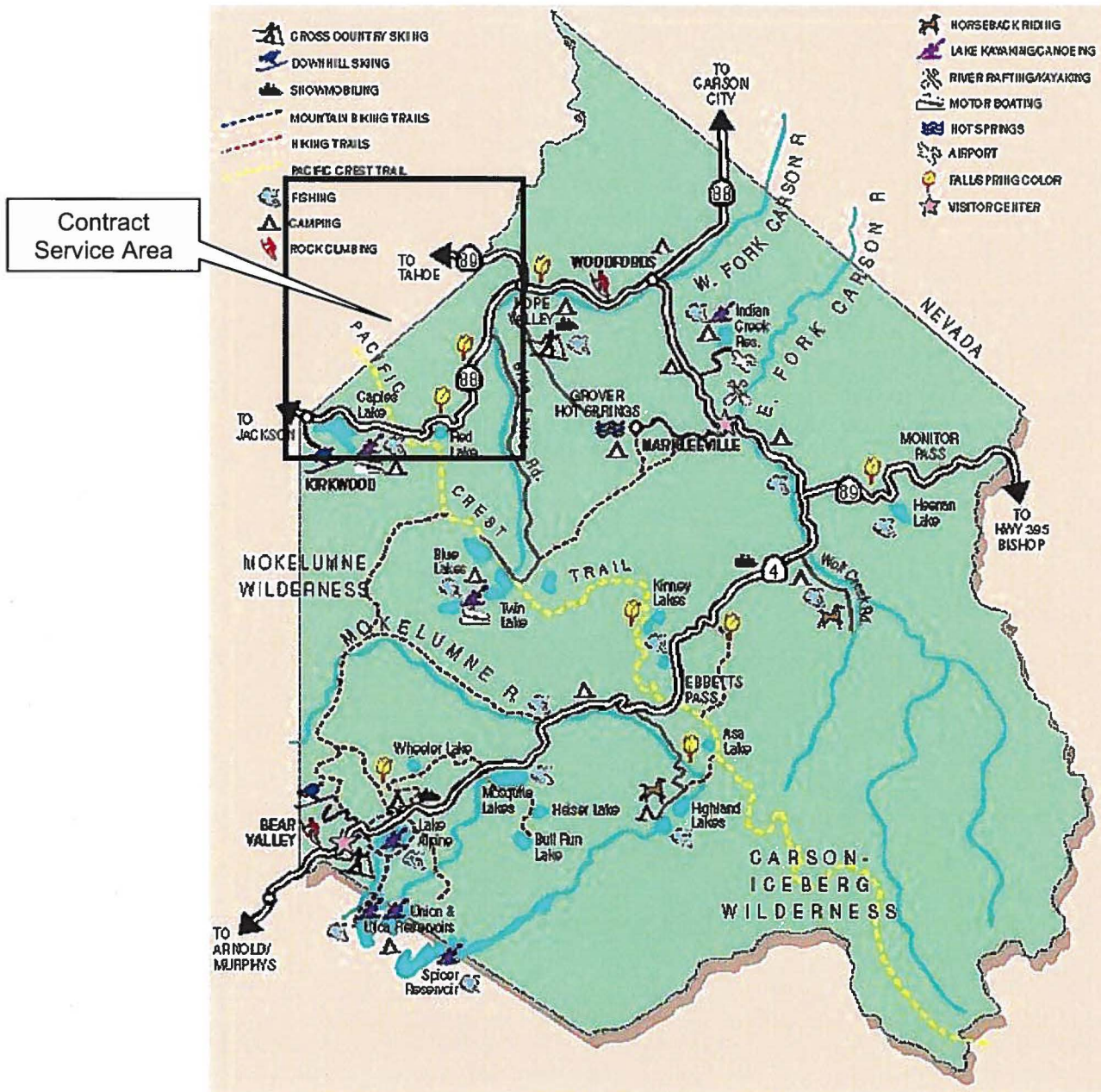






ALPINE COUNTY SERVICE AREA

The area of Alpine County to be covered by this Contract is that portion of State Route 89 from the County line south to its intersection with State Route 88, then west on State Route 88, to and including the community of Kirkwood. Only incidental ambulance services will be provided to those residential properties in the Kirkwood development which are located in Amador County to the extent they are requested through Alpine County Dispatch.



Contract Ambulance Service Area
Alpine County, California

Appendix B - Communication Specifications

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 / RECEIVE INFRASTRUCTURE

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

ASSIGNMENT	TRANSMIT	RECEIVE
Dispatch	154.445	153.950
Tactical Channel	153.890	154.340
City Net		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.

APPENDIX C

[illegible]

BILLING COPY

APPENDIX C

ECG'S

APPENDIX C

Incident #		Call #		El Dorado County Emergency Medical Services MEDIC UNIT PREHOSPITAL CARE REPORT				<input type="checkbox"/> Continuation Form Used	
Date		Last Name		First Name		MI		DOB	
Mailing Address									
City				State		Zip Code			

Transport Mileage			Reason For Transport / Medical Necessity										
Beginning	Ending	Total	<input type="checkbox"/> Pt. was unconscious or in shock <input type="checkbox"/> Pt. was bed confined before and after ambulance trip. (Reason) _____ <input type="checkbox"/> Pt. was experiencing a severe hemorrhage <input type="checkbox"/> Pt. needed to be restrained. (Reason): _____ <input type="checkbox"/> Pt. required oxygen and other emergency treatment <input type="checkbox"/> Pt. sustained an acute stroke or myocardial infarction. <input type="checkbox"/> Pt. could only be moved by a stretcher. (Reason): _____ <input type="checkbox"/> Pt. had to remain immobile due to a fracture. <input type="checkbox"/> Other. (Explain): _____										
Procedures/Supplies/Medications			Financial Responsibility and Assignment of Benefits I acknowledge that I am receiving ambulance services and payment for these services is my responsibility. If covered by medical insurance (health plan, insurance company, Medi-Cal), I authorize my agent to pay for these services. I further authorize the County of El Dorado to release any medical information necessary to obtain payment from my medical insurance agent. I understand that services not covered by insurance. I further agree to be personally and fully responsible for payment of all charges associated with this ambulance service if my medical insurance, including Medicare or Medi-Cal, denies payment for lack of medical necessity. Patient or Responsible Party: X _____ D.O.B. _____ (Relationship to Pt) _____ This patient was unable to sign because of: _____										
7 Oxygen Administration _____ setup 11 Cardiac Monitoring _____ setup 13 Cardioversion/Pacing _____ setup 48 Waiting Time _____ 25 Hours 8 IV Supplies _____ setup/each 16 IV Solution _____ each 85 I/O Supplies _____ setup/each 49 Glucose Check _____ each 12 Intubation and Supplies _____ setup 12a ETAD (Combitube) _____ setup 31 NCD Supplies _____ setup/each 33 Needle Cricothyroidotomy _____ setup 78 Suction Disposable _____ setup 78 Gastric Tube _____ setup 38 Syringe _____ ea 9 Disposable Bandage/Dressing _____ ea 14 Hot or Cold Packs _____ ea 50 Splints & Disposable Supplies _____ ea 54 Sam Splint _____ ea 51 Cervical Collar/Disposable _____ ea 10 Burn Disposable Supplies _____ ea 39 OB Kit _____ ea 16 Irrigation Solution _____ ea 75 Activated Charcoal _____ gm 37 Adenosine _____ mg 15 Aspirin _____ mg 17 Atropine _____ mg 76 Atropine MDV _____ mg 36 Albuterol _____ mg 18 Diphenhydramine _____ mg 18 Diphenhydramine Elixir _____ mg 20 Calcium HCL _____ mg 72 Dextrose _____ gm 21 Dopamine _____ mg 22 Epinephrine-1 mg/1:10,000 _____ mg 73 Epinephrine-1 mg/1:1,000 _____ mg 77 Epinephrine MDV _____ mg 23 Glucagon _____ units 25 Lasix _____ mg 26 Lidocaine _____ mg 26 Lidocaine Drip _____ bags 74 Magnesium Sulfate _____ gm 84 Midazolam HCL _____ mg 27 Morphine Sulfate _____ mg 28 Narcan _____ mg 29 Nitro _____ mg 83 Nitronox _____ btls 35 Oral Glucose _____ gm 30 Sodium Bicarb _____ ml CPAP _____ EZ - 10 _____													
			Refusal of Care/Transport & Release of Liability I HEREBY RELEASE El Dorado County, the attending provider, and the attending hospital from any liability of medical claims resulting from my refusal of emergency care and transport to the nearest recommended medical facility. I further understand that I have ended my personal relationship with my physician as to my present condition as soon as possible. I have understood and accepted the potential consequences of this refusal. Patient or Responsible Party: X _____ D.O.B. _____ Witnessed by: X _____ Crew Member: X _____										
			Receipt of Notice of Privacy Rights <input type="checkbox"/> The patient received a copy of the El Dorado County Ambulance Notice of Privacy Practices.										
			Office Use Only <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1A ALS Emerg</td> <td><input type="checkbox"/> 5A CCT</td> <td>ICD-9 Primary</td> </tr> <tr> <td><input type="checkbox"/> 1A2 ALS Emerg 2</td> <td><input type="checkbox"/> 8A No ALS Emerg</td> <td>ICD-9</td> </tr> <tr> <td><input type="checkbox"/> 3A ALS Non-Emerg</td> <td><input type="checkbox"/> 9A Non ALS Non-Emerg</td> <td></td> </tr> </table>		<input type="checkbox"/> 1A ALS Emerg	<input type="checkbox"/> 5A CCT	ICD-9 Primary	<input type="checkbox"/> 1A2 ALS Emerg 2	<input type="checkbox"/> 8A No ALS Emerg	ICD-9	<input type="checkbox"/> 3A ALS Non-Emerg	<input type="checkbox"/> 9A Non ALS Non-Emerg	
<input type="checkbox"/> 1A ALS Emerg	<input type="checkbox"/> 5A CCT	ICD-9 Primary											
<input type="checkbox"/> 1A2 ALS Emerg 2	<input type="checkbox"/> 8A No ALS Emerg	ICD-9											
<input type="checkbox"/> 3A ALS Non-Emerg	<input type="checkbox"/> 9A Non ALS Non-Emerg												

A Hospital Patient Information Sheet May Be Included In Lieu of Completing This Shaded Section

Medicare #		Medi-Cal #	
Insurance Company Name		Insurance Company Address	
Policy #	Group #	Insurance Co. Name	
Guarantor	Address		Phone
Private Pay RP	Address		Phone

BILLING COPY

APPENDIX C

REFERENCE GUIDE

Scene Location Type Codes		Provider Impression Codes		Cause of Injury Codes	
Code	Location Type	Code	Impression	Code	Cause of Injury
1	Home / residence	10	Abdominal pain	10	Chemical exposure
2	Farm	11	Airway obstruction	11	Drug ingestion
3	Industrial place or premises	12	Allergic reaction	12	Accidental fall
4	Place for recreation or sport	13	Altered level of consciousness	13	Aircraft related
5	Street or highway	14	Behavioral / psychiatric disorder	14	Animal bite/sting (non-venomous)
6	Public building	16	Cardiac arrest	15	Bicycle accident
7	Educational institution	17	Cardiac rhythm disturbance	16	Construction accident
8	Residential institution	18	Chest pain / discomfort	17	Drowning
9	Hospital	19	Diabetic symptoms (hypoglycemia)	18	Electrical shock
00	Other	21	Electrocution	19	Cold exposure
Response/Transport Codes		22	General illness	20	Heat exposure
Code	Type of Response	23	Hemorrhaging / bleeding	21	Explosives
2	Non-Emergent, no lights or sirens	24	Hyperthermia	23	Firearm
3	Emergent, with lights and sirens	25	Hypothermia	26	Lightning
4	Cancelled	26	Hypovolemia	27	Machinery accident
Service/Call Type Codes		27	Inhalation injury (toxic gas)	28	Mechanical suffocation
Code	Type of Call	28	Obvious death	29	Motor vehicle accident
01	Scene	29	OD / poisoning	30	Auto vs. pedestrian
02	Unscheduled inter-facility transfer	30	Pregnancy / OB delivery	31	Physical assault
03	Scheduled inter-facility transfer	31	Respiratory arrest	33	Burns
04	Standby	32	Respiratory distress	34	Smoke inhalation
05	Rendezvous	33	Seizure	35	Stabbing
		34	Sexual assault	36	Venomous bite/sting
		35	Stings / venomous bites	37	Snow sports accident
		36	Stroke / CVA	00	Other
		37	Syncope / fainting	NA	Not applicable
		38	Traumatic injury	Unk	Unknown
		00	Other		
		NA	Not applicable		
		Unk	Unknown		

Hospital Abbreviations

S.A.F.H. / A.F.E.R.	Auburn Faith	K.N.H. / K.N.E.R.	Kaiser North
B.M.H. / B.M.E.R.	Barlow Memorial	K.S.H. / K.S.E.R.	Kaiser South
C.T.H. / C.T.H.E.R.	Carson Tahoe	K.R.H. / K.R.E.R.	Kaiser Roseville
C.V.M.C. / C.V.M.C.E.R.	Carson Valley	S.A.H. / S.A.E.R.	Sutter Amador
M.F.H. / M.F.E.R.	Mercy Folsom	S.T.M. / S.T.M.E.R.	St. Mary's
M.G.H. / M.G.E.R.	Mercy General	S.G.H. / S.G.E.R.	Sutter General
M.M.H. / M.M.H.E.R.	Mercy Methodist	S.M.H. / S.M.E.R.	Sutter Memorial
M.H. / M.H.E.R.	Marshall	S.R.H. / S.R.E.R.	Sutter Roseville
M.S.J. / M.S.J.E.R.	Mercy San Juan	T.F.H. / T.F.E.R.	Tahoe Forest
		U.C.D.M.C. / U.C.D.E.R.	UC Davis
		W.M.C. / W.M.C.E.R.	Washoe

ADULT GLASGOW COMA SCALE		INFANT GLASGOW COMA SCALE		TRAUMA SCALE	
Eye Opening		Eye Opening		Respiratory Rate	
Spontaneously	4	Spontaneously	4	10-29	4
To speech	3	To speech	3	> 29	3
To pain	2	To pain	2	6-9	2
No response	1	No response	1	1-5	1
Best Verbal Response		Best Verbal Response		None	0
Oriented	5	Coos, babbles	5	Systolic BP	
Confused	4	Irritable cries	4	> 89	4
Inappropriate words	3	Cries to pain	3	76-89	3
Incomprehensible	2	Moans, grunts	2	50-75	2
No response	1	No response	1	1-49	1
Best Motor Response		Best Motor Response		None	0
Obeys commands	6	Obeys commands	6	GCS	
Localizes pain	5	Localizes pain	5	13-15	4
Withdraws from pain	4	Withdraws from pain	4	9-12	3
Flexion (decorticate)	3	Flexion (decorticate)	3	6-8	2
Extension (decerebrate)	2	Extension (decerebrate)	2	4-5	1
No response	1	No response	1	3	0

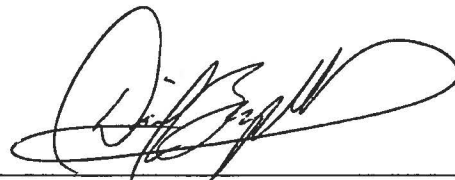
EL DORADO COUNTY EMS AGENCY DOCUMENTATION POLICIES

Supersedes: Policy dated July 1, 2009

Effective: July 1, 2010

Reviewed: April 2010

Scope: ALS Personnel


EMS Agency Medical Director

MEDIC UNIT PREHOSPITAL CARE DOCUMENTATION

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220 and 1798a; and California Code of Regulations, Title 22, Section 100175 (a)(6).

PURPOSE:

To define when a Prehospital Care Report (PCR) shall be completed, what must be included on the form, and the required form distribution.

DEFINITIONS:

First Responder – Any non-transporting BLS or ALS unit dispatched to the scene of a medical emergency to provide immediate patient care.

Medic Unit – A qualified provider of medical transportation for patients requiring treatment and/or monitoring due to illness or injury.

Person – Any individual encountered by EMS personnel who, in the judgment of the EMS personnel, does not demonstrate any known illness or injury.

Patient – Any individual encountered by EMS personnel who, in the judgment of the EMS personnel, demonstrates a known or suspected illness or injury.

Clean PCR – A legible document that has no defect or impropriety, including a lack of any documentation that would require investigation or further development before it can be processed for billing purposes or submitted into a patient care record.

POLICY:

- 1) A PCR must be completed for every patient contact, including "patient contact non-transport". The PCR will be completed according to the "Prehospital Care Report (PCR) Instructions" in a clear, concise, accurate and complete manner.
- 2) All items on the PCR shall be completed. If information is unknown, write "unk"; if an item is not applicable, write "N/A" or draw a line through that item. All errors shall be corrected by drawing a single line through the error and initialing the correction.
- 3) Only standardized abbreviations from the approved El Dorado County Abbreviation List may be used.
- 4) Document in the appropriate location the following items of information:
 - a. General Information:
 - Date
 - Incident number
 - Patient # (if multiple patient incident)
 - Complete patient name
 - Date of birth
 - Age
 - Sex
 - Weight in kilograms
 - Location of incident

- Service Area/Alpine County box checked
 - Scene zip code
- b. Patient Assessment Information: Complete all applicable check-boxes:
- Chief Complaint – Document the patient's primary symptom(s); utilize the narrative section to describe the condition of the patient
 - Provider Impression Code - The suspected cause of the patient's medical condition (from Reference Guide on PCR)
 - Cause of Injury Code - The suspected cause of the patient's injury (from Reference Guide on PCR)
 - Narrative - Document the history of the patient's present illness or injury and the present condition of the patient in a manner that will satisfactorily explain the medical necessity of the transport (why the patient had to be transported by ambulance) and justify the level of service provided. Include all associated symptoms that the patient is experiencing and other pertinent medical information that is obtained during the patient assessment. Pertinent negatives should be documented on all assessment questions asked
 - Past Medical History
 - Medications
 - Allergies
 - Glasgow Coma Scale
 - Trauma Score should be entered when applicable
 - Document all physical findings found on patient exam (if within normal limits, the WNL check box will suffice in lieu of listing pertinent negatives)
- c. Response Information:
- Incident times
 - Service type (from Reference Guide on PCR)
 - Response code (from Reference Guide on PCR)
 - First responder ID number (i.e., engine company, squad, ski patrol, etc.)
 - Unit ID number
- d. Patient Management Information:
- All procedures performed shall be documented. Include the time the procedure was performed, the patient's response to the procedure, and who performed the procedure
 - Document the patient's vital signs. Recheck vital signs at least every fifteen minutes
- e. Transport Information:
- Transport destination (may be a landing zone, if so write name/location)
 - Receiving facility (used when patient care is transferred to another transporting agency (i.e., CALSTAR, Careflight, Reach, or CHP)
 - Care transferred to (Must specify full name and title of person you are transferring care to)
 - Transport code
- f. Base Contact Information:
- Time
 - Base
 - MICN/M.D.
- g. Crew Information:
- Primary name and license number
 - Secondary name and license number
 - Additional crewmember(s) and license number(s)
 - Primary medic's signature
 - Preceptor or FTO's initials

5) Ambulance Billing Form shall be completed for every patient contact and should include the following:

a. General Information:

- Date
- Incident number
- Complete patient name
- Date of birth
- Age
- Sex
- Weight
- Social security number
- Mailing address, including city, state, and zip code
- Home telephone number

b. Procedures, supplies, and medications:

- All listed procedures that were performed shall be itemized
- All listed supplies that were used shall be itemized
- All listed medications that were used/wasted shall be itemized
- The total transport miles shall be documented, listing of starting and ending miles is optional

c. Reason for transport/medical necessity:

- Mark one or more boxes if applicable
- If an explanation or reason is required, write a brief descriptive statement that justifies the medical necessity for the transport

d. Financial responsibility and assignment of benefits:

- Ambulance personnel shall secure the signature of the responsible party for all patient transports. Signatures of responsibility and authority to release medical records may be obtained from an adult family member present at the time of transport (identify their relationship to the patient). When a patient is unable to sign, a reasonable explanation must be provided stating why the patient's signature was unobtainable and the attending paramedic must sign in the space provided. (Acceptable reasons for not obtaining a signature are: patient is deceased or unresponsive and a family member is not present to sign.)
- Minors must have a parent or guardian (if present) sign the consent form

e. Refusal of Care/Transport & Release of Liability:

- Patient or Responsible Party must sign if refusing care and/or transport
- Date
- Witness signature is required if patient refuses care and/or transport and should be in the following order of preference:
 1. Immediate family member
 2. Law enforcement officer
 3. Other EMS personnel
 4. Crew Member

f. ALS Care on Non-Transports:

For situations where ALS care is provided and the patient refuses transport to the hospital a supplemental financial responsibility disclosure form must also be signed by the patient. This form advises the patient or responsible party that a "treatment- no transport "charge may be incurred for ALS care delivered at scene. Paramedics shall have this form signed any time ALS care is delivered to patient and that patient refuses transport.

- g. *Receipt of Notice of Privacy Rights:
- Each ambulance will be supplied with the El Dorado County Privacy Notice that must be given to each patient. The Privacy Notice advises the patient of his/her rights and how El Dorado County Ambulance services will use and disclose the information. The Checkbox for this section shall be checked to indicate that a HIPAA notice has been given to the patient.
- All ambulance personnel should be familiar with the Privacy Notice to the extent that they comply with all described uses and disclosures so as not to violate HIPAA requirements. This applies to all patient care documents, including: dispatch reports, face sheets, PCR's, or any other documents that may contain patient information, as well as procedures to be followed if a breach of information occurs. (Refer to HIPAA Policy).**
- h. Insurance information (this section may be left blank providing that a hospital billing information sheet is included with the PCR):
- Medicare/Medi-Cal numbers
 - Insurance company name, policy number, address, and phone number
 - Guarantor name, address, and phone number
 - Private Pay information
- 6) PCR Distribution - Completed copies of the PCR shall be distributed as follows:
- CSA #3: Clean PCR's (see definition) that correspond with the weekly South Lake Tahoe Police Department Unit Log for the prior week of Wednesday through Tuesday must be delivered to the EMS Agency Office no later than Wednesday of each week
 - CSA #7: Clean PCR's (see definition) and/or Fire Agency Incident Reports (also called FC 34's) that correspond with the Bi-Weekly Medic Unit Activity Report for the prior Thursday through Sunday must be delivered to the EMS Agency Office no later than Monday of each week; and those PCR's and/or Fire Agency Incident Reports that correspond with the Medic Unit Activity Report for the prior Monday through Wednesday must be delivered to the EMS Agency Office no later than Thursday of each week
- a. EMS/Billing Copies - The top two white copies including the hospital face sheet shall be delivered to the EMS Agency Office as stated above.
- b. Hospital - The completed hospital copy of the PCR should be left at the receiving facility prior to the medic unit's departure from that facility. The only exception would be an "immediate need" response/move up request prior to completion of the PCR, in which case a copy of a completed transfer of care sheet shall be left with the ER staff and a completed copy of the PCR shall be faxed, emailed, or hand delivered as soon as possible not to exceed 6 hours after transfer of care. In cases where medic units are transferring patients to non-hospital settings such as private residences, convalescent facilities, or MRI/CT scan facilities are exempt from this section of the policy. In cases of determination of death at scene it is permissible to leave this copy of the PCR with the coroner or deputy coroner.
- c. CQL - Peer review quality improvement.
- d. Ambulance Bill - A completed Ambulance Billing Form shall be included with each PCR.
- 7) In cases where an ALS First Responder maintains patient care and becomes the attending paramedic: a) a Medic Unit PCR may be completed by the first responder paramedic and be utilized as the only PCR, or b) each paramedic may complete their respective First Responder PCR or Medic Unit PCR. The Medic Unit PCR shall appropriately refer to the First Responder PCR for the patient's medically related information. The Ambulance Billing Form must be completed, and a copy of the completed First Responder PCR must be attached.

- 8) In the case of a First Responder transferring care to a transporting paramedic, all pertinent information shall be relayed including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment findings, and treatments already performed. This information shall be documented on the PCR and be passed on to the receiving facility.
- 9) The PCR must document any and all assessments and treatments performed by the Medic Unit personnel for Inter-Facility Transfer Calls. In addition, the following items must be documented on every Inter-Facility Transfer PCR:
 - Chief Complaint - Phrases such as "BLS transfer" or "return transfer" are not appropriate and/or accepted
 - A signed Physician's Certification Statement shall be obtained. If this is not obtained, the reason for not obtaining a certificate must be documented in the narrative section of the PCR. The Physicians Certification Statement must document why other means of transportation is contraindicated
 - The hospital admissions information sheet shall be included
- 10) For Round Trip Inter-Facility Transfers, a separate PCR for each leg of the transfer must be completed. All inter-facility transfer information must be included on each PCR. However, only one signed Physicians Certification Statement and one hospital admissions information sheet are required for both transfers. Both items shall be included with the first leg's Inter-Facility Transfer PCR. The Physicians Certification Statement must document why other means of transportation is contraindicated.
- 11) For Critical Care Transfers (CCTs) all pertinent patient care information shall be documented, including: reason for transport, medical necessity, chief complaint, medical history, medications, allergies, vital signs, and treatment performed. In cases where the MICN initiates treatment(s) that are outside of the paramedic's scope of practice. The paramedic may refer to the nurse's notes by stating "see nurse's notes for further treatment performed." The paramedic must provide a detailed account of all assessments and treatments performed during transport that are within his or her scope of practice.
- 12) For situations where a responding Medic Unit is cancelled and an incident number is assigned to the call, a PCR is not required. However, for each cancelled call, the following information must be forwarded to the EMS Agency Office as per individual provider contracts:
 - Incident number
 - Medic Unit ID number
 - Time call was received
 - Time responding
 - Time cancelled
 - Call location
 - Reason call was cancelled
 - Signature of ambulance crewmember

**SPECIFICATIONS FOR THE MARKING OF
EL DORADO COUNTY AMBULANCES**

A. Vehicle Striping – General

The driver, passenger, and rear side of the vehicle are striped the same. The top stripe is located 46 $\frac{3}{4}$ inches (46 $\frac{3}{4}$ ") below the drip rail. The stripe is red reflective and is 1 $\frac{1}{2}$ " thick and has a $\frac{1}{4}$ " black pin stripe line on each side of the red stripe. There is a 1 $\frac{3}{4}$ " space between the first and the second stripe. The second stripe is non-reflective, 9 $\frac{1}{2}$ " wide and has a $\frac{1}{4}$ " wide black pin stripe on each side of the red stripe. There is a 1 $\frac{3}{4}$ " space between the second and third stripe. The third stripe is the same specification as the first stripe.

B. Medic Unit Identification Plate – Specifications

All medic unit number identification plates are constructed of stainless steel and measure 16 $\frac{3}{4}$ " wide by 6 $\frac{1}{2}$ " high with a $\frac{1}{2}$ " lip around three (3) sides of the plate to hold the slide-in identification plate. The slide-in identification plate is 16 $\frac{1}{4}$ " wide by 6" high. The plate is white with red 5 $\frac{3}{4}$ " red reflective letters with $\frac{1}{4}$ " black stripes.

C. Vehicle Lettering – Module Sides (*see Figures 1 & 2*)

- a. The driver and passenger sides have the same words identifying EL DORADO COUNTY EMERGENCY MEDICAL SERVICES (font style "Clarendon"). The words EL DORADO COUNTY are 6" red reflective letters with a $\frac{1}{4}$ " black pin stripe around each letter. The highest arch of the lettering is located 12" from the bottom of the drip rail. The words EMERGENCY MEDICAL SERVICES are 4" red reflective letters with a $\frac{1}{4}$ " black pin stripe around each letter. The words EMERGENCY MEDICAL are 6" below the highest point of the arch of the letters El Dorado County. The word SERVICES is 3" below the words EMERGENCY MEDICAL.
- b. The word FIRE is 13-1/8" from the rear of the ambulance. The lettering is 5 $\frac{1}{2}$ " white reflective with a $\frac{1}{4}$ " black pin stripe around each letter. The lettering is applied over the red stripe.
- c. Except where otherwise noted, all numbers and lettering font style is "Helvetica".



Figure 1 – Driver's Side View



Figure 2 – Passenger Side View

D. Vehicle Lettering – Module Rear (*see Figure 3*)

a. **Medic Unit Number Plate**

The top of the driver side number plate is located 19" below the drip line and 1½" from the door rail molding on the oxygen door. The top of the passenger side number plate is located 9¾" below the top of the door drip line and centered on the compartment door.

b. **Medic Unit Number**

The top of the number plate is located 40 ½" below the bottom of the drip rail and centered between the passenger side of the patient cabin and the rear doors.

c. **Paramedic**

The word Paramedic is centered on the rear doors of the patient cabin. The letters are centered vertically on the 9 ½" inch wide red stripe. The letters are 5" white reflective with ¼" pin stripe around each letter.



Figure 3 – Rear View

E. Vehicle Lettering – Module Front (see *Figure 4*)

a. Medic Unit Number

The top of the number plate is located $8\frac{1}{4}$ " below the bottom of the light bar and inset $10\frac{3}{4}$ " from the edge of the trim piece on the front of the patient cabin.

b. Paramedic

The word PARAMEDIC is centered on the front of the patient cabin. The top of the letters is $2\frac{1}{8}$ " from the bottom of the light bar. The letters are 4" red reflective with $\frac{1}{4}$ " pin stripe around each letter.



Figure 4 – Front View

EL DORADO COUNTY EMS AGENCY FIELD POLICIES

Supersedes: ALS Equipment policies dated July 1, 2010

Effective: July 1, 2011

Reviewed: June 2011

Scope: ALS Personnel



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 provider units.

DEFINITION:

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 provider.

ALS Transporting Unit - An ALS ambulance that is capable of transporting patients.

ALS Non-Transporting Unit - 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 - 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 provider for a minimum of twenty-four (24) months.
- 4) **For non-transporting and assessment units:** Providers with issues in regards to controlled substances (morphine sulfate 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 provider desires to exclude these medications from their inventory. The EMS Agency Medical Director will either approve or deny the exception and will notify the provider in writing of his or her decision.

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON- TRANSPORTING UNIT	ALS ASSESSMENT UNIT	AIRWAY
2	2	1	Needle Thoracostomy Kits Consisting of: <ul style="list-style-type: none"> • 2 1/2" 10 -16 Gauge Cath • 10 mL Syringe • Normal Saline Acorn or Vial • One Way Valve • Chlorahexadine 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) • Chlorahexadine 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
1	1	Opt.	N2O2/CPAP Adapter (Pigtail)
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

017-III-P-E20II

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 (ETTI)/Bougie 	
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) 	*Alternative to King sizes 4 & 5: Combitube Set Consisting of: <ul style="list-style-type: none"> • Combitube SA (small adult) • 140 mL Syringe • 12 mL Syringe • Deflector • 10 French Suction Catheter
1	1	1	Pulse Oximeter	
1	Opt.	Opt.	Spare SPO2 Sensor	
2	Opt.	Opt.	Pedi Pulse Oximetry Sensors	
1	Opt.	Opt.	Nitrous Delivery System: 1 Matrx Unit/ 1 Mask/ 5 Mouthpieces	
1*	1*	Opt.	WhisperFlow® CPAP Generator Model # OC 7894 (*Or Equivalent Single Use Disposable Model)	
1*	1*	Opt.	Male Adapted Oxygen Hose (*Not req. if disposable model is used)	
1*	1*	Opt.	WhisperPak® CPAP Kits Containing: <ul style="list-style-type: none"> • Head Strap • 7.5 and 5.0 CM Valves • Large and Medium Masks • Filter • Tubing (*Not required if disposable model is used) 	

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

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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 Monophasic or Biphasic Monitor/Defibrillator w/Pacing (defibrillator must be tested daily)
N/A	1	1	Monophasic or Biphasic Monitor/Defibrillator w/Pacing (Test defibrillator daily)
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*	1*	1*	Defibrillation Gel/Gel Pads *Required only if paddles are carried
1	Opt.	Opt.	ETCO2 Set (cable and adult and pediatric adapters)

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

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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
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 may be reduced by 50%.
2	1	Opt.	IV Administration Sets (Micro-Drip)
2	Opt.	Opt.	IV Administration Sets (Blood Y)
5	2	2	Saline Locks
3	2	1	Buretrol 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
5	1	1	Betadine Pads
30	10	5	Chlorahexadine 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"

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

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ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON- TRANSPORTING UNIT	ALS ASSESSMENT UNIT	IV continued
Opt.	Opt.	Opt.	23 ga. Butterfly Catheter
Opt.	Opt.	Opt.	25 ga. Butterfly Catheter
1	1	Opt.*	1 EZ-IO Bag with the Following Supplies: <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 Chlorahexadine Preps/Swabs • 2 Sterile 4x4 Dressings • 1 EZ-Stabilizer *Assessment units may use EZ-IO needle manually without the driver and only carry one of each needle size and other supplies.
4	2	Opt.	Twin Catheters
5	2	1	1 mL Syringes w/Insulin Needle
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

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ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON- TRANSPORTING UNIT	ALS ASSESSMENT UNIT	MEDs
100 G	50 G	Opt.	Activated Charcoal (without Sorbitol)
60 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 mg 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
75 G	25 G	25 G	50% Dextrose/25 G. Pre-Load Syringes
50 ml	25 ml	Opt.	Sterile Water for Injection
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)
2 mg	1 mg	1 mg	Glucagon
15 ml	6 ml	Opt.	Inhalation Solution In 3 mL Acorns/Pillows
400 mg	200 mg	100 mg	Lidocaine HCl 2%/100 mg. Pre-Load
30 ml	15 ml	Opt.	Lidocaine Viscous 2%/15 mL
40 ml	20 ml	Opt.	Lidocaine 1% w/Epinephrine 1:100,000 (*Optional if Neosynephrine is carried)
4 g	2 g	Opt.	Magnesium Sulfate
32 mg	20 mg*	8 mg*	Morphine Sulfate (Supplied in 4 mg Carpujets) (*Optional w/ Medical Director's approval)
8 mg	4 mg	2 mg	Narcan

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

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ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	MEDs continued
1*	1*	Opt.	Neosynephrine Spray (up to a 1% solution) (*Opt.if Lido w/ Epi is carried)
2 bttl	1 bttl	1 bttl	Nitrolingual Spray
3 G	1 G	Opt.	Nitro Bid Ointment (NTG Paste) 2% (30g tube or 1g packets)
2 bttl	Opt.	Opt.	Nitronox (*at least one completely full)
20 mg	8 mg	Opt.	Ondansetron Oral Dissolving Tablets (4 mg each)
20 mg	8 mg	4 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 PARAMEDIC 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
1	Opt.	Opt.	Disinfectant Spray
5	2	2	Large Bio-Hazard Bags
2 sets	Opt.	Opt.	Non-Latex Sterile gloves (XL, L, M)
1	1	1	Non-Latex Protective Gloves (*1 box sized for each crewmember)
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

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ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

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
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
4	2	1	Hot Packs
4	2	1	Cold Packs
2	1	1	Backboards
1	Opt.	Opt.	Scoop Stretcher
6	3	1	Adult Cervical Collars of appropriately assorted sizes
1	1	1	Child Cervical Collars
1	1	1	Infant Cervical Collars
4	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

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

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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: <ul style="list-style-type: none"> • Triage Tags 25 ALL-RISK TX5420 • All appropriate triage tracking forms and documents
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	Broselow Tape
1	1	1	Ring Cutter
1	N/A	N/A	Child Car Seat/Restraint System
1	Opt.	Opt.	Hand Cuff Key
1	1	Opt.	Padded Hemostats
Opt.	Opt.	Opt.	Automatic CPR Device (Lucas or AutoPulse)

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

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Appendix F

CONTINGENT LEASE AGREEMENT COUNTY OF EL DORADO

THIS CONTINGENT LEASE AGREEMENT (AGREEMENT) is entered into as of the day _____ of _____, 2011, between the County Of El Dorado, a political subdivision of the State of California, (LESSEE), and CALIFORNIA TAHOE EMERGENCY OPERATIONS AUTHORITY (hereinafter referred to as LESSOR or CONTRACTOR).

WHEREAS, LESSOR and LESSEE have entered into an agreement for ambulance services (CONTRACT), which is incorporated herein for all purposes, which contemplates that the parties would enter into a mutually agreed upon arrangement to facilitate LESSEE's "Step-in rights" as described in the CONTRACT; and

WHEREAS, in the event of a "step-in", LESSEE desires to lease certain ambulances and certain items of equipment (collectively known as EQUIPMENT) specified on Attachment A attached hereto and incorporated herein for all purposes, to LESSEE, and LESSEE desires to lease the EQUIPMENT from LESSOR upon the terms and contained in this Agreement and based on the CONTRACT; and

WHEREAS, there are no existing security interests or other encumbrances on the EQUIPMENT; and

WHEREAS, LESSOR and LESSEE agree that this Contingent Lease Agreement shall become effective and the LESSEE shall lease the EQUIPMENT only upon occurrence of the contingency provided in section 3 hereof in the event of exercise of step-in rights in accordance with the CONTRACT;

NOW, THEREFORE, in consideration of the foregoing and the covenants and agreements contained herein and other good and valuable consideration, the sufficiency of which are hereby acknowledged and confessed, the parties hereto, intending to be legally bound, do hereby represent, warrant, covenant and agree as follows:

- 1) Agreement to Lease: That all matters stated above are found to be true and correct and are hereby incorporated into the body of this AGREEMENT as if copied herein in their entirety. This AGREEMENT sets forth the terms and conditions upon which LESSOR agrees to lease to LESSEE, and LESSEE agrees to lease from LESSOR, the EQUIPMENT specified on Schedule "A".
- 2) Acceptance: LESSOR warrants that the EQUIPMENT complies in all respects with the terms and provisions of the CONTRACT. LESSEE hereby accepts the EQUIPMENT for lease upon and subject to the terms and conditions of this AGREEMENT "as is" and LESSEE hereby agrees to be fully and completely bound by each and all of the terms and conditions hereof.

- 3) LESSEE's Performance Rights and "Step-In Rights": This AGREEMENT shall be contingent and effective solely upon the determination by the El Dorado County Board of Supervisors that a Major Breach as defined in the CONTRACT has occurred and LESSEE's "step-in rights" or "performance rights" are activated in accordance with the CONTRACT. Once "step-in rights" are activated by LESSEE by notice to LESSOR that a majority vote of the El Dorado County Board of Supervisors has been made to effectuate an immediate "step-in" or takeover by LESSEE pursuant to and by the CONTRACT, then LESSEE shall have the option, at its sole discretion to take possession and control of the EQUIPMENT subject to the terms and conditions of this AGREEMENT.
- 4) Rent, Lease Term and Renewal: Upon LESSEE exercising its performance rights, LESSEE shall pay LESSOR or LESSOR's assignee or successor monthly rent for the EQUIPMENT in an amount equal to the fair market monthly rental value of the EQUIPMENT ("Rental Payment"), less any offset for amounts due from LESSOR to LESSEE under the CONTRACT. One such Rental Payment shall be due and payable during the term of this AGREEMENT on or before the first day of each calendar month succeeding the calendar month in which LESSEE exercises its performance rights; provided that in the event the term hereof shall end during a calendar month or a subsequent sublease shall be executed, the rent for any fractional calendar month preceding the end of the term of this AGREEMENT or the effective date of the subsequent sublease agreement, as applicable, shall be prorated by days. In addition, LESSEE shall pay rent for the fractional calendar month in which LESSEE exercises its performance rights prorated by days commencing with the day LESSEE takes possession and control of the EQUIPMENT. The term of this AGREEMENT ("Lease Term") shall commence on the exercise of LESSEE's performance rights hereunder and shall continue for the same period of time as the Contract, unless sooner terminated pursuant to the provisions hereof. The amount of the fair market monthly rental value ("FMMRV") of the EQUIPMENT shall be determined by agreement of the LESSOR and LESSEE. In the event that the LESSOR and LESSEE cannot agree upon the fair market monthly rental value of the EQUIPMENT within three (3) months of the date when the initial Rental Payment amount or any subsequent adjusted Rental Payment amount becomes due ("Agreement Date"), the fair market monthly rental value of the EQUIPMENT shall be determined by the following appraisal process. Within ten (10) days after the FMMRV Agreement Date, each party shall select an appraiser and shall submit in writing the name of the appraiser so selected to the other party. Within twenty (20) days after the FMMRV Agreement Date, the two (2) appraisers so selected by the parties shall select a third, and the three (3) appraisers shall determine the FMMRV of the EQUIPMENT and shall submit in writing their determination to both parties within thirty (30) days of the FMMRV Agreement date. The three (3) appraisers' determination of the FMMRV of the EQUIPMENT shall be binding upon both LESSOR and LESSEE when approved by the El Dorado County Board of Supervisors.
- 5) Payment of Rent: The Rental Payments and any other payments under this AGREEMENT shall be payable only from the current revenues of LESSEE or any other funding source LESSEE should choose and shall be made to LESSOR or to LESSOR's assignee or successor at LESSOR's address shown on the signature page hereof, or at such other address as LESSOR or LESSOR's assignee may designate, in immediately available funds in such coin or currency of the United States of America or other medium of exchange which at the time of payment shall be legal tender for the payment of public and private debts.

- 6) Non-appropriation of Funds: In the event funds are not budgeted and appropriated in any fiscal year of LESSEE for Rental Payments due under this AGREEMENT for the then current or succeeding fiscal year of LESSEE, this AGREEMENT shall impose no obligation on the LESSEE as to such current or succeeding fiscal year of LESSEE and this AGREEMENT shall become null and void. No right of action or damage shall accrue to the benefit of LESSOR, its successors or assignees, for any further payments. If the provisions of this are utilized by LESSEE, LESSEE agrees to promptly notify LESSOR or LESSOR's assignee within a reasonable amount of time that funds are not budgeted and appropriated, and to immediately and peaceably surrender possession of the EQUIPMENT to LESSOR or LESSOR's assignee or the appropriate entity. In all events, LESSEE shall pay Rental payments for each month the EQUIPMENT is utilized by the LESSEE or an agent of the LESSEE.
- 7) Purchase Option: In the event LESSEE has exercised its performance rights upon thirty (30) days prior written notice from LESSEE to LESSOR ("Purchase Option Notice"), and provided there is no Event of Default (as defined herein) or Incipient Default (as defined herein) then existing LESSEE shall have the right to purchase the EQUIPMENT by paying to LESSOR, on such date, the Rental Payment then due together with an amount equal to the then Fair Market Value ("Concluding Payment") of the EQUIPMENT, Fair Market Value of the EQUIPMENT shall be determined by agreement of the LESSOR and LESSEE. In the Purchase Option notice from the LESSEE to the LESSOR, the LESSEE shall indicate what LESSEE believes the Concluding Payment amount should be within ten (10) days after receipt of the LESSEE's Purchase Option notice. LESSOR shall notify LESSEE in writing if LESSOR disagrees with the LESSEE's Concluding Payment amount as specified in the LESSEE's Purchase Option notice ("LESSOR's Response Notice"). In the event LESSOR fails to deliver LESSEE's Response Notice within ten (10) days after LESSOR's receipt of the LESSEE's Purchase Option notice, LESSOR shall be obligated to sell the EQUIPMENT to LESSEE for the Rental Payment then due together with the Concluding Payment amount set forth in LESSEE's Purchase option notice. In the event LESSOR delivers the LESSOR's Response Notice in a timely fashion, then within ten (10) days after LESSEE's receipt of LESSOR's Response Notice, each party shall select an appraiser and submit in writing the name of the appraiser so selected to the other party. within twenty (20) days after LESSEE's receipt of LESSOR's Response Notice, the two (2) appraisers so selected by the parties shall select a third appraiser, and the three (3) appraisers shall determine the fair market value of the EQUIPMENT and shall submit in writing, their determination to both LESSOR and LESSEE. Such determination by the three (3) appraisers of the fair market value of the EQUIPMENT shall be the Concluding Payment amount and shall be binding upon LESSOR and LESSEE. Upon satisfaction by LESSEE of such purchase conditions, LESSOR will transfer any and all of its right, title and interest in the EQUIPMENT to LESSEE as is without warranty express or implied, except that LESSOR shall warrant the EQUIPMENT is free and clear of any liens created by LESSOR. Documentation verifying that any EQUIPMENT is free and clear of any liens created by LESSOR will be provided to LESSEE promptly.
- 8) Statement of Lease: This AGREEMENT shall constitute a lease of personal property, and LESSEE agrees to take all action necessary or reasonably requested by LESSOR or LESSOR's assignee to ensure that the EQUIPMENT shall be and remain personal property, and nothing herein shall be construed as conveying to LESSEE any interest in the EQUIPMENT if the other than its interest as a LESSEE. LESSEE shall, at its expense, protect and defend the interests of LESSOR or LESSOR's assignee in the EQUIPMENT against all third party claims as a result of LESSEE's negligent act, keep the EQUIPMENT free and clear of any mortgage, security interest, pledge, lien, charge, claim or other

encumbrance (collectively, "Lien"), except any Lien arising solely through acts of LESSOR or LESSEE's assignee ("LESSOR's Lien"); give LESSOR or LESSEE's assignee immediate notice of the existence of any such Lien; and defend LESSOR or LESSOR's assignee against any claim, liability, loss damage or expense arising in connection with any of the foregoing.

- 9) Use: The EQUIPMENT set out in Attachment "A" which is incorporated herein for all purposes may be subleased to a sublessee for use and operation pursuant to the CONTRACT. The EQUIPMENT will be used for providing ambulance services to the LESSEE and operated by LESSEE and any sublessee in the ordinary conduct of their business by qualified employees and agents of LESSEE and of any sublessee and in accordance with all applicable manufacturer and vendor instructions as well as with all applicable legal and regulatory requirements. LESSEE shall not change, or permit any sublessee to change, the location of any of the EQUIPMENT from El Dorado County CSA No. 3 without obtaining LESSOR's or LESSOR's assignee's prior written consent.
- 10) Maintenance and Alterations: LESSEE and any sublessee shall, at its expense, repair and maintain the EQUIPMENT so that it will remain in the same condition as when delivered to LESSEE, ordinary wear and tear from proper use excepted. Such repair and maintenance shall be performed in compliance with all requirements necessary to enforce all product warranty rights and with all applicable legal and regulatory requirements. LESSEE shall enter into and keep in effect during the Lease Term those maintenance agreements with respect to the EQUIPMENT required by this AGREEMENT or hereafter required by LESSOR or LESSOR's assignee. LESSEE shall, at its expense, make such alterations ("Required Alterations") to the EQUIPMENT during the Lease Term as may be required by applicable legal and regulatory requirements. In addition, LESSEE may at its expense, without LESSOR's consent, so long as no Event of Default or event which with the passage of time or giving of notice or both, would constitute an Event of Default ("Incipient Default"), has occurred and is continuing, make alterations ("Permitted Alterations") to any of the EQUIPMENT which do not impair the commercial value or originally intended function or use of such EQUIPMENT and which are readily removable without causing damage to such EQUIPMENT. All Required Alterations and Permitted Alterations, if any, shall be made only if permitted by applicable laws and only if made in conformance with applicable laws. Any Permitted Alterations not removed by LESSEE prior to the return of such EQUIPMENT to LESSOR or LESSOR's assignee, and all Required Alterations, shall immediately without further action become the property of LESSOR or LESSOR's assignee and part of such EQUIPMENT for all purposes of this AGREEMENT. Other than as provided in this Section hereof, LESSEE may make no alterations to any of the EQUIPMENT. Any prohibited alterations to any of the EQUIPMENT shall, at LESSOR or LESSOR's assignee's election, immediately become the property of LESSOR or LESSOR's assignee without further action and without LESSOR or LESSOR's assignee thereby waiving any Incipient Default (as defined herein) or Event of Default (as defined herein) .
- 11) Return: Unless LESSEE elects to exercise its purchase option as provided in this Contingent Lease Agreement hereof, at the expiration or earlier termination of the Lease Term, LESSEE shall, at its expense, return such EQUIPMENT to LESSOR or LESSOR's assignee at LESSOR's address unless otherwise agreed in writing by LESSEE and LESSOR.

- 12) Identification: LESSOR shall, at its expense, place and maintain permanent markings on the EQUIPMENT evidencing ownership, security and other interests therein, as specified from time to time by LESSOR or LESSOR's assignee. LESSEE shall not place or permit to be placed any other markings on any EQUIPMENT which might indicate any ownership or security interest in such EQUIPMENT. Any markings on any EQUIPMENT not made at LESSOR's or LESSOR's assignee's request shall be removed by LESSEE, at its expense, prior to the return of such EQUIPMENT to LESSOR or LESSOR's assignee in accordance with Section 11 of this Contingent Lease Agreement entitled "Return" hereof.
- 13) Inspection: Upon reasonable prior notice, LESSEE shall make the EQUIPMENT and all related records available to LESSOR or LESSOR's assignee or the agents of LESSOR or LESSOR's assignee for inspection during regular business hours at the location of such EQUIPMENT. LESSEE acknowledges that at the time of "step-in", if any, LESSEE or its agents will fully inspect the EQUIPMENT and verify that the EQUIPMENT is in good condition and repair and that the LESSEE will accept the EQUIPMENT as is in accordance with this Contingent Lease Agreement at the paragraph entitled "Acceptance".
- 14) LESSEE Sublease or Assignment: LESSEE and LESSOR agree that LESSEE has the right to sublease the EQUIPMENT pursuant to a sublease agreement as LESSEE's sole discretion may hereafter determine. LESSEE shall further have the right, in the event of termination of any sublease agreement, or termination of a subsequent sublease agreement, to sublease the EQUIPMENT under the terms and conditions as LESSEE shall determine to another sublessee. If LESSOR has failed to perform under the terms of this Contingent Lease Agreement or the Contract then LESSOR's approval of a sublessee shall not be required. If LESSEE elects not to exercise its performance rights, or fails to budget and appropriate funds as provided in the paragraph of this Contingent Lease Agreement entitled "Non-Appropriation of Funds" hereof, this Contingent Lease Agreement shall terminate automatically in accordance with Section 6 hereof entitled "Non-appropriation of Funds".
- 15) LESSOR Assignment: LESSOR or LESSOR's assignee may from time to time, after prior written approval of LESSEE, which approval shall not be unreasonably withheld or delayed, assign or otherwise transfer (collectively "Transfer"), in whole or in part, this AGREEMENT, or any of its interests, rights or obligations with respect thereto, including without limitation any Rental Payment and any other sums due or to become due under this Agreement, to one or more persons or entities (hereinafter referred to as "Assignee"). Each Assignee shall have, to the extent provided in any Transfer document, all of LESSOR's rights, powers, privileges and remedies provided at law, equity or in this AGREEMENT.
- 16) Liens: LESSEE shall not directly or indirectly create, incur, assume or suffer to exist any Lien on or with respect to any EQUIPMENT LESSOR's or an Assignee's title to any such EQUIPMENT, or other interest or right of LESSOR or an Assignee with respect thereto, except LESSOR's Liens. LESSEE, at its expense, shall promptly pay, satisfy and take such other actions as may be necessary or reasonably requested by LESSOR or an Assignee to keep the EQUIPMENT free and clear of, and to duly and promptly discharge, any such Lien, except for any liens caused by LESSOR.
- 17) Risk of Loss: LESSEE shall bear all risk of loss, damage, theft, taking, destruction, confiscation or requisition with respect to the EQUIPMENT, however caused or occasioned, except where caused by the negligence of LESSOR, which shall occur prior to the return of such EQUIPMENT in accordance with paragraph 11 in Contingent Lease Agreement

entitled "Return". In addition, LESSEE hereby assumes all other risks and liabilities, including without limitation personal injury or death and property damage, arising with respect to the EQUIPMENT, except where caused by the negligence of LESSOR, including without limitation those arising with respect to the manufacture, purchase, ownership, shipment transportation, delivery, installation, leasing, possession, use, storage and return of such EQUIPMENT, howsoever arising, in connection with any event occurring prior to such EQUIPMENT's return in accordance with paragraph 11 in Contingent Lease Agreement entitled "Return". In no event shall LESSEE's liability with respect to the EQUIPMENT exceed the fair market value of the EQUIPMENT, taking into account the age and condition of the EQUIPMENT at the time of the loss, damage, the taking, destruction, confiscation or requisition.

- 18) Casualty: If any of the EQUIPMENT shall become lost, stolen, destroyed or irreparably damaged from any cause whatsoever, or shall be taken, confiscated or requisitioned (any such event herein called an "Event of Loss"), LESSEE shall promptly notify LESSOR of the occurrence of such Event of Loss.
- 19) Insurance: LESSEE or any sublessee hereunder shall, at its expense, cause to be carried and maintained for all of the EQUIPMENT, commencing at the time any risk shall pass to LESSEE as to such EQUIPMENT and continuing until the return of such EQUIPMENT in accordance with the paragraph 11 in Contingent Lease Agreement entitled "Return", insurance against such risks, under LESSEE's self-insurance program or, at LESSEE's sole option, some other program mutually agreed to by LESSOR and LESSEE. If any insurance proceeds are received with respect to an occurrence which does not constitute an Event of Loss, such proceeds shall be applied to payment for repairs. If any insurance proceeds are received by LESSEE or any sublessee or an Assignee with respect to an occurrence which constitutes an Event of Loss, such proceeds shall be applied first toward replacement EQUIPMENT or applied toward repair of EQUIPMENT to a serviceable condition, and then toward the Rental Payments due. Within ten (10) days of LESSEE taking possession and control of the EQUIPMENT, and, if an insurance policy is issued, on a date not less than thirty (30) days prior to each insurance policy expiration date, LESSEE shall deliver to LESSOR certificates of insurance or proof of self insurance or other evidence satisfactory to LESSOR showing that such insurance coverage is and will remain in effect in accordance with LESSEE's obligations under this Section, LESSOR shall be under no duty to ascertain the existence of any insurance coverage or to examine any certificate of insurance or other evidence of insurance coverage or to advise LESSEE in the event the insurance coverage does not comply with the requirements hereof. LESSEE shall give LESSOR prompt notice of any damage, loss or other occurrence required to be insured against with respect to any EQUIPMENT.
- 20) Taxes and Fees: Except to the extent exempted by law, LESSEE hereby assumes liability for, and shall pay when due all fees, taxes and governmental charges (including without limitation interest and penalties) of any nature imposed upon the EQUIPMENT, or the use thereof except any taxes on or measured by LESSOR's income or the value of any of LESSOR's interest in this Agreement or the EQUIPMENT.
- 21) Limited Warranty: LESSOR warrants to LESSEE that, so long as no Incipient Default or Event of Default has occurred and is continuing, LESSOR will not interfere with LESSEE's use and possession of the EQUIPMENT. LESSOR, not being the manufacturer or vendor of the equipment, makes no other representation or warranty, express or implied, as to the

suitability or fitness for any particular purpose the quality of the material or workmanship of the equipment.

22) Events of Default: Time is of the essence in the performance of all obligations of LESSEE. An "Event of Default" shall occur if (a) LESSEE fails to make any Rental Payment for which funds have been appropriated and budgeted by LESSEE as it becomes due in accordance with the terms of this agreement and any such failure continues for a period of ten (10) days after written notice to LESSEE from LESSOR, or (b) LESSEE violates any covenant, term, or provision of this Agreement, and such violation shall continue unremitted for a period of ten (10) days after written notice to LESSEE from LESSOR. Failure of LESSEE to budget and appropriate funds in any fiscal year of LESSEE for Rental Payments due under this Agreement shall not constitute an Event of Default.

23) Remedies: If one or more Events of Default shall have occurred and be continuing after the ten (10) day notice period has lapsed, LESSOR or LESSOR's assignee at its option, may:

- A) proceed by appropriate court action or actions, either at law or in equity, to enforce performance by LESSEE of the applicable covenants of this AGREEMENT or to recover damages for the breach thereof, or
- B) by notice to LESSEE terminate this AGREEMENT, whereupon all rights of LESSEE to the possession and use of the EQUIPMENT shall absolutely cease and terminate as though this AGREEMENT as to such EQUIPMENT had never been entered into; provided, however, LESSEE shall nevertheless remain fully and completely liable under this AGREEMENT only for the payment of the outstanding Rental Payments for the balance of the then current month; and thereupon LESSOR or LESSOR's assignee may without notice, by its agents, enter upon the premises of LESSEE where any of the EQUIPMENT may be located and take possession of all or any of such EQUIPMENT and from that point hold, possess, operate, sell, lease and enjoy such EQUIPMENT free from any right of LESSEE, its successors and assigns, to use such EQUIPMENT for any purposes whatsoever.

The remedies of LESSOR referred to in this Section shall be deemed exclusive.

24) Information: LESSEE agrees to furnish LESSOR or an Assignee such information concerning the EQUIPMENT as LESSOR or an Assignee may reasonably request.

25) Late Charges: Any nonpayment of Rental Payment or other amounts payable under this Agreement shall result in LESSEE's obligation to promptly pay LESSOR or LESSOR's assignee as additional rent on such overdue payment, for the period of time during which it is overdue, interest at the highest lawful rate authorized to be paid by municipalities of the State of California.

26) LESSOR's Right to Perform for LESSEE: If LESSEE fails to duly and promptly pay (except pursuant to the paragraph in this Contingent Lease Agreement entitled "Non-Appropriation of Funds"), perform or comply with any of its obligations, covenants or agreements under this Agreement, LESSOR or an Assignee may itself pay, perform or comply with any of such obligations, covenants or agreements for the account of LESSEE, in such event, any amount paid or expense incurred by LESSOR or an Assignee in connection therewith shall on demand, together with interest as provided in the paragraph in this Contingent Lease Agreement entitled "Late Charges", be paid to LESSOR or an Assignee.

28) Miscellaneous: No term or provision of this AGREEMENT may be amended, altered, waived, discharged or terminated except by an instrument in writing signed by a duly authorized representative of the party against which the enforcement of the amendment, alteration, waiver, discharge or termination is sought. This AGREEMENT shall be governed in all respects by, and construed in accordance with, the laws of the State of California. Subject to all of the terms and provisions of this AGREEMENT, all of the covenants, conditions and obligations contained in this AGREEMENT shall be binding upon and inure to the benefit of the successors and assigns of the parties. This Agreement, any documents executed and delivered in connection herewith, including but not limited to the Guaranty and any subsequent guaranty, the Non-disturbance Agreement of the Bank, and the CONTRACT and any documents executed in connection with said CONTRACT shall constitute the entire agreement of LESSOR and LESSEE with respect to the EQUIPMENT leased hereby, and shall automatically cancel and supersede any and all prior oral or written understandings with respect hereto. This AGREEMENT may be executed in any number of counterparts, each of which, when so executed and delivered, shall be an original but all such counterparts taken together shall constitute one and the same instrument. The headings in this AGREEMENT shall be for convenience of reference only and shall form no part of this AGREEMENT. Whenever the context requires, the covenants, conditions and obligations contained in this under this AGREEMENT shall survive the delivery and return of the EQUIPMENT leased hereunder.

19-0303 B 443 of 789

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the day and year first written above.

LESSOR / CONTRACTOR

Date: _____
Robert Bettencourt, Chairman
California Tahoe Emergency Services Operations Authority
Board of Directors

Attest:

By: _____ *Date:* _____
Corporate Secretary

LESSEE

Date: _____
Raymond J. Nutting, Chair
Board of Supervisors
County of El Dorado

Attest: Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

By: _____ *Date:* _____
Deputy

ATTACHMENT A
LEASE EQUIPMENT

**SAMPLE
TRANSPORTING AND NON-TRANSPORTING
ADVANCED LIFE SUPPORT SERVICES
AGREEMENT
BETWEEN CAL TAHOE AND MEMBER AGENCY**

THIS AGREEMENT made and entered into by and between the California Tahoe Emergency Services Operations Authority (hereinafter referred to as "CAL TAHOE"), and _____, (hereinafter referred to as "Member Agency"), whose principal place of business is _____.

R E C I T A L S

WHEREAS, CAL TAHOE is responsible for providing Advanced Life Support (ALS) prehospital medical care within its jurisdiction, in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency desires to provide Advanced Life Support prehospital medical care services in El Dorado County; and

WHEREAS, Member Agency may also desire to provide Advanced Life Support emergency medical services, be it for an emergency, at a special event, or routine medical transportation; and

WHEREAS, this Agreement is developed in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, Section 100164; the County Emergency Medical Service and Medical Transportation Ordinance; the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, El Dorado County Trauma Plan, and applicable agency, State or local statutes, ordinances or regulations; and

WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the COUNTY; and that the Medical Director has the exclusive authority for establishing the required equipment, medication inventories, and medical protocols; and

WHEREAS, the El Dorado County EMS Agency Medical Director shall have retrospective, concurrent, and prospective medical control including access to all information pertinent to data collection, evaluation and analysis,

CAL TAHOE and Member Agency mutually agree as follows:

SECTION I – DEFINITIONS

The following terms and definitions apply to this Agreement:

1. Advanced Life Support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
2. ALS Service Agency A public agency, private corporation, or other business entity which has 1) met all criteria for approval and has been approved by the EMS Agency in accordance with Title 22 California Code of Regulations (CCR) Division 9, Chapter 4, Section 100167 to provide ALS services to a designated geographic area with a designated number of DMT-P units and 2) employees certified EMT-1, certified EMT-2 or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer (Reference Title 22 CCR Section 100401). This definition shall include all authorized air ambulances servicing the County of El Dorado.
3. Ambulance means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.

4. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
5. Base Hospital An acute care hospital responsible for providing on-line (active communication via radio, telephone or other electronic telephonic communication device) and off-line (discussion at Continuous Quality Improvement or peer review meetings) medical direction/control to COUNTY accredited EMT-Ps, pursuant to a written agreement with the COUNTY in accordance with Title 22 CCR Division 9, Chapter 4, Section 100168.
6. County means County of El Dorado, the political subdivision of the State of California. The Health Services Department through its local County EMS Agency is responsible for the direct oversight of prehospital emergency and non-emergency medical care in El Dorado County.
7. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County EMS Agency Medical Director.
8. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician.
9. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
10. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the El Dorado County Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and medical transportation service requirements. It empowers the El Dorado County Emergency Medical Services Agency through the County Health Services Department to issue permits to litter van and wheelchair van transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.

11. Emergency Medical Services (EMS) means the medical services provided in an emergency.
12. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
13. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
14. Emergency Medical Technician or EMT means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.80) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.
15. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado must additionally be accredited according to standards established by the County EMS Agency Medical Director.
16. Medical Director means the medical director of the County EMS Agency.
17. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the medical director of the local County EMS agency as qualified to provide prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local County EMS Agency.
18. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
19. Prehospital Care Report (PCR) means the form approved by the County EMS Agency for the purpose of documenting all patient care provided in El Dorado County and shall also include all required billing information.
20. Primary Response Area means a geographical area designated by the County as an emergency medical services zone.
21. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.)

22. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
23. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
24. Utilization Ratio means a measure of productivity. The unit hour utilization ratio is calculated by dividing the number of transports during a given period by the number of unit hours produced during the same period.
25. Unit Hour means a fully staffed, equipped, and available ambulance available for or involved in emergency medical response for one hour. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION II - SCOPE OF SERVICES

Member Agency agrees to provide full service Prehospital Advanced Life Support Services as described in this Agreement, and the terms and conditions of the El Dorado County Emergency Medical Service and Medical Transportation Ordinance. In the performance of its obligation hereunder, it is agreed that the Member Agency is subject to the medical control of the El Dorado County EMS Agency Medical Director, and to the control or direction of CAL TAHOE.

1. Member Agency shall provide prehospital Advanced Life Support service response on a continuous twenty-four (24) hour per day basis, unless otherwise specified by the County EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.
2. Member Agency shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles,

equipment, services, and supplies which are the subject of this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

3. This Agreement is for prehospital Advanced Life Support services provided in the primary response area of El Dorado County known as County Service Area No. 3 South Shore Area, and a part of Alpine County, except for the "Tahoe West Shore" in El Dorado County. Member Agency shall be responsible for providing prehospital Advanced Life Support services for all emergency requests for ALS service received from any person or any agency in the coverage area and dispatched through the designated dispatch center.
4. Member Agency shall ensure that personnel shall be familiar with local geography throughout the primary response area.

Article I - Standards of Service for Prehospital ALS

1. Member Agency shall respond to requests for emergency medical services from the designated dispatch center.
2. Member Agency shall not cause or allow its ALS units to respond to a location without receiving a specific request from the designated Dispatch Center for such service at that location.
3. Member Agency shall immediately respond to requests for emergency medical service to the address or place given and shall complete that run, unless diverted by the designated Dispatch Center.

Member Agency shall promptly respond an ALS unit to the emergency call and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.

4. In the case of scheduled ambulance service, Member Agency shall schedule a time to respond that is acceptable for non-emergency calls, and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
5. In the case of ambulance service, ambulances shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, upon arrival at hospital, and upon departure from hospital. Ambulances shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

In the case of ALS first responder, the first responder shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, and shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

6. In the case of ambulance service, ambulances shall notify the base hospital and give a report on patient status, treatment given, and estimated time of arrival. Member Agency shall ensure that prehospital personnel shall communicate current and ongoing patient assessments to the Base Hospital, and collaborate with Base Hospital in the provision of care, and follow physician or MICN direction as instructed.
7. In the event that Member Agency is unable to respond to a request for emergency medical service, the Member Agency shall immediately notify the designated Dispatch Center. When all vehicles in service are committed, mutual aid request provisions shall be followed.
8. Member Agency shall not advertise itself or the responding unit as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7.
9. In the case of emergency ambulance responses, Member Agency shall meet the maximum response times as established in the Prehospital Advanced Life Support and Dispatch Services Contract between El Dorado County and CAL TAHOE.
10. Member Agency shall implement said ALS emergency medical services as a part of CAL TAHOE's response system within the Primary Response Area, and adhere to a System Status Management Plan developed by CAL TAHOE at all times during the term of this Agreement.

Article II - System Designations

1. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798.000 through and including Section 1798.104. The designated Base Hospital for CSA No. 3 (CSA #3) South Shore Area is Barton Memorial Hospital.
2. The designated Dispatch Center for CSA No. 3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for prehospital Advanced Life Support services from the designated Dispatch Center.

Article III – Personnel Requirements

1. Member Agency shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Member Agency shall ensure that EMT personnel are certified in El Dorado County. Personnel whose certification/accreditation has lapsed shall not be allowed to provide prehospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Member Agency shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee,

Member Agency shall provide a copy of such records of certification and/or accreditation to CAL TAHOE.

2. Member Agency shall ensure that all personnel will be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.
3. In the case of ambulance service, Member Agency shall maintain a minimum staffing level of not less than one (1) EMT and one (1) Paramedic.
4. In the case of Critical Care Transport (CCT) Ambulance, each CCT ambulance shall be staffed with a minimum of one EMT and one registered nurse qualified at the appropriate level or a physician to provide critical care during transport, as agreed upon by the sending hospital. Each ambulance shall be equipped with appropriate medical equipment and supplies.

In the case of First Responder ALS, Member Agency shall maintain a minimum staffing level of not less than one (1) CAL TAHOE Paramedic.

5. Member Agency shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.
6. In the case of ambulance service, Member Agency shall ensure that a crew or individual is not being constantly overworked. Overwork is defined as: working an individual in excess of any consecutive hours which may impair patient care, and not allowing an individual at least twelve (12) hours off, immediately following three (3) 24-hour periods worked. Any exceptions due to extenuating circumstances will be reported in writing within 72 hours to CAL TAHOE who may be required to revise its System Status Management Plan, deployment plan, crew hours or additional hours.
7. In the case of ambulance service, the maximum unit hour utilization (UHU) for 24-hour ambulance transport unit crews shall not exceed 0.40 continuously without County approval. County shall review CAL TAHOE's System Status Management Plan any time the ratio of transports to unit-hour production exceeds 0.40 UHU.
8. Member Agency shall maintain good working relationships with fire agencies; law enforcement; base hospitals; County EMS Agency; and City and County staff. The conduct of personnel must be professional and courteous at all times.
9. Member Agency shall provide safe and sanitary living quarters for on-duty personnel.

Article IV - Equal Opportunity Employer

Member Agency shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEOP). It shall be the stated policy of Member Agency that all employees and applicants shall receive equal consideration and

treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions will be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity will be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article V – Training Requirements

1. Member Agency shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Member Agency shall provide to the County EMS Agency specific records upon request.
2. Member Agency shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by provider.
3. Member Agency shall provide qualified paramedic personnel to be Field Training Officers (FTO's) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTO's shall provide orientation to El Dorado County EMS Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Station and receiving hospitals. FTO's shall provide training in any optional scope of practice procedure currently in effect in El Dorado County. CAL TAHOE shall ensure that FTO's shall be allowed to attend meetings and/or training pertinent to the El Dorado County EMS system. The County EMS Agency Medical Director shall approve all El Dorado County FTO's.

Article VI – Community Education

Member Agency shall participate in providing community education on 9-1-1 system access, CPR and first aid, and shall utilize community organizations to support and enhance local community efforts in providing public education.

Article VII – Quality Improvement/Quality Assurance

1. Member Agency shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the prehospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by CAL TAHOE.
2. Member Agency shall participate in assigned CAL TAHOE quality improvement/quality assurance activities, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement

Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees.

3. Member Agency shall cooperate fully in supplying all requested documentation to CAL TAHOE, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the COUNTY.
4. Member Agency shall allow inspections, site visits or ride-alongs at any time by CAL TAHOE and County EMS Agency staff, with or without notice, for purposes of CAL TAHOE contract compliance and medical quality assurance.

Article VIII – Mutual Aid Requests

1. Mutual aid response shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, Member Agency shall be exempt from the maximum response time standards. Member Agency shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Area.
2. Mutual aid response may require Member Agency to respond ALS vehicles into a response area other than that assigned in this Agreement. Whenever Member Agency personnel receive a request for service in another area, Member Agency personnel shall immediately respond an ALS vehicle as directed. If, due to prior or concurrent commitments of on-line units, the Member Agency personnel are unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, the Member Agency shall initiate such call-up.

Article IX – Disaster/Multicasualty Incident Requirements

1. Member Agency shall cooperate with CAL TAHOE in establishing disaster and multicasualty incident plans, policies and procedures; and assist in planning and participate in interagency disaster/multicasualty incident training exercises annually.
2. During declared disasters or large-scale multicasualty incidents, Member Agency shall be exempt from all responsibilities for response-time performance until notified by CAL TAHOE. When the Member Agency is notified that disaster assistance is no longer required, the Member Agency shall return all its resources to the primary area of responsibility, and shall resume all operations in a timely manner.
3. During the course of a disaster or large-scale multicasualty incident, Member Agency shall use best efforts to provide Priority 1, Priority 2, and Priority 3 service coverage to the assigned Primary Response Area while suspending Priority 4, 5, and 6 service upon notification of such by CAL TAHOE.

Article X – Drugs and Medical Supplies

Member Agency shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual.

Article XI - ALS Medical Equipment

1. Standards for medical equipment shall be in compliance with the County EMS Agency Policy and Procedure Manual promulgated by the County EMS Agency as required for the level of service being provided. The County EMS Agency provides electronic access to the Policy and Procedure Manual and Manual updates on an ongoing basis. Member Agency shall be charged with knowledge of that Policy. The policy shall be updated from time to time as determined necessary by the County EMS Agency.
2. Compliance with these medical equipment requirements is not mandated for inactive “reserve” units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

Article XII – Communications Equipment

Member Agency shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Station facilities and all EMS users. Communication capabilities and use of frequencies will be monitored by CAL TAHOE and the County EMS Agency. (No private medical transportation/ambulance system telephone access number shall exist for emergency dispatch.)

SECTION III - DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

Member Agency shall be responsible to ensure that all information is provided to CAL TAHOE in a timely manner as indicated throughout this Agreement.

Article I – Patient Care Report

1. Member Agency personnel shall utilize the El Dorado County “Prehospital Care Report” (PCR) for all emergency and non-emergency responses including non-transports.
2. The Prehospital Care Report and billing paperwork shall be submitted to COUNTY according to the time frames established in writing by Ambulance Billing as required by El Dorado County EMS Policy: *“Documentation - Medic Unit Prehospital Care Report Form”*.
3. In the case of ALS first responder where the first responder maintains patient care and rides in the ambulance, one of the following documentation options shall be utilized: a) a PCR may be filled out by the first responder paramedic and be utilized as the only PCR for that patient; or, b) the first responder paramedic completes a first responder PCR, and the ambulance paramedic completes a separate PCR.
4. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
5. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene; the first responder shall complete this report within 24 hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete PCR is passed on to the transporting unit, it shall not be considered an official document.
6. Member Agency personnel shall perform due diligence to obtain and transmit all required billing and patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, Member Agency shall remain responsible to obtain the required information and submit it to COUNTY. Member Agency personnel shall adhere to the requirements of the El Dorado County EMS Policy: *“Documentation - Medic Unit Prehospital Care Report Form”*.
7. Ambulance Billing shall notify the Member Agency management of failure to adequately complete a PCR. Repeated failures to adequately complete the PCR shall be reported to the JPA, and the JPA shall take the necessary action to correct the omission/error situation. Ambulance Billing personnel shall provide reports no less than monthly to the JPA to help identify personnel in need of additional training.
8. Upon receipt of notification from Ambulance Billing of missing or incomplete items of billing or patient care information, the JPA shall have five calendar days in which to furnish the required information to Ambulance Billing. This reporting timeline may be

adjusted by the County EMS Agency Administrator according to the sensitivity and urgency of required information.

Article II - Incident Report

Member Agency shall furnish its personnel with EMS Event Analysis forms, and shall ensure that its personnel understand and utilize such forms. Member Agency shall notify CAL TAHOE within 24 hours if a sentinel event occurs, i.e., injury to patient, crew or public, or violent or high profile incident. Member Agency may also provide notification and EMS Event Analysis forms to the El Dorado County EMS Agency.

1. Mutual Aid Received or Provided

Member Agency shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Area by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Area on an EMS Event Analysis Form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

2. Unusual Activities

Member Agency shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or the Member Agency feel should be documented but are not appropriate to include on the PCR should be included on the EMS Event Analysis form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, or communication failures. Any other unusual activities that have the potential of affecting patient care shall be documented as well.

3. Vehicle Failure and Accident Reporting

Member Agency shall document vehicle failure above and beyond usual scheduled maintenance and repairs and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article III - Ambulance Response Time Report

1. Member Agency shall submit a monthly report to CAL TAHOE on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Mode (Priority 1, 2 & 3), and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital. Emergency medical response time data shall be provided as a computerized report in a tab-delineated format.

2. For each response within the previous calendar month that exceeds the Response Time Standard for the area of dispatch location (Urban, Semi-Rural/Rural, or Wilderness) Member Agency shall submit a Response Time Exception Report to CAL TAHOE. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to CAL TAHOE for the previous calendar month of service on a monthly basis.

SECTION IV – CONTRACT REQUIREMENTS

Article I - Operational Policies

Member Agency shall be responsible to comply with all operational policies and standards currently articulated in this Agreement; CAL TAHOE's Policy and Procedure Manual; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; policies and procedures promulgated by the California Emergency Medical Services Authority, and by the El Dorado County Emergency Medical Services Agency.

Article II – Billing for Services

Parties receiving emergency medical transport services from Member Agency shall be billed by County Ambulance Billing for said services.

Ambulance personnel shall not request nor receive payment for any services provided pursuant to this Agreement, nor shall they quote charges to the patient or any other concerned individuals, or extend promises for special treatment regarding billable charges. CAL TAHOE shall provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

Article III – Term

This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions in Article V of this section. This Agreement will be reviewed by May 31 of each year for continuation of service.

Article IV - Compensation for Services

(TO BE DETERMINED BY CAL TAHOE)

Article V – Changes to Agreement

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.

CAL TAHOE may deny, suspend or revoke this Agreement for failure of the Member Agency to comply with this Agreement, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance; or applicable policies, procedures and regulations promulgated by the State of California or by the El Dorado County EMS Agency.

Article VI – Assignment and Delegation

CAL TAHOE engages Member Agency for Member Agency's unique qualifications and skills as well as those of Member Agency's personnel. Member Agency shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of CAL TAHOE.

Article VII - Independent Provider Liability

Member Agency is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Member Agency exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Member Agency shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. CAL TAHOE shall not be charged with responsibility of preventing risk to the Member Agency or its employees.

Article VIII - Nondiscrimination in Services, Benefits, and Facilities

- A. Member Agency certifies under the laws of the State of California that Member Agency shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR,

Section 7285.0 et seq.); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.

- B. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

Article IX – Notice to Parties

All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Member Agency shall be addressed as follows, or to such other location as either party directs:

CAL TAHOE

Attn: _____

Member Agency

Attn: _____

Article X - Indemnity

To the fullest extent of the law, Member Agency shall defend, indemnify, and hold CAL TAHOE and the County of El Dorado harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, CAL TAHOE employees, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Member Agency's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of CAL TAHOE, the County of El Dorado, the Member Agency, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of CAL TAHOE, its officers and employees, the County of El Dorado, its officers and employees, or as expressly provided by statute. This duty of Member Agency to indemnify and save CAL TAHOE and El Dorado County harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XI - Insurance

The Member Agency shall provide to CAL TAHOE proof of a policy of insurance that is also satisfactory to the El Dorado County Risk Management Division and documentation evidencing that the Member Agency maintains insurance that meets the following requirements set forth hereinafter.

1. Full Worker's Compensation and Employers' Liability Insurance covering all employees of the Member Agency as required by law in the State of California.
2. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
3. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Member Agency's business.
4. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
5. Member Agency shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
6. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
7. Member Agency agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Member Agency agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and Member Agency agrees that no work or services shall be performed prior to the giving of such approval. In the event Member Agency fails to keep in effect at all times insurance coverage as herein provided, CAL TAHOE may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
8. The certificate of insurance must include the following provisions stating that:
 - A. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to CAL TAHOE, and;
 - B. CAL TAHOE and El Dorado County, their officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to

all liability policies except worker's compensation and professional liability insurance policies.

9. Member Agency's insurance coverage shall be primary insurance as respects CAL TAHOE, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by CAL TAHOE or the County of El Dorado, its officers, officials, employees or volunteers shall be in excess of the Member Agency's insurance and shall not contribute with it.
10. Any deductibles or self-insured retentions must be declared to and approved by CAL TAHOE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CAL TAHOE, its officers, officials, employees, and volunteers; or Member Agency shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
11. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to CAL TAHOE, its officers, officials, employees or volunteers.
12. The insurance companies shall have no recourse against CAL TAHOE, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
13. The Member Agency's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
14. In the event the Member Agency cannot provide an occurrence policy, Member Agency shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
15. Certificate of insurance shall meet such additional standards as may be determined by CAL TAHOE either independently or in consultation with the County Risk Management Division, as essential for protection of CAL TAHOE.

Article XII - Interest of Public Official

No official or employee of Member Agency who exercises any functions or responsibilities in review or approval of services to be provided by Member Agency under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of CAL TAHOE have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XIII - Interest of Provider

Member Agency covenants that Member Agency presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other agreement or contract connected with or directly affected by the services to be

performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Member Agency further covenants that in the performance of this Agreement no person having any such interest shall be employed by Member Agency.

Article XIV - Venue

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Member Agency waives any removal rights it might have under Code of Civil Procedure Section 394.

Article XV - California Residency (Form 590)

All independent contractors providing services to CAL TAHOE must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. Member Agency shall be required to submit a Form 590 prior to execution of a Contract or CAL TAHOE shall withhold seven (7) percent of each payment made to Member Agency during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XVI – Taxpayer Identification / Form W9

Member Agency's federal Taxpayer Identification Number is: _____. Member Agency shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XVII - Administrator

The CAL TAHOE Officer or employee responsible for administering this Agreement is the JPA Executive Director, or successor.

Article XVIII - Authorized Signatures

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

Article XIX - Partial Invalidity

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Article XX - Entire Agreement

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

CAL TAHOE Date _____

Service Member Agency Date _____

Appendix H to Agreement 017-111-P-E2011 HIPAA Business Associate Agreement

This Business Associate Agreement is made part of the base contract ("Underlying Agreement") to which it is attached, as of the date of commencement of the term of the Underlying Agreement (the "Effective Date").

RECITALS

WHEREAS, County and Contractor (hereinafter referred to as Business Associate ("BA")) entered into the Underlying Agreement pursuant to which BA provides services to County, and in conjunction with the provision of such services, certain Protected Health Information ("PHI") and Electronic Protected Health Information ("EPHI") may be disclosed to BA for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the County and BA intend to protect the privacy and provide for the security of PHI and EPHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act, Pub. L. No. 104-191 of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the "HITECH" Act), and regulation promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws as may be amended from time to time; and

WHEREAS, County is a Covered Entity, as defined in the Privacy Rule and Security Rule, including but not limited to 45 CFR Section 160.103 ; and

WHEREAS, BA, when a recipient of PHI from County, is a Business Associate as defined in the Privacy Rule, the Security Rule, and the HITECH Act, including but not limited to 42 USC Section 17938 and 45 CFR Section 160.103; and

WHEREAS, "Individual" shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.202(g);

WHEREAS, "Breach" shall have the meaning given to such term under the HITECH Act under 42 USC Section 17921; and

WHEREAS, "Unsecured PHI" shall have the meaning to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to 42 USC Section 17932(h).

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Business Associate Agreement, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.
2. Scope of Use and Disclosure by BA of County Disclosed PHI
 - A. BA shall not disclose PHI except for the purposes of performing BA's obligations under the Underlying Agreement. Further, BA shall not use PHI in

any manner that would constitute a violation of the minimum necessary policies and procedures of the County, Privacy Rule, Security Rule, or the HITECH Act.

- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Business Associate Agreement or required by law, BA may:
- (1) use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) disclose the PHI in its possession to a third party for the purpose of BA's proper management and administration or to fulfill any legal responsibilities of BA, or as required by law
 - (3) disclose PHI as necessary for BA's operations only if:
 - (a) prior to making a disclosure to a third party, BA will obtain written assurances from such third party including:
 - (i) to hold such PHI in confidence and use or further disclose it only for the purpose of which BA disclosed it to the third party, or as required by law; and,
 - (ii) the third party will immediately notify BA of any breaches of confidentiality of PHI to extent it has obtained knowledge of such breach.
 - (4) aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by County.
 - (5) not disclose PHI disclosed to BA by County not authorized by the Underlying Agreement or this Business Associate Agreement without patient authorization or de-identification of the PHI as authorized in writing by County.
 - (6) de-identify any and all PHI of County received by BA under this Business Associate Agreement provided that the de-identification conforms to the requirements of the Privacy Rule, 45 CFR and does not preclude timely payment and/or claims processing and receipt.
- C. BA agrees that it will neither use nor disclose PHI it receives from County, or from another business associate of County, except as permitted or required by this Business Associate Agreement, or as required by law, or as otherwise permitted by law.

3. Obligations of BA. In connection with its use of PHI disclosed by County to BA, BA agrees to:

- A. Implement appropriate administrative, technical, and physical safeguards as are necessary to prevent use or disclosure of PHI other than as permitted by the Agreement that reasonably and appropriately protects the confidentiality, integrity, and availability of the PHI in accordance with 45 CFR 164.308, 164.310, 164.312, and 164.504(e)(2). BA shall comply with the

policies and procedures and documentation requirements of the HIPAA Security Rule.

- B. Report to County within 24 hours of any suspected or actual breach of security, intrusion, or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take prompt corrective action to cure any such deficiencies and any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- C. Report to County in writing of any access, use or disclosure of PHI not permitted by the Underlying Agreement and this Business Associate Agreement, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than five (5) days. To the extent the Breach is solely a result of BA's failure to implement reasonable and appropriate safeguards as required by law, and not due in whole or part to the acts or omissions of the County, BA may be required to reimburse the County for notifications required under 45 CFR 164.404 and CFR 164.406.
- D. BA shall not use or disclose PHI for fundraising or marketing purposes. BA shall not disclose PHI to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates. BA shall not directly or indirectly receive remuneration in exchange of PHI, except with the prior written consent of the County and as permitted by the HITECH Act, 42 USC Section 17935(d)(2); however, this prohibition shall not affect payment by County to BA for services provided pursuant to the Agreement.

4. PHI Access, Amendment and Disclosure Accounting. BA agrees to:

- A. Provide access, at the request of County, within five (5) days, to PHI in a Designated Record Set, to the County, or to an Individual as directed by the County. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable County to fulfill its obligations under the HITECH Act, including, but not limited to, 42 USC Section 17935(e).
- B. Within ten (10) days of receipt of a request from County, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in BA's possession constitutes a Designated Record Set.
- C. To assist the County in meeting its disclosure accounting under HIPAA:
 - (1) BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosure from Electronic Health Record for treatment, payment, or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At the minimum, the information collected shall include: (i) the date of disclosure; (ii) the name of the

entity or person who received PHI and, if know, the address of the entity or person; (iii) a brief description of PHI disclosed and; (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.

(2) Within in 30 days of notice by the County, BA agrees to provide to County information collected in accordance with this section to permit the County to respond to a request by an Individual for an accounting of disclosures of PHI.

D. Make available to the County, or to the Secretary of Health and Human Services (the "Secretary") , BA's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining BA's compliance with the Privacy Rule, subject to any applicable legal restrictions. BA shall provide County a copy of any PHI that BA provides to the Secretary concurrently with providing such information to the Secretary.

5. Obligations of County.

A. County agrees that it will promptly notify BA in writing of any restrictions on the use and disclosure of PHI agreed to by County that may affect BA's ability to perform its obligations under the Underlying Agreement, or this Business Associate Agreement.

B. County agrees that it will promptly notify BA in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect BA's ability to perform its obligations under the Underlying Agreement, or this Business Associate Agreement.

C. County agrees that it will promptly notify BA in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect BA's use of disclosure of PHI.

D. County shall not request BA to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by County, except as may be expressly permitted by the Privacy Rule.

E. County will obtain any authorizations necessary for the use or disclosure of PHI, so that BA can perform its obligations under this Business Associate Agreement and/or the Underlying Agreement.

6. Term and Termination.

A. Term. This Business Associate Agreement shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein when all PHI provided by the County to BA, or created or received by BA on behalf of the County, is destroyed or returned to the County, or, or if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

B. Termination for Cause. Upon the County's knowledge of a material breach by the BA, the County shall either:

- (1) Provide an opportunity for the BA to cure the breach or end the violation and terminate this Agreement if the BA does not cure the breach or end the violation within the time specified by the County.
- (2) Immediately terminate this Agreement if the BA has breached a material term of this Agreement and cure is not possible; or
- (3) If neither termination nor cures are feasible, the County shall report the violation to the Secretary.

C. Effect of Termination.

- (1) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, the BA shall, at the option of County, return or destroy all PHI that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such PHI.
- (2) In the event that the County determines that returning or destroying the PHI is infeasible, BA shall provide to the County notification of the conditions that make return or destruction infeasible, and . BA shall extend the protections of this Agreement to such PHI to those purposes that make the return or destruction infeasible, for so long as the BA maintains such PHI. If County elects destruction of the PHI, BA shall certify in writing to County that such PHI has been destroyed.

7. Indemnity

- A. BA shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (collectively "County") from any liability whatsoever, based or asserted upon any services of BA, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to BA's performance under this Business Associate Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever to the extent arising from the performance of BA, its officers, agents, employees, subcontractors, agents or representatives under this Business Associate Agreement. BA shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards against the County in any claim or action based upon such alleged acts or omissions.
- B. With respect to any action or claim subject to indemnification herein by BA, BA shall, at its sole cost, have the right to use counsel of its choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes BA's indemnification of County as set forth herein. BA's obligation to defend, indemnify and hold harmless County shall be subject to County having given BA written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at BA's expense, for the

- C. The specified insurance limits required in the Underlying Agreement of this Business Associate Agreement shall in no way limit or circumscribe BA's obligations to indemnify and hold harmless the County herein from third party claims arising from the issues of this Business Associate Agreement.
 - D. In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code Section 2782. Such interpretation shall not relieve the BA from indemnifying the County to the fullest extent allowed by law.
 - E. In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Business Associate Agreement, this indemnification shall only apply to the subject issues included within this Business Associate Agreement.
- 8. Amendment The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for County to comply with the Privacy Rule, 45 CFR, and HIPAA generally.
 - 9. Survival The respective rights and obligations of this Business Associate Agreement shall survive the termination or expiration of this Business Associate Agreement.
 - 10. Regulatory References A reference in this Business Associate Agreement to a section in the Privacy Rule means the section as in effect or as amended.
 - 11. Conflicts Any ambiguity in this Business Associate Agreement and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule, 45 CFR, and HIPAA generally.

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AGREEMENT FOR SERVICES #017-111-P-E2011
AMENDMENT I

This Amendment I to that Agreement for Services 017-111-P-E2011, 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, CONTRACTOR has been engaged by COUNTY for contracted Prehospital Advanced Life Support services and dispatch services, in accordance with Agreement for Services #017-111-P-E2011, dated October 27, 2011, incorporated herein and made by reference a part hereof; and

WHEREAS, the Health Services Department been reorganized and is now known as Health Services, a Department of the Health and Human Services Agency; and

WHEREAS, the parties hereto have mutually agreed to amend **Section VIII – General Contract Requirements, Article XV - Notice to Parties**;

WHEREAS, the parties hereto have mutually agreed to modify indemnity language, thereby amending **Section VIII – General Contract Requirements, Article XVI - Indemnity**; and

WHEREAS, the parties hereto have mutually agreed to modify information regarding the certificate of insurance, thereby modifying **Section VIII – General Contract Requirements, Article XVII, H.**; and

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

- 1) All references in the original agreement to the "County Health Services Department" or "HSD" shall be deemed to refer to Health Services, a Department of the Health and Human Services Agency.

2) Section VIII, Article XV 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 and return receipt requested. Notices to COUNTY shall be addressed as follows:

**COUNTY OF EL DORADO
HEALTH AND HUMAN SERVICES AGENCY
3057 BRIW ROAD, SUITE A
PLACERVILLE, CA 95667
ATTN: DANIEL NIELSON, M.P.A., DIRECTOR**

or to such other location as the COUNTY directs.

Notices to CAL TAHOE shall be addressed as follows:

**CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY
P.O. BOX 8917
SOUTH LAKE TAHOE, CA 96158
ATTN: BRYAN POND, EXECUTIVE DIRECTOR**

or to such other location as CAL TAHOE directs.

3) Section VIII, Article XVI shall be amended in its entirety to read as follows:

Article XVI – Indemnity

To the fullest extent of the law, CAL TAHOE shall defend, indemnify, and hold both COUNTY, its officers, employees, agents and representatives, and Alpine County, its officers, employees, agents and representatives harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, COUNTY employees, or Alpine County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with CAL TAHOE'S, or any of its Member Agency's services, operations, or performance hereunder, and/or in connection with or arising from the selection of CAL TAHOE as a responsible, responsive proposer, regardless of the existence or degree of fault or negligence on the part of COUNTY, Alpine County, CAL TAHOE, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of COUNTY, its officers and employees, Alpine County, its officers and employees, or as expressly provided by statute. This duty of CAL TAHOE to indemnify and save COUNTY and Alpine County harmless includes the duties to defend as set forth in California Civil Code Section 2778.

4) Section VIII, Article XVII H shall be amended in its entirety to read as follows:

H. The certificate of insurance must include the following provisions stating that:

1. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to COUNTY, and;
2. The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Contract are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
3. The County of Alpine, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Contract are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.

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

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By:  Dated: 2-6-2012
 Daniel Nielson, M.P.A., Director
Health and Human Services Agency

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

--COUNTY OF EL DORADO--

By: 

John R. Knight, Chair
Board of Supervisors
COUNTY

Dated: 5/1/12

ATTEST:

Terri Daly, Acting
Clerk of the Board of Supervisors

By: 

Deputy Clerk

Date: 5/1/12

--CONTRACTOR--

By: 

Robert Bettencourt, Chairman
CAL TAHOE Board of Directors

Dated: MARCH 12th, 2012

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

Prehospital Advanced Life Support, Ambulance
and Dispatch Services

This Amendment II to that Contract for Services #017-111-P-E2011, 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 services and dispatch services, in accordance with Contract for Services #017-111-P-E2011, dated October 27, 2011, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to amend **Section VIII General Contract Requirements, Article VII - Compensation for Services, Section VIII General Contract Requirements, Article XV - Notice to Parties, and Section VIII General Contract Requirements, Article XXII - Administrator.**

WHEREAS, the parties hereto have mutually agreed to add **Section VIII General Contract Requirements, Article XXVI – No Third Party Beneficiary.**

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

1) Section VIII, Article VII 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 specified 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 \$166,500.00 for the duration of the original five-year term of the Contract. 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. 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 quarterly basis a report showing billing and collections on all transports.

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 either 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 CALTAHOE'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 one thousand dollars (\$1,000) 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, 415 Placerville Drive, Suite J, 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. 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.

F. 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 the Health Services Department no later than March 31st of each year. Health Services Department 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 Health Services Department, 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.

2) Section VIII, Article XV 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, and Return Receipt Requested.

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

COUNTY OF EL DORADO
HEALTH AND HUMAN SERVICES EMS AGENCY
415 PLACERVILLE DRIVE, SUITE J
PLACERVILLE, CA 95667
ATTN: RICHARD TODD, EMS AGENCY ADMINISTRATOR

With a copy to:

COUNTY OF EL DORADO
PROCUREMENT AND CONTRACTS DIVISION
360 FAIR LANE, LOWER LEVEL
PLACERVILLE, CA 95667
ATTN: TERRI DALY, PURCHASING AGENT

Or to such other location as the COUNTY directs.

Notices to CAL TAHOE shall be addressed as follows:

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY
P. O. BOX 8917
SOUTH LAKE TAHOE, CA 96158
ATTN: BRYAN POND, EXECUTIVE DIRECTOR

Or to such other location as CAL TAHOE directs.

3) Section VIII, Article XXII shall be amended in its entirety to read as follows:

Article XXII – Administrator

The County Officer or employee with responsibility for administering this Contract is Richard Todd, EMS Agency Administrator, or successor.

4) Section VIII, Article XXVI shall be added as follows:

Article XXVI - No Third Party Beneficiaries

Nothing in this Contract is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this Contract.

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

REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:

By: Richard Todd
Richard Todd, EMS Agency Administrator
Contract Administrator

Dated: 10-1-2012

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

--COUNTY OF EL DORADO--

Dated: 12/11/12

By: 

John R. Knight, Chairman
Board of Supervisors
"County"

ATTEST:

James S. Mitrison,

Clerk of the Board of Supervisors

By: 

Deputy Clerk

Dated: 12/11/12

CAL TAHOE

By: 

Robert Bettencourt, Chairman
Board of Directors
"CAL TAHOE"

Dated: 10-1-12

ATTEST:

By: 

Board Secretary

Dated: 10-4-2012

Kgl / dao / zmm

**CONTRACT FOR SERVICES #017-111-P-E2011
AMENDMENT 3**

Prehospital Advanced Life Support, Ambulance
and Dispatch Services

This Amendment III 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").

R E C I T A L S

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

WHEREAS, the parties hereto have mutually agreed to amend **Section VIII, Article VII – Compensation for Services**; and

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

1) Section VIII, Article VII 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 \$166,500.00 for the duration of the original five-year term of the Contract. 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. 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 quarterly basis a report showing billing and collections on all transports. In addition, in recognition of the increased dispatch costs, effective upon execution of this Amendment, 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, Long Distance Transports, and One-time Fixed Asset Purchases:

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 one thousand dollars (\$1,000) each month for Long Distance Transports regardless of whether, and how many, long distant transports are performed in that month.
4. Medic Unit: Upon execution of this Amendment 3 to that Agreement 164-S1211, County shall pay Cal Tahoe a one-time amount of \$160,000 for the purchase of one (1) medic unit.

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, 415 Placerville Drive, Suite J, 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. 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.

F. 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 the Health Services Department no later than March 31st of each year. Health Services Department 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 Health Services Department, 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.

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

REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:

By: Richard W. Todd Dated: 7-5-2016
 Richard Todd, EMS Agency Administrator
 Contract Administrator

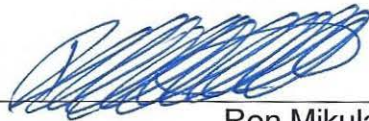
REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: Don Ashton Dated: 7-5-2016
 Don Ashton, M.P.A., Director
 Health and Human Services Agency

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

--COUNTY OF EL DORADO--

Dated: 7/19/16

By: 
 Ron Mikulaco, Chair
 Board of Supervisors
 "County"

ATTEST:

James S. Mitrisin
 Clerk of the Board of Supervisors

By: 
 Deputy Clerk

Dated: 7/19/16

CALTAHOE

By: 
 Robert Bettencourt, Chairman
 Board of Directors
 "Cal Tahoe"

Dated: 7/7/16

ATTEST:

By: 
 Board Secretary

Dated: 8-3-16

kgf

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.

//

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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 (HHS) 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.

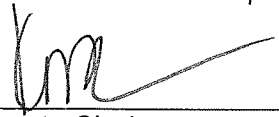
--COUNTY OF EL DORADO--

Dated: 6/27/2017

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


ATTEST:

James S. Mitrisin
Clerk of the Board of Supervisors

By: 
Deputy Clerk

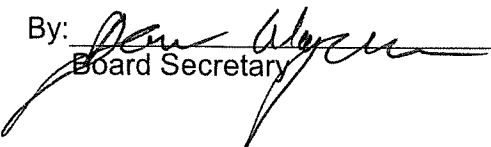
Dated: 6/27/2017

CALTAHOE

By: 
Robert Bettencourt, Chairman
Board of Directors
"Cal Tahoe"

Dated: 6-8-17

ATTEST:

By: 
Board Secretary

Dated: 6-12-17

JA

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Don Ashton, M.P.A.
Director

Public Health Division
Chris Weston
Deputy Director

931 Spring Street
Placerville, CA 95667
530-621-6100 Phone / 530-295-2501 Fax

1360 Johnson Boulevard, Suite 103
South Lake Tahoe, CA 96150
530-573-3155 Phone / 530-541-8409



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District III
MICHAEL RANALLI
District IV
SUE NOVASEL
District V

June 24, 2015

Ryan Wagoner, Executive Director
Cal Tahoe Emergency Services Operations Authority
2211 Keetak Street
South Lake Tahoe, CA 96150

Subject: Annual Evaluation for Extension of Ambulance Service Contract

Dear Mr. Wagoner:

Per the stipulations of your Contract with the County of El Dorado for ALS Ambulance Services, Section VIII: General Contract Requirements, Article VI – Term and Renewal Provisions, the annual evaluation has been completed by the EMS Agency Medical Director, and it is his recommendation to extend your Contract for services to El Dorado County for an additional three years (until August 31, 2019). I am happy to inform you that your organization has exceeded the numerical criteria score required to continue services to the County, and I am in concurrence with the EMS Agency staff recommendation. Per the terms of the contract, I hereby approve an extension to your Contract for three additional years. A copy of the EMS Medical Director's review is attached.

I would like to take this opportunity once again to commend you on the ALS Ambulance system you have developed and your hard work to continue to improve your services. The citizens of El Dorado County are well served by your efforts.

Sincerely,

Don Ashton, Director
Health & Human Services Agency

Cc. County Counsel
Lori Walker, Chief Fiscal Officer
Christopher Weston, Public Health Deputy Director

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Don Ashton, M.P.A.
Director

3057 Briw Road, Suite B
Placerville, CA 95667
530-642-7300 Phone / 530-626-7734 Fax

3368 Lake Tahoe Boulevard, Suite 100
South Lake Tahoe, CA 96150
530-573-3200 Phone / 530-541-6736 Fax



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District IV

SUE NOVASEL

District V

June 24, 2015

Don Ashton, Director
Health and Human Services Agency

RE: Cal Tahoe Contract Extension Request

Dear Mr. Ashton:

On February 25, 2015, Executive Director Ryan Wagoner requested three one year contract extensions of the Cal Tahoe Emergency Services Operations Authority (CTESOA) contract. In accordance with the Cal Tahoe contract for service, Section VIII, Article VI, the following evaluation was conducted by the EMS Agency Medical Director. The following is the medical director's report, evaluating those services based on Article VI: Term and Renewal Provisions, for your consideration and review.

Response Time Performance

The contract defines quantitative minimum standards for response time. This is reviewed in monthly and quarterly reports. Compliance times for contract year 1, 2, and 3, are listed below:

Year	Total Medical Calls	Total Late Calls	Percentage of Late Calls	Percentage of on-time Calls	Total Non-transports	Total Transports
2011-2012	2,592	52	2.01%	97.99%	373	2,219
2012-2013	2,764	42	1.52%	98.48%	297	2,467
2013-2014	2,806	50	1.78%	98.22%	241	2,565
Average	2,721	48	1.77%	98.23%	304	2417

From September 1, 2011 through August 31, 2014, the average percentage of on-time calls was 98.23%. The on-time compliance for each of the three years was well above the 90% requirement identified in the contract. This performance is excellent.

Score: 5.0

Recommendation: Continue to strive for 100%. Continue the strong reporting and communicating relationship with the EMS agency and ensure exception reports and monthly response report are submitted timely.

Vision Statement:

Certification, Qualifications, & Training

All Cal Tahoe medics are certified in ACLS, PALS or PEPP, and BTLS or PHTLS. The CTESOA ALS Service Agencies provided annual refresher training in ACLS, PALS, PHTLS and extensive 12 lead cardiac monitor training. Over 90 hours of in-house training were presented to Cal Tahoe medics over the course of the last three contracted years. The JPA is also working to advance a STEMI program to reduce transport time to a contracted catheter lab. Additionally, the CTESOA partner with Barton Hospital annually to provide update training on county protocols and continues to sponsor Base Station continuing education training classes. Dispatch at the City of South Lake Tahoe Police Department has all dispatchers EMD certified. Training at each department is on-going and logged internally. The CTESOA was also very instrumental in the development and execution of a large scale MCI drill in 2014 where all CTESOA medic units were unitized.

Score: 4.0

Recommendation: Continue to support medics and dispatchers in their commitment to maintain professional excellence through ongoing certifications and training.

Quality Improvement Process

The EMS Agency observed leadership changes at the Executive Director level, the ALS Service Agency level and at Barton Memorial Hospital (BMH). During the course of the last three years of service, the City of South Lake Tahoe Fire Department, Lake Valley Fire Protection District, and BMH have been an integral part of the monthly Medical Advisory Meetings (MAC) and Continuous Quality Improvement Committee CQIC meetings. Both ALS Agencies and BMH have submitted and updated their CQI Plan in accordance with CCR 22 § 100402 and § 100403 and assisted in the development and review of the EMS Agency CQI Plan for 2105. Currently all Paramedics with both agencies are utilizing the EMS Agency Paramedic Accreditation Training System (PATs).

Score: 4.0

Recommendation: Continue the excellent progress in CQI and compliance with state guidelines. Leadership is strongly recommended to support paramedic active participation in county-wide CQI, not merely faxing the report. Consider requiring paramedic attendance/participation in 50% of CQIC meetings held in Placerville and South Lake Tahoe.

Policy & Procedure/Protocol Compliance

CTESOA worked cooperatively with the EMS Agency and the CSA #7 Emergency Services Operations Authority (West Slope JPA) to create more consistency in the delivery of EMS across the county. This was evident in the form of working toward standardizing the CQI process for the entire county and the review and development of policies through the Medical Advisory Committee. The CTESOA also established an ambulance sharing agreement with CSA #7 JPA. Additionally, monthly reports from the fire department and dispatch CQI representatives measure high compliance with the county's EMS policies, procedures, and protocols.

Score: 4.0

Recommendation: Continue to support the excellent field care rendered by paramedics. Support time spent by CQIC representatives to attend meetings and present cases of concern and excellence. Reward participation in CQIC and base station/educational offerings. Encourage CQIC participation with the Dispatch center to provide a CQI point of contact and a monthly call review report.

Teamwork and Leadership

In 2012, the Executive Director, Bryan Pond was replaced by Tony Gasporra. In 2014, Tony Gasporra was replaced by Ryan Wagoner. During the transition of the CTESOA Executive Director position over this evaluation period, all three executive directors have worked closely with the Health and Human Services Agency in resolving problems and maintaining strong lines of communication. The Fire Chiefs for both ALS Service Agencies and Dispatch have demonstrated a real commitment to excellence in partnering with the JPA and the EMS Agency. Through all the changes in leadership, patient care in the Cal Tahoe pre-hospital arena continued to be delivered with excellence and professionalism. Additionally, the JPA Service Agencies have actively participated in meetings such as the Medical Advisory Committee, Paramedic Advisory Committee, Continuous Quality Improvement Committee, preseason ski area meetings, meetings pertaining to the EMS responses to Alpine County, meetings involving the EMS Air Ambulance providers, the Base Hospital and consistently contributed to improving the effectiveness of the EMS System in El Dorado County. Base Station meetings are conducted six times per year as a joint educational venture between Tahoe Douglas Fire, South Lake Tahoe Fire, Lake Valley Fire and the nurses at Barton Memorial Hospital. It should also be noted that Paramedic/Firefighter Kim George, with the City of South Lake Tahoe Fire Department, is the Chair of the Continuous Quality Improvement Committee for El Dorado County and actively participates in the Paramedic Advisory Committee.

Score: 4.5

Recommendation: Continue to support strong leadership in Dispatch. Continue to foster collaboration among fire chiefs, EMS Agency, Barton Hospital, ski resorts, and Air Ambulance provider agencies. Invite basic providers into the team approach with evidence of their participation in CQI and training evolutions. Establish and maintain a close working relationship with the EMS Agency in the development of a new Electronic Prehospital Care Report (EPCR) system.

Summary

The average numerical score of this evaluation: 4.3, is above the minimum performance of 3.0 stated in the contract. This score represents consistency in performance largely due to the collaborative efforts by the CTESOA and both ALS Service Agencies to address and resolve a multitude of concerns over the past three years. I recommend granting this request of a three year contract extension. Cal Tahoe Emergency Services Operations Authority has successfully undergone much change while maintaining commitments to excellence, public safety, and service. They should be able to remain successful under the direction of the EMS Agency Medical Director well into the future.

Sincerely,



David Brazzel, M.D.
EMS Agency Medical Director

El Dorado County Emergency Medical Services Agency
2900 Fair Lane Court
Placerville, CA 95667

APPENDIX G Contents:

G2 – G51	CTESOA Community Paramedicine Post Hospital Discharge Program
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Community Paramedic Post Discharge Pilot Project

**Helping Patients Navigate The Post Discharge
Environment, While Promoting Safety, Healing
And Advocacy**

**August 2017
Version 2.1
12.25.2017**

Cal Tahoe EMS

**Approved by CA EMSA and CA Office of
Statewide Health Planning and
Development for Operations
(Pending IRB Approval)**

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OVERVIEW

TITLE OF PROJECT

South Lake Tahoe Community Paramedic Post Hospital Discharge Follow-Up Program

DESCRIPTION OF PROPOSED CONCEPT

This program is structured to provide vulnerable adult populations within the South Lake Tahoe community short-term, post-hospital discharge services helping the patient to decrease hospital readmission and promote a healthy and safe transition from the hospital into the home environment during this critical period. The program will help patients prevent simple medical issues from becoming potential life-threatening emergencies during the 30-day post-hospital discharge phase. Barton Health and Cal Tahoe EMS will work in partnership to provide a Community Paramedic in-home assessment within 72 hours of discharge from the hospital (including the emergency department), for at risk populations (adult patients who have a discharge diagnosis of congestive heart failure, chronic obstructive pulmonary disease, diabetes and Primary Care Provider discretion based on high probability of readmission). Patients who meet inclusion criteria and agree to participate (*see consent form, pg. 35*) will have hospital pre-discharge conference with Barton Health Case Management to complete consent forms and trigger entry into the program.

Directly after the in-home assessment, the Community Paramedic will assign the patient a post discharge priority level (Levels 1 through 4) utilizing approved protocol, helping to establish an “Action Plan” for the 30 day post-hospital discharge period. The “Action Plan” will help the Community Paramedic to algorithmically identify and provide for the needs of the patient during this critical time period, driven by the post discharge priority level:

- **(Level 1) No action needed, patient is maintaining or improving discharge health status and can wait for scheduled follow-up appointment**
- **(Level 2) Further Community Paramedic follow-up needed through either phone consultation or second in home visit (see CP Post Discharge Assessment Protocol, pg. 18, for complete details)**
- **(Level 3) Referral for Primary Care Provider(PCP) follow up needed**
- **(Level 4) Entry into 911 EMS System for ALS care and transport to Barton Health ED (see CP Medical Direction Chain of Command Policy, pg. 34, for medical direction details)**

OVERVIEW

PROJECT MANAGEMENT

Local oversight of the pilot program will include:

- El Dorado County Medical Director
- Barton Health Medical Director
- Local Pilot Project Manager
- El Dorado County CQI Committee
- El Dorado County Community Paramedic Steering Committee

GEOGRAPHIC AREA SERVED

- Greater South Lake Tahoe area (East El Dorado County):
 - South Lake Tahoe
 - Twin Bridges
 - Kyburz
 - Fallen Leaf

PARTNERS

- Cal Tahoe EMS
- Barton Health (partner hospital)
- Lake Valley Fire Protection District
- Barton Home Health Services
 - Home Health Services is excited as this program will work in collaboration with existing infrastructure to provide post-discharge support to the community through mobile integrated healthcare. Community Paramedics will provide up to two in home visits and two phone consultations within 30-day post-discharge period after which the patient will be referred to Barton Home Health Services for further evaluation.

OVERVIEW

NEED FOR PROJECT

East El Dorado County (greater South Lake Tahoe area) is a rural mountainous community served by one hospital (Barton Health, level III trauma center), with the next closest hospital one hour away, located in the state of Nevada. This isolated setting necessitates a high level of functionality and independence in local community and public services. This Community Paramedic Pilot Project is designed to pragmatically serve the South Lake Tahoe Community and partner hospital during the critical 72-hour window post-discharge period and develop an “Action Plan” for the following 27 days to reduce patient readmissions and promote community health.

The 2017 University of California, San Francisco evaluation of the 2015-2016 California Community Paramedicine Pilot Project found that many home health agencies are often unable to schedule home visits until at least one week after hospital discharge, with many of the readmissions occurring within the first week post discharge window (Coffman, Wides, Niedzwiecki & Geyn, 2017). Community Paramedics function to help bridge this gap and serve as a resource to both patient and partner hospital.

In 2016 Barton Health saw 20,938 patients in its Emergency Department. 2,410 of those patients were admitted to the hospital and subsequently discharged, 9% of those discharged were readmitted within 30 days. 50% of these readmissions occurred within 72 hours of discharge. Barton Health finds many of these readmissions are due to congestive heart failure, chronic obstructive pulmonary disease and diabetes. The complexity of these diagnostic groups in conjunction with other co-morbidities causes confusion during the first 72-hours post-discharge, when the patient transitions from hospital to home. This confusion causes compliance issues with discharge instructions/education. In the 2015 Pilot Project, Community Paramedics identified 129 patients (14% of total pilot project participants) who misunderstood how to take their medications or had duplicate medications, with either of these scenarios having the potential of leading to adverse effects (Coffman, Wides, Niedzwiecki & Geyn, 2017). The above scenario exemplifies how Community Paramedics can be an asset in identifying and reconciling post discharge issues, preventing negative patient outcomes, emergency department visits and hospital readmission. This construct improves patient care and overall patient health while reducing health care costs (Triple Aim Framework).

OVERVIEW

PURPOSE AND OBJECTIVES

The purpose of this Community Paramedic Pilot Project is to reduce the 30-day readmission rate of at risk populations treated in Barton Health while promoting patient safety, healing and advocacy. To accomplish this Community Paramedics will:

- Identify and enter Barton Health patients meeting pilot project inclusion criteria prior to discharge
- Conduct in-home assessment within 72 hours of discharge from Barton Health
 - Perform Community Paramedic history and physical
 - Help patient understand their hospital discharge instructions
 - Conduct in-home medication reconciliation
 - Evaluation of patient's ability to perform Activities of Daily Living (ADLs)
 - Assign patient a post discharge priority level to establish Community Paramedic Action Plan during the 30-day post-discharge period
 - Help patient coordinate any necessary follow-up care
 - Help improve access to PCP
 - Help improve access to other public health/community services
- Conduct in-home safety assessment
 - Identifying potential fall risks
 - Smoke detector checks
 - Carbon monoxide detector checks
 - Fire extinguisher checks
 - Snow removal hazards
- Use electronic Community Paramedic post-discharge assessment tool following El Dorado County EMSA documentation policies/procedures
- Capture Community Paramedic data allowing comparison of Barton Health diagnosis group readmission rates and analysis of readmission costs (CMS penalties + average length of stay) with and without the presence of Community Paramedic pilot project
- Attend monthly Community Paramedic specific training updates to facilitate adjustments in operations as directed by local Community Paramedic Steering Committee
- Conduct patient satisfaction surveys

OVERVIEW

ESTIMATED PROJECT LENGTH

1 year

TYPES AND NUMBER OF PATIENTS LIKELY TO BE SEEN

This Pilot Project is designed to service South Lake Tahoe's at risk populations (adults 18 years and older) in the post discharge environment after Barton Health hospitalization or emergency department visit. This includes patients with a discharge diagnosis of:

- 1. Congestive Heart Failure**
- 2. Chronic Obstructive Pulmonary Disease**
- 3. Diabetes**

And:

4. Primary Care Provider (PCP) Discretion Based On High Probability Of Readmission

1. Examples include:

1. Complex medical history not outlined in the above diagnosis groups
2. Soft tissue infection
3. PCP feels discharge instructions are poorly understood due to stress/anxiety of circumstances/hospital environment

- Barton Health patients that wish to participate and are homeless will not be excluded. Community Paramedic post-discharge assessment appointment will be scheduled prior to patient discharge (including meeting location).
- ***Expected number of Pilot Project participants is 15 - 25 per month. Expected average length of initial visit is 1 to 2 hours. Anticipated time needed for charting associated with each initial CP visit is 30 - 45 minutes. Average times may decrease through repetition and learned efficiency.***

OVERVIEW

ANTICIPATED NUMBER OF COMMUNITY PARAMEDICS

Initially, three paramedics will be trained as Community Paramedics to function within the Pilot Project. This number represents 17% of our full time operations staff. Each paramedic will complete the Community Paramedic Core Training Program approved by the California EMS Authority and Pilot site-specific Community Paramedic training approved by the El Dorado County EMS Agency.

FUTURE ANTICIPATED EMPLOYMENT OPPORTUNITIES

The opportunity to observe Community Paramedics operating in a mountainous community will serve as a learning model for other isolated and rural communities. It seems likely that several of the proposed Community Paramedic concepts would have high functional value in many of California's rural EMS/hospital systems, leading to further expansion throughout the state creating numerous employment opportunities for these highly-skilled clinicians.

OVERVIEW

OTHER PROJECTS/PROGRAMS SERVING AS MODELS

Extensive research of previous Community Paramedic Pilot Projects, existing Community Paramedic Programs and careful examination of University of California, San Francisco's 2017 evaluation of the 2015 California Community Paramedicine Pilot Project all served as strong influences in the development of this proposal.

Pilot Projects Serving As Models

Butte County EMS Pilot Project of 2015 (Community Paramedicine, 2014)

Solano County Community Paramedic Pilot Program of 2015 (Community Paramedicine, 2014)

UCLA's Community Paramedic Effectiveness Strategies For Heart Failure of 2015 (Community Paramedicine, 2014)

Alameda County Community Paramedic Pilot Project of 2015 (Community Paramedicine, 2014)

San Bernardino County Community Paramedicine Pilot Project of 2015 (Community Paramedicine, 2014)

Maine EMS Community Paramedicine Pilot Program Evaluation (Pearson, 2015)

Currently Existing Community Paramedic Program As A Model

Eagle County Paramedic Services Community Paramedic Program (Eagle County, 2013)

***The evolution of paramedicine and the healthcare systems it serves
can only happen with the sharing of knowledge gained from both
successes and challenges experienced before.***

MANAGEMENT

OPERATIONAL METHODOLOGY

1. Barton Health Case Management will contact patient or their medical decision maker who meet inclusion criteria prior to hospital discharge to explain the Community Paramedic Post-Hospital Discharge Follow-Up Program. If patient agrees to participate in the program Case Management will:
 1. Obtain required informed consent for pilot project participation
 2. Obtain appropriate patient paperwork from hospital for program
 3. Fax the above documents to Community Paramedic Coordinator
2. Community Paramedic coordinator will contact patient via telephone within 6-24 hours of discharge to schedule Community Paramedic in-home post-discharge assessment between hours 24 and 72 of discharge.
3. Community Paramedic will conduct in-home assessment as scheduled and determine post discharge priority level utilizing approved protocol (based on assessment and patient needs) to establish an “Action Plan” for the 30 day post-hospital discharge period.
 1. **(Level 1) No action needed: patient is maintaining or improving discharge health status and can wait for scheduled follow-up appointment**
 2. **(Level 2) Action Needed: Further Community Paramedic follow-up needed through either phone consultation or second in home visit due to the following occurrences during first in-home visit:**
 1. **Home safety issue identified (second in-home follow up in 1 week to provide and install detector(s)/extinguisher and/or assist with other in home safety issues)**
 1. **smoke/carbon monoxide detector issues**
 2. **no fire extinguisher in home**
 3. **fall hazard in or around home environment**
 4. **other home safety issues**
 2. **Initial Discharge Planning clarification needed (phone consultation follow-up in 1 week to reinforce teaching)**
 3. **Medication Issue discovered during medication reconciliation (phone consultation follow-up in 1 week to reinforce teaching)**
 3. **(Level 3) Action Needed: The patient is exhibiting signs and symptoms in which same day appointment is needed (or as soon as can be scheduled) with PCP (as outlined in discharge instructions) or Community Paramedic-PCP phone consultation is needed, after which the patient is referred to Home Health Services for long term follow up care (if needed)**
 4. **(Level 4) Action Needed: The patient’s condition is acute (as outlined in El Dorado County Protocols) and requires entry into 911 EMS system for transport to Barton Health ED (ALS care and transport will be initiated by Community Paramedic immediately)**

MANAGEMENT

4. During in home assessment Community Paramedics will evaluate the need for other public health/community services, and arrange referrals as appropriate. Referral examples include:
 1. Mental Health services
 2. Home Health services
 3. Drug and alcohol treatment programs
 4. Financial assistance services
 5. Food and clothing services
 6. Housing assistance services
 7. Transport assistance providers
 8. Domestic violence resources
 9. Snow removal assistance program
 10. Referral to community support groups (ex: Al-Anon, AA, Diabetes support groups, freedom from smoking classes, gamblers anonymous, mommy and me, NA, overeaters anonymous, reflection of life and loss, survivors of suicide, and tobacco free)
5. Community Paramedic will use e-PCR post discharge assessment tool to capture data allowing Local Paramedic Steering Committee to perform 100% CQI, evaluation and a recording of all information for interpretation/evaluation, and collaboration with UCSF.
6. At the conclusion of every in-home visit the patient will be given a satisfaction survey

SEE APPENDIX A, PG 18, FOR COMMUNITY PARAMEDIC PROTOCOLS

LOCAL GOVERNANCE AND MEDICAL CONTROL

This pilot project will be approved and governed locally by the El Dorado County EMS Agency medical director. Community Paramedics working within this pilot will work under the direction of the El Dorado County Community Paramedic Steering Committee led by the county medical director. Additional medical control for field operations will be provided by the base hospital (Barton Health), if needed.

SEE APPENDIX B, PG 34, FOR COMMUNITY PARAMEDIC POLICIES

MANAGEMENT

LOCAL COMMUNITY PARAMEDIC STEERING COMMITTEE

A Local Community Paramedic Steering Committee will be established and maintained for the duration of the pilot project. The purpose of the Steering Committee is to provide medical and administrative oversight for the pilot project. The Steering Committee will work in collaboration with the State EMSA Community Paramedic Project Manager, Independent Evaluator and State Community Paramedic Advisory Committee as necessary throughout the duration of the project.

Local Steering Committee Responsibilities

- Community Paramedic interview and selection process
- Development of local pilot-specific Community Paramedic Project curriculum
- Development of local pilot-specific Community Paramedic Project policies, protocols and procedures
- Development of local pilot-specific Community Paramedic Project CQI plan
- Development, monitoring and review of local pilot-specific Community Paramedic Project data

El Dorado County Community Paramedic Steering Committee Members

- El Dorado County EMSA Medical Director
- El Dorado County EMSA Administrator
- Barton Health Nursing
- Barton Health Base Hospital Medical Director
- Barton Health EMS Coordinator
- Local Pilot Project Manager
- CTESOA Executive Director
- Cal-Tahoe CQI Coordinator
- El Dorado County CQI Coordinator
- El Dorado County Medical Advisory Committee Representative
- El Dorado County Paramedic Advisory Committee Representative
- Community Paramedic from Pilot Project
- Home Health Services
- Social Services

MANAGEMENT

PROVISIONS FOR PROTECTING PATIENT'S SAFETY

This Pilot Program will adhere to current patient safety practices established by El Dorado County EMSA policies, protocols and procedures. Additional Pilot Program safeguards in the interest of patient safety include:

- Careful selection of Community Paramedics through a collaborative multi-agency interview panel in an effort to recruit high-quality prehospital personnel
- Comprehensive Community Paramedic training program with extensive written and practical evaluation designed to measure and ensure competency
- El Dorado County EMSA-approved Community Paramedic policies, protocols, and procedures
- 24/7 online medical direction via base hospital
- 100% CQI of all Community Paramedic operations
- Community Paramedic incident reports and patient complaints will be reported to local Community Paramedic Steering Committee and investigated per El Dorado County EMSA Policy
- Community Paramedics will adhere to El Dorado County EMSA documentation policies/procedures
- Local Community Paramedic Steering Committee monthly review of project data
- Community Paramedics will conduct a home safety inspection to assess the patient's ability to perform all activities of daily living in a safe environment
- Patient Satisfaction Survey forms

INSTITUTIONAL REVIEW BOARD (IRB)

IRB approval will be obtained from Barton Health in order to ensure and protect the safety of the patients

MANAGEMENT

INFORMED CONSENT

Informed consent will be obtained from all patients prior to their participation in this Pilot Project. Additionally, a separate informed consent will be obtained by the Community Paramedic just prior to the initiation of each scheduled in-home post-discharge follow-up assessment.

SEE APPENDIX C, PG 35, FOR INFORMED CONSENT EXAMPLE

ANTICIPATED SOURCES OF FUNDING

A recent amendment to current contract will provide additional funding to support Pilot Project.

Possible grant funding for Post-Discharge Safety Access Program ensuring that all Pilot Program participants have correctly placed and operational:

- Smoke Detector
- Carbon Monoxide Detector
- Fire Extinguisher

If the above items are not present in the participants residence, the Post-Discharge Safety Access Program will provide and install missing safety item(s).

PARAMEDIC ELIGIBILITY

- Minimum four (4) years experience as a practicing licensed paramedic
- A.A. degree or higher level of education is preferred but not mandatory
- Current paramedic accreditation in El Dorado County
- Currently employed with Cal Tahoe EMS

MANAGEMENT

PARAMEDIC SELECTION PROCESS

1. Qualified candidates will submit a letter of interest to the Community Paramedic Steering Committee.
2. Qualified candidates will undergo an interview selection process by a panel consisting of:
 - El Dorado County EMSA Medical Director
 - Barton Health Base Hospital Medical Director
 - EDCEMSA Administrator
 - CTESOA Executive Director
 - Barton Health EMS Coordinator
 - Cal Tahoe JPA Board Director

COMMUNITY PARAMEDIC TRAINING *(166 hours TOTAL)*

CORE TRAINING (96 hours)

California EMS Authority Approved Community Paramedic Core Training Program

- This curriculum is standardized among the pilot programs
- Consists of didactic and clinical training
- Approximately 96 hours

LOCAL TRAINING (70 hours)

EDCEMSA-Approved Site-Specific Community Paramedic Training Program

- This curriculum is operationally specific to the pilot site
- Consists of didactic and clinical rotation

MANAGEMENT

Didactic Curriculum (25 hours)

- Advanced Pathophysiology related to CHF/COPD/Diabetes
- Local Hospital Protocols related to CHF/COPD/Diabetes
- Local Hospital Procedures Specific to CHF/COPD/Diabetes
- Physical Assessment Specific to CHF/COPD/Diabetes
- Discharge planning/Discharge instructions
- Medication Reconciliation
- Nutrition
- Documentation
- Community Paramedic Protocols
- Orientation to EPIC charting system
- Sim Lab (Community Paramedic Scenarios)

Clinical Rotation (45 hours)

- ED Shadowing (8 hours)
- Hospitalist Shadowing (8 hours)
- Cardiologist Shadowing (8 hours)
- Respiratory Therapist Shadowing (8 hours)
- Home Health (8 hours)

MANAGEMENT

GOAL

The Community Paramedic will demonstrate competency in providing clinical care of the identified at risk populations through local didactic training, clinical experience, written evaluation, and skills evaluation. The student will attend an estimated 150 hours of local training to achieve competence. The Community Paramedic candidates will be teamed with emergency physicians, hospitalist physicians, cardiologist, critical care registered nurses and respiratory therapists to complete the clinical rotation objectives outlined.

SEE APPENDIX D, PG 36, FOR COMMUNITY PARAMEDIC TRAINING PROGRAM OBJECTIVES AND SUMMARY

EVALUATION AND DATA COLLECTION

PROCESS EVALUATION

1. Patients who meet inclusion criteria (as defined in this proposal) will be monitored 30 days after discharge.
2. All Community Paramedic Pilot Project communications and in-home visitations with participants will be documented.
3. At the end of 30-day post-discharge cycle, Pilot Project participants will be cross referenced with the names of admitted patients in Barton Health medical records to see if any contacted Pilot Project participants had been readmitted. For patients that have been readmitted, all participant documentation will be reviewed by Local Community Paramedic Steering Committee to see if an improvement in process/operations can be made moving forward.
4. Monthly reports will be generated to calculate/review Pilot Project data including readmission rate increases/decreases to show effectiveness of program.
5. Any incident resulting in a significant negative patient outcome will follow the El Dorado County EMSA Incident Reporting Policy as well as immediate notification of Local Pilot Project Manager and review from Local Community Paramedic Steering Committee.

MANAGEMENT

QUALITATIVE EVALUATION

1. All Pilot Project data will be reviewed monthly by Local Community Paramedic Steering Committee.
2. Patient satisfaction survey to provide:
 1. Patient comments and concerns
 2. Patient satisfaction scores

IMPACT EVALUATION AND UTILIZATION

The South Lake Tahoe Community Paramedic Post Hospital Discharge Follow-Up Program will measure the impact of:

1. Community Paramedic training
2. Community Paramedic protocols
3. Patient satisfaction
4. Reduction of number and causes for all at risk population (as defined in this proposal) readmissions
5. Overall healthcare expenditures and savings

MANAGEMENT

ESTIMATE OF HEALTH CARE COST SAVINGS

Cost savings will be evaluated by:

1. Comparison of Barton Health historical and present 30-day post-discharge readmission data and Pilot Project data to determine:
 1. Potential savings attributable to Pilot Project readmissions prevented by evaluating:
 1. Overall 30-day post-discharge percentage changes
 2. Cost savings from 30-day post-discharge readmissions prevented based on average length of stay and average cost of stay
 3. Cost savings from offset of CMS-imposed penalties associated with 30-day post-discharge readmissions prevented

DATA COLLECTION

Cal-Tahoe EMS will use Image Trend ePCR for Community Paramedic Pilot Project data collection/evaluation. Barton Health will use Epic Electronic Medical Records (EMR) system for Pilot-Project related data collection/evaluation. Cal Tahoe EMS and Barton Health are currently working together to create a Health Information Exchange (HIE) system to further improve the accuracy and continuity of the healthcare system's data collection. Final data fields will be under the direction of UCSF Healthforce Center.

DISSEMINATION

Monthly and quarterly reports will be submitted to the Local Community Paramedic Steering Committee, Independent Evaluator, State EMSA Community Paramedic Project Manager, State Community Paramedic Advisory Committee, UCSF Healthforce Center, and others as deemed necessary.

MANAGEMENT

APPENDIX A

COMMUNITY PARAMEDIC POST DISCHARGE ASSESSMENT PROTOCOL

POLICY

The Community Paramedic (CP) will provide home visits/phone consultations during the 30 day post discharge period for patients in response to a medical provider/case management order as a part of the post hospital discharge follow up program.

PURPOSE

- To outline the standardized procedure of all home visits performed by CP
- To outline the post discharge priority level/action plan framework
- To describe the difference between medical and non-medical (follow up for Safety Access Program) visits

PROCEDURE

Medical Visits

1. Medical provider/case management will contact patient or their medical decision maker who meet inclusion criteria prior to hospital discharge to explain the CP Post-Hospital Discharge Follow-Up Program. If the patient agrees to participate in the program Case Management will:
 1. Obtain required informed consent for pilot project participation
 2. Obtain appropriate patient paperwork from hospital for program
 1. Patient name, DOB, contact information, diagnosis
 2. H&P
 3. Discharge instructions
 4. Lab results
 5. List of current medications
 3. Fax the above documents to CP Coordinator
 4. If patient is homeless the CP post-discharge assessment appointment will be scheduled prior to patient discharge (including meeting location)
2. CP coordinator will contact patient via telephone within 6-24 hours of discharge to schedule CP in-home post-discharge assessment between hours 24 and 72 of discharge.
3. CP will arrive at patient's home as scheduled wearing Cal-Tahoe EMS official agency uniform and ID badge.
4. Upon arrival the CP will have the patient fill out the second consent form for that days assessment.

MANAGEMENT

APPENDIX A

5. In addition to what is ordered by the medical provider (as outlined in discharge instructions), per protocol, each initial CP visit will consist of:
 1. CP history and physical (*see CP History and Physical Protocol, pg. 21*)
 2. Review of hospital discharge instructions with patient
 3. Medication reconciliation
 4. Evaluation of patient's ability to perform Activities of Daily Living
 5. Patient assignment of a post-discharge priority level (based on assessment and patient needs) to establish CP action plan during the 30-day post-discharge period
 1. **(Level 1) No action needed: patient is maintaining or improving discharge health status and can wait for scheduled follow-up appointment**
 2. **(Level 2) Action Needed: Further Community Paramedic follow-up needed through either phone consultation or second in home visit due to the following occurrences during first in-home visit:**
 1. Home safety issue identified (second in-home follow up in 1 week to provide and install detector(s)/extinguisher and/or assist with other in home safety issues)
 1. smoke/carbon monoxide detector issues
 2. no fire extinguisher in home
 3. fall hazard in or around home environment
 4. other home safety issues
 2. Initial Discharge Planning clarification needed (phone consultation follow-up in 1 week to reinforce teaching)
 3. Medication Issue discovered during medication reconciliation (phone consultation follow-up in 1 week to reinforce teaching)
 3. **(Level 3) Action Needed: The patient is exhibiting signs and symptoms in which same day appointment is needed (or as soon as can be scheduled) with PCP (as outlined in discharge instructions) or Community Paramedic-PCP phone consultation is needed, after which the patient is referred to Home Health Services for long term follow up care (if needed)(see Medical Direction Chain of Command Policy, pg. 34 for medical direction details)**
 4. **(Level 4) Action Needed: The patient's condition is acute (as outlined in El Dorado County Protocols) and requires entry into 911 EMS system for transport to Barton Health ED (ALS care and transport will be initiated by Community Paramedic immediately)**

MANAGEMENT

APPENDIX A

6. Scheduling any follow up visits that are necessary for patient
7. Helping the patient access other public health/community services:
 1. Mental Health services
 2. Home Health services
 3. Drug and alcohol treatment programs
 4. Financial assistance services
 5. Food and clothing services
 6. Housing assistance services
 7. Transport assistance providers
 8. Domestic violence resources
 9. Snow removal assistance program
 10. Referral to community support groups (ex: Al-Anon, AA, Diabetes support groups, freedom from smoking classes, gamblers anonymous, mommy and me, NA, overeaters anonymous, reflection of life and loss, survivors of suicide, and tobacco free)
8. Documentation in the e-PCR
9. Distribution of satisfaction survey to the patient
10. A copy of CP patient care summary to medical provider within 24 hours

Non-Medical Visits (follow up for Safety Access Program)

1. The CP will follow the same procedure as medical visits but without a physical exam to install any of the following:
 1. Smoke detector
 2. Carbon monoxide detector
 3. Fire extinguisher
2. During non-medical visits if patient's condition is such that their post-discharge priority level is 2 - 4 the CP will act in accordance with priority level action planning.

CP will provide up to 2 in home visits and 2 phone consultations within 30 day post-discharge period after which the patient will be referred to Barton Home Health Services for further evaluation

MANAGEMENT

APPENDIX A

COMMUNITY PARAMEDIC HISTORY AND PHYSICAL PROTOCOL

POLICY

The Community Paramedic (CP) will perform a history and physical for patients during medical visits as a part of the post hospital discharge follow up program.

PURPOSE

To assist the medical provider in observing and documenting objective and subjective information for the purpose of identifying the patient's state of health and comparing it to the ideal, further allowing the CP to determine the post discharge priority level to establish an action plan for the 30 day post-hospital discharge period.

PROCEDURE

- Obtain and review patient's health history and medical provider's discharge instructions prior to appointment

HEALTH HISTORY

1. Demographic Data (if not already recorded)
 1. Including name, gender, address and telephone #, birth date, birthplace, race, culture, religion, marital status family or significant others living in home, social security number, occupation, contact person, advance directive, durable power of attorney for health care, source of referral, usual source of health care, type of health insurance

REASON FOR SEEKING HEALTH CARE/CHIEF COMPLAINT

1. Present Health Status
 1. Current health promotion activities (diet, exercise, etc.), clients perceived level of health, current medications, herbal preparations, type of drug, prescribed by whom, when first prescribed, reason for prescription, dose of med and frequency, clients perception of effectiveness of med
 2. Symptom analysis- location (where are the symptoms), quality (describe characteristics of symptom), quantity (severity of symptom), chronology (when did the symptom start), setting (where are you when the symptom occurs), associated manifestations (do other symptoms occur at the same time), alleviating factors, aggravating factors

MANAGEMENT

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2. Past Health History
 1. Allergies, childhood illnesses, surgeries, hospitalizations, accidents or injuries, chronic illnesses, immunizations, last examinations, obstetric history
3. Family History
 1. Family history should include questions about Alzheimer's, Cancer, Diabetes, Heart Disease, Hypertension, Seizures, Emotional problems, Alcoholism/drug use, Mental Illness, Developmental delay, Endocrine diseases, Sickle cell anemia, Kidney disease, Cerebrovascular accident
4. Environmental Assessment

The following is a Community Paramedic general assessment tool, patient condition/presentation along with discharge diagnosis will drive the focus of the assessment. At any time a patient's symptomology can place them into a level 3 or 4 prioritization (see page 28 of History and Physical for details)

REVIEW OF SYSTEMS

1. General Health Status
 - Fatigue, weakness
 - Sleep patterns
 - Weight, unexplained loss or gain
 - Self-rating of overall health status
2. Integumentary System
 - Skin disease, problems, lesions (wounds, sores, ulcers)
 - Skin growths, tumors, masses
 - Excessive dryness, sweating, odors
 - Pigmentation changes or discolorations
 - Rashes
 - Pruritus
 - Frequent bruising
 - Texture or temperature change
 - Neck
 - Lymph node enlargement
 - Swelling or masses
 - Pain/tenderness
 - Limitation of movement
 - Stiffness
 - Breasts
 - Pain/tenderness

MANAGEMENT

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- Swelling
 - Nipple discharge
 - Changes in nipples
 - Lumps, masses, dimples
 - Discharge
3. Cardiovascular System
- Heart
 - Palpitations
 - CP
 - Dyspnea
 - Orthopnea
 - Paroxysmal nocturnal dyspnea
 - Peripheral vasculature
 - Coldness/numbness
 - Discoloration
 - Varicose veins
 - Intermittent claudication
 - Paresthesia
 - Leg color changes
4. Respiratory System
- Colds/Virus
 - Cough, nonproductive or productive
 - Hemoptysis
 - Dyspnea
 - Night sweats
 - Wheezing
 - Stridor
 - Pain on inspiration or expiration
 - Smoking history, exposure
5. Gastrointestinal System
- Change in taste
 - Thirst
 - Indigestion or pain associated with eating
 - Pyrosis
 - Dyspepsia
 - Nausea / Vomiting
 - Appetite changes
 - Food intolerance
 - Abdominal pain

MANAGEMENT

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- Jaundice
 - Ascites
 - Bowel habits
 - Flatus
 - Constipation
 - Diarrhea
 - Changes in stool
 - Hemorrhoids
 - Use of digestive or evacuation aids
6. Urinary System
- Characteristics of urine
 - Hesitancy
 - Urgency
 - Change in urinary stream
 - Nocturia
 - Dysuria
 - Flank pain
 - Hematuria
 - Suprapubic pain
 - Dribbling or incontinence
 - Polyuria
 - Oliguria
7. Genitalia
- General
 - Lesions
 - Discharges
 - Odors
 - Pain, burning, pruritus
 - Men
 - Impotence
 - Testicular masses/pain
 - Prostate problems
 - Penis and scrotum self examination practices
 - Women
 - Menstrual history
 - Pregnancy history
 - Amenorrhea

MANAGEMENT

APPENDIX A

- Menorrhagia
 - Dysmenorrhea
 - Metrorrhagia (irregular menstruation)
 - Pelvic pain
8. Musculoskeletal System
- Muscles
 - Twitching, cramping pain
 - Weakness
 - Bones and joints
 - Joint swelling, pain, redness, stiffness
 - Joint deformity
 - Crepitus
 - Limitations in joint range of motion
 - Interference with activities of daily living
 - Back
 - Back pain
 - Limitations in joint range of motion
 - Interference with activities of daily living
9. Central Nervous System
- History of central nervous system disease
 - Fainting episodes or LOC
 - Seizures
 - Dysphasia
 - Dysarthria
 - Cognitive changes (inability to remember, disorientation to time/place/person, hallucinations)
 - Motor-gait (loss of coordinated movements, ataxia, paralysis, paresis, tic, tremor, spasm, interference with activities of daily living)
 - Sensory-paresthesia, anesthesia, pain
10. Endocrine System
- Changes in pigmentation or texture
 - Changes in or abnormal hair distribution
 - Sudden or unexplained changes in height or weight
 - Intolerance of heat or cold
 - Presence of secondary sex characteristic
 - Anorexia
 - Weakness

MANAGEMENT

APPENDIX A PSYCHOSOCIAL STATUS

1. General statement of patient's feelings about self
 - Degree of satisfaction in interpersonal relationships
 - Most significant relationship
 - Community activities
 - Work or school relationships
 - Family cohesiveness
2. Activities
 - General description of work, leisure and rest distribution
 - Hobbies and methods of relaxation
 - Family demands
 - Ability to accomplish all that is desired during period
4. Occupational history
 - Jobs held in past
 - Current employer
 - Satisfaction with present and past employment
5. Recent changes or stresses in clients life
6. Coping strategies for stressful situations
7. Changes in personality, behavior, mood
 - Feelings of anxiety or nervousness
 - Feelings of depression
 - Use of medications or other techniques during times of anxiety, stress or depression
8. Habits
 - Alcohol / Drugs Use
 - Type of alcohol/drugs
 - Frequency per week
 - Pattern over past 5 years; over the past year
 - Alcohol/drug consumption variances when anxious, stressed, or depressed
 - Driving or other dangerous activities while under the influence
 - High risk groups: Sharing/using unsterilized needles and syringes
 - Smoking / Tobacco Use
 - Type
 - Amount per day
 - Pattern over 5 years; over the past year
 - Usage variances when anxious or stressed

MANAGEMENT

APPENDIX A

- Exposure to secondhand smoke
- Caffeine: Coffee, tea, soda, etc.
 - Amount per day
 - Pattern over 5 years; over the past year
 - Consumption variances when anxious or stressed
 - Physiological effects
- Other
 - Overeating, sporadic eating or fasting
 - Nail biting
- Financial status
 - Sources of income
 - Adequacy of income, Recent changes in resources or expenditures

ENVIRONMENTAL HEALTH

1. General statement of patients assessment of environmental safety and comfort
2. Hazards of employment (inhalants, noise etc.)
3. Hazards in the home (concern about fire etc.)
4. Hazards in the neighborhood or community (noise, water and air pollution, etc)
5. Hazards of travel (use of seat belts etc.)
6. Travel outside the US

PHYSICAL ASSESSMENT

1. Techniques
 - Inspection
 - Palpation
 - Percussion
 - Auscultation
2. Positioning
3. Vital Signs
 - Temperature
 - Pulse
 - Respiration
 - SpO2%
 - Blood Pressure
 - EKG
 - Blood glucose
 - 12 lead EKG (as needed)

MANAGEMENT

APPENDIX A

4. General Assessment
 - Weight
 - Height
6. Documentation
 - Document all information and communicate with the medical provider or medical control as outlined in Medical Direction Chain of Command Policy.
 - If on evaluation of the patient, the patient is found to have symptomology as outlined in Barton Health discharge instructions or El Dorado County ALS Protocols the CP will utilize post-discharge priority levels (level 3 or level 4) to formulate a plan of action for patient while on scene.

Level 3

1. **If there are any medical needs that do not require immediate transport to a hospital (utilizing discharge instructions and EDCEMSA protocols), however, the CP feels the patient should be seen in a medical provider's office, the CP will:**
 1. First, attempt to contact the patient's referring/primary medical provider.
 2. Second, attempt will be to contact the ordering medical provider's on-call doctor.
 3. If unsuccessful, the CP will attempt to make arrangements with the patient to have them transported to an Urgent Care Center.
 4. At any time patient's priority level may be elevated to level 4.

Level 4

1. **If patient's condition is acute (as outlined in EDCEMSA protocols) and requires entry into 911 EMS system for transport to Barton Health ED the CP will initiate immediate ALS care following EDCEMSA protocols, transport and advise medical control/base hospital.**

MANAGEMENT

APPENDIX A

COMMUNITY PARAMEDIC MEDICATION RECONCILIATION PROTOCOL

POLICY

The Community Paramedic (CP) will respond to a residence on order from Barton Health medical provider/case management as a part of post hospital discharge follow up program.

PURPOSE

- To assist the patient in proper usage of home medications through information/education and vital sign checks.
- To assist the medical provider in a thorough documentation of all prescription and non-prescription medications for the purpose of avoiding adverse drug reactions.
- To ensure proper continuum of care during medical provider care provider transitions.

PROCEDURE

1. Obtain and review patient's health history and medical provider's discharge instructions prior to appointment.
2. Follow medical provider's discharge instructions.
3. Review history and physical.
4. Obtain **ALL** patient medications for evaluation (assess for duplications and inconsistencies based on discharge instructions)
5. Review patient's information with the patient, including medical and medication history, current medications the patient is receiving and taking, compliance, time of doses, medical provider who prescribed medications and sources of medications such as the pharmacy.
5. Ask the patient if there are any other medications or supplements they take that might be from another medical provider or over the counter.
6. Assess vital signs
7. Assist patient in sorting medications.
8. Stress importance of medication compliance.
9. Contact referring medical provider if paramedic or patient has concerns.
Document all medications whether prescribed or over the counter and communicate list and current health/reactions to medical provider.

MANAGEMENT

APPENDIX A

COMMUNITY PARAMEDIC CONGESTIVE HEART FAILURE POST HOSPITAL DISCHARGE FOLLOW UP PROTOCOL

POLICY

The Community Paramedic (CP) will respond to a residence on order from Barton Health medical provider/case management as a part of post hospital discharge follow up program.

PURPOSE

To assist the medical provider in observing and documenting the patients post discharge healing and/or adjustment to new medications, and/or therapy regimen. This will allow for timely adjustment/healing as well as quick identification of unwanted results and alternative direction in care.

PROCEDURE

1. Focus of CP will begin with medical provider's discharge instructions.
2. Follow CP Post Discharge Assessment Protocol and establish post discharge priority level and action plan.
3. Discuss when to call and follow up with the medical provider.
4. Communicate unusual findings to the medical provider and assist with arrangement of follow up.

MANAGEMENT

APPENDIX A

COMMUNITY PARAMEDIC CHRONIC OBSTRUCTIVE PULMONARY DISEASE POST HOSPITAL DISCHARGE FOLLOW UP PROTOCOL

POLICY

The Community Paramedic (CP) will respond to a residence on order from Barton Health medical provider/case management as a part of post hospital discharge follow up program.

PURPOSE

To assist the medical provider in observing and documenting the patients post discharge healing and/or adjustment to new medications, and/or therapy regimen. This will allow for timely adjustment/healing as well as quick identification of unwanted results and alternative direction in care.

PROCEDURE

1. Focus of CP will begin with medical provider's discharge instructions.
2. Follow CP Post Discharge Assessment Protocol and establish post discharge priority level and action plan.
3. Discuss when to call and follow up with the medical provider.
4. Communicate unusual findings to the medical provider and assist with arrangement of follow up.

MANAGEMENT

APPENDIX A

COMMUNITY PARAMEDIC DIABETES POST HOSPITAL DISCHARGE FOLLOW UP PROTOCOL

POLICY

The Community Paramedic (CP) will respond to a residence on order from Barton Health medical provider/case management as a part of post hospital discharge follow up program.

PURPOSE

To assist the medical provider in observing and documenting the patients post discharge healing and/or adjustment to new medications, and/or therapy regimen. This will allow for timely adjustment/healing as well as quick identification of unwanted results and alternative direction in care.

PROCEDURE

1. Focus of CP will begin with medical provider's discharge instructions.
2. Follow CP Post Discharge Assessment Protocol and establish post discharge priority level and action plan.
3. Discuss when to call and follow up with the medical provider.
4. Communicate unusual findings to the medical provider and assist with arrangement of follow up.

MANAGEMENT

APPENDIX A

COMMUNITY PARAMEDIC PRIMARY CARE PROVIDER DISCRETION POST HOSPITAL DISCHARGE FOLLOW UP PROTOCOL

POLICY

The Community Paramedic (CP) will respond to a residence on order from Barton Health medical provider/case management as a part of post hospital discharge follow up program.

PURPOSE

To assist the medical provider in observing and documenting the patients post discharge healing and/or adjustment to new medications, and/or therapy regimen. This will allow for timely adjustment/healing as well as quick identification of unwanted results and alternative direction in care.

PROCEDURE

1. Focus of CP will begin with medical provider's discharge instructions.
2. Follow CP Post Discharge Assessment Protocol and establish post discharge priority level and action plan.
3. Discuss when to call and follow up with the medical provider.
4. Communicate unusual findings to the medical provider and assist with arrangement of follow up.

MANAGEMENT

APPENDIX B

COMMUNITY PARAMEDIC POST DISCHARGE ASSESSMENT MEDICAL DIRECTION CHAIN OF COMMAND POLICY

POLICY

Community Paramedics (CP) will follow post-discharge priority levels (based on CP assessment and patient needs) when determining medical direction chain of command.

PURPOSE

- To outline CP use of medical direction during in-home assessments

PROCEDURE

In reference to medical direction, if additional medical needs are identified during a CP visit, the following will occur based on the post-discharge priority level of the patient:

Level 3

1. If there are any medical needs that do not require immediate transport to a hospital (utilizing discharge instructions and EDCEMSA protocols), however, the CP feels the patient should be seen in a medical provider's office, the CP will:
 1. First, attempt to contact the patient's referring/primary medical provider.
 2. Second, attempt will be to contact the ordering medical provider's on-call doctor.
 3. If unsuccessful, the CP will attempt to make arrangements with the patient to have them transported to an Urgent Care Center.
 4. At any time patient's priority level may be elevated to level 4.

Level 4

1. If patient's condition is acute (as outlined in EDCEMSA protocols) and requires entry into 911 EMS system for transport to Barton Health ED the CP will initiate immediate ALS care following EDCEMSA protocols, transport and advise medical control/base hospital.

***At Any Time CP May Use Barton Health Base Hospital For
On line 24/7 Medical Direction***

APPENDIX C



Informed Consent

Community Paramedic Post Discharge Pilot Project

We are asking you to participate in a research study. Please take your time to read the information below and feel free to ask any questions before signing this document.

Title:

Cal-Tahoe Community Paramedic Post Discharge Pilot Project

Purpose: California residents continue to struggle with an increasing demand for healthcare services and a decreasing supply of healthcare workers. This program will utilize Community Paramedics to help increase patient access to healthcare after they have been discharged from the hospital. Research indicates that recently discharged patients may benefit from assistance, prior to regularly scheduled follow-up care. This study is being conducted to determine if follow-up care, provided by a Community Paramedic will foster a positive outcome for the patients included in the study.

Inclusion Criteria:

You are eligible for this study if you are an adult patient, living in the greater South Lake Tahoe area (mailing zip codes of 96150, 96151, 96152, 96154, 96155, 96156, 96157, 96158) and recently discharged from Barton Health with any of the following diagnosis; Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Diabetes or your Primary Care Provider feels that your current condition puts you at risk for readmission in the following 30 days. This study is expecting to include around 200 patients over one year.

Procedures:

With your consent, a Community Paramedic from Cal-Tahoe EMS will evaluate your health status, ensure that you have picked up prescribed medications, verify follow up appointments and review your discharge instructions. The Community Paramedic will perform an in-home assessment and/or treatment as part of your post discharge action plan. If needed, the Community Paramedic will provide feedback to your healthcare providers, which may, improve the overall quality of your care and decrease the need for visits to the emergency department and hospital readmissions. It is anticipated that your involvement in this research study will consist of one to two in-home visits.

Risks to Participation:

There are no foreseeable risks to you as a result of taking part in this pilot study. There are also no physical risks if you prefer not to participate. Some risks may be unforeseeable.

Compensation:

There will be no compensation for participation. However, we anticipate an improvement in the quality of care that you receive, as well as your overall well-being, as a result of your participation in the pilot project.

MANAGEMENT

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Confidentiality:

A screening tool will be completed for each participant and stored electronically in a database for an additional two years after the completion of this pilot, at which time it will be deleted. Your information will remain confidential and will only be reviewed by the members of the project team and your referring healthcare team. Any identifying personal information will not be published.

Benefits to Participants:

You may not directly benefit from participating in this study. This study might help you by improving your overall well-being. What we learn from this pilot study may help others with your same or similar medical condition. The information learned from this study will be shared with the project team, the state Emergency Medical Services Authority, and your healthcare provider. This sharing will assist the project team in developing programs to utilize Community Paramedics in other ways that may be beneficial to your community and you.

Alternatives to Participation:

Participation in this demonstration project is voluntary and participants may withdraw from the study at any time. The choice to withdraw will in no way negatively affect your relationship with Cal-Tahoe EMS or your eligibility to receive non-pilot services from Cal-Tahoe EMS.

Questions/Concerns:

For questions, concerns, or complaints while taking part in this study, call Colin Hargrove, The Project Manager at (530) 341-4831 or The Cal-Tahoe EMS Director, Ryan Wagoner at (530) 559-1183. Additionally you may contact the Principle Investigator, Corey Mcleod MD at (626) 831-0627. (Name of IRB) reviewed this study. (Name of IRB) is a group of people who review research studies to protect the rights and welfare of research participants. Review by (Name of IRB) does not mean that the study is without risks. If you have questions about your rights as a research participant, if you are not able to resolve your concerns with the study doctor or study staff, if you have a complaint, or if you have general questions about what it means to be in a research study, you can call (Name of IRB) or visit the (Name of IRB) website at www.irbco.com.

Name of IRB

Phone:

E-Mail:

Website:

Office hours are

Disclaimer:

Patients who cannot consent due to inebriation, mental incapacity, legal incapacity, or non-responsiveness will be treated in accordance with current regulations and local protocols governing EMT-Paramedics.

MANAGEMENT

APPENDIX C

Patient Consent:

The pilot project and the procedures have been explained to me, and I have no questions or concerns at this time. I agree to participate in this project. My participation is voluntary and I do not have to sign this form if I do not want to be part of this project. I have received a copy of the California Experimental Subject Rights and I will receive a copy of this consent form for my records.

Participant Information:

Printed Name: _____

Signature: _____ **Date** _____

Person Obtaining Consent Information:

Printed Name: _____

Signature _____ **Date** _____

MANAGEMENT

APPENDIX C

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

The Protection of Human Subjects in Medical Experimentation Act (California Health and Safety Code 24170 – 24179.5) requires that a potential experimental subject (or subject's conservator, guardian, or other representative) be provided with a list of the rights of a subject in a medical experiment. A copy of this Experimental Subject's Bill of Rights should be provided to a subject prior to consenting to participate in any medical experiment.

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment, or who is requested to consent on behalf of another, has the right to:

- 1. Be informed of the nature and purpose of the experiment.**
- 2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.**
- 3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.**
- 4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.**
- 5. Be given a disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.**
- 6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.**
- 7. Be given an opportunity to ask any questions concerning the experiment or other procedures involved.**
- 8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time, and the subject may discontinue participation in the medical experiment without prejudice.**
- 9. Be given a copy of a signed and dated written consent form as provided for by California law.**
- 10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.**

Signature of Subject

Date

MANAGEMENT

APPENDIX C

PATIENT AUTHORIZATION FOR USE AND RELEASE OF HEALTH AND RESEARCH STUDY INFORMATION

Study Title: Cal-Tahoe Community Paramedic Post Discharge Pilot Program

As a voluntary study participant, your personal health information (PHI) will be used and may be disclosed to *Third Parties* such as the Food and Drug Administration (FDA) and other regulatory agencies, the sponsor of the study, facilities used in the study, and the Institutional Review Board (IRB) overseeing the study. In addition, your PHI may be disclosed by medical personnel, without prior notice to you, in response to a valid order by a court or other governmental body as required by law. Your personal health information may include your name and birth date and other demographic information, your medical records, medical history (such as diseases and medications), results of physical examinations, surgical and treatment information, photographs, and laboratory and diagnostic test results (i.e. mammograms and MRIs). Efforts will be made by all medical personnel and third parties to protect the confidentiality and security of your personal health information during and after the study. You have a right to obtain your PHI collected or used as part of the research study. This form allows the study doctor (identified in the consent form) to use your records to carry out the study as described in the consent form. If you do not sign this form, you cannot participate in the study. You have the right to refuse to continue in the study, revoke the consent form and withdraw from the study, now or any time in the future without loss of benefits, medical treatment or legal rights to which you are otherwise entitled. This authorization does not have an expiration date. If you do not cancel this authorization in writing, it will remain in effect indefinitely.

MANAGEMENT

APPENDIX C

AUTHORIZATION

I have read and understand this addendum to the consent form as well as the original consent form and I authorize the release of my medical records and health information as relates to this study, including my signed consent form and this addendum, to the sponsor, the FDA, IRB and other regulatory agencies as described above. I voluntarily consent to be a research participant in this study and understand that I will receive a signed copy of this authorization for my records.

Printed Name of Participant

Signature of Participant

Date

-OR-

Printed Name of Legal Representative

Signature of Legal Representative

Date

APPENDIX D

Community Paramedic Training Program Objectives and Summary

1. The student will understand their role in the Pilot Program and be able to demonstrate knowledge of the following:
 - Introduction to leadership
 - Local Pilot Project advisory committee
 - Current scope
 - Projected state scope
 - Pilot Project parameters
 - Patient informed consent requirements
 - Pilot Project QA/QI processes
 - Local Community Paramedic roles and responsibilities
 - Approved local Pilot Project policies, protocols and procedures
2. Demonstrate in skills labs and scenarios how to manage patients who will be encountered in the pre-hospital, post-discharge setting, utilizing approved standard Pilot Project policies, protocols, and procedures.
 - Detailed assessment including recent and post-discharge history
3. Demonstrate in skills labs and scenarios how to manage patients with common, chronic conditions that will be encountered in the community, utilizing approved local Pilot Project policies, protocols and procedures.
4. Demonstrate in skills labs and scenarios how to manage patients in various situations that will be encountered in the community, utilizing approved standard Pilot Project policies, protocols, and procedures.
 - Medication reconciliation
 - Social service resource needs
 - Home safety
 - Fall prevention

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- Smoke and carbon monoxide detector checks
 - Caregiver problems
 - Welfare check
 - Assessment of nutrition, hydration and weight
 - Transportation issues
 - Snow removal issues
5. Demonstrate in skills labs and scenarios how to provide education to patients who will be encountered in the community, utilizing approved standard Pilot Project policies, protocols, and procedures.
- Discharge follow-up and instructions
 - Mental health related illnesses
 - Alcohol related illnesses
 - CHF
 - AMI
 - DM
 - COPD
 - Pneumonia
 - Sepsis
 - Soft tissue infection
6. Demonstrate in skills labs and scenarios how to document and communicate care to patients utilizing ePCR capability and other methods of communication with Barton Health, utilizing approved standard Pilot Project policies, protocols, and procedures.
- Complete data entry
 - Pilot Project forms
 - Communication with physicians and nurses utilizing SBAR format
 - Communication with Barton Health and other support services
 - ePCR and local documentation software

MANAGEMENT

7. The Community Paramedic will demonstrate competency in multiple procedures through supervised experience with patients in a hospital setting. The minimum number of procedures are included in the following table and shall be documented by clinical preceptors for each identified skill.

Example of Community Paramedic Clinical Procedures During Hospital Rotations

Procedure	Minimum Number Performed
Home Medications	
Compliance	7
Reconciliation	7
Patient Documentation	
SBAR Charting Format	5
Chart Review	15
History and Physical	10
Assessment	10
Results Of Tests/Diagnostic Tools	10
Identifying Red Flags	5
Identifying Further Testing Needs	5
Provide Patient Education	5
Chronic Illness Management Of Various Diagnosis Groups (discussion with MD or RN)	10

APPENDIX E



2170 South Avenue
South Lake Tahoe
CA 96150

530-541-3420 TEL
www.bartonhealth.org

August 17, 2017

Lou Meyer
Project Manager
Community Paramedicine-Mobile Integrated
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Mr. Meyer:

Barton Health endorses and supports the efforts of CTESOA to implement a community paramedicine program in our area. We support the model of improved out-of-hospital care including efforts of EMS to become more integrated into the continuum of healthcare delivery.

Our rural location and large service area would be ideal for implementation of this program. We welcome EMS involvement in coordinating care of our post-discharge hospitalized and emergency department patients.

As a base hospital, Barton Health is extensively involved with paramedic education and oversight. With the implementation of a community paramedicine program we aspire to increase our integration including additional training/education of community paramedics.

Sincerely,

Clinton Purvance, M.D., CPE
President and Chief Executive Officer

cc: California Tahoe Emergency Services Operations Authority (CTESOA)
Rich Todd, El Dorado County EMSA

Taking your health to **new heights**

APPENDIX E

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Patricia Charles-Heathers, Ph.D.
Director

Community Services Division
Daniel Del Monte
Deputy Director

Emergency Medical Services Agency
2900 Fairlane Court
Placerville, CA 95667
530-621-6500 Phone / 530-621-2758 Fax



BOARD OF SUPERVISORS

JOHN HIDAHL

District I

SHIVA FRENTZEN

District II

BRIAN K. VEERKAMP

District III

MICHAEL RANALLI

District IV

SUE NOVASEL

District V

August 31, 2017

Mr. Lou Meyer, Project Manager
Community Paramedicine - Mobile Integrated Health
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Lou,

I have received and reviewed the Community Paramedic Pilot Program applications from the Cal Tahoe Emergency Services Operations Authority (CTESOA), and the El Dorado County Emergency Services Authority (EDC ESA). After reviewing both applications, Dr. Brazzel and I concur on several program concerns that were briefly noted in both applications. Though the timeline for submitting applications limited the ability to thoroughly address each salient component required in the application, both agencies are committed to pursuing the pilot program.

For your review and consideration, I have included both applications with this letter in an electronic format. While there may still be unknown factors that could limit the potential success of each application, the El Dorado County EMS Agency supports both applications.

Should you have any additional questions or concerns, I can be contacted at: (530) 621-6500.

Sincerely,

Richard W. Todd, EMS Agency Administrator - MHOAC
El Dorado County, Health and Human Services Agency
2900 Fairlane Court
Placerville, CA 95667
Wk: (530) 621-6505
Fax: (530) 621-2758

Cc: Patricia Charles Heathers, Ph.D., HHSA Director
Daniel Del Monte, Deputy Director, Community Services Division
Dr. David Brazzel, EMS Agency Medical Director
Marty Hackett, Executive Director, EDC ESA
Ryan Wagoner, Executive Director, CTESOA
File

Vision Statement:
Transforming Lives and Improving Futures

APPENDIX E

OSHDP Office of Statewide Health Planning and Development

Office of the Director
2020 West El Camino Avenue, Suite 1200
Sacramento, CA 95833
(916) 326-3600
(916) 322-2531 Fax
www.oshpd.ca.gov



November 27, 2017

Howard Backer, MD
Director
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

RE: Request to implement additional sites to the Health Workforce Pilot Project #173
Community Paramedicine through November 14, 2018

Dear Dr. Backer:

This is in response to your request, dated October 23, 2017, to approve adding the following project sites to the California Emergency Medical Services Authority (EMSA) Community Paramedicine (CP) Project, Health Workforce Pilot Project (HWPP) #173:

- CP 015–Santa Clara County Emergency Medical Services Agency, Behavioral Health/Sobering Center Alternate Destination
- CP 016–Dignity Health, Post Discharge
- CP 017–Cal Tahoe Emergency Services Operations Authority, Alternative Destination/Post Discharge
- CP 018–Los Angeles City Fire Department, Behavioral Health Alternate Destination
- CP 019–Los Angeles City Fire Department, Sobering Center Alternate Destination
- CP 020–Marin County Emergency Medical Services Agency, Post Discharge
- CP 021–City and County of San Francisco, Frequent 911 Users
- CP 022–Central California Emergency Medical Services Agency, Behavioral Health Alternate Destination

Our records indicate: (1) EMSA has provided timely updates and monthly reports to OSHPD, and (2) OSHPD's routine site visits have confirmed adherence to care provision protocols.

Based on these factors and in accordance with Title 22, California Code of Regulations, Section 92604, OSHPD approves the addition of CP 015, CP 016, CP 017, CP 018, CP 019, CP 020, CP 021, and CP 022 to the HWPP #173, contingent on Institutional Review

APPENDIX E

Howard Backer, MD
November 27, 2017
Page two

Board (IRB) approval and delivery of the following items:

1. For all new project sites, a table noting the interface between CP's electronic patient care reporting (ePCR) and the service site's electronic health records (EHR).
2. For CP 021–City and County of San Francisco, medical protocols as an addendum to the proposal.

The above mentioned pilots must wait to provide services until the Office of Statewide Health Planning and Development (OSHPD) acknowledges receipt of the above mentioned items and IRB approval for the respective sites.

If you have any questions, please contact Matthew Ortiz, Health Program Specialist, Healthcare Workforce Development Division (HWDD) at (916) 326-3745 or at matthew.ortiz@oshpd.ca.gov.

Very truly yours,



ROBERT P. DAVID
Director

cc: Fran Mueller, Chief Deputy Director, OSHPD
Stacie S. Walker, Deputy Director, HWDD, OSHPD
DO Files
HWDD Files

REFERENCES

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APPENDIX H Contents: Letters of Support

H2	Eastern Alpine Fire Department Letter of Support
H3	Barton Health Letter of Support
H4	EDC Emergency Services Authority (ESA) Letter of Support
H5	Meeks Bay Fire Protection District (MBFPD) Letter of Support
H6	North Tahoe Fire Protection District (NTFPD) Letter of Support
H7	Tahoe Douglas Fire Protection District (TDFPD) Letter of Support



COUNTY OF ALPINE
Office of the Eastern Alpine Fire Department

Terrance Hughes, EMS/Fire Administrator

January 16, 2019

Dorado County Emergency Medical Services Agency
ATTN: Office of Procurement and Contracts
2900 Fairlane Court
Placerville, CA 95667

RE: California Tahoe Emergency Services Operations Authority

I am the Fire Chief of Eastern Alpine Fire Rescue. We serve the eastern slope of Alpine County in California, which includes the Kirkwood Mountain Resort. Our jurisdiction is adjacent to that of Lake Valley Fire Protection District (LVFPD), and is partially served by the California Tahoe Emergency Services Operations Authority (CTESOA) by contract.

I am writing this to demonstrate our agency's support of CTESOA being chosen to continue providing Advanced Life Support ambulance services to the population that inhabits and visits the County Service Area 3 (CSA 3). We have worked with the agency for 18 years, and they have proven to be a highly effective organization. Our jurisdiction includes mountainous roads and rugged terrain. Coupled with the extreme weather conditions and limited resources, our calls for service are particularly challenging. The CTESOA meets and exceeds our needs.

Our agencies share a unique jurisdictional system of operation, which has been developed over the years of working together. We rely heavily on the collaboration and partnerships that have been created, and believe that the CTESOA is the best choice for continuation of the ambulance services for this area.

Sincerely,

Terrance N. Hughes
Fire Chief



2170 South Avenue
South Lake Tahoe
CA 96150

530.541.3420 TEL
bartonhealth.org

January 11, 2019

Office of Procurement and Contracts
RFP #19-918-037
Attn: Purchasing Agent
330 Fair Lane
Placerville, CA 95667

Dear Sir or Madam:

Please accept this letter as evidence of our support for Cal Tahoe Emergency Services Operations Authority's (CTESOA) bid to provide services for CSA #3 ALS ambulance services RFP #19-918-037. CTESOA has provided ALS ambulance service to CSA #3 and Barton Health since 2001. We have been pleased with the services provided. Our interactions with their employees, administrators, and directors have been professional and courteous. When issues have arisen, they have worked with us on a collaborative basis to find the best solution for our patients and community. We feel they are an asset to our community and fully support their bid for this contract.

Sincerely,

Clinton Purvance, M.D.
President and Chief Executive Officer



Consistently Exceptional Care



El Dorado County Emergency Services Authority

480 Locust Road
Diamond Springs, CA 95619
Tel (530) 642-0622 Fax (530) 642-0628
www.edcipa.org

January 8, 2019

Richard Todd, EMS Agency Administrator
El Dorado County EMS Agency
2900 Fair Lane
Placerville, CA 95667

Dear Mr. Todd:

The El Dorado County Emergency Services Authority wishes to express its full support of California Tahoe Emergency Services Operations Authority (Cal Tahoe JPA) being chosen to continue to provide advanced life support (ALS) ambulance services to the residents and visitors of County Service Area 3 (CSA 3). Over the course of several years, Cal Tahoe JPA has proven to be a highly efficient and effective organization in delivering ALS ambulance service in a very challenging environment that consists of rugged terrain, frequent severe weather events, and large influxes of visitors. Cal Tahoe JPA's fire fighter – paramedics are trained to a very high standard to deliver ALS services in an "All Risk" environment which is an absolute necessity given the vulnerabilities the region has for major disaster events.

Our two agencies share a very strong bond of mutual respect and cooperation which has been developed over time and through shared commitments and "like" resources in training together and responding to each other's requests for mutual assistance. The agreements we have for mutual aid and to operate on each other's radio frequencies for communication inter-operability benefits both CSA 3 and CSA 7. Our two communication centers are inter-connected and it is our hope this arrangement will remain in place and not become convoluted with the addition of a third communication center operated by a new ALS provider.

Cal Tahoe JPA has served the tax payers of CSA 3 exceptionally well by operating in a cost-effective manner and investing wisely in the development of its personnel and infrastructure to meet current and future ALS ambulance demands. Those tax dollar investments will be lost if Cal Tahoe JPA is not allowed to continue to serve CSA 3 as the ALS ambulance provider. We too will be at a loss given the time and effort we have invested in developing a strong working relationship with Cal Tahoe JPA.

It is our hope that as you contemplate your decision on this matter, you will give great consideration and weight to the long history Cal Tahoe JPA has for providing outstanding ALS service and the strong partnerships they have established with their neighboring agencies for mutual support. History is a great predictor of the future and when combined with the support and respect Cal Tahoe JPA has achieved, we believe they will be seen above all others as the best choice for CSA 3.

Respectfully,

Chief Scott Lindgren
CSA 7 JPA
Board Chair



Meeks Bay Fire Protection District

Post Office Box 189
Tahoma, CA 96142
Lake Tahoe

PHONE 530-525-7548
FAX 530-525-4502
www.MeeksBayFire.com

Steve Simons, CHIEF

BOARD OF DIRECTORS:

Edward I. Miller
Nicholas J. Kromydas
Jane L. Warmack
Bruce C. Massie
Stephen W. Hyde

December 26, 2018

EL DORADO COUNTY EMS AGENCY
Attn: Office of Procurement and Contracts
2900 Fairlane Court
Placerville, CA 95667

To Whom It May Concern:

On behalf of Meeks Bay Fire Protection District, I too would like to express our desire to have Cal Tahoe Emergency Services Operations Authority ("CTESOA") continue to provide the ambulance service in South Lake Tahoe. For almost 18 years, we have worked closely with them providing ambulance service in El Dorado County.

All of Lake Tahoe is fire-based EMS, and this system works very well in our unique and challenging environment. EMS in our area requires much more than just ambulance transport. Our calls often require rescues in the back country, operating in hazardous conditions, and reliance on neighboring agencies for assistance. We value CTESOA as an "all risk" EMS partner because of the level of training and similar services they are able to provide.

Since 2001, Cal Tahoe has demonstrated exemplary performance and has set the standard in EMS, which the public has come to expect and deserve. We feel strongly that anything less than Cal Tahoe would be a disservice to the residents of El Dorado County and the surrounding allied agencies.

If we can be of further service on this or other related issues, please do not hesitate to reach out at any time.

Respectfully,

A handwritten signature in blue ink, appearing to read "Stephen Simons", is written over a blue ink stamp.

Stephen Simons
Fire Chief

cc: Ryan Wagoner, Executive Director, CTESOA



North Tahoe and Meeks Bay Fire Protection Districts



**222 Fairway Drive
P.O. Box 5879
Tahoe City, CA 96145
530.583.6913
Fax 530.583.6909**

Michael S. Schwartz, Fire Chief

December 20, 2018

El Dorado County EMS Agency
Attention: Office of Procurement and Contracts
2900 Fairlane Court
Placerville, CA 95667

To Whom It May Concern:

On behalf of the North Tahoe Fire Protection District, I would like to express our desire to have Cal Tahoe Emergency Services Operations Authority ("CTESOA") continue to provide the ambulance service in South Lake Tahoe. For almost 18 years, we have worked closely with them providing ambulance service in El Dorado County.

All of Lake Tahoe is fire-based EMS, and this system works very well in our unique and challenging environment. EMS in our area requires much more than just ambulance transport. Our calls often require rescues in the back country, operating in hazardous conditions, and reliance on neighboring agencies for assistance. We value CTESOA as an "all risk" EMS partner because of the level of training and similar services they are able to provide.

Since 2001, Cal Tahoe has demonstrated exemplary performance and has set the standard in EMS, which the public has come to expect and deserve. We feel strongly that anything less than Cal Tahoe would be a disservice to the residents of El Dorado County and the surrounding allied agencies.

If we can be of further service on this or other related issues, please do not hesitate to reach out at any time.

Respectfully,

A handwritten signature in blue ink, appearing to read "M. Schwartz".

Michael Schwartz
Fire Chief

cc: Ryan Wagoner, Executive Director, CTESOA

TAHOE DOUGLAS FIRE PROTECTION DISTRICT

Scott Baker, Fire Chief
Jim Antti, Assistant Chief
Eric Guevin, Fire Marshal



Ann Grant, Chair
Kevin Kjer, Vice Chair
Greg Felton, Trustee
Bill Kirschner, Trustee
Larry Schussel, Trustee

December 28, 2018

Ryan Wagoner, Executive Director
Cal Tahoe Emergency Services Operations Authority
PO Box 8917
South Lake Tahoe, CA 96158

Dear Ryan,

Please accept this letter of support for the continuation of Cal Tahoe JPA as the south shore ALS ambulance provider within CSA 3. The Tahoe Douglas Fire Protection District has experienced reciprocity of EMS services through a very effective mutual aid system with Cal Tahoe JPA over the past two decades.

The current model of EMS coordinating with fire crews works well on both sides of the state line. It is a plug and play system and the Cal Tahoe JPA personnel are extremely professional, working with several different fire service, law enforcement and dispatch agencies.

We appreciate the partnership we have with Cal Tahoe JPA in our efforts to meet the EMS needs of our community and look forward to continuing that relationship in the future.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Scott Baker".

Scott Baker
Fire Chief

P.O. Box 919 - 193 Elks Point Road - Zephyr Cove, Nevada 89448

Phone (775) 588-3591 Fax (775) 588-3046

APPENDIX I Contents: Audits

I2 - I 26	CTESOA Financial Audit Report 2017 by Richardson and Company
I27 – I50	CTESOA Financial Audit Report 2016 by Richardson and Company

**CALIFORNIA TAHOE
EMERGENCY SERVICES OPERATIONS AUTHORITY**

Audited Financial Report

June 30, 2017

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

Audited Financial Report

June 30, 2017

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550 Howe Avenue, Suite 210
Sacramento, California 95825

Telephone: (916) 564-8727
FAX: (916) 564-8728

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
California Tahoe Emergency Services Operations Authority
South Lake Tahoe, California

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the JPA's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the State Controller's Minimum Audit Requirements for California Special Districts. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority as of June 30, 2017, and the respective changes in financial position thereof and the budgetary comparison for the

To the Board of Directors
California Tahoe Emergency Services Operations Authority

General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America as well as accounting systems prescribed by the State Controller's Office and state regulations governing special districts.

Correction of Error

As described in Note J to the financial statements, the JPA corrected an error in the July 1, 2016 government-wide net position and fund balance in the General Fund to record the JPA's medical supplies inventory as of July 1, 2016. Our opinion is not modified with respect to that matter.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, as listed in the accompanying table of contents, be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated May 22, 2018 on our consideration of the JPA's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the JPA's internal control over financial reporting and compliance.

Richardson & Company, LLP

May 22, 2018

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017

The discussion and analysis of California Tahoe Emergency Services Operations Authority's (JPA) financial performance provides an overall review of the JPA's financial activities for the fiscal year ended June 30, 2017. The intent of this discussion and analysis is to look at the JPA's financial performance as a whole. To provide a complete understanding of the JPA's financial performance, please read it in conjunction with the Independent Auditor's Report on page 1, notes to the basic financial statements and the JPA's financial statements.

The Management's Discussion and Analysis (MD&A) is an element of the reporting model adopted by the Governmental Accounting Standards Board (GASB) in Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*, issued June 1999. Certain comparative information is required to be presented in the MD&A.

FINANCIAL HIGHLIGHTS

- The JPA is a contract provider to the County of El Dorado with its primary funding source through County Service Area #3 (CSA #3.) All costs are budgeted expenditures through the County of El Dorado Health and Human Services Agency. All funds budgeted in excess of actual expenditures are returned at the end of each fiscal year.
- The JPA's total net position was \$989,575 at June 30, 2017, a decrease of \$60,861 from the June 30, 2016 restated balance of \$1,050,436. This net loss was due to expenses exceeding revenues, mainly due to the cost of long-distance transportation exceeding the increase in the contract service fees received from the County of El Dorado (the County). This accelerated the replacement schedule of the ambulances. The June 30, 2016 net position includes a restatement of \$83,575 record the JPA's medical supplies inventory.
- The JPA purchased an ambulance, a truck, monitors and other medical equipment reported as capital assets totaling \$311,810 and disposed of an ambulance and various equipment during the year. One ambulance was sold for \$9,000 and the equipment was donated to other agencies or scrapped.
- The City of South Lake Tahoe (City) became a non-transporting member. The JPA took over responsibility for staffing the ambulances previously staffed by the City and hired an administrative officer due to the additional workload this caused. The JPA did not have any staff on payroll prior to this event. The composition of expenses changed significantly due to this event and expenses in total increased \$202,936 due to the transition.
- The JPA admitted a new member in August of 2017, the Fallen Leaf Lake Community Services District Fire Department. The JPA's Bylaws were amended to add a new Board Member from this agency.

OVERVIEW OF THE FINANCIAL STATEMENTS

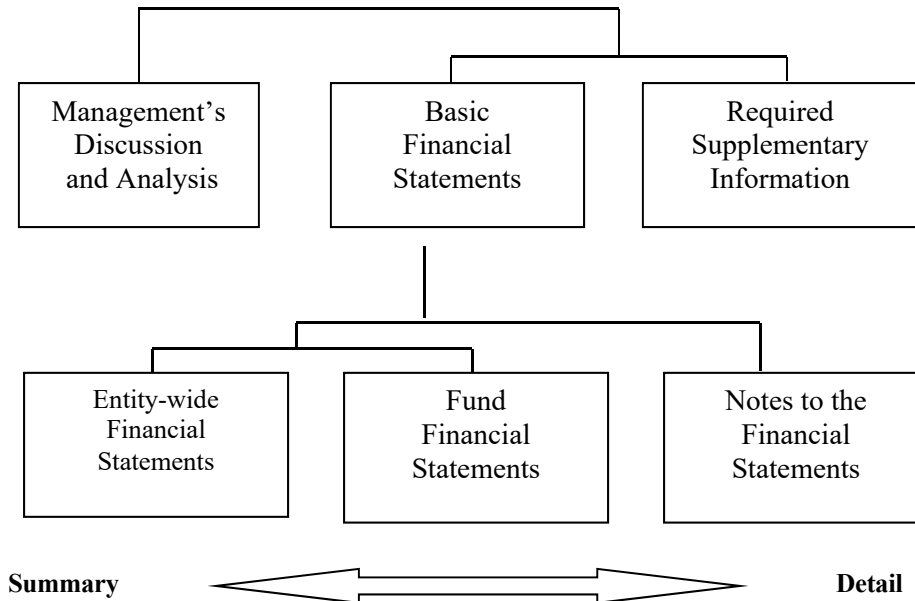
This annual report consists of three parts – management's discussion and analysis (this section), the basic financial statements, and required supplementary information. These statements are organized so the reader can understand the California Tahoe Emergency Services Operations Authority as a financial whole, an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017

Components of the Financial Section



The first two statements are *entity-wide or government-wide financial statements*, the Statement of Net Position and Statement of Activities. These statements provide information about the activities of the whole JPA, presenting both an aggregate view of the JPA's finances and a longer-term view of those finances using the full accrual basis of accounting. Fund financial statements provide the next level of detail. For governmental funds, these statements tell how services were financed in the short-term using the modified accrual basis of accounting as well as what remains for future spending. A comparison of the JPA's general fund budget is included.

The financial statements also include notes that explain some of the information in the statements and provide more detailed data. The statements are followed by a section of required supplementary information that further explains and supports the financial statements.

Reporting the JPA as a Whole

Statement of Net Position and the Statement of Activities

These two statements provide information about the JPA as a whole using accounting methods similar to those used by private-sector companies. The statement of net position includes all of the JPA's assets and liabilities using the accrual basis of accounting. This basis of accounting takes into account all of the current year's revenues and expenses regardless of when cash is received or paid. These statements report information on the JPA as a whole and its activities in a way that helps answer the question, "How did we do financially during the year ended June 30, 2017?"

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017

These two statements report the JPA's net position and changes in that position. This change in net position is important because it tells the reader that, for the JPA as a whole, the financial position of the JPA has improved or diminished. The causes of this change may be the result of many factors, some financial, some not. Over time, the increases or decreases in the JPA's net position, as reported in the Statement of Activities, are one indicator of whether its financial health is improving or deteriorating. The relationship between revenues and expenses indicates the JPA's operating results. However, the JPA's goal is to provide emergency services to our communities, not to generate profits as commercial entities. One must consider many other non-financial factors, such as the quality of care provided to assess the overall health of the JPA.

- ◆ Increases or decreases in the net position of the JPA over time are indications of whether its financial position is improving or deteriorating, respectively. The net position of the JPA decreased by \$60,861 during the year, mainly due to the increasing cost of members providing out of area transportation to the Bay Area. The JPA negotiated an increase on July 1, 2017 out of area transportation component of the contract service payments from the County from \$1,000 per month to \$20,000 per month to compensate the JPA for these additional costs.
- ◆ Additional non-financial factors such as condition of vehicles and changes to the property tax base of the JPA need to be considered in assessing the overall health of the JPA. The JPA serves semi-rural and wilderness areas, putting a lot of miles on the vehicles. The JPA has a replacement plan for ambulances based on mileage. The current replacement plan calls for one ambulance to be replaced or remounted approximately every two years.

Fund Financial Statements

The fund financial statements provide more detailed information about the inflow and outflow of the JPA's resources in the current year – not the JPA as a whole.

Major Governmental Funds

- ◆ Governmental Funds

All of the JPA's activities are reported in one governmental fund, the General Fund. Governmental funds focus on how money flows into and out of the funds and the balances that remain at the end of the year. They are reported using an accounting basis called modified accrual basis of accounting, which measures cash and all other financial assets that can readily be converted to cash. The governmental fund statements provide a detailed short-term view of the JPA's operations and services that help determine whether there are more or fewer financial resources that can be spent in the near future to finance the JPA's programs.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017

FINANCIAL ANALYSIS OF THE GOVERNMENT-WIDE STATEMENTS

The JPA's net position was \$989,575 at June 30, 2017, consisting of \$519,232 invested in capital assets and \$470,343 of unrestricted net position. The government-wide balances are presented in the table below.

COMPARATIVE STATEMENT OF NET POSITION

	Governmental Activities			
	2017	2016 As Restated	\$ Change	% Change
ASSETS				
Cash and investments	\$ 386,299	500,819	\$ (114,520)	-23%
Accounts receivable	9,167		9,167	#DIV/0!
Prepaid items	17,490	16,013	1,477	9%
Medical supplies inventory	92,846	83,575	9,271	11%
Performance deposit	50,000	50,000	-	
Capital assets, net of depreciation	519,232	452,303	66,929	15%
TOTAL ASSETS	1,075,034	1,102,710	(27,676)	-3%
LIABILITIES				
Accounts payable and other liabilities	77,857	52,274	25,583	49%
Compensated absences -current	3,117		3,117	#DIV/0!
Compensated absences -noncurrent	4,485		4,485	#DIV/0!
TOTAL LIABILITIES	85,459	52,274	33,185	63%
NET POSITION				
Investment in capital assets	519,232	452,303	66,929	15%
Unrestricted	470,343	598,133	(127,790)	-21%
TOTAL NET POSITION	\$ 989,575	\$ 1,050,436	\$ (60,861)	-6%

Total assets decreased by \$27,676, including a decrease in cash of \$114,520, offset by an increase in capital assets of \$66,929 and smaller increases in a number of other asset categories. The decrease in cash was mainly due to the capital assets purchased during the year of \$311,810 that were not fully funded by the County and expenses exceeding the budget, resulting in the change in net position (net loss) of \$60,861. This was offset by non-cash depreciation expense of \$242,562 and changes in other balance sheet captions. The increase in capital assets was due to the \$311,810 of asset purchases, offset by sale of one ambulance and the scraping or donation of equipment to other agencies and depreciation.

The JPA's net position decreased \$60,861 during the fiscal year from the restated net position of \$1,050,436. The JPA's expenses for providing ambulance and dispatch services, including payroll and benefits and depreciation, represented 99.87% percent of total expenses as described in the table below.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017

COMPARATIVE STATEMENT OF ACTIVITIES

	Governmental Activities			
	2016			
	2017	As Restated	\$ Change	% Change
REVENUES				
Program revenues	\$ 2,314,845	\$ 2,086,849	\$ 227,996	11%
General revenues				
Interest and investment earnings	303	2,220	(1,917)	-86%
TOTAL REVENUES	<u>2,315,148</u>	<u>2,089,069</u>	<u>226,079</u>	<u>11%</u>
EXPENSES				
Regional ambulance and dispatch	2,376,009	2,173,073	202,936	9%
TOTAL REVENUES	<u>2,376,009</u>	<u>2,173,073</u>	<u>202,936</u>	<u>9%</u>
CHANGE IN NET POSITION	(60,861)	(84,004)	23,143	-28%
Net position, beginning of year	1,050,436	1,050,865	(429)	0%
Restatement		83,575	(83,575)	-100%
Net position, beginning of year	<u>1,050,436</u>	<u>1,134,440</u>	<u>(84,004)</u>	<u>(1)</u>
NET POSITION, END OF YEAR	<u>\$ 989,575</u>	<u>\$ 1,050,436</u>	<u>\$ (60,861)</u>	<u>-8%</u>

Program revenues increased by \$227,996, including contract service fees increase of \$6,020 from changes in the Ambulance Inflation Factor used by the County to adjust the service fees and other program revenue of \$224,295 representing mainly the County of El Dorado's contribution to purchase an ambulance and a reimbursement for dispatch costs.

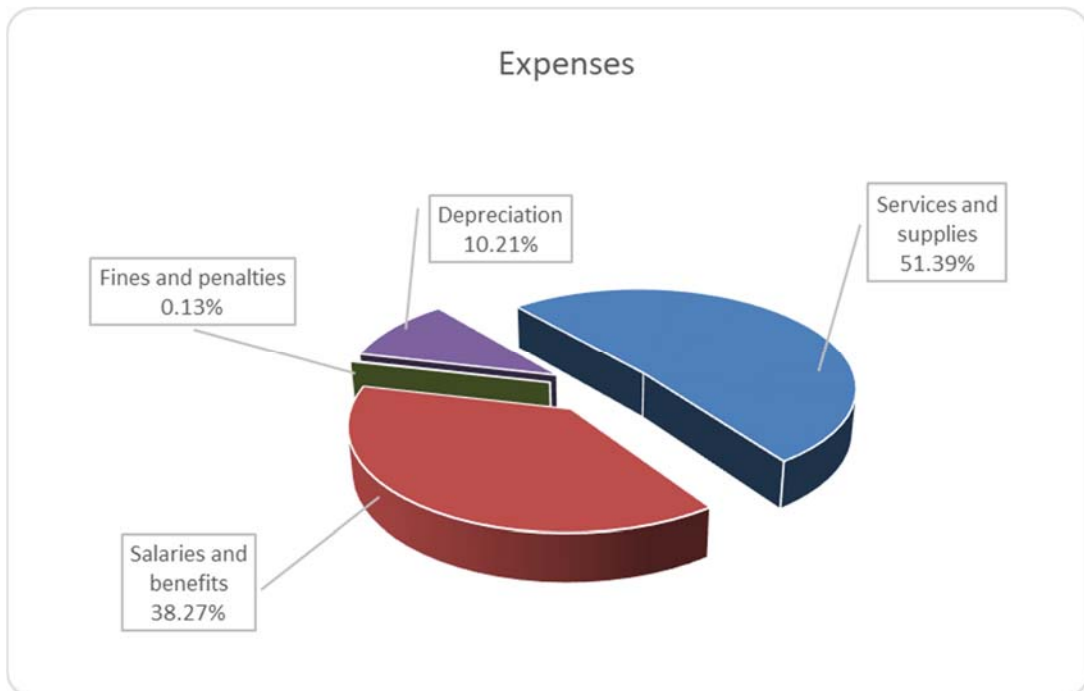
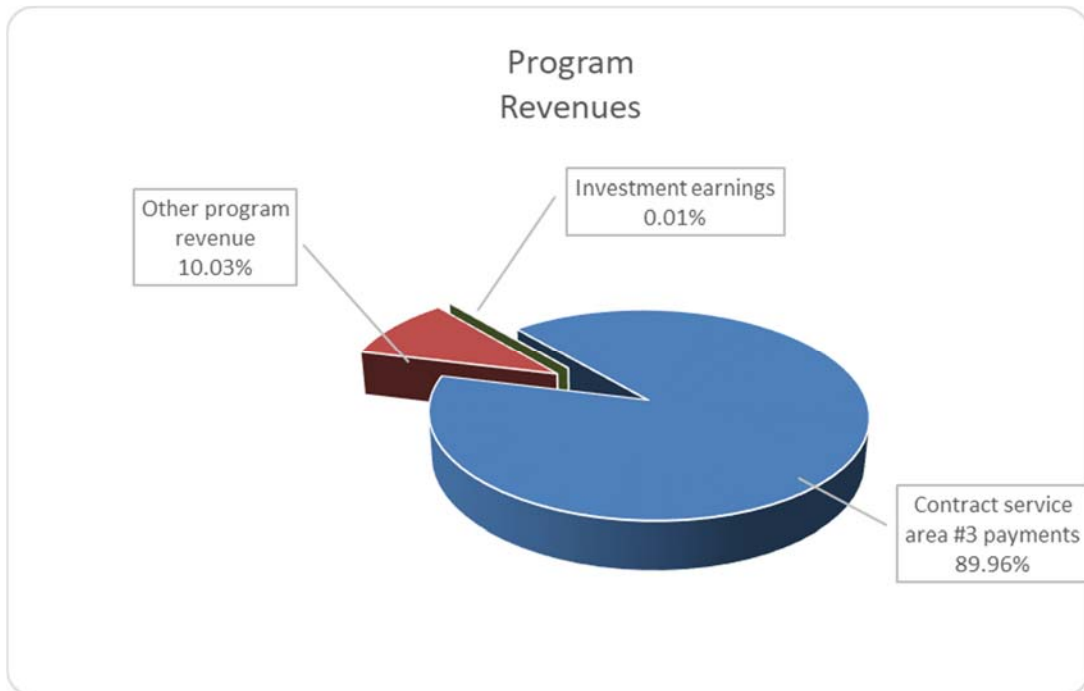
Expenses increased by \$202,936 from the 2016 expenses, mainly due to a \$55,322 increase in depreciation on the capital asset additions, an increase in ambulance maintenance of \$16,550, an increase in medical supplies of \$27,699 and staff training and background checks.

As reported in the Statement of Activities, the cost of all of the JPA's governmental activities this year was \$2.38 million. Program revenues were \$2.32 million. The charts below show the composition of program revenues and expenses for the year.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017



FINANCIAL ANALYSIS OF THE GOVERNMENTAL FUND STATEMENTS

The General Fund financial statements focus on individual parts of the JPA's operations in more detail than the government-wide statements. The JPA's fund statements provide information on current inflows and outflows of spendable resources. All funds budgeted in excess of actual expenditures are returned at the end of each fiscal year.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017

The total assets of the General Fund decreased by \$94,605, primarily due to the reduction of cash, offset by the increase in accounts receivable, prepaid expenses and other assets described previously. Total General Fund liabilities increased by \$25,583, mainly due approximately \$22,000 of management fees that were due to Lake Valley Fire Protection District in 2017 in addition to the invoice for expense reimbursements outstanding at June 30, 2017 and 2016. Fund balance of the General Fund decreased by \$120,188 from the restated June 30, 2016 fund balance of \$588,133. Revenues increased by \$215,898, primarily due to contract service fees increasing by \$6,020 due to the Ambulance Inflation Factor increasing and other program revenue increasing by \$215,295 from the additional contributions received from the County of El Dorado for the ambulance and dispatch costs as described previously. The JPA also received \$9,000 from the sale of an ambulance during the year. Expenditures increased by \$357,696, which was due to an increase in capital outlay expense due the JPA purchasing an ambulance and other equipment during the prior year compared to monitors in the prior year, an increase in ambulance maintenance of \$16,550, an increase in medical supplies of \$27,699 and staff training and background checks.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

Comparative Schedule of Capital Assets, Net of Depreciation June 30, 2017 and 2016

	2017	2016	Difference Increase (Decrease)
Vehicles	\$ 298,396	\$ -	\$ 298,396
Equipment	220,836	452,303	(231,467)
Totals	<u>\$ 519,232</u>	<u>\$ 452,303</u>	<u>\$ 66,929</u>

The JPA reported vehicles separately from equipment during 2017 for the first time in Note C on page 17. Vehicles, net of depreciation, increased from \$275,524 to \$298,396 due to the purchase of an ambulance and a truck in the amount of \$173,019, offset by depreciation of \$150,147. A fully depreciated ambulance was sold for \$9,000. Equipment, net of depreciation, increased from \$176,779 to \$220,836 from equipment purchases of \$138,791 offset by depreciation of \$92,415 and the disposal of assets with a net book value of \$2,319.

Long-term Debt

The JPA had no outstanding debt at June 30, 2017.

GENERAL FUND BUDGETARY HIGHLIGHTS

The General Fund revenues were higher than the final budget by \$7,667, primarily due to the Ambulance Inflation Factor increase provided for contract service payments being a lower percentage than anticipated in the budget and unbudgeted other operating income being received. Expenditures were higher than the final budget by \$30,328, primarily due a number of other negative variances from the budget including in Lake Valley Fire Protection District payroll of \$19,766, attorney fees of \$12,179 to address a lawsuit related to an accident, medical supplies of \$27,302, equipment maintenance of \$17,152 due to unanticipated major repairs, workers' compensation of \$14,810, contract labor of \$27,704 being incurred that was anticipated to be incurred by JPA staff and budgeted in staff salaries and ambulance purchase of \$13,019. These negative budgets were offset by a positive budget variance for salaries and health insurance of \$100,011. The JPA's budgeting for the new expenditures will become more precise as management has history to draw upon when budgeting.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2017

CONTACTING THE JPA'S FINANCIAL MANAGEMENT

This financial report is designed to provide our citizens, taxpayers, parents, investors, and creditors with a general overview of the JPA's finances and to show the JPA's accountability for the money it receives. If you have questions about this report or need additional financial information, please contact the Executive Director, Ryan Wagoner, California Tahoe Emergency Services Operations Authority, 2951 Lake Tahoe Boulevard, South Lake Tahoe, CA 96150.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

STATEMENT OF NET POSITION AND
GOVERNMENTAL FUND BALANCE SHEET

June 30, 2017

	General Fund	Adjustments (Note G)	Statement of Net Position
ASSETS			
Cash and investments	\$ 386,299		\$ 386,299
Accounts receivable	9,167		9,167
Prepaid items	17,490		17,490
Medical supplies inventory	92,846		92,846
Performance deposit	50,000		50,000
Capital assets, net of depreciation		\$ 519,232	519,232
TOTAL ASSETS	\$ 555,802	519,232	1,075,034
LIABILITIES			
Accounts payable and other current liabilities	\$ 77,857		77,857
Compensated absences - current		3,117	3,117
Compensated absences - noncurrent		4,485	4,485
TOTAL LIABILITIES	77,857	7,602	85,459
FUND BALANCE			
Nonspendable	110,336	(110,336)	
Committed	219,607	(219,607)	
Unassigned	148,002	(148,002)	
TOTAL FUND BALANCE	477,945	(477,945)	
TOTAL LIABILITIES AND FUND BALANCE	\$ 555,802		
NET POSITION			
Investment in capital assets		519,232	519,232
Unrestricted		470,343	470,343
TOTAL NET POSITION		\$ 989,575	\$ 989,575

The accompanying notes are an integral part of these financial statements.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

STATEMENT OF ACTIVITIES AND GOVERNMENTAL FUND
REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE

For the Year Ended June 30, 2017

	General Fund	Adjustments (Note G)	Statement of Activities
EXPENDITURES/EXPENSES			
Ambulance services:			
Services and supplies	\$ 1,221,070		\$ 1,221,070
Salaries and benefits	901,775	7,602	909,377
Fines and penalties	3,000		3,000
Capital outlay	311,810	\$ (311,810)	
Depreciation		242,562	242,562
(Gain) loss on disposal of capital assets		(6,681)	(6,681)
TOTAL EXPENDITURES/EXPENSES	<u>2,437,655</u>	<u>(68,327)</u>	<u>2,369,328</u>
PROGRAM REVENUES			
Operating grants and subsidies:			
Contract service area #3 payments	2,082,656		2,082,656
Dispatch increase	60,000		60,000
Capital grants and subsidies			
County reimbursement for ambulance	160,000		160,000
Charges for services:			
Other program revenue	5,508		5,508
TOTAL REVENUES	<u>2,308,164</u>		<u>2,308,164</u>
EXCESS OF REVENUES OVER EXPENDITURES	<u>(129,491)</u>		
NET PROGRAM REVENUES/(EXPENSES)		<u>68,327</u>	<u>(61,164)</u>
GENERAL REVENUES			
Investment earnings	<u>303</u>		<u>303</u>
TOTAL GENERAL REVENUES	<u>303</u>		<u>303</u>
OTHER FINANCING SOURCES			
Proceeds from sale of capital assets	<u>9,000</u>	<u>(9,000)</u>	
NET CHANGE IN FUND BALANCE	(120,188)	120,188	
CHANGE IN NET POSITION		(60,861)	(60,861)
Fund balance/net position, beginning of year - as previously reported	514,558	452,303	966,861
Restatement	<u>83,575</u>		<u>83,575</u>
Fund balance/net position, end of year - as restated	<u>598,133</u>	<u>452,303</u>	<u>1,050,436</u>
FUND BALANCE/NET POSITION, END OF YEAR	<u>\$ 477,945</u>	<u>\$ 511,630</u>	<u>\$ 989,575</u>

The accompanying notes are an integral part of these financial statements.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

STATEMENT OF REVENUES, EXPENDITURES
AND CHANGES IN FUND BALANCE
BUDGET AND ACTUAL - GENERAL FUND

For the Year Ended June 30, 2017

			Budgetary Basis			
	Budgeted Amounts		Actual	Variance	Adjustment	Actual
	Original	Final	Amounts - Budgetary Basis	With Final Budget Positive (Negative)	to GAAP Basis	Amounts - GAAP Basis
REVENUES						
Contract service area #3 payments	\$ 2,153,016	\$ 2,080,000	\$ 2,082,656	\$ 2,656		\$ 2,082,656
Fund balance appropriated	372,387	126,292	126,292		\$ (126,292)	
County reimbursement for ambulance		160,000	160,000			160,000
Dispatch increase		60,000	60,000			60,000
Other program revenue	5,000		5,508	5,508		5,508
Investment earnings	800	800	303	(497)		303
TOTAL REVENUE	2,531,203	2,427,092	2,434,759	7,667	(126,292)	2,308,467
EXPENDITURES						
Services and supplies						
Professional fees/contracts						
Lake Valley Fire Protection District payroll reimbursed	458,858	451,284	471,050	(19,766)		471,050
Executive Director contract	55,000	110,000	110,000			110,000
Attorney fees	30,900	30,900	43,079	(12,179)		43,079
Paychex fees	15,000	15,000	17,539	(2,539)		17,539
Accounting	4,100	4,100	6,375	(2,275)		6,375
Dispatch contract	150,000	150,000	150,000			150,000
Lake Valley Fire Protection District management fees	145,000	145,000	140,001	4,999		140,001
Medical supplies	100,000	100,000	127,302	(27,302)		127,302
Equipment maintenance	35,384	35,384	52,536	(17,152)		52,536
Fuel	40,000	40,000	37,432	2,568		37,432
Employee expense/physical/background	25,000	10,000	20,203	(10,203)		20,203
Insurance	15,000	15,000	16,374	(1,374)		16,374
Communications/cell phone	10,000	10,000	8,919	1,081		8,919
Utilities			8,767	(8,767)		8,767
Personal protective gear/uniforms	2,000	5,000	5,011	(11)		5,011
Office expense	7,000	10,000	4,351	5,649		4,351
Station supplies	3,000	3,000	1,802	1,198		1,802
Travel			74	(74)		74
Addition to reserves of fund balance	44,200					
Contingency	10,000					
Salaries and benefits						
Operations manager salaries/health insurance	110,000					
Staff salaries/health insurance	821,574	889,272	789,261	100,011		789,261
Workers' compensation	70,000	70,000	84,810	(14,810)		84,810
Contract labor			27,704	(27,704)		27,704
Fines and penalties			3,000	(3,000)		3,000
Capital outlay						
Ambulance purchase		160,000	173,019	(13,019)		173,019
Equipment purchase	129,387	148,387	134,592	13,795		134,592
Computer equipment	5,000	5,000	4,199	801		4,199
TOTAL EXPENSES	2,286,403	2,407,327	2,437,655	(30,328)		2,437,655
EXCESS OF REVENUES OVER EXPENDITURES	244,800	19,765	(2,896)	(22,661)	(126,292)	(129,188)
OTHER FINANCING SOURCES						
Proceeds from sale of capital assets			9,000	9,000		9,000
NET CHANGE IN FUND BALANCE	\$ 244,800	\$ 19,765	6,104	\$ (13,661)	\$ (126,292)	(120,188)
Fund balance/net position, beginning of year - as previously reported			514,558			514,558
Restatement			83,575			83,575
Fund balance/net position, beginning of year - as restated			598,133			598,133
FUND BALANCE AT END OF YEAR			\$ 604,237			\$ 477,945

The accompanying notes are an integral part of these financial statements.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS

June 30, 2017

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the California Tahoe Emergency Services Operations Authority (the JPA) have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to government units. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The most significant accounting policies of the JPA are described below.

Reporting Entity: California Tahoe Emergency Services Operations Authority (the JPA) was organized under the laws of the State of California on January 24, 2001 and began operations on September 1, 2001. The JPA is a joint exercise of powers entity (JPA) between the City of South Lake Tahoe Fire Department (the City), and the Lake Valley Fire Protection District (Lake Valley). The JPA is governed by a Board of Directors made up of two Lake Valley elected officials and two members of the City Council that are appointed by their governing body.

The purpose of the JPA is to provide ambulance and other emergency medical services within the Lake Tahoe basin and other portions of El Dorado County (County), as specified by a service agreement with the County ending September 1, 2021. The JPA owns six ambulances for this purpose. Dispatch services are provided by the City under a dispatch agreement through the date of the services agreement. Operational funding for the JPA is handled through the County as part of the services agreement. The County accounts for the ambulance and other emergency services activities in the County Service Area (CSA) No. 3 Fund and its revenues are made up of:

- Property taxes
- Benefit assessment
- Ambulance billing
- Approximately \$10 million annually (combined total for both CSA 3&7)
- 40% from tax/assessments
- 60% from ambulance billing

The JPA's primary funding is received through a monthly service fee from the County from the County's CSA No. 3 Fund as part of the services agreement. Each year the service fee is evaluated and adjusted based on call volume, patient billing and the consumer price index (CPI) for the upcoming year. Interfacility transfers (IFT) and standby fees are not counted as part of the overall response volume, but rather are billed separately by the County. Billings for IFT's and are handled through a contractor, with collected revenues being placed into a separate County account. The County receives 7% of collections for operational costs and fees charged by the contractor. The service fees include a flat amount for long-distance transportation costs. Standby fees remitted to the JPA by the County are passed through to the related member agency.

A reporting entity is comprised of the primary government and its component units, which are entities for which the government is financially accountable. The JPA is not a component unit of any other entity and no other entities are considered to be component units of the JPA.

Basis of Presentation – Government-wide Financial Statements: The government-wide statement of net position and statement of activities display information about the non-fiduciary activities of the primary government (the JPA). These statements include the financial activities of the JPA.

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recognized when earned, and expenses are recognized when a liability is incurred, regardless of the timing of related cash flows. Nonexchange transactions in which the JPA gives (or receives) value without directly receiving (or giving) equal value in exchange, such as grants, are recognized when all eligibility requirements are met.

The statement of activities presents a comparison between direct expenses and program revenues for the JPA's governmental activities. Direct expenses are those that are specifically associated with the JPA. Program revenues include contract service area #3 payments and contributions that are restricted to meeting the operational requirements.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2017

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

of the JPA. Revenues that are not classified as program revenues, including interest income, are presented as general revenues

Measurement Focus, Basis of Accounting and Financial Statement Presentation: The accounts of the JPA are organized on the basis of funds. A fund is a separate accounting entity with a self-balancing set of accounts. The JPA accounts for its activities in the General Fund, which is accounted for as a governmental fund. Governmental funds are established for the purpose of accounting for specific activities in accordance with applicable regulations, restrictions or limitations. Major individual funds are reported as separate columns in the fund financial statements.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. With this measurement focus, only current assets, deferred outflows of resources, current liabilities and deferred inflows of resources are included on the balance sheet. Operating statements of these funds present increases (i.e. revenues and other financing sources) and decreases (i.e. expenditures and other financing uses) in net current assets. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the JPA considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Grant funds and exchange revenue earned but not received are recorded as a receivable. Grant funds and exchange revenue received before the revenue recognition criteria have been met are reported as deferred inflows or unearned revenues, respectively.

Expenditures generally are recorded when a liability is incurred, as under accrual accounting. However, long-term liabilities, compensated absences and expenditures related to claims and judgments are recorded only when payment is due. General capital assets are reported as capital outlay expenditures in governmental funds when purchased and proceeds from sales of capital assets are reported as other financing sources in the operating statement.

When both restricted and unrestricted resources are available, it is the JPA's policy to use restricted resources first, then unrestricted resources as they are needed. Expenditures against unrestricted resources first reduce committed, then assigned and finally unassigned fund balance.

The JPA's only major governmental fund is the General Fund. The General Fund is the general operating fund of the JPA and accounts for revenues collected to provide services and finance the fundamental operations of the JPA. The fund is charged with all costs of operations.

Prepaid Items: Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements. In governmental funds, prepaid items are reported as nonspendable fund balance to indicate they do not constitute current resources available for appropriation. The consumption method is used to recognize prepaid items.

Medical Supplies Inventory: Inventory consists of medical supplies and drugs inventory. Inventory is valued at cost, which approximates market, using the specific identification method. The cost of the inventory is recorded as expenditures/expenses when consumed rather than when purchased.

Performance Deposit: The JPA made a \$50,000 performance deposit to the County of El Dorado in 2013 under the terms of the JPA's service agreement. The City funded the deposit. The deposit may be returned at the end of the service agreement if the JPA meets the terms of the agreement and it would be returned to the City.

Capital Assets: Capital assets are stated at cost or estimated cost where no historical records exist. Donated capital assets are recorded at the acquisition value, which is the price that would be paid to acquire an asset with equivalent service potential in an orderly market transaction at the acquisition date. Maintenance and repair costs are expensed as incurred unless they extend the useful life of the asset. Capital assets with a value of \$500 or more are capitalized. Equipment is depreciated on a straight-line basis over 5 to 10 years depending on the asset type.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2017

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fund Balance: Governmental funds report nonspendable, restricted, committed, assigned and unassigned balances.

Nonspendable Fund Balance – Fund balance should be reported as nonspendable when the amounts cannot be spent because they are either not in spendable form, or are legally or contractually required to be maintained intact. Nonspendable balances are not expected to be converted to cash within the next operating cycle, which include prepaid expenses and long-term receivables. The JPA's nonspendable fund balance is for prepaid items and inventory.

Restricted Fund Balance – Fund balance should be reported as restricted when constraints placed on the use of resources are either externally imposed by creditors, grantors, contributors, or laws or regulations of other governments, or imposed by law through constitutional provisions or enabling legislation. The JPA had no restricted fund balance.

Committed Fund Balance – Fund balance should be reported as committed when the amounts can only be used for specific purposes pursuant to constraints imposed by formal action of the government's highest level of decision-making authority, which is a Resolution of the Board of Directors. These amounts are committed for equipment replacement and cannot be used for any other purpose unless the governing body modifies or removes the commitment with another Resolution. The committed fund balance is maintained in a separate bank account and the interest is added to the reserve each year. The Board of Directors also has a 10% operating contingency reserve approved by Commissioner Resolution that is not reported as committed fund balance because the terms for use of the contingency is not sufficiently detailed to meet the definition of committed under GASB Statement No. 54.

Assigned Fund Balance – Fund balance should be reported as assigned when the amounts are constrained by the government's intent to be used for specific purposes, but are neither restricted nor committed. The JPA had no assigned fund balance.

Unassigned Funds – Unassigned fund balance is the residual classification of the JPA's funds and includes all spendable amounts that have not been restricted, committed, or assigned to specific purposes.

Net Position: The government-wide financial statements present net position. Net position is categorized as the net investment in capital assets, restricted and unrestricted.

Investment in Capital Assets – This category groups all capital assets into one component of net position. Accumulated depreciation reduces the balance in this category.

Restricted Net Position – This category presents external restrictions imposed by creditors, grantors, contributors, laws or regulations of other governments and restrictions imposed by law through constitutional provisions or enabling legislation. The JPA had no restricted net position at year-end.

Unrestricted Net Position – This category represents net position of the JPA that is not restricted for any project or other purpose.

Compensated Absences – Unused earned time off may be accumulated up to a maximum of 135 hours and is paid at the time of termination from the JPA's employment. The JPA accrues accumulated unpaid compensated absences when earned by the employee and the General Fund is used to liquidate the liability.

Budget: An annual budget is adopted on a basis consistent with generally accepted accounting principles for all governmental funds. The JPA's governing board adopts a preliminary budget by July 1 and a final budget no later than October 1. A public hearing must be conducted to receive comments prior to adoption. The JPA's governing board satisfied these requirements.

This budget is reviewed by the JPA Governing Board during the year to give consideration to unanticipated income

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2017

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

and expenditures. Budget appropriations lapse at each year-end. The original and final budget are presented for the General Fund as required under Generally Accepted Accounting Principles (GAAP), with the exception of the amount approved in the budget to be added to the reserves of fund balance. The addition to reserves of fund balance is eliminated to report the actual expenses on the GAAP basis on the Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual – General Fund.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities and deferred inflows of resources and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

NOTE B – CASH AND INVESTMENTS

At June 30, 2017, the Commission's cash and investments consisted of cash on hand of \$200, deposits in financial institutions of \$385,865 and an investment in the County of El Dorado investment pool of \$234.

Investment policy: The JPA has not adopted an investment policy that addresses the risks to which the JPA is exposed; however, by practice the JPA invested funds not maintained in financial institutions in the County of El Dorado cash and investments pool (County Pool), which is invested by the County Treasurer. The County allocates interest to the various funds based upon the average daily cash balances. Investments held in the County Pool are available on demand to the JPA and are stated at amortized cost, which approximates fair value. The County's investment policy may be found in the notes to its Annual Financial Report at <http://www.edcgov.us/Auditor-Controller/CountyFinancialStatements.aspx>.

Interest rate risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The JPA manages its exposure to interest rate risk by investing in the County Pool. As of June 30, 2017, the weighted average maturity of the investments in the County Pool was approximately 184 days.

Credit Risk: Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The County Pool does not have a rating provided by a nationally recognized statistical rating organization.

Custodial Credit Risk: Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of a failure of the counter party (e.g. broker-dealer) to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit). The market value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. California law also allows financial institutions to secure public agency deposits by pledging first trust deed mortgage notes having a value of 150% of the secured public deposits. Custodial credit risk does not apply to a local government's indirect deposits or investment in securities through the use of governmental investment pools (such as the County's cash and investments pool).

At June 30, 2017, the carrying amount and the balance in the financial institution of the JPA's deposits was \$385,865 and \$427,815, respectively. Of the balance in financial institutions, \$250,000 was covered by federal depository

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2017

NOTE B – CASH AND INVESTMENTS (Continued)

insurance and the remaining amount was covered by a pledge of the financial institutions securities, but not in the name of the JPA.

Concentration of Credit Risk: This risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At year-end, the JPA was not exposed to concentration of credit risk.

NOTE C – CAPITAL ASSETS

Capital asset activity was as follows for the year ended June 30:

	Balance June 30, 2016	Additions	Disposals	Transfers	Balance June 30, 2017
Capital assets being depreciated:					
Vehicles		\$ 173,019	\$ (130,629)	\$ 825,451	\$ 867,841
Equipment	\$ 1,310,834	138,791	(173,282)	(825,451)	450,892
Total capital assets being depreciated	1,310,834	311,810	(303,911)		1,318,733
Less accumulated depreciation for:					
Vehicles		(150,147)	130,629	(549,927)	(569,445)
Equipment	(858,531)	(92,415)	170,963	549,927	(230,056)
Total accumulated depreciation	(858,531)	(242,562)	301,592		(799,501)
Total capital assets being depreciated, net	\$ 452,303	\$ 69,248	\$ (2,319)	\$ -	\$ 519,232

NOTE D – COMPENSATED ABSENCES

Changes in compensated absences consisted of the following during the year ended June 30, 2017:

	Balance July 1, 2016	Additions	Retirements	Balance June 30, 2017	Due within one year
Compensated absences	\$ -	\$ 12,924	\$ (5,322)	\$ 7,602	\$ 3,117

NOTE E – COMMITMENTS AND CONTINGENCIES

Legal Contingencies: The JPA is subject to claims arising from the normal course of business. A claim exists over an accident by an ambulance. In the opinion of management, the disposition of the claim is not expected to have a material adverse effect on the financial position of the JPA. However, the ultimate outcome is not currently known.

El Dorado County Contract: El Dorado County has contracted with the JPA to provide full service emergency and non-emergency pre-hospital advanced life support services, dispatch services, and non-emergency transports for the area known in El Dorado County as County Service Area (CSA) No. 3 South Shore area, except for the Tahoe West Shore Zone of Benefit. Under the terms of this agreement, the JPA receives a set amount per month, which is adjusted annually for volume changes and the consumer price index. This is a significant revenue source for the JPA and losing this revenue source would have a significant impact on the JPA's services and would require another revenue source to be identified for the JPA to continue as a going concern. The County has recently notified the JPA that it will require the JPA to re-bid on the contract after it expires on September 1, 2021. If the JPA is not awarded the contract it will no longer perform services for the County and will lose the Contract Service Area #3 payments as a revenue source.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2017

NOTE E –COMMITMENTS AND CONTINGENCIES (Continued)

Under the terms of the contract, audits may be required and certain items may be questioned as not being appropriate under the terms of the contract. Such audits could lead to request for reimbursement to the County. No such reimbursement requests have been made by the County.

NOTE F – RISK MANAGEMENT

The JPA is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees and natural disasters. The JPA contracts with American Alternative Insurance Corporation for property, liability, and auto and theft insurance coverage. There have been no reductions in coverage and settled claims have not exceeded this commercial coverage in the last three years.

NOTE G – RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE SHEET WITH THE GOVERNMENT-WIDE STATEMENT OF NET POSITION

Total fund balances of the JPA's governmental fund differs from net position of governmental activities primarily because of the long-term focus of the statement of net position versus the current financial resources focus of the governmental fund balance sheet. The differences are described below:

Fund balance of governmental funds	\$ 477,945
Capital assets used in governmental activities are not current financial resources and therefore are not reported in the governmental funds.	
Capital assets, net	519,232
Certain liabilities are not due and payable in the current period and therefore are not reported in the governmental funds.	
Compensated absences	<u>(7,602)</u>
Net position in the government-wide statement of net position	<u>\$ 989,575</u>

The net change in fund balances of governmental fund differs from the change in net position of governmental activities primarily because of the long-term focus of the statement of net position versus the current financial resources focus of the governmental funds balance sheet. The differences are described below:

Net change in fund balance of governmental funds	\$ (120,188)
Governmental funds report capital outlays as expenditures, which are allocated over their useful lives as depreciation expense. Also, governmental funds report proceeds from the sale of capital assets while gains or losses on disposal of capital assets are reported in the statement of activities. The change in capital assets consists of:	
Capital outlay	311,810
Depreciation	(242,562)
Difference between proceeds from sale and gain on disposal of capital assets	(2,319)
Some expenses reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in governmental funds.	
Change in compensated absences	<u>(7,602)</u>
Change in net position of the statement of activities	<u>\$ (60,861)</u>

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2017

NOTE H – RELATED PARTY TRANSACTIONS

The JPA has Lake Valley as a member. Transactions with Lake Valley include the following expenditures:

	<u>City</u>	<u>Lake Valley</u>
Reimbursement of payroll and related costs		\$ 540,063
Dispatch contract	\$ 150,000	
Management fee		118,334
Vehicle maintenance		32,510
Fuel		9,779
Communications and other		4,527
	<u>\$ 150,000</u>	<u>\$ 705,213</u>

Payables to Lake Valley at June 30, 2017 were \$74,575. In November 2016, the JPA and City entered into an agreement allowing the JPA to lease Fire Station #2 from the City through October 31, 2019 at no cost to the JPA, which is where the JPA parks its ambulances.

NOTE I – SUBSEQUENT EVENTS

On July 10, 2017, the Board of Directors approved the purchase of one additional new and one remounted ambulance and related expenses for \$321,442, of which \$320,000 was funded by the County of El Dorado through the County's CSA No. 3 Fund.

The Governor signed Assembly Bill (AB) No. 545 on July 24, 2017, which allows private, nonprofit hospitals in the County of El Dorado to enter into a joint powers agreement with a public agency beginning January 1, 2018. AB 545 makes it possible for the local non-profit hospital in South Lake Tahoe, Barton Healthcare System (Barton), to join the JPA in the future. The Board approved admitting Barton as a member of the JPA pending current member approval.

The JPA experienced significant additional costs for long-distance transports during the year ended June 30, 2016 due to a significant number of the trips occurring to San Francisco Bay Area facilities. The JPA received a flat amount of \$1,000 per month for long-distance transports during the years ended June 30, 2017 and 2016. During the year ended June 30, 2017, the County agreed to contract amendment number four that will increase the monthly amount included in the JPA's service fees for long-distance transports to a flat amount of \$21,000 per month beginning on July 1, 2017. The County also agreed in contract amendment number four to provide the JPA \$320,000 to fund a remount of an existing ambulance for \$110,000 and the purchase of a new ambulance in the amount of \$210,000.

In August 2017, the JPA admitted the Fallen Leaf Lake Community Services District Fire Department (FLLCSDFD) as a new member. As part of the agreement to admit the FLLCSDFD, the JPA agreed to amend its Bylaws to add a FLLCSDFD Board Member to the JPA Board of Directors.

NOTE J – CORRECTION OF ERROR

During the June 30, 2017 audit, the JPA corrected an error in the July 1, 2016 government-wide net position and fund balance in the General Fund to record medical supplies and drugs inventory for the first time as of June 30, 2016. As a result of this error correction, the government-wide net position and fund balance in the General Fund as of July 1, 2016 increased by \$83,575.



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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

To the Board of Directors
California Tahoe Emergency Services Operations Authority
South Lake Tahoe, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the JPA's basic financial statements, and have issued our report thereon dated May 22, 2018. Our report expressed modified opinions on the financial statements due to JPA reporting its inventory of medical supplies and drugs as expenditures when purchased rather than reporting unused amounts as inventory on the statement of net position and General Fund balance sheet as required by accounting principles generally accepted in the United State of America.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the JPA's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the JPA's internal control. Accordingly, we do not express an opinion on the effectiveness of the JPA's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the JPA's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a deficiency in internal control, described in the accompanying schedule of findings and responses as finding 2017-001, that we consider to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the JPA's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant

To the Board of Directors
California Tahoe Emergency Services Operations Authority

agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

The JPA's Response to Findings

The JPA's response to the findings identified in our audit is described in the accompanying schedule of findings and responses. The JPA's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of compliance and the results of that testing, and not to provide on the effectiveness of the JPA's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards*, in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Richardson & Company, LLP

May 22, 2018

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

SCHEDULE OF FINDINGS AND RESPONSES

June 30, 2017

CURRENT YEAR FINDING

INTERNAL CONTROL OVER FINANCIAL REPORTING

Finding 2017-001

Condition: A number of audit adjustments were necessary to properly report the JPA's financial activity in accordance with generally accepted accounting principles (GAAP), which is an indication of missing internal controls over financial reporting.

Criteria: Internal controls over financial reporting should be in place to ensure management has the ability to initiate, record, process and report financial data consistent with the assertions of management in the financial statements.

Cause: The District hired a contract accountant and set up a new accounting system, which resulted in significant additional workload to create new processes and reports and did not leave enough time to review ending balances and post entries necessary to properly report financial activity in the general ledger.

Effect: A significant number of adjusting and reclassifying entries were found during the audit and the audit took significantly more time to complete than expected. Also, the budget versus actual information reported to the Board of Directors changed significantly, which may have affected the usefulness of the information for decision making purposes. Transaction classes needing adjustment included payables for work performed during the year that were paid after year-end, prepaid expenditures for payments made during the year for expenses related to the subsequent fiscal year, cash accounts to match bank account balances and capital asset cost, accumulated depreciation and depreciation expense. In addition, changes in the commitment of fund balance for ambulance replacements, a significant amount of expenses and revenues were reclassified for reporting purposes.

Recommendation: We recommend the JPA staff work with the contract accountant to review invoices paid and receipts collected near year-end ensure the transactions are reported in the period the related work was performed. JPA staff should update the capital asset detail list for asset additions and disposals and then adjust the cost, accumulated depreciation and depreciation expense accounts in the general ledger. JPA staff should also post the audit adjustments provided to make sure fund balance rolls-forward and should use a separate set of self-balancing accounts for the government-wide adjustments related to capital assets. Additional time should also be spent reviewing the general ledger detail from QuickBooks to ensure the account coding in entries posted in the income statement each month is appropriate and according to where the amounts were budgeted.

Management's Response: The QuickBooks system and reports are set up and JPA staff is now more familiar with its capabilities. Processes have been put into place to review the account coding and general ledger detail regularly to ensure transactions are appropriately recorded, which will address the recommendations.

PRIOR YEAR FINDINGS

COMPLIANCE

FINDING 2016-001

Condition: A number of audit adjustments were necessary to properly report the JPA's financial activity in accordance with generally accepted accounting principles (GAAP), which is an indication of missing internal controls over financial reporting.

Cause: The District did not have sufficient staff knowledgeable about GAAP accounting with the time necessary to devote to review ending balances and post entries necessary to properly report financial activity in the general ledger. In addition, much of the information necessary to identify necessary closing entries was not provided by the County of El Dorado staff due to the transition for accounting to a contract accountant.

Current Status: The issue was not resolved during the year. Finding 2017-001 is a continuation of this finding.

**CALIFORNIA TAHOE
EMERGENCY SERVICES OPERATIONS AUTHORITY**

Audited Financial Report

June 30, 2016

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

Audited Financial Report

June 30, 2016

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
California Tahoe Emergency Services Operations Authority
South Lake Tahoe, California

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2016, and the related notes to the financial statements, which collectively comprise the JPA's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the State Controller's Minimum Audit Requirements for California Special Districts. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Basis for Modified Opinions

The JPA had an inventory of medical supplies and drugs on hand at June 30, 2016 and 2015 that was reported as expenditures when purchased rather than reporting unused amounts as inventory on the statement of net position and

To the Board of Directors
California Tahoe Emergency Services Operations Authority

General Fund balance sheet as required by accounting principles generally accepted in the United States of America. The amount of the inventory was unknown, but was expected to be material to the financial statements.

Opinions

In our opinion, except for the effects of understating inventory and overstating expenses on the June 30, 2016 financial statements due to the JPA not recording inventory as described in the Basis for Qualified Opinions paragraph, the financial statements referred to above present fairly, in all material respects, the financial position of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority as of June 30, 2016, and the respective changes in financial position thereof and the budgetary comparison for the General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America as well as accounting systems prescribed by the State Controller's Office and state regulations governing special districts.

Correction of Error

As described in Note J to the financial statements, the JPA corrected an error in the July 1, 2015 government-wide net position and fund balance in the General Fund to accrue certain expenses paid during the year ended June 30, 2016 that were incurred as of July 1, 2015. Our opinion is not modified with respect to that matter.

Other Matters

Prior Period Financial Statements

The financial statements of California Tahoe Emergency Services Operations Authority as of June 30, 2015, were audited by other auditors whose report dated February 26, 2016, expressed unmodified opinions on those statements. As discussed in Note J, the JPA restated its June 30, 2015 financial statements to accrue certain expenditures to report the financial statements in accordance with accounting principles generally accepted in the United States of America. The other auditors reported on the June 30, 2016 financial statements before the restatement.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, as listed in the accompanying table of contents, be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 20, 2017 on our consideration of the JPA's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the JPA's internal control over financial reporting and compliance.

Richardson & Company, LLP

October 20, 2017

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2016

The discussion and analysis of California Tahoe Emergency Services Operations Authority's (JPA) financial performance provides an overall review of the JPA's financial activities for the fiscal year ended June 30, 2016. The intent of this discussion and analysis is to look at the JPA's financial performance as a whole. To provide a complete understanding of the JPA's financial performance, please read it in conjunction with the Independent Auditor's Report on page 1, notes to the basic financial statements and the JPA's financial statements.

The Management's Discussion and Analysis (MD&A) is an element of the reporting model adopted by the Governmental Accounting Standards Board (GASB) in Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*, issued June 1999. Certain comparative information is required to be presented in the MD&A.

FINANCIAL HIGHLIGHTS

- The JPA is a contract provider to the County of El Dorado with its primary funding source through County Service Area #3 (CSA #3.) All costs are budgeted expenditures through the County of El Dorado Health and Human Services Agency. All funds budgeted in excess of actual expenditures are returned at the end of each fiscal year.
- The JPA approved the implementation of cost saving measures by instituting caps on the amount member districts would be reimbursed for certain expenditures during 2015 that resulted in cost savings during the year ended June 30, 2016. This included a \$1,000,000 cap on the Class 30, salary and benefit expenses, and \$20,000 cap on the Class 40, services and supplies expenses.
- The JPA's total net position was \$966,861 at June 30, 2016, a decrease of \$84,004 from the June 30, 2015 restated balance of \$1,050,865. This net loss was due to expenses exceeding revenues, mainly due to the cost of long-distance transportation exceeding the increase in the contract service fees received from the County of El Dorado (the County). This accelerated the replacement schedule of the ambulances. The June 30, 2015 net position includes a restatement of \$78,476 to reduce the amount reported last year for certain expenses that were incurred during fiscal 2015 that were not accrued as expenses.
- The JPA purchased three cardiac monitors reported as capital assets totaling \$95,078 and disposed of two ambulances during the year. One ambulance was sold for \$12,500 and the other ambulance was donated to the West Slope JPA (Eldorado County Emergency Services Authority).
- The City of South Lake Tahoe (City) became a non-transporting member. The JPA took over responsibility for staffing the ambulances previously staffed by the City and hired an administrative officer due to the additional workload this caused. The JPA did not have any staff on payroll prior to this event.
- The JPA admitted a new member in August of 2017, the Fallen Leaf Lake Community Services District Fire Department. The JPA's Bylaws were amended to add a new Board Member from this agency.

OVERVIEW OF THE FINANCIAL STATEMENTS

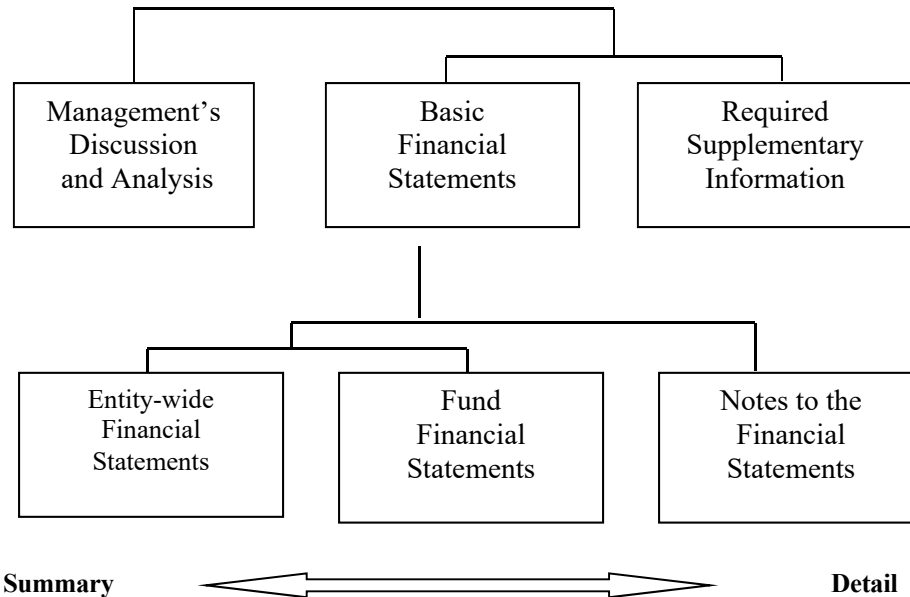
This annual report consists of three parts – management's discussion and analysis (this section), the basic financial statements, and required supplementary information. These statements are organized so the reader can understand the California Tahoe Emergency Services Operations Authority as a financial whole, an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2016

Components of the Financial Section



The first two statements are *entity-wide or government-wide financial statements*, the Statement of Net Position and Statement of Activities. These statements provide information about the activities of the whole JPA, presenting both an aggregate view of the JPA's finances and a longer-term view of those finances using the full accrual basis of accounting. Fund financial statements provide the next level of detail. For governmental funds, these statements tell how services were financed in the short-term using the modified accrual basis of accounting as well as what remains for future spending. A comparison of the JPA's general fund budget is included.

The financial statements also include notes that explain some of the information in the statements and provide more detailed data. The statements are followed by a section of required supplementary information that further explains and supports the financial statements.

Reporting the JPA as a Whole

Statement of Net Position and the Statement of Activities

These two statements provide information about the JPA as a whole using accounting methods similar to those used by private-sector companies. The statement of net position includes all of the JPA's assets and liabilities using the accrual basis of accounting. This basis of accounting takes into account all of the current year's revenues and expenses regardless of when cash is received or paid. These statements report information on the JPA as a whole and its activities in a way that helps answer the question, "How did we do financially during the year ended June 30, 2016?"

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2016

These two statements report the JPA's net position and changes in that position. This change in net position is important because it tells the reader that, for the JPA as a whole, the financial position of the JPA has improved or diminished. The causes of this change may be the result of many factors, some financial, some not. Over time, the increases or decreases in the JPA's net position, as reported in the Statement of Activities, are one indicator of whether its financial health is improving or deteriorating. The relationship between revenues and expenses indicates the JPA's operating results. However, the JPA's goal is to provide emergency services to our communities, not to generate profits as commercial entities. One must consider many other non-financial factors, such as the quality of care provided to assess the overall health of the JPA.

- ◆ Increases or decreases in the net position of the JPA over time are indications of whether its financial position is improving or deteriorating, respectively. The net position of the JPA decreased by \$84,004 during the year, mainly due to the increasing cost of members providing out of area transportation to the Bay Area. The JPA negotiated an increase on July 1, 2017 out of area transportation component of the contract service payments from the County from \$1,000 per month to \$20,000 per month to compensate the JPA for these additional costs.
- ◆ Additional non-financial factors such as condition of vehicles and changes to the property tax base of the JPA need to be considered in assessing the overall health of the JPA. The JPA serves semi-rural and wilderness areas, putting a lot of miles on the vehicles. The JPA has a replacement plan for ambulances based on mileage. The current replacement plan calls for one ambulance to be replaced or remounted approximately every two years.

Fund Financial Statements

The fund financial statements provide more detailed information about the inflow and outflow of the JPA's resources in the current year – not the JPA as a whole.

Major Governmental Funds

- ◆ Governmental Funds

All of the JPA's activities are reported in one governmental fund, the General Fund. Governmental funds focus on how money flows into and out of the funds and the balances that remain at the end of the year. They are reported using an accounting basis called modified accrual basis of accounting, which measures cash and all other financial assets that can readily be converted to cash. The governmental fund statements provide a detailed short-term view of the JPA's operations and services that help determine whether there are more or fewer financial resources that can be spent in the near future to finance the JPA's programs.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2016

FINANCIAL ANALYSIS OF THE GOVERNMENT-WIDE STATEMENTS

The JPA's net position was \$966,861 at June 30, 2016, consisting of \$452,303 invested in capital assets and \$514,558 of unrestricted net position. The government-wide balances are presented in the table below.

COMPARATIVE STATEMENT OF NET POSITION

	Governmental Activities			
	2016	2015 As Restated	\$ Change	% Change
ASSETS				
Cash and investments	\$ 500,819	\$ 757,341	\$ (256,522)	-34%
Accounts receivable		608	(608)	-100%
Prepaid items	16,013	6,102	9,911	162%
Performance deposit	50,000	50,000	-	
Capital assets, net of depreciation	452,303	557,917	(105,614)	-19%
TOTAL ASSETS	1,019,135	1,371,968	(352,833)	-26%
LIABILITIES				
Accounts payable and other liabilities	52,274	321,103	(268,829)	-84%
TOTAL LIABILITIES	52,274	321,103	(268,829)	-84%
NET POSITION				
Net investment in capital assets	452,303	557,917	(105,614)	-19%
Unrestricted	514,558	492,948	21,610	4%
TOTAL NET POSITION	\$ 966,861	\$ 1,050,865	\$ (84,004)	-8%

Total assets decreased by \$352,833, including a decrease in cash of \$256,522 and a decrease in capital assets of \$105,614, offset by an increase in prepaids of \$9,911. The decrease in cash was mainly due to the change in payables of \$268,829, purchase of capital assets in the amount of \$95,078 and the change in net position (net loss) of \$84,004, less non-cash depreciation expense of \$187,240. The decrease in capital assets was due to the sale of one ambulance and donation of another ambulance to other agencies and depreciation, offset by the purchase of three cardiac monitors in the amount of \$95,078.

The JPA's net position decreased \$84,004 during the fiscal year from the restated net position of \$1,050,865. The JPA's expenses for providing ambulance and dispatch services represented 99% percent of total expenses as described in the table below.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2016

COMPARATIVE STATEMENT OF ACTIVITIES

		Governmental Activities 2015		
	2016	As Restated	\$ Change	% Change
REVENUES				
Program revenues	\$ 2,086,849	\$ 2,061,304	\$ 25,545	1%
General revenues				
Interest and investment earnings	2,220	2,050	170	8%
TOTAL REVENUES	2,089,069	2,063,354	25,715	1%
EXPENSES				
Regional ambulance and dispatch	2,173,073	2,376,532	(203,459)	-9%
TOTAL REVENUES	2,173,073	2,376,532	(203,459)	-9%
CHANGE IN NET POSITION	(84,004)	(313,178)	229,174	-73%
Net position, beginning of year	1,050,865	1,364,043	(313,178)	-23%
NET POSITION, END OF YEAR	\$ 966,861	\$ 1,050,865	\$ (84,004)	-8%

Program revenues increased by \$25,715, including contract service fees increase of \$18,434 from changes in the Ambulance Inflation Factor used by the County to adjust the service fees and other program revenue of \$8,163 representing additional “standby fees” incurred by member agencies to provide a dedicated ambulance at local events.

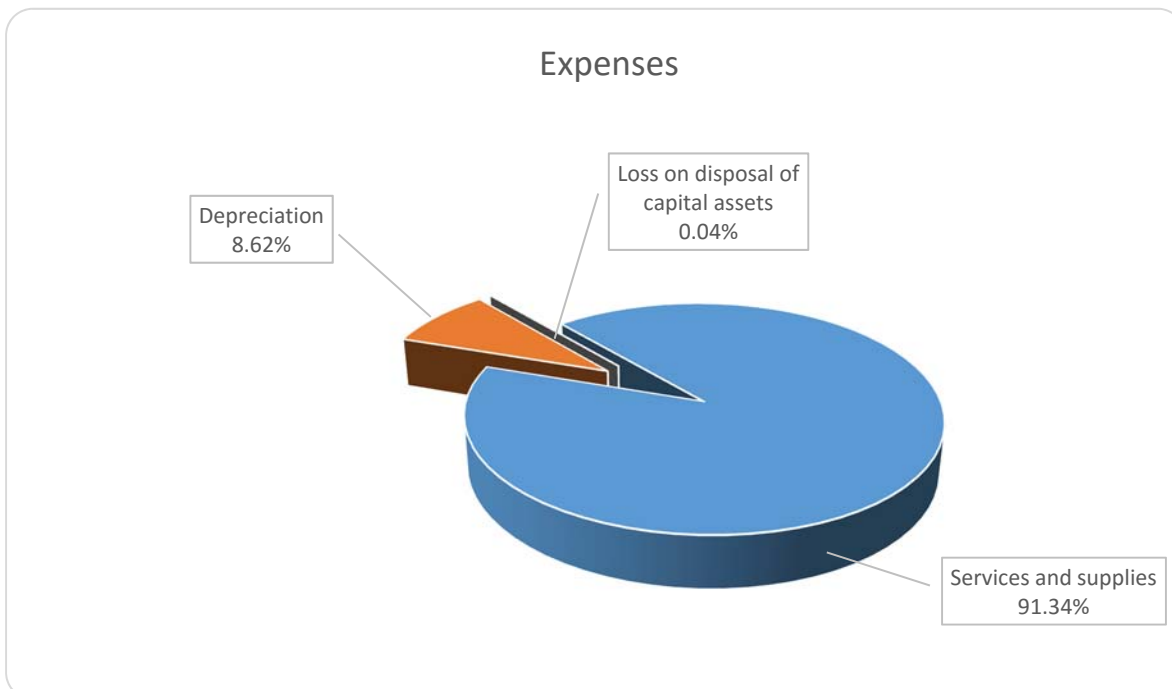
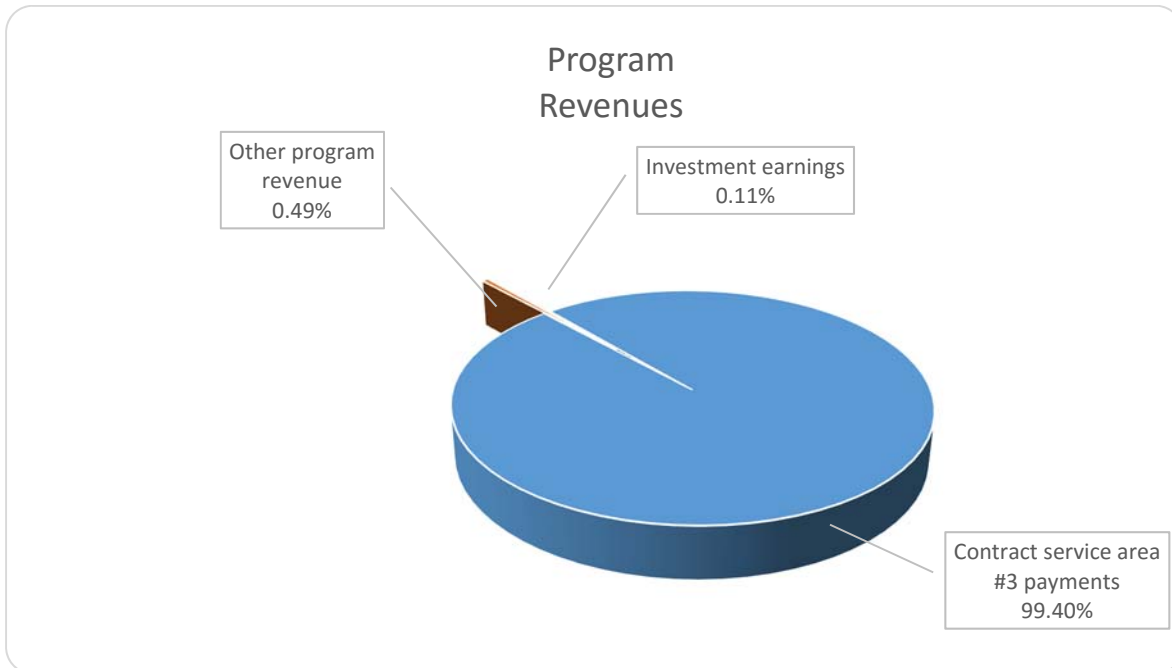
Expenses decreased by \$203,459 from the restated 2015 expenses, mainly from purchasing three of the six cardiac monitors in the FY 2016/2017. Lower training costs due to the City of Lake Tahoe not participating in the JPA’s training program and fuel prices declining.

As reported in the Statement of Activities, the cost of all of the JPA’s governmental activities this year was \$2.2 million. Program revenues were \$2.1 million. The charts below show the composition of program revenues and expenses for the year.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2016



FINANCIAL ANALYSIS OF THE GOVERNMENTAL FUND STATEMENTS

The General Fund financial statements focus on individual parts of the JPA's operations in more detail than the government-wide statements. The JPA's fund statements provide information on current inflows and outflows of spendable resources. All funds budgeted in excess of actual expenditures are returned at the end of each fiscal year.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

MANAGEMENT DISCUSSION AND ANALYSIS

FOR THE FISCAL YEAR ENDED JUNE 30, 2016

The total assets of the General Fund decreased by \$247,219, primarily due to the reduction of cash, offset by the increase in prepaid expenses as described previously. Total General Fund liabilities decreased by \$268,829 due to the reduction in accounts payable and other liabilities. This was mainly due to the timing of payment of continuing expenses. Fund balance of the General Fund increased by \$21,610 from the restated June 30, 2015 fund balance of \$492,948. Revenues increased by \$25,715, this was primarily due to contract service fees increasing by \$18,434 due to the Ambulance Inflation Factor increasing and other program revenue increasing by \$7,111 from additional standby fees received. The JPA also received \$12,500 from the sale of an ambulance during the year. Expenditures decreased by \$300,949, which was due to a reduction in capital outlay expense due the JPA purchasing an ambulance, power loader and other equipment during the prior year compared to monitors in the current year, lower training costs due to the City not participating in the JPA's training program and lower fuel prices.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

Comparative Schedule of Capital Assets June 30, 2016 and 2015

	2016	2015	Difference Increase (Decrease)
Equipment	\$ 1,310,834	\$ 1,516,560	\$ (205,726)
Accumulated depreciation	(858,531)	(958,643)	100,112
Totals	<u>\$ 452,303</u>	<u>\$ 557,917</u>	<u>\$ (105,614)</u>

Long-term Debt

The JPA had no outstanding debt at June 30, 2016.

GENERAL FUND BUDGETARY HIGHLIGHTS

The General Fund revenues on the budgetary basis were lower than the budget by \$8,751, primarily due to the Ambulance Inflation Factor increase provided for contract service payments being a lower percentage than anticipated in the budget. Expenditures were less than the budget by \$89,281, primarily due to only half of the monitors the JPA anticipated purchasing being purchased at year-end. The remaining monitors were purchased after year-end. Travel and transportation expenditures were also lower than budget due to the City not participating in the JPA's training program and fuel prices being lower than anticipated. These favorable variances were offset by the professional fees and contracts expenditures exceeding the budget by \$18,875, primarily due to standby fees that were earned by member agencies, maintenance expenses exceeding the budget due to two unanticipated ambulance repairs occurring during the year and legal fees exceeding the budget to have an attorney attend Board meetings.

CONTACTING THE JPA'S FINANCIAL MANAGEMENT

This financial report is designed to provide our citizens, taxpayers, parents, investors, and creditors with a general overview of the JPA's finances and to show the JPA's accountability for the money it receives. If you have questions about this report or need additional financial information, please contact the Executive Director, Ryan Wagoner, California Tahoe Emergency Services Operations Authority, 2951 Lake Tahoe Boulevard, South Lake Tahoe, CA 96150.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

STATEMENT OF NET POSITION AND
GOVERNMENTAL FUND BALANCE SHEET

June 30, 2016

	General Fund	Adjustments (Note F)	Statement of Net Position
ASSETS			
Cash and investments	\$ 500,819		\$ 500,819
Prepaid items	16,013		16,013
Performance deposit	50,000		50,000
Capital assets, net of depreciation		\$ 452,303	452,303
TOTAL ASSETS	\$ 566,832	452,303	1,019,135
LIABILITIES			
Accounts payable and other current liabilities	\$ 52,274		52,274
TOTAL LIABILITIES	52,274		52,274
FUND BALANCE			
Nonspendable	16,013	(16,013)	
Committed	219,304	(219,304)	
Unassigned	279,241	(279,241)	
TOTAL FUND BALANCE	514,558	(514,558)	
TOTAL LIABILITIES AND FUND BALANCE	\$ 566,832		
NET POSITION			
Investment in capital assets		452,303	452,303
Unrestricted		514,558	514,558
TOTAL NET POSITION		\$ 966,861	\$ 966,861

The accompanying notes are an integral part of these financial statements.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

STATEMENT OF ACTIVITIES AND GOVERNMENTAL FUND
REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE

For the Year Ended June 30, 2016

	General Fund	Adjustments (Note G)	Statement of Activities
EXPENDITURES/EXPENSES			
Ambulance services:			
Services and supplies	\$ 1,984,881		\$ 1,984,881
Capital outlay	95,078	\$ (95,078)	
Depreciation		187,240	187,240
(Gain) loss on disposal of capital assets		952	952
TOTAL EXPENDITURES/EXPENSES	<u>2,079,959</u>	<u>93,114</u>	<u>2,173,073</u>
PROGRAM REVENUES			
Operating grants and subsidies:			
Contract service area #3 payments	2,076,636		2,076,636
Charges for services:			
Other program revenue	10,213		10,213
TOTAL REVENUES	<u>2,086,849</u>		<u>2,086,849</u>
EXCESS OF REVENUES OVER EXPENDITURES	<u>6,890</u>		
NET PROGRAM REVENUES/(EXPENSES)		<u>(93,114)</u>	<u>(86,224)</u>
GENERAL REVENUES			
Investment earnings	2,220		2,220
TOTAL GENERAL REVENUES	<u>2,220</u>		<u>2,220</u>
OTHER FINANCING SOURCES			
Proceeds from sale of capital assets	12,500	(12,500)	
NET CHANGE IN FUND BALANCE	21,610	(21,610)	
CHANGE IN NET POSITION		(84,004)	(84,004)
Fund balance/net position, beginning of year - as previously reported	571,424	557,917	1,129,341
Restatement	(78,476)		(78,476)
Fund balance/net position, end of year - as restated	<u>492,948</u>	<u>557,917</u>	<u>1,050,865</u>
FUND BALANCE/NET POSITION, END OF YEAR	<u>\$ 514,558</u>	<u>\$ 452,303</u>	<u>\$ 966,861</u>

The accompanying notes are an integral part of these financial statements.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

STATEMENT OF REVENUES, EXPENDITURES
AND CHANGES IN FUND BALANCE
BUDGET AND ACTUAL - GENERAL FUND

For the Year Ended June 30, 2016

	Budgetary Basis				Adjustment to GAAP Basis	Actual Amounts - GAAP Basis
			Actual Amounts - Budgetary Basis	Variance With Final Budget Positive (Negative)		
	Budgeted Amounts					
	Original	Final				
REVENUES						
Contract service area #3 payments	\$ 2,087,020	\$ 2,087,020	\$ 2,076,636	\$ (10,384)		\$ 2,076,636
Fund balance appropriated	294,200	294,200	294,200		\$ (294,200)	
Other program revenue	10,000	10,000	10,213	213		10,213
Investment earnings	800	800	2,220	1,420		2,220
TOTAL REVENUE	2,392,020	2,392,020	2,383,269	(8,751)	(294,200)	2,089,069
EXPENDITURES						
Services and Supplies						
Professional fees/contracts	1,620,156	1,620,156	1,639,031	(18,875)		1,639,031
Dispatch contract	150,000	150,000	150,000			150,000
Supplies	102,000	102,000	100,128	1,872		100,128
Maintenance	29,384	29,384	35,986	(6,602)		35,986
Travel/transportation	45,000	45,000	30,928	14,072		30,928
Insurance	15,000	15,000	17,376	(2,376)		17,376
Telephone/radio	8,700	8,700	10,274	(1,574)		10,274
Special department			1,158	(1,158)		1,158
Contingency	5,000	5,000		5,000		
Equipment	2,000	2,000		2,000		
Addition to reserves of fund balance	222,780	222,780	222,780		(222,780)	
Capital outlay	192,000	192,000	95,078	96,922		95,078
TOTAL EXPENSES	2,392,020	2,392,020	2,302,739	89,281	(222,780)	2,079,959
EXCESS OF REVENUES OVER EXPENDITURES			80,530	80,530	(71,420)	9,110
OTHER FINANCING SOURCES						
Proceeds from sale of capital assets			12,500	12,500		12,500
NET CHANGE IN FUND BALANCE	\$ -	\$ -	93,030	\$ 93,030	\$ (71,420)	21,610
Fund balance/net position, beginning of year - as previously reported			571,424			571,424
Restatement			(78,476)			(78,476)
Fund balance/net position, beginning of year - as restated			492,948			492,948
FUND BALANCE AT END OF YEAR			\$ 585,978			\$ 514,558

The accompanying notes are an integral part of these financial statements.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS

June 30, 2016

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the California Tahoe Emergency Services Operations Authority (the JPA) have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to government units. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The most significant accounting policies of the JPA are described below.

Reporting Entity: California Tahoe Emergency Services Operations Authority (the JPA) was organized under the laws of the State of California on January 24, 2001 and began operations on September 1, 2001. The JPA is a joint exercise of powers entity (JPA) between the City of South Lake Tahoe Fire Department (the City), and the Lake Valley Fire Protection District (Lake Valley). The JPA is governed by a Board of Directors made up of two Lake Valley elected officials and two members of the City Council that are appointed by their governing body.

The purpose of the JPA is to provide ambulance and other emergency medical services within the Lake Tahoe basin and other portions of El Dorado County (County), as specified by a service agreement with the County ending September 1, 2021. The JPA owns six ambulances for this purpose, which were staffed by the member agencies through June 30, 2016. Dispatch services are also provided by the City under a dispatch agreement through the date of the services agreement. Operational funding for the JPA is handled through the County as part of the services agreement. The County accounts for the ambulance and other emergency services activities in the County Service Area (CSA) No. 3 Fund and its revenues are made up of:

- Property taxes
- Benefit assessment
- Ambulance billing
- Approximately \$10 million annually (combined total for both CSA 3&7)
- 40% from tax/assessments
- 60% from ambulance billing

The JPA's primary funding is received through a monthly service fee from the County from the County's CSA No. 3 Fund as part of the services agreement. Each year the service fee is evaluated and adjusted based on call volume, patient billing and the consumer price index (CPI) for the upcoming year. Interfacility transfers (IFT) and standby fees are not counted as part of the overall response volume, but rather are billed separately by the County. Billings for IFT's and are handled through a contractor, with collected revenues being placed into a separate County account. The County receives 7% of collections for operational costs and fees charged by the contractor. The service fees include a flat amount for long-distance transportation costs. Standby fees remitted to the JPA by the County are passed through to the related member agency.

A reporting entity is comprised of the primary government and its component units, which are entities for which the government is financially accountable. The JPA is not a component unit of any other entity and no other entities are considered to be component units of the JPA.

Basis of Presentation – Government-wide Financial Statements: The government-wide statement of net position and statement of activities display information about the non-fiduciary activities of the primary government (the JPA). These statements include the financial activities of the JPA.

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recognized when earned, and expenses are recognized when a liability is incurred, regardless of the timing of related cash flows. Nonexchange transactions in which the JPA gives (or receives) value without directly receiving (or giving) equal value in exchange, such as grants, are recognized when all eligibility requirements are met.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2016

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The statement of activities presents a comparison between direct expenses and program revenues for the JPA's governmental activities. Direct expenses are those that are specifically associated with the JPA. Program revenues include contract service area #3 payments and contributions that are restricted to meeting the operational requirements of the JPA. Revenues that are not classified as program revenues, including interest income, are presented as general revenues.

Measurement Focus, Basis of Accounting and Financial Statement Presentation: The accounts of the JPA are organized on the basis of funds. A fund is a separate accounting entity with a self-balancing set of accounts. The JPA accounts for its activities in the General Fund, which is accounted for as a governmental fund. Governmental funds are established for the purpose of accounting for specific activities in accordance with applicable regulations, restrictions or limitations. Major individual funds are reported as separate columns in the fund financial statements.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. With this measurement focus, only current assets, deferred outflows of resources, current liabilities and deferred inflows of resources are included on the balance sheet. Operating statements of these funds present increases (i.e. revenues and other financing sources) and decreases (i.e. expenditures and other financing uses) in net current assets. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the JPA considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Grant funds and exchange revenue earned but not received are recorded as a receivable. Grant funds and exchange revenue received before the revenue recognition criteria have been met are reported as deferred inflows or unearned revenues, respectively.

Expenditures generally are recorded when a liability is incurred, as under accrual accounting. However, long-term liabilities, compensated absences and expenditures related to claims and judgments are recorded only when payment is due. General capital assets are reported as capital outlay expenditures in governmental funds when purchased and proceeds from sales of capital assets are reported as other financing sources in the operating statement.

When both restricted and unrestricted resources are available, it is the JPA's policy to use restricted resources first, then unrestricted resources as they are needed. Expenditures against unrestricted resources first reduce committed, then assigned and finally unassigned fund balance.

The JPA's only major governmental fund is the General Fund. The General Fund is the general operating fund of the JPA and accounts for revenues collected to provide services and finance the fundamental operations of the JPA. The fund is charged with all costs of operations.

Performance Deposit: The JPA made a \$50,000 performance deposit to the County of El Dorado in 2013 under the terms of the JPA's service agreement. The City funded the deposit. The deposit may be returned at the end of the service agreement if the JPA meets the terms of the agreement and it would be returned to the City.

Capital Assets: Capital assets are stated at cost or estimated cost where no historical records exist. Donated capital assets are recorded at the acquisition value, which is the price that would be paid to acquire an asset with equivalent service potential in an orderly market transaction at the acquisition date. Maintenance and repair costs are expensed as incurred unless they extend the useful life of the asset. Capital assets with a value of \$500 or more are capitalized. Equipment is depreciated on a straight-line basis over 5 to 10 years depending on the asset type.

Fund Balance: Governmental funds report nonspendable, restricted, committed, assigned and unassigned balances.

Nonspendable Fund Balance – Fund balance should be reported as nonspendable when the amounts cannot be spent because they are either not in spendable form, or are legally or contractually required to be maintained intact. Nonspendable balances are not expected to be converted to cash within the next operating cycle, which include prepaid expenses and long-term receivables. The JPA's nonspendable fund balance is for prepaid items.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2016

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Restricted Fund Balance – Fund balance should be reported as restricted when constraints placed on the use of resources are either externally imposed by creditors, grantors, contributors, or laws or regulations of other governments, or imposed by law through constitutional provisions or enabling legislation. The JPA had no restricted fund balance.

Committed Fund Balance – Fund balance should be reported as committed when the amounts can only be used for specific purposes pursuant to constraints imposed by formal action of the government's highest level of decision-making authority, which is a Resolution of the Board of Directors. These amounts are committed for equipment replacement and cannot be used for any other purpose unless the governing body modifies or removes the commitment with another Resolution. The committed fund balance is maintained in a separate bank account and the interest is added to the reserve each year. Because the JPA was in the process of withdrawing funds from the County, in June 2016 the Board approved the use of \$155,000 of the committed funds for monthly expenses and payroll costs that began to be incurred in July 2016 when the JPA hired an Office Administrator and staffing for its ambulances. The Board of Directors also has a 10% operating contingency reserve approved by Commissioner Resolution that is not reported as committed fund balance because the terms for use of the contingency is not sufficiently detailed to meet the definition of committed under GASB Statement No. 54.

Assigned Fund Balance – Fund balance should be reported as assigned when the amounts are constrained by the government's intent to be used for specific purposes, but are neither restricted nor committed. The JPA had no assigned fund balance.

Unassigned Funds – Unassigned fund balance is the residual classification of the JPA's funds and includes all spendable amounts that have not been restricted, committed, or assigned to specific purposes.

Net Position: The government-wide financial statements present net position. Net position is categorized as the net investment in capital assets, restricted and unrestricted.

Investment in Capital Assets – This category groups all capital assets into one component of net position. Accumulated depreciation reduces the balance in this category.

Restricted Net Position – This category presents external restrictions imposed by creditors, grantors, contributors, laws or regulations of other governments and restrictions imposed by law through constitutional provisions or enabling legislation. The JPA had no restricted net position at year-end.

Unrestricted Net Position – This category represents net position of the JPA that is not restricted for any project or other purpose.

Budget: An annual budget is adopted on a basis consistent with generally accepted accounting principles for all governmental funds. The JPA's governing board adopts a preliminary budget by July 1 and a final budget no later than October 1. A public hearing must be conducted to receive comments prior to adoption. The JPA's governing board satisfied these requirements.

This budget is reviewed by the JPA Governing Board during the year to give consideration to unanticipated income and expenditures. Budget appropriations lapse at each year-end. The original and final budget are presented for the General Fund as required under Generally Accepted Accounting Principles (GAAP), with the exception of the amount approved in the budget to be added to the reserves of fund balance. The addition to reserves of fund balance is eliminated to report the actual expenses on the GAAP basis on the Statement of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual – General Fund.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2016

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

of resources, liabilities and deferred inflows of resources and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

NOTE B – CASH AND INVESTMENTS

At June 30, 2016, the Commission's cash consisted of deposits in financial institutions of \$219,304 and an investment in the County of El Dorado investment pool of \$281,515.

Investment policy: The JPA has not adopted an investment policy that addresses the risks to which the JPA is exposed; however, by practice the JPA invested funds not maintained in financial institutions in the County of El Dorado cash and investments pool (County Pool), which is invested by the County Treasurer. The County allocates interest to the various funds based upon the average daily cash balances. Investments held in the County Pool are available on demand to the JPA and are stated at amortized cost, which approximates fair value. The County's investment policy may be found in the notes to its Annual Financial Report at <http://www.edcgov.us/Auditor-Controller/CountyFinancialStatements.aspx>. The investment in the County Pool was transferred to a bank account in July 2017.

Interest rate risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The JPA manages its exposure to interest rate risk by investing in the County Pool. As of June 30, 2016, the weighted average maturity of the investments in the County Pool was approximately 277 days.

Credit Risk: Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The County Pool does not have a rating provided by a nationally recognized statistical rating organization.

Custodial Credit Risk: Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of a failure of the counter party (e.g. broker-dealer) to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit). The market value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. California law also allows financial institutions to secure public agency deposits by pledging first trust deed mortgage notes having a value of 150% of the secured public deposits. Custodial credit risk does not apply to a local government's indirect deposits or investment in securities through the use of governmental investment pools (such as the County's cash and investments pool).

At June 30, 2016, the carrying amount and the balance in the financial institution of the JPA's deposits was \$219,304 and \$372,388, respectively. Of the balance in financial institutions, \$250,000 was covered by federal depository insurance and the remaining amount was covered by a pledge of the financial institutions securities, but not in the name of the JPA.

Concentration of Credit Risk: This risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At year-end, the JPA was not exposed to concentration of credit risk.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2016

NOTE C – CAPITAL ASSETS

Capital asset activity was as follows for the year ended June 30:

	Balance June 30, 2015	Additions	Disposals	Balance June 30, 2016
Capital assets being depreciated:				
Equipment	\$ 1,516,560	\$ 95,078	\$ (300,804)	\$ 1,310,834
Less accumulated depreciation for:				
Equipment	(958,643)	(187,240)	287,352	(858,531)
Total capital assets being depreciated, net	<u>\$ 557,917</u>	<u>\$ (92,162)</u>	<u>\$ (13,452)</u>	<u>\$ 452,303</u>

NOTE D – COMMITMENTS AND CONTINGENCIES

Legal Contingencies: The JPA is subject to claims arising from the normal course of business. In the opinion of management and legal counsel, the disposition of all claims is not expected to have a material adverse effect on the financial position of the JPA.

El Dorado County Contract: El Dorado County has contracted with the JPA to provide full service emergency and non-emergency pre-hospital advanced life support services, dispatch services, and non-emergency transports for the area known in El Dorado County as County Service Area (CSA) No. 3 South Shore area, except for the Tahoe West Shore Zone of Benefit. Under the terms of this agreement, the JPA receives a set amount per month, which is adjusted annually for volume changes and the consumer price index. This is a significant revenue source for the JPA that would have a significant impact on the JPA's services if it were to lose this revenue source.

Under the terms of the contract, audits may be required and certain items may be questioned as not being appropriate under the terms of the contract. Such audits could lead to request for reimbursement to the County. No such reimbursement requests have been made by the County.

Change in Status of Member: On December 7, 2015, the City of South Lake Tahoe announced at its City Council meeting that the South Lake Tahoe Fire Department would no longer be a transporting member of the JPA. The South Lake Tahoe Fire Department employed ambulance drivers and paramedics operating the JPA's ambulances, which resulted in the JPA assuming responsibility for ambulance operations as described in the Subsequent Events footnote.

NOTE E – RISK MANAGEMENT

The JPA is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees and natural disasters. The JPA contracts with American Alternative Insurance Corporation for property, liability, and auto and theft insurance coverage. There have been no reductions in coverage and settled claims have not exceeded this commercial coverage in the last three years.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2016

NOTE F – RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE SHEET WITH THE GOVERNMENT-WIDE STATEMENT OF NET POSITION

Total fund balances of the JPA's governmental fund differs from net position of governmental activities primarily because of the long-term focus of the statement of net position versus the current financial resources focus of the governmental fund balance sheet. The differences are described below:

Fund balance of governmental funds	\$ 514,558
Capital assets used in governmental activities are not current financial resources and therefore are not reported in the governmental funds.	
Capital assets, net	<u>452,303</u>
Net position in the government-wide statement of net position	<u>\$ 966,861</u>

The net change in fund balances of governmental fund differs from the change in net position of governmental activities primarily because of the long-term focus of the statement of net position versus the current financial resources focus of the governmental funds balance sheet. The differences are described below:

Net change in fund balance of governmental funds	\$ 21,610
Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of capital assets is allocated over their estimated useful lives as depreciation expense. Also, governmental funds report proceeds from sale of capital assets while gains or losses on disposal of capital assets are reported in the statement of activities. The change in capital assets consists of:	
Capital outlay	95,078
Depreciation	(187,240)
Difference between proceeds from sale and gain on disposal of capital assets	<u>(13,452)</u>
Change in net position of the statement of activities	<u>\$ (84,004)</u>

NOTE G – RELATED PARTY TRANSACTIONS

The JPA has the City and Lake Valley as members. Transaction with members include the following expenditures:

	City	Lake Valley
Reimbursement of payroll and related costs	\$ 814,272	\$ 415,920
Dispatch contract	150,000	
Management fee	145,000	145,000
Vehicle maintenance		35,986
Standby fees and other		34,743
Fuel		11,432
Communications		<u>4,530</u>
	<u>\$ 1,109,272</u>	<u>\$ 647,611</u>

Payables to the City and Lake Valley at June 30, 2016 were \$12,500 and \$34,660, respectively.

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

NOTES TO BASIC FINANCIAL STATEMENTS (Continued)

June 30, 2016

NOTE H – SUBSEQUENT EVENTS

As discussed in Note D above, the City of Lake Tahoe Fire Department pulled out of the JPA in July of 2016. Consequently, the JPA hired the ambulance drivers and paramedics operating the JPA's ambulances that were previously employed by the City and assumed responsibility for ambulance operations through the end of the JPA service agreement with the County. The additional costs incurred due to this action was funded with the amounts previously paid to the City for payroll and management of the ambulances. The JPA now retains these funds for use on operations. The City will continue to perform dispatch services through the end of the service agreement for \$150,000 per year for which the County agreed to pay an additional \$60,000 per year. In addition, in November 2016 the JPA and City entered into an agreement allowing the JPA to lease Fire Station #2 from the City through October 31, 2019 at no cost to the JPA to store the ambulances.

On December 22, 2016, the JPA purchased a new ambulance and related expenses for approximately \$180,000, of which \$170,000 was funded by the County of El Dorado through the County's CSA No. 3 Fund. On July 10, 2017, the Board of Directors approved the purchase of one additional new and one remounted ambulance and related expenses for \$321,442, of which \$320,000 was funded by the County of El Dorado through the County's CSA No. 3 Fund.

The Governor signed Assembly Bill (AB) No. 545 on July 24, 2017, which allows private, nonprofit hospitals in the County of El Dorado to enter into a joint powers agreement with a public agency beginning January 1, 2018. AB 545 makes it possible for the local non-profit hospital in South Lake Tahoe, Barton Healthcare System, to join the JPA in the future.

The JPA has experienced significant additional costs for long-distance transportation during the year ended June 30, 2016 due to a significant number of the trips occurring to San Francisco Bay Area facilities. The JPA received a flat amount of \$1,000 per month for long-distance transportation during the year ended June 30, 2016. During the year ended June 30, 2017, the County agreed to increase the monthly amount included in the JPA's service fees for long-distance transportation to a flat amount of \$20,000 per month.

In August 2017, the JPA admitted the Fallen Leaf Lake Community Services District Fire Department (FLLCSDFD) as a new member. As part of the agreement to admit the FLLCSDFD, the JPA agreed to amend its Bylaws to add a FLLCSDFD Board Member to the JPA Board of Directors.

NOTE I – CORRECTION OF ERROR

During the June 30, 2016 audit, the JPA corrected an error in the July 1, 2015 government-wide net position and fund balance in the General Fund to accrue certain expenses/expenditures paid during the year ended June 30, 2016 that were incurred as of June 30, 2015. As a result of this error correction, the government-wide net position and fund balance in the General Fund as of July 1, 2015 decreased by \$78,476.



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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

To the Board of Directors
California Tahoe Emergency Services Operations Authority
South Lake Tahoe, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the California Tahoe Emergency Services Operations Authority (the JPA), as of and for the year ended June 30, 2016, and the related notes to the financial statements, which collectively comprise the JPA's basic financial statements, and have issued our report thereon dated October 20, 2017. Our report expressed modified opinions on the financial statements due to JPA reporting its inventory of medical supplies and drugs as expenditures when purchased rather than reporting unused amounts as inventory on the statement of net position and General Fund balance sheet as required by accounting principles generally accepted in the United State of America.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the JPA's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the JPA's internal control. Accordingly, we do not express an opinion on the effectiveness of the JPA's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the JPA's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a deficiency in internal control, described in the accompanying schedule of findings and responses as finding 2017-001 that we consider to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the JPA's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant

To the Board of Directors
California Tahoe Emergency Services Operations Authority

agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

The JPA's Response to Findings

The JPA's response to the findings identified in our audit is described in the accompanying schedule of findings and responses. The JPA's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of compliance and the results of that testing, and not to provide on the effectiveness of the JPA's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards*, in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Richardson & Company, LLP

October 20, 2017

CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY

SCHEDULE OF FINDINGS AND RESPONSES

June 30, 2016

INTERNAL CONTROL OVER FINANCIAL REPORTING

Finding 2016-001

Condition: A number of audit adjustments were necessary to properly report the JPA's financial activity in accordance with generally accepted accounting principles (GAAP), which is an indication of missing internal controls over financial reporting.

Criteria: Internal controls over financial reporting should be in place to ensure management has the ability to initiate, record, process and report financial data consistent with the assertions of management in the financial statements.

Cause: The District did not have sufficient staff knowledgeable about GAAP accounting with the time necessary to devote to review ending balances and post entries necessary to properly report financial activity in the general ledger. In addition, much of the information necessary to identify necessary closing entries was not provided by the County of El Dorado staff due to the transition for accounting to a contract accountant.

Effect: A restatement of beginning net position/fund balance was reported and the audit took significantly more time to complete than expected. Also, the budget versus actual information reported to the Board of Directors changed significantly, which may have affected the usefulness of the information for decision making purposes. Transaction classes needing adjustment included payables for work performed during the year that were paid after year-end, prepaid expenditures for payments made during the year for expenses related to the subsequent fiscal year, cash accounts to match bank account balances and capital asset cost, accumulated depreciation and depreciation expense. In addition, fund balance accounts were revised to match the prior year financial statements and changes in the commitment for ambulance replacements and revenues were reclassified for reporting purposes.

Recommendation: We recommend the JPA staff work with the contract accountant to review invoices paid and receipts collected near year-end ensure the transactions are reported in the period the related work was performed. JPA staff should update the capital asset detail list for asset additions and disposals and then adjust the cost, accumulated depreciation and depreciation expense accounts in the general ledger. JPA Staff should also post the audit adjustments provided to make sure fund balance rolls-forward and should use a separate set of self-balancing accounts for the government-wide adjustments related to capital assets. It would be useful to use separate general ledger accounts for the individual professional services expenditure categories budgeted separately in the JPA's budget. This would make it easier to identify whether twelve payments were accrued in the general ledger and the amounts were properly cut-off at year-end.

Management's Response: The JPA was in the process of assuming responsibility for the JPA's accounting and had difficulty obtaining documentation for checks cut and receipts collected near the June 30, 2016 audit date. Now that the JPA has control of the general ledger, it will be possible to reconcile individual transactions and ensure the general ledger is updated prior to the audit. The JPA is currently working with the contract accountant to implement these recommendations.

PRIOR YEAR FINDINGS

None

APPENDIX J Contents: Ambulance Information

J2 – J5	Ambulance Tracking updated 2019
J6 – J9	Cal Tahoe (CTESOA) Ambulance Maintenance Plus Checklist 2019
J10 – J51	Cal Tahoe (CTESOA) Ambulance Spec 2017
J52	CTESOA Remount Plan
J53 – J 58	LVPFD Maintenance Agreement 2018

CAL TAHOE AMBULANCE
So. Lake Tahoe Dept.
Mileage Expense Data
Dec 2001 - June 2011

UNIT ID #													
Dec 2001 - Dec 2002													
		Mileage			Mi Per Mo	Expenses	\$ Per Mo						
Maint # 2023	Med - 1	21,950			1,829	2,040.23	170						
Maint # 8116	Med - 3	24,200			2,016	1,418.61	118						
Maint # 2024	Med - 7	33,250			2,708	2,852.10	226						
	Total	79,400			6,553	\$ 6,310.94	\$514						
	Total	Per Yr		78,636						cost per mile	\$0.08		
Dec 2002 - Dec 2003													
		Mileage			Mi Per Mo	Expenses	\$ Per Mo						
Maint # 2024	Med - 1	62,211			1,954	5,273.75	439						
Maint # 8116	Med - 3	44,049			1,654	4,021.86	335						
Maint # 2023	Med - 7	49,649			2,953	6,786.75	565						
	Total	155,909			6,561	\$ 16,082.36	\$1,339						
	Total	Per Yr		78,732						cost per mile	\$0.20		
Dec 2003 - Dec 2004													
		Mileage			Mi Per Mo	Expenses	\$ Per Mo						
Maint # 2023	Med - 1	71,000			1,583	\$ 5,655.69	\$ 471.00						
Maint # 8116	Med - 3	71,000			1,666	\$ 5,655.52	\$ 471.00						
Maint # 2024	Med - 2	84,000			1,666	\$ 4,596.94	\$ 383.00						
Maint #5772	Med - 7	12,440			2,000	\$ -	\$ -						
	Total	238,440			6,915	\$ 15,908.15	\$ 1,325.00						
	Total	Per Yr		82,980						cost per mile	\$0.19		
Dec 2004 - Dec 2005													
		Mileage			Mi Per Mo	Expenses	\$ Per Mo						
Maint # 2024	Med - 1	99,380			1,833	\$ 3,598.55	\$ 299.00						
Maint # 8116	Med - 3	89,000			850	\$ 4,087.00	\$ 340.00			*note* NLTFD dropped out of IFT's in			
Maint # 2023	Med - 2	81,500			2,000	\$ 2,475.00	\$ 206.00			late 2005 thus increasing mileage			
Main # 5772	Med - 7	42,500			2,416	\$ 6,738.14	\$ 516.00						
	Total	312,380			7,099	\$ 16,898.69	\$ 1,361.00						
	Total	Per Yr		86,000						cost per mile	\$0.20		
Dec 2005-Dec 2006													
		Mileage			Mi Per Mo	Expenses	\$ Per Mo						
Maint # 2024	Med-1	115,000			268	\$4,088.00	\$340.67			2024 out of service & removed from fleet 9/06			
Maint #1740	Med-1	9,770			814	\$114.88	\$9.57			1740 in service 9/06			
Maint # 8116	Med-2	111,304			1,960	\$5,466.72	\$455.56			Note/ 2006 was a replacement year for 1 unit			
Maint # 2023	Med-7	106,085			330	\$5,049.65	\$420.80			and the addition of the fifth unit in the fleet.			
Maint # 5772	Med-6	68,570			2,297	\$3,859.45	\$321.62			1740 was a complete new unit 1741 was our first			
Maint #1741	Med-3	3,276			1,638	\$0.00	\$0.00			remount it was put in service 11/06			
	Total	414,005			7,307	\$18,578.70	\$1,548.23						
	Total Year	Per Yr		87,686						cost per mile	\$0.21		
Dec 2006 - Dec 2007													
		Beg / Mi	End / Mi		Mi Per Mo	Expenses	\$ Per Mo						
Maint#1740	Med-1	9770	32,424		1,888	\$ 3,549.79	\$296.00						
Maint#2023	Med-new	106,085	112,950		572	\$ 3,890.18	\$324.00						
Maint#1741	Med-3	3,276	21,284		1,500	\$ 3,079.67	\$257.00			**note** reduction in mileage resulting from			
Maint#5772	Med-6	68,570	85,281		1,393	\$ 5,697.57	\$475.00			Kirkwood clinic transfer changes			
Maint#7714	Med-7		18,841		1,570	\$ 2,528.77	\$210.73						
Maint#8116	Med-2 old	111,304	113,286		193	\$ -	\$0.00			out of service 4-14-07			
	Total		384,066		7,116	\$ 18,745.98	\$1,562.73						
	Total Per Year	Per Yr		85,396						cost per mile	\$0.23		

CAL TAHOE AMBULANCE
So. Lake Tahoe Dept.
Mileage Expense Data
Dec 2001 - June 2011

July 1, 2007 - June 31, 2008 **note** switch tracking from calendar year to fiscal year													
		Beg / Mi	End / Mi	Total Mi	Mi Per Mo	Expenses	\$ Per Mo						
Maint#1740	Med-1	19,500	50,089	30,589	2549	\$ 6,246.23	\$ 520.52						
Maint#2023	Med-2 old	112,537	113,204	667	56	\$ 197.69	\$ 16.47	**note** vehicle out of service as of April 3, 2008					
Maint#1741	Med-3	15,222	36,922	21,700	1808	\$ 4,755.21	\$ 396.27						
Maint#5772	Med-6	85,281	89,971	4,690	391	\$ 4,461.16	\$ 371.76						
Maint#7714	Med-7	8,000	38,740	30,740	2562	\$ 4,810.93	\$ 400.91						
Maint#2855	Med-2 new	0	0	0	0	\$ -	\$ -	**note** vehicle in service July 21, 2008					
	Total				7366	\$ 20,471.22	\$ 1,705.93						
Total Miles for Year all ambulances				88,386					cost per mile	\$0.23			
July 1, 2008 - June 31, 2009													
		Beg / Mi	End / Mi	Total Mi	Mi Per Mo	Expenses	\$ Per Mo						
Maint#1740	Med-1	50,089	56,185	6,096	508	\$ 4,058.75	\$ 338.23						
Maint#1741	Med-3	36,922	54,319	17,397	1450	\$ 4,894.56	\$ 407.88						
Maint#5772	Med-6	89,971	104,228	14,257	1188	\$ 3,371.60	\$ 280.97						
Maint#7714	Med-7	38,740	58,505	19,765	1647	\$ 3,658.50	\$ 304.88						
Maint#2855	Med-2 new	0	32,510	32,510	2709	\$ 2,497.14	208.095						
	Total				7502	\$ 18,480.55	\$ 1,540.05						
Total Miles for Year all ambulances				90,025					cost per mile	\$0.20			
July 1, 2009 - June 31, 2010													
		Beg / Mi	End / Mi	Total Mi	Mi Per Mo	Expenses	\$ Per Mo						
Maint#1740	Med-1	56,185	75,469	19,284	1607	\$ 5,826.57	\$ 485.55						
Maint#1741	Med-3	54,319	72,392	18,073	1506	\$ 4,967.61	\$ 413.97						
Maint#5772	Med-6	104,228	125,547	21,319	1777	\$ 5,368.32	\$ 447.36						
Maint#7714	Med-7	58,505	72,907	14,402	1200	\$ 4,279.05	\$ 356.59						
Maint#2855	Med-2	32,510	52,138	19,628	1636	\$ 4,023.45	335.2875						
	Total				7726	\$ 24,465.00	\$ 2,038.75						
Total Miles for Year all ambulances				92,706					cost per mile	\$ 0.26			
July 1, 2010 - June 31, 2011													
		Beg / Mi	End / Mi	Total Mi	Mi Per Mo	Expenses	\$ Per Mo						
Maint#1740	Med-1	75,469	90,001	14,532	2211	\$ 3,723.20	\$ 310.27						
Maint#1741	Med-3	72,392	98,106	25,714	2143	\$ 5,937.10	\$ 494.76						
Maint#5772	Med-6	125,547	147,383	21,836	1820	\$ 8,123.92	\$ 676.99						
Maint#7714	Med-7	72,907	93,356	20,449	1704	\$ 5,432.13	\$ 452.68						
Maint#2855	Med-2	52,138	78,950	26,812	2234	\$ 3,556.97	3,556.97						
	Total				9112	\$ 26,773.32	\$ 5,491.67						
Total Miles for Year all ambulances				109,343					cost per mile	\$ 0.24			
July 1, 2011 - June 31, 2012													
		Beg / Mi	End / Mi	Total Mi	Mi Per Mo	Expenses	\$ Per Mo						
Maint#7187	Med-1	0	0	0	0	\$ -	\$ -	**Note in service Nov 8 2012					
Maint#7188	Med-3	0	0	0	0	\$ -	\$ -	**Note in service Nov 19 2012					
Maint#8332	Med-2	0	16,440	16,440	2,348	\$ 1,392.13	\$ 198.87	**Note in service Dec 1 2011					
Maint#2855	Med-6	78,950	107,683	28,733	2,394	\$ 6,550.96	\$ 545.91						
Maint#3134	Med-7	0	0	0	0	\$ -	\$ -	**Note in service Aug 15 2012					
Maint#1740	Med-5	90,001	107,473	17,472	1,465	\$ 3,869.47	\$ 322.45	**Note old Med-1/To remain Inserv. As Med-5					
Maint#5772	Old Med-6	147,838	149,154	1,316	658	\$ 1,356.18	\$ 678.09	**Note out of service Sept 12 2011					
Maint#1741	Old Med-3	98,106	118,916	20,810	1,734	\$ 3,768.00	\$ 314.01						
Maint#7714	Old Med-7	93,356	117,664	24,308	2,025	\$ 6,054.65	\$ 504.55	**Note out of service Aug 1 2012					
	Total				10,615	\$ 22,991.39	\$ 2,563.88						
Total Miles for year all ambulances				109,079					cost per mile	\$ 0.21			

CAL TAHOE AMBULANCE
So. Lake Tahoe Dept.
Mileage Expense Data
Dec 2001 - June 2011

July 1, 2012 - June 31, 2013													
		Beg / Mi	End / Mi	Total Mi	Mi Per Mo	Expenses	\$ Per Mo						
Maint#7187	Med-1	952	19,500	18,548	2,318	\$ 1,806.16	\$ 225.77						
Maint#7188	Med-3	980	16,000	15,020	1,877	\$ 1,639.95	\$ 204.99						
Maint#8332	Med-5	16,590	30,600	14,010	1,167	\$ 2,471.27	\$ 205.95						
Maint#2855	Med-6	107,600	110,256	2,656	221	\$ 588.64	\$ 49.05						
Maint#3134	Med-7	1,435	36,000	34,565	3,142	\$ 5,864.15	\$ 533.10						
Maint#1740	Med-2	107,473	114,000	6,527	543	\$ 1,252.13	\$ 104.34						
Maint#1741	Old Med-3	118,916	120,976	2,060	412	\$ 2,546.28	\$ 127.31	**Note out of service Nov 8 2012					
	Total				9,680	\$ 16,168.58	\$ 1,450.51						
Total miles for year all ambulances				93,386				cost per mile	\$ 0.17				
July 1, 2013 - June 31, 2014													
		Beg / Mi	End / Mi	Total Mi	Mi Per Mo	Expenses	\$ Per Mo						
Maint#7187	Med-1	19,500	49,557	30,057	2,504	\$ 4,421.50	\$ 368.45						
Maint#7188	Med-3	16,000	52,725	36,725	3,060	\$ 6,822.17	\$ 568.51						
Maint#8332	Med-2	30,600	38,805	8,205	684	\$ 1,400.58	\$ 116.72						
Maint#2855	Med-6	110,256	111,158	902	108	\$ 1,089.67	\$ 90.80						
Maint#3134	Med-7	36,000	73,331	37,331	3,111	\$ 6,135.20	\$ 511.27						
Maint#1740	Med-5	114,000	115,244	1,244	103	\$ 2,588.61	\$ 215.72						
	Total				9,570	\$ 22,457.73	\$ 1,871.47						
Total miles for year all ambulances				114,164				cost per mile	\$ 0.20				
July 1, 2014 - June 31, 2015													
		Beg/Mi	End/ Mi	Total Mi	Mi Per Mo								
Maint#7187	Med-1	52,913	78,679	25,766	2,147								
Maint#7188	Med-3	60,329	109147	48,818	4,068								
Maint#8332	Med-2	40,679	51,165	10,486	873								
Maint#2855	Med-6	111,760	114,425	2665	222								
Maint#3134	Med-7	78,440	103,050	24610	2050								
Maint#1740	Med-5	115,761	131,689	15,928	1,327								
Total miles for year all ambulances				128,273									
July 1, 2015 - June 31, 2016													
		Beg/ Mi	End/ Mi	Total Mi	Mi Per Mo								
Maint#7187	Med-3	81,467	112,578	31,111	2,592	Due to breakdowns M1 & M3 have trade places frequently							
Maint#7188	Med-1	99,380	110,524	11,144	928	Moved from Med 6 status to Med 1 due to breakdowns							
Maint#8332	Med-5	51,165	55,728	4,563	380	Moved to Station 7 to become Medic 5							
Maint#3134	Med-7/6	109,023	133,848	27,825	2,068	Unit was in service as Medic 7 until 8/5/16 then placed as Medic 6							
Maint#1740	Old Med 5	131,702	140,991	9,289	774	Sold To Reno Fire 2/4/2016 for \$12,500							
Maint#9845	Med-7	0	64,094	64,094	6,409	New Unit in service 8/5/2015 10 months in service							
Maint#2855	Med-2	114,425	117,387	2,965	246	Moved to Staion 2 from Airport to become Medic 2 reserve							
Total miles for year all ambulances				150,991									
Supplemental Mileage													
April 25, 2016 - Dec 1, 2016													
		Beg/Mi	End/Mi	Total/Mi	Mi Per Mo								
Maint#7187	Med-3	105,896	127,555	21,659	3,094	Both med3 and med1 have had significant downtime for major repairs and							
Maint#7188	Med-1	99,987	115,744	15,757	2,251	Frequent breakdowns, 8332 and 3134/2855 have absorbed the mileage							
Maint#8332	Med-5	55,652	61,579	5,927	846	Has spent a lot of time in service as both med1/med3 due to breakdowns							
Maint#2855	Med-6	117,207	118026	819	117	Sta6 Med6 cross staffed, low usage least reliable unit in fleet old 6.0 dsl							
Maint#3134	Med-2	131,798	139,901	8,220	1,174	Station 2 reserve, was med6 placed at 2 due to frequent breakdowns of 1&3							
Maint#9845	Med-7	55,047	85,822	30,775	4,396	Currently Med7 will become Med 3 when new unit arrives Dec 2016							
Maint#0447	Med-7					New unit arriving late Dec 2016							
		7 Month total mi 83,157											
		12 month projected mileage 163,314											
Dec 1, 2016 -December 31st 2018													

CAL TAHOE AMBULANCE
 So. Lake Tahoe Dept.
 Mileage Expense Data
 Dec 2001 - June 2011

Maint#0447	Med-7	778	60,616	59838	2493	In Service New Unit 2017 Braun NW type 1 Ambulance Ford F350 4x4 entered f						
Maint#0445	Med-1	765	37984	37219	1860	In Service as Medic-1 8/21/17						
Maint#6936	Med-3	804	30466	29662	2281	In Service as Medic-3 11/27/17 Remounted Module from maint# 3134						
Maint#9845	Med-6	117207	123233	6026	251	In Service as Medic-6 previously M7 approaching need for remount soon						
Maint#8332	Med-2	61579	96481	34902	1454	In Service as Medic-2 Transer/IFT rig and reserve unit, New engine at 95k miles						
Maint#7188	Med-5/RSV	115744	147436	31692	1320	In Service as Medic-5/Reserve, High mileage, prone to frequent breakdowns, ne						
Maint#7187	Dead at DLR	127555	151053	23498	3916	O.O.S Catastrophic engine failure, at Braun NW for remount pending contract fu						
		12 month projected mileage 162,900										

Cal Tahoe Ambulance Checklist 2019

Apparatus Preventive Maintenance Program

All procedures meet or exceed the Original Equipment Manufacturer (OEM) recommendations for severe duty use. All maintenance work is performed at the Lake Valley Fire Protection District fleet maintenance facility located at 2211 Keetak Street, South Lake Tahoe, California.

All repairs are performed by Fleet Manager/Master Fire Mechanic Sessions or his qualified designee.

Service schedule:

1. Change engine oil and filters using factory filters and synthetic fluids every 5,000 miles
2. Lubricate chassis, inspect for safe reliable operation, check/adjust automatic tire chains at every PM service Add/Adjust DEF fluid
3. Change transmission fluid and filter every 30,000 miles.
4. Change transfer case fluid every 50,000 miles.
5. Check/inspect all chassis and suspension components monthly and at all PM services.
6. Rotate tires and inspect tread depth and condition. Replace at 5/32 front and 3/32 rear during dry season, all tires replaced at 6/32nds in winter season. (DOT min 6/32 to be considered a traction tire)
7. Change fuel filters, primary and secondary at 10,000 miles
8. Check brake wear and replace as needed
9. Replace OEM chassis side batteries x2 once yearly
10. Replace medic box batteries if applicable x2 every 2 years

Any additional repairs are prioritized and handled as needed if outside work is required. OEM chassis work under warranty will be taken to closest available OEM dealer. Lake Valley Fire is authorized to conduct warranty repairs on the Braun NW body/build by the manufacturer, and is reimbursed accordingly.

CAL-TAHOE AMBULANCE DAILY CHECKLIST

Medic # _____ Month _____ Year _____ Maintenance # _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Mileage																															
Fuel																															
Radios																															
Passports																															
Knox Keys																															
Extinguisher																															
Clipboard, Forms																															
New Damage																															
Engine Oil																															
Brake Fluid																															
Transmission Fluid																															
Engine Coolant																															
Windshield Fluid																															
Battery, Belts																															
Wipers, Lights																															
Tire Pressure																															
SCBA																															
Halligan, Axe																															
C-Spine Equipment																															
Spare Tire, Chains																															
Medication Bag																															
Glucometer																															
Airway Bag																															
Pediatric Bag																															
Cardiac Monitor																															
IO																															
CPAP																															
Nitrous Oxide																															
Portable Suction																															
PFD's / Avi Gear																															
Medical Supplies																															
Main O2 Pressure																															
Portable O2 Pressure																															
Red Tag #																															
Initials																															
Comments:																															

0-1281
17

CAL-TAHOE AMBULANCE MONTHLY CHECKLIST

Maint #: _____
 Medic #: _____

Month: _____
 Year: _____

Monthly inspection sheet

Tire Pressure	Tread Depth	
Right Front		
Right Rear o/s l/s	o/s l/s	
Left Front		
Left Front o/s l/s	o/s l/s	
Spare		
Inspect tire for tread depth, damage, objects in duals		
Inspect and tighten all lug nuts, wheel covers		
Inspect battery, battery connections and electrolyte level		
Inspect all belts and hoses		
Check air filter gauge for green indicator		
Check all dash gauges for proper readings		
Inspect windshield, windows and mirrors for damage		
Inspect wiper blades and arms		
Inspect all weather stripping on doors, walk-thru, etc		
Inspect and tighten all trim and door fasteners/screws		
Inspect and tighten all Code 3 clearance light covers		
Inspect all antennas on roof		
Inspect undercarriage:		
Frame for damage/cracks		
Suspension, shocks		
Steering components, tie rod ends		
Driveline, CV joints - lube		
Engine mounts		
Body mounts		
Fluids:		
Engine		
Transmission		
Differentials		
Brake		
Coolant		
Windshield washer		
Steering		
Winter:		
Check chains/onspots for damage		
Mileage		
Service Mileage		
Date and inspector's name		

Comments:



19-0303 B 622 of 789 J9 61285

Braun Northwest, Inc.
DETAILED SPECIFICATIONS
FOR
LAKE VALLEY/CAL JPA
SOUTH LAKE TAHOE, CALIFORNIA
VEHICLE #2403-1

1 CHASSIS

1.01 OEM CHASSIS

- 2017 Ford F-350, 4 x 4, meeting all the specifications of Section 1.01.
 - Ambulance Prep. Package
 - EPA Special Emergency Vehicle Emissions
 - 3-year/36,000 mile "Bumper to Bumper" warranty
 - Dual rear wheels
 - Provided by Braun Northwest

1.01.01 SPECIFIC RATINGS

- Drive – 4 x 4
- G.V.W.R. – 14,000 lbs.
- Front Axle – 5,940 lbs.
- Rear Axle – 9,750 lbs.
- Wheelbase – 169"
- Cab to Axle – 84"
- Curb Weight – 10,500 lbs. approximate
- Payload – 2,300 lbs. approximate
- Front Spring Capacity – 5,940 lbs.
- Rear Spring Capacity – 9,750 lbs.
- Rear Differential – 4.10:1 ratio, limited slip wide track rear axle

1.01.02 POWER TRAIN

- Engine
 - 6.7L 4V Power Stroke V8 turbo diesel B20
 - Diesel Emission Fluid (DEF) System with operator-commanded regeneration
 - 5 years/100,000 mile warranty
 - External oil cooler
 - Factory diesel package
 - 1,000 watt engine heater
 - Heavy duty dry type air cleaner with flow restriction indicator
- Engine Cooling System
 - Heavy duty, closed-air, free-liquid state type
 - Coolant recovery system
 - 50/50 solution Permanent type antifreeze to -40 degrees F

- Transmission
 - TorqShift 6-speed automatic overdrive transmission
 - External oil cooler in chassis grille area
 - Tow/Haul Mode with Integrated Exhaust Brake
 - Electronic Shift on the Fly
- Exhaust System
 - System complies with Federal Motor Carrier Safety Regulations, Part 393.83
 - Suspended using three (3) hangers, excluding manifold attachment
 - Discharge at right rear side of module
 - Tailpipe shall not terminate within twelve (12) inches of the vertical axis of the fuel tank filler opening.

1.01.03 STEERING

- Power assisted
- Tilt steering wheel

1.01.04 SHOCK ABSORBERS/STABILIZER BARS

- Heavy-duty shock absorbers front and rear
- OEM front and rear stabilizer bars

1.01.05 BRAKES

- Heavy duty power assisted; front and rear disc
- Front 13.66" diameter; Rear 13.39" diameter
- Four Wheel ABS

1.01.06 TIRES AND WHEELS

- Seven (7) OEM LT 245-75Rx-17E all-season steel belted radials
- Seven (7) OEM 17" steel wheels
- OEM jack and tire changing tools
- Spare tire and wheel shipped loose

1.01.07 ELECTRICAL

- Alternators – OEM Dual rated at 377 Amps total
- Batteries – OEM Dual 750 CCA each
- Stationary Elevated Idle Control

1.01.08

INSTRUMENT PANEL AND CONTROLS

- Gauges
 - Tachometer
 - Coolant Temperature
 - Transmission Fluid Temperature
 - Fuel
 - Speedometer
 - Indicator lights
 - Odometer/Trip Odometer
 - Turbocharger Boost
 - Tire Pressure Monitoring System
- Controls – Cruise
- Audio – OEM AM/FM/CD/SiriusXM radio with 6 month prepaid subscription
- SYNC Voice-Activated communications and entertainment system with AppLink and instrument panel compass display
- 4.2” LCD Productivity Screen in IP Cluster with Compass Display
- Engine hour meter

1.01.09

CAB EXTERIOR

- Trim Level – XLT
- Horn – OEM dual electric
- Windows – Tinted safety glass
- Windshield wipers – Two-speed electric, washer and intermittent speed control
- Mirrors
 - Two (2) black, below eye level, manually telescoping trailer tow
 - Power, heated glass, upper portion
 - Turn Indicators and clearance lights on outside edge
 - Lower portion convex
- Bumper – Chrome
- Tow Hooks – Two (2) Front
- Lights
 - Headlamps – Single beam jewel effect
 - Roof clearance light
 - Under hood service light
- Fuel – OEM 40 gallon tank

1.01.10

CAB INTERIOR

- Trim Level – XLT
- Seats – OEM
 - Cloth 40/20/40
 - Combination lap and shoulder harness
 - Side door armrest
- Flooring – Black Vinyl
- Climate Control – OEM
 - Heavy duty, fresh air, high capacity heater/defroster
 - Dehumidifying air conditioning system
- Airbags
 - Driver and right-front passenger front
 - Front-Seat side
 - Safety Canopy System with roll-fold side curtain airbags
- Other
 - Padded sun visors, dash, and door panels
 - Molded cloth headliner
 - Reduced sound package
 - Dual dome lights
 - Auxiliary power point
 - Interior hood release
 - Power door lock & windows
 - Remote keyless entry
 - Adjustable gas and brake pedals

1.01.11

COLORS

- Exterior – Oxford White (Z1)
- Interior – Gray

1.02 CHASSIS MODIFICATIONS

The following modifications will be made to the chassis by Braun Northwest.

1.02.03A SIMULATORS AND VALVE STEM EXTENDERS

Stainless steel wheel simulators shall be installed on all outer wheels, with braided valve stem extenders on all four rear wheels.

1.02.04 EXHAUST HEAT SHIELDS

Shall be formed from 20 ga. galvanized steel sheets with stamped reinforcements and formed edges. Access openings shall be provided for shock absorber, mounting bolts, etc. Heat shields shall be bolted to chassis frame and extend from back of cab to the frame cross member just behind the rear axle.

1.02.05A RUNNING BOARDS

Running boards made of 0.125" bright aluminum diamond plate shall be securely mounted on both sides of the chassis with OEM fasteners.

1.02.09 MUD FLAPS

Mud flaps with the "North Star" logo on them shall be installed behind each rear wheel.

1.02.12 A MAP BOOK HOLDER / CONSOLE

Shall be an integral part of the driver's console. (Section 6.09 Related)

1.02.13 TIRE CHAINS

Rud Rotogrip III brand automatic chains shall be installed on the rear axle and controlled by a switch in the console. The compressor shall be installed on the floor of streetside forward exterior compartment #1. A disable switch shall be located adjacent to the compressor for ease of maintenance.

1.02.30A CHASSIS MODIFICATION

The ride height for the vehicle shall be lowered by removing the spacer block under the rear leaf springs, and the chassis headlights shall be re-adjusted.

1.02.31X STATION EXHAUST

Install a provided Plymovent exhaust and Gibson exhaust tip.

1.02.43 CHASSIS MODIFICATIONS

Apply anti-seize to the back side of the rear wheels where they make contact with the axle.

1.03 MODULE-TO-CHASSIS MOUNTING SYSTEM

1.03.01 MODULE MOUNTING SYSTEM

The module shall be bolted to the chassis frame in no fewer than twelve locations. Each mounting location shall include a hard rubber isolation pad between the chassis frame and the module lateral. The rearmost lateral(s) shall be connected to the frame extensions with 5/8" grade 8 bolts. All remaining laterals shall be connected with vertical 3/4" grade 5 eye bolts fastened to the frame rails with horizontal 3/4" grade 5 hex bolts. All bolts shall be secured with locking nuts.

1.03.02 CAB-TO-MODULE ATTACHMENT

The module shall be connected to the cab with a flexible watertight boot to allow cab-body flex as designed by the chassis manufacturer. The chassis back shall be replaced by an aluminum insert painted with black-painted polyurea thermoplastic elastomer. The insert shall be installed with 0.25" stainless steel bolts, and a stainless steel threshold shall be installed to protect the bottom of the walk-thru.

2**MODULAR CONSTRUCTION**

All material utilized shall be of the correct type, alloy, and thickness to withstand the intended usage and provide protection against cracking, corrosion, or metal fatigue. All materials utilized shall be of open stock origin, commonly available through local sources, for rapid and economical repair or modification of the body. Any use of proprietary parts or materials in the construction of the body is unacceptable, due to potential delays or difficulties in future repairs or service. NO EXCEPTIONS TO BE TAKEN IN THIS AREA. This specification has been designed and written to fill specific needs of this agency. Where brand name, make, or model of equipment has been specified, no exceptions will be allowed. Where compartment and cabinet sizes have been specified, bidder must bid substantially (plus or minus 1") the size specified. The module shall have a transferable lifetime structural warranty.

2.01**MATERIAL**

<u>EXTRUSIONS</u>	<u>SIZE</u>	<u>ALLOY</u>
Structural Tubing	1" x 2" x 0.125" sq.	6063-T52
Structural Tubing	2" x 2" x 0.125" sq.	6063-T52
Cross Members	3" x 3" x 0.375"	6061-T6
Cross Members	1.5" x 3" x 0.25"	6061-T6
<u>FORMED SHEETING</u>	<u>SIZE</u>	<u>ALLOY</u>
Skin/Roof/Compartments/Subfloors/Doors	0.125"	5052-H32
Interior Cabinets	0.090"	5052-H32
Diamond Plate	0.125"/0.08"	3003-H32
Stainless Steel	16 ga., 20 ga.	304 # 4B

2.02**MODULE DIMENSIONS**

Overall Vehicle Dimensions: (Specifications are listed as minimums.)

Length:	23' 1"	(277")
Width:	7' 10"	(94") Excluding Mirrors
Height:	8' 11.125"	(107.125")

Exterior Module Dimensions: (Specifications are listed as minimums.)

Length:	12' 3"	(147")
Width:	7' 10"	(94")
Height:	7' 4.375"	(88.375")

Interior Dimensions: (Specifications are listed as minimums.)

Length:	Forward Wall to Rear Doors	139"
Width:	Left Wall to Right Wall	89"
Floor Width:	Left Cabinets to Squad Bench	50.25"
Height:	Floor to Ceiling	72"

Load Height:	Ground to Floor Height	34.25" maximum
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2.03 STRUCTURAL FRAMING

Side wall and rear wall construction shall consist of 2" x 2" x 0.125" aluminum square tubing extensions welded together with a maximum of 14" centers. 1" x 2" x 0.125" aluminum tubing may be utilized in addition to the 2" x 2" tubing to accommodate custom compartment sizes. The bottom of the wall structure shall be sealed with welded 2" x 2" tube, 2" x 2" angle, or 0.125" plate depending upon location. Wall structure shall be capped with 2" x 2" x 0.125" header upon which the 2" x 2" x 0.125" roof structure is welded. This process provides a utilized roll cage for greater occupant safety. The front wall structure shall be constructed of a minimum of 1.250" x 3.875" x 0.125" formed aluminum channel to allow ample space for wiring raceways, heater A/C hoses, and cold air return duct.

2.04 FOUNDATION SYSTEM

Shall consist of a 0.125" aluminum sheet subfloor with foundation members securely welded under the subfloor. Members shall consist of six (6) 3" x 3" x 0.375" structural angles, with two (2) 0.250" x 1.5" aluminum members running lengthwise between the structural angles.

2.05 MODULE SEAMS

All body and compartment seams at or below floor level shall be full seam welded. The entire perimeter of the subfloor shall be completely sealed with a caulking material, creating a watertight, dust-free module environment.

2.06.01 EXTERIOR SKIN

In addition to welding the exterior skin to structural framing, a Norton very high bond system shall be utilized full length on all wall and roof frame members. A polyurethane adhesive sealant shall be applied to the edges of structural tubing at the exterior wall surfaces.

The module shall be constructed utilizing full size sheet construction to minimize body seams. Seams above the passage doors and cab shall be minimal. There shall be no corner or mid body seams.

2.07A MODULE ROOF

In order to improve module strength and reduce roof seams the following roof system shall be utilized. The roof shall be seamed in the center, shall be crowned, have a 1.500" radius at the corners, and provide a weatherproof overlap of the aluminum side sheets 5.250" below the roof line. The roof shall be supported by positive contact between sidewall framing and roof framing. All seams on the roof surface shall be full seam welded on the outside and caulked on the inside. The module roof edges, front and rear, shall be constructed to allow mounting of the recessed light bars. This roof design shall have been tested to meet A.M.D. standards and a detailed exploded drawing of the roof structure shall be provided. In order to avoid the possibility of paint and/or weld cracking, no extrusions shall be used in the exterior construction of the roof or corners of the vehicle.

A contoured, 3/8" aluminum plate, painted to match the module, shall be welded to the roof structure and project through the center of the roof to serve as anchorage for personal fall arrest equipment. The anchorage is designed and rated for a single person only.

2.08X

MODULE EXTERIOR COMPARTMENTS

All compartments are constructed from formed 0.125" aluminum and are securely welded to the subfloor and structural framing. A baffled drain hole shall be provided in all exterior compartment bottoms that extend below the floor line. All exterior adjustable shelves shall be mounted on heavy-duty aluminum adjustable track, which is securely welded to compartment interiors. Each shelf shall support at least 300 lbs. of equipment.

COMPARTMENT #1

Interior Dimensions – 52"W x 35"H x 19"D

Doorway Dimensions – 52"W x 35"H

Location – Streetside, forward

Shelving – Two (2) adjustable: one (1) bin type 17.5"W, one (1) full width (both shelves to be shipped loose).

Door(s) – Double

Light(s) – One (1) LED strip light

Additional Instructions – The 120VAC Power Box shall be installed in the forward wall (Section 6.21 related), recessed so as not to protrude into the compartment.

Compartment will have four (4) vertical strips of adjustable track on the back wall. This will allow the bin shelf to be installed fore or aft in the compartment. The side walls of the bin shelf shall be notched to allow better access to the 120VAC box. Two (2) vertical strips of adjustable track shall be added to each of the side walls for future installation of a full length shelf. The adjustable shelf will be shipped loose.

A corner mounted Ziamatic walk away SCBA brackets shall be provided and installed in the forward corner of the compartment.

An inverter and air compressor with perforated surround shall be installed in the forward section of this compartment.

A filtered vent shall be added to the back and aft wall of the compartment.

COMPARTMENT #2

Interior Dimensions – 25"W x 74"H x 19"D

Doorway Dimensions – 25"W x 70"H

Location – Streetside, rear

Shelving – Three (3) bin type 12.625"W

Door(s) – Single

Light(s) – One (1) LED strip light

Additional Instructions – Three (3) heavy-duty aluminum adjustable tracks will be installed on back wall to accommodate bin type shelving on either side. The shelves will be installed at a stagger with the first shelf being 20" from the floor to the underside staggered to the rear. The second shelf will be 39" to the underside, staggered to the fore, and the third shelf will be 57.5" to the underside, staggered to the rear.

A corner mounted Ziamatic walk away SCBA bracket shall be provided and installed in the aft corner of the compartment down by the floor.

A filtered vent shall be added to the aft wall of the compartment.

COMPARTMENT #3

Interior Dimensions – 15.5"W x 77"H x 19"D

Doorway Dimensions – 15.5"W x 70"H

Location – Curbside, rear

Shelving – None

Door(s) – Single

Light(s) – One (1) LED strip light

Additional Instructions – This compartment shall have three (3) straps setup for storage of an "M" size cylinder.

Two (2) backboard-restraining straps shall be installed in aft section. A formed stainless steel gasket cover shall be installed so that backboards do not cut gasket material.

A filtered vent shall be added to the aft wall of the compartment.

COMPARTMENT #4

Interior Dimensions – 22.5"W x 25"H x 19"D

Doorway Dimensions – 20.5"W x 25"H

Location – Curbside, rear, aft of wheel well

Shelving – None

Door(s) – Single

Light(s) – One (1) LED strip light

Additional Instructions – None

COMPARTMENT #5

Interior Dimensions – 25.75"W x 56.25"H x 32"D

Doorway Dimensions – 25.75"W x 56.25"H

Location – Curbside, forward

Shelving – See Interior Cabinet #20

Door(s) – Single

Light(s) – One (1) LED strip light

Additional Instructions – This compartment shall provide inside/outside access to Cabinet #20 with a full width stainless steel threshold on the floor level shelf. There shall be storage located below the floor.

2.09X

MODULE DOORS

The doors shall be flangeless box pan formed with a total thickness of 2".

2.09.01

DOOR FRAME AND SEAL

Each door frame shall have a flange for the installation of an air cell hollow core, 360-degree compression door seal. This seal creates watertight, dust-free compartment integrity. Door seal shall be knock-on type. Door frames shall be bonded to the adjacent tubes such that no exterior flange is required.

2.09.02

DOOR HINGES

Shall be full length, piano type, stainless steel hinges, 2.5" wide with a 0.25" pin. The hinges shall be attached with 12 x 3/4 stainless steel truss head screws spread 4" apart. All curbside and streetside doors shall be hinged on the forward sides. All rear doors shall be hinged on the outboard sides.

2.09.03X

DOOR LATCHES

Exterior door handles shall be semi-flush, cast aluminum, Eberhard E Grabber model 21100. Passage doors shall have release handles on the inside of each door. All exterior doors shall have rotary latches and striker posts that meet FMVSS 206 requirements. Striker posts shall be adjustable and shall be secured with a nut from behind the door frame. The striker washer shall not be removed. Doors greater than 45" tall shall have double rotary latches activated by stainless steel rods. Once final adjustments have been made, threads shall have Loctite or equivalent applied. All double-door compartments shall have an exterior E Grabber handle and rotary latches on each door. Doors shall latch to doorframe-mounted striker posts only and not to one another. Curbside passage and rear curbside doors shall have interior handles with dual-point, rod-actuated, rotary latch systems that are lockable inside and out. All locks shall be keyed J236. Rear passage doors shall both have emergency release levers, one at the top and bottom of each door and accessible from the inside of the module.

2.09.04X COMPARTMENT DOOR CONTROL

A heavy-duty, double spring door control capable of holding the door open at approximately a 90-degree angle on any road surface shall be installed at the top of each compartment door, except compartment #3. A 1" rubber bumper shall be installed on the door for compartment #3.

2.09.05 CURBSIDE DOOR CONTROL

Shall be a heavy-duty, double spring door check installed at the top of the door. This door check will hold the door open at approximately a 90-degree angle on any road surface.

2.09.06 REAR DOOR CONTROL

Shall be "grabber" type hold-open devices with replaceable rubber catches.

2.09.07 COMPARTMENT DOOR SKINS

Shall be 0.080" bright aluminum diamond plate and be removable to service door hardware. Red/white 1.5" conspicuity tape shall be installed on the vertical edge of each door.

2.09.08 ENTRANCE DOOR SKINS

Shall be 0.080" bright aluminum diamond plate and be removable to service door hardware. Red/white 1.5" conspicuity tape shall be installed on the vertical edge of the side passage door, top, and bottom of rear doors.

2.09.09A ENTRANCE DOORWAYS

One (1) curbside and two (2) rear module entrance doors shall be provided. The curbside doorway dimensions shall be 28"W x 73.75"H. The rear doorway dimensions shall be 49.75"W x 66"H.

2.09.10 THRESHOLDS

All compartment and module access doorframes shall have full width formed stainless steel threshold plates to protect the lower edge of frame.

2.10X MODULE INTERIOR CABINETS

Shall be formed of 0.090" aluminum and shall be securely welded or mounted to the structural framing. All interior adjustable shelves shall be mounted on 1" wide aluminum Adjustable track.

CABINET #1

Dimensions – 39.5"W x 13.75"H x 14.75"D

Location – Streetside, upper forward

Shelving – One (1) adjustable, aft of divider

Door(s) – Sliding, clear 0.177" acrylic with felt lined anodized aluminum track and full extruded aluminum door pulls

Additional Instructions – Cabinet shall be divided in the center by a vertical fixed divider. An IV Warmer shall be located in the lower aft corner of this cabinet. One (1) 120VAC receptacle shall be installed on the back wall of the cabinet.

CABINET #2

Dimensions – 39.5"W x 13.75"H x 14.75"D

Location – Streetside, upper center

Shelving – One (1) adjustable

Door(s) – Sliding, clear 0.177" acrylic with felt lined anodized aluminum track and full extruded aluminum door pulls

Additional Instructions – None

CABINET #3

Dimensions – 20"W x 13.75"H x 14.75"D

Location – Streetside, upper rear

Shelving – One (1) adjustable

Door(s) – Sliding, clear 0.177" acrylic with felt lined anodized aluminum track and full extruded aluminum door pulls

Additional Instructions – None

CABINET #4

Dimensions – 20 "W x 15"H x 19"D

Location – Streetside, center rear

Shelving – One (1) adjustable

Door(s) – Sliding, clear 0.177" acrylic with felt lined anodized aluminum track and full extruded aluminum door pulls

Additional Instructions – None

CABINET #5 – Open Storage

Dimensions – 22"W x 15.75"H x 19"D

Location – Streetside, lower rear

Shelving – None

Door(s) – None

Additional Instructions – The counter top shall be one-piece 16 ga, 304 stainless steel with a 0.5" aluminum retaining lip.

A 120VAC receptacle shall be located on the back wall.

CABINET #6 – Action Area

Dimensions – 55.625"W x 31.75"H x 19"D

Location – Streetside

Shelving – None

Door(s) – None

Additional Instructions – It shall contain one (1) oxygen outlet, vacuum connection, suction collector, attendant control panel, inverter status panel, digital thermostat, one (1) 120VAC receptacle, and one (1) 12VDC receptacle.

The entire action wall area shall be lighted utilizing a Thin-Lite Model #612 light with 12VDC dual 11" fluorescent bulbs.

A full depth counter top shall be located below the action wall. The counter top shall be one-piece 16 ga, 304 stainless steel with a 0.5" aluminum retaining lip.

A sharps and waste space (sized for a Becton-Dickinson, 8.2 Qt., sharps container and a 7 Qt. waste) shall be located at the aft of the countertop. The sharps and waste shall be accessible and changeable thru a hinged acrylic flip up door.

CABINET #7 – Radio Cabinet

Dimensions – 8"W x 27.75"H x 19.5"D

Location – Front, behind attendant seat

Shelving – None

Door(s) – Aluminum, hinged door, and a quarter turn slotted latch.

Additional Instructions – This cabinet is intended for radio component storage and shall be supplied with access to electrical component panel.

Shall be vented by louvers in the upper and lower portion of the door.

CABINET #8 – Miscellaneous Storage

Dimensions – 8"W x 25"H x 19.5"D

Location – Front, under Cabinet #7

Shelving – Two (2) adjustable

Door(s) – None

Additional Instructions – Open storage for map books and miscellaneous.

CABINET #9 – Attendant Seat Cabinet

Dimensions – 25"W x 8"H x 19.5"D

Location – Streetside, below Attendant Seat

Shelving – None

Door(s) – None

Additional Instructions – This cabinet shall be open to the aisle side and have a 1" lip along floor edge to hold items in place.

CABINET #10 – CPR Seat with Storage

Dimensions – Bench: 25.5"W x 18.75"H x 19"D

Storage: 25.5"W x 8.125"H x 19"D

Location – Streetside

Shelving – None

Door(s) – Hinged aluminum bench lid, with high-density foam padding covered with seamless vinyl shall provide access to the storage area. It shall have a 1.5" overhang, an automatic hold-open device, and stainless steel paddle latch. The pad shall be removable.

Additional Instructions – The CPR seat back pad shall have high-density foam padding covered with seamless vinyl. One (1) set of seatbelts shall be installed on the seat.

The CPR seat base to be formed from aluminum and securely anchored to sub-floor. The bottom and unfinished sides of the storage area shall be sprayed with textured gray polyurethane and painted white with gray splatter.

CABINET #11

Dimensions – 31.5"W x 10"H x 9"D

Location – Curbside, upper rear

Shelving – None

Door(s) – Sliding, clear 0.177" acrylic with felt lined anodized aluminum track and full extruded aluminum door pulls

Additional Instructions – None

CABINET #12

Dimensions – 31.5"W x 10"H x 9"D

Location – Curbside, upper forward

Shelving – None

Door(s) – Sliding, clear 0.177" acrylic with felt lined anodized aluminum track and full extruded aluminum door pulls

Additional Instructions – This cabinet shall have three (3) adjustable vertical dividers.

CABINET #13

Dimensions – 12"W x 21"H x 5.5"D

Location – Curbside, aisle side of right front stack

Shelving – None

Door(s) – None

Additional Instructions – None

CABINET #14 – Squad Bench with Storage

Dimensions – Bench: 66.125"W x 18.75"H x 19"D

Storage: 43.375"W x 8.125"H x 19"D

Location – Curbside

Shelving – None

Door(s) – Hinged aluminum split lid bench, with high-density foam padding covered with seamless vinyl shall provide access to the storage area. It shall have a 1.5" overhang, an automatic hold-open device, and a stainless steel paddle latch.

The forward lid shall provide access to the storage area. The aft lid shall be fixed. The pad shall be removable.

Additional Instructions – The squad bench back and/or head pads shall have high-density foam padding covered with seamless vinyl. Three (3) sets of seatbelts shall be installed on the bench and set up for use with sit-up or stretcher patients.

The squad bench base to be formed from aluminum and securely anchored to sub-floor. The bottom and unfinished sides of the storage area shall be sprayed with textured gray polyurethane and painted white with gray splatter.

An Oxygen window and clock shall be installed in the wall at the aft end of the bench.

An Oxygen outlet and a rotary style DOME TIMER switch shall be installed on the curbside wall over the bench.

CABINET #15 – HVAC

Dimensions – 34.75"W x 16.5"H x 27.875"D

Location – Front, right upper

Shelving – None

Door(s) – None

Additional Instructions – This cabinet shall house the heater/AC unit and the suction pump.

CABINET #16 – Electrical Cabinet

Dimensions – 30.75"W x 13"H x 10"D

Location – Front, center over walk-thru

Shelving – None

Door(s) – Aluminum, hinged, swing up door with a hold-open device, a quarter turn slotted latch, and an automatic compartment light.

Additional Instructions – This cabinet shall house the electrical component module.

CABINET #17

Dimensions – 18.75"W x 29.25"H x 10"D

Location – Front, forward of action area

Shelving – Two (2) adjustable shelves

Door(s) – None

Additional Instructions – None

CABINET #18

Dimensions – 27.75"W x 14"H x 27.875"D

Location – Front, right center

Shelving – One (1) adjustable

Door(s) – Sliding, clear 0.177" acrylic with felt lined anodized aluminum track and full extruded aluminum door pulls

Additional Instructions – None

CABINET #19 – Drawers

Dimensions – 32"W x 7.75"H x 27.875"D

Location – Front, right below Cabinet #18

Additional Instructions – There shall be two (2) 13"W x 5"H x 19"D metal drawers in this area. Each drawer shall operate on 18" slides rated at 300 lbs. per set and have a gas shock hold open/closed device to ensure drawers do not accidentally open or close during operation of the vehicle. Drawers shall be formed of 16 ga. steel welded construction with an automotive gray enamel finish, and formed structural support on the sides and front of drawers. Each drawer shall have machine stamped divider supports along the side for at least four (4) dividers per drawer with four (4) adjustable dividers provided with each drawer installed side to side.

CABINET #20 – Inside/Outside Access

Dimensions – 32"W x 42.5"H x 27.875"D

Location – Front, right lower

Shelving – Two (2) adjustable, with 1" x 1" lip down facing doorway

Door(s) – None

Additional Instructions – This cabinet shall be accessible from the outside via exterior Compartment #5.

One (1) 120VAC receptacle and one (1) 12VDC receptacle shall be installed in the upper forward portion of the left wall.

The HVAC shall be distributed thru a vertical plenum on the aisle side of the right front stack.

2.11A

SIDE DOORSTEP

A recessed curbside side doorstep shall be provided which is 11.5" deep x 28" wide. There shall be a drain hole and an open grate step plate, which is removable for cleaning purposes. Polished aluminum diamond plate kick panel will be installed on the sides and face of doorstep.

2.13A

CAB TO MODULE PASSAGE

Shall be a walk-thru measuring 15.75" W x 37" H.

2.14

WHEEL WELL LINERS

Shall be installed in the wheel wells over the rear wheels. The liners shall be formed aluminum.

3 COATINGS AND FINISHES

3.01 MODULE FINISH PREPARATION

The module shall be seam sealed and all imperfections on aluminum surfaces of module shall be sanded smooth. The entire exterior shall be mechanically etched and washed with wax and grease remover to ensure proper primer and paint adhesion.

3.02 MODULE PRIMER

Module shall be primed with urethane primer prior to applying the finish coat of acrylic urethane paint.

3.03 PAINT TYPE

Shall be Sherwin Williams acrylic urethane.

3.04X COLOR SCHEME

Base color: White (SW #GLV-33631 Alt 2)

Stripe #1	Color:	Ruby Red
	Width:	1.5"
	Style:	To Match #775-1
	Material:	Scotchlite
	Location:	Lower third of vehicle
Stripe #2	Color:	Cardinal Red
	Width:	9.5"
	Style:	To Match #775-1
	Material:	Vinyl
	Location:	1.5" below Stripe #1/#4
Stripe #3	Color:	Ruby Red
	Width:	1.5"
	Style:	To Match #775-1
	Material:	Scotchlite
	Location:	1.5" below Stripe #2/#4
Stripe #4	Color:	Black
	Width:	0.25"
	Style:	To Match #775-1
	Material:	Scotchlite
	Location:	Top and Bottom of Stripe #1, #2 and #3

3.05X LETTERING/DECALS

Item #1	Lettering:	"EL DORADO COUNTY" (arched)
	Font:	Clarendon
	Color:	Ruby Red with black vinyl outline
	Size:	11.728"H x 65.99"L overall
	Material:	Scotchlite and vinyl
	Location:	Streetside

Item #2	Lettering:	“EMERGENCY MEDICAL” 4.6”H x 60”L “SERVICES” 4.6”H x 27”L
	Font:	Clarendon
	Color:	Ruby Red with black vinyl outline
	Size:	4.6”
	Material:	Scotchlite and vinyl
	Location:	Streetside
Item #3	Lettering:	“FIRE”
	Font:	Match existing
	Color:	White with black vinyl outline
	Size:	5.5”H x 24”H
	Material:	Scotchlite and vinyl
	Location:	Streetside compartment #2 door on Stripe #2
Item #4	Lettering:	“PARAMEDIC” 41”L
	Font:	Helvetica
	Color:	White with black vinyl outline
	Size:	4”
	Material:	Scotchlite and vinyl
	Location:	Centered on the rear passage doors on Stripe #2
Item #5	Lettering:	“EL DORADO COUNTY” (arched)
	Font:	Clarendon
	Color:	Ruby Red with black vinyl outline
	Size:	11.728”H x 65.99”L overall
	Material:	Scotchlite and vinyl
	Location:	Curbside
Item #6	Lettering:	“EMERGENCY MEDICAL” 4.6”H x 60”L “SERVICES” 4.6”H x 27”L
	Font:	Clarendon
	Color:	Ruby Red with black vinyl outline
	Size:	4.6”H
	Material:	Scotchlite and vinyl
	Location:	Curbside
Item #7	Lettering:	“FIRE”
	Font:	Match existing
	Color:	White with 0.25” black vinyl outline
	Size:	5.5”H x 24”H
	Material:	Scotchlite and vinyl
	Location:	Curbside compartment #3 and #4 door on Stripe #2
Item #8	Lettering:	“PARAMEDIC” 41”L
	Font:	Helvetica
	Color:	Ruby Red with black vinyl outline
	Size:	4”
	Material:	Scotchlite and vinyl
	Location:	Front below lightbar

Item #9	Lettering:	"M-1"
	Font:	Clarendon
	Color:	Ruby Red with black vinyl outline
	Size:	6"H x 15"L
	Material:	Scotchlite and vinyl
	Location:	On one side of the placards
Item #10	Lettering:	"M-3"
	Font:	Clarendon
	Color:	Ruby Red with black vinyl outline
	Size:	6"H x 15.7"L
	Material:	Scotchlite and vinyl
	Location:	On the back side of the placards

3.06X COMPARTMENT FINISH

All compartments shall be sanded, etched, washed, primed, coated with textured polyurea thermoplastic elastomer finish and painted white with light gray splatter paint. (GLV-33631 Alt 2 / GLV-51748)

All shelves and trays shall be sanded, etched, washed, primed, and painted white with light gray splatter paint. (GLV-33631 Alt 2 / GLV-51748)

3.07X INTERIOR CABINETRY FINISH

All interior cabinetry shall be sanded, etched, washed, primed, coated with textured polyurea thermoplastic elastomer finish and painted white with light gray splatter paint. (GLV-33631 Alt 2 / GLV-51748)

All shelves and trays shall be sanded, etched, washed, primed, and painted white with light gray splatter paint. (GLV-33631 Alt 2 / GLV-51748)

3.08X MODULE UPHOLSTERY

Shall be Spradling vinyl Dove Gray, and be seamless.

3.09 MODULE FLOORING MATERIAL

Shall be Genome (#TFM2702) Altro Transflor Meta Slip-Retardant Sheet flooring providing durability, ease of maintenance, and stain resistance. It shall contain a high concentration of microscopic aluminum oxide particles and colored quartz crystals suspended throughout the thickness with silicon carbide grains in the entire wear surface for slip-retardant performance. It shall have a bacteriostat incorporated to give flooring excellent anti-bacterial activity and an overall thickness of 0.11" nominal. Flooring shall be manufactured for Wear Resistance to meet ASTM C 501, indentation resistance in accordance with ASTM F 1303 and ASTM F 970, Grade 1 standards, shall meet ASTM D 2047 Slip Retardant, ASTM F 970 Static Load, ASTM E648, CMVSS, FMVSS 302, CAN ULC S102.2 Fire Data Tests.

It shall be seamless and cove up the side walls a minimum of 5" as a seal.

An insulated floor shall be installed over the subfloor. It shall be constructed with square tubing (0.75" x 0.75" x 0.063"), filled with 0.75" thick polyiso foam insulation, and covered with 0.125" aluminum sheet. (Section 2.04 related)

3.10 COMPARTMENT LINING

Compartment floors shall be lined with light gray Mate'flex material and all shelves with easy sweep mat.

3.11 CABINET LINING

Interior cabinet shelves shall be lined with easy sweep mats, which are removable for ease of cleaning.

3.12 SURFACES AND FINISHES

All surfaces and finishes shall be impervious to soap, disinfectants, and water, to permit washing and sanitizing.

3.13 AUTOMOTIVE UNDERCOATING SEAL

The module underbody (excluding the area above the fuel tank, driveline, and exhaust lines, per manufacturer's specifications) shall be sprayed with undercoating for reduced corrosion and added sound deadening.

3.14X PLACARD HOLDERS

Four (4) stainless steel holders for 16.375"L x 6"H x 1/8" placards shall be provided and installed per drawings. One (1) installed on the streetside above compartment #1, one (1) on the lower portion of the streetside rear passage door, one (1) on the curbside of the module above compartment #5 door, and one (1) on the front of the module centered on the streetside. There shall be lettering on both sides of the placards.

4.01 STEP/BUMPER

Shall be a welded construction of 3" x 3" x 0.375" aluminum angle and 2" x 0.250" plate and shall be covered by 0.125" bright aluminum diamond plate. The center section, below the doors, shall have hex punched open flow design to prevent accumulation of water and snow and provide a 7" step width. Both outermost ends shall be angled to prevent dragging of corners in high angle of approach/departure areas. Diamond plate shall be formed on front and rear edges for channel type strength and formed 0.090" aluminum close out shall be welded to the underside of the step/bumper. The bumper shall be bolted directly to the chassis frame using high strength Grade 5 bolts. Bumper shall be easily removable and replaceable in case of damage. Step/bumper designed to accommodate a "one-person style" cot.

4.02A RUB RAILS

Shall be bright finished extruded aluminum of a double channel design and 0.125" wall thickness for maximum strength. Rub rails shall be 2.5" high x 0.75" wide and run along the lower edge of body, interrupted only by wheel well opening. A red/white conspicuity reflective tape shall be installed in the insert area of the rub rail.

4.03 FENDER RINGS

Shall be installed on the module. They shall be bright polished aluminum with a rounded outer edge following the full contour of the wheel well opening.

4.04 DRIP RAIL

Shall be extruded, anodized aluminum running full length of module at top of sides, front, and rear. Drip rails shall be installed with bonding tape that will withstand exposure to the elements. They shall be installed to allow easy replacement without the use of mechanical type fasteners, and finished with 45 degree angled ends to avoid hooking materials which brush against the vehicle causing damage.

4.05 ROCK GUARDS

Made of bright aluminum diamond plate shall cover front module corners 24" up from bottom of the body, 2.5" down the side of body, and 15" across the front of the body.

4.06 REAR KICK PANEL

Shall extend from the top of the rear step to the bottom of the rear doors, full width formed around corners, and 2.5" forward on each side.

4.07 FUEL FILL(S)

Shall be on the streetside of the module. Each location shall have polished cast aluminum fill well and be properly vented. All fuel filler hoses will be protected with a 0.125" aluminum protection plate. Fuel fills shall be installed in accordance with "Body Builder's" recommendation.

A fill shall be provided for the DEF tank.

4.08X

MODULE WINDOWS

Shall have black anodized aluminum frames, rubber gaskets, and be attached with screws for ease of replacement. All module windows to be dark tinted.

The side door window shall be 18.75" x 18.75" with sliding glass, a positive catch, and a screen.

The rear door windows shall be 18.75" x 18.75" fixed glass to prevent exhaust from entering the module.

Add bracing in curbside wall above squad bench for future installation of an 18.75" x 37.5" window.

4.09A

FUEL SPLASH GUARD

Shall be made of stainless steel and shall be installed below the fuel fill.

4.17X

ELECTRIC STEP

One (1) step shall be provided and mounted under the curbside door. It shall be a Kwikkee Model and shall be wired to open and close with the side door.

Pre-wire for an Auto/Off switch just inside the curbside door.

5 MODULE INTERIOR

All interior hangers, supports, fasteners, latches, and hinges shall be of a near flush type design when not in use. The patient compartment shall be free of sharp projections. Exposed edges and corners shall be broken with a radius, chamfer, or covered with aluminum trim, plastic molding, or rubber edging.

5.01 UPPER WALL COVERING

Shall be covered with light gray heavy grade 0.125" ABS vinyl. All panels shall be attached with a Norton very high bond system.

5.02 HEADLINER

Shall be fiberglass reinforced 0.090" "Glasboard" with textured white surface.

5.03 HEAD PADS/CUSHIONS

Head pads located over all module access openings and seat backs shall be 1" high-density foam covered with heavy-duty vinyl matching upholstery.

Seat cushions shall be 3" high-density foam covered with heavy-duty vinyl matching upholstery. (Section 3.08 related)

5.04 LOWER WALL COVERING

The squad bench sides and lower portion of the streetside wall shall be nonporous, color-coordinated material.

Nonporous, color-coordinated material shall cover the wall from the squad bench to the rear door at the same height as the squad bench front.

5.05A GRAB RAIL

One (1) 75" long x 1.250" diameter stainless steel grab rail with three (3) support brackets shall be securely mounted to roof structural framing running through center.

5.06 ACCESS DOOR GRAB RAILS

Each module access door shall have a 1.250" stainless steel grab handle. The rear and side doors shall have "L" style handles, which may also be used as entry assist rails.

5.07 IV HANGERS

One (1) retractable dual IV hanger with stabilizers shall be near flush mounted in the ceiling over the primary cot.

5.08X**COT MOUNT**

A customer supplied Stryker Power Load system shall be installed.

Provisions shall be made for future customer purchase and installation of any the following cot mount options:

- Ferno dual or single position cot fastener
- Stryker dual or single position cot fastener
- Stryker Power-LOAD or Performance-LOAD cot fastener

Provisions shall include:

- Installation of a 20 amp breaker and 10 ga. 12VDC power and ground, running from the electrical cabinet to the frame rail, terminating in a 36" capped and coiled pigtail forward of the rear axle.
- Insulated floor tubes positioned to allow for a future 2.5"-wide slot for the Power-LOAD floor plate.
- 3/8" reinforcing plates installed beneath each of the five (5) attachment points for the Power-LOAD floor plate.

5.10X**ATTENDANT SEAT**

A rear facing high-back bucket seat, upholstered with heavy grade vinyl, shall be located at the head of the cot position and provide easy access to all action wall controls and outlets, and to the patient. Seat shall be securely anchored to an aluminum storage cabinet with 2-point safety belt.

5.11**OXYGEN SYSTEM**

The entire oxygen system to be assembled with certified Oxygen hose (1000 PSI burst strength) with brass fittings, pressure tested, and certified. Ohio outlets shall be installed in the following locations: one (1) in action area, one (1) in ceiling above primary patient, and one (1) in the curbside wall above the squad bench.

A 50-PSI regulator and one (1) OXYGEN tank wrench shall be included.

A bulkhead connector shall be installed in the ceiling of Compartment #3.

5.12**SUCTION PUMP**

The unit shall have an electric pump as the source of suction. Control shall be on the attendant panel. Suction pump shall be vented to the outside of the vehicle under the module body.

5.13**SUCTION COLLECTOR**

A Rico Model RS4X-1001B suction collector with disposable canister shall be installed in the Action Area.

5.14A**SEATBELTS**

Shall be DOT certified and shall be installed with all passenger seating. Three (3) sets shall be installed on the squad bench and set up for use with sit-up or stretcher patients. The attendant seat and the CPR seat shall each have a single seat belt.

5.16 INSULATION

The module side, ends, roof, doors, and floor shall be insulated to enhance the interior environment and to restrict heat, cold, and external noise from entering the module. The insulation shall be a non-settling foam plank material of 2", 1.5", or 0.75" thickness depending upon location and available space.

Roof, doors, wall, and floor insulation shall be polyisocyanurate.

In addition, a closed-cell polyurethane tape with ultra-high-bond acrylic adhesive shall be utilized on the sidewalls and roof to provide a thermal and noise break between the outside skin and structural members. A 3" wide, 60-mil tape shall be used as a thermal break on the inside surface of the roof and wall tubes.

5.17A MODULE CLIMATE CONTROL SYSTEM

Shall incorporate a combination heating/air conditioning unit with 36,000 BTU heating and 32,000 BTU cooling. The unit shall have a 580CFM fan and have controls independent of the cab system. The module system shall be controllable by a digital thermostat located on the action wall.

A 12VDC water pump shall be installed to increase the heating capacity and efficiency of the system.

The HVAC shall be routed thru a vertical plenum on the aisle side of the right front stack.

5.18 EXTERNAL AIR INTAKE

To supplement heated or cooled air with fresh air, an external air intake shall be provided on the side of the module. The intake shall consist of an opening protected by an aluminum vent cover. The interior chamber of the intake shall be made of aluminum and formed to prevent the collection of moisture. Washable filter media shall be installed in the intake chamber.

5.19 AIR RETURN

A return air path with open area equal to at least twice the blower outlet area shall be incorporated into the evaporator closeout.

5.20 EXHAUST VENT

A motor-powered exhaust vent shall be located in the streetside rear corner of the module.

5.21 NO SMOKING/FASTEN SEAT BELTS SIGNS

Two (2) "No Smoking/Fasten Seat Belt" signs shall be installed – one (1) each for driver's area and module.

5.23A WHITE MARKER BOARD

Shall be installed on the curbside wall of the walk-through.

5.24A**CLOCK**

An Atomic controlled clock shall be installed at the aft end of the squad bench over the oxygen window. The clock shall be LCD display and show hours (12/24 selectable), minutes, seconds, date, day, and temperature. Clock shall be powered by two (2) "AA" alkaline battery.

5.26X**SHARPS/HAZARDOUS WASTE CONTAINER**

One (1) Becton Dickinson 8.2 qt., sharps container and one (1) 7 qt. waste container shall be installed under the aft end of the action area countertop.

5.29A**OXYGEN WINDOW**

Shall be a clear, 6" x 10", acrylic window. The window shall be mounted with self-closing hinges, on the forward facing wall at the aft end of the squad bench.

All added body and chassis electrical equipment shall be served by circuits separate and distinct from the vehicle chassis circuits. All vehicle wiring shall be copper and conform to all SAE J1128 requirements. The wiring shall be colored, numbered, and function coded every 3" for permanent identification and correspond with the vehicle schematics. Solderless, insulated connectors shall be used. Wiring panduit shall be used in power component module to ensure air circulation throughout power component wiring. The wiring shall be routed in conduit or looms and wiring shall be secured to the underbody or frame with insulated metal cable straps. All power distribution cabling shall be covered with a protective split loom. The power component module shall be equipped with positive locking plugs to provide easy disconnect for remount or repair of body. All wiring devices, switches, outlets, etc., except circuit breakers, shall be rated to carry 125% of the maximum ampere load for which the circuit is protected.

6.01 OVERLOAD PROTECTION DEVICES

Body electrical wiring shall utilize overload protective devices of the automotive type circuit breaker. In addition, one (1) single pole, 20-amp circuit breaker shall be provided for future use. The circuit breakers, relays, and other electrical items shall be located in the enclosed power component module.

6.02 VOLTMETER/AMMETER

Shall be a single digital display, located in the driver's console, which displays voltage and alternator current when the ignition is on. Display includes a visual alarm for low voltage.

6.04 IGNITION CONTROL

Chassis electrical circuits will be controlled by ignition switch as provided by the OEM chassis manufacturer. The auxiliary chassis related functions shall be powered by one (1) 100-amp continuous duty solenoid (rear heater/air conditioner, siren, spotlight, etc.).

6.05A MODULE POWER

A 200-amp power disconnect switch (CDR-357) shall provide module power. An ignition interlock shall disconnect module power fifteen (15) minutes after vehicle's ignition is turned off. The interlock shall also allow module power to be activated independently for fifteen (15) minutes by cycling either the ignition switch or the module disconnect switch.

6.06 WIRING ACCESS

All cabinets at ceiling level shall have removable backs, which are screwed in place for access to harnesses. Stack cabinets shall have removable panels for wiring and hose access.

6.07 BACK-UP ALARM

Shall be installed and have a momentary disable switch in the driver's console. If disabled while in reverse, backup alarm shall automatically reset when shifted out of reverse. The alarm shall have a sound output level of 97dB.

6.08 SERVICE LOOP

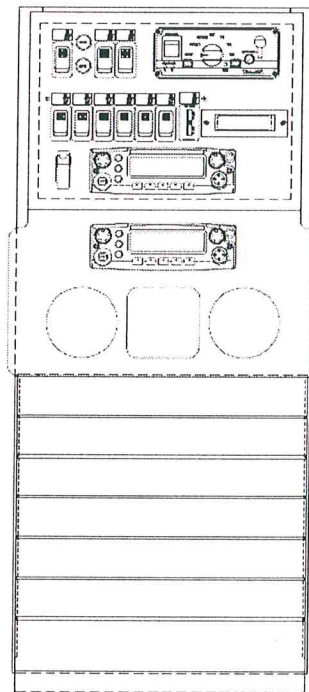
A 6" service loop of wire or harness shall be provided at all electrical components, terminals, and connection points.

6.09A

DRIVER'S CONSOLE/MAP BOOK HOLDER

A driver's console made of black-powder-coated formed aluminum shall be installed between the seats. It shall have a switch panel with the following layout, two cup holders, two arm rests and a map holder with six mill-finished aluminum dividers. A map light shall be installed in the upper right corner (Section 6.11 related).

1. Module Disc.	Passage D/O Compt D/O	2. Emerg. Master	3. Back- up Disable	Siren			
4. Light bar Red	5. Light bar White	6. Flashers	7. Left Scene	8. Right Scene	9. Rear Scene	10. Switch insert USB	Digital Meter
Tire Chain switch		Customer supplied radio					



6.11

MAP LIGHT

A map light with a 19" flexible neck shall be mounted on the driver's console.

6.12A

DOOR AJAR WARNING LIGHT

Shall be installed on the driver's console. A red flashing light shall warn the driver of open passenger access doors and an amber flashing light shall warn the driver of open exterior compartment doors.

6.13 ATTENDANT CONTROL PANEL

Shall be located in the action area. Panel shall include one (1) row of switches, as follows:

- | | | |
|-------------------|--------------|----------|
| 1. Dome Hi/Off/Lo | 3. Aspirator | 5. Blank |
| 2. Dome Hi/Off/Lo | 4. Vent | 6. Blank |

A digital thermostat and inverter panel shall be located adjacent to the attendant control panel.

6.14 ACTION WALL AREA LIGHTING

The entire action wall area shall be lighted utilizing a Thin-Lite Model #612 light with 12VDC dual 11" fluorescent bulbs.

6.15X STEP LIGHTS

A Pre-Wire for a side door step well light shall be installed.

6.16X MODULE INTERIOR LIGHTING

Shall be designed to keep vehicle height to a minimum without interfering with the structural integrity of the roof. Module interior lighting shall consist of six (6) dual intensity #80C0EHCR LED recessed lights – one (1) bank of three (3) lights shall be positioned toward streetside and three (3) lights toward curbside.

The three (3) lights on the curbside shall be automatically activated when the rear or side doors are opened.

There shall be a switch for each bank of lights on the action wall for Hi/Off/Lo.

The curbside bank of lights shall be automatically activated when the rear or side doors are opened or by a rotary style DOME TIMER switch mounted in the wall near the curbside passage door, which shall activate a battery hot timer. Pressing the switch once shall initiate 15-minute timed operation of the lights. Pressing the switch again shall cancel the timed operation.

6.17A BASIC EXTERIOR LIGHTING

Shall include headlights, parking lights, directional signal lights, tail and stop lights, license plate light, back-up lights, side marker lights, hazard and warning lights, and clearance lights as required by FMVSS 108.

Rear, stop, back-up, and turn lights shall be Truck-Lite LED.

Side marker lights shall be "Truck-Lite" LED Model 36.

Front and rear module clearance lights shall be an integral part of the light bar system.

6.18 COMMUNICATIONS EQUIPMENT

The customer shall be responsible for powering up and tuning of the radio equipment.

- | | | |
|----------------|--------------|---|
| Item #1 | Description: | One (1) customer supplied Bendix King one piece radio, radio speaker, and a LAA0290 mic |
| | Location: | The radio shall be mounted in the console recessed above the cup holders and the radio speaker is to be mounted off the front of the console down by the floor. |
| Item #2 | Description: | One (1) customer supplied Bendix King one piece radio, radio speaker, and a LAA0290 mic |
| | Location: | Mounted in the lower portion of the switch plate and the radio speaker is to be mounted off the front of the console down by the floor. |
| Item #3 | Description: | One (1) customer supplied Kenwood one piece radio, radio speaker, and a mic |
| | Location: | Mounted in the forward portion of the action area |

6.19 ANTENNA MOUNTS AND CABLES

Two (2) NMO universal antenna mounts with KHFUD cables and Larsen HyPer master universal connectors and mini-UHF adapters shall be installed on the module. Antenna base access shall be through the dome light openings, and the cables shall terminate in the drivers console.

One (1) customer supplied antenna shall be installed and terminate in the action area.

6.20 BLOCK HEATER

A block heater, with On/Off switch in 120VAC power box, shall be wired to the 120VAC shorepower system and shall be circuit protected (Section 1.01.02 related).

6.21X 120VAC/SHORELINE CIRCUIT BOX

Utility power shall be furnished with 120VAC shorepower via Kussmaul 20 amp Super Auto-Eject plug located on driver's side of vehicle with a green LED indicator light on a stainless steel access plate and distributed via a formed 0.125" aluminum power box recessed into compartment #1. Power box shall be flush mounted so as to maximize compartment size and shall have an easily removable cover.

The box shall contain three (3) 120VAC duplex receptacles and one (1) 120VAC duplex GFCI receptacle.

- Inverter (which feeds interior/exterior 120VAC (receptacles, IV warmer, etc.
- Block heater

Two (2) breakers shall be installed, one for protection of the block heater receptacle, the other for protection of the other 120VAC receptacles.

All exposed receptacles outside of the power box shall be ground fault circuit interrupting (GFCI) and shall have a power on indicating light.

Four (4) interior 120VAC duplex GFI protected receptacles shall be mounted;

- One (1) Cabinet #1
- One (1) Action Area
- One (1) Cabinet #5
- One (1) Cabinet #20

6.22 BATTERY GROUNDS

In addition to OEM grounds, the following ground circuits shall be added: 4 ga. ground cable from module power component panel to frame, two (2) braided ground straps from the module body to the chassis to reduce RF interference.

6.23C BATTERY CHARGER

A 50 amp battery charger shall be provided as part of Magnum Pure Sine inverter system. (Section 6.31 related)

6.25X 12VDC RECEPTACLES

Two (2) 12VDC, 15-amp lighter-style power point receptacles shall be provided;

- One (1) Action Area
- One (1) curbside front inside/outside compartment.

Receptacles shall be powered continuously.

One (1) Blue Sea Dual USB charger shall be installed:

- Driver's Console

6.26 COMPARTMENT LIGHTING

An LED strip light shall be installed in all outside compartments and shall be activated by a door switch.

6.27 EXTERIOR DOOR SWITCHES

Shall be 1/2" mechanical door switches.

6.30 EMERGENCY WARNING SYSTEMS

6.30.01X FRONT LIGHTBAR

Shall be a 94" Whelen #4500 Plus lightbar. Pattern curbside to streetside:

Curbside	Red Lens Red Super LED Flasher
	Red Lens Red Super LED Flasher
	Red Lens Red Super LED (Steady)
	Clear Lens Clear Super LED Flasher
Center	Red Lens Red Super LED Flasher
	Clear Lens Clear Super LED Flasher
	Red Lens Red Super LED Flasher
	Red Lens Red Super LED Flasher
Streetside	Red Lens Red Super LED Flasher

The Lightbar shall be recess mounted with horizontal plane of the roof, protrude no more than 1/2" beyond the vertical plane of the front and sides of the module.

The clearance lights shall be an integral part of the light bar.

The Red flashers shall be controlled by the Light bar Red switch and the Clear flashers shall be controlled by the Light bar White switch.

Prewire for Steady Red light(s).

6.30.02X REAR LIGHTBAR

Shall be a 94" Whelen #4500 Plus lightbar. Pattern curbside to streetside:

Curbside	Red Lens Red Super LED Flasher
	Red Lens Red Super LED Flasher
	17 Degree Angled LED Scenelights
	Amber Lens Amber Super LED Flasher
Center	Red Lens Red Super LED Brake
	Amber Lens Amber Super LED Flasher
	17 Degree Angled LED Scenelights
	Red Lens Red Super LED Flasher
Streetside	Red Lens Red Super LED Flasher

The Lightbar shall be recess mounted with the horizontal plane of the roof, and protrude no more than 1/2" beyond the vertical plane of the rear and sides of the module.

The clearance lights shall be an integral part of the light bar.

The Red and Amber flashers shall be controlled by the Light bar Red switch

The scenelights shall activate when rear doors are opened or when vehicle is placed in "Reverse".

6.30.03C FLASHERS

Six (6) Red halogen flashers shall be mounted two (2) on each side of module in upper corners and two (2) mounted on the rear of the vehicle at window height.. Lights shall be Whelen #90F000RR. The lights shall be switched on the console by the "Flasher" switch.

6.30.04 SCENELIGHTS

Four (4) parabolic scenelights, mounted two (2) on each side, shall be installed. The scenelights shall be flush mounted and have internal optics to deflect the light down at 8-32 degree angles. The lights shall be Whelen Model #90E000ZR Opti-Scene lights. The side door shall activate the curbside scenelights. Lights shall be controlled by a switch in the console.

6.30.05 SPOTLIGHT

A 400,000cp hand-held spotlight shall be hard wired into the console and have a hanging clip.

6.30.06X INTERSECTION LIGHTS

Four (4) Intersection lights shall be installed, one (1) on each fender and one (1) above each wheel well. These shall be Whelen #WIONSMCR Clear Lens Red Super LED lights with a chrome housing. The lights shall be switched on the console by the "Flasher" switch.

6.30.08X GRILLE LIGHTS

Shall be two (2) Whelen #WIONSMCR Clear Lens Red Super LED with a chrome housing. The lights shall be switched on the console by the "Flasher" switch. Pre-wire for White Light(s).

6.30.09 SIREN

Shall be a Whelen 295SLSA1, 200 watt. Siren options to include radio, horn, manual, wail, yelp, and phaser. The siren's hands free function shall operate through the OEM horn ring circuit when the sirens rotary selector is in the HF position and the Emergency Master switch in on.

- 6.30.10A SIREN SPEAKERS**
Two Federal Signal Dynamax #ES100C speakers with ESB-ESFMT-EF "Electric F" stainless steel grilles shall be installed in the bumper.
- 6.30.11 SEQUENTIAL SWITCHING SYSTEM**
A Kussmaul sequential switching system shall be installed to control emergency lighting.
- 6.30.12 FLASHER CONTROL**
A 50 amp per terminal Vanner 3250 GCP flasher shall be provided to control halogen and LED flashers.
- 6.31A INVERTER**
Shall be a Magnum Pure Sine 1000, 1000 watt inverter with a 50 amp battery charger installed in Compartment #1. A remote inverter status panel shall be installed in the action area. The inverter shall be configured to turn on and off with ignition
- 6.32 FOG LIGHTS**
Shall be two (2) Rugged LED series 3" square fog lights installed in the lower portion of the bumper on either side of the license plate and controlled by an up fitter switch labeled FOG LIGHTS in the headliner.
- 6.35A FLUID WARMER**
A 120VAC fluid warmer shall be installed in the lower aft corner of Cabinet #1. The warmer will be thermostatically controlled at 95 to 105 degrees F. Space for ten (10) one-liter bags of fluids shall be provided.
- 6.40 ELECTRIC DOOR LOCKS**
Shall be installed on all compartment and module access doors. The module door locks shall be wired to the cab doors.
Two (2) switches shall be provided: (1) located on rear curbside door, and (1) located on the curbside passage door.
A hidden unlock switch shall be located behind the license plate.
- 6.46 BACK-UP CAMERA**
A Rostra #250-8309-W back-up camera system shall be installed, including a surface-mounted camera and a rear view mirror/monitor with a 4.3" screen. Camera shall automatically display on monitor when the vehicle is placed in reverse.

SUPPORTING DOCUMENTATION**7.01****OWNERS MANUAL**

Shall be provided with vehicle and consists of the following items:

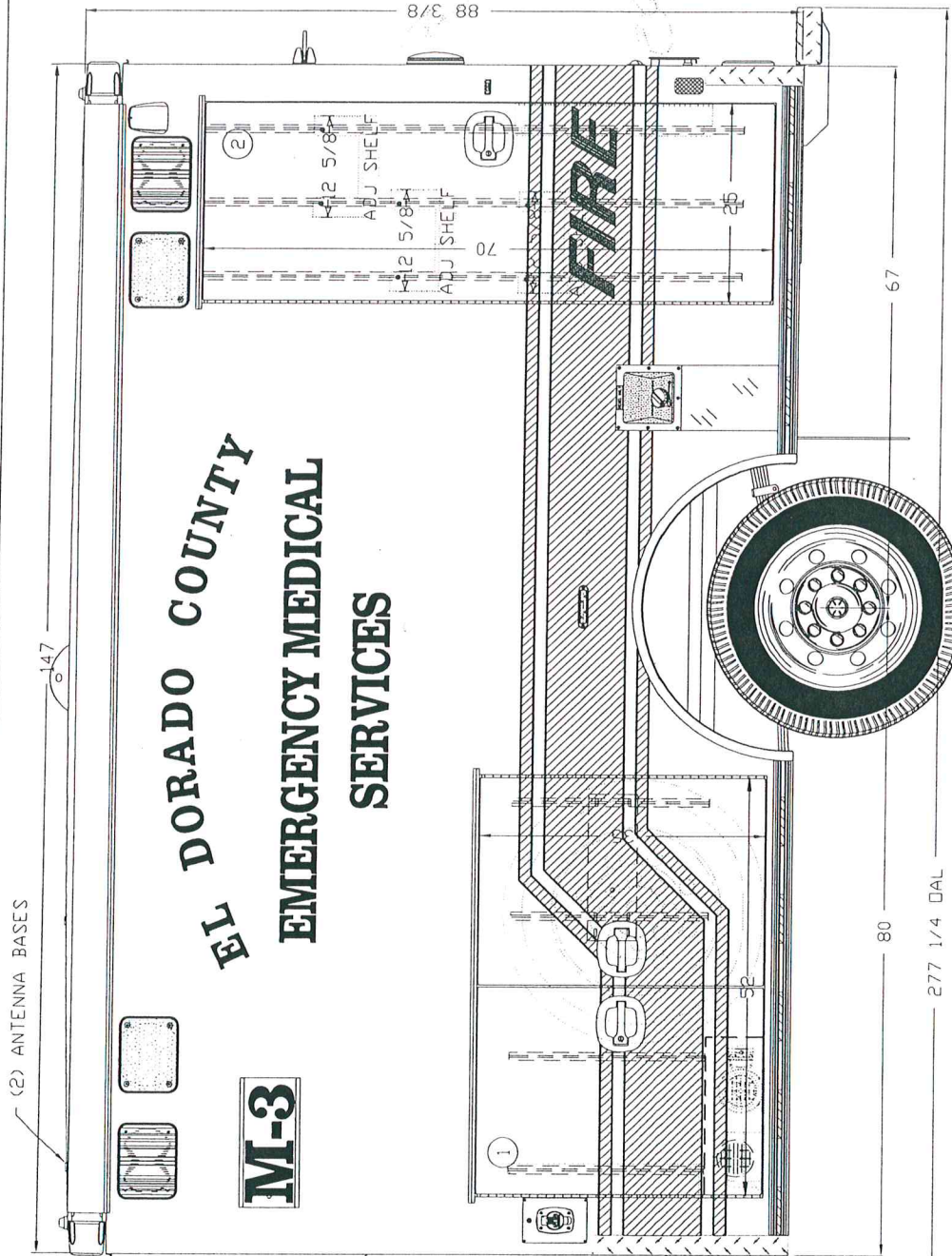
1. Chassis owner information packet.
2. Extra set of keys.
3. Lifetime module warranty.
4. Factory warranty on Chassis.
5. 7 Year/75,000 miles limited electrical warranty.
6. 2 Year/30,000 mile Conversion Warranty.
7. 5 Year Paint Warranty.
8. Module remount engineering checklist.
9. Climate control information and warranty.
10. Main schematic.
11. Electrical equipment amperage ratings.
12. Wire coding list.
13. Schematics for standard system: (As Built)
 - Driver switch console
 - Attendant switch console
 - Climate control system
 - Dual battery system
 - Module harness routing
 - Interior and exterior lights
14. Operations manual
15. Schematics for individual options.
16. Warranty and parts list for light bar, etc.

MISCELLANEOUS EQUIPMENT**8.01****LOOSE EQUIPMENT**

The following equipment shall be shipped loose with the vehicle:

1. Touch Up Paint
 - White GLV-33631 Alt 2
 - Gray GLV-51748Spare tire and wheel
2. Wheel Simulator Wrench
3. Oxygen cylinder Wrench
4. Tire Changing tool and OEM jack
5. Antenna Coax Ends
6. Adjustable shelf for compartment #1
7. Spare tire and wheel
8. Adjustable bin type shelf for compartment #1

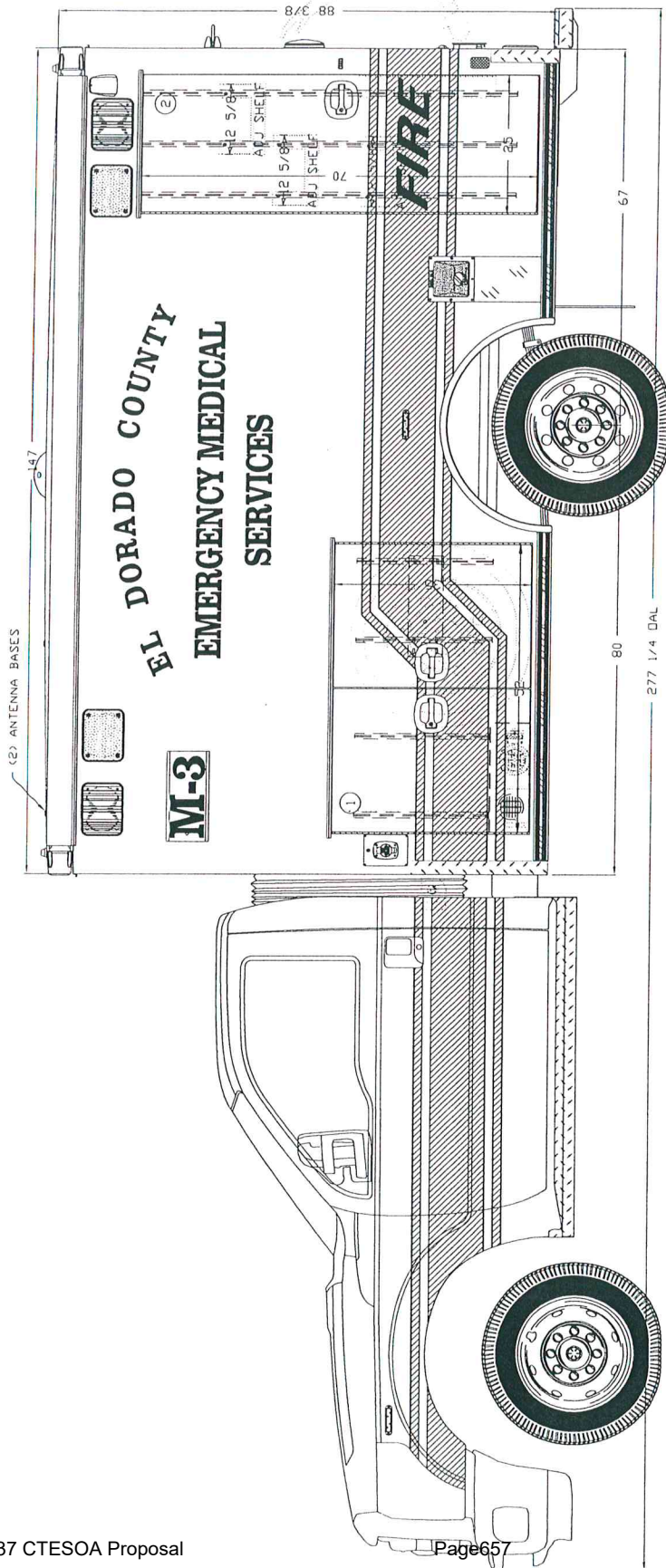
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Braun Northwest, Inc.

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Client	LAKE VALLEY		
Date	03/28/2018	Drawing By	RLL

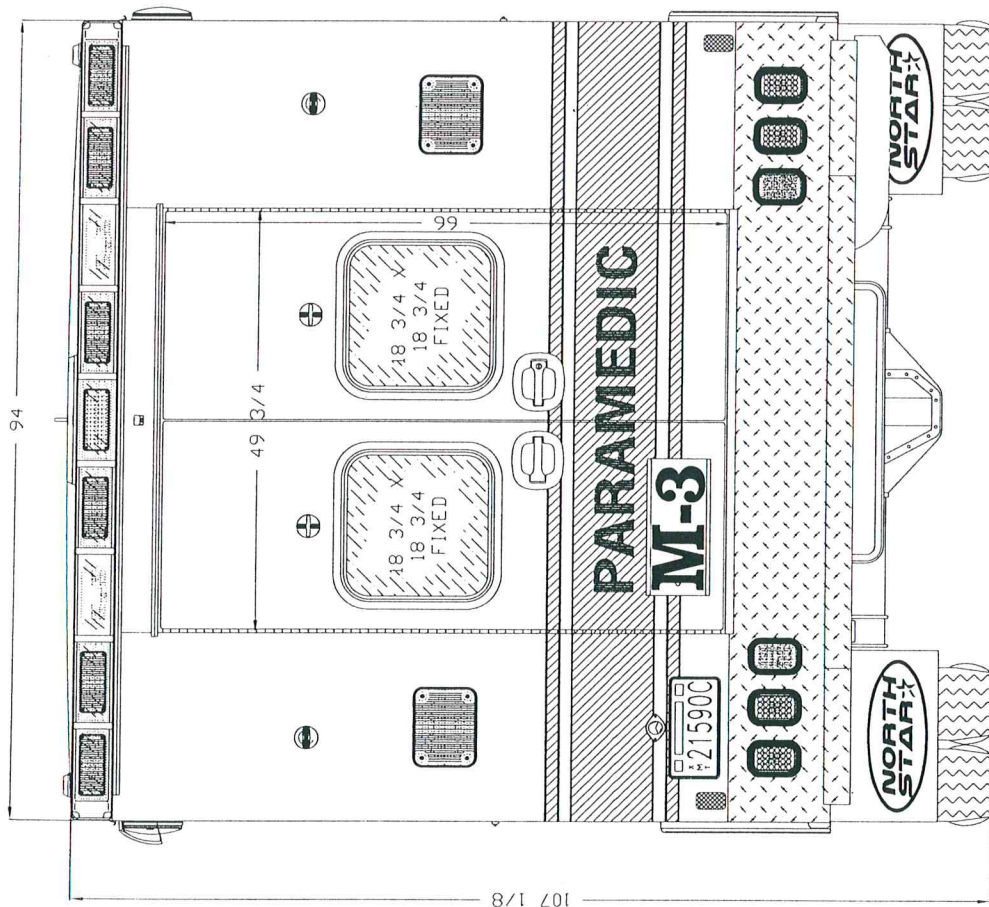
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Braun Northwest, Inc.

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Date	03/28/2018	Drawing By	RLL

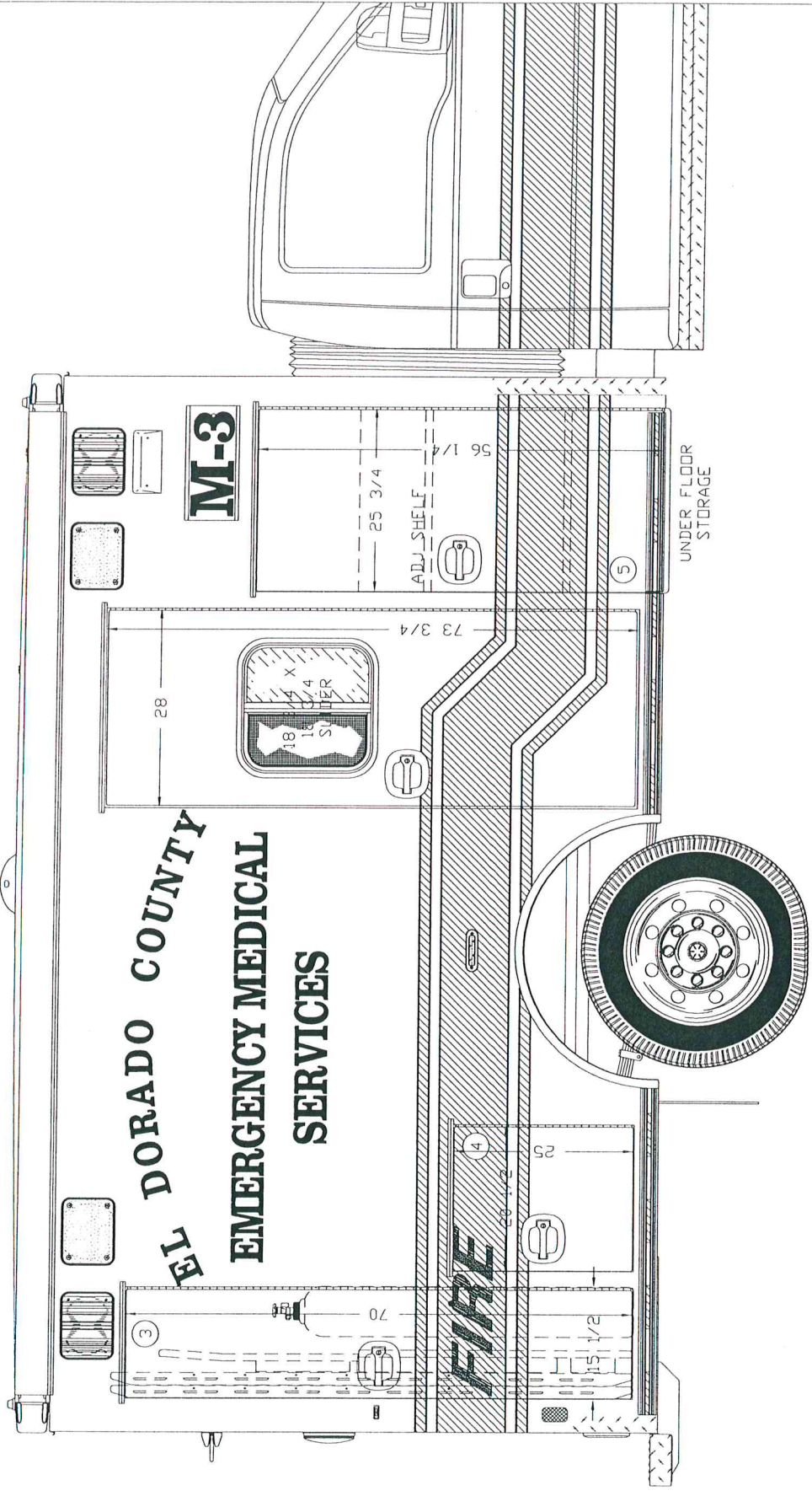
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Braun Northwest, Inc.

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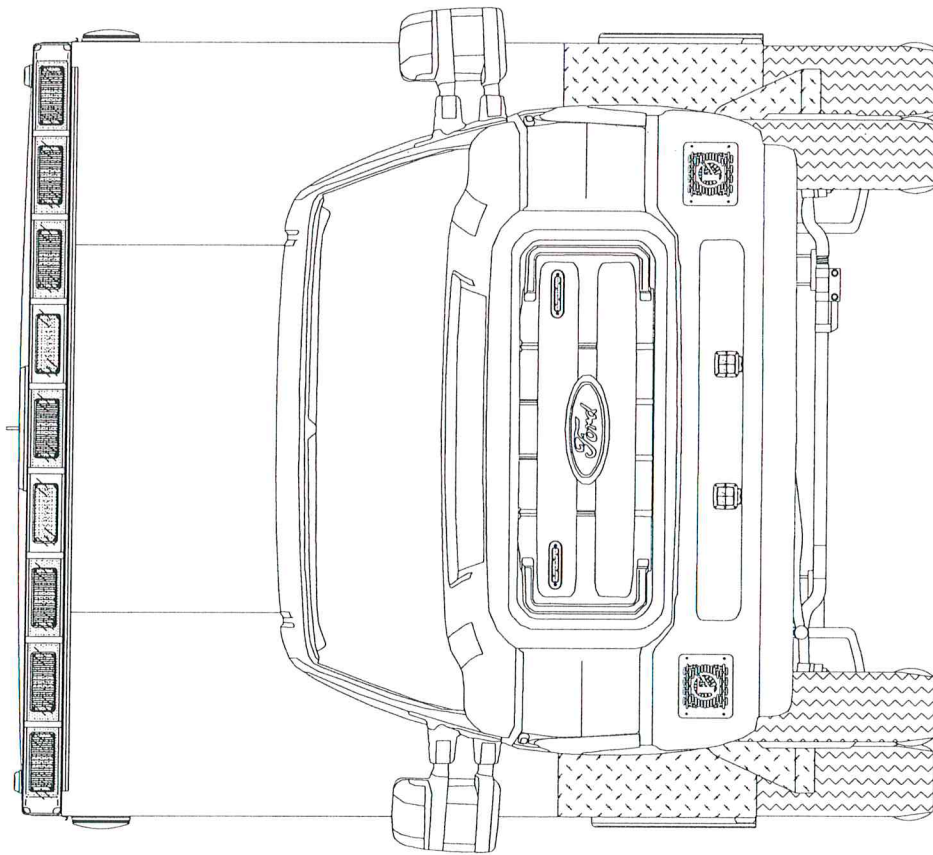
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Braun Northwest, Inc.

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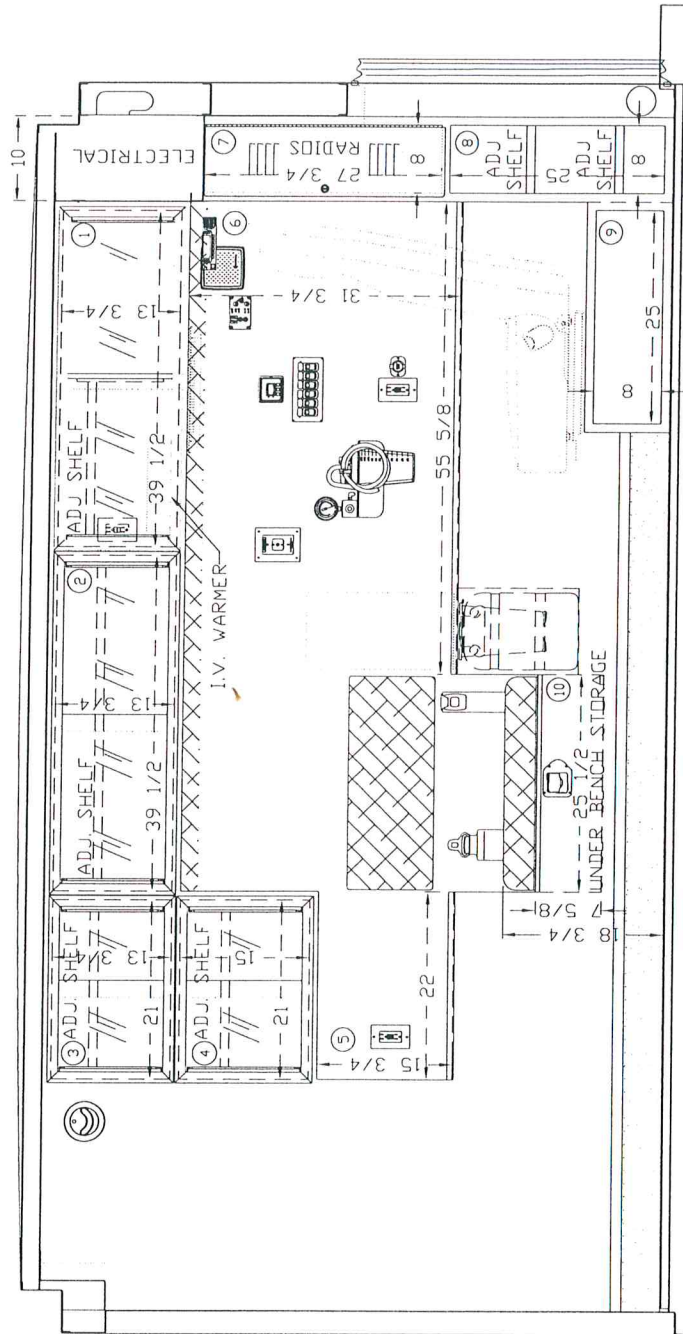
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Braun Northwest, Inc.

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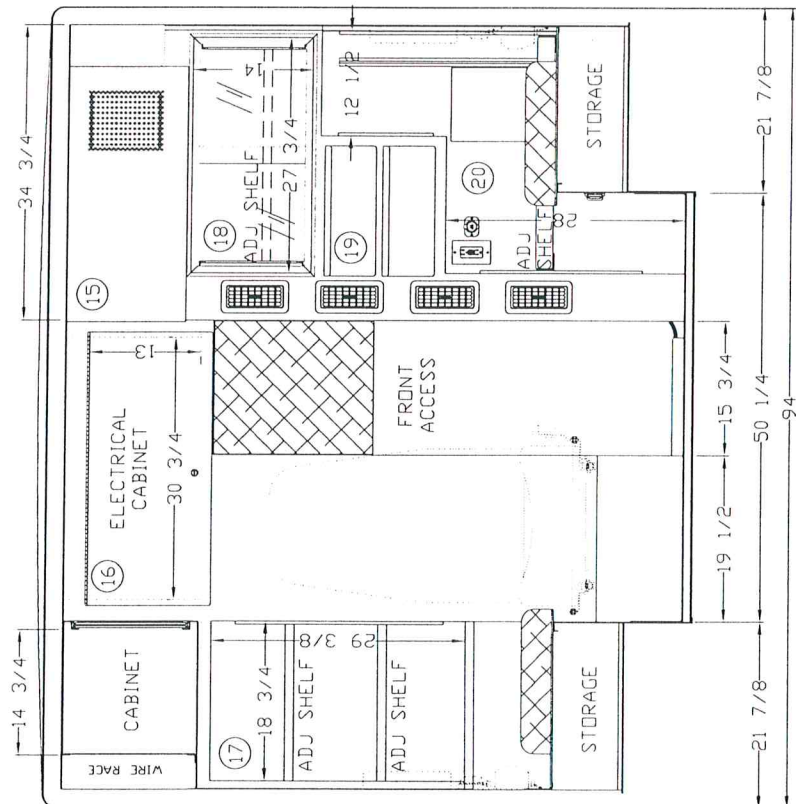
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Braun Northwest, Inc.

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Client	LAKE VALLEY		
Date	03/28/2018	Drawing By	R.L.L.

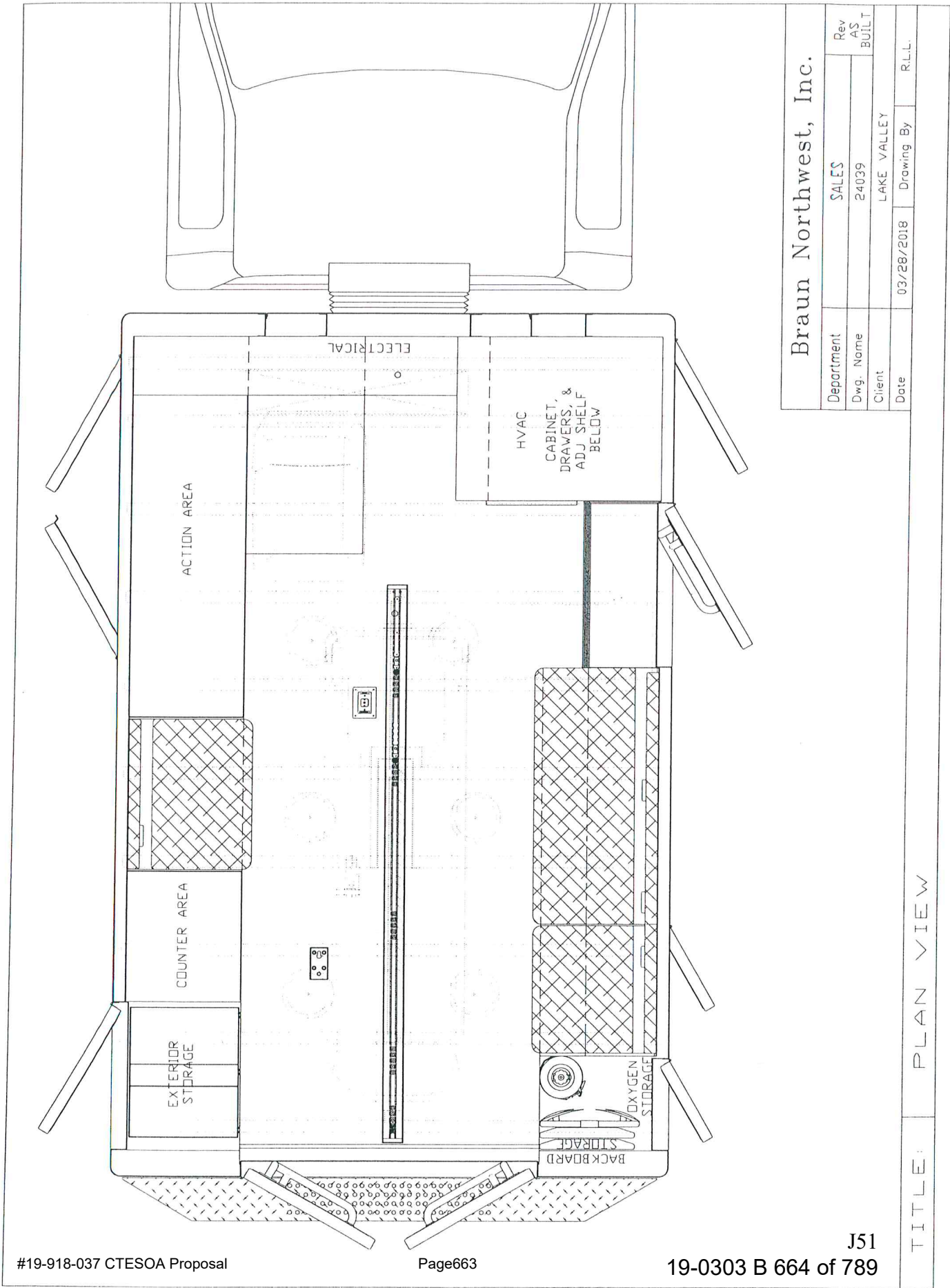
TITLE: INTERIOR S/S VIEW



Braun Northwest, Inc.

Department	SALES	Rev	AS
Dwg. Name	24038	Rev	BUILT
Client	LAKE VALLEY		
Date	03/28/2018	Drawing By	R.L.L.

TITLE: INTERIOR FRONT VIEW



Braun Northwest, Inc.

Department	SALES	Rev	AS BUILT
Dwg. Name	24039		
Client	LAKE VALLEY		
Date	03/28/2018	Drawing By	R.L.L.

TITLE: PLAN VIEW

CTESOA Remount Plan

California Tahoe Emergency Services Operations Authority

Ambulance Replacement Plan

Objectives: CTESOA realizes the challenges associated with operating in a rural environment located in the Sierras. This environment requires the ambulances be maintained and replaced regularly to insure reliability. CTESOA will maintain a minimum of 5 ambulance with access to a 6th ambulance through mutual aid.

1. Once an ambulance reaches 150,000 miles they will be rotated into a reserve status. The highest mileage reserve ambulance will be scheduled for a remount based on first out ambulance forecasted entry into reserve status. Ambulances will carry extended maintenance warranties to 200,000 miles.
2. Replace ambulance module as necessary, evaluate each unit at the end of first remount cycle, determine if module is worthy of reconditioning and remount. Module can be on three chassis over the course of its serviceable life.

Vehicle make/models and current mileages

M-1 #0445	2017 Ford F350 4x4 Type1	37984 miles
M-2 #8332	2012 Ford F350 4x4 Type 1	96481 miles
M-3 #6936	2017 Ford F350 4x4 Type1	30466 miles
M-5 #7188	2012 Ford F350 4x4 Type1	147436 miles
M-6 #9845	2015 Ford F350 4x4 Type1	123233 miles
M-7 #0447	2017 Ford F350 4x4 Type1	60616 miles
RSV #7187	2012 Ford F350 4x4 Type1	151053 mi at Braun NW for remount

**MAINTENANCE AGREEMENT BY AND BETWEEN
THE LAKE VALLEY FIRE PROTECTION DISTRICT AND
CAL TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY**

THIS AGREEMENT is made and entered into as of the ____ day of _____, 2018, by and between the **LAKE VALLEY FIRE PROTECTION DISTRICT** (hereinafter referred to as “LVFPD”), and **CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY** (hereinafter referred to as “CAL TAHOE”).

RECITALS

WHEREAS, LVFPD operates ambulance maintenance facilities at 2211 Keetak Street, South Lake Tahoe (hereinafter referred to as the “REPAIR FACILITIES”); and

WHEREAS, CAL TAHOE desires to utilize LVFPD's REPAIR FACILITIES to have exclusive maintenance services performed on its emergency vehicles (hereinafter referred to as “ambulances”); and

WHEREAS, LVFPD desires to perform exclusive maintenance services on CAL TAHOE’S ambulances at the REPAIR FACILITIES.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties hereto agree as follows:

AGREEMENT

1. **Term of the Agreement.** This AGREEMENT shall be effective when fully executed by both parties hereto and shall expire one (1) year from the date of execution by the CAL TAHOE. This AGREEMENT may be extended for one (1) additional one-year period, if mutually agreed between the parties hereto

in writing not less than thirty (30) days from the expiration date of the then current AGREEMENT. Any changes to cost and fee guidelines will be determined by LVFPD and agreed to by CAL TAHOE at the time of renewal.

2. Availability of Services. LVFPD shall provide routine maintenance services on CAL TAHOE's ambulances, as established in the preventative maintenance schedule agreed to by LVFPD and CAL TAHOE. CAL TAHOE shall be responsible for ensuring that the ambulance maintenance schedule is kept. LVFPD shall maintain computerized maintenance records on all ambulances serviced. LVFPD shall perform repairs on ambulances as necessary. LVFPD reserves the right to contract out certain repairs as deemed necessary by LVFPD.

3. Vehicles Description. CAL TAHOE emergency vehicles (ambulances) to be exclusively maintained at LVFPD's REPAIR FACILITIES are as follows:

2012 Braun Northwest Ambulance –vin # 1FDRF3HTXCEC57188
2012 Braun Northwest Ambulance -vin # 1FDRF3HT7CEA08332
2012 Braun Northwest Ambulance –vin # 1FDRF3HTCEC03134
2013 Braun Northwest Ambulance -vin # 1FDRF3HT1FEA99845
2017 Braun Northwest Ambulance -vin #1FDRF3HT6HEB30445
2017 Braun Northwest Ambulance -vin # 1FDRF3HTHEE86936

4. Costs and Fees. Cost for maintenance work performed by the LVFPD shall be billed at One Hundred and Fifteen Dollars (\$115.00) an hour. This hourly cost shall be pro-rated based upon fifteen (15) minute increments. All parts shall be purchased and sold to CAL TAHOE at LVFPD's cost.

5. Payment. Payments are due on or before thirty (30) days from the date of the invoice throughout the term of this AGREEMENT.

6. **Termination.** Either party hereto may at any time terminate this AGREEMENT upon thirty (30) days written notice to the other party of its intention. In addition to all other remedies available to the LVFPD, this AGREEMENT shall be subject to cancellation by the LVFPD should CAL TAHOE fail to pay any fees or other money payments required by this instrument and such failure not be remedied within ten (10) days following this due date.

7. **Independent Contractor.** It is understood that LVFPD and its employees, agents, contractors and subcontractors are independent contractors and shall not act as an agent or employee of CAL TAHOE. All employees, agents, contractors or subcontractors hired or retained by LVFPD are employees, agents, contractors or subcontractors of LVFPD and not CAL TAHOE.

8. **Compliance with Law.** LVFPD shall abide by and be subject to any and all rules and regulations which are now, or may from time to time be, promulgated by federal, state, regional or local government, concerning management, operation or use of LVFPD's REPAIR FACILITIES.

9. **Insurance.** Both parties shall maintain a minimum of \$1,000,000 public liability insurance coverage, which coverage shall name the other party as additional named insured. LVFPD's insurance coverage includes "garage-keepers" insurance and shall cover liability arising out of the maintenance and repair operations set forth in this agreement. Both parties shall review the insurance coverage with their insurance representatives to verify LVFPD's coverage for the services provided herein. LVFPD shall be responsible to maintain full Workers' Compensation and Employer's Liability Insurance covering all employees performing work under the Agreement as required by law in the State of California.

10. **Indemnification.** To the fullest extent allowed by law, the CAL

TAHOE shall defend, indemnify, and hold the LVFPD harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, LVFPD, employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the work, repair and maintenance services provided herein by LVFPD, their agents or employees including CAL TAHOE's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the LVFPD, the CAL TAHOE, subcontractor(s) and employee(s) or any of these, except as expressly prescribed by statute. This duty of CAL TAHOE to indemnify and save the LVFPD harmless includes the duties to defend set forth in California Civil Code Section 2778.

11. Notices. All notices or demands provided for or which may be given by either party to the other under the terms of this AGREEMENT shall be in writing, signed by the party giving the notice or making the demand, and shall be deemed validly served or delivered upon physical delivery or upon deposit in the United States mail addressed as follows:

To LVFPD: Chief Tim Alameda
Lake Valley Fire Protection District
2211 Keetak Street
South Lake Tahoe, CA 96150
Phone: (530) 577-3737 Fax: (530) 577-3739

With a copy to: William M. Wright, Esq.
Law Offices of William M. Wright
2828 Easy Street, Suite 1
Placerville, CA 95667
Phone: (530) 622-2278 Fax: (530) 622-9614

To CAL TAHOE: Ryan Wagoner
California Tahoe Emergency Services Operations
Authority
P.O. Box 8917
South Lake Tahoe, CA 96158
Phone: (530) 559-1183 Fax: (530) 542-6183

With a copy to: Anne L. Collins
Law Offices of Lozano and Smith
One Capitol Mall, Suite 640
Sacramento, CA 95814
Phone: (916) 329-7433 Fax: (916) 329-9050

12. Amendments. This AGREEMENT may be modified or amended only by a written document executed by both LVFPD and CAL TAHOE and approved as to form by legal counsel.

13. Contract Administrator. The CAL TAHOE officer or employee with responsibility for administering this AGREEMENT is the Executive Director.

14. Authorized Signatures. The parties to this AGREEMENT represent that the undersigned individuals executing this AGREEMENT on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

15. Entire Agreement. This document and the documents referred to herein or exhibits hereto are the entire AGREEMENT between the parties and they incorporate or supersede all prior written or oral AGREEMENTS or understandings.

IN WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be executed in their behalf.

**LAKE VALLEY
FIRE PROTECTION DISTRICT**

**CALIFORNIA TAHOE
EMERGENCY SERVICES
OPERATIONS AUTHORITY**

By: _____
Tim Alameda, Fire Chief

By: _____
Ryan Wagoner, Executive Director

APPROVED AS TO FORM:

By: _____
William Wright, Counsel for LFVPD

By: _____
Ann Collins, Counsel for CAL TAHOE

APPENDIX K Contents: Ambulance Equipment & Supplies

K2 – K11 ADC ALS Unit Minimum Inventory

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 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

#19-918-037 CTESOA Proposal

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

#19-918-037 CTESOA Proposal

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 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.	Buretrol 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

#19-918-037 CTESOA Proposal

ALS UNIT MINIMUM EQUIPMENT INVENTORIES
CONTINUED

Opt.	Opt.	Opt.	25 ga. Butterfly Catheter
1	1	1*	IO Kit (Either Brand): 1 EZ-IO Bag with the Following Supplies: <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 *Assessment units may use EZ-IO needle manually without the driver and only carry one of each needle size and other supplies.
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

#19-918-037 CTESOA Proposal

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
125 G	50 G	25 G	10% Dextrose/25G (250cc 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

#19-918-037 CTESOA Proposal

g	g		
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
ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	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

#19-918-037 CTESOA Proposal

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® 1 st 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

#19-918-037 CTESOA Proposal

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

#19-918-037 CTESOA Proposal

APPENDIX L Contents

L2 – L5 Continuous Quality Improvement Plan 2018



Cal Tahoe Emergency Services Operations Authority

CAL TAHOE JPA CQI PLAN 2018

CTESOA Mission Statement:

The mission of CTESOA is to work collaboratively with fire districts, hospitals, air ambulance services and other stakeholders to ensure high quality services.

Purpose:

To implement a consistent Continuous Quality Improvement (CQI) program with a focus on improving emergency medical services as an EMS provider in El Dorado County. CQI is a mandatory, peer driven process that is intended to function cohesively with other EMS providers and the base hospital within our EMS system. CTESOA CQI program shall comply with CA State law and regulations. The goal is to identify issues, trends and training needs to ultimately improve the system collectively.

AUTHORITY: California Code of Regulations TITLE 22 Soc Sec Division 9, Pre-Hospital Services EMS Chapter 12, section 100402 EMS Service Provider Responsibilities, 100404 Local EMS Agency

Positions:

Continuous Quality Improvement Coordinator (CQIC)- CTESOA shall designate a CQI Coordinator that will be a paramedic. The CQI Coordinator should be a paramedic who has extensive knowledge and experience in El Dorado County and understands the CQI responsibilities. The CQI Coordinator shall oversee all general CQI processes including collection, identification of performance problems, performance improvement and overall system improvement. The CQI Coordinator shall attend and represent CTESOA at all monthly El Dorado County EMS CQI Committee meetings. The CQI Coordinator shall report any issues or findings to the Committee for overall review. The CQIC may also choose to designate an "Assistant" or "Alternate" to assist and fill in where needed.

EMT/PARAMEDIC- All CTESOA Paramedics and EMTs are mandated participants in the CQI program. Each individual shall participate in appropriate PCR review as outlined here within. In addition to PCR review, all participants shall communicate incidents of concern or commendation to CTESOA Management and the CQIC.

ALLIED AGENCIES- All allied agencies and/or their personnel are encouraged to provide feedback for improvement, or commendation. For appropriate situations, the information shall be forwarded to the CQI representative to review, and take appropriate action as outlined in this policy. Potential or questionable violations of the Health and Safety Code, Section 1798.200, shall be reported directly to CTESOA Management and the CQIC and the El Dorado County EMS Agency.

POLICY: CTESOA requires all personnel to provide excellent customer service at all times. All PCR's containing Skills, Field Procedures, and Treatments that meet "CQI criteria" shall be reviewed and evaluated. Completed PCR's shall be posted and marked as finished prior to going off shift. A copy of any calls with concerns or code 3 returns shall be placed in CQI Folder for prompt review by CTESOA Management and the CQIC. Reviewed CQI should be separated from unreviewed CQI. This task shall be performed only at the station, and only on CTESOA provided equipment, by all Paramedics and EMTs in accordance with the procedure as follows.

PROCEDURE: CTESOA paramedics and EMTs shall create a CQI copy of each PCR that caused a concern and all code 3 returns. All patient names and demographic information shall be redacted to maintain confidentiality. Review of Patient Care Reports (PCR's) for CQI purposes shall be performed by the CQIC.

If a CQI issue or performance problem is identified, it shall be brought to the attention of the CQIC who then forwards the issue to CTESOA Management. These issues will be handled by CTESOA Management using the CQI Performance Improvement Plan (PIP), described below. Identification of potential CQI concerns should be classified into one of three categories;

"HUMAN ERROR" – Inadvertent action. Examples: Documentation errors, Assessment Errors, Treatment Errors or Omissions occurring in low frequency.

"AT RISK BEHAVIOR" – To do something in a way that unintentionally can impose a chance for harm to occur. Assessment Errors or, Treatment Errors.

"RECKLESS BEHAVIOR" – Choosing an action that knowingly puts themselves or others in harm's way. The risk is identified but ignored.

A Personal Improvement Plan (PIP) shall result in cases deemed reckless behavior or at the discretion of CTESOA Management and the CQIC. It is the intent that CQI review is to be used for improvement of the overall EMS system and not solely for individual disciplinary issues.

The CQIC shall review all high-profile calls forwarded to him or her. The CQIC shall provide any feedback or educational recommendation to the involved individuals and the CQI Committee as necessary.

- a) All such events should be placed on an El Dorado County Emergency Medical Services Authority (EMSA) Event Report Form. Once the CQI representative has reviewed the report with the individual(s) and with the CQI committee as appropriate, the report shall be placed in a secure CQI folder for no less than one year. After one year the report shall be destroyed. All CQI event reports shall be kept confidential between the individual(s) and the CQI representative. For purposes of review by the CQI committee, all patient names and demographic information shall be redacted to maintain confidentiality.
- b) The CQIC shall monitor all event reports and identify any problems or trends. CTESOA Management and the CQIC shall develop and oversee any educational programs including Personal Improvement Plans (PIP) that will enhance or improve individual or system performance.
- c) The CQI Coordinator shall monitor compliance with the provisions of the PIP. Noncompliance with the provisions of the PIP, for any reason, by the employee, shall be considered a job performance issue.

outside the scope of the CQI policy. The CQIC shall notify CTESOA Management through the chain of command of any noncompliance issues.

PERSONAL IMPROVEMENT PLAN (PIP)- A Personal Improvement Plan is an individualized educational plan designed on a case by case basis, to improve an individual's deficiencies or trends that have come to light from the CQI process. The PIP shall be drafted by CTESOA Management the CQIC in coordination with a Field Training Officer and the individual involved. The PIP shall be approved by the Executive Director prior to implementation. This team may request assistance from the EMSA, and the El Dorado County Medical Director as appropriate. The Executive Director will oversee the completion of the PIP.

The purpose of any PIP shall be to educate and assist the individual Paramedic or EMT to improve that individual's performance. A PIP is intended to be confidential between the Executive Director, CQIC the FTO, and the individual involved. Any person being assigned a PIP shall participate and complete then PIP within the time allotted. The educational objectives and time frame of the PIP will vary, as these are specific to the needs of the individual. If the individual willfully does not participate, is unable to complete, or fails to complete the PIP, the matter shall be handled by CTESOA Management and the CQIC and forwarded to the Executive Director. HIPPA protects all information within the PIP that identifies specific patient information. The PIP will not be designed as a disciplinary tool, but an educational tool. The PIP's use in any disciplinary process will be triggered only by noncompliance with the CQI process of performance improvement as demonstrated by the individual, recognized by the CQIC Representative, FTO, CTESOA Management or the Executive Director.

CQI

The following items identify PCR's that meet CQI criteria and should be placed in the station CQI file. CQI shall be completed on a month-to-month basis and turned in no later than the 5th of the following month. (Example- August CQI completed and turned in by September 5th)

1. Chart Review:

a. Call Types

- i. Code 3 returns
- ii. MCIs
- iii. Air Ambulance
- iv. STEMIs
- v. Strokes
- vi. Pediatric
- vii. Trauma Criteria
- viii. EMT Calls

2. Continuous Quality Improvement Coordinator (CQIC) Review

- a. The CQIC is to review all reports in the CQI folder and should identify reports that should be brought forward

- i. El Dorado County EMS CQI meetings
- ii. Local agency CQI meetings
- iii. Base Stations

Action to Improve

When issues are identified, they are noted on the CQI form, then sent to the CQIC for him or her to determine the next appropriate course of action.

1. Areas for improvement
 - a. If the issue is a minor concern, the information is brought to the attention of the author of PCR with possible changes needed.
 - b. A minor concern may be spelling, grammar, improper use of abbreviations. Generally, issues isolated to documentation.
2. Areas of concern
 - a. If “Human Error” issues are identified such as a medication or treatment error, or other issue of concern, an email is to be sent to the originating Paramedic or EMT with CTESOA Management cc’d. Remediation of Paramedic or EMT when necessary.
 - b. The operations manager and the CQIC is responsible for following up with that Paramedic or EMT to understand the reason for the occurrence.
 - c. Areas of concern are broader and will include minor treatment, patient care or medication issues.
3. Significant Areas of Concern
 - a. “At Risk Behavior” or Reckless Behavior” errors should be sent in an email to CTESOA Management.
 - b. PIP and incident report are to be filed.

Education and Training

Ongoing trainings are to be performed to be able to continue to provide high quality care to all patients. Many resources used to accomplish trainings such as a few described below.

- Target Solutions.
- Reviewing CQI Buckets
- In house trainings
- Other local EMS agencies

APPENDIX M Contents: EVOC Training

M2 – M3	Emergency Vehicle Driver Training Test
M4 – M12	EVOC Training Activity



Student Name: _____

Date: _____

location: _____

Emergency Vehicle Driver Training (Test)

1. True or False_____: The main source of problems with emergency response is the public's failure to yield to emergency vehicles
2. True or False_____: For the right –of-way, emergency responders can rely solely on the fact that there are laws governing emergency vehicle response.
3. What has consistently been the second leading cause of line-of-duty deaths to firefighters?
 - A. Heart attack
 - b. flashover
 - c. responding to/returning from alarms
 - d. training accident
4. True or False_____: Getting to an emergency incident as fast as possible should be the
Emergency vehicle drivers number one concern

5. The result of a collision between an emergency vehicle and another vehicle may result in which of the following:

- a. injury or death to emergency personnel
- b. loss of equipment
- c. injury or death to members of the public
- d. all of the above

6. True or False_____: The effects of a collision between an emergency vehicle and a civilian vehicle affect only those drivers.

7. True or False_____: Vehicle maintenance has no bearing on the safety of emergency response

8. True or False_____: Lights and sirens demand the right-of-way.

9. True or False_____: Any Emergency service organization member can be an emergency response driver.

10. True or False_____: Legal implications concerning emergency vehicle collisions are solely the problem of the organization's officers.

1A - Driver/Operator Required Activities

Activity 3-3-1: Alley Dock

Alley Dock

Activity 3-3-1

Format: Individual

Time Frame: Open (based on a total of 16:00 hours for skills practice and completion)

Description

This activity provides students with an opportunity to measure a driver/operator's ability to drive past a simulated dock or stall, back the apparatus into the space provided, and stop smoothly.

Materials

- Fire apparatus
- Tape measure
- Traffic cones
- Delineators
- Extra traffic cones and delineators available

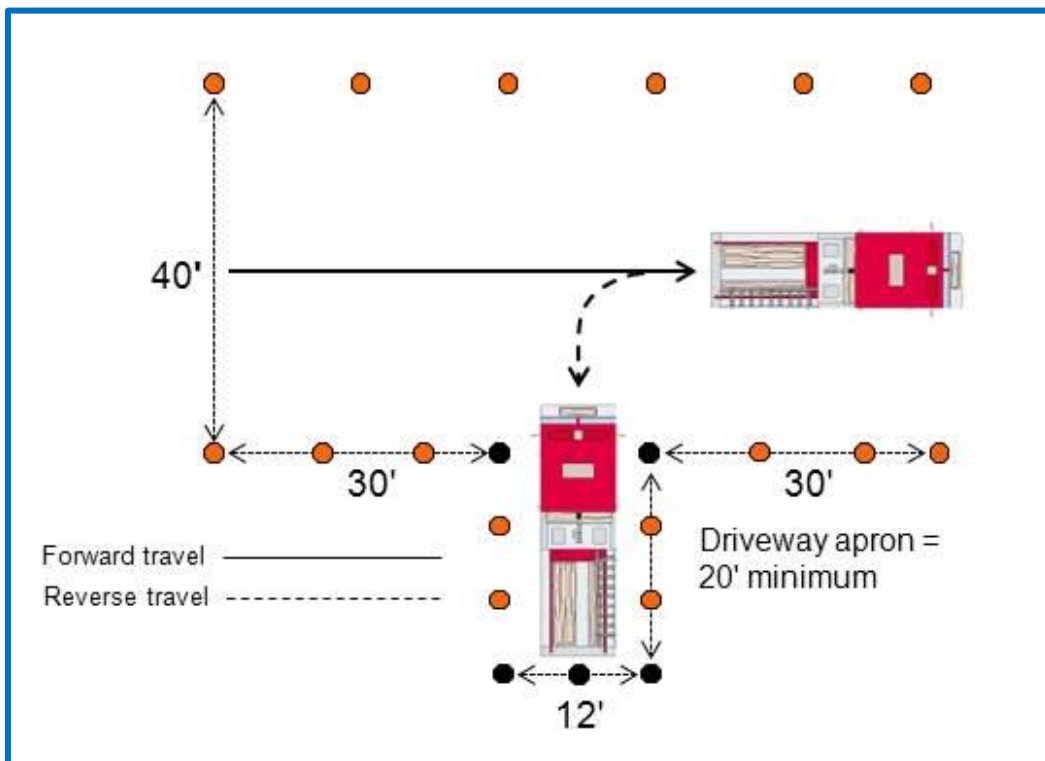
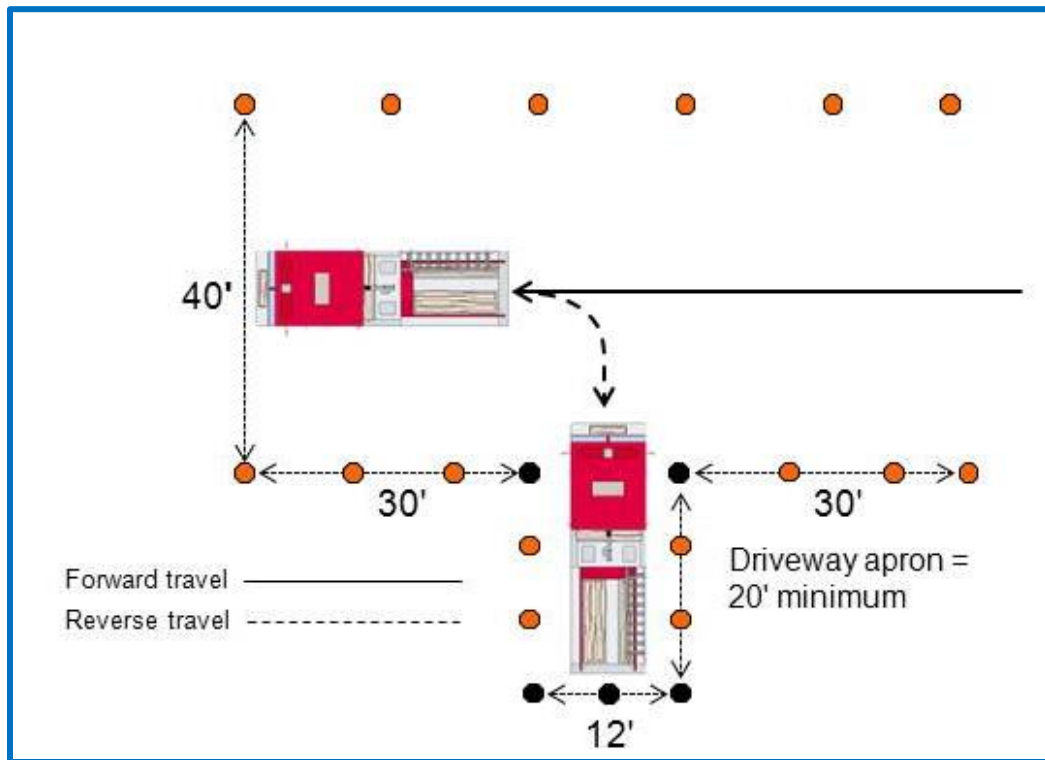
Instructions

1. Establish two boundary lines 40 feet apart and approximately 72 feet long using traffic cones.
2. Simulate a stall by arranging five (5) delineators off one boundary line, 12 feet apart, and approximately 20 feet long.
3. For larger apparatus, course measurements will need to be modified.
4. Place traffic cones on each side of the stall between the delineators.
5. The driver/operator passes the delineators with the stall on the left and then backs the apparatus, using a left turn, into the stall.
6. Repeat the exercise with the stall on the right side, using a right turn.

1A - Driver/Operator Required Activities

Activity 3-3-1: Alley Dock

Activity Illustrations



Driver/Operator

Activity 3-3-2: Station Parking

Station Parking

Skill 3-3-2

Format: Individual

Time Frame: Open (based on a total of 16:00 hours for skills practice and completion)

Description

This exercise measures the driver/operator's ability to back the apparatus into an apparatus bay.

Materials

- Fire apparatus
- Tape measure
- Traffic cones
- Delineators
- Left front tire marker
- Optional straight line marker
- Extra traffic cones and delineators available

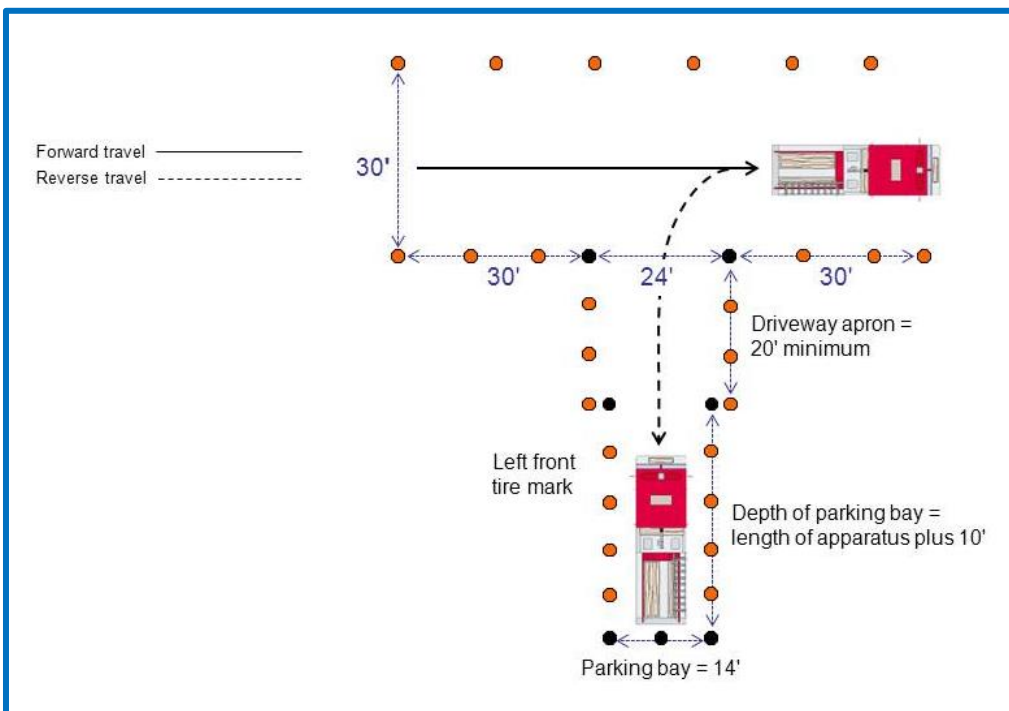
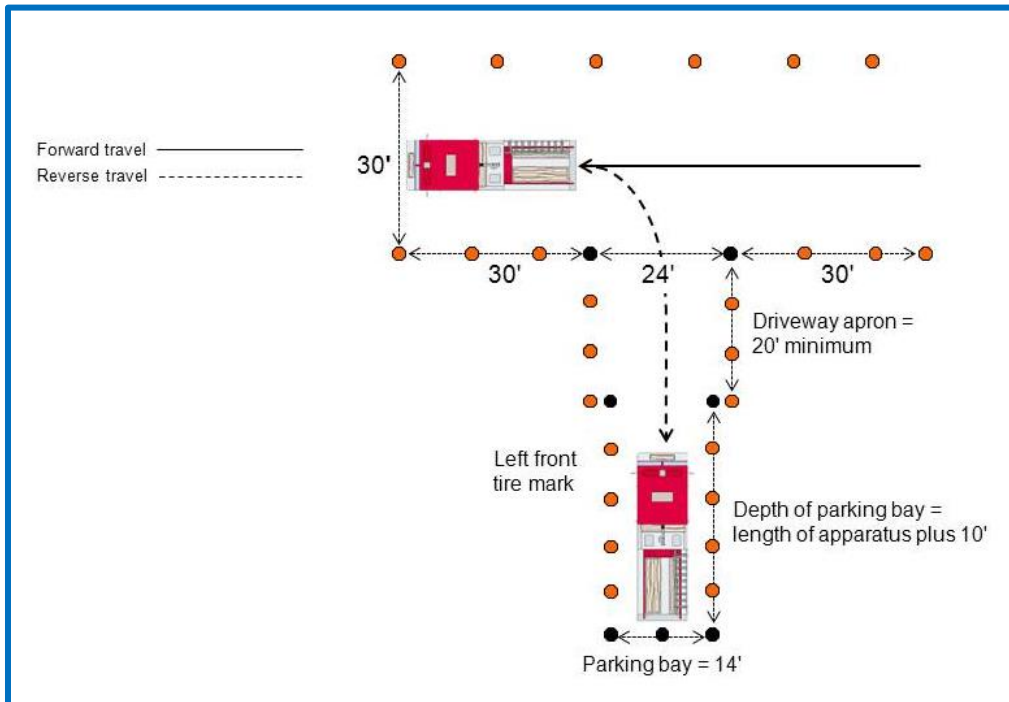
Instructions

1. Establish two boundary lines 30 feet apart using traffic cones to simulate a street.
2. Simulate a driveway apron by arranging four (4) delineators off one boundary line, 24 feet wide, and a minimum of 20 feet long.
 - The instructor can increase the setback from the street based on the representative needs of the area.
3. Place traffic cones on each side of the driveway apron between the delineators.
4. Simulate the entrance to the apparatus bay by placing two (2) delineators 12 feet apart.
5. Place three (3) delineators at the back of the apparatus bay. This depth is determined by the length of the apparatus plus 10 feet.
6. Place traffic cones on each side of the apparatus bay between the delineators.
7. Place a marker on the ground to indicate to the driver/operator the proper position of the left front tire of the apparatus once stopped and parked.
8. An optional straight line can be placed on the floor of the apparatus bay to assist the driver/operator while backing the apparatus, facilitating the use of apparatus mirrors.
9. The driver/operator passes the delineators identifying the driveway apron on the left and then backs the apparatus, using a left turn, into the apparatus bay.
10. Repeat the exercise with the driveway apron on the right side, using a right turn.

Driver/Operator

Activity 3-3-2: Station Parking

Activity Illustrations



Driver/Operator

Activity 3-4-1: Serpentine

Serpentine

Skill 3-4-1

Format: Individual

Time Frame: Open (based on a total of 16:00 hours for skills practice and completion)

Description

This exercise measures a driver/operator's ability to steer the apparatus both forward and backward in close limits without stopping.

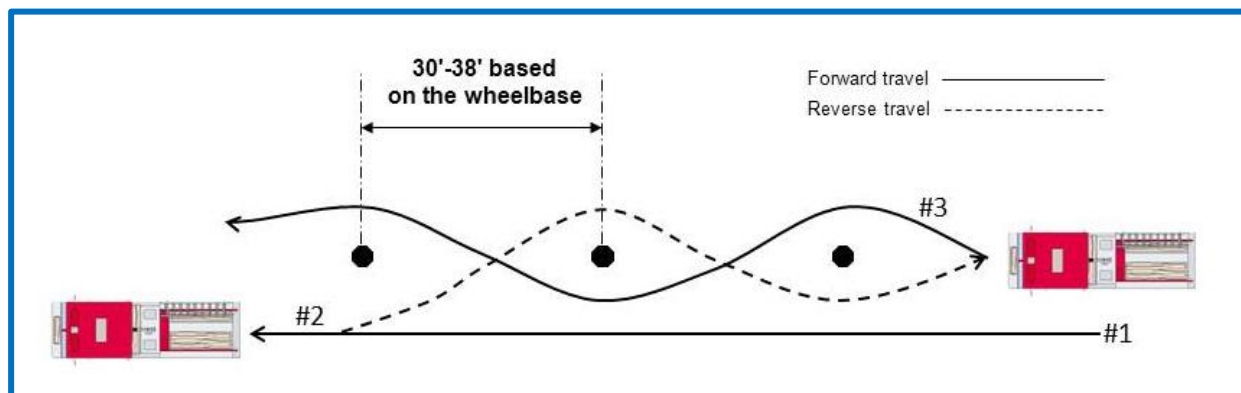
Materials

- Fire apparatus
- Tape measure
- Three (3) delineators

Instructions

1. Establish the course or path of travel for this exercise by placing a minimum of three delineators in a straight line.
 - The spacing of the delineators is based on double the wheelbase of the apparatus being used.
2. Provide adequate space on each side of the delineators for the apparatus to move freely.
3. The driver/operator drives the apparatus along the left side of the markers in a straight line and stops just beyond the last delineator.
4. The driver/operator then begins the exercise by backing the apparatus between the delineators by passing to the left of delineator #1, to the right of delineator #2, and to the left of delineator #3.
5. At this point, the driver stops the apparatus and then drives it forward between the delineators by passing to the right of delineator #3, to the left of delineator #2, and to the right of delineator #1.

Activity Illustration



Driver/Operator

Activity 3-5-1: Confined Space Turnaround

Confined Space Turnaround

Skill 3-5-1

Format: Individual

Time Frame: Open (based on a total of 16:00 hours for skills practice and completion)

Description

This exercise measures the driver/operator's ability to turn the apparatus around in a confined space without striking obstacles.

Materials

- Fire apparatus
- Tape measure
- Traffic cones or paint
- Two (2) delineators

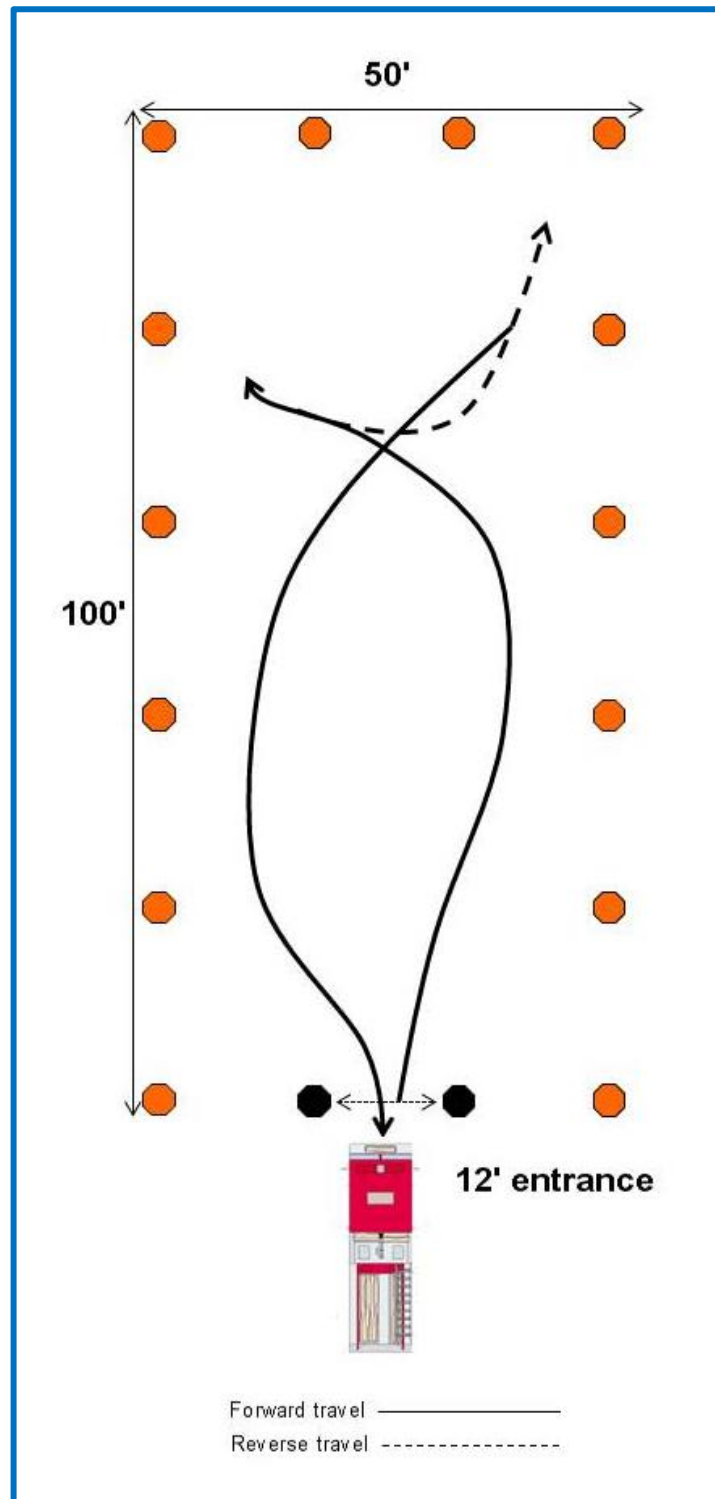
Instructions

1. Establish an area 50 feet × 100 feet by painting lines on the ground or using traffic cones.
2. For larger apparatus, course measurements will need to be modified.
3. Establish an opening by placing two (2) delineators 12 feet apart in the center of one of the 50-foot legs.
4. The driver/operator drives into the area through the 12-foot opening, turns the apparatus 180 degrees, and returns through the opening.
5. There is no limit on the number of times the driver/operator maneuvers the apparatus to accomplish this exercise. However, no portion of the apparatus should extend over the boundary lines of the space.

Driver/Operator

Activity 3-5-1: Confined Space Turnaround

Activity Illustration



Driver/Operator

Activity 3-6-1: Diminishing Clearance

Diminishing Clearance Exercise

Activity 3-6-1

Format: Individual

Time Frame: Open (based on a total of 16:00 hours for skills practice and completion)

Description

This exercise measures a driver/operator's ability to steer the apparatus in a straight line, judge distances both horizontal and vertical, and stop at a finish line. The driver/operator's speed should be great enough to necessitate quick judgment.

Materials

- Fire apparatus
- Tape measure
- Traffic cones
- Four (4) delineators
- Vertical obstacle

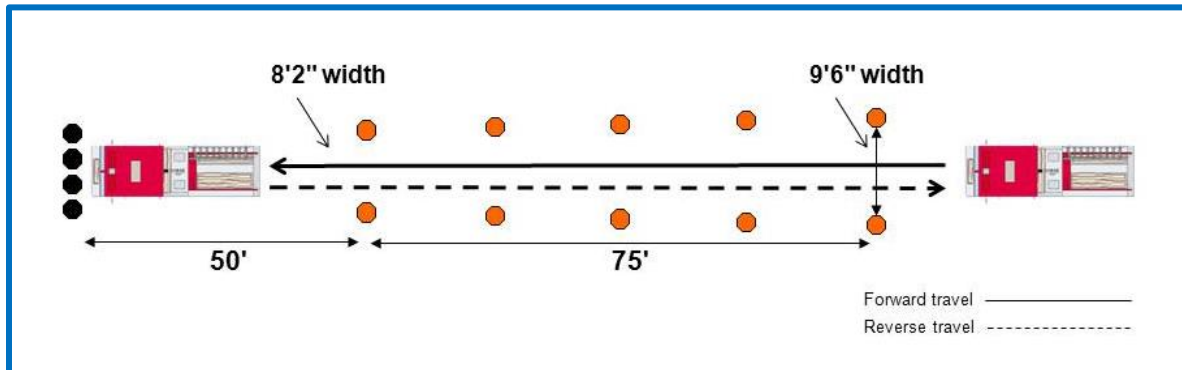
Instructions

1. Establish a 75-foot lane using traffic cones.
2. The lane varies in width from 9'6" to a diminishing clearance that is 2" greater than the outside dimension of the tires on the apparatus being used.
3. Establish a finish line at the end of the lane that is 20 feet longer than the apparatus using traffic cones and at least one (1) delineator.
4. Establish at least one (1) adjustable vertical obstacle in the lane.
5. The driver/operator maneuvers the apparatus through this lane without touching the traffic cones or the vertical obstacle.
 - If the driver/operator determines the apparatus cannot clear the vertical obstacle, he or she should stop the apparatus.
6. The driver/operator stops the apparatus at the finish line with no portion of the apparatus protruding beyond the finish line.
7. The driver/operator drives back through the lane without touching the traffic cones or the vertical obstacle.
 - If the driver/operator determines the apparatus cannot clear the vertical obstacle, he or she should stop the apparatus.
8. The driver/operator stops after the front of the apparatus passes the last traffic cone.

Driver/Operator

Activity 3-6-1: Diminishing Clearance

Activity Illustration



APPENDIX N Contents: SSMP & Mutual Aid Agreements

N2 – N12	System Status Management Plan (SSMP) for Cal Tahoe JPA (CTESOA)
N13 – N17	Fallen Leaf Lake Fire Department (FLLFD) Mutual Aid Agreement
N18 – N29	Lake Tahoe Regional Fire Chiefs Association (LTRFCA) Mutual Aid Agreement
N30 – N31	Lake Valley Fire Protection District and OES Mutual Aid Agreement
N32 – N34	Tahoe Douglas Fire Protection District (TDFPD) Mutual Aid Agreement

Cal Tahoe Emergency Services Operations Authority
System Status Management Plan Update for 2016

Policy

I. Policy:

Cal Tahoe will continually make improvements to our System Status Management Plan for enhanced delivery of high quality, advanced life support services, and to address increases or decreases in service volumes.

II. Purpose:

The EMS System Status Management Plan was created to facilitate communication and coordination between varying agencies and disciplines, identify roles and responsibilities of each contributing agency, and provide guidance on medic unit operations that will achieve superior performance through timely and effective deployments in accordance with the performance requirements identified in the Contract for Prehospital Advanced Life Support, Ambulance and Dispatch Services, between the County and the California Tahoe Emergency Services Operations Authority (CONTRACT).

III. Definitions:

Advanced Life Support (ALS): means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of

a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital, until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.

At Scene: For the purposes of this policy and procedure, “At Scene” denotes the medic unit has arrived and the wheels of the vehicle have come to a physical stop. This description meets our contractual agreement with the County for response time requirements.

Emergency Medical Services Agency (EMSA): means the administrative agency designated through the Health Services Department by the County of El Dorado Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.

Geographic Service Area (GSA): A specific area within Cal Tahoe Response Area where medic units are assigned to provide ambulance service.

Joint Power Authority (JPA) Response Area: Those areas within the County of El Dorado where direct responsibility for ambulance service is defined by the CONTRACT.

Move-up: A term used to denote the strategic movement of a medic unit to a specific location, and/or GSA for continued service and required response time capability.

Peak Demand: The required number of medic units needed for a given period of time to meet call demands 90% of the time. Peak demand is based on the time standard of one hour from the moment of dispatch, through service delivery to the point the time the medic unit is once again available for service in its geographic service area (GSA). Rural systems will have larger GSA's and with that more medic units are needed to meet Peak Demands.

Response Time: means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).

System Status Management: The art and science of matching the production capacity of the EMS system to the ever changing patterns of demand placed on the system.

System Status Plan: An algorithm for the online management of system deployment and re-deployment of medic units.

Unit Demands: Peak demand on a particular medic unit working a GSA. Unit Hour: means a fully staffed and equipped ambulance available for, or involved in emergency medical response for one hour.

Unit Hour Utilization Ratio (UHUR): means a measure of system productivity that is calculated by dividing the number of transports by the number of unit hours produced during any specific period of time. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

IV. Resources:

- A. Cal Tahoe resources consist of approximately 37 licensed paramedics, public safety-medical Communication Operators, a Dispatch Center, and 6 fully equipped Advanced Life Support medic units.
- B. Serving our region, air ambulance helicopter service is provided by CALSTAR and CARE FLIGHT. The California Highway Patrol staffs one rescue helicopter with hoist capability.

V. Training and Apparatus Maintenance:

An effective and efficient system begins with highly trained and experienced personnel who are equipped with well-maintained and reliable vehicles and equipment. Cal Tahoe is dedicated to providing a robust training program that expands the knowledge, experience and skills of its employees. Vehicles and equipment shall be regularly inspected and maintained for optimal performance and reliability. Maintenance procedures are outlined in member agency policy.

VI. Medic Unit Staffing Requirements:

- A. An Advanced Life Support Medic Unit shall consist of two (2) medical personnel in the following two configurations:
1. Two (2) state licensed and locally accredited paramedics, and/or
 2. One (1) state licensed and locally accredited paramedic, and one (1) certified and locally accredited EMT-1.

A critical care transport ambulance shall consist of one (1) EMT-1 and one (1) specially trained and authorized paramedic or additional personnel as defined in Section I Definitions, items 9 and 10, Critical Care Transport, page 3 of the CONTRACT. Each ambulance shall be equipped with appropriate medical equipment and supplies that may be provided by the CCT staff or provider.

VII. Geographical Service Area (GSA):

The Cal Tahoe GSA consists of El Dorado County CSA No. 3 and portions of Alpine County, specifically identified on maps in Appendix A of the CONTRACT.

VIII. Response Time Requirements:

By contractual agreement with the El Dorado County Public Health Department – Emergency Medical Services Agency, we must satisfy all ALS ambulance response time requirements for defined areas of the county (Section V, Article XI Response Time Standards, page 20 of the CONTRACT).

Exceptions to these time requirements are allowed for unavoidable situations such as disaster events, communication failure, adverse traffic conditions, and severe weather conditions, to name a few. The time requirements and exception waivers can be found in the CONTRACT (Section V, Article XII Response Time Exceptions, page 24).

IX. System Status Levels:

Green: Medic-1, Medic-3 and Medic-7 are available within the “Geographic Service Area” for Priority 1, 2, 3, 4, 5, and 6 request types.

Green is the highest of our system status levels. Cal Tahoe maintains three fully staffed and equipped advanced life support ambulances in our service area, 24 hours per day, seven days per week, and 365 days per year. This status level is referred to as “Green”, prior to any draw down from any priority request type.

Yellow: Two of the three medic units are available within the GSA for Priority 1, 2 and 3 request types.

Yellow is the status level when one of the three units is unavailable for response. Yellow is the maximum draw down of resources that allows Cal Tahoe to meet our CONTRACT response time requirements as noted in Section V, Article XI, pages 20-23 of the CONTRACT for Priority 1, 2 and 3 request types. Yellow may be a very short duration, or very long, depending on the status of the unavailable unit. The goal of Cal Tahoe is to maintain a minimum “Yellow” system status level.

Red: One medic unit is available within the GSA for Priority 1, 2 and 3 requests and posted at the intersection of Hwy. 50 and Hwy. 89 in the City of South Lake Tahoe, commonly referred to as “the Y”.

Red is the status level when two of the three units are unavailable for response. The remaining available unit will move to the intersection of Hwy. 50 and Hwy. 89 in the City of South Lake Tahoe, “the Y”, for coverage of the entire service area. It is the responsibility of the shift commander (Battalion-3) to notify dispatch of the status of Medic-2, and the responsibility of the duty chief (Battalion-7) to notify dispatch of the status of Medic-6 for additional coverage to return to “Yellow” (Section V, Article XIV-Backup Unit Coverage Requirement, page 28 of CONTRACT).

System status levels have been established to provide guidance on the management of JPA resources to maximize effectiveness for GSA coverage and response times. The Dispatch Center or the Duty Officer/Shift Commander (Battalion-3/Battalion-7) has the authority to deviate from this guidance depending on the circumstances. Cal Tahoe deploys three (3) medic units, 24/7/365 to cover CSA 3.

The system has the capacity to staff additional medic units for disaster events, mutual aid, automatic aid, long distance transfers, system draw down, and to stand-by at special events.

The system is very fluid and medic unit status can run the spectrum of medic unit availability.

As the system is drawn down of available medic units, it is essential that a strategic move-up be implemented to maintain coverage from the core of the service area, from which a medic unit can be deployed for a timely and efficient response.

The system status shall be defined as follows:

X. Posting Assignments:

- A. Normal posting assignments of medic units
 - 1. Medic 1 at SLT Fire Station #2
 - 2. Medic 3 at SLT Fire Station #2
 - 3. Medic 7 at LV Fire Station #7
 - 4. Medic 2 (Reserve) at SLT Fire Station #2
 - 5. Medic 6 (Reserve) at LV Fire Station #6
 - 6. Medic 5 (Reserve) at LV Fire Station #7

XI. First-In Response Zones:

- A. Medic 1
 - All of District 1
 - The East portion of District 2 from Trout Creek to the West boundary of District 1
 - District 6 from the boundary of District 1 up to and including Golden Bear
- B. Medic 3
 - All of District 3
 - The West portion of District 2 from Trout Creek to the Eastern boundary of District 3
 - All of District 73
 - All of District 9 (Fallen Leaf)

- East along Lake Tahoe Blvd. up to and including Angora Highlands and Boulder Mountain
 - South along Hwy 50 (Emerald Bay Road) up to and including Jewel Road
- C. Medic 7
- All of District 7
 - All of District 8
 - Alpine County and Kirkwood
 - District 5 North up to but not including Boulder Mountain

XII. Second-In Response Zones:

- A. Medic 3
- Whenever Medic 1 is unavailable within its first-in area, Medic 3 responds to all medical emergencies in Medic 1's area
 - Whenever Medic 7 is unavailable within its first-in area, Medic 3 responds to all medical emergencies in Medic 7's area
- B. Medic 1 and Medic 7
- Whenever Medic 3 is unavailable within its primary response zone, Medic 1 shall respond to all medical emergencies within the South Lake Tahoe City limits up to Viking Rd. and D St. @ Lake Tahoe Blvd and Airport Road and Hwy. 50. Medic 7 shall respond to all medical emergencies within the County portions of CSA #3 West of the City limits noted.

XIII. Third in Response Plan:

Whenever two of the three medic units (1, 3, and 7) are committed, the available medic unit will proceed to or remain in SLT FD Sta. 3 area for coverage of all response areas, specifically the intersection of Hwy. 50 and Hwy. 89 in the City of South Lake Tahoe, "the Y".

Whenever all three medic units (1, 3, & 7) are committed, contract agencies will notify dispatch if Medic-2 and/or Medic-6 are staffed and available for response. (Section V, Article XIV-Backup Unit Coverage Requirement page 28 of CONTRACT).

If all units are unavailable dispatch will notify Tahoe Douglas and request a medic unit move to SLT FD Sta. #2 for CSA 3 coverage.

XIV. Strategic Move-ups and Assignments:

System Status Management is an on-going planning process that involves not only a reaction to what is taking place, but also an intuitive examination of what future needs might include. As drawdowns occur, planning for current and future ALS service needs can be accomplished by taking into consideration the following factors:

- Numbers of units committed at any given time • Call volume (below, at, and/or above normal for that period) • The nature of the ALS calls (traffic collisions, MCI's, and major injury patients) • Turn-around time for units to return to service (out-of-county transports) • Remoteness of current calls (rural and wilderness settings) • Time , day of the week , holiday periods • Weather conditions (rain ,snow) • Special events that are taking place (New year's eve) • Emergencies such as fires, crime scenes, hazmat spills, and mutual aid requests.
- Dispatch or the Duty Officer may deviate from the normal Post assignment when extenuating circumstances occur (i.e. MCIs, disaster events, ...etc.).
- Move-up assignments should be given to the closest available medic unit to minimize any delay in achieving a higher system status level.

XV. Patient Transfers:

Cal Tahoe provides ALS services for patient transfers between Barton Memorial Hospital and a variety of higher level of care facilities with destinations outside of the Tahoe Basin.

A. Specific Instructions to dispatch:

1. Emergency Transfer requests are to be considered "Priority-3 urgent" with a 15 minute response time. These emergency transfer requests include transport of flight crew from airport to hospital and back to airport. Emergency Transfer requests will not be delayed due to unavailability of the "up" agency or commitment of resources to other incidents or IFT's.

2. Scheduled, Uncheduled or CCT IFT requests “Priorities 4, 5 and 6”, shall be filled with the medic unit that is up in rotation for IFT response. An exception would be a transfer to home within the GSA, where the jurisdiction having authority will handle the transfer and will not count as an IFT since it is not between facilities.
3. In the event of multiple IFT requests, Cal Tahoe will do its best to accommodate the requesting facility, while maintaining our system status goal of “Yellow”. This can be accomplished by the hospital coordinating with Battalion-3 and Battalion-7 to coordinate available resources to their prioritized needs.
4. In the event Cal Tahoe is unable to meet the established maximum response time for any Priority 3, 4, 5 or 6 request for service, Cal Tahoe will contact the dispatcher to provide an updated estimated time of arrival. The dispatcher will then provide to the requestor of service a reasonable estimate of the time that the unit will arrive and the reason for the delay (Section V, Article XI, Response Time Standards, page 21 of CONTRACT).

B. Response Time Standards and Exceptions for some Inter-Facility Transfers

1. In the case of Priority 4, 5, and/or 6 elective transfers that exceed 100 loaded miles, Cal Tahoe may require 4 hours advance notice before beginning the response (Section V, Article XI, Response time standards, page 21 of the CONTRACT).
2. Requests for Priority 4, 5 and/or 6 service when two (2) or more units are simultaneously engaged in any call type at moment of dispatch are exempt from response time compliance (Section V, Article XII, Response Time Exceptions, page 25 of CONTRACT).
3. Cal Tahoe shall not be required to unreasonably deplete its own ALS medical resources, personnel, services or facilities to the detriment of its normal operations and responsibilities in furnishing such services. These services may include non-emergency ALS transport for psychiatric patients located within the boundaries of Alpine County, and or non-emergency transports from Barton Memorial Hospital in the County of El Dorado to a designated psychiatric facility (Section II, Article I, Scope of Services, page 7 of CONTRACT). Cal Tahoe will not deplete resources below “Yellow” for psychiatric inter-facility transfers.

XVI. Mutual Aid:

Occasionally a request will come from Tahoe Douglas or Alpine county.

- A. Specific instructions for Medic Unit personnel responding to mutual aid in Tahoe Douglas or Alpine County:

1. Upon leaving El Dorado County advise dispatch that the unit will be switching over to the appropriate frequency.
2. Come up on the Douglas or Alpine frequency respectively and advise the availability for assignment and proceed as directed.

XVII. Call-Backs:

The provider agency chiefs have the discretion to call-back employees to staff additional medic units, as deemed necessary, to maintain System Status levels.

A. Triggers for initiating a call-back: Pending IFT's with greater than a 2 hour mission response time may be staffed with a call back unit.

B. Procedures for call-backs: The on-duty battalion chief of the effected agency will page out to staff reserve medic units.

XVIII. Operational Overview:

Requests for an ALS ambulance usually begin with a 911 call (either by landline or cellular phone) to a Public Safety Answering Point (PSAP). There are three (4) PSAPs in El Dorado County: the El Dorado County Sheriff's Communication Center (Central Dispatch), Placerville Police Department Dispatch Center, and the South Lake Tahoe Police Department Dispatch Center, and the CALFIRE Emergency Command Center (ECC) Camino, located on the West Slope. ALS requests can also be received over a public safety radio frequency from a public safety agency.

Dispatched medic unit(s) and fire agency resources respond to the scene and provide ALS services to stabilize the patient for transport. The System Status Management plan is designed to make strategic movements of medic units to respond to ALS calls within defined response times.

It is not uncommon for patients to refuse treatment from medics and fire personnel. If the patient appears to be able to make a competent decision on his-her medical care, the patient shall be asked to sign a release waiver. If the patient is incompetent to make such a decision because of a mental illness or dysfunction and/or substance abuse, the local law enforcement agency with jurisdiction will be summoned to the scene to evaluate the patient for a 5150 Welfare and Institutions Code (W&I) mental health commitment.

Patients that can legally be transported by Cal Tahoe will be evaluated for transportation to the most appropriate receiving medical facility. In some instances, the patient's injuries or medical condition may require use of an air ambulance helicopter.

XIX. Operational procedures:

The following procedures were developed utilizing many years of past experiences and should be used to help guide personnel actions to achieve optimum performance.

A. Dispatch Procedures: Upon receiving an ALS request, the following guidelines shall be followed;

1. The Call Taker will initially question the Reporting Party (RP) for basic call information: verification of emergency location, verification of RP call back phone number, and basic type of emergency. The Call Taker will then enter the call into the Computer Aided Dispatch (CAD) Pending Events for the Initial Dispatcher.
2. The Initial Dispatcher will dispatch the appropriate resources to the emergency, based on the predetermined response plan.
3. While the Initial Dispatcher is dispatching resources to the emergency, the Call Taker continues to question the RP using the Medical Priority Dispatch System (EMD Protocols).
4. Upon confirmation of responding resources, the dispatcher will give the responding resources additional pertinent information about the call, and reduce the resources to Code 2, if appropriate.
5. All further radio traffic, such as resource status changes and transport status, shall be conducted on the appropriate command channel if utilized.

B. Medic Unit Procedures: To meet contractual response time requirements between the County and Cal Tahoe, the below listed guidelines shall be followed by all medic units.

1. Posting: When dispatch requests a medic unit to move up and cover a geographic response area (GSA) the medic unit shall be enroute immediately to their posting location and notify dispatch.
2. Locations: Medic units shall remain at the intersection of Hwy. 50 and Hwy. 89 in the City of South Lake Tahoe, "the Y", for coverage of the entire service area. when there is one medic unit available. When two units are available they will post at their assigned stations.
3. Hospital: Medic units shall be available for dispatch within 10 minutes of arrival at the hospital. All medics shall clear the destination hospital within 30 minutes after arrival. Exception: If circumstances dictate a longer period at the hospital, the medic unit must inform dispatch.

4. Medic units shall maintain communication with dispatch and monitor their radio (appropriate local Mednet and command frequencies) at all times.
5. Dispatch will indicate the response time for the GSA that the medic unit responded to. All medic unit personnel shall be aware of and report any exceptions to the maximum response time standards as established by the County and Cal Tahoe. Medic personnel shall use the designated “exception” forms to complete their reports.

AGREEMENT FOR AUTOMATIC MUTUAL AID

BETWEEN

FALLEN LEAF COMMUNITY SERVICES DISTRICT

AND

LAKE VALLEY FIRE PROTECTION DISTRICT

“Automatic Mutual Aid” is defined as one fire jurisdiction being automatically dispatched and responding to an emergency in an adjacent fire jurisdiction, through prior agreement as outlined herein, without being specifically requested by the jurisdictional agency.

This agreement, made this 12 day of February 2014 by and between Fallen Leaf Community Services District hereinafter referred to as FLCSD, and the Lake Valley Fire Protection District, hereinafter referred to as LVFPD;

WITNESSETH

Whereas, LVFPD maintains and operates a Fire Protection Organization covering the Lake Valley Fire Protection District Area, inclusive; and

Whereas, FLCSD maintains and operates a Fire Protection Organization covering the Fallen Leaf Community Services District Area, inclusive; and

Whereas, the two agencies operate jointly within El Dorado County, California
; and

Whereas, it is the desire of the jurisdictions hereto to render automatic mutual aid to each other for fire and medical emergencies; and

Whereas, each party has the ability to provide the above desired automatic mutual aid,
now, therefore, it is agreed by and between the parties hereto pursuant to this document that:

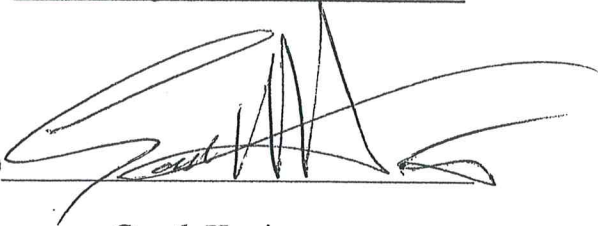
1. Upon receipt of a structure fire emergency call, the assisting agency shall provide the nearest available Engine Company and Duty Officer to the jurisdictional agency.
2. Upon receipt of a wildland fire emergency call, the assisting agency shall provide the nearest available Engine Company, ALS Ambulance if appropriate, and Duty Officer if appropriate to the jurisdictional agency.
3. Upon receipt of a medical emergency call in either jurisdiction, the nearest available ALS Ambulance will respond and the nearest available engine company will respond.
4. Upon receipt of a vehicle accident call in either jurisdiction, the nearest available ALS Ambulance will respond, nearest available engine company will respond, and the nearest extrication resource will respond (if nearest engine company is not equipped with extrication tools).
5. When operating at an incident, each Agency shall utilize the tactical and command frequencies assigned by the jurisdictional agency's Emergency Command Center (Dispatch Center).
6. The jurisdictional agency shall provide an Incident Commander or by mutual agreement, the assisting agency may assume the role.
7. In no case shall the authority having jurisdiction be canceled without approval of the jurisdictional agency's officer in charge.
8. Full protective safety clothing and equipment shall be worn by all participating firefighters when the potential for exposure to hazardous elements on the scene of any emergency incident.
9. Both agencies shall train together at least annually on Standard Operating Procedures which shall apply to each agency. Standard Operating Procedures shall be utilized on all incidents.
10. LVFPD and FLCSD shall hold each other harmless from liability, for acts or omissions of the other, its officers, employees, or agents in connection with the performance of this agreement.
11. The areas where automatic aid to be provided shall be as specified in the accompanying attachment.

This agreement shall remain in effect from this date to five years, whereas both LVFPD and FLCSD will review and determine if the general public benefits from such agreement.

Both Agencies must mutually agree to continue said agreement by formal action of their respective Boards of Directors.

In witness whereof, the parties have set their hands this 12 day of February, 2014.

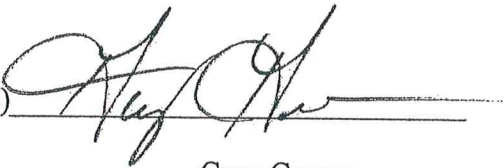
(S) Lake Valley Fire Protection District

(S) 

Gareth Harris

(Fire Chief)

(S) Fallen Leaf Community Services District

(S) 

Gary Gerren

(Fire Chief)

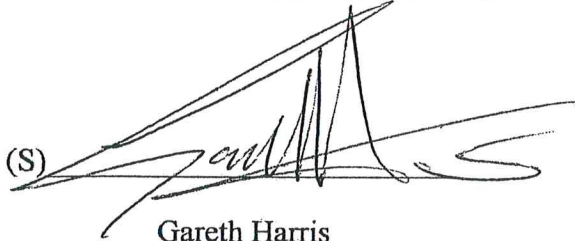
ATTACHMENT TO AUTOMATIC MUTUAL AID
AGREEMENT BETWEEN
FALLEN LEAF COMMUNITY SERVICES DISTRICT
AND
LAKE VALLEY FIRE PROTECTION DISTRICT

DATED 02/12/ 2014

FLCSD shall provide Automatic Mutual Aid to the LVFPD to the following roads, streets, drives, ways or areas consistent with the terms of the Automatic Mutual Aid Agreement dated 02/12/2014 All roads, streets, drives, ways or areas within the existing boundaries of the Lake Valley Fire Protection District.

In witness whereof, the parties have set their hands this 12 day of February 2014.

(S) Lake Valley Fire Protection District

(S) 

Gareth Harris

(Fire Chief)

(S) Fallen Leaf Community Services District

(S) 

Gary Gerren

(Fire Chief)

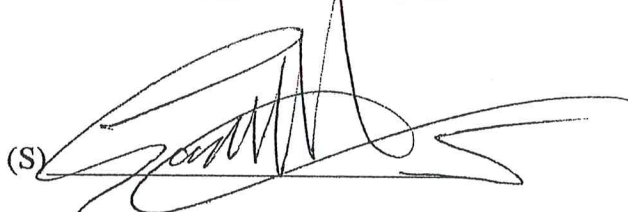
ATTACHMENT TO AUTOMATIC MUTUAL AID
AGREEMENT BETWEEN
FALLEN LEAF COMMUNITY SERVICES DISTRICT
AND
LAKE VALLEY FIRE PROTECTION DISTRICT

DATED 2/12/ 2014

LVFPD shall provide Automatic Mutual Aid to the FLCSD to the following roads, streets, drives, ways or areas consistent with the terms of the Automatic Mutual Aid Agreement dated 02/12/2014 All roads, streets, drives, ways or areas within the existing boundaries of the Fallen Leaf Community Services District.

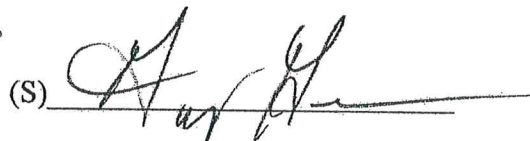
In witness whereof, the parties have set their hands this 12 day of February 2014.

(S) Lake Valley Protection District

(S) 
Gareth Harris

(Fire Chief)

(S) Fallen Leaf Community Services District

(S) 
Gary Gerren

(Fire Chief)

LAKE TAHOE REGIONAL FIRE CHIEFS ASSOCIATION

AMENDED AND RESTATED

FIRE AND EMERGENCY MUTUAL AID AGREEMENT

This agreement amends and restates the Fire and Emergency Mutual Aid Agreement dated the 10th day of July, 1996, by and among the fire service agencies whose names are set forth in Exhibit "A", attached hereto and incorporated herein by reference.

WITNESSETH

WHEREAS, each of the above-named agencies (sometimes referred to as a "Party" or the "Parties") maintains and operates a fire organization within their respective jurisdictions; and

WHEREAS, the Parties hereto desire to enter into a mutual aid agreement for the purposes hereinafter set forth, pursuant to federal, Nevada, California and local government statutory authority.

NOW, THEREFORE, the Parties hereto mutually agree as follows:

1. Each Party agrees, upon request made to such Party's dispatch center, to furnish personnel, resources and facilities to any other Party as may be necessary to suppress fire or mitigate any emergency incident of such magnitude that is, or is likely to be, beyond the capacity of control of a single agency and requires the combined forces of additional agencies.
2. No Signatory to this agreement shall be required to deplete unreasonably its emergency resources.
3. Such mutual aid shall be within the geographic boundaries of the membership of the Lake Tahoe Regional Fire Chiefs' Association. See Map attached as Exhibit B.
4. Any mutual aid extended under this agreement is done with the express understanding that the responsible local fire official in whose jurisdiction any incident requiring mutual aid has occurred shall have designated an incident commander at such incident for that jurisdiction.
5. Except as otherwise provided herein, reimbursement for personnel, apparatus and support equipment will begin after the twenty-fourth (24th) hour. Should personnel, apparatus or support equipment be requested for assignment to a Mobilization Center for standby duty, the reimbursement period shall begin with the time of initial dispatch of said personnel, apparatus

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or support equipment from its home base. Additionally, there shall be only one twenty-four (24)-hour period for each person, apparatus, or support equipment from time of original dispatch, regardless of number of assignments or Forest Agencies committing said personnel, apparatus or support equipment until return to the home base.

6. If reimbursement is available as a result of a declaration of disaster, grant and/or cost recovery, reimbursement for personnel, apparatus and support equipment shall cover the entire time of commitment, beginning at the time of initial dispatch from the Party's home base, to the time of return to home base. Unless such reimbursement is available, there shall be no reimbursement for responses of less than twenty-four (24) hours duration. Events that are cost recoverable and/or payable through state or federal funding, or from third parties determined responsible for cost reimbursement, shall be paid as set forth in the Reimbursement Procedures (*Exhibit A, Reimbursement Policy and Procedures to the Agreement for Local Government Fire and Emergency Assistance Between the State of California, Emergency Management Agency; State of California, Department of Forestry and Fire Protection; U.S.D.A. Forest Service, Pacific Southwest Region; U.S.D.I. Bureau of Land Management, California State Office; and U.S.D.I., National Park Service, Pacific West Field Region; U.S.D.I., Fish and Wildlife Service, Pacific Southwest Region; and U.S.D.I. Bureau of Indian Affairs, Pacific Region* (the "CFAA"). It is the intention of the Parties that reimbursement for personnel and equipment shall parallel the provisions of the CFAA, as amended from time to time, specifically with respect to reimbursable time, personnel rates and equipment rates. Where incident costs are subject to cost apportionment among federal, state and/or local agencies, it is the intention of the Parties that costs apportioned to any local agency signatory to this Agreement shall include the value of all LTRFCA resources committed pursuant to this Agreement from the time of initial dispatch from the unit's home base. Participating agencies providing ground ambulance mutual aid resources reserve the right to bill any patient(s) treated and/or transported consistent with the transporting agency billing policies and procedures.
7. In the event of any claim or litigation between the signatories alleging liability on the part of any Party hereto, or any combination of Parties hereto, any action or omission to act under the terms of this Agreement each Party shall provide for its own defense and bear any and all costs thereof.
8. Nothing in this Section shall create or be construed to create any right of action on the part of any Party or entity not a Signatory to this Agreement, nor create the status of third party beneficiary for any person or entity.
9. It is the specific intent of the Parties in entering into this agreement that it is not, and shall not be construed to be a joint powers agreement under the provision of California or Nevada law.

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10. All signatories to this Agreement shall, in so far as is reasonable, use the terminology and organization structure of the National Interagency Incident Management System (NIIMS) and/or the Incident Command System (ICS).
11. It shall be policy for the agency requesting aid to release the assisting agencies from emergency duties as soon as practicable.
12. This Agreement shall not interfere with or replace any mutual aid or other operational agreements between agencies signatory to this Agreement or to agreements between a signatory and a Forest Agency. In the event of any inconsistency between the provisions of this Agreement and any bilateral agreement between participating agencies or a party and another agency, the latter shall prevail.
13. The Lake Tahoe Regional Fire Chiefs' Association shall elect from among its California members a Tahoe Basin Fire and Rescue Operational Area Coordinator, who shall concurrently serve as the California Emergency Management Agency Tahoe Basin Fire and Rescue Operational Area Coordinator, who shall coordinate the dispatch of mutual aid resources subject to this Agreement with the requesting agency incident commander.
14. All requests for mutual aid provided for in this Agreement shall be made through established and approved communication channels to the Lake Tahoe Regional Fire Chiefs' Association Operational Area Coordinator. Such requests shall be made by a responsible fire official of the agency requesting aid. Interstate and cross-border mutual aid between California and Nevada is rendered pursuant to the SUPPLEMENTAL INTERSTATE COMPACT FOR EMERGENCY MUTUAL ASSISTANCE between the States of California and Nevada, dated July 19, 2007, a copy of which is attached as Exhibit C.
15. This Agreement shall remain in full force and effect from the date hereof until terminated or amended by the Lake Tahoe Regional Fire Chiefs' Association, PROVIDED, HOWEVER, any party hereto may withdraw from this agreement by giving thirty (30) days prior notice in writing to the Association president and the designated mutual aid emergency coordinator.
16. The parties to this Agreement may, from time to time, adopt by resolution an Annual Operations Plan setting forth a detailed plan for implementation of this Mutual Aid Agreement. A copy of the Operations Plan shall be attached to this Agreement as Exhibit D.

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AGREED TO THIS ____ DAY OF _____, 2010, BY THE PARTIES HERETO AS SET FORTH ON THE ATTACHED EXHIBIT "A".

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~~X~~

EXHIBIT "A"

EASTERN
ALPINE COUNTY FIRE/RESCUE

By: Senone Dyr Date: 10/18/2012

CALIFORNIA TAHOE EMERGENCY SERVICES
OPERATING AUTHORITY

By: Anthony Dyr Date: 7/20/2012

CARSON CITY FIRE DEPARTMENT

By: Randy S. Min Date: 5-9-12

CENTRAL LYON COUNTY FIRE
PROTECTION DISTRICT

By: John Lillencratt Date: 5/9/12

EAST FORK FIRE AND PARAMEDIC DISTRICT

By: [Signature] Date: 4/1/12

FALLEN LEAF LAKE VOLUNTEER FIRE
DEPARTMENT

By: [Signature] Date: 5/22/12

KIRKWOOD FIRE DEPARTMENT

By: Mike Currel Date: 11/1/12

{00152863.DOC 7}

LAKE VALLEY FIRE PROTECTION DISTRICT

By: [Signature] Date: 5/22/11

MEEKS BAY FIRE PROTECTION DISTRICT

By: John Ray Date: 5/22/12

NORTH LAKE TAHOE FIRE PROTECTION
DISTRICT

By: [Signature] Date: 5-9-12

NORTH TAHOE FIRE PROTECTION DISTRICT

By: [Signature] Date: 5/22/12

NORTHSTAR FIRE DEPARTMENT

By: [Signature] Date: 5-22-12

RENO FIRE DEPARTMENT

By: [Signature] Date: 5/9/12

SIERRA FIRE PROTECTION DISTRICT

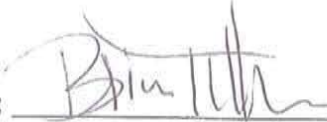
TRUCKEE MEADOWS FED
By: [Signature] Date: 9.20.12

X

SIERRA FOREST FIRE PROTECTION DISTRICT

By: _____ Date: _____

SOUTH LAKE TAHOE FIRE DEPARTMENT

By:  Date: 5/21/12

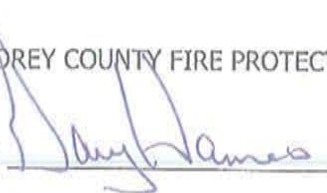
SPARKS FIRE DEPARTMENT

By: Andrew Fleck Date: 6/21/12

SQUAW VALLEY FIRE DEPARTMENT

By:  Date: 5-22-2012

STOREY COUNTY FIRE PROTECTION DISTRICT

By:  Date: 5/9/12

TAHOE DOUGLAS FIRE PROTECTION DISTRICT

By:  Date: 5/9/12

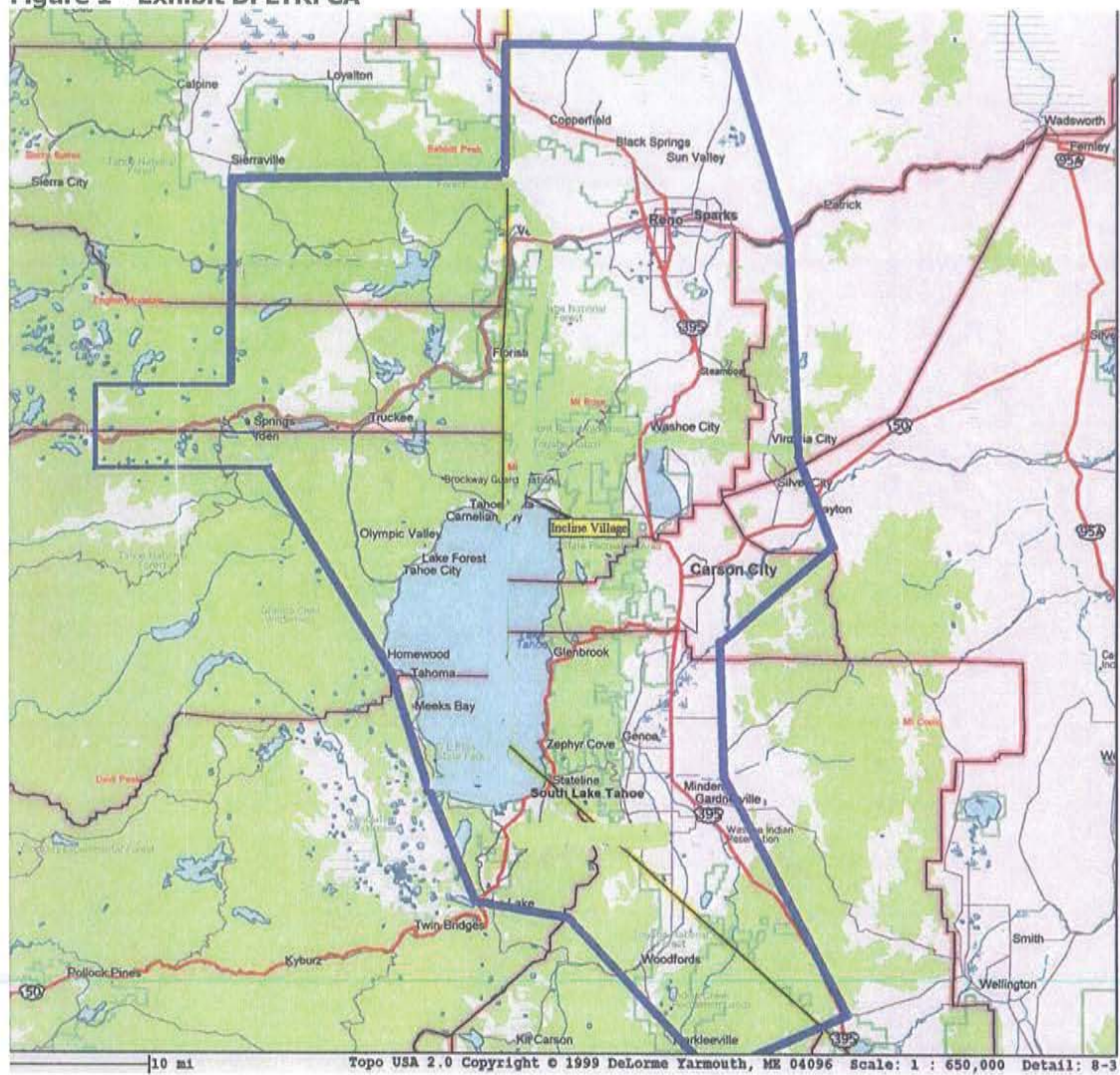
TRUCKEE FIRE PROTECTION DISTRICT

By: Robert Berna Date: 6-21-12

X

{00152863.DOC 6}

Figure 1 - Exhibit B: LTRFCA



{00152863.DOC 7}

X

Figure 2 - Exhibit C:

**SUPPLEMENTAL INTERSTATE COMPACT
FOR EMERGENCY MUTUAL ASSISTANCE**

WHEREAS the states of Nevada and California have determined that interstate emergency mutual assistance is helpful and often necessary in responding to emergencies and disasters; and

WHEREAS both states have entered into interstate compacts, that provide the framework for sharing resources during declared states of emergency; and

WHEREAS many emergencies do not require the Governors to declare a state of emergency, but nonetheless there is a significant benefit of sharing of critical emergency resources during those situations; and

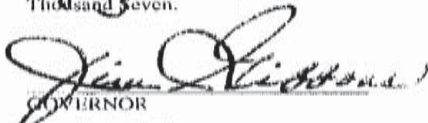

WHEREAS the Emergency Management Assistance Compact, ("EMAC"), does not specifically include state-to-state assistance for emergencies that have not been declared a state of emergency by the Governor of the state requesting resources; and

WHEREAS the EMAC specifically allows and encourages supplemental agreements between its party states.

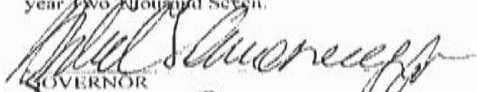

THEREFORE, this agreement is made by the Governor of the State of Nevada pursuant to the authority granted him by Chapter 414 of the Nevada Revised Statutes and the Governor of the State of California, pursuant to authority granted to him by Section 8619 of the California Government Code, and each Governor is acting herein for and on behalf of his state respectively, as follows:

1. The State of Nevada hereby promises and agrees to provide emergency mutual aid assistance in emergencies to the State of California when the State of California requests such assistance, notwithstanding the absence of a declaration of emergency or disaster by the State of California or the State of Nevada.
2. The State of California hereby promises and agrees to provide emergency mutual aid assistance in emergencies to the State of Nevada when the State of Nevada requests such assistance, notwithstanding the absence of a declaration of emergency or disaster by the State of Nevada or the State of California.
3. Neither state shall be required to provide resources under this agreement, if in the sole discretion of the responding state, the requested resources are not sufficiently available, or if the provisions of those resources would unreasonably impact the safety and health of the citizens of the responding state.
4. The State rendering assistance pursuant to this Compact shall be reimbursed by the requesting State receiving such assistance for any loss or damage to or expense incurred responding to a request for aid and any costs incurred in connection with such requests; notwithstanding, the assisting State may choose to assume in whole or in part such loss, damage, expense or other cost, or may loan such equipment or donate such services to the requesting State without charge or costs.
5. Pursuant to the applicable statutes and agreements of both States, the officers, employees, volunteers, and other emergency responders rendering assistance in the other State pursuant to this Compact shall be protected from liability, as applicable to those individuals.
6. Each party state shall provide their responding individuals with compensation and death benefits, including worker's compensation, as appropriate and authorized for any injured emergency responder deployed under this Compact or the representatives of deceased responders, in the same manner as if the injury or death occurred within the responding individual's state, subject to the reimbursement provisions of this Compact.
7. This agreement shall remain in effect until EMAC is amended to allow interstate mutual aid without a Governor's declaration of emergency or disaster, even if California or Nevada does not sign the amended EMAC. Notwithstanding the foregoing, either state may terminate this agreement with a 90-day written notice to the other state.

IN WITNESS WHEREOF,
I, Jim Gibbons, Governor of the State of Nevada, have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed this 3rd day of July, in the year Two Thousand Seven.


GOVERNOR

SECRETARY OF STATE

IN WITNESS WHEREOF,
I, Arnold Schwarzenegger, Governor of the State of California, have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 19 day of July, in the year Two Thousand Seven.


GOVERNOR

SECRETARY OF STATE

2014 OPERATIONS PLAN

THIS OPERATIONS PLAN provides specific actions to implement the Lake Tahoe Regional Fire Chiefs Association Fire and Emergency Mutual Aid Agreement dated July 10th, 1996 (the "Agreement") This Operations Plan will be effective June 1st, 2014 and will continue in effect until replaced.

1. The Cooperators listed in Exhibit "A" to the Agreement as appropriate and signatory agencies for 2014 are:

- Bear Valley Fire Department
- Carson City Fire Department
- Central Lyon County Fire Protection District
- Eastern Alpine County
- East Fork Fire and Paramedic District
- Fallen Leaf Lake Volunteer Fire Department
- Kirkwood Fire Department
- Lake Valley Fire Protection District
- Meeks Bay Fire Protection District
- North Lake Tahoe Fire Protection District
- North Tahoe Fire Protection District
- Northstar Fire Department
- Reno Fire Department
- South Lake Tahoe Fire Department
- Sparks Fire Department
- Squaw Valley Fire Department
- Storey County Fire Department
- Tahoe Douglas Fire Protection District
- Truckee Fire Protection District
- Truckee Meadows Fire Protection District

A map setting forth the response area for the Agreement based on these Cooperators is attached as Exhibit D-1.

2. The time frame for all LTRFCA mutual aid resources to be "without cost" as described in Paragraph 5 of the LTRFCA Mutual Aid Agreement for the Cooperators described in Paragraph 1 shall be twenty-four (24) hours, except as otherwise provided at Paragraph 5 of the LTRFCA Mutual Aid Agreement.
 - a. Within 24 hours of the dispatch of Cooperator resources, the Agency Representative shall provide notice of status of payment or reimbursement for committed Cooperator Resources to the LTRFCA Operational Area Coordinator and to each cooperating agency. In the event no determination on payment or reimbursement has been made within such 24 hour period, Cooperator resources shall be released from the incident unless each of the participating agencies reaffirm, as to their respective resources, specific approval for additional 24 hour Operating Period(s) of commitment to the incident without compensation.

- b. Any Cooperator Strike Team or single resource committed to the incident shall have priority in remaining on the incident if payment for resources is arranged after the initial twenty-four (24) hours.
- 3. The LTRFCA may provide an Agency Representative to any incident where one (1) strike team or more LTRFCA Cooperator resources are committed.
 - a. This Agency Representative shall respond to the incident within four (4) hours of dispatch of Cooperator resources.
 - b. The Agency Representative shall not be from a hosting agency of the incident.
 - c. The Agency Representative must be able to assist in facilitating usage of the Cooperator resources, negotiating cost reimbursement decisions and providing other services of Agency Representative, as described in the Field Operations Guide (ICS 420-1), for twenty-four (24) hours.
- 4. Dispatch Procedures
 - a. All LTRFCA Fire and Emergency Mutual Aid Agreement Cooperator resources must be requested through Washoe County Dispatch. Washoe County Dispatch shall notify the Federal Dispatch Agency having jurisdiction: Minden ECC or Camino ECC, if applicable, of commitment of Cooperator resources.
 - b. LTRFCA Cooperator resources dispatched under this Operations Plan shall be given the identifier "TFC" followed by year, sequential number for that season, and NWCG Type designator, e.g. "Strike Team TFC 14-2 C" would signify LTRFCA Strike Team number 2 for 2014, consisting of Type 3 engines.
 - c. All Cooperators shall notify Washoe County Dispatch whenever they are in a "draw down" state limiting their ability to commit resources to support the Agreement and shall update Washoe County Dispatch as conditions change.
 - d. Washoe County Dispatch shall provide LTRFCA resource status notifications and updates to California Office of Emergency Services and Nevada Department of Emergency Management, as appropriate, at time of dispatch and shall request confirmation that resources dispatched from one state into the other are intended as interstate emergency assistance under the terms of the SUPPLEMENTAL INTERSTATE COMPACT FOR EMERGENCY MUTUAL ASSISTANCE dated July 19, 2007 or any successor agreement thereto.

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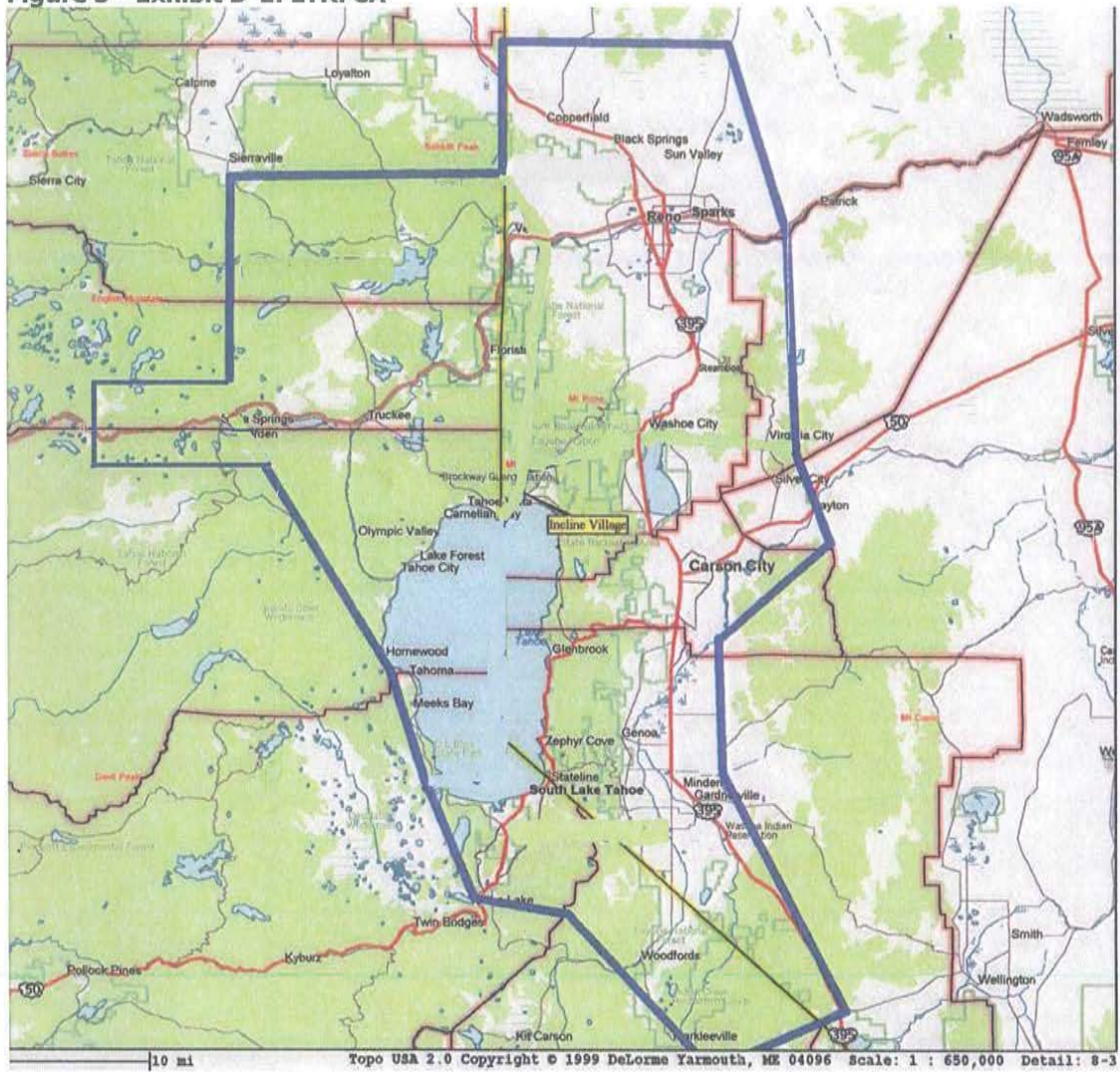
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LTRFCA Agreement Activation Notification Process



5. All Cooperator resources shall be able to support their operations for forty-eight (48) hours without logistical support from the incident, including meals for crew, fuel and emergency repairs.

Figure 3 - Exhibit D-1: LTRFCA



{00152863.DOC 7}

XX

2018 SALARY SURVEY / ACTUAL ADMINISTRATIVE RATE

for the

AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO**THE STATE OF CALIFORNIA AND FEDERAL FIRE AGENCIES****(California Fire Assistance Agreement)**

Please complete and/or correct this salary survey information sheet (all fields on this form that pertain to your agency are required or survey may be returned due to lack of information). Return your completed survey as soon as possible to:

California Governor's Office of Emergency Services / Fire and Rescue Division

3650 Schriever Ave Mather, California 95655

or

FAX: (916) 845-8396

(To ensure receipt of your salary survey, we recommend mailing it to us "Certified with Return Receipt Requested")

Agency 3-Letter MACS I.D.:	LAV
Agency / Department Name:	Lake Valley Fire Protection District
Chief's Name:	Tim Alameda
Chief's Email Address*:	alameda@caltahoe.net
Department Email Address:	
Physical Address, City, State, Zip:	2211 Keetak St. South Lake Tahoe, CA 96150
Mailing Address, City, State, Zip:	same
Telephone Number:	530-577-3737
FAX Number:	530-577-3739
Federally Recognized Tribe? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Federal Fire Dept.? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Dept. of Defense? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>

* Email is for the individual responsible for reviewing and processing the Salary Survey, Administrative Rate, and invoices.

All information provided on this form is subject to audit by Cal OES, CAL FIRE, and the Federal Fire Agencies signatory to the California Fire Assistance Agreement.

Please provide the hourly Average Actual Rate or Base Rate for each classification used by your agency that is reflected in the chart below.

Instructions for completing the [Cal OES 2018 Salary Survey / Actual Administrative Rate](#) form.


Classification Title	Base Rates (ST) as of 06/01/2017	Avg. Actual Rate or Base Rate (ST) as of: 5/21/18	Above B/C with a MOU/MOA for above Straight Time (OT)	MOU/MOA/GBR for Portal to Portal
Chief	\$24.94 /per hour	75.66 /per hour	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Deputy Chief	\$24.94 /per hour	/per hour	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Division Chief	\$24.94 /per hour	/per hour	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assistant Chief	\$24.94 /per hour	/per hour	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Battalion Chief	\$24.94 /per hour	75.10 /per hour		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Co. Officer/Capt./Lt.	\$20.69 /per hour	43.35 /per hour		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
App. Officer/Engineer	\$20.69 /per hour	39.90 /per hour		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Firefighter/FF-PMedic	\$20.69 /per hour	35.45 /per hour		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Actual Administrative Rate** (due by July 1st):			.32115	(Enter as Decimal)
Workers Compensation Insurance Rate:			.10	(Enter as Decimal)
Unemployment Insurance Rate:			.0048	(Enter as Decimal)
Agency Federal Taxpayer I.D. Number or Federal Employee I.D. Number:			94-6000829	
Agency Data Universal Numbering System (DUNS) Number:			949773824	

NOTE: These rates are not effective until the date they are received by Cal OES.


****If your Actual Administrative Rate is on file, you are required to update and complete an Actual Administrative Rate Calculation Sheet (Page 2) by July 1st, 2018. After that date, the rate will default back to 10%.**

What is reported on this form constitutes direct salary costs for employees.

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief that this information is correct. Furthermore, my signature below represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA. I also agree to comply with all cooperator agency internal accounting and expense reimbursement standards.


Print Name


Authorized Representative


Date

2018 SALARY SURVEY / ACTUAL ADMINISTRATIVE RATE

for the

AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO

THE STATE OF CALIFORNIA AND FEDERAL FIRE AGENCIES

(California Fire Assistance Agreement)

3-Letter MACS I.D.: LAV **Department Name:** Lake Valley Fire Protection District**FY** 16 / 17 **Data for use in** 2018 **Fire Agreements**

Year

Actual Administrative Rate (Include ONLY allowable costs and use whole numbers)

PROGRAM	INDIRECT	DIRECT	TOTAL
Emergency Medical Services	528,118		528,118
General Administration	606,760		606,760
Information Technology	26,465		26,465
Logistics / Procurement / Supply / Minor Fire Equipment	119,221		119,221
Public Information Office	61,801		61,801
Telecommunications	14,768		14,768
Arson Investigation			
Community Education			
Facilities		36,076	36,076
Fire Comm. Center / Dispatch / Comm. & Control Center		20,246	20,246
Fire Hazard Reduction Program			
Fleet		332,542	332,542
Hazardous Materials Response Program			
Mapping			
Operations		245,075	245,075
Prevention		3,360,463	3,360,463
Training		231,469	231,469
Urban Search and Rescue			
GRAND TOTALS	1,357,133	4,225,871	5,583,004

ADMINISTRATIVE RATE (INDIRECT COST/DIRECT COST):**0.32115**

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief that the actual administrative rate is correct and is established in accordance with OMB Super Circular Title 2 in the Code of Federal Regulations (2 CFR), Subtitle A, Chapter II, part 225 (A-87) using the instructions for completing Actual Administrative Rate Calculations and ICRP Definitions. Furthermore, my signature below represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA.

1500 Alameda
 Print Name

Tina D. Lane
 Authorized Representative

Page 729

19-0303 B 730 of 799

Date

**AGREEMENT FOR THE PROVISION OF MUTUAL AID RESPONSES BETWEEN THE CITY OF
SOUTH LAKE TAHOE FIRE RESCUE AND THE TAHOE DOUGLAS FIRE PROTECTION
DISTRICT**

This agreement is made and entered into this month of January 2016, between the
Tahoe Douglas Fire Protection District and the City of South Lake Tahoe Fire Rescue.

WITNESSETH:

Whereas, the Tahoe Douglas Fire Protection District and the City of South Lake
Tahoe maintain and operate fire protections organizations within their respective
jurisdictions; and

Whereas, it is the desire of each of the parties to render mutual aid to each other to
combat the effect of fire or disaster when such aid is necessary as herein identified; and

Whereas, the parties hereto desire to enter into a mutual aid agreement pursuant
to the provisions of Section 55632 of the Government Code and NRS 414.100

Now, therefore, for in consideration of the promises and covenants herein
exchanged, the parties hereto mutually agree as follows:

MUTUAL AID:

1. To furnish fire protection personnel, resources and facilities and to render fire protection services to a predesignated location as may be necessary to suppress fire or disaster of such magnitude that is, or is likely to be, beyond the control of a single party and requires the combined forces of the parties hereto.
2. This mutual aid agreement is designed to furnish a minimum of four (4) fire protection personnel and one (1) fire suppression vehicle, to a location designated by the requesting party, or as directed below under the section entitled "Automatic Mutual Aid Dispatch."¹¹
3. Any mutual aid extended under this agreement is done with the expressed understanding that the responsible local fire official in whose jurisdiction an incident requiring mutual aid has occurred shall have designated an incident commander who shall remain in charge at such incident, including the direction of such personnel and equipment provided him through the operation of this mutual aid agreement. Either party reserves the right to refuse an assignment or discontinue response due to a safety consideration or other reasonable factors.

No monetary charge for value of services rendered shall be made by either of the parties for any services rendered under the provisions of this agreement, unless mutual exceeds the twenty four (24) hour free period as provided for by the Lake Tahoe Regional Chiefs Association-Fire and Emergency Mutual Aid Agreement. In situations in which reimbursement is available as the result of a declaration of disaster, grant and/or cost recovery, reimbursement will be as specified in the Lake Tahoe Regional Chiefs Association-Fire and Emergency Mutual Aid Agreement. The agency providing mutual aid ambulance resources reserves the right to bill any patients (s) treated and/or transported in a manner consistent with the transporting agencies billing policies and procedures.

1. Pursuant to the California Government Code, Section 895.4, the requesting party shall indemnify the responding party's officers and employees for damage to any property caused by a negligent or wrongful act or omission occurring in the requesting party's governmental area while performing under the provisions of this agreement.
2. Each party hereby authorizes the use of their assigned licensed radio frequency for emergency communications.
3. This agreement shall remain in full force and effect from the date hereof until terminated by the parties hereto; provide, however, any party may withdraw from this agreement by giving thirty (30) days' notice in writing to all other parties.
4. In the event that the Agency from which assistance is requested is unable, for any reason, to furnish such assistance, no liability shall be incurred.
5. Command personnel from either party may opt to respond at any time; however, either agency may request a command-level response. Neither party shall be required to provide resources under this agreement, if in the sole discretion of the responding party, the requested resources are not sufficiently available, or if the provision of those resources would unreasonably impact the safety and health of the responding party.

AUTOMATIC MUTUAL AID DISPATCH:

The City of South Lake Tahoe Fire Rescue and the Tahoe Douglas Fire Protection District will be dispatched automatically to mutual aid calls as described below:

1. Response to the Tahoe Douglas Fire Protection District (TDFPD)

The Tahoe Douglas Fire Protection District will notify South Lake Tahoe Dispatch immediately for response to any confirmed structure fire or alarm activation in the area between Stateline Avenue and Lake Parkway. Unless directed otherwise by the Incident Commander, the responding South Lake Tahoe Fire Rescue units will stage on Highway 50 at Stateline Avenue and broadcast their status to Tahoe Douglas Incident Command. All responding South Lake Tahoe units will be directed by TDFPD Incident Commander (IC).

1st Alarm: South Lake Tahoe Engine and Squad (4 personnel)

2nd Alarm: Above plus additional South Lake Tahoe Engine

2. Response to the City of South Lake Tahoe Fire Rescue

South Lake Tahoe Fire Rescue will notify TDFPD dispatch immediately for response to any confirmed structure fire or alarm activation involving any commercial building located between Park Avenue and Stateline Avenue. Unless directed otherwise by the Incident Commander, the responding TDFPD units will stage on Highway 50 at Stateline Avenue and broadcast their status to South Lake Tahoe IC. All responding TDFPD units will be directed by South Lake Tahoe Incident Command.

1st Alarm: TDFPD Engine and Rescue (4 personnel)

2nd Alarm: Above plus additional TDFPD Engine

The TDFPD truck is available on request of the IC.

3. Command personnel from either party may opt to respond at any time. However, either agency may request a command-level response

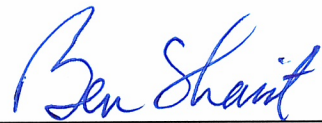
Executed this 5th day of January, 2016 at South Lake Tahoe, California.

City of South Lake Tahoe Fire Rescue



Jeff Meston, Fire Chief

Tahoe Douglas Fire Protection District



Ben Sharit, Fire Chief

APPENDIX O Contents: Raw Data

O2 - O25	Medical Calls by Year 2011-2018
O26 – O46	Response Time Data from County
O47 – O49	Email from Melissa Dube, Comm. Center Supervisor

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2011			
		Total	Jan-11	Feb-11	Mar-11
Total	3,718	3,718	451	315	347
MED1	1,582	1,582	177	115	153
MED2	36	36	11	6	9
MED3	1,453	1,453	168	108	135
MED6	56	56	9	12	4
MED7	907	907	136	101	91

2011					
Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
285	257	242	414	327	293
122	124	91	169	137	133
1	1	1	2	4	1
99	115	104	170	122	123
5	3	3	8	6	3
72	47	61	99	86	59

2011		
Oct-11	Nov-11	Dec-11
246	232	323
110	112	152
2	3	6
107	96	117
1	2	11
50	46	71

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2012			
		Total	Jan-12	Feb-12	Mar-12
Total	3,532	3,532	313	309	299
MED1	1,468	1,468	143	127	110
MED2	29	29	2	1	3
MED3	1,512	1,512	127	127	128
MED4	1	1	0	0	0
MED6	50	50	7	6	1
MED7	864	864	70	83	89

2012					
Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
270	245	305	373	322	274
112	100	117	147	154	112
4	2	3	10	1	2
100	103	139	163	136	140
0	1	0	0	0	0
10	4	6	8	1	1
89	62	66	80	79	59

2012		
Oct-12	Nov-12	Dec-12
247	240	349
108	105	145
0	4	7
101	110	152
0	0	0
3	4	10
61	43	94

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2013			
		Total	Jan-13	Feb-13	Mar-13
Total	3,836	3,836	393	321	330
MED6	1	1	1	0	0
MED1	1,586	1,586	161	136	141
MED2	54	54	6	10	2
MED217	1	1	0	0	0
MED261	2	2	0	0	0
MED3	1,564	1,564	157	124	136
MED5	14	14	0	0	0
MED56	1	1	0	0	0
MED6	43	43	7	8	4
MED7	911	911	100	84	76

2013					
Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
246	256	336	406	381	305
0	0	0	0	0	0
97	115	142	174	165	120
3	2	9	17	1	4
0	0	0	0	0	0
0	0	0	0	0	0
102	99	138	154	152	139
0	0	2	2	2	1
0	0	0	0	0	0
1	2	4	3	7	4
64	65	79	92	85	69

2013		
Oct-13	Nov-13	Dec-13
248	280	351
0	0	0
100	104	143
4	1	6
1	0	0
2	0	0
113	125	138
0	0	11
1	0	0
4	3	7
58	75	78

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2014			
		Total	Jan-14	Feb-14	Mar-14
Total	3,838	3,838	293	299	319
MED1	1,608	1,608	119	132	116
MED2	104	104	5	11	5
MED3	1,619	1,619	111	98	131
MED5	12	12	1	4	2
MED6	48	48	3	7	3
MED7	1,094	1,094	83	84	99
TDMED	1	1	0	0	0

2014					
Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
295	287	349	470	352	307
131	120	146	194	154	129
3	11	2	17	18	12
115	115	151	227	151	139
0	0	0	4	3	2
4	3	5	13	4	5
75	72	110	133	102	88
0	1	0	0	0	0

2014		
Oct-14	Nov-14	Dec-14
242	241	401
110	108	162
1	2	28
109	109	176
0	2	2
2	2	9
69	70	120
0	0	0

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2015			
		Total	Jan-15	Feb-15	Mar-15
Total	4,045	4,045	378	309	309
MED1	1,843	1,843	164	137	129
MED2	25	25	3	5	3
MED3	1,702	1,702	151	117	113
MED33	3	3	0	0	0
MED5	3	3	1	0	0
MED6	18	18	5	3	2
MED7	1,229	1,229	119	97	116

2015					
Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
267	269	383	423	383	329
122	111	168	206	188	163
2	4	4	3	4	2
104	120	169	178	183	143
0	0	0	0	0	0
0	0	0	2	2	1
3	3	2	3	0	3
83	83	108	129	108	86

2015		
Oct-15	Nov-15	Dec-15
287	331	397
135	157	177
0	2	3
138	145	156
1	2	2
0	1	0
2	1	0
84	96	134

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2016			
		Total	Jan-16	Feb-16	Mar-16
Total	3,817	3,817	394	335	355
MED1	1,546	1,546	156	138	140
MED2	43	43	7	3	2
MED3	1,474	1,474	142	122	136
MED33	3	3	2	0	0
MED5	8	8	2	3	1
MED6	38	38	5	5	2
MED7	1,081	1,081	118	104	110

2016					
Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
258	268	308	421	360	302
114	108	127	169	151	111
0	3	2	19	0	2
94	107	127	175	150	129
0	0	0	0	2	0
2	0	0	0	0	0
0	0	4	3	8	0
67	82	83	112	105	88

2016		
Oct-16	Nov-16	Dec-16
268	202	363
118	79	148
0	2	11
103	83	117
0	0	0
0	0	4
2	0	16
66	57	104

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2017			
		Total	Jan-17	Feb-17	Mar-17
Total	3,844	3,844	405	279	334
MED1	1,503	1,503	156	103	131
MED2	284	284	16	13	5
MED3	1,331	1,331	150	92	125
MED33	5	5	4	0	0
MED5	1	1	1	0	0
MED6	41	41	4	0	4
MED7	1,113	1,113	134	97	109

2017					
Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
285	249	302	405	380	343
105	101	137	160	142	135
16	16	14	22	23	47
100	103	97	142	140	121
0	0	0	2	0	0
0	0	0	0	0	0
4	4	4	11	2	0
97	58	84	127	108	97

2017		
Oct-17	Nov-17	Dec-17
281	260	338
107	108	130
42	33	50
87	83	104
0	0	0
0	0	0
0	2	14
71	55	88

SOUTH LAKE TAHOE POLICE DEPARTMENT

1352 Johnson Blvd, South Lake Tahoe, CA 96150

CA0090200

Events by Unit

	Total	2018			
		Total	Jan-18	Feb-18	Mar-18
Total	3,851	3,851	338	336	333
MED1	1,574	1,574	131	146	138
MED2	440	440	33	62	40
MED3	1,409	1,409	122	111	120
MED33	4	4	2	0	0
MED5	7	7	0	0	2
MED6	30	30	2	2	6
MED7	975	975	100	79	79

2018					
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
260	239	335	463	377	292
117	95	146	185	147	115
27	15	22	65	61	37
95	85	133	180	128	105
2	0	0	0	0	0
0	2	0	0	5	1
2	0	2	7	2	2
63	72	81	116	100	72

2018		
Oct-18	Nov-18	Dec-18
277	246	370
119	101	146
22	22	46
105	91	146
0	0	2
0	0	0
2	2	11
70	66	89

CAL-TAHOE

January 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - January 2017

CALL SUMMARY									All Calls =	356
Response Area	Rural	Urban	Semi-Rural	Wilderness	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
	01	02	03	04		Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	3	135	0	13	0	151	20	131		151
Priority 2	4	59	2	12	0	77	9	68		77
Priority 3	3	4	0	1	0	8	0	8		8
Priority 4	0	1	1	0	0	2	0	2		2
Priority 5	11	35	4	0	0	50	0	50		50
Priority 6	0	1	0	0	0	1	0	1		1
Unknown	0	0	0	0	0	0	0	0		0
Totals	21	235	7	26	0	289	29	260	0	289
Responses Exceeding Response Time Requirements										21
Number of Acceptable Response Time Exceptions/Reports										7
Number of Late Responses Subject to Penalties										14

January Time Compliance				
Priority	Calls	Late	% Late	% Completed Transports
1	151	7	5%	95.36%
2	77	6	8%	92.21%
3	8	0	0%	100.00%
4	2	0	0%	100.00%
5	50	1	2%	98.00%
6	1	0	0%	100.00%
Totals	289	14	5%	95.16%

Non Transports		
Priority 01		20
Priority 02		9
Priority 03		0
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		29

CAL-TAHOE

February 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - February 2017

CALL SUMMARY

All Calls = 250

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	2	102	0	13	0	117	17	100		117
Priority 2	1	35	0	10	0	46	5	41		46
Priority 3	0	6	0	8	0	14	1	13		14
Priority 4	0	0	0	0	0	0	0	0		0
Priority 5	7	32	0	0	0	39	1	38		39
Priority 6	1	0	0	0	0	1	0	1		1
Unknown	0	0	0	0	0	0	0	0		0
Totals	11	175	0	31	0	217	24	193	0	217

Responses Exceeding Response Time Requirements

13

Number of Acceptable Response Time Exceptions/Reports

4

Number of Late Responses Subject to Penalties

9

February Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	117	6	5%	94.87%
2	46	3	7%	93.48%
3	14	0	0%	100.00%
4	0	0	0%	100.00%
5	39	0	0%	100.00%
6	1	0	0%	100.00%
Totals	217	9	4%	95.85%

Non Transports

Priority 01		17
Priority 02		5
Priority 03		1
Priority 04		0
Priority 05		1
Priority 06		0
UNK	UNK	0
Total		24

CAL-TAHOE

March 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - March 2017

CALL SUMMARY

All Calls = 294

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	6	86	4	14	0	110	7	103		110
Priority 2	8	64	1	11	0	84	8	76		84
Priority 3	2	7	0	3	0	12	0	12		12
Priority 4	0	1	0	0	0	1	0	1		1
Priority 5	1	50	0	0	0	51	0	51		51
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	17	208	5	28	0	258	15	243	0	258
Responses Exceeding Response Time Requirements										18
Number of Acceptable Response Time Exceptions/Reports										3
Number of Late Responses Subject to Penalties										15

March Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	110	5	5%	95.45%
2	84	7	8%	91.67%
3	12	3	25%	75.00%
4	1	0	0%	100.00%
5	51	0	0%	100.00%
6	0	0	0%	100.00%
Totals	258	15	6%	94.19%

Non Transports

Priority 01	7
Priority 02	8
Priority 03	0
Priority 04	0
Priority 05	0
Priority 06	0
UNK	0
Total	15

Penalties Assessed: Monitor Priority 3 Calls (100 call rule)

CAL-TAHOE

April 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - April 2017

CALL SUMMARY

All Calls = 258

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	1	86	27	0	0	114	9	105		114
Priority 2	0	57	0	6	0	63	11	52		63
Priority 3	0	5	0	0	0	5	0	5		5
Priority 4	1	2	0	1	0	4	0	4		4
Priority 5	2	36	0	0	0	38	0	38		38
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	4	186	27	7	0	224	20	204	0	224
Responses Exceeding Response Time Requirements										4
Number of Acceptable Response Time Exceptions/Reports										1
Number of Late Responses Subject to Penalties										3

April Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	114	0	0%	100.00%
2	63	2	3%	96.83%
3	5	0	0%	100.00%
4	4	0	0%	100.00%
5	38	1	3%	97.37%
6	0	0	0%	100.00%
Totals	224	3	1%	98.66%

Non Transports

Priority 01		9
Priority 02		11
Priority 03		0
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		20

CAL-TAHOE

May 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - May 2017

CALL SUMMARY

All Calls = 225

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	0	100	1	3	0	104	9	95		104
Priority 2	1	42	3	1	0	47	6	41		47
Priority 3	0	7	0	0	0	7	0	7		7
Priority 4	0	2	0	0	0	2	0	2		2
Priority 5	0	40	0	0	0	40	0	40		40
Priority 6	0	2	0	0	0	2	0	2		2
Unknown	0	0	0	0	0	0	0	0		0
Totals	1	193	4	4	0	202	15	187	0	202
Responses Exceeding Response Time Requirements										2
Number of Acceptable Response Time Exceptions/Reports										0
Number of Late Responses Subject to Penalties										2

May Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	104	2	2%	98.08%
2	47	0	0%	100.00%
3	7	0	0%	100.00%
4	2	0	0%	100.00%
5	40	0	0%	100.00%
6	2	0	0%	100.00%
Totals	202	2	1%	99.01%

Non Transports

Priority 01		9
Priority 02		6
Priority 03		0
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		15

Penalties Assessed: Monitor Priority 3 Calls (100 call rule)

CAL-TAHOE

June 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - June 2017

CALL SUMMARY

All Calls = 257

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	1	103	4	7	0	115	15	100		115
Priority 2	0	67	1	6	0	74	7	67		74
Priority 3	0	7	0	1	0	8	0	8		8
Priority 4	0	1	0	0	0	1	0	1		1
Priority 5	2	34	0	0	0	36	1	35		36
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	3	212	5	14	0	234	23	211	0	234
Responses Exceeding Response Time Requirements										7
Number of Acceptable Response Time Exceptions/Reports										2
Number of Late Responses Subject to Penalties										5

June Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	115	4	3%	96.52%
2	74	0	0%	100.00%
3	8	0	0%	100.00%
4	1	0	0%	100.00%
5	36	1	3%	97.22%
6	0	0	0%	100.00%
Totals	234	5	2%	97.86%

Non Transports

Priority 01	15
Priority 02	7
Priority 03	0
Priority 04	0
Priority 05	1
Priority 06	0
UNK	0
Total	23

Penalties Assessed: Monitor Priority 3 Calls (100 call rule)

CAL-TAHOE

July 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - July 2017

CALL SUMMARY

All Calls = 342

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	1	155	0	35	0	191	26	165		191
Priority 2	0	55	0	0	0	55	7	48		55
Priority 3	0	4	0	0	0	4	0	4		4
Priority 4	0	1	0	0	0	1	0	1		1
Priority 5	3	53	0	0	0	56	1	55		56
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	4	268	0	35	0	307	34	273	0	307
Responses Exceeding Response Time Requirements										7
Number of Acceptable Response Time Exceptions/Reports										1
Number of Late Responses Subject to Penalties										6

July Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	191	2	1%	98.95%
2	55	1	2%	98.18%
3	4	0	0%	100.00%
4	1	0	0%	100.00%
5	56	3	5%	94.64%
6	0	0	0%	100.00%
Totals	307	6	2%	98.05%

Non Transports

Priority 01	26
Priority 02	7
Priority 03	0
Priority 04	0
Priority 05	1
Priority 06	0
UNK	0
Total	34

Penalties Assessed: Monitor Priority 3 Calls (100 call rule)

CAL-TAHOE

August 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - August 2017

CALL SUMMARY

All Calls = 321

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	0	145	1	31	0	177	19	158		177
Priority 2	0	56	0	2	0	58	7	51		58
Priority 3	0	4	0	0	0	4	1	3		4
Priority 4	0	1	0	0	0	1	0	1		1
Priority 5	3	50	0	0	0	53	1	52		53
Priority 6	0	3	0	0	0	3	0	3		3
Unknown	0	0	0	0	0	0	0	0		0
Totals	3	259	1	33	0	296	28	268	0	296
Responses Exceeding Response Time Requirements										8
Number of Acceptable Response Time Exceptions/Reports										1
Number of Late Responses Subject to Penalties										7

August Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	177	3	2%	98.31%
2	58	2	3%	96.55%
3	4	0	0%	100.00%
4	1	0	0%	100.00%
5	53	1	2%	98.11%
6	3	1	33%	66.67%
Totals	296	7	2%	97.64%

Non Transports

Priority 01	19
Priority 02	7
Priority 03	1
Priority 04	0
Priority 05	1
Priority 06	0
UNK	0
Total	28

Penalties Assessed: Monitor Priority 3 & 6 Calls (100 call rule)

CAL-TAHOE

September 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - September 2017

CALL SUMMARY									All Calls =	311
Response Area	Rural	Urban	Semi-Rural	Wilderness	Unknown	Total	Non	Total	Other	Total
	01	02	03	04		Med.Calls	Transports	Transports	Calls	Calls
Priority 1	1	145	2	13	0	161	17	144		161
Priority 2	3	52	1	6	0	62	9	53		62
Priority 3	0	9	0	1	0	10	2	8		10
Priority 4	1	4	0	0	0	5	0	5		5
Priority 5	8	36	0	0	0	44	0	44		44
Priority 6	0	1	0	0	0	1	0	1		1
Unknown	0	0	0	0	0	0	0	0		0
Totals	13	247	3	20	0	283	28	255	0	283
Responses Exceeding Response Time Requirements										11
Number of Acceptable Response Time Exceptions/Reports										0
Number of Late Responses Subject to Penalties										11

September Time Compliance				
Priority	Calls	Late	% Late	% Completed Transports
1	161	8	5%	95.03%
2	62	1	2%	98.39%
3	10	1	10%	90.00%
4	5	0	0%	100.00%
5	44	0	0%	100.00%
6	1	1	100%	0.00%
Totals	283	11	4%	96.11%

Non Transports		
Priority 01		17
Priority 02		9
Priority 03		2
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		28

Penalties Assessed: Monitor Priority 3 & 6 Calls (100 call rule)

CAL-TAHOE

October 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - October 2017

CALL SUMMARY

All Calls = 260

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	0	104	0	9	0	113	8	105		113
Priority 2	2	56	0	2	0	60	11	49		60
Priority 3	0	5	0	2	0	7	0	7		7
Priority 4	0	4	0	0	0	4	0	4		4
Priority 5	2	42	0	0	0	44	0	44		44
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	4	211	0	13	0	228	19	209	0	228
Responses Exceeding Response Time Requirements										1
Number of Acceptable Response Time Exceptions/Reports										1
Number of Late Responses Subject to Penalties										0

October Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	113	0	0%	100.00%
2	60	0	0%	100.00%
3	7	0	0%	100.00%
4	4	0	0%	100.00%
5	44	0	0%	100.00%
6	0	0	0%	100.00%
Totals	228	0	0%	100.00%

Non Transports

Priority 01		8
Priority 02		11
Priority 03		0
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		19

Penalties Assessed: Monitor Priority 3 & 6 Calls (100 call rule)

CAL-TAHOE

November 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - November 2017

CALL SUMMARY

All Calls = 216

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	0	108	0	3	0	111	11	100		111
Priority 2	0	36	0	0	0	36	3	33		36
Priority 3	0	7	0	3	0	10	1	9		10
Priority 4	0	0	0	0	0	0	0	0		0
Priority 5	5	34	0	0	0	39	0	39		39
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	5	185	0	6	0	196	15	181	0	196
Responses Exceeding Response Time Requirements										0
Number of Acceptable Response Time Exceptions/Reports										0
Number of Late Responses Subject to Penalties										0

November Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	111	1	1%	99.10%
2	36	3	8%	91.67%
3	10	0	0%	100.00%
4	0	0	0%	100.00%
5	39	3	8%	92.31%
6	0	0	0%	100.00%
Totals	196	7	4%	96.43%

Non Transports

Priority 01		11
Priority 02		3
Priority 03		1
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		15

Penalties Assessed: Monitor Priority 3 & 6 Calls (100 call rule)

CAL-TAHOE

December 2017

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - December 2017

CALL SUMMARY

All Calls = 276

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	137	0	2	16	0	155	29	126		155
Priority 2	0	33	0	4	0	37	9	28		37
Priority 3	0	14	0	8	0	22	2	20		22
Priority 4	0	1	0	0	0	1	0	1		1
Priority 5	1	32	0	1	0	34	1	33		34
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	138	80	2	29	0	249	41	208	0	249

Responses Exceeding Response Time Requirements

10

Number of Acceptable Response Time Exceptions/Reports

2

Number of Late Responses Subject to Penalties

8

December Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	155	8	5%	94.84%
2	37	0	0%	100.00%
3	22	0	0%	100.00%
4	1	0	0%	100.00%
5	34	0	0%	100.00%
6	0	0	0%	100.00%
Totals	249	8	3%	96.79%

Non Transports

Priority 01		26
Priority 02		9
Priority 03		2
Priority 04		0
Priority 05		1
Priority 06		0
UNK	UNK	0
Total		38

Penalties Assessed: Monitor Priority 3 & 6 Calls (100 call rule)

CAL-TAHOE

January 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - January 2018

CALL SUMMARY

All Calls = 259

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	3	125	1	21	0	150	20	130		150
Priority 2	1	41	0	11	0	53	11	42		53
Priority 3	1	8	0	1	0	10	1	9		10
Priority 4	0	1	0	0	0	1	0	1		1
Priority 5	2	30	1	0	0	33	1	32		33
Priority 6	0	1	0	0	0	1	0	1		1
Unknown	0	0	0	0	0	0	0	0		0
Totals	7	206	2	33	0	248	33	215	0	248
Responses Exceeding Response Time Requirements										8
Number of Acceptable Response Time Exceptions/Reports										2
Number of Late Responses Subject to Penalties										6

January Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	150	8	5%	94.67%
2	53	0	0%	100.00%
3	10	0	0%	100.00%
4	1	0	0%	100.00%
5	33	0	0%	100.00%
6	1	0	0%	100.00%
Totals	248	8	3%	96.77%

Non Transports

Priority 01		20
Priority 02		11
Priority 03		1
Priority 04		0
Priority 05		1
Priority 06		0
UNK	UNK	0
Total		33

Penalties Assessed: Monitor Priority 3 Calls (100 call rule)

CAL-TAHOE

February 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - February 2018

CALL SUMMARY

All Calls = 264

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	5	107	5	9	0	126	17	109		126
Priority 2	5	42	1	19	0	67	10	57		67
Priority 3	0	9	0	5	0	14	3	11		14
Priority 4	0	1	0	0	0	1	0	1		1
Priority 5	1	36	0	0	0	37	0	37		37
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	11	195	6	33	0	245	30	215	0	245

Responses Exceeding Response Time Requirements

22

Number of Acceptable Response Time Exceptions/Reports

14

Number of Late Responses Subject to Penalties

8

February Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	126	2	2%	98.41%
2	67	5	7%	92.54%
3	14	0	0%	100.00%
4	1	0	0%	100.00%
5	37	1	3%	97.30%
6	0	0	0%	100.00%
Totals	245	8	3%	96.73%

Non Transports

Priority 01		17
Priority 02		10
Priority 03		3
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		30

Penalties Assessed: Monitor Priority 3 Calls (100 call rule)

CAL-TAHOE

March 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - March 2018

CALL SUMMARY

All Calls = 265

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	1	118	0	26	0	145	24	121		145
Priority 2	0	35	1	9	0	45	7	38		45
Priority 3	0	6	0	5	0	11	3	8		11
Priority 4	1	0	0	0	0	1	0	1		1
Priority 5	1	37	0	0	0	38	0	38		38
Priority 6	0	1	0	0	0	1	0	1		1
Unknown	0	0	0	0	0	0	0	0		0
Totals	3	197	1	40	0	241	34	207	0	241

Responses Exceeding Response Time Requirements

10

Number of Acceptable Response Time Exceptions/Reports

1

Number of Late Responses Subject to Penalties

9

March Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	145	6	4%	95.86%
2	45	2	4%	95.56%
3	11	0	0%	100.00%
4	1	1	100%	0.00%
5	38	0	0%	100.00%
6	1	0	0%	100.00%
Totals	241	9	4%	96.27%

Non Transports

Priority 01		24
Priority 02		7
Priority 03		3
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		34

Penalties Assessed: Monitor Priority 3 & 4 Calls (100 call rule)

CAL-TAHOE

April 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - April 2018

CALL SUMMARY									All Calls =	195
Response Area	Rural	Urban	Semi-Rural	Wilderness	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
	01	02	03	04		Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	0	93	1	7	0	101	11	90		101
Priority 2	0	23	0	2	0	25	4	21		25
Priority 3	0	12	0	2	0	14	1	13		14
Priority 4	0	0	0	0	0	0	0	0		0
Priority 5	4	34	0	0	0	38	0	38		38
Priority 6	0	2	0	0	0	2	0	2		2
Unknown	0	0	0	0	0	0	0	0		0
Totals	4	164	1	11	0	180	16	164	0	180
Responses Exceeding Response Time Requirements										6
Number of Acceptable Response Time Exceptions/Reports										0
Number of Late Responses Subject to Penalties										6

April Time Compliance				
Priority	Calls	Late	% Late	% Completed Transports
1	101	2	2%	98.02%
2	25	2	8%	92.00%
3	14	0	0%	100.00%
4	0	0	0%	100.00%
5	38	2	5%	94.74%
6	2	0	0%	100.00%
Totals	180	6	3%	96.67%

Non Transports		
Priority 01		11
Priority 02		4
Priority 03		1
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		16

Penalties Assessed: Monitor Priority 3 & 4 Calls (100 call rule)

CAL-TAHOE

May 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - May 2018

CALL SUMMARY									All Calls =	184
Response Area	Rural	Urban	Semi-Rural	Wilderness	Unknown	Total	Non	Total	Other	Total
	01	02	03	04		Med.Calls	Transports	Transports	Calls	Calls
Priority 1	0	98	2	8	0	108	26	82		108
Priority 2	0	11	1	3	0	15	4	11		15
Priority 3	0	8	0	1	0	9	1	8		9
Priority 4	1	0	0	0	0	1	0	1		1
Priority 5	0	31	0	0	0	31	0	31		31
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	1	148	3	12	0	164	31	133	0	164
Responses Exceeding Response Time Requirements										4
Number of Acceptable Response Time Exceptions/Reports										0
Number of Late Responses Subject to Penalties										4

May Time Compliance				
Priority	Calls	Late	% Late	% Completed Transports
1	108	3	3%	97.22%
2	15	1	7%	93.33%
3	9	0	0%	100.00%
4	1	0	0%	100.00%
5	31	0	0%	100.00%
6	0	0	0%	100.00%
Totals	164	4	2%	97.56%

Non Transports		
Priority 01		26
Priority 02		4
Priority 03		1
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		31

Penalties Assessed: Monitor Priority 3 & 4 Calls (100 call rule)

CAL-TAHOE

June 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - June 2018

CALL SUMMARY

All Calls = 254

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	1	121	3	13	0	138	20	118		138
Priority 2	0	35	1	4	0	40	9	31		40
Priority 3	0	17	0	0	0	17	5	12		17
Priority 4	0	0	0	0	0	0	0	0		0
Priority 5	1	42	0	0	0	43	1	42		43
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	2	215	4	17	0	238	35	203	0	238

Responses Exceeding Response Time Requirements

4

Number of Acceptable Response Time Exceptions/Reports

0

Number of Late Responses Subject to Penalties

4

June Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	138	2	1%	98.55%
2	40	0	0%	100.00%
3	17	0	0%	100.00%
4	0	0	0%	100.00%
5	43	0	0%	100.00%
6	0	0	0%	100.00%
Totals	238	2	1%	99.16%

Non Transports

Priority 01		20
Priority 02		9
Priority 03		5
Priority 04		0
Priority 05		1
Priority 06		0
UNK	UNK	0
Total		35

Penalties Assessed: Monitor Priority 3 & 4 Calls (100 call rule)

CAL-TAHOE

July 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - July 2018

CALL SUMMARY

All Calls = 337

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	5	177	9	19	0	210	20	190		210
Priority 2	1	47	1	2	0	51	10	41		51
Priority 3	2	9	11	0	0	22	10	12		22
Priority 4	0	0	0	0	0	0	0	0		0
Priority 5	1	46	1	0	0	48	0	48		48
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	9	279	22	21	0	331	40	291	0	331

Responses Exceeding Response Time Requirements

3

Number of Acceptable Response Time Exceptions/Reports

0

Number of Late Responses Subject to Penalties

3

July Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	210	2	1%	99.05%
2	51	1	2%	98.04%
3	22	0	0%	100.00%
4	0	0	0%	100.00%
5	48	0	0%	100.00%
6	0	0	0%	100.00%
Totals	331	3	1%	99.09%

Non Transports

Priority 01	20
Priority 02	10
Priority 03	10
Priority 04	0
Priority 05	0
Priority 06	0
UNK	0
Total	40

Penalties Assessed: Monitor Priority 3 & 4 Calls (100 call rule)

CAL-TAHOE

August 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - August 2018

CALL SUMMARY

All Calls = 250

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	5	134	6	14	0	159	17	142		159
Priority 2	0	33	0	2	0	35	8	27		35
Priority 3	1	12	0	6	0	19	3	16		19
Priority 4	0	0	0	0	0	0	0	0		0
Priority 5	0	27	4	2	0	33	0	33		33
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	6	206	10	24	0	246	28	218	0	246
Responses Exceeding Response Time Requirements										3
Number of Acceptable Response Time Exceptions/Reports										1
Number of Late Responses Subject to Penalties										2

August Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	159	0	0%	100.00%
2	35	0	0%	100.00%
3	19	0	0%	100.00%
4	0	0	0%	100.00%
5	33	2	6%	93.94%
6	0	0	0%	100.00%
Totals	246	2	1%	99.19%

Non Transports

Priority 01		17
Priority 02		8
Priority 03		3
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		28

Penalties Assessed: Monitor Priority 3 & 4 Calls (100 call rule)

CAL-TAHOE

September 2018

CSA 3

SUMMARY OF CAL TAHOE MONTHLY RESPONSE TIME PENALTIES

The September 1, 2011 ambulance service contract between El Dorado County and the Cal Tahoe JPA, in Section IV, Article XIII, Item B., requires that the total of all response time fines and penalties for a previous month shall be deducted prior to monthly payment to CAL TAHOE.

Month - September 2018

CALL SUMMARY

All Calls = 200

Response Area	Rural 01	Urban 02	Semi- Rural 03	Wilderness 04	Unknown	Total Med.Calls	Non Transports	Total Transports	Other Calls	Total Calls
Priority 1	1	123	1	8	0	133	21	112		133
Priority 2	0	22	0	5	0	27	6	21		27
Priority 3	0	6	0	0	0	6	3	3		6
Priority 4	0	0	0	0	0	0	0	0		0
Priority 5	0	31	0	0	0	31	0	31		31
Priority 6	0	0	0	0	0	0	0	0		0
Unknown	0	0	0	0	0	0	0	0		0
Totals	1	182	1	13	0	197	30	167	0	197
Responses Exceeding Response Time Requirements										7
Number of Acceptable Response Time Exceptions/Reports										4
Number of Late Responses Subject to Penalties										3

September Time Compliance

Priority	Calls	Late	% Late	% Completed Transports
1	133	3	2%	97.74%
2	27	0	0%	100.00%
3	6	0	0%	100.00%
4	0	0	0%	100.00%
5	31	0	0%	100.00%
6	0	0	0%	100.00%
Totals	197	3	2%	98.48%

Non Transports

Priority 01		21
Priority 02		6
Priority 03		3
Priority 04		0
Priority 05		0
Priority 06		0
UNK	UNK	0
Total		30

Penalties Assessed: Monitor Priority 3 & 4 Calls (100 call rule)



Kathy Haven <khaven@gmail.com>

Fwd: FW: Communication Capabilities

Curtis Harper <charperctjpa@gmail.com>
To: Kathy Haven <khaven@theconsultinghaven.com>

Sun, Jan 27, 2019 at 4:13 PM

----- Forwarded message -----

From: **Melissa Dube** <mdube@cityofslt.us>
Date: Tue, Jan 22, 2019 at 5:02 PM
Subject: FW: Communication Capabilities
To: Curtis Harper <charperctjpa@gmail.com>

I meant RFP!!! LOL

From: Melissa Dube
Sent: Tuesday, January 22, 2019 5:01 PM
To: 'Curtis Harper'
Subject: RE: Communication Capabilities

Hi Curtis,

It was in our RFD for Dispatch services....

In 2017, The South Lake Tahoe Joint Dispatch Center handled 10,137 emergency calls for service (911) and 64,366 administrative calls, including inbound and outbound calls. Our dispatch center answered an average of 845 9-1-1 calls per month over the past year. The current standard for answering calls in California is 95% of the 9-1-1 calls should be answered within 15 seconds. According to the Emergency Call Tracking System (ECaTS) data available to the CA 9-1-1 Branch, the South Lake Tahoe Joint Dispatch Center answered an average of 100% of the 9-1-1 calls within 15 seconds over the past 12 months.

Melissa Dube

Public Safety Dispatch Supervisor

City of South Lake Tahoe & Lake Valley Fire Protection District

1352 Johnson Blvd

South Lake Tahoe, Ca 96150

(530) 542-6119

(530) 542-6147 Fax

mdube@cityofslt.us

From: Curtis Harper [mailto:charperctjpa@gmail.com]

Sent: Tuesday, January 22, 2019 3:49 PM

To: Melissa Dube

Subject: Communication Capabilities

Hi Melissa,

We have to answer this question regarding priority 1 & 2 calls (code 3 and Code 2). I know you guys answer 100% of all code 2 and code 3 calls but do you know how long it normally takes to answer these calls? Is that even possible to know that answer?

Would it be accurate to say you guys answer 100% of all calls within 1 min?

Describe the current communications capabilities of the organization including what percentage of calls are answered within what period of time, and how the performance standards identified in Section II - Scope of Services, B. Service Provisions, #13. General Dispatch Provisions will be met:

Curtis Harper

Operations Manager

Cal Tahoe JPA

www.CTESOA.org

P.O. Box 8917

South Lake Tahoe, CA

96150

P. 530-721-2037

F. 530-542-6174

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APPENDIX P Contents: Mass Casualty Incident (MCI)

P2 – P7 MCI Plan 2018

EL DORADO COUNTY EMS AGENCY

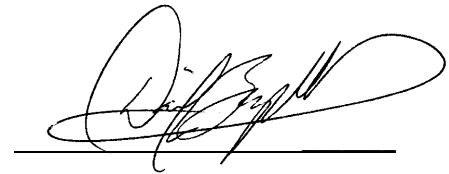
FIELD POLICIES

Effective: July 2009

Reviewed: July

Revised: July 2014, 2016, 2018

Scope: ALS/BLS Personnel



EMS Agency Medical Director

MULTIPLE CASUALTY INCIDENTS

PURPOSE:

To establish responsibilities and determine actions required to coordinate multi-agency response to any Multiple Casualty Incidents in El Dorado County.

DEFINITIONS:

Control Facility (CF) – Base Hospital designated by the Local EMS Agency with the responsibility for the dispersal of patients during a multi-casualty incident (MCI).

Disaster Medical Services (DMS) – The manufacturer of the disaster kits utilized in El Dorado County. DMS forms and triage tags are to be utilized for MCIs as appropriate.

Incident Command System (ICS) - A combination of equipment, personnel and procedures for communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish objectives pertaining to an emergency incident. ICS is a sub-system of the National Inter-Agency Incident Management System (NIIMS) and a component of Standard Emergency Management System (SEMS).

Multi-Casualty Incident (MCI) – **Any** incident that exceeds the capabilities of the initial response including an incident that meets any of the following criteria:

1. 5 or more Patients that are triaged either IMMEDIATE or DELAYED
2. 6 or more patients that are triaged MINOR regardless of the number of IMMEDIATE or DELAYED
3. Provider discretion

S.A.L.T. – Sort, Assess, Life-Saving Interventions, Treatment/Transport: a method of mass casualty triage utilizing evaluation of airway/breathing, circulation and level of consciousness.

POLICY:

1. The El Dorado County EMS Agency endorses the California Office of Emergency Services Region IV Multi-Casualty Incident (MCI) Plan, the Incident Command System (ICS), and the Standardized Emergency Management System (SEMS). All El Dorado County EMS contracted agencies must utilize the Region IV MCI Plan or a County approved equivalent plan.
2. Emergency response agencies and personnel shall familiarize themselves with the Standardized Emergency Management System (SEMS) regulations.
3. El Dorado County EMS personnel should be thoroughly familiar with the Multi-Casualty Incident Plan used by the local public safety agencies, the SALT triage procedures, the Incident Command System (ICS) and the DMS kits including all forms and triage tags (See DMS ppt. training on EMS website).

4. The notification of the Base Hospital Control Facility (CF) should occur as soon as there is information that an MCI may exist. If this occurs at the time of dispatch or while responding to the incident, the CF should be contacted and advised of an "MCI Alert". Information concerning the location, approximate number of victims (if known), and a description of the incident should be given. The CF can be contacted by the dispatch center or pre-hospital responders.
5. The first arriving emergency unit should be prepared to quickly size up the incident; request additional resources; declare MCI, and implement ICS operations; provide a scene description and early notification to the base station/CF; and assume roles and responsibilities according to the California Office of Emergency Services Region IV Multi-Casualty Incident Plan.
6. Once declared, an MCI cannot be "undeclared" by scene personnel until the incident is terminated and all patients have been transported or released.
7. All completed DMS forms and any other recorded documentation shall be submitted to the EMS Agency within 72 hours of the incident or as soon as practicable, given Holidays and weekends. An EMS Event Analysis Form shall be completed for all declared MCIs. The EMS event analysis form shall be forwarded to the Continuous Quality Improvement (CQI) Committee Chairperson and El Dorado County EMSA. Confidentiality of responder's names and patient names will follow the CQI policy.
8. An analysis of the event shall be conducted using the CQI Committee Guidelines, and be conducted at the next scheduled CQI meeting. The CQI Committee should notify all responding agencies and the base hospital for all MCI reviews.
9. Learning points from the CQI Committee's analysis of the event should be forwarded to the El Dorado County EMSA, El Dorado County Training Officers, and the El Dorado County Medical Advisory Committee.
10. This plan shall be trained on regularly and reviewed/updated every two years.

MCI KEY POINTS

1. An MCI requires a streamlined approach to patient treatment and transport. Designed to minimize scene time, easily manage a scene by establishing ICS positions, and do the greatest good for the greatest number of patients.
2. There are **six** ICS positions that must be filled during an MCI – These are placed in suggested order of assignment as resources arrive (See MCI Flow below):
 - Incident Commander (IC)
 - Patient Sorting and Triage Unit Leader
 - Medical Communications Coordinator – (Paramedic)
 - Transportation Group Supervisor
 - Treatment Unit Leader – (Paramedic)
 - Medical Group Supervisor

IC, Triage and Med Comms should be filled on every incident. On smaller incidents, an individual may hold multiple roles however; the **Medical Communications Coordinator** position should be filled independently.

3. Medical Group Supervisor, Transportation Group Supervisor and Med Communications Coordinator need to have very good communication (face to face if possible). This will ensure easy communications when directing patient dispositions and ordering resources.
4. **MCI Flow**
 - **1st arriving non-transport/assessment unit:** IC and patient sorting/triage. Pass IC to incoming officer when appropriate.
 - **2nd arriving non-transport/assessment unit:** Assist with patient sorting/triage. If ALS, have ALS provider assume med comms.
 - **Additional non-transport/assessment unit(s):** Assist as needed. Utilize company officers for ICS roles and ALS personnel for Med Comms and Treatment Unit.
 - **1st arriving medic unit:** Med Comms (in not already established). Prepare to be utilized as supply cache.
 - **Additional medic unit(s):** Communicate early with IC to determine transportation flow path and approach plan. Prepare to receive patients.
5. **Situational considerations:**
 - Depending on available resources, may need to utilize first arriving medic unit as supply cache and ALS personnel for Med Comms. Consider removing equipment and supplies from medic unit and modifying staffing with other available personnel to allow medic unit to still transport.
 - Consider use of air ambulance(s) and need for additional medic units to transport to helispot(s).
 - When operating with units from neighboring Counties, Marshall Hospital will provide available transport destinations and Med Comms/Transportation will assign individual resources. Out of county resources shall not contact their respective Base hospitals for destination decision.
 - Maximize use of medic units. Send additional providers, when available, to transport as many patients as possible.
6. Order **EARLY** and order **BIG**. You can always cancel later.
7. Triage patients with ribbons/ triage tags for all declared MCIs. **Know how to properly use triage tags and MCI kits BEFORE the incident. (See DMS ppt. training on EMS website).**
8. The initial triage person/team should utilize colored ribbons to triage patients.
9. Make centrally located treatment areas titled: Immediate, Delayed, and Minor. If you take a few minutes to gather your patients, this will ensure that they can be transported off scene quickly and no patients will be left behind.
10. Separate Triage Tag Receipt Holders are used by each treatment area manager.

11. Re-triage patients when they arrive at the treatment area as they may deteriorate. Triage tags should be applied upon re-triaging the patient. Remove ribbons when triage tag is applied. **NOTE:** Obtain identification information if possible (describe clothing or possessions) to help with family reunification post incident.
12. Ensure all patients have been accounted for and have been triaged.
13. Consider loading more than one patient in an ambulance. Ideally an Immediate patient with a couple of Minor or Delayed patients. You may **need** to load 2 immediate into 1 ambulance depending on resources.
14. Ensure destination instructions are clear and understood with transporting agency.
15. Only one person the Medical Communications Coordinator should communicate with the Base Hospital/Control Facility. This should be done very early in the incident and be maintained by the same person for the duration.
16. **THE MEDICAL COMMUNICATIONS COORDINATOR SHOULD NOT BE INVOLVED WITH PATIENT CARE.**
17. Transporting units will make brief contact to destination hospital once en route. Begin the communication with the incident you are coming from and give triage tag number. There is no need to contact CF if that is your destination.
18. After the incident, ensure all patients are accounted for and have been transported. This shall include re-contact of the base hospital/CF MICN to confirm patients and destinations.
19. Ensure Medical Communications Coordinator has the most updated information on patients and hospital destinations.
20. Have good documentation during the Incident and one complete set of documentation at the conclusion of the incident. These are cases that end up in court. Reference MCI packet for proper documentation forms.
21. The complete set of paperwork needs to be sent to the hosting agency post incident, the Base Hospital/CF, and forwarded to the EMS office.

BASE HOSPITAL/CONTROL FACILITY

On Scene

1. Immediately upon arrival or upon confirmation of on-scene EMS first responders:
 - a. Confirm or cancel MCI alert with CF MICN.
 - b. Identify location of MCI.
 - c. Name of incident
 - d. Report name of MedCom officer and contact number
 - e. An MICN will be assigned to incident for duration of event and maintain communications with on-scene Med Comms Coordinator



2. Following Scene Size-up, Update CF MICN on:
 - a. Classification of Incident:
 - i. MCI Trauma, Surgeon may be required for Immediate victims.
 - ii. MCI Medical, Surgeon may not be required at the receiving facility
 - iii. MCI HazMat, incident requiring decontamination.
 - b. Approximate number of victims
 - c. Estimated time when triage will be completed.
3. Following Triage, Update CF MICN on:
 - a. Total number of patients in each triage category
 - b. Number and description of transporting units
4. CF MICN will obtain bed poll and report back to MedCom Officer:
 - a. Receiving Hospital Name
 - b. Number of patients of each category that can be transported to each receiving facility
5. MedCom Officer will advise CF MICN of each patient transport with the following information:
 - a. Triage Tag Number
 - b. Triage category
 - c. Destination,
 - d. Brief description of injury
 - e. Transporting unit
 - f. ETA to receiving facility
6. CF MICN will contact receiving facility to notify of incoming Patient with above information
7. Report scene clear and confirm patients and destinations to ensure all patients are accounted for with CF MICN. Report any identification information that is available to help with family reunification post incident.

SALT Triage Algorithm

