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EL PASO COUNTY

CITY OF COLORADO SPRINGS

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EMERGENCY SERVICES AGENCY (ESA)

ADDENDUM # 1
March 18, 2008

NAME OF PROJECT: **R08-027CD, PROVIDE EMT-PARAMEDIC GROUND EMERGENCY AMBULANCE SERVICES**

SUBMITTAL DATE AND TIME: **May 9, 2008 Close of Business**

This document shall become as fully a part of the above named submittal, as if included, and shall take full and complete precedence over anything stated or shown to the contrary in them. Acknowledgment: Each respondent shall acknowledge receipt of this Addendum. Each and every respondent shall be responsible for reading each and every item in this Addendum to ascertain the extent and manner to which it affects the work in which he or she is interested.

General Information and Corrections:

1. Page 8, 1.17 - No Contact / No Influence During the RFP Process

Appendix M includes contact information for various emergency agencies in El Paso County. Page 13, 2.0 Scope of Work describes a "Model B" where bidders "may utilize public/private partnership agreements with various municipal fire departments and special fire districts."

Q. Can prospective bidders contact these agencies and still be in compliance with the "No Contact" provision of the RFP?

A. Yes you can contact these agencies, but as clarification...you cannot contact "any member of the ESA Board, the ESA Board staff, its consultant, RFP evaluators or anyone connected with the **process for or on behalf of the ESA Board**." Contact includes direct or indirect contact by the proposer, its employees, attorneys, lobbyists, surrogates, etc. in an attempt to influence the RFP. Page 13, Section 2.0 #4. describes the Full Disclosure requirement of the respondents to remain in compliance.

Q. Can contact be made with El Paso County agency public safety communications centers by prospective bidders while remaining in compliance with this provision of the RFP?

A. Yes

Q. Can contact be made with prospective Medical Directors and/or health care facilities in the service area by prospective bidders while remaining in compliance with this provision of the RFP?

A. Yes

2. **Page 8, 1.19, Page 9, 1.22 - Start Date**

Q. 1.19 indicates a July 1, 2008 tentative contract start date, 1.22 indicates a "Fall / Winter 2008" commencement date. Can this be clarified?

A. The correct anticipated contract start date is Fall/Winter 2008.

3. **Page 17, 2.3 - Data & Statistics**

Q. Can additional relevant data regarding the EMS System and the ESA Board's statistics (including the statistics the ESA Board has with respect to contracts for emergency ground transportation ambulance services) be made available?

A. Most, if not all, is available at the ESA website (www.ESABoard.org). A copy of the current ambulance services agreement, IGA forming the ESA, compliance reports, etc., are all available for download. Mutual aid agreements that the current contractor has in place with fire and other special districts may be obtained directly from those fire / special districts.

4. **Page 25, 2.8.13 - Local Dispatch / Communications Requirement**

Q. Can the "dispatch and computer-aided dispatching system requirements for the City of Colorado Springs" that are required to be met by the contractor be provided?

A. Respondents may go directly to the City of Colorado Springs to seek its requirements. Technical questions on interconnection issues etc. between computer aided dispatching (CADs) and database (DB) would be larger than could be addressed in the RFP.

Q. What is the current platform for the City of Colorado Springs CAD system?

A. Hitech Systems

5. **Page 25, 2.8.14 - Stations & Sub-stations**

Q. Can you provide information regarding any applicable local municipal or county government requirements regarding the use of real estate in El Paso County for ambulance station use, e.g. specific ordinance/permits granting use approval by a planning and zoning board, etc..?

A. Proposers will need to identify substations if and only if offering something other than the street corner posting system. General information: two fire districts have agreements with the current contractor to house their ambulances and some of those agreements are outside the scope of the ESA.

Relative contact information:
County Development Services Department (719) 520-6300
City Planning Department (719) 385-5905
If more information is needed, both the city and county planning codes are available on line at www.elpasoco.com; & www.springsgov.com.

6. **Page 28, 2.8.25 - Patient Care Report (PCR)**

Q. If applicable, can you provide a current list of any member first responder agency of the ESA that utilizes an electronic medical record system along with which brand of system they use?

A. Currently there is not any EPCR capability in the system between hospitals and ambulances. The current contractor has its own proprietary EPCR and does not have any interface or printer set-up with the hospitals. Respondents are encouraged to submit a proposal that reflects an EPCR that provides a more expedient "paramedic face sheet" turn-over to ERs and Maternity receiving facilities.

If there are questions regarding the different types of electronic medical charting/record systems used by the hospitals, the ESA would not have access to such information. Respondents would need to contact the hospitals directly to obtain that information

Receipt of this Addendum should be acknowledged at the time proposals are received.

Acknowledge receipt of this addendum by signing below, and this addendum shall be returned as part of the proposal.

May 9, 2008

Signature Date

American Medical Response of Colorado, Inc.

Firm

2370 N. Powers Blvd.; Colorado Springs, CO 80915-1505

Address

EL PASO COUNTY

CITY OF COLORADO SPRINGS

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CITY OF COLORADO SPRINGS & EL PASO COUNTY EMERGENCY SERVICES AGENCY (ESA)

ADDENDUM # 2
March 25, 2008

NAME OF PROJECT: **R08-027CD, PROVIDE EMT-PARAMEDIC GROUND EMERGENCY AMBULANCE SERVICES**

SUBMITTAL DATE AND TIME: **May 9, 2008 Close of Business**

This document shall become as fully a part of the above named submittal, as if included, and shall take full and complete precedence over anything stated or shown to the contrary in them. Acknowledgment: Each respondent shall acknowledge receipt of this Addendum. Each and every respondent shall be responsible for reading each and every item in this Addendum to ascertain the extent and manner to which it affects the work in which he or she is interested.

General Information and Corrections:

Question:

1. Page 18 of the RFP, 2.7 "Proposal Format" states that "all proposals shall specifically list and contain, in this order and clearly identified, but not be limited to the information provided below:" and goes on to list 40 separate areas to address. However, page 32 of the RFP, 3.1 "Proposal Format" states that "Your proposal should include the information in the format outlined below." Additionally, 3.4 "Project Approach" states that "In this section, please address each of the detailed items listed in Section II, Scope of Work."

   Due to what could be construed as conflicting proposal format requirements of the RFP, and since the Scope of Work contains all of the items requested in Section III (except for 3.9 "Exceptions"), may the proposal format be guided by the original page 18 of the RFP, 2.7 "Proposal Format"?

   Answer:
   Section 2.7 provides the overall format guide for respondents. It is the responsibility of respondents to meet those minimum requirements. Section 3.1 provides additional graphic and mechanical specifications. Section 3.4 and all other sections direct respondents to be provide depth on the responses. These sections are supplemental amplifications of the list put forward in Section 2.7. The Section 2.7 list is a minimum request, but respondents may, as indicated in Section 2.7 ("but not limited to") provide further detail at their option.

The purpose of this direction is ensure that the information is provided in a similar format so Evaluation Committee members are able to review the responses without having to search through them to ensure everything has been properly addressed, then score them equitably.

Receipt of this Addendum should be acknowledged at the time proposals are received.

Acknowledge receipt of this addendum by signing below, and this addendum shall be returned as part of the proposal.

May 9, 2008

Signature Date

American Medical Response of Colorado, Inc.
Firm

2370 N. Powers Blvd.; Colorado Springs, CO 80915-1505
Address

EL PASO COUNTY

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EMERGENCY SERVICES AGENCY (ESA)

ADDENDUM # 3
April 21, 2008

NAME OF PROJECT: **R08-027CD, PROVIDE EMT-PARAMEDIC GROUND EMERGENCY AMBULANCE SERVICES**

SUBMITTAL DATE AND TIME: **May 9, 2008 Close of Business**

This document shall become as fully a part of the above named submittal, as if included, and shall take full and complete precedence over anything stated or shown to the contrary in them. Acknowledgment: Each respondent shall acknowledge receipt of this Addendum. Each and every respondent shall be responsible for reading each and every item in this Addendum to ascertain the extent and manner to which it affects the work in which he or she is interested.

General Information and Corrections:

1. **Note the underscored addition to Item 2.8.13 of the RFP**

   2.8.13 LOCAL DISPATCH / COMMUNICATIONS REQUIREMENT

   The contractor is required to maintain a local dispatch/communications facility in El Paso County. The contractor is free to contract with an existing 9-1-1 dispatching facility to provide ambulance dispatching services. Details of such an agreement are required to be listed in each proposal.

   Additionally, the contractor is required to meet the dispatch and computer-aided dispatching system requirements for the City of Colorado Springs and (add) **computer aided dispatch to El Paso County.**

   Each proposer shall demonstrate how its communications staff will meet the dispatcher qualifications and training requirements of the El Paso/Teller County E-9-1-1 Authority.

2. **Refer to the attached Sample Contract included as part of the RFP and as stated in Section V. 5.0.**

Receipt of this Addendum should be acknowledged at the time proposals are received.

Acknowledge receipt of this addendum by signing below, and this addendum shall be returned as part of the proposal.

May 9, 2008

Signature Date

American Medical Response of Colorado, Inc.
Firm

2370 N. Powers Blvd; Colorado Springs, CO 80915-1505
Address

SAMPLE GROUND EMERGENCY AMBULANCE SERVICES CONTRACT BETWEEN EL PASO COUNTY EMERGENCY SERVICES AGENCY and _____ (Contractor)

THIS GROUND EMERGENCY AMBULANCE SERVICES CONTRACT ("Contract") is made and entered into this ____ day of _____ ("Effective Date") by and between the El Paso County Emergency Services Agency ("ESA"), through its Board of Directors, and _____, a _____("Contractor").

RECITALS

Pursuant to the *Intergovernmental Agreement Concerning the El Paso County Emergency Services Agency dated* July 10, 2006, the City of Colorado Springs and El Paso County, State of Colorado created the ESA to oversee an exclusive contract to provide ground emergency ambulance services to the ESA's service area within the City of Colorado Springs and El Paso County.

Contractor is a _____ experienced in the provision of ground emergency ambulance services.

The ESA desires to use Contractor for the provision of ground emergency ambulance services within the ESA's service area, and Contractor agrees to provide such ground emergency ambulance services on behalf of the ESA, all in accordance with the terms of this Contract

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

AGREEMENT

1. SCOPE OF SERVICES. Contractor shall perform the services required under this Contract in accordance with all terms and conditions of the ESA's Request for Proposals No. R08-27CD to Provide EMT-Paramedic Ground Emergency Transportation Services dated March 6, 2008, attached hereto as **Exhibit A** and incorporated by reference, and Contractor's Proposal dated _____ attached hereto as **Exhibit B** and incorporated by reference.

2. TERM OF CONTRACT. The term of this Contract shall commence on _____ and shall terminate on _____ ("Initial Term"), unless earlier terminated under this Contract, or otherwise modified by mutual written agreement of the parties. The ESA shall have the sole discretion to renew this Contract for five (5) annual renewal periods for a period not to exceed ten (10) years total (each annual term a "Renewal Term"). The ESA shall have the unilateral right, upon thirty (30) days written notice to Contractor, to extend this Contract for ninety (90) days beyond the end of the Initial Term without renewing this Contract for an additional annual term.

3. FUNDING OF CONTRACT ADMINISTRATION. In consideration of the ESA allowing Contractor to provide ground emergency ambulance services in the ESA service area pursuant to this Contract, Contractor shall pay the ESA its costs of administration of this Contract in accordance with the Payment Schedule attached hereto as **Exhibit C** and incorporated by reference. During the Initial Term or any Renewal Term, the ESA's cost of administration of this Contract may include, without limitation, funding for a medical director for the ESA. The ESA will provide no financial subsidy or payment of any kind to Contractor.

4. PERFORMANCE OF SERVICES. Contractor shall perform all services, work, and provide all materials, supplies and equipment, and carry out the provisions of this Contract in a good and workmanlike manner to the satisfaction of the ESA in its sole discretion. If the performance of this Contract involves the services of subcontractors or the furnishing of equipment, supplies or materials provided by others, Contractor agrees to pay for the same in full and to certify in writing to the ESA, upon request, that the payments have been made.

5. INSURANCE. Contractor shall provide insurance coverage during the term of this Contract that will sufficiently protect Contractor, Contractor's agents, employees, and other personnel in connection with the services to be provided by Contractor pursuant to this Contract, all in accordance with the Insurance Schedule attached hereto as **Exhibit D** and incorporated by reference.

6. PERFORMANCE BOND; LIQUIDATED DAMAGES. Contractor shall provide to the ESA an automatically renewable, irrevocable Performance Bond in form and substance acceptable to the ESA. Such bond will expressly provide for the direct draw by the ESA and the restriction of rights of both Contractor and the provider of the bond to object and/or to refuse to honor a demand for payment by the ESA. The Performance Bond certificate is attached hereto as **Exhibit E** and incorporated by reference.

The amount of the Performance Bond will be three million dollars ($3,000,000). The Performance Bond shall be issued by a federally insured (FDIC) banking institution and/or surety with a substantial presence in the United States and rating acceptable to the ESA.

Contractor shall maintain the Performance Bond and the provider of the Performance Bond will agree to renew the Performance Bond throughout the term(s) of this Contract and for a reasonable time thereafter. Contractor shall ensure that written evidence of the Performance Bond provided to the ESA is regularly updated.

The ESA and Contractor agree that the unique nature of the services which are the subject of this Contract require that in the event of Contractor's non-compliance or material breach leading to cancellation of this Contract by the ESA, liquidated damages be awarded in the amount of the Performance Bond. While costs and damages are not easily calculated, the work and expense to achieve another contractor and to conduct an RFP process is extensive. It may be difficult to distinguish the costs of restoration of service and the recruitment of a new contractor. Costs to the ESA to implement the restoration of services on an interim or permanent basis and award a new contract are estimated to equal the Performance Bond. Upon declaration by the ESA of a material breach by Contractor, the ESA shall take immediate possession of the Performance Bond and all of Contractor's rights and interest relative to the principal from the Performance Bond shall be forfeited.

7. COMPLIANCE WITH FEDERAL, STATE & LOCAL LAWS, REGULATIONS AND RULES. At all times during the performance of this Contract, Contractor shall strictly observe and conform to all applicable federal, state and local laws, rules, regulations and orders that have been or may hereafter be established. Specifically and without limitation, Contractor shall comply with the Immigration Reform and Control Act of 1986 (IRCA), Medicare and Medicaid Regulations, OSHA Regulations, including Title 29, Section 1910.1200 "Hazard Communication", and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Contractor's compliance programs for Medicare/Medicaid and HIPAA are contained in **Exhibit B** attached hereto and incorporated by reference. Further, Contractor shall comply with and perform this Contract in accordance with the provisions of all applicable rules, written guidelines, protocols and written policies established by the ESA.

8. PERMITS, LICENSES & CERTIFICATES. Contractor shall obtain and hold any and all federal, state and local permits, licenses and certificates required to fully perform this Contract. Contractor shall make all necessary payments for such permits, licenses and certificates. Contractor will assure that all necessary renewals of such permits, licenses and certificates are timely made. Contractor shall assure that all of its personnel hold valid federal, state and local permits, licenses and certificates required in order for Contractor to meet its responsibilities under this Contract.

9. INDEPENDENT CONTRACTOR. Contractor understands and agrees that Contractor and Contractor's employees, agents, servants or other personnel are not employees of the ESA, the City of Colorado Springs or El Paso County. Contractor shall be solely responsible for payment of salaries, wages, payroll taxes, unemployment benefits or any other form of compensation or benefit to Contractor or any of Contractor's employees, agents, servants or other personnel performing the service or work or supplying equipment or materials specified herein, whether it be of a direct or indirect nature. It is expressly understood and agreed that for such purposes neither Contractor nor Contractor's employees, agents, servants or other personnel shall be entitled to any payroll, insurance, unemployment, worker's compensation, retirement or any other benefits whatsoever from the ESA.

10. SUBCONTRACTS. During the term of this Contract, Contractor shall not enter into any agreement or arrangement that provides for or permits the performance of Contractor's obligations under this Contract by any subcontractor without the prior written consent of the ESA.

11. NOTICE OF LITIGATION AND CLAIMS. Contractor shall notify the ESA within twenty-four (24) hours of any litigation or claims, or significant potential for litigation or claims, of which Contractor becomes aware and which arise out of or are related in any way to Contractor's performance of this Contract. Further, Contractor will disclose in writing to the ESA all litigation matters involving Contractor's related organizations or affiliates, owners of Contractor (having a 10% or greater interest in Contractor) and key personnel of Contractor that may have an impact on the Contractor's performance of this Contract. .

12. STANDARDS FOR EQUIPMENT, MATERIALS AND SUPPLIES. Any specifications for equipment, materials and supplies set forth in this Contract must be acceptable in accordance with standards established and/or adopted by the ESA. Equipment, materials and supplies provided by Contractor shall meet or exceed Contract requirements. The ESA may sample and test equipment, materials and supplies. An Equipment Schedule is attached hereto as **Exhibit F** and incorporated by reference.

The ESA reserves the right to require Contractor, at Contractor's expense, to provide additional equipment during the term of this Contract if reasonably necessary. The ESA will give the Contractor ninety (90) days notice of its intent to require such additional equipment. Such request(s) shall not require expenditures of more than three thousand dollars ($3,000) per ambulance per calendar year.

13. CUSTOMER FEE SCHEDULE AND PATIENT INFORMATION. The approved rates for customer fees and the procedure for adjusting such rates for Contractor's services provided under this Contract is attached hereto as **Exhibit G** and incorporated by reference.

Contractor may solicit information about patients (including payor information). Notwithstanding the foregoing, no attempt will be made to solicit such information or to collect services or fees from a patient, patient's representatives or any other payor until the patient has been accepted at a receiving medical facility (defined in the Request for Proposals), as applicable.

Nothing herein shall be construed to prohibit Contractor from soliciting authorization for transport, so long as the solicitation of such authorization does not compromise or detrimentally affect patient care.

Contractor and the ESA may perform a customer service survey of patients transported pursuant to this Contract. All such survey information shall be shared by the parties.

14. ESA AUDITS & INSPECTIONS. The authorized ESA representatives will be permitted at any time, and without notification, to observe Contractor's operations, including the operators of its offices, communications center and related equipment, maintenance facilities, stations, ambulances and any other facility, location or activity utilized and/or conducted in the performance of this Contract.

Contractor's records (hard copy, as well as computer readable data), and any other material deemed necessary by the ESA to determine compliance with and/or to establish performance of this Contract will be open to inspection and subject to audit and/or reproduction by the ESA's authorized representatives to the extent necessary to adequately permit evaluation and verification of matters.

All of Contractor's records concerning this Contract must be maintained for a period of three (3) years after expiration or termination of this Contract. The ESA's representatives shall be afforded access, at reasonable times and places, to all of Contractor's personnel throughout the term(s) of this Contract.

The ESA representatives and/or medical direction representatives (including but not limited to the ESA's Medical Director and/or the Medical Control Committee) may ride as observers on any Contractor ambulance at any time. The ESA and medical direction representatives shall conduct themselves professionally and shall not interfere with the duties of Contractor's employees, and shall at all times be respectful of Contractor's relationships.

Medical direction representatives shall have the right to audit relevant reports and data that Contractor is required to have, maintain and/or provide to any authority.

Contractor will require each subcontractor(s), insurer, material/equipment and supply provider to permit the ESA to audit and inspect their records, etc., in the same manner as the ESA may proceed with Contractor and Contractor's records. The actual cost of any ESA audit and inspection shall be reimbursed to the ESA by Contractor if substantial failures to perform, deficiencies, etc. (to be defined in this Contract) are established.

15. MODIFICATION OF THE SYSTEM STATUS PLAN (SSP). The ESA may conduct an ongoing geographical analysis to monitor Contractor's adherence to the System Status Plan (SSP) standards and to determine whether changes are needed. If, during the term of this Contract, it is determined that a specific community is not receiving equitable service from Contractor, then Contractor agrees to make adjustments to the SSP. If such modification of the SSP promulgated by the ESA creates an adverse material financial impact upon Contractor, Contractor and the ESA agree to make commercially reasonable efforts to re-negotiate the proposed fee structure accordingly.

16. FORCE MAJEURE. Except as may be otherwise provided in this Contract, neither party shall be liable in damages or have the right to terminate this Contract for any delay or default in performance if such delay or default is proximately caused by conditions beyond its reasonable control and occurs without the party's fault or negligence including, but not limited to Acts of God, fire, storm, flood, war, rebellion, insurrection, riot, strike and/or any other cause beyond the reasonable control of the party whose performance is affected (each, a Force Majeure event").

Neither party shall be liable for any failure or delay in performance under this Contract (other than for delay in the payment of money due hereunder) to the extent such failures or delays are proximately caused by a Force Majeure event, provided that, as a condition to the claim of nonliability, the party claiming nonliability due to a Force Majeure event shall give the other prompt written notice, with full details, following the occurrence of the cause relied upon. Failure to give notice within seven (7) days from the occurrence of the Force Majeure event shall act as a waiver of the party's right to claim nonliability due to the Force Majeure event.

To the extent any dates by which performance obligations under this Contract are scheduled to be met, such dates will be extended for a period of time equal to the time lost due to any delay caused by a Force Majeure event for which timely notice is provided.

17. STANDBY LEASE. Contractor, lenders and any other party in interest with respect to the ambulances used in the performance of this Contract will execute a standby lease, in form and substance acceptable to the ESA, which will provide the ESA with immediate possession of such ambulances and related equipment for the continued operations of the ground emergency ambulance system, should Contractor be unable to perform under this Contract for any reason.

18. DEFAULT. Conditions and circumstances that constitute a default by Contractor pursuant to this Contract include, but are not limited, to the following:

- Failure to operate in a manner which enables the ESA and/or Contractor to remain in compliance with federal, state and local laws, regulations and rules.
- Falsification of information supplied prior or subsequent to Contract award.
- Creating or otherwise falsifying ambulance responses or transports so as to inflate the volume or value of services.
- Failure to provide data to the ESA that is reasonably required to be generated in the course of operations, including by way of example, dispatch data, patient report data, response time data, financial data, training data, billing and collection data, and other performance data and records.
- Excessive and unauthorized scaling down of operations to the detriment of performance at any time and during a "lame duck" period.
- Failure to cause its employees to conduct themselves in a professional and courteous manner and present a professional appearance.

- Failure to maintain ambulances and equipment in accordance with manufacturer recommended maintenance procedures as required by applicable laws, regulations and rules.
- Failure to cooperate with and assist the ESA if a default(s) warranting termination of this Contract is asserted by the ESA.
- Acceptance by Contractor and Contractor's employees, agents, etc., of any bribe, kickback or consideration of any kind that could be reasonably construed as a violation of federal, state or local law.
- Payment by Contractor and any of Contractor's employees of any bribe, kickback or consideration of any kind that could be reasonably construed as a violation of any federal, state or local law.
- Failure to meet the standards of care established by the ESA.
- Failure to meet the standards of care required under federal, state or local law.
- Failure to maintain insurance required by this Contract.
- Failure to meet response time requirements as set forth in this Contract.
- Failure to maintain the Performance Bond required by this Contract.
- Failure to submit reports and information and cooperate fully with audits and inspections in accordance with this Contract.
- Any other failure of performance required by this Contract which is determined by the ESA to be a material default and/or to be a failure in performance that could or does endanger public health and safety.

19. REMEDIES IN THE EVENT OF DEFAULT. The ESA shall have all rights and remedies available at law or in equity. The ESA's remedies shall be cumulative and the exercise of any rights and remedies shall be in addition to the exercise of any other rights and remedies available to the ESA (including liquidated damages).

20. NOTICE OF DEFAULT AND TERMINATION. The ESA, consistent with its primary obligation to protect the public health and welfare, which may, with or without notice of any kind, require immediate action, will give Contractor reasonable written notice setting forth the nature of the default.

Contractor will be permitted to submit a written plan to cure such default. Contractor will be afforded the opportunity to cure such default within a reasonable amount of time as determined by the ESA in its sole discretion. Failure to cure (such failure to be determined in the sole discretion of the ESA), or failure to timely deliver an acceptable cure plan or provide updates with respect to cure may permit the ESA to terminate this Contract.

Contractor will cooperate fully and immediately with the ESA to effect a prompt and orderly transfer of all responsibilities. Contractor may dispute a default asserted by the ESA; however, such dispute will not delay, in any way, the transfer of operations as required by the ESA (immediate if the interests of the public health and safety require as determined by the ESA in its sole discretion). Such dispute by Contractor as to whether a default has occurred will not delay or in any way interfere with the ESA's demand for payment of the Performance Bond.

Contractor agrees that all rights and remedies (including drawing against the Performance Bond) afforded to the ESA in the event of default and termination are reasonable and necessary for the protection of the public health and safety.

Contractor's cooperation with and support of the ESA's termination of this Contract, as well as the ESA's draw against the Performance Bond, will not be construed as acceptance by Contractor of the finding of a default.

21. CONTINUOUS SERVICE DELIVERY. In the event of default by Contractor, Contractor will use its best efforts to assure continuous delivery of services required under this Contract regardless of the underlying cause or consequence of such default.

Contractor agrees that there is a public health and safety obligation that requires that the ESA provide uninterrupted service delivery in the event of default, even if Contractor disagrees with the determination of default.

Assuring continuation of services may require the ESA to deliver the services and/or arrange for the delivery of services by another contractor. Further, Contractor agrees that if it is notified by the ESA of termination due to Contractor's default, the ESA will have the right to execute an emergency takeover of Contractor's system. Contractor will be required to cooperate fully with such takeover and will challenge or appeal the matter only after such takeover has been completed. This cooperation will include allowing the ESA to directly operate Contractor's system for a period of up to twelve (12) months following the termination of Contractor following the ESA's determination of default.

If for any reason during the life of this Contract, Contractor is unable to fulfill its responsibilities under this Contract due to financial or other catastrophic failure, Contractor agrees to surrender its ambulances, equipment, support vehicles and communications facilities to the ESA for a period of at least twelve (12) months. Contractor further agrees to make available to the ESA all means to contact its employees working in Contractor's El Paso County operations so that they may be retained on an emergency basis by the ESA for operating the ambulance system.

The ESA will negotiate a fair market price for the use of all ambulances and equipment with Contractor or its financial successor or controller should the ESA retain the use of the equipment or facilities longer than twelve (12) months.

22. "LAME DUCK" PROVISIONS. Should Contractor be unsuccessful in being awarded a contract for the provision of subsequent ground emergency ambulance services upon the termination or expiration of this Contract, Contractor shall continue to provide services required under this Contract until a new contractor is selected and is performing such services. Under these circumstances, Contractor will serve as a "lame duck" contractor for a reasonable period of time. To assure continued performance consistent with the requirements of this Contract for such period, the following will apply:

Contractor will continue all services at the same level of effort and performance that were provided under this Contract prior to the beginning of a new contract award process.

The ESA recognizes that if a new contractor prevails in a future award process, Contractor may reasonably begin to transition the performance of services to the new contractor. The ESA will not unreasonably withhold its approval of Contractor's orderly transition process, including reasonable plans to relocate staff, relocate equipment, etc., but only to the extent that such transitioning does not impair the performance of services during the period.

During any future contract award process conducted by the ESA, Contractor will permit its non-management personnel to discuss with competing organizations issues related to employment, if Contractor is not a proposer. Contractor may, however, require that its non-management personnel refrain from providing information to a competing organization regarding Contractor's then current operations and Contractor may also prohibit its management personnel from communicating with representatives of competing organizations during such Contract award process. However, once the ESA has made its decision regarding award, and in the event a new Contractor is selected, Contractor will permit free discussion between its El Paso County based employees and the new contractor without restriction and without consequence to any employee.

23. END TERM PROVISIONS. Contractor shall have ninety (90) days after termination or expiration of this Contract in which to provide to the ESA all requested audited financial statements and all other documentation necessary to facilitate close out of this Contract.

24. INDEMNIFICATION. Contractor shall indemnify, defend and hold harmless the ESA, the City of Colorado Springs, El Paso County and their officers, agents and employees from and against any and all loss, damages, injuries, claims, cause or causes of action, or any liability of any kind whatsoever resulting from, or arising out of or in connection with the services, equipment, materials and supplies provided by Contractor pursuant to this Contract.

Contractor will assume full responsibility for its own defense and the defense and indemnity of the ESA with respect to any claims for infringement of patents, copyrights or trademarks, or claims of unfair competition, that may arise from Contractor's performance of this Contract. The ESA may be represented by and actively participate through its own attorneys, with all such costs and reasonable attorneys fees to be paid by Contractor.

This indemnification obligation will survive the expiration or termination of this Contract.

25. APPROPRIATION OF FUNDS. Performance of the ESA's obligations under this Contract are expressly subject to appropriation of funds. All funds paid by Contractor to the ESA will be available to the ESA to meet its obligations under this Contract Further, in the event funds are not appropriated in whole or in part sufficient for performance of the ESA's obligations under this Contract, or appropriated funds may not be expended due to constitutional or local legal limitations, then the ESA may terminate this Contract without compensation to Contractor.

26. CONFIDENTIALITY OF RECORDS. Subject to federal and state confidentiality and privacy laws, Contractor will establish and maintain procedures and controls that are acceptable to the ESA, including the ESA's designated HIPAA officer, for the purpose of assuring that no information contained in its records or obtained from the ESA or from others used in carrying out its functions under this Contract will be used by or disclosed by Contractor, its agents, officers, or employees, except as required to perform duties under this Contract. Persons requesting such information should be referred to the ESA. Contractor will ensure that the ESA's representatives are properly authorized as "Business Associates" of Contractor and are in all respects in compliance with HIPAA laws and regulations.

27. PROHIBITED INTEREST / REFERRALS. No official, employee or agent of the ESA shall have any financial interest or benefit, direct or indirect, arising from the negotiation, execution or implementation of this Contract and any of its provisions, or any amendments thereto. It is not the intent of either party to this Contract that any remuneration, benefit, or privilege provided for in this Contract shall influence or in any way be based on the referral or recommended referral by either party or the purchasing, leasing, or ordering of any services other than the specific services described in this Contract. Any payments specified in this Contract are consistent with what the parties reasonably believe to be a fair market value for the services provided.

28. NO SECURITY INTEREST IN CONTRACT ASSETS. Contractor agrees that it will not allow any liens or registered security interests to be placed against the assets used in the performance of this Contract.

29. FIREARMS. No firearms (including concealed weapons) shall be used by Contractor in the provision of services contemplated by this Contract. No Contractor personnel while on duty in the performance of this Contract shall carry a firearm within the ESA service area. A violation of this provision will cause the violator to be subject to police and legal action and will constitute a default under this Contract.

30. EQUAL EMPLOYMENT OPPORTUNITY MATTERS. Contractor shall follow applicable affirmative action guidelines and laws, regulations and rules in order to assure that employees and applicants applying for employment with Contractor will not be discriminated against because of race, color, religion, sex, sexual orientation or national origin. Contractor shall comply with the Americans with Disabilities Act (ADA) and similar state and local laws and will not discriminate against disabled persons in accordance with applicable laws, regulations and rules.

31. NON-DISCRIMINATION. Contractor will not discriminate against any employee or applicant for employment because of race, color, sex, national origin, religion, age, handicap or veteran status. Contractor will, where appropriate or required, take affirmative action to ensure that applicants and employees are treated without regard to their race, color, sex, or national origin.

32. DRUG FREE WORKPLACE.

A. Contractor shall, within 30 days after the Effective Date of this Contract:
   (1) Publish a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition:
   (2) Establish an ongoing drug-free awareness program to inform such employees about --
      (i) The dangers of drug abuse in the workplace,
      (II) Contractor's policy of maintaining a drug free workplace,
      (iii) Any available drug counseling, rehabilitation, and employee assistance programs, and
      (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
   (3) Provide all employees engaged in performance of this Contract with a copy of the statement required by paragraph 1 of this section.
   (4) Notify such employees in writing in the statement required by paragraph 1 of this section that, as a condition of continued employment on this Contract, the employee will –
      (i) Abide by the terms of the statement
      (ii) Notify the employer in writing of the employee's conviction under a criminal drug statute for a violation occurring in the workplace no later than 5 days after such conviction.
   (5) Notify the ESA in writing within 10 days after receiving notice under Paragraph 4 (ii) of this section, from an employee of otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
   (6) Within 30 days after receiving notice under Paragraph 4 (ii) of this section of a conviction, take one of the following actions with respect to any employee who is convicted of a drug abuse violation occurring in the workplace;
      (i) Taking appropriate personnel action against such employee, up to and including termination; or
      (ii) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
   (7) Make a good faith effort to maintain a drug-free workplace through implementation of paragraphs 1 through 6 of this section.

B. In addition to other remedies available to the ESA, Contractor's failure to comply with the requirements of this section will constitute a default under this Contract.

33. COMPLIANCE WITH IMMIGRATION AND CONTROL ACT. Pursuant to C.R.S. § 8-17.5-102, Contractor acknowledges, understands and agrees that:

A. In the performance of any work or the provision of any services by Contractor under this Contract, Contractor shall not knowingly employ or contract with an illegal alien to perform work or provide services under this Contract; or
B. Enter into a Contract with any subcontractor that fails to certify to Contractor that the subcontractor shall not knowingly employ or Contract with an illegal alien to perform work under this Contract or under a subcontract to this Contract;
C. Contractor has verified or attempted to verify through participation in the basic pilot program that Contractor does not employ any illegal aliens and, if Contractor is not accepted into the basic pilot program prior to entering into a public contract for services, that Contractor shall apply to participate in the basic pilot program every three months until Contractor is accepted or the public contract for services has been completed, whichever is earlier. This provision shall not be required or effective in this Contract if the basic pilot program is discontinued. "Basic pilot program" means the basic pilot employment verification program created in Public Law 208, 104th Congress, as amended, and expanded in Public Law 156, 108th Congress, as amended, that is administered by the United States Department of Homeland Security.
C. Contractor is expressly prohibited from using basic pilot program procedures to undertake pre-employment screening of job applicants while this Contract and any services under this Contract are being performed.

D. If Contractor obtains actual knowledge that a subcontractor performing work under this Contract knowingly employs or contracts with an illegal alien, Contractor shall:
   (1) Notify the subcontractor and the ESA within three (3) days that Contractor has actual knowledge that the subcontractor is employing or contracting with an illegal alien; and
   (2) Terminate the subcontract with the subcontractor if within three (3) days of receiving the notice the subcontractor does not stop employing or contracting with the illegal alien; except that Contractor shall not terminate this Contract with the subcontractor if during such three (3) days the subcontractor provides information to establish that the subcontractor has not knowingly employed or contracted with an illegal alien.

F. Contractor shall comply with any reasonable request by the Colorado Department of Labor and Employment made in the course of an investigation that the department may undertaking pursuant to the authority established in C.R.S. § 8-17.5-102.

G. If Contractor violates or fails to comply with any provision of C.R.S. § 8-17-101, *et seq.*, the ESA may terminate this Contract for breach of contract. If this Contract is so terminated, Contractor shall be liable for any actual and consequential damages to the ESA.

34. PRODUCT ENDORSEMENT / ADVERTISING. Contractor (and any supplier, subcontractor, etc.) may not use the name of the ESA for any endorsement without the prior written consent of the ESA.

35. RELATIONSHIP OF THE PARTIES. Nothing in this Contract will be construed to create a relationship between the ESA and Contractor of employer and employee, principal and agent, partnership, joint venture, or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of this Contract. Nothing in this Contract will create any rights or remedies in any third party, it being solely for the benefit of the ESA and Contractor.

36. ASSIGNMENT / AFFILIATED RELATIONSHIPS. Contractor shall not assign or transfer any portion of this Contract without the prior written consent of the ESA. Any purported assignment or transfer without such consent will terminate this Contract at the option of the ESA, and will not convey any rights to the assignee/transferee.

Any significant change in Contractor's ownership will, for the purposes of this Contract, be considered a form of assignment or transfer that is prohibited under this Contract. The ESA may not unreasonably withhold its approval of a requested change in ownership so long as the transferee is of known financial and business integrity.

Contractor may not enter into any agreement or arrangement of any kind for the direct or indirect performance of this Contract by an affiliate of Contractor without the prior written consent of the ESA.

37. TAXES. Contractor shall be responsible for complying with all federal, state and local tax laws, regulations and rules applicable to its performance of this Contract.

38. NOTICE. Any notice to the parties required under this Contract shall be in writing delivered to the person designated below as Contract Coordinator at the indicated address unless otherwise designated in writing. Notices shall be personally delivered, sent by certified mail return receipt requested or sent for next day delivery by a nationally recognized next day courier service

FOR THE ESA			FOR CONTRACTOR	
Contact:			Contract:	
Address:			Address:	
City/State:			City/State:	
Zip:			Zip:	

39. APPLICATION OF COLORADO LAW. This Contract, and the application and interpretation hereof, shall be governed exclusively by the laws of the State of Colorado. This Contract will also be governed by and interpreted in accordance with applicable ordinances, regulations, rules, written guidelines and written policies. Exclusive venue for any disputes or legal proceedings arising out of this Contract shall be in El Paso County, Colorado.

40. CAPTIONS. The captions used in this Contract will be for the convenience of the parties, will not constitute a part of this Contract and will not to be used to construe or interpret this Contract.

41. COUNTERPARTS / SEVERABILITY. This Contract will permit execution in one or more counterparts. If any term or provision of this Contract is found to be illegal or unenforceable by judgment or court order, then, notwithstanding such illegality or unenforceability, this Contract shall remain in full force and effect and such term or provision shall be deemed to be deleted.

42. CONTRACT MODIFICATION. Any amendments or modifications of the terms of this Contract shall be in writing and will be effective only after the approval and signing of the parties to this Contract.

43. CONTRACT CHANGES. The ESA may, at any time, order changes within the scope of this Contract without invalidating this Contract. In such event(s), equitable adjustment of Contract provisions may be authorized by the ESA.

44. INTEGRATION. This is a completely integrated Contract and contains the entire agreement of the parties. Any prior written or oral agreements which are different from the terms, conditions and provisions of this Contract shall be of no effect and shall not be binding upon either party.

45. ENTIRE AGREEMENT. This Contract, along with all exhibits, addenda, and attachments, constitutes the entire understanding of the ESA and Contractor with respect to the subject matter hereof, and supersedes all previous representations, written or oral.

[REMAINDER OF THIS PAGE LEFT INTENTIONALLY BLANK]

CONTRACT SIGNATURE PAGE

This Contract is executed in one (1) original copy.

WHEREOF THE PARTIES HAVE EXECUTED THIS CONTRACT AS OF THE EFFECTIVE DATE:

ESA:

EL PASO COUNTY EMERGENCY SERVICES AGENCY

By:_____
Jim Reid, Chair

Attest: _____
Secretary

Date: _____

CONTRACTOR:

By:_____

Title:_____

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing GROUND EMERGENCY AMBULANCE SERVICES CONTRACT was acknowledged before me this _____ day of _____, by _____, as _____ of _____.

Witness my hand and official seal.

My commission expires: _____

(SEAL)

_____
Notary Public

EXHIBITS

A	Request for Proposals
B	Contractor's Proposal
C	Payment Schedule
D	Insurance Schedule
E	Performance Bond
F	Equipment Schedule
G	Customer Charges and Rate Adjustment Procedure

SECTION VI

6.0 APPENDICES

APPENDIX A	—	PROCUREMENT CODE
APPENDIX B	—	INVESTIGATIVE AUTHORIZATION FORM
APPENDIX C	—	PROPOSAL CHECK SHEET
APPENDIX D	—	EXCEPTIONS
APPENDIX E	—	QUALIFICATION STATEMENT
APPENDIX F	—	MINIMUM INSURANCE REQUIREMENTS
APPENDIX G	—	2008 ESA ORGANIZATIONAL CHART
APPENDIX H	—	2008 ESA BUDGET
APPENDIX I	—	EL PASO COUNTY RESPONE TIME ZONES & MAP
APPENDIX J	—	ESA CURRENT AMBULANCE CONTRACT FINES & PENALTY SCHEDULE
APPENDIX K	—	EL PASO COUNTY ESA AMBULANCE RESPONSE DATA
APPENDIX L	—	CURRENT AMBULANCE PROVIDER CHARGES
APPENDIX M	—	EMS AGENCY & FIRE DEPARTMENT CONTACT INFORMATION

APPENDIX A — PROCUREMENT CODE

It is the responsibility of the respondents to this RFP to reference the applicable Procurement Code to ensure they are in compliance with stated requirements. For purposes of this RFP, the ESA has adopted the Procurement Code of the City of Colorado Springs.

The applicable Procurement Code can be found on the City of Colorado Springs website at:

www.springsgov.com/contracting

Questions about the Procurement Code shall be in writing and directed to the individual indicated below.

Curt DeCapite
Senior Contracting Specialist
City of Colorado Springs Contracting
30 S. Nevada Avenue, Suite 201
Colorado Springs, CO 80903-2599
(719) 385-5274
Fax (719) 475-8477
cdecapite@springsgov.com

The preferred method of submitting questions is via e-mail to the Contracting Specialist.

CITY OF COLORADO SPRINGS & EL PASO COUNTY
EMERGENCY SERVICES AGENCY (ESA)

APPENDIX B — INVESTIGATIVE AUTHORIZATION FORM

INVESTIGATIVE AUTHORIZATION - INDIVIDUAL

The undersigned, being (Title) Division Chief Operating Officer for American Medical Response of Colorado, Inc. which is a Proposer/Respondent submitting a Proposal to provide emergency ambulance services to the El Paso County Emergency Services Agency (ESA), recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the El Paso County Emergency Services Agency (ESA) or its agents, such as, but not limited to, the character, reputation and competence of the entity's owners, officers, key personnel and employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her work experience, educational qualifications, moral character, financial stability and general background, and specifically that the El Paso County Emergency Services Agency (ESA) or its agents may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

May 9, 2008
Date

American Medical Response of Colorado, Inc.
Entity Name

Authorized Representative (Signature)

Robert D. Zuckswert, Division Chief Operating Officer
Authorized Representative (Printed)

APPENDIX B — INVESTIGATIVE AUTHORIZATION FORM

INVESTIGATIVE AUTHORIZATION – INDIVIDUAL

The undersigned, being (Title) General Manager for American Medical Response of Colorado which is a Proposer/Respondent submitting a Proposal to provide emergency ambulance services to the El Paso County Emergency Services Agency (ESA), recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the El Paso County Emergency Services Agency (ESA) or its agents, such as, but not limited to, the character, reputation and competence of the entity's owners, officers, key personnel and employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her work experience, educational qualifications, moral character, financial stability and general background, and specifically that the El Paso County Emergency Services Agency (ESA) or its agents may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

04/17/2008
Date

American Medical Response of Colorado
Entity Name

Authorized Representative (Signature)

Ted Sayer
Authorized Representative (Printed)

CITY OF COLORADO SPRINGS & EL PASO COUNTY
EMERGENCY SERVICES AGENCY (ESA)

APPENDIX B — INVESTIGATIVE AUTHORIZATION FORM

INVESTIGATIVE AUTHORIZATION – INDIVIDUAL

The undersigned, being (Title) Operations Manager for American Medical Response of Colorado which is a Proposer/Respondent submitting a Proposal to provide emergency ambulance services to the El Paso County Emergency Services Agency (ESA), recognizes that public health and safety requires assurance of safe reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the El Paso County Emergency Services Agency (ESA) or its agents, such as, but not limited to, the character, reputation and competence of the entity's owners, officers, key personnel and employees

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her work experience, educational qualifications, moral character, financial stability and general background, and specifically that the El Paso County Emergency Services Agency (ESA) or its agents may undertake a personal investigation of the undersigned for the purpose stated This authorization shall expire six (6) months from the signature date

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN

04/17/2008
Date

American Medical Response of Colorado
Entity Name

Authorized Representative (Signature)

Adam Migliaccio
Authorized Representative (Printed)

CITY OF COLORADO SPRINGS & EL PASO COUNTY
EMERGENCY SERVICES AGENCY (ESA)

APPENDIX B — INVESTIGATIVE AUTHORIZATION FORM

INVESTIGATIVE AUTHORIZATION - INDIVIDUAL

The undersigned, being (Title) Director of Finance for American Medical Response - Central which is a Proposer/Respondent submitting a Proposal to provide emergency ambulance services to the El Paso County Emergency Services Agency (ESA), recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the El Paso County Emergency Services Agency (ESA) or its agents, such as, but not limited to, the character, reputation and competence of the entity's owners, officers, key personnel and employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her work experience, educational qualifications, moral character, financial stability and general background, and specifically that the El Paso County Emergency Services Agency (ESA) or its agents may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

3-17-08
Date

American Medical Response
Entity Name

Brenda Sanford
Authorized Representative (Signature)

Brenda Sanford
Authorized Representative (Printed)

CITY OF COLORADO SPRINGS & EL PASO COUNTY
EMERGENCY SERVICES AGENCY (ESA)

APPENDIX B — INVESTIGATIVE AUTHORIZATION FORM

INVESTIGATIVE AUTHORIZATION - INDIVIDUAL

The undersigned, being (Title) Communications Center for Supervisor which is a Proposer/Respondent submitting a Proposal to provide emergency ambulance services to the El Paso County Emergency Services Agency (ESA), recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the El Paso County Emergency Services Agency (ESA) or its agents, such as, but not limited to, the character, reputation and competence of the entity's owners, officers, key personnel and employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her work experience, educational qualifications, moral character, financial stability and general background, and specifically that the El Paso County Emergency Services Agency (ESA) or its agents may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

3/14/2008
Date

American Medical Response
Entity Name

Laura Saenz
Authorized Representative (Signature)

Laura Saenz
Authorized Representative (Printed)

APPENDIX C — PROPOSAL CHECK SHEET

PLACE A CHECK BY EACH ITEM SUBMITTED.

1. X The ability to provide a certificate of insurance evidencing the required coverage types and limits specified in Appendix F. (It will be necessary that this certificate reflect the ESA as an Additional Insured.)

   Indicate your ability to comply with the following requirements:

   The ESA shall be added as an Additional Insured to all liability policies:

   Yes X No___

   Your property and liability insurance company is licensed to do business in Colorado:

   Yes X No___

   Indicate the name of your property and liability insurance company here:
   Name: Arch Specialty Insurance Company- Professional Liability
   Aon Risk Services, Inc. of Colorado- Employer's Liability, Automobile Liability, Commercial General Liability, Excess Liability, Medical Malpractice-Professional Liability, Worker's Compensation

   Your property and liability insurance company has an AM best rating of not less than B+ and/or VII:

   Yes X No___

2. X One (1) copy of the current financial statements (if required). Enclose financial information in a separate envelope; do not bind with the other proposal copies. If review of the information is to be restricted to the ESA Board's Financial Officer or other designee, it must be marked accordingly.

   Provide a response to the following: Are any lawsuits; federal, state or local tax liens; or any potential claims or liabilities pending against you, the firm, or the officers of the firm at this time?

   Yes X No___

   If yes, provide details on a separate piece of paper and attach to your proposal.

3. X The completed and signed proposal. (Proposals must be identified according to the outline of this RFP document.)

4. X The completed Appendices included in the RFP.

   X **Appendix B — Investigative Authorization Form**

   X **Appendix C — Proposal Check Sheet**

   X **Appendix D — Exceptions**

   X **Appendix E — Qualification Statement**

   X **Appendix F — Minimum Insurance Requirements**

APPENDIX D — EXCEPTIONS

EXCEPTIONS:

Print the words "no exceptions" (here) **No exceptions** if there are no exceptions taken to any of the terms, conditions, or specifications of these proposal documents or contract.

If there are exceptions taken to any of the terms, conditions, or specifications of the proposal document or contract, they must be clearly stated on a separate sheet of paper attached to this sheet and returned with your proposal.

Note: All potential offerors are hereby advised that exceptions taken may be considered during the evaluation phase which may effect the final scoring of proposals. Offerors stipulating that the ESA must use their contract or agreement may be determined non-responsive and their proposal determined unacceptable.

COMPANY NAME: **American Medical Response of Colorado, Inc.**

ADDRESS: **2370 North Powers Blvd.; Colorado Springs, CO 80915-1505**
(City, State and Zip Code)

FEDERAL TAX ID#: **84-1231591**

PHONE: **(719) 597-1278 or (719) 597-1277 extension 201**

FAX: **(719) 574-7416**

E-MAIL ADDRESS: **ted_sayer@amr-ems.com**

AUTHORIZED SIGNATURE: Robert Zuckswert Date: **May 9, 2008**

PRINTED NAME/TITLE: **Robert D. Zuckswert**

Return this form with your Proposal.

CITY OF COLORADO SPRINGS & EL PASO COUNTY
EMERGENCY SERVICES AGENCY (ESA)

APPENDIX E — QUALIFICATION STATEMENT

PROCUREMENT & CONTRACTS DEPARTMENT

QUALIFICATION STATEMENT
FOR
EMT-PARAMEDIC GROUND EMERGENCY AMBULANCE SERVICES

This statement will provide information which will enable the ESA to evaluate the qualifications of your firm and staff with regard to the requirements of this Request for Proposal.

Please complete this form in its entirety and submit it (in the number of copies requested) along with the other required proposal documents.

(PRINT)
FIRM NAME: American Medical Response of Colorado , Inc.
ADDRESS: 2370 North Powers Blvd.
CITY STATE ZIP: Colorado Springs, CO 80915-1505
AUTHORIZED REPRESENTATIVE: Robert D. Zuckswert
TITLE: Division Chief Operating Officer
AUTHORIZED SIGNATURE:
PHONE: (719) 597-1278 or (719) 597-1277 extension 201 FAX: (719) 574-7416

1. TYPE OF BUSINESS

CORPORATION [X] INDIVIDUAL [ ]
PARTNERSHIP [ ] JOINT VENTURE [ ]
OTHER:

2. TYPE OF LICENSE & LOCATION

Ambulance Service License
El Paso County, Colorado

3. TYPE OF SERVICE TO BE PROVIDED FOR RFP: EMT-Paramedic Ground Emergency Ambulance Services

4. NUMBER OF YEARS IN BUSINESS: 29

5. ON A SEPARATE SHEET PROVIDE A BRIEF HISTORY OF YOUR FIRM, STAFF SIZE AND EXPERIENCE. SUBMIT A RESUME FOR THE PROJECT MANAGER AND EACH KEY PERSONNEL ASSIGNED TO THIS PROJECT. History and resumes provided as Attachments.

6. WHAT OTHER NAME(S) HAS YOUR COMPANY OPERATED UNDER: A-1 Paramedic Services

7. HAVE YOU OR YOUR FIRM EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU? YES [ ] NO [X] IF "YES", EXPLAIN:

8. HAS ANY OFFICER OR PARTNER OF YOUR ORGANIZATION EVER BEEN AN OFFICER OR PARTNER OF ANOTHER ORGANIZATION THAT FAILED TO COMPLETE A CONTRACT WITHIN THE LAST FIVE (5) YEARS? YES [ ] NO [X]
IF "YES", EXPLAIN:
While officers of our organization may have previously been officers of other organizations, to the best of our knowledge and upon reasonable inquiry, these other organizations did not fail to complete a contract during the period of time when these individuals were officers of these other organizations.

9. HAS YOUR FIRM OR ANY PARTNERS OR OFFICERS EVER BEEN INVOLVED IN ANY BANKRUPTCY ACTION? YES [X] NO [ ] IF "YES", EXPLAIN:
In 2001, AMR's former parent company, Laidlaw, Inc., and certain of its affiliates filed voluntary petitions for reorganization under Chapter 11 of the U.S. Bankruptcy Code. Although a subsidiary of Laidlaw at the time, AMR was not included in the bankruptcy filing. Laidlaw emerged from bankruptcy protection in June 2003.

10. ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION WITH AN OWNER OR OTHER GOVERNMENT AGENCY? YES [ ] NO [X] IF "YES", EXPLAIN TYPE, KIND, PLAINTIFF, DEFENDANT, ETC., AND STATE THE CURRENT STATUS:

11. BANK REFERENCE: **Bank of America, N.A.**
ADDRESS: **1000 W. Temple Street; 7th Floor, CA9-705-07-05; Los Angeles, CA 90012-1514**
CONTACT: **Stella Rosales** PHONE: **(213) 580-8345**

12. LIST THREE (3) SIMILAR PROJECTS (LOCAL OR STATE-WIDE) FROM LAST FIVE (5) YEARS-INCLUDE LOCATION OF PROJECT, CONTACT NAME, ADDRESS, TELEPHONE NUMBER, SIZE OF PROJECT (CONTRACT AMOUNT):

NOTE: DETAILED INFORMATION ON THESE PROJECTS MAY ALSO BE REQUESTED IN THE RFP PACKAGE.

1. **El Paso County Emergency Services Agency- Contact: Fire Marshall Jim Reid; 375 Printers Parkway; Colorado Springs, CO 80910; (719) 641-5796; Number of Transports- 40,000 annually**
2. **Fremont County/Pueblo, CO- Contact: Scott Lenn; 922 S. Santa Fe Ave Pueblo, CO 81006; Number of Transports- 16,000 annually**
3. **Cheyenne, WY- Jennifer Goodman, Operations Manager; 600 E. Carlson Suite 101 Cheyenne, WY 82009 (307) 634-8533; Number of Transports- 9,000 annually**

13. LIST CURRENT SIMILAR PROJECTS (LOCAL OR STATE-WIDE) UNDER CONTRACT-
Please see above. Please also see National References Attachment for more information on these and other AMR contracts.

INCLUDE LOCATION OF PROJECT, CONTACT NAME, ADDRESS, TELEPHONE NUMBER, SIZE OF PROJECT (CONTRACT AMOUNT).

NOTE: DETAILED INFORMATION ON THESE PROJECTS MAY ALSO BE REQUESTED IN THE RFP PACKAGE.

1. **Please see above. Please also see National References Attachment for more information on these and other AMR contracts.**
2.
3.

14. LIST OF SUB-CONTRACTORS TO BE USED FOR THIS PROJECT:
(INCLUDE NAME, ADDRESS, TELEPHONE NUMBER, TYPE OF WORK)

1. **Please see List of Subcontractors Attachment for this information.**
2.
3.
4.
5.

15. BONDING COMPANY AND AGENT:
NAME: **MIMS INTERNATIONAL, LTD, Felicia M. Buscemi**
PHONE: **(410) 296-1500**
(A) CURRENT BONDING RATE: **Various depending on Surety Company (7.50, 10.00. 12.50)**
(B) LARGEST INDIVIDUAL PROJECT BOND TO DATE: **COUNTY OF RIVERSIDE, CA.- BOND AMOUNT $3,000,000 CONTRACT AMOUNT $58,775,000**

16. SURETY REFERENCE FOR LAST FIVE (5) YEARS: **BOND SAFEGUARD INSURANCE COMPANY, LEXON INSURANCE COMPANY CAPITAL INDEMNITY (PLATTE RIVER INSURANCE COMPANY**

IF ADDITIONAL INFORMATION IS PROVIDED ON A SEPARATE SHEET FOR ANY OF THE ITEMS, CLEARLY SPECIFY WHERE IT CAN BE LOCATED IN YOUR PROPOSAL PACKAGE.

APPENDIX F — MINIMUM INSURANCE REQUIREMENTS

Contractor shall provide and maintain the following insurance at all times during the term of its contract and throughout any extension periods. The following listed minimum insurance requirements shall be carried by all contractors and consultants unless otherwise specified in the solicitation package, special provisions or standard specifications. All such insurance shall be furnished by an insurance carrier appropriately licensed to write such policies, and acceptable to the ESA.

1. X Employers Liability as required by statute. Employers Liability coverage is to be carried for a minimum limit of one hundred thousand dollars ($100,000).

2. X Automobile Liability for limits not less than five million dollars ($5,000,000) combined single limit for bodily injury and property damage for each occurrence. Coverage shall include owned, non-owned and hired automobiles.

3. X Commercial General Liability for limits not less than two million dollars ($2,000,000.00) combined single limit for bodily injury and property damage for each occurrence and six million dollars ($2,000,000.00) general aggregate.

   The policy shall be endorsed with the following specific language or contain equivalent language within the policy:

   > "The El Paso County ESA, El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director are named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement."
   >
   > "The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the entity's liability."
   >
   > "The insurance provided herein is primary coverage to the El Paso County ESA, El Paso County and the City of Colorado Springs, with respect to any insurance or self-insurance programs maintained by the ESA."

4. X Excess Liability for limits not less than twenty-five million dollars ($25,000,000.00) combined single limit for bodily injury and property damage for each occurrence.

5. X Medical Malpractice-Professional Liability for all activities of the Contractor arising out of or in connection with this Agreement for limits not less than one million dollars ($1,000,000) per occurrence. In the event Contractor cannot provide an occurrence policy, Contractor shall provide insurance covering claims made as a result of performance of this Agreement and shall maintain tail insurance in effect for not less than two (2) years following completion of performance of this Agreement.

6. X Workers' Compensation Insurance: The Contractor shall take out and maintain during the Period of this Agreement, Colorado Worker's Compensation Insurance for the Contractor and all employees of the Contractor for a minimum limit of not less than one million dollars ($1,000,000). If any service is sublet by the Contractor, the Contractor shall require the subcontractor to provide the same coverage for the subcontractor and subcontractor's employees. Worker's Compensation Insurance shall include occupational disease provisions covering any obligations of the Contractor in accord with the provisions of the Colorado Worker's Compensation Act.

7. ___ Builders Risk or Installation Floater Insurance will be provided by the Owner (excluding earthquake or flood). This insurance shall insure and protect from all insurable risks of physical loss or damage. Contractors and subcontractors will be covered, excluding their own machinery, tools and equipment. The deductible under The Builders Risk or Installation Floater shall be sustained and borne by the Contractor. Losses will be adjusted with and made payable to the Owner and others as their interests may appear.

8.____ Professional Liability Insurance providing coverage for acts, errors or omissions committed or alleged to have been committed by architects and engineers arising out of the conduct of their professional practice. The coverage shall carry a project limit of $500,000. The coverage shall have an extended reporting period of 2 years following the date of substantial completion of the project for reporting of claims.

9.____ Pollution Legal Liability Insurance for limits not less than $1,000,000 for sudden and accidental incidents including on-site clean-up for new conditions, third party liability for bodily injury and property damage at on-site and off-site locations, and third party clean-up for new and pre-existing conditions.

10._X_ Except for workers compensation and employer's liability insurance, the El Paso County Emergency Services Agency (ESA), El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director are named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement. Certificates of Insurance must be submitted before commencing the work and provide thirty (30) days notice prior to any cancellation.

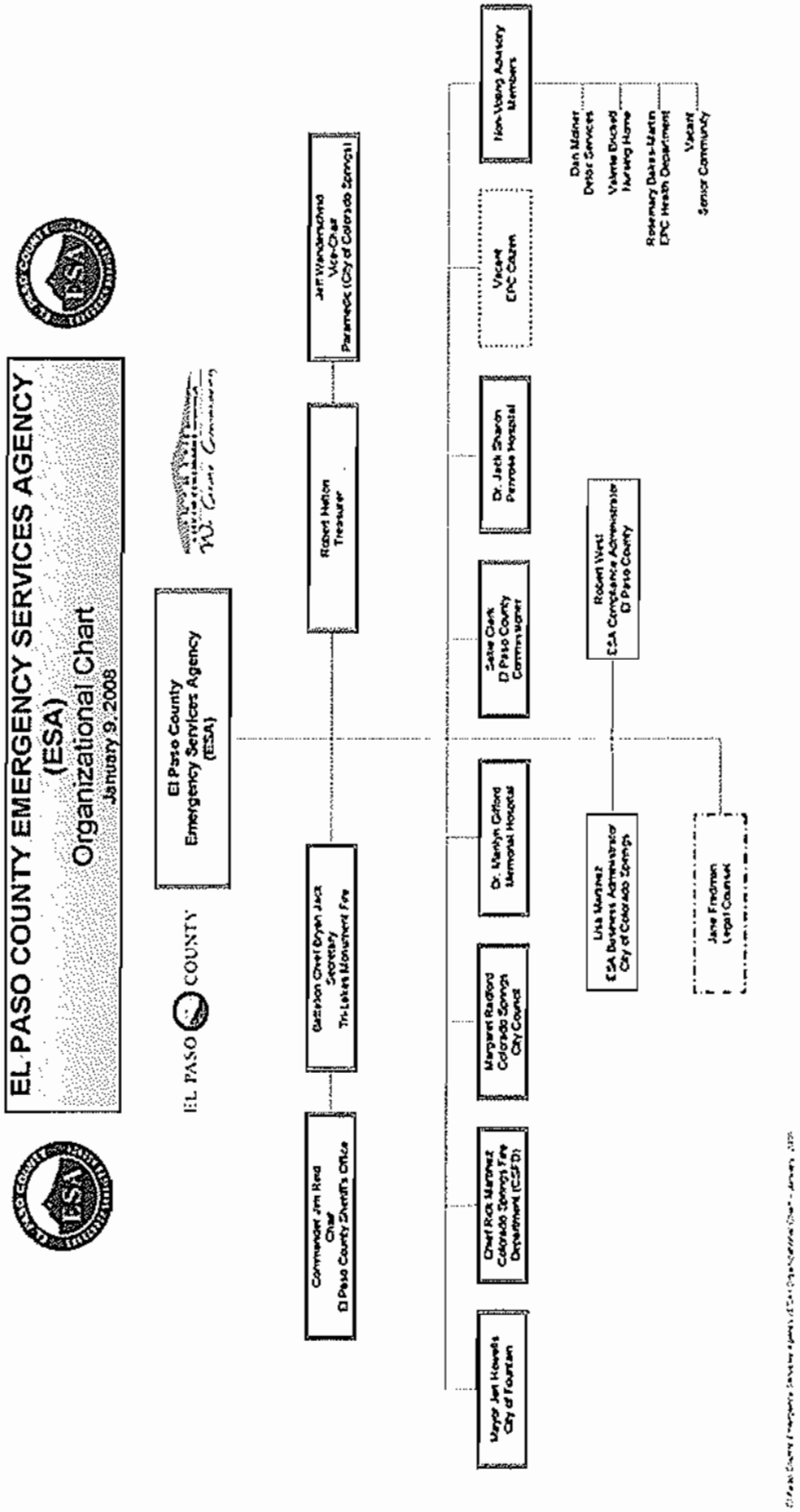
The undersigned certifies and agrees to carry and maintain the insurance requirements indicated above throughout the contract Period of Performance.

American Medical Response of Colorado, Inc.
(Name of Company)

Robert Zimmerl — May 9, 2008
(Signature) (Date)

APPENDIX G — 2008 ESA ORGANIZATIONAL CHART

This information is also accessible online by visiting www.ESABoard.org.



APPENDIX H — 2008 ESA BUDGET

This information is also accessible online by visiting www.ESABoard.org.

EL PASO COUNTY EMERGENCY SERVICES AGENCY (ESA) BUDGET

January 1, 2008 through December 31, 2008

		2008 Proposed Budget
OPERATING REVENUES		
Contractor Administration (Per Agreement)		
ESA Administration	$	180,000
Operating Revenues Subtotal (Contractor Administration)	$	180,000
Other Operational Revenue — Estimated*		
Interest	$	2,000
Compliance Penalties (Allocated to Grants Fund)	$	40,000
RFP Professional Services Reimbursement (Future Contractor)	$	50,000
Operating Revenues Subtotal (Other)	$	92,000
TOTAL OPERATING REVENUES (All Sources)	$	272,000
OPERATING EXPENDITURES		
Contractor Administration (Per Agreement)		
Financial Audit / Accounting	$	15,000
City of Colorado Springs Business Administration	$	62,000
El Paso County Compliance Administration	$	63,000
Legal Fees	$	25,000
Insurance	$	5,000
Medical Director (Medical Review and Oversight)	$	-
Information Services	$	5,000
Staff Training / Skills Development	$	5,000
Operating Expenses Subtotal (Contractor Administration)	$	180,000
Other Operational Expenses — Estimated*		
RFP Professional Services (From Grant Fund Compliance Penalties)	$	-
RFP Professional Services (From Reserves)	$	-
Grants Fund (From Actual / Available Compliance Penalties Only)	$	40,000
Operating Expenses Subtotal (Other)	$	40,000
TOTAL OPERATING EXPENDITURES (All Sources)	$	220,000
VARIANCE: REVENUES OVER EXPENDITURES — *Surplus / (Deficit)*	$	52,000
BEGINNING FUND BALANCE — *Unallocated / Undesignated Carryover*	$	10,394
ENDING FUND BALANCE — *Unallocated / Undesignated Reserves*	$	62,394

* *Forecasted best estimates based upon past actuals and future projections.*

APPENDIX I — EL PASO COUNTY RESPONSE TIME ZONES & MAP

The information shown in the following is reprinted from the current ambulance services contract. It is also accessible online by visiting www.ESABoard.org.

CURRENT RESPONSE TIME PERFORMANCE STANDARDS	
Performance Standard	**Priority 1 (P1 - Emergent) Response Time (90% of the time)**
URBAN —	
Urban North 8	8:00 Minutes
Urban Southeast 8	8:00 Minutes
Urban Southwest 8	8:00 Minutes
SUBURBAN 12 —	12:00 Minutes
RURAL 20 —	20:00 Minutes
FRONTIER —	
Frontier 25	25:00 Minutes
Frontier 35	35:00 Minutes
Frontier 45	45:00 Minutes
WILDERNESS 45 —	45:00 Minutes

Please be advised that the ESA Response Time Zones Map (page 67) is available in PDF format from the same website and can be resized for easier viewing.

A hardcopy version of the ESA Response Time Zones Map is also available from the Contracting Specialist upon written request.

Section IV. Performance Requirements

The Contractor shall meet or exceed the following requirements as set forth herein.

1) Response Time Definition:

Ambulance response times under this Agreement are measured from the time that the location of the call, is received by Contractor from the PSAP until the Contractor arrives at the scene with a fully functional and staffed EMT-Paramedic Advanced Life Support (ALS) ambulance, and is stopped or is staged in a designated area by an authorized Incident Command. All response times are measured in seconds, not whole minutes. Contractor shall report all status changes and call times, such as at-scene time, via Mobile Data Terminal (MDT). At-scene times shall be established from vehicle MDT or radio voice transmissions identifying the at-scene time.

2) Response Time Performance Areas:

Response time requirements vary depending upon the response time zone to which the ambulance provider must respond. The contract service area is divided into Urban, Suburban, Rural, Frontier and Wilderness zones, and the Frontier Zone is divided into subzones, as set forth in "Exhibit B." Where response-time zones are divided along the center line of a road, the shorter response time shall apply to both sides of the road. Zone boundaries may be changed from time to time as population, road access, and other relevant conditions in the ESA change. Boundaries for the response time zones shall be re-evaluated annually. Each participating jurisdiction desiring re-evaluation of response time performance standards or response time zones shall submit a written request to the ESA no later than September 1 of each contract year. The Contractor shall supply projections of the anticipated impact of proposed changes, including the effect on user fees, to the ESA and the jurisdiction requesting the re-evaluation. No response time amendments will be made without giving notice to and opportunity for consultation with the Contractor, Contact Compliance Committee, fire departments or districts, cities and other interested parties and organizations in the affected area. Any changes to the response time performance standards or response time zones shall be implemented by the ESA.

3) Code-3 Response Time Standards:

Contractor shall adhere to the following response time standards:

A. Each month, within the Urban zone, Contractor shall respond to all Code-3 calls within eight minutes and zero seconds (00:08:00) or less, a minimum of ninety (90) percent of the time. The maximum response time shall not exceed twelve minutes and zero seconds (00:12:00).
B. Each month, within the Suburban zone, Contractor shall respond to all Code-3 calls within twelve minutes and zero seconds (00:12:00) or less, a minimum of

ninety (90) percent of the time. The maximum response time shall not exceed eighteen minutes and zero seconds (00:18:00).

C. Each month, within the Rural zone, Contractor shall respond to all Code-3 calls within twenty minutes and zero seconds (00:20:00) or less, a minimum of ninety (90) percent of the time. The maximum response time shall not exceed thirty minutes and zero seconds (00:30:00).

D. In the Frontier Zone, three sub zones have been identified on the attached Exhibit B. Contractor shall respond to all Code-3 calls in the Frontier zones as follows: Frontier 25 has a performance standard of ninety (90) percent of all calls in twenty-five minutes and zero seconds (00:25:00) or less. The maximum response time shall not exceed thirty-five minutes and zero seconds (00:35:00). Frontier 35 has a performance standard of ninety (90) percent of all calls in thirty-five minutes and zero seconds (00:35:00) or less. The maximum response time shall not exceed forty-five minutes and zero seconds (00:45:00). Frontier 45 has a performance standard of ninety (90) percent of all calls in forty-five minutes and zero seconds (00:45:00) or less. The maximum response time shall not exceed fifty-five minutes and zero seconds (00:55:00). The Frontier zone performance by subzone shall be reported monthly but Contractor shall only be penalized for failure to perform on an annual review of each subzone. No assessment for failure to meet the fractile response time standard for the subzone shall be levied for any subzone with less than a one hundred (100) call aggregate for any twelve (12) month period. Contractor shall exhibit a best effort, and immediate dispatch and response to all calls.

E. Contractor shall respond to all Code-3 calls in the Wilderness zone within forty-five minutes and zero seconds (00:45:00) or less, a minimum of ninety (90) percent of the time. The Wilderness zone performance shall be reported monthly but Contractor shall only be penalized for failure to perform on an annual review of the zone. No penalty shall be levied for the zone with less than a one hundred (100) call aggregate for any twelve (12) month period. Contractor shall exhibit a best effort, and immediate dispatch and response to all calls.

F. Contractor will participate in partnerships with ESA participating agencies to improve aggregate ALS response time standards such as the six minute standard proposed by the City of Colorado Springs. The Contractor and participating agency(ies) must bring a complete, written description of the proposal to integrate ALS response times to the ESA for approval at least ninety (90) days before implementation. The proposal must define response time standards, response time standard zone(s), how ALS response times are to be measured, the duration of a discovery period, any request for the waiver of assessments, revision to response time zones or other specific provisions of this Agreement, alternative incentives or assessments to ensure compliance with the proposed response time standard(s), implementation milestones, demonstrate that there will be no adverse effects to other areas of El Paso County, and any other information reasonably necessary to the ESA to demonstrate that the public continues to receive prompt,

high-quality services during implementation of the program. The ESA may waive assessments, revise response time zones or compliance with specific provisions of this Agreement upon approval of a specific proposal to improve aggregate ALS response times. The ESA may limit the Contractor's participation in a partnership to improve ALS response times or rescind any and all waiver(s) of assessments, revisions to response time zones or compliance with specific provisions of this Agreement if the partnership does not demonstrate an improvement in services to the satisfaction of the ESA.

4) Code-2 Response Standards:

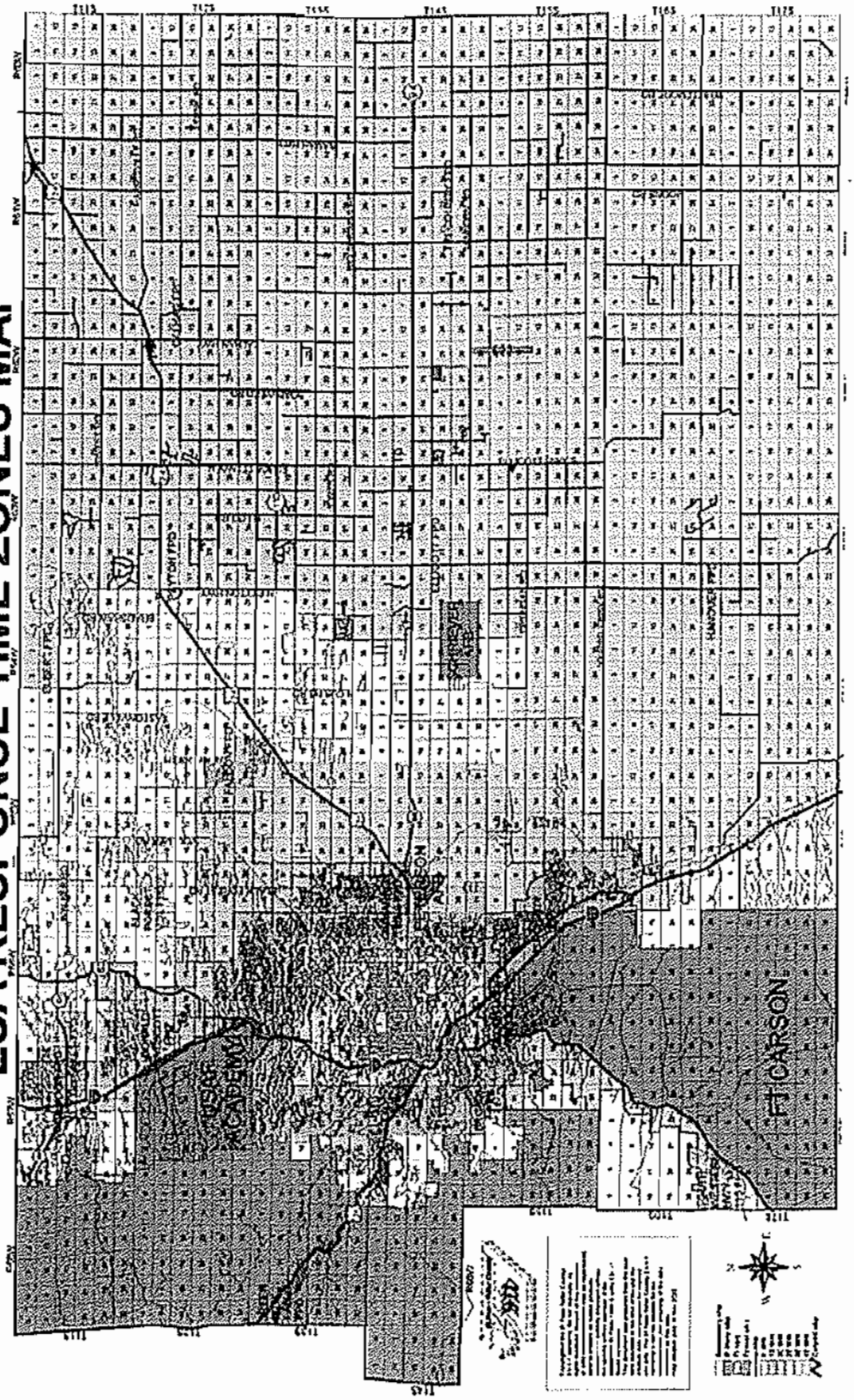
A Code-2 call means a request from a local government public safety dispatch center-, or seven-digit phone call to any licensed ambulance service, for emergency ambulance service receiving an immediate response without emergency lights and sirens, according to Advanced Medical Priority Dispatch System response protocols or a subsequent system adopted by the El Paso-Teller Enhanced 911 Authority. Contractor shall consider these requests for service to be emergency calls. Contractor shall immediately dispatch and respond with the closest available ambulance. There are no response time performance standards or penalties for Code 2 responses, however the Contractor shall report Code 2 response time performance monthly. User fees for Code 2 responses shall not exceed the charges allowed under this Agreement.

5) Except as is provided for in this Agreement or as provided by law, rules, or regulations, Contractor shall never engage in telephone call screening or emergency transport refusals.

6) Modifications to Response and Dispatch Standards:

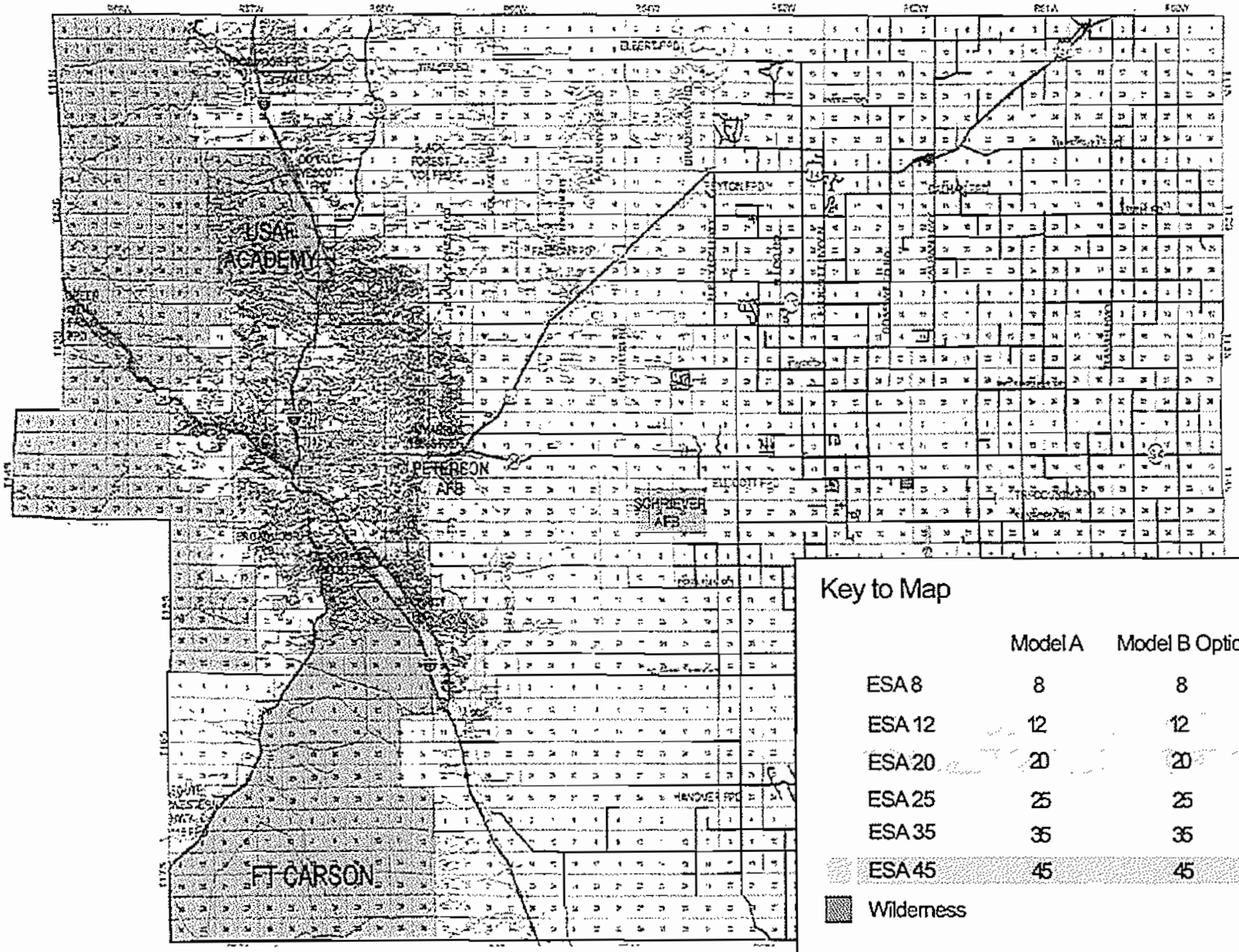
Performance standards may be adjusted by the ESA through the course of the Agreement consistent with the modifications in EMS operational and medical standards which are developed by the ESA or other appropriate advisory bodies to re-engineer the local EMS system. Changes may include performance standards which measure intervals to key medical interventions or to the initiation of transport.

ESA RESPONSE TIME ZONES MAP



AMERICAN MEDICAL RESPONSE

El Paso County
Model A and Model B1 Response Times
(Based on existing ESA boundaries)



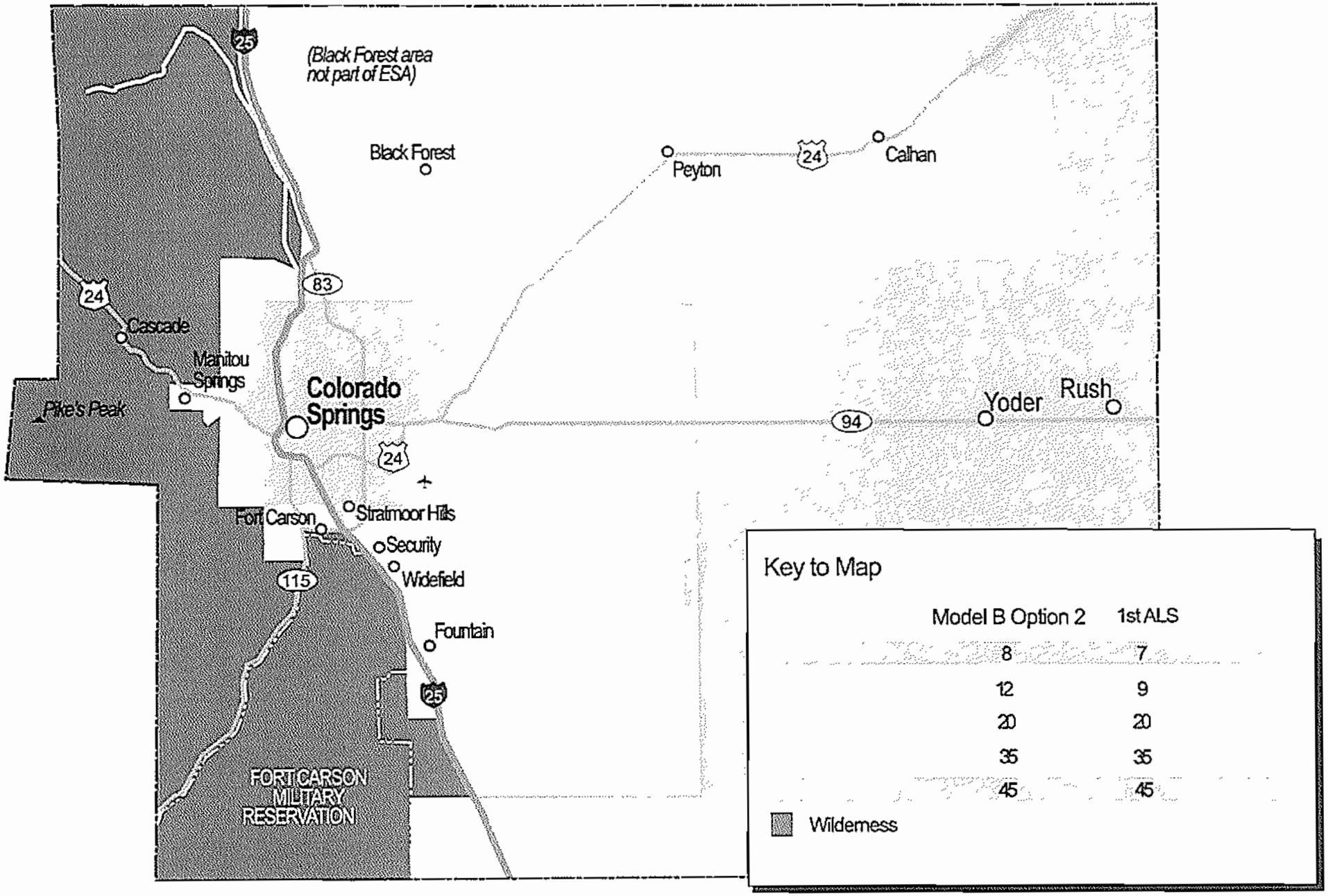
Key to Map

	Model A	Model B Option 1	1st ALS
ESA 8	8	8	7
ESA 12	12	12	9
ESA 20	20	20	20
ESA 25	25	25	25
ESA 35	35	35	35
ESA 45	45	45	45

Wilderness

AMERICAN MEDICAL RESPONSE

El Paso County
Model B Option 2 Response Time Boundaries



APPENDIX J — ESA CURRENT AMBULANCE CONTRACT FINES & PENALTY SCHEDULE

The information shown in the following is reprinted from the current ambulance services contract. It is also accessible online by visiting www.ESABoard.org.

Section V. Assessments for failure to meet Performance Requirements.

1) Nature of Assessments:

This Agreement recites provisions for Contractor payments as assessments for failure to meet required standards, such as for late response within the service area. Such payments and standards are imposed by the ESA, a County resolution or pursuant to State law. Contractor agrees to abide by the terms of this Agreement, including payments as assessments for late responses or other failure to meet service standards.

The parties further agree that the assessments referred to above and recited in this Agreement shall be regarded as "liquidated damages" under this contract and not punitive in nature and further, that the sums recited in this Agreement represent a reasonable endeavor by ESA and Contractor to estimate a fair compensation for the foreseeable damage to ESA and its residents from Contractor's failures to meet the standards set forth. Payment by Contractor shall constitute a full release and satisfaction of the matter.

2) Assessment for Call Referral:

If Contractor is unable to respond to a call within the contract area for which service is required, and refers that call to another ambulance provider outside of the ESA approved mutual aid plan, there will be an assessment of one thousand dollars ($1,000.00) per call for each such occurrence.

3) Assessments for Code-3 Calls:

A. For those months that the Contractor fails to meet the ninety (90) percent standard in the urban, suburban or rural zones, a two thousand dollar ($2,000.00) financial assessment for each percentage point, or fraction thereof, less than ninety (90) percent will be assessed for each individual zone.

B. For each year that the Contractor fails to meet the ninety (90) percent standard in the frontier or wilderness zones, a two thousand dollar ($2000.00) financial assessment for each percentage point, or fraction thereof, less than ninety (90) percent will be assessed for each individual zone with a minimum call volume of one hundred (100) calls annually.

C. For monitoring purposes, each urban, suburban, rural and frontier zone shall have, in addition to the ninety (90) percent standard, a response time limit for every call. For every Code-3 call where the ambulance fails to arrive within the time limit, the assessment will be twenty dollars ($20.00) per excess minute, or portion thereof, for the first twenty (20) minutes in excess of the maximum (e.g., in urban zone, call response times of 12:01-13:00 minutes shall be fined $20, 13:01-14:00 minutes shall be fined $40) and forty dollars ($40.00) per minute for the next ten (10) minutes (e.g., in urban zone, call response times of 32:01-33:00 minutes shall be fined $440, 33:01-34:00 minutes shall be fined $480), to a maximum of fourteen hundred dollars ($1,400.00) per call. Calls deferred to another agency will be included as part of the response time calculations.

D) Discovery Period: To determine the effect of changes to the service area, negotiate amendments and secure approvals, response time zones or primary response status, the ESA may establish a discovery period of 180 days. The ESA will exempt calls from response time compliance calculations and excuse assessments for failure to comply with response time standards within specified areas during the discovery period.

4) Other Assessments

A. Assessments for willfully falsifying at-scene times shall be assessed at five hundred dollars ($500.00) if by Contractor's field staff, and one thousand dollars ($1000.00) if by Contractor's management staff, for each incident.

B. An assessment of five hundred dollars ($500.00) will be imposed where an ambulance breaks down enroute to the hospital with a patient loaded. These assessments shall be subject to appeal utilizing the procedures set forth in Section VIII.

C. An assessment of five hundred dollars ($500.00), at the ESA's option, may be imposed where Contractor fails to furnish required information from patient care forms, incident report forms, equipment failure report forms, continuing education participation reports, excess response time reports, or fails to furnish reports or records as required by this Agreement. Such an assessment shall not be applied in cases where the cause of such reporting deficiency was beyond Contractor's

reasonable control; simple loss of records and problems with Contractor's own computer system shall not be considered beyond Contractor's reasonable control.

D. An assessment of one thousand dollars ($1000.00) will be imposed for an incidence of a Contractor level 0.

5) Special Circumstances:

From time to time, special circumstances may cause changes in call-priority classification. Response-time calculations for determination of compliance and penalties will be as follows:

A. Multiple Units: If multiple units are responding, then the additional unit's times are measured from the time the additional unit is requested until it arrives on scene.

B. Breakdowns: If a unit breaks down at the scene, the response time is measured when the additional unit is requested until it arrives. If a unit breaks down enroute to the scene, the response time is measured from the original time of request of the first unit until the replacement unit arrives.

C. Upgrades: If an assignment is upgraded prior to arrival of Contractor's ambulance unit on the scene, the Contractor's response time compliance and penalties will be calculated from the time the call was upgraded to Code-3 by the local government public safety dispatch center or any other ESA-authorized person based on information from a 7-digit caller in accordance with local government public safety dispatch center or ESA approved dispatch protocols (7-digit franchise calls only) or response person on the scene.

D. Downgrades: If an assignment is downgraded more than one minute before arrival on scene by the local government public safety dispatch center or any other ESA-authorized person based on information from a 7-digit caller in accordance with local government public safety dispatch center or ESA approved dispatch protocols (7-digit franchise calls only) or response person on the scene prior to arrival of Contractor's ambulance unit on the scene, the Contractor's response time compliance and penalties will be determined as follows:

1. If the time of downgrade occurs after the unit has exceeded the standard or maximum response time for the zone involved, the more stringent higher-priority standard or maximum will apply; or,
2. If the time of downgrade occurs before the unit has exceeded the more stringent standard or maximum response time for the zone involved, the less stringent lower-priority standard will apply.

E. Canceled Responses: Responses canceled prior to the ambulance's arrival at the scene are excluded from the response time compliance calculations and shall be excluded from the assessments for failure to achieve response time performance.

F. For each response for which the Contractor's management or field staff fail to report the at-scene time the response shall be counted as a late response in doing

the response-time percentage calculations for that month utilizing the first tape recorded or otherwise verifiable time documenting the arrival of the ambulance.

6) Ambulance Assessments:

Contractor shall pay all assessments within 45 days of invoice, subject to appeal rights.

APPENDIX K — EL PASO COUNTY ESA AMBULANCE RESPONSE DATA

This information is accessible online by visiting www.ESABoard.org.

Compliance reports for a two (2) year period dating from January 2006 through December 2007 are available for download.

APPENDIX L — CURRENT AMBULANCE PROVIDER CHARGES

This information is also accessible online by visiting www.ESABoard.org.

Exhibit D-USER FEES

Contractor may charge up to the amounts described herein.

BASE RATES:	
ALS (Advanced Life Support) Base Rate	562.13
BLS (Basic Life Support) Base Rate	403.97
Emergency Response	85.34
Non-Transport Fee	193.45
Mileage	13.09
Emergency Charge	85.34
Oxygen	62.59
PROCEDURES	
12 Lead EKG	72.09
Blood Draw	22.75
Capnography Procedure	40.25
Cricothyrotomy	112.65
Defibrillation	99.00
EKG (Electrocardiograph) Monitor	62.59
External Pacing	62.59
Glucometer	6.25
ICD Magnet	55.81
Intubation	62.59
IO (Intraosseous) Procedure	18.22
IV (Intravenous) Drip Set Service	37.55
IV (Intravenous) Saline Lock Set-up	37.55
IV (Intravenous) Volume Expander Set-up	37.55
MAST (Medical Anti-Shock Trousers)	85.34
OB (Obstetrics) Delivery	112.65
Peak Flow Meter	3.67
Pulse Oximetry	37.55
Rapid Sequence Intubation Procedure	94.28
Restraints	31.87
Splint - Extremity	31.87
Splint - Spinal	85.34
Suction	31.87
SUPPLIES:	
Airway - Nasal	20.49
Airway - Oral	8.54
Blood Draw Supplies	10.81
Burn Sheet	14.79
Cricothyrotomy Supplies	55.75
Defibrillation Supplies	18.22
Dressings - Major	43.24

Exhibit D, Page 1

Dressings - Minor	21.62
Hot/Cold Pack	14.23
Intubation Supplies (C02 Detector)	60.32
IO (Intraosseous) Supplies	30.71
Irrigation Supplies	14.23
IV (Intravenous) Drip Supplies	20.49
IV (Intravenous) Saline Lock Supplies	14.79
IV (Intravenous) Volume Expander Supplies	31.87
Nasal Gastric Tube Supply	14.79
Nebulizer Supplies	7.40
OB (Obstetrical) Pack	55.75
Pacing Supplies	73.96
Personal Care Supplies	31.87
Rapid Sequence Intubation Procedure	83.18
Restraints	13.09
Splint - Extremity	13.09
Splint - Spinal	28.45
Suction Supplies	13.09
Sure Vent	78.85
MEDICATIONS:	
Adenocard (Adenosine) 6 mg	73.96
Albuterol (Proventil)	40.97
Aminophylline	37.55
Ammonia ampule	5.55
Aspirin	1.60
Atropine 1 mg	21.62
Atrovent	23.60
Benadryl (Diphenhydramine) 25 mg	10.81
Bretylium tosylate <50 mg	30.71
Calcium chloride	20.49
Decadron	11.50
Dextrose 50% (D50) 25 g	13.09
Dopamine (Intropin)	28.45
Intropin Drip One Time	28.45
Epinephrine 1:1,000 3 mg	7.40
Epinephrine 1:10,000 1 mg	7.40
Epinephrine Multidose	7.40
Etomidate	42.86
Fentanyl	20.78
Glucagon 1 mg	80.79
Glutose Gel	9.98
Haldol	81.77
Inapsine (Droperidol)	10.81
Isuprel (Isoproterenol) drip	25.04
Labetalol	12.05

Lasix (Furosemide) 20 mg	8.54
Lidocaine 100mg (Xylocaine)	14.79
Lidocaine Drip (Xylocaine)	33.00
Magnesium sulfate 2 g	13.09
Morphine sulfate 4 mg	11.95
Narcan (Naloxone) < 10 mg	21.62
Nitrospray (Nitroglycerine)	7.40
Phenergan	23.39
Phenylephrine	8.58
Pitocin (Oxytocin) 10 units	13.09
Procaineamide	6.13
Sodium bicarbonate	10.81
Succinylcholine	10.50
Tetracaine (Opthaine) 1x	3.99
Valium (Diazepam) 10 mg	9.67
Vaponephrine (Racemic epinephrine) < 5 mg	11.95
Verapamil (Isoptin)	14.79
Versed	23.81
Vecuronium	23.82

ALS (Advanced Life Support) and BLS (Basic Life Support) are defined and calculated as those services which comply with CMS (Centers for Medicare & Medicaid Services) regulations and the local intermediary policies for the Colorado Springs area. The ALS base rate, BLS base rate and non-transport fee are mutually exclusive charges. All other listed charges may be added to the base rates.

The Contractor may bill the Non-Transport fee and shall bill no more than that fee when a patient is not transported by the Contractor and medications are administered or invasive procedures are performed.

The Contractor may bill the emergency charge when emergency lights and/or siren are used during response or transport.

Contractor acknowledges that dry runs, cancels, chronic abusers, and courtesy standby service for law enforcement agencies and fire departments exist in the ambulance service industry. Contractor should utilize its own expertise and judgment to estimate the quantity and financial impact of these factors, assuming reasonable effort to contain abuse of service. Dry runs, cancels, abuse of service, and courtesy standbys are recognized as part of the "overhead" in the ambulance industry, and no additional compensation shall be sought by Contractor relative to these inevitable activities provided no material change is made by ESA to Contractor's scope of service.

Rate Adjustment.

A. The parties acknowledge that the ESA has the authority to determine rates for services provided under this Agreement. The rates shall remain in force and effect throughout the

APPENDIX M — EMS AGENCY & FIRE DEPARTMENT CONTACT INFORMATION

Big Sandy Fire Protection District
P.O. Box 161
Simla, CO 80835
719-541-2883
www.simlafire.org/SVFDMain.htm

Black Forest Fire Department
Chief David Ury
12510 Black Forest Road
Colorado Springs, CO 80908
(719) 495-4300
www.bffire.org

Broadmoor Rescue
Chief Hugh Trabandt
4 Hazel Avenue
Colorado Springs, CO 80906
(719) 633-1069

Calhan Fire Department
Shane Gaddis
Calhan, CO 80808
(719) 347-3057
www.firedepartments.net/Colorado/Calhan/CalhanFireProtectionDistrict.html

Cascade Fire Department
Chief Randy L. Fort, EMT-P
P.O. Box 366
Cascade, CO 80809
(719) 684-9549

Cimarron Hills Fire Department
1885 Peterson Road
Colorado Springs, CO 80915
(719) 591-0962
www.cimarronhillsfd.com

Colorado Springs Fire Department
Chief Manuel Navarro
375 Printers Parkway
Colorado Springs, CO 80910
(719) 385-7201
www.springsgov.com

Donald Wescott Fire Department
Chief Bill Sheldon
6615 Vincent Drive
Colorado Springs, CO 80918
(719) 599-4068
www.wescottfire.org/index.html

Edison Fire Department
Chief Mark Anderson
5476 County Road #3
Rush, CO 80833
(719) 478-2275

Ellicott Fire Department
Chief Ed Corn
Route 2
Calhan, CO 80808
(719) 683-3588
www.firedepartments.net/Colorado/Calhan/EllicottFireProtectionDistrict.html

Elbert Fire Protection District
P.O. Box 98
24310 Main Street
Elbert, CO 80106
(303) 648-3000
www.elbertfire.com/

El Paso County Search and Rescue
Tim Hayden, President
3950 Interpark Drive
Colorado Springs, CO 80907
(719) 635-9400
www.epcsar.org/

Peyton Fire Department
Chief Sharon Quade
PO Box 98
Peyton, CO 80831
(719) 749-2255
www.firedepartments.net/Colorado/Peyton/PeytonFireProtectionDistrict.html

Falcon Fire Department
Chief Rick Wildman
7030 N. Meridian Way
Falcon, CO 80831
(719) 495-4050
www.firedepartments.net/Colorado/Falcon/FalconFireProtectionDistrict.html

Hanover Fire Department
Chief Kevin Junglen
17550 Peyton Highway
Colorado Springs, CO 80928
(719) 683-3473
http://www.hanoverfire.org/membership.html

Manitou Springs Fire Department
Chief Gary Smith
620 Manitou Avenue
Manitou Springs, CO 80929
(719) 685-1444

Palmer Lake Fire Department
Chief Bobby Schroeder
P.O Box 302
Palmer Lake, CO 80133
(719) 481-2953

Green Mountain Falls Fire Department
Asst. Chief Jeff Idleman
P.O. Box 115
Green Mountain Falls, CO 80819
(719) 684-2293
www.firedepartments.net/Colorado/GreenMountainFalls/GreenMountainFallsChipitaParkFireDepartment.html

SW115 VFD
Chief Larry Lasha
160 Pawnee Road
www.angelfire.com/co/sw115vfd/

Security Fire Department
Chief Tim Huffman
400 Security Boulevard
Security, CO 80911
(719) 392-7121

Stratmoor Hills Fire Department
Chief John Clark
2160 B Street
Colorado Springs, CO 80903
(719) 576-1200
www.shvfd.com/index.html

Tri - County Fire Department
Chief William Poole
1704 County Road X
Rush, CO 80833
(719) 478-2345

Tri - Lakes Fire Department
Chief Keith Jensen
18650 Highway 105
Monument, CO 80132
(719) 481-2312
www.tri-lakesfire.com

Woodman Valley Fire Department
Chief Norm Ferrington
1440 Woodman Valley Road
Colorado Springs, CO 80919
(719)282-1892
www.firedepartments.net/Colorado/ColoSpgs/WoodmenValleyFireProtectionDistrict.html

Woodmoor - Monument Fire Department
Chief David Youtsey
1855 Woodmoor Drive
Monument, CO 80132
(719) 488-3303
www.wmfpd.com

CUSTOMER SERVICE

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Better Business Bureau®

Start With Trust℠

Better Business Bureau of Southern Colorado

American Medical Response - Colorado Springs

VALID THROUGH

May 2008

bbb.org

BBB Reliability Report for

American Medical Response - Colorado Springs

A BBB Accredited business since 05/29/1998.

BBB Rating Satisfactory

What is a BBB Accredited Business?
Learn More

The BBB reports on businesses, both accredited and non-accredited. If an organization is a BBB Accredited business, it is stated in this **report**.

Name:	American Medical Response - Colorado Springs
Phone:	(719) 597-1277
Address:	2370 N Powers Blvd
	Colorado Springs, CO 80915
Website:	www.amrpikespeak.com
Original Business Start Date:	April 1979
Principal:	Mr. Ted Sayer
Customer Contact:	Mr. Ted Sayer - (719) 597-1277
Incorporated:	April 1993, CO
TOB Classification:	Ambulance Service
BBB Accreditation:	This organization is a BBB Accredited business.

BBB Accreditation Status

This company has been a BBB Accredited business since May 1998. This means it supports the BBB's services to the public and meets our BBB Accreditation standards.

Program Participation

This company participates in the BBB Accreditation Identification Program and has agreed to use special procedures including **arbitration**, if necessary, to resolve disputes.

Customer Experience

Based on BBB files, this company has a **satisfactory record** with the BBB. A **satisfactory record** means a company has been in business for at least 12 months, and properly addressed matters referred by the BBB. The company does not have an unusual volume of complaints, or any government actions involving its marketplace conduct. The BBB understands and has no concerns about the company's products, services and type of business.

When considering complaint information, please take into account the company's size and volume of transactions, and understand that the nature of complaints and a firm's responses to them are often more important than the number of complaints.

The BBB processed a total of 4 complaints about this company in the last 36 months, our standard reporting period.Of the total of 4 complaints closed in 36 months, 2 were closed in the last year.

Billing or Collection Issues

Resolved

3 - Company **resolved** the complaint issues. The consumer acknowledged acceptance to the BBB.

1 - Company addressed the complaint issues. The consumer failed to acknowledge acceptance to the BBB.

Licensing

This company is in an industry that may require licensing, bonding or registration in order to lawfully do business. The BBB encourages you to check with the appropriate agency to be certain any requirements are currently being met.

BBB records show a **license** number of 2008-004 for this company. The expiration date of this **license** is March 31, 2009.

Type: COUNTY/EL PASO COUNTY HEALTH DEPT

Report as of May 6, 2008

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If you choose to do business with this BBB Accredited business, please let the company know that you contacted the BBB for a **report**.

BBB reports may not be reproduced for sales or promotional purposes.

The information in this report has either been provided by the company or has been compiled by the BBB from other reliable sources.

As a matter of policy, the BBB does not endorse any product, service or company. BBB reports generally cover a three-year reporting period, and are provided solely to assist you in exercising your own best judgment. Information contained in this report is believed reliable but not guaranteed as to accuracy. Reports are subject to change at any time.

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Extraordinary PEOPLE Extraordinary SERVICE

AMR staff members Ira Sunday and John Mira

PLEASE JOIN US IN THANKING ALL OF THE EMS PROFESSIONALS WHO PROVIDE THIS IMPORTANT COMMUNITY SERVICE.

Emergency medical services (EMS) personnel provide our ***community's first line of medical care,*** often in difficult and dangerous conditions. The efforts of emergency medical technicians, paramedics, firefighters and other first responders ***save countless lives every year.***

In conjunction with EMS Week* May 20-26, American Medical Response (AMR) of El Paso County would like to ***thank all of the EMS providers*** who serve Colorado Springs, El Paso County and the surrounding area.

AMR caregivers and support professionals have served Colorado Springs and ***El Paso County for more than 25 years.*** Their professional service earned AMR of El Paso County the National Association of Emergency Medical Technicians' 2006 EMT-Paramedic Emergency Medical Service of the Year Award.

This year, AMR staff members ***John Mira*** and ***Ira Sunday*** have been named recipients of the American Ambulance Association's prestigious ***Stars of Life*** award for their outstanding service.

* Emergency Medical Services Week is sponsored by the American College of Emergency Physicians.

AMR

AMERICAN MEDICAL RESPONSE®

www.amrpikespeak.com

Congratulations to American Me ical Response of El Paso County

2006 National Ambulance Service of the Year.

Proudly Serving El Paso County Since 1

Penrose Hospital

Centura Health

EMERGENCY

711

ESA

Penrose-St. Francis Health Services is proud to have AMR as our emergency services partner.

The National Association of Emergency Medical Technicians recently named American Medical Response of El Paso County the number one ambulance service provider in the United States. We've always known you were the best, now everybody else does too. From everyone at Penrose-St. Francis Health Services, congratulations on this prestigious award.

Penrose-St. Francis Health Services

Centura Health.

www.penrosefrancis.org

AMERICAN MEDICAL RESPONSE

PROCEDURE
Patient Business Services

Procedure Number: L - 2
Procedure Title: Complaint Resolution Process – Billing Related Issues
Revised:

I. PURPOSE

The purpose of this procedure is to ensure that all customer complaints are thoroughly investigated in a consistent and timely manner. The steps in the investigation will be thorough, fair and result in resolution of the complaint. In addition, the complaint tracking data base will be used as a tool for PBS to continue to examine its billing methods and promote procedures that reflect our commitment to excellence and customer satisfaction.

II. INITIAL BILLING RELATED DISPUTE RECEIVED

When Customer Service receives a phone inquiry or letter of complaint they will:

- The Customer Service Representative will gather all pertinent documentation and attempt to resolve the inquiry.
- They are to log complaint in the billing system with all pertinent information.
- If the CSR is unable to a resolve a billing related issue, they are to cease all billing activity and check to see if the Lead or Supervisor is available.
- If a Supervisor is not available advise the caller that the person has voice mail and they should feel free to leave a detailed message.
- If they are not willing to going to voice mail. Advise the caller that you will take the information down and forward the information to the Supervisor. You should send the complaint to the supervisor or team lead via e-mail.
- After the CSR takes the complaint they need to hold the trip in the 440 or appropriate A/R supervisor queue. This will stop all activity on the account until the Supervisor is able to review and return the call.

II. INITIAL OPERATIONAL RELATED DISPUTE RECEIVED

- If the CSR is unable to an operational issue, the Customer Service Representative will gather all pertinent documentation and attempt to resolve the inquiry.
- They are to log complaint in the billing system with all pertinent information.
- They need to cease all billing activity and change the collection plan to hold the trip in the "440CD"
- The account will be routed through the billing system to the patient advocate who will attempt to resolve the complaint.

- If the complaint is operational related and the patient advocate is unable to resolve the patient advocate will e-mail or notify the appropriate operation department designee that there is an open dispute.
- The account will remain on hold in the "440CD" collection plan until the dispute is addressed and resolved by that operational site.
- The Operational contact should respond to the patient advocate with resolution or

III. DISPUTES FORWARDED TO APPROPRIATE DEPARTMENT

- The department designee will respond to the inquiry normally within 24 hours and document the disposition of the account.
- All operational disputes should be responded to and closed within two weeks of receipt of the dispute.
- The department or operational contact responding to the dispute will determine who will contact the reporting party and notify patient services what action should be taken regarding the billing of the account and in what manner the reporting party will be contacted. i.e. verbal, written, etc.

IV. CLOSED DISPUTES

- All records will be kept on file.
- Patient Services will track patient disputes and provide reports as needed to both the business office and operational offices to review billing methods and field procedures to ensure reoccurring system or human errors are addressed and corrected promptly.
- The complaint tracking report will reviewed for trends by each department to continue to examine its billing methods and will be used to promote procedures that reflect our commitment to complete customer satisfaction.

V. APPROVAL

Approved by: Jim Richey, Vice President – Patient Business Services

Signature: _____

Date:

COMMUNICATIONS

Job Descriptions.....1
Resume of Communications Manager.....2

Dispatch: *COMMUNICATION MANAGER*

Position Summary

Individuals in this role supervise, coordinate and prioritize all communication center activities. The Communication Manager is responsible for ensuring that AMR's high standards of performance and client needs are met, as well as ensuring that all contractual requirements are successfully integrated into the daily operations of the communication center. The Communication Manager has the authority to make necessary decisions in lieu of the Operations Manager.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED); bachelor's degree in business or a related field is preferred.
- Have a minimum of three to five years experience in the communication center; experience in a dispatch leadership role preferred.
- Have a minimum of three years experience in a high profile EMS system.
- Have experience in system status management, data entry, dispatching, call taking and CAD.
- Have the ability to effectively perform in a consistently high stress environment.
- Have strong personnel development and staff management skills.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The Medical Priority Dispatch System.
- Quality Assurance and Improvement techniques and metrics (e.g., AQUA and Pro/QA process improvement tools).
- Advanced system status management principles and all the details of the system status management plan at your location.
- Emergent and non-emergent triage protocols.
- All communication equipment in use in the Communication Center.
- The details of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Maintain AMR's system status plan and ensure departmental compliance by all communication center employees.
- Maintain employee performance levels consistent with departmental standards.

- Maintain a calm, non-emotional and professional attitude in the communications center at all times.
- Oversee all activities in the communications center to ensure that all contractual obligations of AMR are being met.
- Serve as the primary communication center contact and effectively manage all operational difficulties within the department.
- Identify, investigate and resolve service-related issues and systems problems.
- Participate in quality improvement activities; assists in maintaining compliance with all established customer service standards.
- Coordinate with the marketing department to implement and manage all fee for service contracts.
- Maintain departmental records and prepare written reports and summaries as requested.
- Facilitate the resolution of any problems arising between field and communication center employees.
- Oversee the development and implementation a Quality Assurance and Improvement processes in the communication center.
- Act as the primary representative of the communications department on assigned committees. Attend scheduled department meeting and training sessions.
- Effectively communicate with and motivate employees and promote a high level of morale.
- Effectively manage departmental conflicts and provides adequate follow-up.
- Disburse necessary information and implement all departmental and company policies and procedures.
- Develop and participate in programs designed to enhance AMR's community image.
- Oversee the development of all departmental goals and objectives.
- Monitor call accounting software to ensure proper use of staff and equipment.
- Maintain detailed knowledge of all service contracts.
- Review trade literature for pertinent information and relevant new technology to keep the call center current with the industry.

General Skills

- Superior communication skills
- Supervisory/management skills
- Leadership skills
- Organization skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Safety Leadership: Supervisory Education and Training
- ❑ AMR: Sexual Harassment Training for Leaders
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy
- ❑ DDI: Manager 201 Series

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ❑ AMR self-directed CD-ROM: L.E.A.D. University Supervisor Development Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ❑ AMR self-directed on-line: Management Information Platform (MIP)
- ❑ AMR VHS: Transitional Duty

Documented Experiential Learning

Under the supervision of a current Communication Manager:

- ❑ Prepare and complete all required paperwork (e.g., reports, etc.) for a minimum of three months.
- ❑ Provide oversight and coordinate the efforts of all communication center employees for a minimum of three months.
- ❑ Create a minimum of two programs or activities targeted at improving employee motivation, morale or customer service skills.
- ❑ Create a minimum of two programs or activities targeted at improving some aspect of employees' technical task proficiency (e.g., improved call time response, more efficient triage processing, etc.)
- ❑ Create a minimum of one program designed to enhance and promote AMR's community image.
- ❑ Consistently maintain calm, non-emotional, professional attitude at all times.
- ❑ Review trade literature for pertinent information and relevant new technology to keep the call center current with the industry; make a set of recommendations every three months for a minimum of six months.
- ❑ Develop and implement a set of Quality Assurance and Improvement goals for all employees in the communication center to strive to achieve.
- ❑ Perform weekly audits of all calls coming into the communication center for a minimum of three months. Take note of incidents of customer service or response time failure, inaccurate call routing and general insufficiencies in technical skills and make recommendations for improvement. Follow-up recommendations with actual strategies and activities targeted at improvement.
- ❑ Serve as the primary communication center contact and effectively manage all operational difficulties within the department for a minimum of three months.
- ❑ Participate in a minimum of three QA/QI professional development events (e.g., seminar, workshop, meeting, etc.)

With your Mentor

- ❑ Discuss the details of all service contracts at your location.
- ❑ Discuss the paperwork that must be completed for each shift, day, etc.
- ❑ Discuss strategies for maintaining a calm, non-emotional and professional attitude in the Communication Center at all times.
- ❑ Discuss the information you learned or found particularly interesting, challenging, etc. after each professional development activity. How were the activities different from one another? How were they similar?
- ❑ Attend all departmental meetings and training sessions.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Dispatch: *DISPATCHER (SYSTEM STATUS CONTROLLER)*

Position Summary

Individuals in this role answer calls and gather all the information necessary to fulfill service requests and are responsible for dispatching the appropriate emergency medical personnel based on response protocols and the needs of the run. Dispatchers are also responsible for processing requests by field crews for additional assistance and facilitating the flow of information between members of the administrative staff and field personnel.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED); bachelor's degree in communications or a related field preferred.
- Have a demonstrated knowledge of the local geography of the area; two years EMS field experience or one year EMS communication experience preferred.
- Have no significant loss of hearing.
- Have the ability to stay seated for long periods of time without relief.
- Have the ability to effectively perform in a consistently high stress environment.
- Have the ability to focus on fine detail with constant interruption.
- Have the ability to wear and use a telephone headset.
- Have the ability to type a minimum of 30 words per minute (WPM).
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The geography of the local area where you'll be operating, including area landmarks, all metropolitan areas, counties, fire districts, hospitals and extended care facilities.
- All communication equipment in use in the communication center.
- The basic tenets of current company contracts at your location.
- The basic principles of system status management and the plan at your location (the Medical Priority Dispatch System).
- Radio communication policies and standard terminology.

Individuals in this role must possess the ability to:

Technical Skills

- Utilize the system status plan to monitor and control the location and movement of field units.
- Monitor and immediately answer radios to ensure crew safety.
- Follow established polices for radio communications and terminology.
- Answer incoming phone lines and process the information in an accurate, timely and courteous manner.
- Enter data accurately and completely into the Medical Priority Dispatch System for all service requests.
- Follow established policies for caller interrogation, information gathering, Emergency Medical Dispatching, call triage and customer service.
- Effectively use and maintain the equipment located in the communications center to ensure efficiency.
- Perform minor repairs on communication center equipment.
- Participate in quality improvement activities in order to maintain compliance with all established customer service standards.
- Monitor and document response time exceptions and lost unit minutes.
- Investigate and report incidents of non-compliance with response time standards.
- Maintain positive behaviors, approaches, attitude and commitment to outstanding interpersonal service to customers, visitors and coworkers.
- Follow the system status plan at their location to ensure adequate level of response and unit deployment.
- Make recommendations for system enhancement, when necessary.
- Maintain a calm, non-emotional and professional attitude in the communications center at all times.
- Assist responding units with geographically accurate routing instructions, as necessary.

General Skills

- Exemplary communication skills
- Organization skills
- Basic computer proficiency
- Advanced typing skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training

- ❑ AMR: Patient Focused Care and Advocacy

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education

Documented Experiential Learning

Under the supervision of a current Dispatcher:

- ❑ Ride along on a minimum of 10 different calls with different members of the Field Operations team.
- ❑ Take a tour of the Communication Center, focusing strictly on the equipment in use there and how to operate it.
- ❑ Answer a minimum of 200 calls in the Communication Center from all incoming phone lines (i.e., emergency, non-emergency, staff/outside agency).
- ❑ Learn all the functions of the Medical Priority Dispatch System (MPDS) and enter data into the system for a minimum of 100 calls. Listen to and audit a minimum of 15 of your calls.
- ❑ Independently address and fix a minimum of five minor Communication Center equipment malfunctions.
- ❑ Come up with a minimum of three quality improvement activities targeted at maintaining compliance with and improving on established customer service standards.
- ❑ Monitor and document response time exceptions and lost unit minutes for a minimum of two months. Complete an Exception Report for every incident and discuss it with your Mentor.
- ❑ Consistently maintain a calm, non-emotional and professional attitude in the Communication Center.
- ❑ Consistently provide geographically accurate routing instructions to responding units, as necessary.
- ❑ Attend a seminar, workshop or participate in a self-directed program aimed at teaching the User to improve his/her computer typing ability (30 WPM).

With your Mentor

- ❑ Go over the details of all current company contracts at your location.
- ❑ Go over the system status management plan at your location and how it works with the Medical Priority Dispatch system.
- ❑ Discuss strategies for monitoring and controlling the location and movement of field units.
- ❑ Discuss standard operating procedures for radio communication and commonly accepted and used terminology.
- ❑ Discuss established practices for caller interrogation, information gathering, Emergency Medical Dispatching, call triage and customer service.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

LAURA SAENZ
7474 Silver Bow Dr
Colorado Springs, CO
80925
Phone: 719-964-5471 Mobile: 719-964-5471
Email: lsaenz@amr-ems.com

WORK HISTORY

Mar 2008 to present **Communications Manager**
American Medical Response
Colorado Springs, Co

- Oversee the Communications Supervisors
- Oversee all operations of the Communications Center
- Interact with all outside agencies
- Spokesperson for the Communications Center for the Community

Nov 2005 to Mar 2008 **Training Coordinator**
American Medical Response
Colorado Springs, Co

During this time I was given the position of Training Coordinator and Back-Up Supervisor.

- In charge of all new hire testing and interviewing
- Initial training for new hires and continued training for all dispatchers
- Maintain all employees training files and certifications
- Coordinate Communication Center Supervisor Meetings
- Attend all off-site meetings with our helicopter companies
- Compose and maintain procedure manuals
- Various other duties as assigned by the Manager

Dec 2001 to Nov 2005 **Communications Specialist**
American Medical Response
Colorado Springs, CO

During this time I worked as a part time dispatcher in the Communications Center.

- Fully trained in all areas of the Communications Center
- Able to dispatch emergent and non-emergent systems
- Trained in EMD, CPR and Basic Telecommunicator

Jan 2000 to Dec 2001 **EMT-Basic**
American Medical Response
Colorado Springs, CO

Performed skills as an EMT Basic on an Advanced Life Support ambulance.

MEMBERSHIPS

- National Association of Air Medical Communication Specialists
- National Academy of Emergency Medical Dispatchers

EDUCATION

Dec 2001 to present **On the Job Certifications**
Colorado Springs, CO

- Emergency Medical Dispatch (EMD)
- CPR
- Basic Telecommunicator through APCO International
- Basic Telecommunicator Instructor through APCO International
- Communications Training Officer through APCO International
- National Association of Air Medical Communication Specialist (NAACS)

Jan 1994 to May 1994 **University of Colorado at Colorado Springs**
Colorado Springs, CO
Elemntary Education

I took basic college courses.

Sep 1993 to Dec 1993 **University of Northern Colorado**
Greeley, CO
I took basic college courses.

SOFTWARE/SYSTEM SKILLS

I have learned man different skills that are used within any Communications Center.

- Computer Aided Dispatching (CAD)
- Delmorme Street Address
- Sky Trac-Helicopter system
- Radio Communication
- Managing a high profile EMS system

REFERENCES

Will give references upon request.

COMPLIANCE

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CODE OF BUSINESS CONDUCT AND ETHICS

VITAL SIGNS

EMSC

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Acknowledgment and Conflicts of Interest Disclosure Form

Letter from the Chief Executive Officer & the President

January 1, 2006

Dear Employees:

We are proud to introduce *Vital Signs* – the Code of Business Conduct and Ethics for Emergency Medical Services Corporation (EMSC). *Vital Signs* contains key policies for conducting business both legally and ethically. EMSC is committed to providing high quality services to patients and customers, following the law, and encouraging that we all act with the utmost integrity. These important goals are vital to the ongoing success of our business.

We have chosen to name our Code of Business Conduct and Ethics *Vital Signs* in recognition that each of the policies addresses work place activities vital to the health of the Company's operations. Each policy in this Code describes what is expected and gives guidance to help meet both legal requirements and our internal ethical expectations. This Code applies to all of us. We must all adhere to the specific policies.

You are required to be familiar with and understand the Code of Business Conduct and Ethics policies, as violation of these principles may subject you to corrective action and/or termination of employment. Therefore, we encourage you to use the Code as a reference resource whenever you feel the need to do so. If you have questions or concerns about what actions to take, contact your supervisor. If you do not feel comfortable approaching your supervisor, you may contact the Ethics and Compliance Department or if you prefer to report an issue anonymously, call the Ethics & Integrity Helpline number at (877) 835-5267. We are committed to our employees and will work diligently to ensure that questions and issues brought to the attention of the Ethics and Compliance Department directly or through the Helpline will be kept confidential and that there will be no retaliation for asking questions or raising good faith concerns regarding possible improper conduct.

While no formal guidance can replace an individual's sense of good judgment, this Code should help you evaluate and address most issues and assure the fitness of the vital actions required for maintaining honest and ethical conduct.

Thank you for your support and your commitment to continually choosing to do the right thing ... the right way.

Sincerely,

William A. Sanger
Chairman and Chief Executive Officer

Don S. Harvey
President and Chief Operating Officer

A Message from the Ethics & Compliance Department

This Code of Business Conduct, *Vital Signs*, is an important component of EMSC's Ethics and Compliance Program. The Ethics & Compliance Department's mission is "to advance operational goals by promoting ethical leadership and providing compliance guidance." Our intent in developing the Code was not only to document the Company's legal and ethical compliance requirements, but also to encourage each one of us to regularly think about our actions and the consequences of our behavior in the work place. We hope in so doing, that we can help promote and develop strong business leaders that will continue to uphold the Company's commitment to ethics and legal compliance

Vital Signs provides information about our business standards and the laws and regulations that apply to our Company's activities. Each one of us is responsible for following the policies in this Code and for seeking guidance and direction when he or she is unsure of the propriety of any course of action.

Q & A: Code of Business Conduct and Ethics

Q: I already reviewed a Code of Business Conduct and Ethics upon hire and signed an acknowledgement form. Why do I have to read this again and attend another training session?

A: As compliance with the Code is a condition of initial hire and as a condition to continued employment with the Company, we believe that it so important that each of us on a routine basis should be required to revisit and re-read the Code. In addition, the Code is reviewed and revised by the executive management team on a periodic basis. Therefore, these refresher training sessions are conducted to serve as a reminder that we all understand our responsibility to do the right thing ... the right way.

While it is impossible to include the full body of applicable law in this document, *Vital Signs* provides guidance for expected ethical behavior. As many issues included in this Code are broad and complex, we will attempt to provide additional guidance through a variety of means, including training and education, policies and procedures, and direction from managers, supervisors and legal counsel.

Be alert and sensitive to situations that could result in improper, unethical or illegal conduct. If you have any questions about the information in *Vital Signs* or for any compliance related issue – ask the question – get the answer! You should:

- Consult *Vital Signs*
- Speak to Your Supervisor
- Contact the Ethics and Compliance Department at (303) 495-1240
- Call the Ethics and Integrity Helpline at (877) 835-5267, which is available 24 hours a day, seven days a week

Thank you for your commitment to the ethical values vital to the Company's reputation and success.

Very truly yours,

The Ethics and Compliance Department

NOTES:
(1) *Vital Signs* is not, and may not be construed as, a contract of employment or any other type of contract or an assurance of continued employment.
(2) In order to make reading the Code a little easier, we have used the term employee(s) to refer to every person and entity that works for the Company as an employee or independent contractor and the term Company to refer to EMSC and any of its subsidiaries, or companies managed by them.

We Act Responsibly Toward Each Other and Our Patients/Customers

Following and Using the Code

This Code has been named *Vital Signs*, as a reminder to continually monitor and check our own workplace behavior against the standards set by the Code. *Vital Signs* has been approved by the Board of Directors and is considered a vital part of our Company's integrity. Therefore, everyone – all members of our workforce including full-, part-time and per diem employees, officers and directors of the Company and its subsidiaries and managed entities, as well as consultants and contractors providing services for these entities – must support the Company's efforts to comply with laws and maintain ethical standards.

The Code is made up of the key compliance policies that apply to all of us. We have tried to include as much compliance guidance as possible to assist you when faced with potential compliance questions. However, no one document can possibly cover every issue. Many of the policies set forth in this Code are further addressed in written operational policies and procedures. In addition, please remember that the Ethics & Compliance Department and the full management staff are available to help you.

Compliance with the Code is mandatory. Any violation of the Code may result in corrective action, up to and including termination. Employees who are aware of Code violations and fail to report the violations to the Company may also be subject to corrective action.

Reporting Suspected Violations

If you believe or suspect a violation has been committed, it is your duty to report your concern. The first person you may want to talk with is your supervisor. If, however, you are uncomfortable going to your supervisor, you should contact the Ethics & Compliance Department by calling (303) 495-1240.

We have also established the Ethics and Integrity Helpline at (877) 835-5267, which is available 24 hours a day, seven days a week where you may report potential issues anonymously. Confidentiality will be maintained to the extent it is possible to do so.

Investigating Suspected Violations and Prohibiting Retaliatory Behavior

We are committed to making sure that compliance issues receive sufficient and appropriate attention. Every call, question and concern is taken seriously. It is the Company's policy to review, investigate and address these issues so that we can make sure that our conduct is compliant with relevant laws and so that we can promptly correct any problem. The Company prohibits retaliation against anyone who raises a good faith legal or ethical issue or helps with a compliance investigation. "Getting even" behavior will never be tolerated.

Q & A: Complaint Resolution

Q: What happens if I am not satisfied with the resolution of a complaint I placed to the Helpline?

A: There may be times that the Ethics & Compliance Department has investigated and resolved a situation that may not be the resolution you would have identified, or the Company has determined the concern is not contrary to Company policy. If you continue to have concerns after a resolution has been provided, please report your concerns back to the Helpline for additional review.

Respecting Patient Rights and Privacy

We respect the confidential nature of our patients' health information. Therefore, we must comply with all federal and state health information privacy laws. Generally, unless otherwise permitted or required by law, we must not use or disclose patient health information without the patients' authorization. The laws concerning the privacy and security of health information are very broad and cover many of our business activities. We have adopted a number of additional policies and procedures directly related to these issues and have also developed a separate Training Manual to address the specific privacy and security requirements adopted as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Maintaining an Appropriate Workplace Environment

The Company strives to comply with all laws, regulations and policies related to employment-related activities, and expects its employees to abide by these laws and regulations. The Company has a comprehensive set of policies related to employment practices and compliance with employment related laws and regulations which address issues such as: diversity, harassment, workplace violence, substance abuse, health and safety. Please consult the Human Resources Handbook for applicable Company policies.

We Strive to Comply with Laws and Regulations

The healthcare industry is highly regulated. All individuals must abide by the laws and regulations impacting the healthcare industry or be subject to disciplinary action up to and including employment and/or contract termination. While the Company does not expect any single individual to understand all details of these very technical and complex healthcare laws, rules and regulations, you are expected to be knowledgeable about and comply with the laws and regulations that apply to your job responsibilities and to seek guidance when questions arise.

Abiding by EMTALA

The Emergency Medical Treatment and Active Labor Act ("EMTALA"), and its state law equivalents regulate patient assessment and treatment at a hospital when the patient comes to the hospital with the belief that he or she has an emergency medical condition. EMTALA also includes specific rules regarding patient discharge and/or transfer.

Many hospitals have specific rules and guidelines with respect to their EMTALA obligations. In addition to complying with the hospital policies, all hospital-based physicians must follow EMTALA in providing medical screening examinations and/or necessary stabilization to all patients, regardless of their ability to pay. All necessary financial information should be obtained AFTER the patient has been stabilized. This information may also be obtained during care as long as no delay occurs.

Submitting Accurate Claims for Services

We must submit appropriate and accurate claims to all patients and third party payors for medical services provided. This means that we must accurately document medical services provided, seek reimbursement only for those services which are medically necessary and actually performed, and we may not submit claims for services that are excessive or otherwise not legally reimbursable. We also must not submit false, fraudulent or misleading claims to any payor.

Maintaining Appropriate Financial Relationships with Referral Sources

There are various state and federal laws governing patient referrals. Anti-kickback laws regulate offers, payments, solicitations and receipt of anything of value in exchange for referring, furnishing or recommending federally funded business. There are also state and federal laws governing patient referrals by physicians, such as the Stark Law. The Stark Law, when applicable, prohibits physicians from referring patients, reimbursable by federal funds, to an entity providing "designated health services" if the physician or a member of the physician's immediate family has a financial relationship with the entity, unless an exception applies.

We may not offer, solicit or receive any type of compensation (including kickbacks, bribes or rebates) in return for referring, furnishing or recommending services to patients that are reimbursable by the federal government. Similarly, physicians may not refer Medicare patients to an entity providing "designated health services" if the physician or a member of the physician's immediate family has a financial relationship with the entity, unless the Legal Department or Ethics & Compliance Department has determined that the referral arrangement does not violate applicable law.

Interacting with Government Employees and Cooperating with Government Investigations

It is illegal to give anything to a government official or employee in order to influence that government official or employee to use his/her government position and power to help the Company. Not only must we refrain from this activity, we must also avoid the appearance of inappropriate influence. Employees may not buy lunches, give gifts or do anything that directly or indirectly benefits government officials without prior approval from the Ethics & Compliance Department.

It is Company policy to cooperate with government investigations. Both the Company and employees have the right to be represented by legal counsel during any government investigation or inquiry. This means that *you* have the right to have an attorney present during questioning whether that questioning occurs during business hours or away from Company property. If you are contacted by a third party in connection with a governmental investigation or you learn of a governmental investigation, immediately contact the Legal Department or the Ethics & Compliance Department.

Always Act with Integrity Before, During and After any Investigation

- Do not destroy documents or information in anticipation of a request for those documents from a government agency or court;
- Do not alter documents or records;
- Do not lie or make misleading statements to government investigators during any investigation; and
- Do not pressure anyone to hide information or provide false or misleading information to government investigators.
- Documents and information include both paper and electronic forms of storage, such as computer file, e-mails, voicemails etc.

Maintaining Eligibility to Participate in Government Healthcare Benefit Programs

The federal government and many state and local agencies pay for some of the services that our Company provides to patients. Individuals and/or entities may be debarred or suspended from participating in federal or state programs for various reasons including inappropriate use of federal or state funds. These individuals and/or entities are published on the "Excluded Parties List System" and the Office of the Inspector General's "List of Excluded Individuals/Entities."

Continued on page 8

Comply with Laws and Regulations, Continued

The Company will not knowingly employ or contract with any individual or business, with or without pay, which is on the Excluded Lists as debarred, suspended or otherwise ineligible to participate in the Company's business endeavors.

We take proactive steps to check the government's list of excluded and debarred providers to ensure that no employees have been placed on the list during employment. Employees have a duty to inform the Company of any change in their eligibility to participate in government programs. Consultants and contractors must be eligible to contract with the Company, and must operate in accordance with our Code of Business Conduct that governs ethical corporate behavior and which precludes the hiring of excluded, debarred or ineligible persons or entities.

Dealing Fairly with Others and Engaging in Appropriate Marketing Activities

The Company is committed to fair competition and to honest dealing with customers, suppliers, competitors and employees. Employees shall not engage in unethical business practices as a means to win business, such as stealing trade secrets or proprietary information from competitors, offering bribes or kickbacks or harassing a competitor's employees. We will market our services honestly and adhere to antitrust and trade regulations that encourage competition.

Q & A: Conflicts of Interest

Q: I am in a position to decide which vendor receives a contract from the Company. My spouse owns one of the businesses bidding for the contract. Is it a conflict of interest to participate in the decision making process?

A: Generally it is a conflict of interest for you to use your position within the Company to influence decisions that would directly or indirectly allow you or a family member to profit from those decisions. For example, if you, a family member or close personal friend own a business that either currently provides services to the Company or is bidding to provide services to the Company, it would be viewed as a potential conflict of interest for you to be involved in the decision making process to hire them due to the possibility that your decision may also provide you with personal monetary gain.

We Avoid Conflicts of Interest

Limiting Acceptance of Inappropriate Gifts or Other Benefits and Maintaining Appropriate Outside Financial Interests

Business decisions must always be made in the best interests of the Company and not motivated by personal interest or gain. Employees should not participate in any activities or enter into relationships that conflict or appear to conflict with their Company responsibilities. It is a conflict of interest for an employee to make any profit or personal gain as a result of his or her position with the Company, apart from the Company's compensation and benefits programs. Company employees shall not be used to help with personal business during business hours. Employees must avoid and promptly disclose potential conflicts of interest. Waivers or exceptions to any conflict of interest must be approved in writing by the General Counsel.

Some Examples of Possible Conflicts of Interest Include:

- Awarding business to a consultant or entity owned or controlled by a family member;
- Owning (or possessing a significant ownership interest in) an entity which is a competitor or supplier of the Company;
- Providing charitable contributions to entities where an employee or family member has an interest;
- Receiving loans or guarantees of an obligation from a customer or vendor; and
- Accepting a gift that influences a decision with respect to a specific vendor or customer.

Keeping Personal Political Activities Separate from Company Activities

It is important to keep separate your personal political activities from Company activities. The Company has specific procedures regarding all political contributions and those procedures must be strictly followed in order to comply with laws that restrict the use of Company funds, property and services in connection with elections. Employees must receive prior approval by the Ethics & Compliance Department and Government Relations Department for any political activity that could be characterized as sponsored or supported by the Company, such as making political contributions or using employee work time or Company resources on political campaigns.

No type of political contribution should ever be included on any expense account. For example, in general, the cost of fund-raising and/or tickets for political functions are considered political contributions, and therefore may not be included on expense reports, even if business is discussed.

Under no circumstances are local petty cash funds, draft accounts or other Company funds to be used for contributions to federal, state or local political campaigns.

We Protect Company Property

Using Company Property

Company Property, as a general rule, should only be used to further the Company's business, unless you receive prior approval for another use by your manager. When we refer to Company Property, we mean all the resources we use to conduct our business such as the physical spaces and facilities, materials, supplies, equipment, the services that the Company pays for to support its activities and the Company information that we use to do our jobs.

Some examples of Company property are our offices, vehicles, telephones, paging equipment, copying machines, work supplies, computers.

Company Property should be used wisely and never needlessly wasted. We also need to take precautions to protect it from misuse or theft. In order to ensure that property is being used in compliance with our policies and the law, the Company retains the right to gain access to Company Property at any time, without notice. This means that we may take actions such as such as monitoring, opening, inspecting, or copying any Company property, including accessing electronic communications transmitted or received through the Company's systems.

Q & A: Proprietary Information

Q: I recently created a training presentation for my staff that includes graphics and other creative options. Can I use this presentation for personal business or take it with me if I begin working for another company?

A: No. All work product created by you in the course of conducting Company business is the property of the Company. The Company hired and paid you for your knowledge, experience and creativity. Anything that you have created for the Company cannot be used elsewhere without prior permission. The information is owned by the Company and is therefore proprietary.

Safeguarding Confidential and Proprietary Information and Trade Secrets

Much of the information that employees have access to and use in the course of business has been developed by or for the Company and is extremely valuable and necessary in helping the Company operate successfully. This information, including our trade secrets, is confidential and proprietary information and generally is not available to others.

Examples of confidential or proprietary information are pricing structures, contract terms, proposals, business plans, processes, personnel information, customer or patient information, passwords and other information that either the Company has not released publicly or which is copyrighted and not available for use by other companies.

Good judgment should always be used whenever disclosing this type of information to other Company employees or to individuals outside of the Company. If you have any concerns, you should

Q & A: Confidential Information

Q: I generate a report on a routine basis. This report contains personal information such as name and social security number. I do not need to retain it. How should I discard it?

A: Unless management has instructed you to retain all documents (paper and electronic) as a result of a government or internal investigation the report should be retained or discarded in accordance with the Company's document retention policy. Confidential documents that are discarded should be shredded or destroyed so that the information contained in the report cannot be reconstructed.

contact the Legal Department prior to disclosing information in order to determine if there are any restrictions on disclosure.

Sometimes the Company receives a subpoena or other type of legal request for certain information. The Company has developed specific procedures for releasing information in response to subpoenas and legal inquiries. For legal reasons, it is very important that these procedures be followed. Any requests for information under these circumstances should be immediately directed to the Legal Department.

By its very nature, confidential information is compromised if it is made public. Therefore the requirement to safeguard this type of information remains an ongoing obligation, even if your employment with the Company should end.

Keeping Accurate Books, Records and Reports about the Company

The Company's books, records, and reports must be truthful and accurate and properly maintained in compliance with Company policy, federal, state and local laws. The failure to maintain accurate books, records and reports may expose the Company and employees to significant civil damages, substantial criminal fines and other penalties. We expect every employee to take responsibility for the integrity of information that is included in business documents, whether that information is financial, operational, statistical or other business data. You must not intentionally enter, record or report false, misleading or inaccurate information.

Employees are expected to cooperate fully with any compliance investigation and with both internal and outside auditors. Cooperation is defined as providing unrestricted access to the employee's book records, and source documents related to any review conducted at the direction of the Chief Compliance Officer, or the Internal Auditor. Under no circumstance should any employee, on his or her own, or under the direction of a director, officer or other employee, take any action to coerce, manipulate, mislead or fraudulently influence any internal auditors or outside auditors retained by the Company.

All complaints regarding accounting, internal accounting controls, auditing and other financial matters from any source are received, retained, and investigated by the Chief Compliance Officer and Internal Audit and reported to the Board of Directors or a committee thereof.

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Protect Company Property, Continued

Restricting Use of Inside Information

We shall comply with all applicable federal and state securities laws, relating to buying or selling stock in our Company. In the normal course of the business, we may become aware of material, non-public information (Inside Information) regarding the Company, as well as other companies with which we do business. The Company has adopted an insider trading policy (the "Insider Trading Policy") which will be available on our website and which employees should review. The following is a summary of the Insider Trading Policy:

The following conduct is strictly prohibited:

A. "Insiders" include employees, officers and directors of the Company, as well as the Company's outside advisors, agents, contractors and other third parties with access to Inside Information. Under the Insider Trading Policy, Insiders, members of their immediate families, or any trusts over which the Insider has control, may not buy or sell EMSC securities or securities of any other publicly-held company, while in possession of Inside Information obtained during the course of employment. This prohibition applies even if the decision to buy or sell is not based upon the Inside Information.

B. Insiders in possession of Inside Information, may not (a) disclose the Inside Information to anyone other than those individuals associated with the Company who need to know the information to conduct their job duties; or (b) offer tips, opinions or recommendations regarding Inside Information, to any other individual, including family members, friends, vendors, suppliers or customers, who may trade EMSC securities. Even outside of the trading context, Insiders are required to maintain the confidentiality of Company information.

C. The Company considers it improper for any Insider to engage in speculative transactions with EMSC securities. Therefore, Insiders are prohibited from engaging in the following with respect to EMSC securities: (a) buying or selling publicly traded options, warrants and other derivatives; (b) engaging in short sales; (c) engaging in hedging transactions; or (d) margin purchases of EMSC securities.

Additional restrictions, including those applicable to individuals subject to the SEC's Section 16 reporting requirements and other employees with regular access to Inside Information, are described in the Insider Trading Policy. These policies will continue to apply to any individual whose relationship with the Company terminates as long as the individual possesses Inside Information. If you have any questions about Insider trading, you should contact the Company's General Counsel.

Acknowledgment and Conflicts of Interest Disclosure Form

I certify that I have received a copy of *Vital Signs* – EMSC's Code of Business Conduct and Ethics. I have read *Vital Signs* and I understand that it represents my responsibilities as an employee, officer or director (as applicable) of the Company.

I agree to fully comply with the standards, policies, procedures and other provisions of the Company.

I understand that I have an obligation to report any suspected violation of the Company's standards, policies, procedures and other provisions. I understand that the Company has provided me with access to a toll free Ethics & Integrity Helpline number to answer any questions I may have and/or allow me to report any suspected violations.

I certify that I have read and understand the Code of Business Conduct and Ethics section entitled CONFLICTS OF INTEREST and that:

_____ I have no conflicts of interest.

_____ I request assistance in determining whether I have a Conflict of Interest.
If you checked this box please describe below.

I further certify that:

_____ I DO NOT have knowledge of any violations of this Code of Conduct at this time.

_____ I DO have knowledge of a violation of this Code and the violation is described below or will be reported to the Ethics & Compliance Department as soon as possible.

_____

_____

_____

_____

Please sign and return this form to your supervisor or manager. It will be sent to the Ethics & Compliance Department and a copy will be placed in your personnel file.

Name (Print): _____

Company: _____

Position Title: _____ Last four digits of SS#: _____

Employee ID #: _____ Location: _____

Signature: _____ Today's Date: _____

Emergency Medical Services Corporation
6200 South Syracuse Way, Suite 200
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TRAINING MANUAL

HEALTH INSURANCE PORTABILITY &

ACCOUNTABILITY ACT OF 1996

HIPAA

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Introduction

What is HIPAA?
HIPAA is short for the Health Insurance Portability and Accountability Act of 1996. Through HIPAA, Congress provides federal protection for the privacy and security of patient health information. The HIPAA regulations provide guidance on privacy, security and transactions and code sets.

Privacy
The HIPAA Privacy Rule contains rules for the protection of patient health information and for patients' rights related to that information. HIPAA also requires us to implement policies for protecting patient health information and to permit patients to exercise their rights.

Security
The HIPAA Security Rule requires that we implement physical and technical safeguards to protect the security of electronic patient health information.

Transactions and Code Sets
The HIPAA Transactions and Code Sets Rule standardizes the way we send and receive billing information on the patients we treat.

Taken together, these three HIPAA Rules are designed to facilitate the development of a uniform computer-based health information system, while protecting the privacy and security of our patients' health information.

What is Covered
HIPAA requires covered entities, including certain health care providers such as AMR and other health care companies, to protect the privacy and security of Protected Health Information (PHI). This type of information can be in oral, written or electronic form. PHI includes demographic or other identifying information that:

- Is created or received by covered entity;
- Relates to the past, present or future physical or mental health condition of an individual, provision of care to an individual; or the past, present or future payment for the provision of care to an individual; **and**
- Identifies the individual; **or**
- Provides a reasonable basis to believe the information can be used to identify the individual.

Administrative Requirements

Privacy Officer
To help ensure compliance with the HIPAA Privacy Rule, we have a Privacy Officer who is responsible for developing and implementing our HIPAA compliance program. The Privacy Officer is responsible for developing and implementing privacy policies and procedures, receiving complaints regarding our privacy practices and providing further information about our privacy practices.

If you have any questions regarding our privacy practices, please contact the Privacy Officer or a member of the Ethics & Compliance Department.

You may also call the toll-free HIPAA Helpline number: (888) 828-7284.

Privacy Policies and Procedures
We have established a comprehensive set of HIPAA policies and procedures to guide all employees and to ensure compliance with HIPAA and its regulations. These policies are available to review on the AMR website.

Enforcement and Compliance
Any employee who violates HIPAA may be subject to sanctions, up to and including termination of employment. If you have a good faith belief that the HIPAA regulations may have been violated, you have an affirmative obligation to report any suspected violation to the Privacy Officer or a member of the Ethics & Compliance Department. Anyone, including our patients, who believe that we are not complying with the applicable requirements of HIPAA, may file a complaint with the Department of Health and Human Services ("DHHS"). HIPAA establishes civil and criminal penalties for violations of HIPAA. Criminal penalties include up to $250,000 for each violation and up to 10 years in prison.

We will not take any retaliatory action against any individual who in good faith reports a potential HIPAA violation.

Preemption
The HIPAA Privacy Rule establishes a uniform "floor" for protecting the privacy of PHI. The HIPAA Privacy Rule preempts, or overrides, state laws that are contrary to, and that are less protective than the HIPAA Privacy Rule. State laws related to the privacy of health information that are more protective than the federal rule will remain in effect. Generally, a state law is "more protective" when it provides greater privacy protection for the individual who is the subject of the information or provides the individual with greater rights in his or her PHI.

Patient Rights

Notice of Privacy Practices and Patient Rights
The HIPAA Privacy Rule gives individuals the right to be informed of our privacy practices and their privacy rights. It requires that we provide patients with a written notice describing our privacy practices.

We must make a good faith effort to obtain a written acknowledgement from the patient

Q & A: Privacy Practices and Patient Rights

Q. Are we required to provide the Notice of Privacy Practices to "wheelchair car" patients?

A. Yes. It is AMR's policy to distribute the Notice of Privacy Practices to every patient we transport regardless of the type of transport. We must also obtain a written acknowledgment from the patient of the receipt of the Notice.

of receipt of the notice. In the event that the patient is unable to sign or we are otherwise unable to obtain a written acknowledgment, we must document the reason why we were unable to obtain the acknowledgment from the patient.

All AMR medical transport personnel should distribute this Notice of Privacy Practices to every patient we transport. This includes ambulance and wheelchair car transports.

Right to Access

The HIPAA Privacy Rule gives individuals the legal right to see and obtain a copy of their own PHI for as long as we maintain the information. In general, we must follow these rules:

- Allow an individual to inspect or obtain a copy of the PHI no later than 30 days after receiving the request.
- All requests for access to PHI must be made in writing.
- All written requests for access to PHI must be kept with the medical record for as long as we maintain the record.

Right to Amend

The HIPAA Privacy Rule gives individuals the right to amend their own PHI. For example, an individual who learns that someone else's health information is mistakenly in her chart may request that the record be amended to note that this information is not hers. The individual has this right for as long as the covered entity maintains the information.

We may deny an individual's request for amendment; for example, if we determine that we did not create the information, that the information would not be available for inspection because the individual does not have a right to access it, or that the record is accurate and complete.

- All requests for amendments must be submitted in writing.
- The Medical Director for each operational area or region will be responsible for reviewing the request and will make the final determination to accept or deny the request.
- The Medical Director will then provide the patient with a written explanation of our decision.
- We must respond to an amendment request within 60 days after receiving the request.
- The patient has the right to appeal the decision.

Q & A: Right to Amend

Q. Who is responsible for deciding if we will amend a patient's Patient Care Report (PCR)?

A. When a patient requests an amendment to his or her PCR, it is the responsibility of the Medical Director to review the request and determine if an amendment is warranted. The Medical Director is also responsible for communicating the decision to the patient.

Right to Request Restrictions and Alternative Methods of Communication

The HIPAA Privacy Rule gives individuals the right to request restrictions on the uses or disclosures of their PHI. For example, an individual may request that a particular medical procedure be kept confidential and not shared with other providers. Although we are not required to agree to such a restriction, if we enter into an agreement to restrict, we must abide by the agreement, except in emergency circumstances.

The HIPAA Privacy Rule also gives individuals the right to request that communications of PHI be made by alternative means or at alternative locations. For example, an individual may request that we call them at work instead of at home.

We must accommodate all reasonable requests and may not require an explanation from the individual as to why they are making such a request.

Right to Receive an Accounting of Disclosures
Individuals have the right to receive an itemized list of **certain** disclosures of their PHI that we made during the six years prior to the date that the individual requests the accounting, including disclosures to or by business associates. Generally, we must provide the individual with an accounting within 60 days after receiving such a request. We must include:

- the date of each disclosure;
- the name and, if known, the address of the organization or person who received the information;
- a description of the information disclosed; and
- a statement of the purpose of the disclosure.

Because we are required to provide individuals with an accounting of disclosures, we must document certain disclosures we make.

Use and Disclosure of PHI

Permitted Uses and Disclosures
The HIPAA Privacy Rule limits when and how we may use and disclose PHI.

- We "use" PHI when we internally access, share, examine, or analyze PHI.
- We "disclose" PHI when we release, transfer, or give access to PHI to another entity.

For treatment, payment, or healthcare operations, (TPO) we may use and disclose PHI without the individual's permission. Healthcare operations include a wide range of activities, including, for example, conducting quality assessment and improvement activities, reviewing the competence of health care professionals, conducting training programs, conducting or arranging for medical review or legal services, business planning and development and business management and administrative activities.

Q & A: Privacy Practices

Q. Is it correct that although we may provide treatment without patients' consent, we must obtain written acknowledgment from patients of their receipt of the Notice of Privacy Practices?

A. Yes. Covered entities are required to give patients the Notice of Privacy Practices and receive a written acknowledgment of receipt of the notice. However, if we render treatment and are unable to obtain written acknowledgment of receipt of our Notice of Privacy Practices, we must document our attempt and the reason why we were unable to get the acknowledgment from the patient.

In addition to uses and disclosures related to treatment, payment or healthcare operations, under certain circumstances [more fully discussed in our HIPAA Policies and Procedures] we are permitted to use or disclose PHI without the patient's written authorization in the following circumstances.

- Uses and disclosures required by law
- Uses and disclosures for public health activities
- Disclosures about victims of abuse, neglect or domestic violence
- Uses and disclosures for health oversight
- Disclosures for judicial and administrative proceedings
- Disclosures for law enforcement purposes

- Uses and disclosures about decedents
- Uses and disclosures for cadaveric organ, eye or tissue donation purposes
- Uses and disclosures for research purposes
- Uses and disclosures to avert a serious threat to health & safety
- Uses and disclosures for specialized government activities
- Disclosures for workers' compensation

In addition, while we are not required to obtain the patient's written authorization first, we are required to give the individual the opportunity to object to the following types of disclosures:

- Uses and disclosures for facility directories
- Uses and disclosures to family members and other individuals involved in the patient's care or payment for that care

Before we use or disclose PHI for any other purpose, we must first obtain the patient's written authorization. The HIPAA Privacy Rule requires that certain information be included in the written authorization. To ensure we capture all of the required information, we have developed a standard HIPAA Authorization Form that should be completed prior to any uses or disclosures of PHI outside of those listed above. These Authorization Forms may be obtained through the Ethics & Compliance Department.

Minimum Necessary

When we use or disclose PHI, we must make reasonable efforts to limit the use or disclosure of PHI to the minimum amount necessary to accomplish the purpose of the permitted use or disclosure. This includes uses and disclosures made for purposes of payment and healthcare operations.

When we disclose PHI to another healthcare provider for treatment purposes, including oral disclosures, we are not subject to the minimum necessary standard. For example, an EMT or paramedic is not required to apply the minimum necessary standard when discussing a patient's medical condition with an emergency department physician at a hospital.

Incidental Uses and Disclosures

The HIPAA Privacy Rule is not designed to keep healthcare providers from talking to each other or to their patients. Incidental uses or disclosures of PHI that occur as a result of an otherwise permitted use or disclosure are not considered violations of the HIPAA Privacy Rule provided that we have taken reasonable precautions to safeguard the information. Reasonable precautions may include:

- speaking quietly when discussing a patient's condition with family members in a waiting room;
- avoiding use of a patient's name in public hallways and elevators;
- avoiding discussion of the patient's condition with bystanders.

Q & A: Incidental Uses and Disclosures

Q. Can healthcare providers engage in confidential conversations with other providers or with patients, even if there is a possibility that they could be overheard?

A. Yes. The HIPAA Privacy Rule is not intended to prohibit providers from talking to each other and to their patients. The regulation recognizes that oral communications often must occur freely and quickly in treatment settings. These types of disclosures are considered "incidental disclosures." Thus, healthcare providers may engage in communications as required for quick, effective, and high quality healthcare.

Multiple patient transports should not be standard operating procedure. They should be used only when waiting for a separate vehicle could adversely affect a patient's medical condition.

Ambulance Ride Alongs – Third Riders
Due to the HIPAA Privacy Rule, AMR has adopted a policy that prohibits ambulance ride alongs, or "third riders." This includes all members of the media, AMR employee family members or anyone else who is not directly involved in the treatment, payment or healthcare operations of the patient. Individuals who are enrolled in a formal EMT and paramedic training programs, clinical personnel such as nurses and physicians who receive ambulance patients at facilities, and any individual permitted by law to ride along may do so in accordance with appropriate AMR Safety/Risk policies. All exceptions to this policy must receive prior written approval by the Chief Compliance Officer and Privacy Officer.

Safeguarding the PHI of current and former employees
Under the HIPAA Privacy Rule, our colleagues and former employees have a right to expect privacy and confidentiality when it comes to their own healthcare. Co-workers and former co-workers of covered entities have the same privacy rights that any other individual has under the HIPAA regulations. In the event a colleague, co-worker or former employee needs to be transported or is a patient at a facility for medical or psychological treatment, we must continue to follow the HIPAA Privacy Rule. We must use the same measures to protect his or her confidentiality as we would any other patient. This means that we must not use or disclosure the PHI in any way that we would not otherwise be permitted to do without the patient's authorization. In addition, we must follow the minimum necessary requirements to limit disclosures of PHI to anyone not directly involved with the patient's care. We must also refrain from mentioning the presence or condition of this person to any other co-worker or colleague.

Videotape and/or Photographs of PHI
All employees must not, and may not allow anyone else, including members of the media, a third party vendor or any other employee, to videotape or photograph any aspect of our operations without prior written notice to the Chief Compliance Officer and prior written authorization of the individual who may be the subject of the PHI. Such conduct could be considered an impermissible use or disclosure of PHI and a violation of the HIPAA Privacy Rule. This applies to AMR ride-alongs, clinical training and other activities for purposes other than treatment, payment and healthcare operations.

Business Associates
We routinely hire other companies and consultants to provide services for us that may involve the use or disclosure of PHI. These entities are called "business associates." We must obtain satisfactory assurance that the business associate will appropriately safeguard the information.

Q & A: Business Associates

Q. Would a healthcare provider need a Business Associate Agreement with every insurance company to which it sends bills?

A. No. A Business Associate Agreement is required only when a third party is providing certain services or performing functions on our behalf that involve the use or disclosure of PHI. Insurance companies that are paying healthcare claims for services that we render are not considered to be doing so on our behalf (rather, it is on behalf of the patient) and, therefore, business associate contracts are not required with such entities.

This will normally take the form of a written agreement called a "Business Associate Agreement" that prohibits the business associate from using or disclosing the information other than as permitted or required by the agreement.—

Law Enforcement

The HIPAA Privacy Rule does not expand current law enforcement access to PHI. Your state privacy laws may be more protective than the federal HIPAA regulations. If that is the case, continue to follow your state privacy laws.

Q & A: Physical Privacy and Security

Q. Does HIPAA require emergency departments to be retrofitted, to provide private rooms, and soundproof walls to avoid any possibility that a conversation is overheard?

A. No. The HIPAA Privacy Rule and Security Rule do not require these types of structural changes be made to facilities. The Rules require only that covered entities make reasonable efforts to prevent uses and disclosures not permitted by the Rule.

Even in cases when the Privacy Rule permits disclosure to law enforcement, we must follow the Minimum Necessary Standard.

The HIPAA Privacy Rule permits disclosure of certain PHI (e.g. name, address, birth date, social security number, blood type, type of injury, date and time of treatment and a description of distinguishing features) to law enforcement officials without the patient's authorization for identification or investigative purposes.

We may also disclose PHI about a crime victim to law enforcement officials if the victim agrees to the disclosure, or, if the individual is unable to agree we receive certain representations from the law enforcement official.

In addition, when possible, we must obtain permission from persons who have been the victim of domestic violence or abuse before disclosing information about them to law enforcement unless the disclosure is otherwise required by law.

Under the HIPAA Privacy Rule, we may disclose PHI to law enforcement officials as required by law or in response to:

- a court order, a court-ordered warrant, or a subpoena or summons issued by a judicial officer;
- a grand jury subpoena; or
- an administrative request, such as an administrative summons or a civil investigative demand that meets specific standards.

We must also confirm the subpoena contains a "Certificate of Satisfactory Assurances" from the attorney requesting the PHI that the requesting attorney has made a good faith attempt to provide written notice to the patient or patient's personal representative of the intent to request the PHI, and that the patient is aware of the request for PHI. The Certificate must also state that either the patient had no objections, or any objections have been resolved prior to the subpoena being submitted.

HIPAA Security

Just as the HIPAA Privacy Rule protects the privacy of PHI in oral, written and electronic form, the HIPAA Security Rule focuses only on safeguarding the security of electronic PHI, or EPHI. Safeguarding EPHI is everyone's responsibility.

Pursuant to the HIPAA Security Rule, we will:

- implement reasonable and appropriate administrative, technical, and physical safeguards that ensure the confidentiality, integrity and availability of the electronic PHI the entity collects, maintains, creates or transmits;
- protect against reasonably foreseeable threats to the security or integrity of the information such as unauthorized access, alteration, deletion or transmission of the EPHI; and
- protect against any reasonably anticipated uses or disclosures of the information that are not permitted or required by the Privacy Standards.

The following is a list of practices that we employ to comply with the HIPAA Security Rule.

Access to Secured Areas
You should report any observed or suspected incidents to your manager, Medical Director or designated Information Systems personnel immediately.

Virus Protection
You should take precautions to prevent and detect the introduction of any type of viruses or other malicious software.

NEVER open any files or macros attached to an e-mail from an unknown, suspicious or untrustworthy source. Delete these attachments immediately, then "double delete" them by emptying your Trash (Deleted Items Folder, Recycle Bin, and so on.) Keep in mind that viruses are often sent by someone pretending to be someone you know or trust.

Passwords & Password Protection Standards

- A poorly chosen password may result in the compromise of our entire corporate network. As such, you are responsible for taking the appropriate steps to select and secure your passwords.
- Do not use the same password for AMR accounts as for other non-work access, for example, personal ISP account and benefits.
- Where possible, do not use the same password for various work access needs.
- Do not share AMR passwords with anyone who should not have access to your network logon information.
- All passwords are to be treated as sensitive and confidential information.
- Keep passwords confidential and secure and do not share accounts.
- Authorized users are responsible for the security of their passwords and accounts.
- User-level passwords should be changed every 45 days.

Q & A: Communication Devices

Q. Does the HIPAA Security Rule require encryption of wireless or other emergency medical radio communications that can be intercepted by scanners?
A. No. The HIPAA Security Rule does not require that we make these types of electronic communication changes. We must implement reasonable safeguards to limit incidental, and avoid prohibited uses and disclosures.

PDA's and other hand held electronic devices
Any type of hand held electronic device that is used to store, transmit or create EPHI must be properly safeguarded to ensure the integrity of the data. Take steps to protect the device from theft or loss.

- Remember that your conversations and written communications about patients are private.
- Be aware of who is around you in elevators, airports and restaurants.
- Sensitive information such as PHI should be encrypted and/or password protected.

ACKNOWLEDGMENT OF HIPAA TRAINING AND COMPLIANCE FORM

I certify that I have received HIPAA training and the HIPAA Training Manual. I have read it and I understand that it represents some of my responsibilities as an employee, officer or director (as applicable) of the Company.

I understand that I have access to a toll-free HIPAA Helpline number, (888) 828-7284, to answer any questions about HIPAA requirements or HIPAA compliance issues. I also understand that I have an affirmative obligation to report any suspected violation to the Privacy Officer or a member of the Ethics & Compliance Department.

Please sign and return this form to your supervisor or manager. It will be sent to the Ethics & Compliance Department and a copy will be placed in your personnel file.

Name (Print): _____

Company: _____

Position Title: _____

Last four digits of SS#: _____

Employee ID #: _____

Location: _____

Hire Date: _____

Signature: _____

Today's Date: _____

CONTINUOUS QUALITY IMPROVEMENT

Colorado Clinical Education Services CQI Plan.....1

AMERICAN MEDICAL RESPONSE
Rocky Mountain Plains Division
Colorado Front Range

CLINICAL AND EDUCATION SERVICES TOTAL QUALITY IMPROVEMENT PLAN

Our job at AMR is to provide quality prehospital care to the citizens and visitors in various locations in Colorado. In some situations quality care is utilizing current training and state-of-the-art equipment to accomplish a speedy medical intervention. In other situations, it is comforting a frightened child whose parent is being cared for. Each encounter is an opportunity to deliver quality care and to exceed the expectations of the individuals we serve. The role of the Clinical and Education Services (CES) department is to maintain an awareness of our performance and to provide strategies to help improve our team.

CES is active in the development of standards of performance, providing education to achieve the standards, and observing and measuring performance against these standards. Every activity relating to prehospital care is part of the QI program.

AMR's TQI program focuses on improving the system rather than blaming the people for the problems. Every member of the organization has the responsibility for the daily activities and overall success of this TQI program.

A PEER DRIVEN PHILOSOPHY

At AMR we strongly support employee involvement in quality improvement. Medicine has a long history of peer-driven quality assurance. Peer review committees are an important part of hospital operations. To extend this concept to the prehospital phase of patient care seems logical. It is important to draw from the experience and knowledge of the people who do the job. They are part of the daily encounters with the citizens. They are the best judges of how well standards can be met. In addition, peer involvement assures buy-in when introducing new concepts, procedures, standards, and other progressive activities.

Our program is predicated on the belief that field personnel are highly skilled medical professionals empowered to make judgments that often have far-reaching and serious consequences for patients. With empowerment comes accountability. Our belief is that accountability for performance is best managed through a peer process. When field staff is empowered to set standards for performance, monitor this performance, and train their peers, they are empowered to make the system theirs. It reduces the burnout associated with powerlessness. It creates a climate where paramedics and EMTs are actively engaged in improving their EMS system and the overall quality of care delivered in it. And, because the different perspectives of those participating influence the peer process, it has a dynamic quality that discourages the complacency born through adherence to routine ways

of doing things. When taking care of patients becomes routine, paramedics and EMTs become disassociated from that element of EMS that finally keeps us all in the business; connection with our patients, caring for human beings when they are in need.

Field personnel participate in all areas of quality improvement and education. They are the vehicles by which many QI activities are accomplished. Our Field Training Officer (FTO) group constitutes our field leadership team. This group is made up of senior paramedics and EMTs who are recommended by their peers and supervisors. Their field performance is exemplary and they exhibit an enthusiasm for constant performance improvement and education. Under the guidance and direction of the Clinical and Education Services department they develop performance standards, monitor and analyze performance, conduct training programs, and participate in performance follow-up. They meet monthly with the CES Manager or Coordinator. Discussions may include topics relating to revision or setting of performance standards, audit results, equipment review, and the development of plans to address training needs. Together with the CES Manager or Coordinator, the members of the group develop methods for training to implement new procedures, improve system performance, and address individual training needs noted as a result of audit, call review, or through some other assessment tool. Field Training Officers have responsibility for providing training at all levels. They provide instruction in orientation programs, field orientation of new employees, and assist in teaching in-service education programs. Whenever a training need is assessed, the CES Department and/or the FTO group will design a program to address the needs and oversee the delivery of training to everyone identified in the assessment. The FTO group, along with the Peer Review Committee also conducts follow-up activities to assure the effectiveness of field training.

Local operations may also choose to utilize a Peer Review Process in their Total Quality Improvement process. This process may utilize field personnel, the Medical Director, and the CES Manager or Coordinator for the local operation. The process involves regular meetings to review calls that are brought to the attention of the CES department through audit or by an individual. Their review evaluates performance against established standards and expectations and makes recommendations for an educational response to performance deficiencies. The process also involves review of performance from a system perspective and to provide information regarding overall performance

At AMR we believe in a quality improvement model for the design and implementation of our programs. Continuous Quality Improvement (CQI), as endorsed by the American College of Emergency Physicians, tells us that one of the most accurate ways to evaluate a system is to examine the processes that combine to create the system. It is a continuous cycle of planning, implementation, evaluation, and improvement. Its goal is to improve performance, thereby patient care. Traditional programs that use a hierarchical approach to quality assurance (QA) tend to pay attention to the outcomes of prehospital practice – a primarily retrospective look – and to measure minimum competencies based on these outcomes. They tend to "error-trap", solving mistakes as they arise, rather than taking a proactive, educational approach to insuring continuous quality field care.

In contrast to traditional quality assurance (QA) programs which assure adherence to standards through error trapping, or QI program aspires to create a dynamic process whereby field personnel themselves create the standards for their practice. They monitor this practice and give feedback to educate personnel and to affirm that our "best practice" models are being realized in the field.

The focus of the CES department is educational, not punitive. It reports to the local Director of Operations or Operations Manager and is an independent department. In contrast to a traditional approach that attempts to enforce minimum competencies, the philosophy of the department is that performance issues are training issues until proven otherwise. We believe that people should be accountable for their performance. We further believe they want to do a good job and want to excel at their work. The goal of the department is to utilize several different strategies – planning, standard development, educational programs, meetings, performance audits, independent research, and clinical and field remediation – to help field personnel improve their performance. It is this improvement of field performance that will ultimately benefit our patients and our EMS system.

Many attempts have been made to divide and categorize quality and customers. Most of these attempts fail when applied to individual situations. For quality planning, structure and improvement, however, AMR has found a few classifications helpful.

"Take it for granted quality"

Quality can be divided into two broad categories. The first is something we call "take it for granted quality." These are aspects of the system that customers take for granted. For instance, most external customers or patients are not medical professionals and take it for granted that the level of clinical care they are receiving is safe, appropriate, the best that's available and in their best interest. They take it for granted the ambulance they are riding in won't break down. Quality improvement in this area tends to be best accomplished through the tools and structure of the traditional or industrial model improvement /assurance process.

AMR anticipates that clinical innovations and improvements will be subject to rigorous examination prior to implementation. AMR will work with the Medical Director, the medical community, and other system stakeholders to advance the level of care to the patients. AMR recognizes that clinical changes must be made carefully and measured continuously to determine their effect on patients, including their cost benefit.

Other system issues are categorized as either quick fixes or Quality Action Team projects. The quick fixes are easy simple improvements that can be implemented by one or two people. Quality Action Team projects are those that require more input and research to develop.

"Service or Relationship Quality"

The second type of quality can be categorized as "service quality" or "relationship quality." This is the kind of quality that individual customers get excited about, feel good about, and tell stories about. These are the little extras that exceed the customer's expectations. For example, "you held my hand" or "You remembered my name and introduced me to the nurse." This is the kind of quality that is created or lost in a brief moment. This type is more challenging to measure and quantify than the "take it for granted" quality. Improvement in this area lends itself more to a customer service model.

AMR's culture is dedicated to meeting and exceeding the customers expectations whenever possible. Additionally, AMR will continue to infuse all of its front line providers with education and customer feedback on their relationship skills.

Elements of Quality Improvement and Education

Quality improvement is defined as "The sum of all activities undertaken to continuously examine and improve products and services". AMR not only wants to make sure that quality patient care is provided by all of their employees, we are also constantly examining performance in the system to see where both personal and the system can continue to improve. The philosophy of AMR is that all employees want to do a good job and we are constantly looking at the system to determine how it can be structured to achieve this goal. Quality improvement doesn't only look at what is done wrong, but what is done right, so we can learn from both.

Continuous Quality Improvement is broken down into three areas of study: prospective, concurrent and retrospective. Prospective CQI is designed to ensure quality before the employee ever sees a patient. The prospective stage includes the training of new EMTs and paramedics, hiring of the employee, the orientation of the new employee, certification requirements, and training. Concurrent CQI involves evaluation as the patient contact is actually taking place. The evaluation is immediate. This process can be included as a function of the FTO group as they do evaluative rides with the crews. The final stage is the retrospective stage. Trip audits and case reviews are the major forms of this stage. These function as a means to ensure and assess quality after the patient care has been performed.

The desired product of Continuous Quality Improvement is quality patient care. To ensure this we must teach the personnel correctly, constantly evaluate their knowledge and observe current performance, structuring continuing education on observed weakness and deficiencies.

American Medical Response views any deficiency or weakness as an educational opportunity. When an employee is found to have a weakness or deficiency, that individual will be given every opportunity to improve in that area of weakness.

CONTINUOUS QUALITY IMPROVEMENT IS A TEAM EFFORT!

Our Quality Improvement plan is contained in the following sections, which are divided according to the elements of the program. Each section includes information as it relates to that element. There are some programs that contain more than one element of quality improvement and are so noted in their descriptions.

Prospective Quality Improvement and Education

Prospective quality improvement attempts to look ahead toward the needs of the citizens and the system. Activities are proactive with regard to personnel, policy, and equipment needs. AMR has a large investment in this element. It is where choices relating to employee selection, policy development, and technology are made. The philosophy of prospective quality improvement and education is that if we begin with quality, we will keep the quality. Prospective QI activities include, but are not limited to:

Paramedic/EMT student clinical experience:

As providers of pre-hospital services, as well as a potential employer, AMR shoulders a certain responsibility in training the paramedics and EMTs of the future. All employees share this responsibility. AMR provides training to paramedic and EMT students from various facilities by providing field clinical opportunities. Paramedics at AMR share their knowledge and experience with others by acting in the role of a preceptor. In this role, preceptors accept the responsibility of monitoring and coaching the student according to predetermined objectives and performance standards.

Employee selection:

The first step in the Quality Improvement process is the hiring process. AMR holds periodic testing for prospective new employees. Following an initial phone screening a list of potential candidates is compiled, and the operation site conducts the testing and interview process. A selection algorithm is included in the appendix.

The testing and interview process typically includes motor vehicle record check, realistic job preview, written and practical testing, and an oral interview. The written and practical testing of the candidate is based on national standards. The oral interview is based on structured questions meant to gauge values, flexibility, and motivation. Questions are designed to understand the candidate's attitude towards the role of the paramedic/EMT in the overall EMS system.

Once a candidate has successfully passed all phases of the hiring process and the local operation has an open position, a job offer will be extended. Should the candidate accept the offer, he or she will then be required to complete a background criminal check, drug screen, and physical agility test prior to being accepted for hire.

The goal of the process is to select an employee who not only exhibits exceptional technical skill but also demonstrates values consistent with those that will enable the medic to deliver quality care to each individual we serve.

When selecting employees, we also look for those who will contribute to the standard of care through their longevity. EMT personnel are not just selected for their current abilities.

They are also selected for their ability to become our future paramedics and contribute to the practice of "total patient care."

Orientation of New Employees:

After the employee has been selected and background checks complete all new field employees are required to attend a new hire orientation before being placed on the schedule with a Field Training Officer. The length and content of a new hire orientation will vary with the needs of each individual operation. All orientations will include an introduction to regional policies and procedures, paperwork, documentation, OSHA-mandated training and Emergency Vehicle Operators Course for ambulance personnel.

During this time, EMTs and paramedics gain knowledge and understanding of their jobs, the equipment they will be using, methods of safe practice, and performance expectations. While it is impossible to learn every detail in orientation, employees are given the opportunity to attain a working level of comprehension. This level of understanding is important for measuring future performance. The new hire orientation provides an environment for the new employee to learn about the structure of the system and how they, and the company, fit into the local EMS system. Once released from the orientation class, EMTs and paramedics have a base level of understanding that is further enhanced by their respective Field Training Officers during the field training program.

In order to continue to be effective, the orientation process must take the shape of a living program. Materials and concepts presented in orientation must be changed as new policies, procedures or programs are introduced into the system. As needs are identified by individual operations or their respective EMS systems, modifications are made to the curriculum to address those needs.

Field Instructor Program

The purpose of the field training officer program is to introduce new employees to clinical standards of care, and to assure that they have achieved those standards prior to being released to independent duty. While the structure of the FTO program may vary slightly between each operation, all utilize clearly stated standards and measurable outcome criteria. Please refer to the appropriate local operation SOP for further details.

Equipment Evaluation and Upgrades:

The medical field is constantly seeing changes in the tools we use to accomplish our goals. We believe it is important to stay aware of changes with new products that make our patient care more efficient and effective. We also know that any equipment we use must be in compliance with County, State, and Company policies, procedures, and guidelines. The size of AMR affords us the opportunity to secure national contracts with vendors. The effectiveness of these national contracts are maximized by our National Equipment Evaluation Team (NEET) who systematically evaluate new supplies and equipment. This

team consists not only of purchasing and materials management personnel, but also includes safety/risk management as well as clinical experts. The CES department and the Field Training Officer group will evaluate all new equipment.

Certification Requirements

American Medical Response feels that it is important for all of its employees to be up to date with current standards and trends in the industry. We realize that just receiving an ACLS/PALS/PHTLS/BTLS certification does not make a good EMT or paramedic; we do however see the benefit of these classes in that they allow for a uniform distribution of a nationally recognized standard of care. Certification requirements are frequently dictated by local contracts and/or county requirements. Local standard operating procedures outline current certification requirements for individual operations. While American Medical Response requires all EMTs and paramedics possess a current Colorado State drivers license, current state EMT or paramedic certificate, CPR, and ACLS for paramedics. Local requirements may also include PALS, PEPP, PHTLS, BTLS or other nationally recognized programs.

Continuing Education

AMR, along with our local Medical Directors, feel very strongly that continuing education plays an important role in developing and maintaining quality patient care. All employees must acquire sufficient continuing education to maintain state and/or national certifications. Local CES departments dictate additional continuing education requirements.

Concurrent Quality Improvement and Education

The concurrent element of quality improvement involves on-line monitoring, coaching, and active communication. It strives to ascertain information about performance as it happens and to provide immediate feedback/training in response to these observations. These activities allow for immediate improvement of performance in the field. Medics are aware of their performance and are able to make necessary changes to meet performance standards. The benefits of concurrent QI are in its timeliness. The goal is to provide education while the issues are fresh, thereby improving patient care. Further, data collection continues during this process to be evaluated in our retrospective component.

Retrospective Quality Improvement

The process of retrospective quality improvement is as the name implies - a system of improvement based on reviewing individual as well as system performance. Feedback is provided on a company wide as well as on an individual basis.

Chart Audits

Chart audits are performed to evaluate the charts for documentation and appropriate patient care. The CES department, the FTO GROUP, and/or a Peer Review process may do these audits. Audit criteria are as follows:

The following patient clinical presentations will be monitored on an ongoing basis:

- Cardiac Arrests/DOA
- Refusals/Non-transports
- Airway Management – must be audited 100%
- Code 3 Returns
- All trips which generate a complaint or concern – must be audited 100%

Specific topics may also be audited based on system demands, medical director input or other issues that may arise.

Findings from the chart audit process are available to employees as well as management for their review. This data will also be used to generate topics for continuing education and/or employee remediation.

Individual Performance Improvement Plans

This activity is initiated in response to a specific need as identified through audits, review of issues, or other means. It takes place when the Clinical and Education Services department determines that a field provider is in need of intensive personalized education and training.

The performance improvement plan (PIP) is created by the CES Manager or Coordinator and is documented with specific identification of training needs and objectives for the training period. The field provider receiving the instruction may be placed with a Field Training Officer for a specified period of time. During that time, the field provider receives intense instruction and practice to address the learning objectives identified in the plan. The Field Training Officer provides feedback on an immediate individual basis. Strengths and successes are acknowledged and celebrated, and suggestions for improved field performance are offered.

The PIP is instituted when all other educational avenues have been exhausted. It is an effort to salvage an employee who would otherwise be unsuccessful in the delivery of patient care.

Role of the Medical Director

The local Medical Director plays an important role in the process of TQI. The role of the Medical Director includes providing supervision for the emergency medical technicians of all certification levels. Supervision shall be consistent with accepted community medical standards, and in accordance with the Rules, Duties and Responsibilities of Medical Directors as stated in the Colorado "Acts Allowed".

Activities may include, but are not limited to:

- Endorse an appropriate medical quality control program and prehospital protocols for the EMTs and review the same periodically or as otherwise necessary.
- To the extent reasonable and appropriate, assist in the review and resolution of complaints regarding the prehospital care provided by the EMTs.
- Make available to the EMTs appropriate training and skills evaluation.
- Provide infectious disease exposure follow-up for the EMTs to the extent required and allowed by law.
- Provide expertise and justification for medical procedures, medications, and scope of practice considerations for prehospital providers at American Medical Response.
- Work with the CES Department to determine clinical indicators for data collection and evaluation.
- Serve as a liaison to the medical community and regulatory agencies regarding matters of medical performance.
- Issue appropriate follow-up letters or reports of education, commendation, or instruction pertaining to the quality of medical care provided by any prehospital provider of American Medical Response.
- Participate and assist in obtaining other physician participation in periodic education offerings conducted by the CES department.

Conclusion

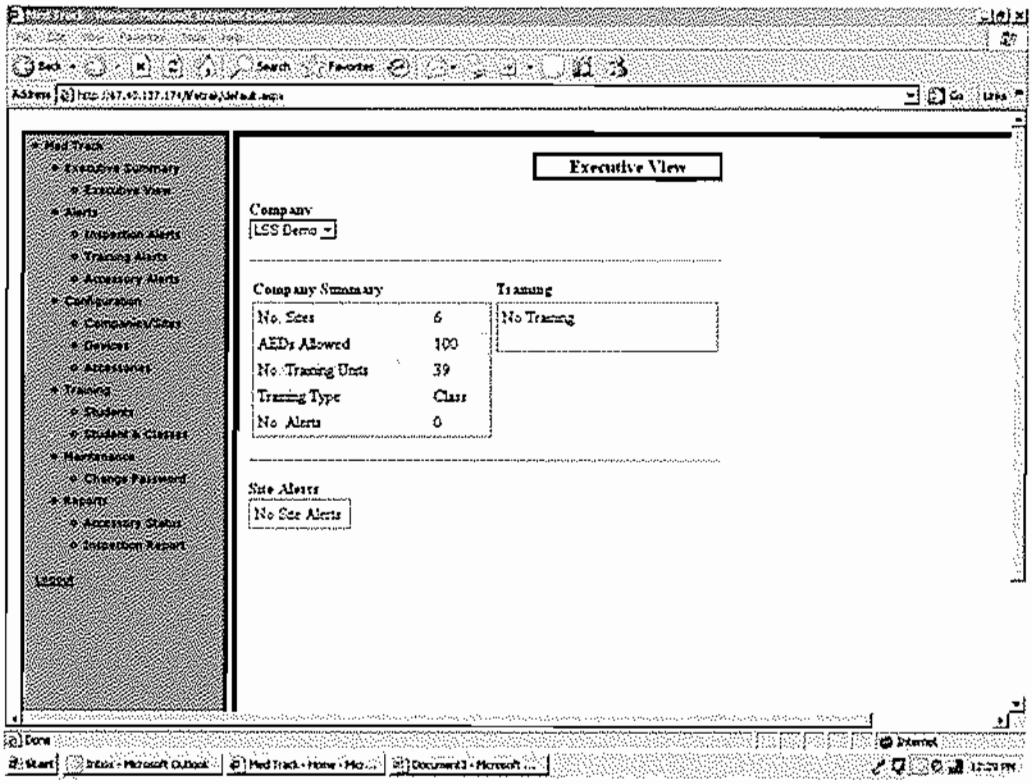
AMR believes in the concept of total quality improvement. This involves all employees and all phases of their employment from their first day of new hire orientation throughout their career. Continuous quality improvement is a dynamic process that requires a high degree of participation from all employees.

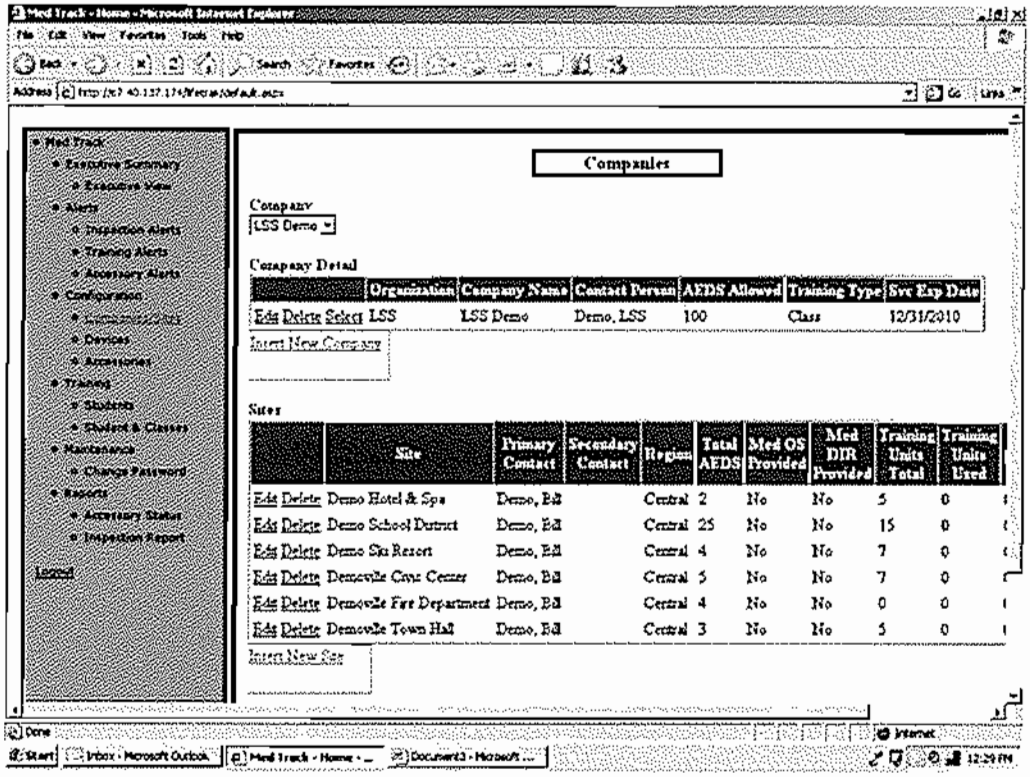
EQUIPMENT

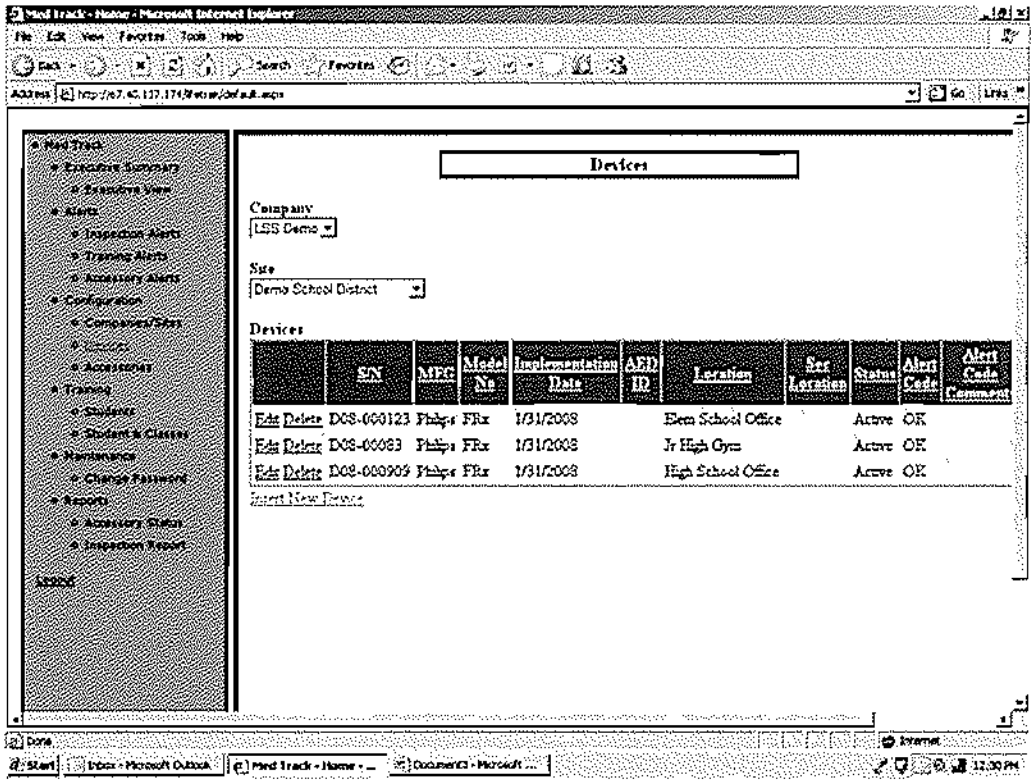
AED Data Tracking....1
Data Management....2
Life Saving Solutions....3
Philips HeartStart MRx Monitors....4
First Aid Kit....5

Life Saving Solutions, Inc.

AED Data Tracking



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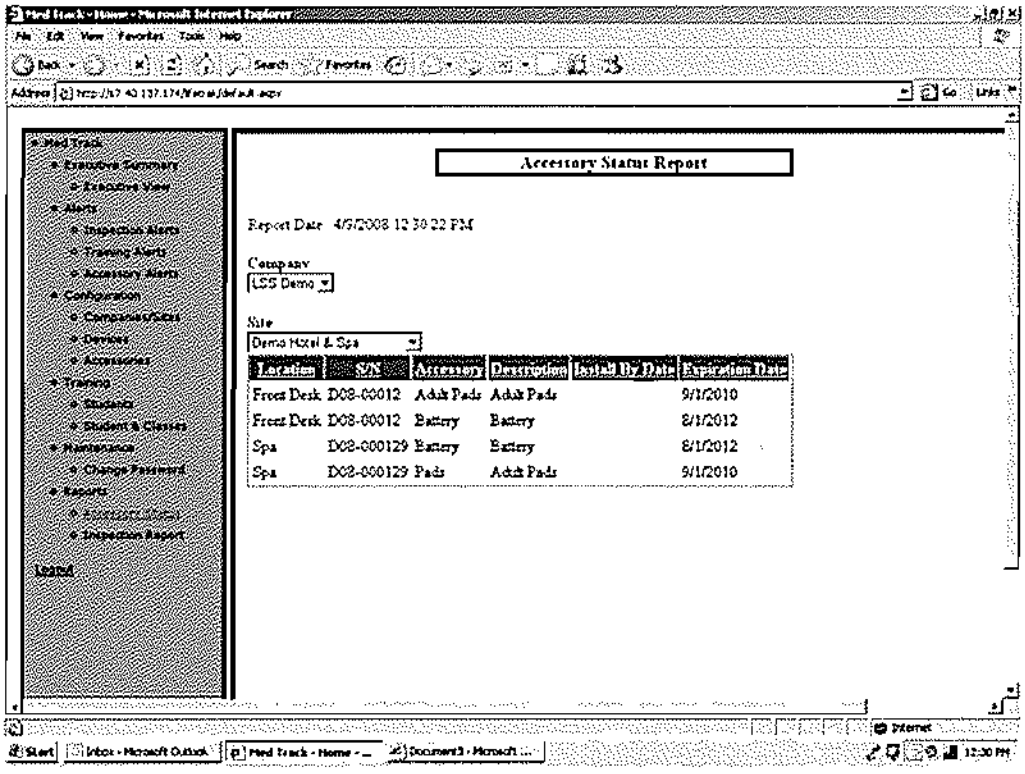
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Front Desk D08-00012 Adult Pads Adult Pads 9/1/2010
Front Desk D08-00012 Battery Battery 8/1/2012
Spa D08-000129 Battery Battery 8/1/2012
Spa D08-000129 Pads Adult Pads 9/1/2010

The advantages of choice

Philips HeartStart Data Management solutions for ALS professionals

PHILIPS

- Immediate transmission of 12-lead ECG reports
- Data download and transfer
- Code event documentation and storage
- Case and QA reporting
- Exchanging code data with 3rd party applications

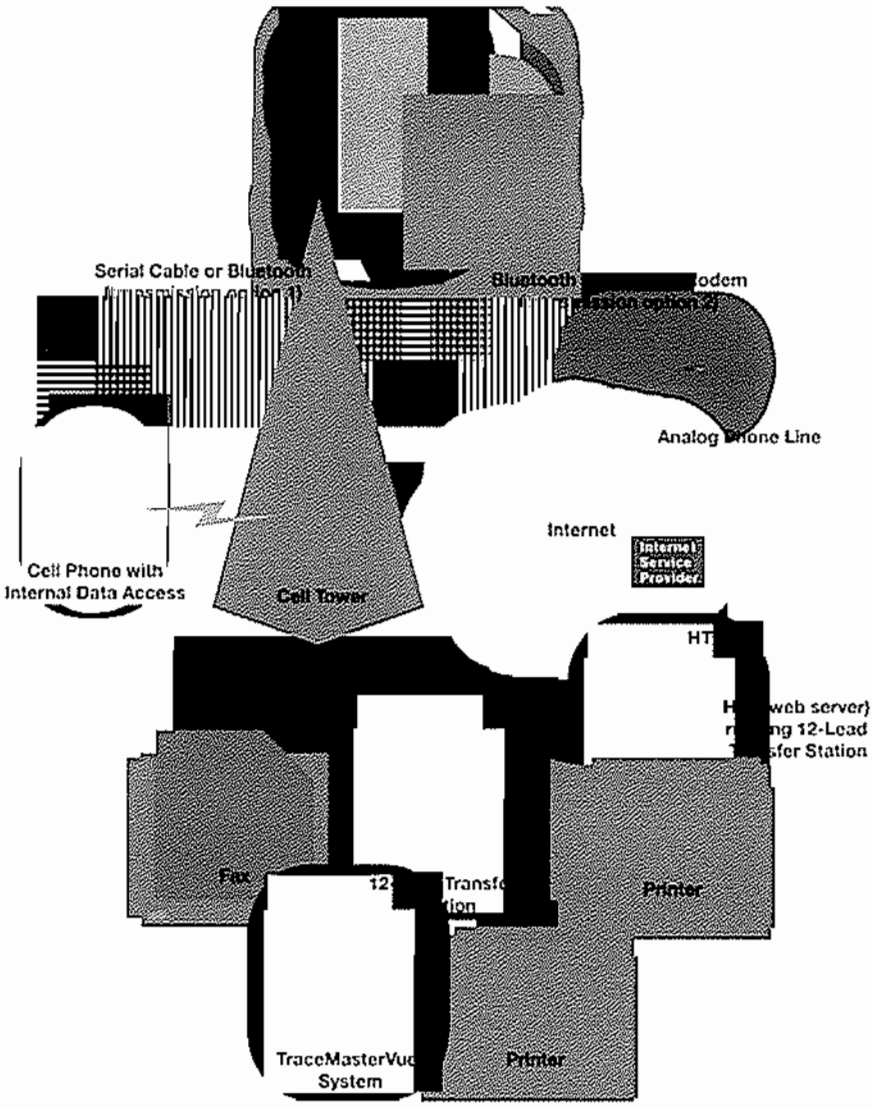
Philips provides a variety of software solutions for capturing, transmitting, and integrating the event data collected by your HeartStart monitor/defibrillators and automated external defibrillators (AEDs). And now you can document, store, track, and analyze clinical and operational performance to ensure continuous improvement.

Philips solutions are flexible and, as with all our resuscitation products, each application was designed and developed in cooperation with customers like you, who helped us shape and refine them for real-world use. Should you ever need assistance, our technical support team can help you, either by phone or online. It's important to us that your experience with our products meets your high standards.

Point-of-Care 12-Lead ECG Transmission

The HeartStart MRx monitor/defibrillator supports the immediate transmission of a 12-lead ECG report acquired at the patient's side, sending it ahead to one or more destinations for time-critical patient care decisions. This gives the Emergency Department and/or Catheterization Lab a head start in preparing for patient care while the patient is still en route.

- Easy and flexible implementation
- Fast, reliable delivery via the internet
- Data secured with industry-standard Blowfish encryption
- Bluetooth® wireless networking between the MRx and cell phone
- Clear, readable reports available via display, printer or fax



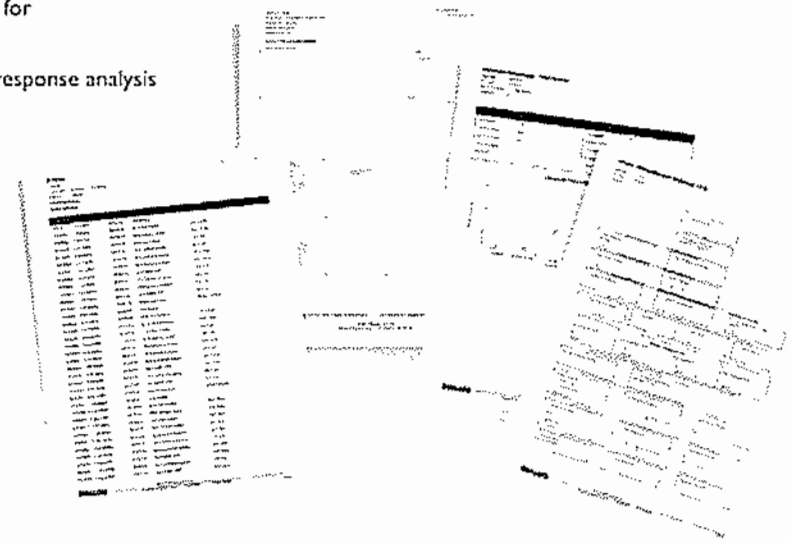
Installed on an Internet-connected server, HeartStart 12-Lead Transfer Station can be set to display and/or print out a 12-lead report as well as fax the report to one or more destinations. You can also forward a report from one HeartStart 12-lead Transfer Station to another or to your hospital's TraceMasterVue ECG Management System.

Collection, Analysis and Reporting

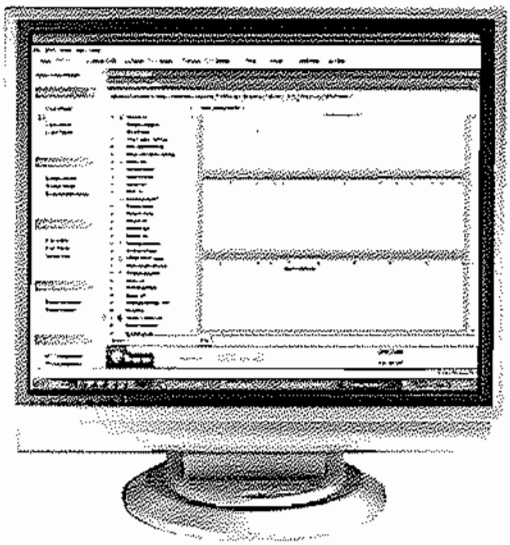
HeartStart Event Review Pro is an easy-to-use data management application for collection and storage, case review, response analysis, data trending, and reporting. It captures and presents ECG case data, including shocks, interventions and audio (if recorded), from your Philips, Hewlett-Packard, Agilent and Laerdal defibrillators, then allows you to round it out with case details by adding notes and completing data entry screens.

- Complete, accurate capture of event and outcome data for documentation and billing
- Informative reports for individual case or system-wide response analysis
- Friendly, customizable user interface
- Adaptable implementation to fit your operation

HeartStart Event Review Pro enables you to combine a patient's ECGs, 12-lead reports and monitoring data from multiple defibrillators, including AEDs, into one case, for a complete event history. You can view event and Utstein reports, then aggregate cases to support a system-wide view of your resuscitation efforts. Perform ad hoc queries of the database and even develop custom reports using Crystal Reports™ reporting software. Event Review Pro can be installed on a standalone PC or a multi-user network. Site licenses are available.



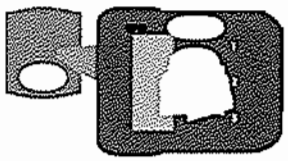
Standard reports include Case Details, Events, ECG, Pre and Post Shock, Arrests Not Witnessed, Witnessed with Bystander CPR, Witnessed No Bystander CPR, System Average Responses, System Percentile Responses, Unit Average Responses, and Unit Percentile Responses



Using familiar and intuitive program features and plenty of on-screen help, you can quickly locate and utilize the functions you need or let the automated wizards walk you through screens

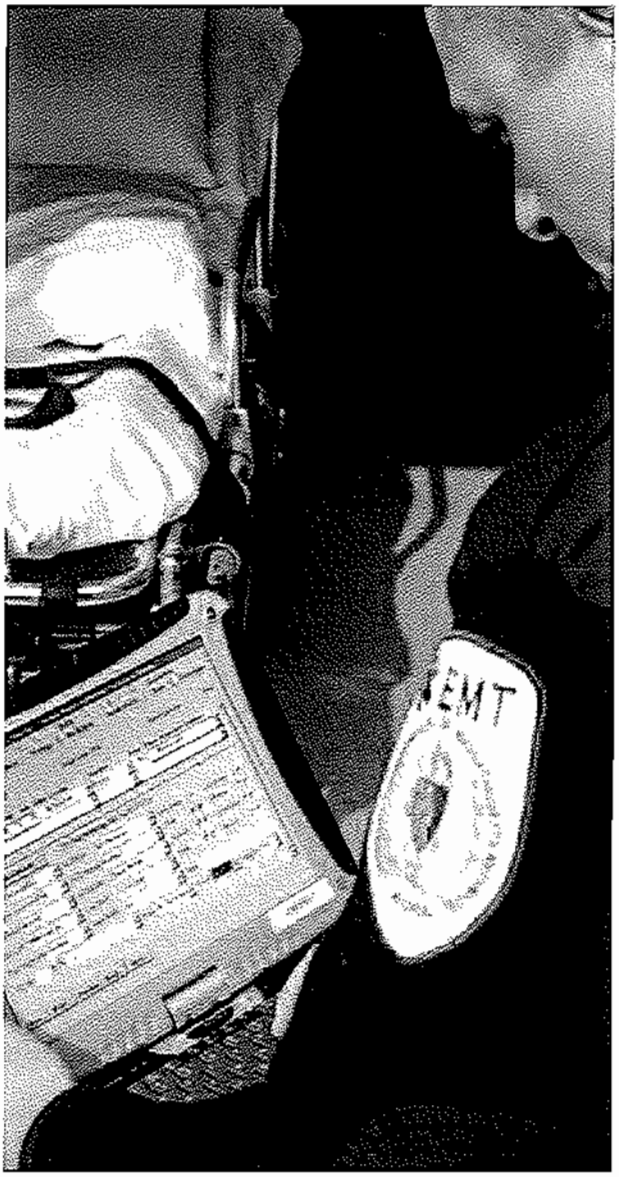
Event Review Suite

Event Review Pro is the central data station of the Event Review Suite, which includes software for AED configuration and case capture, downloading and forwarding tools.



With HeartStart Configure, installed on a palmOne™ handheld PDA, you can change the settings on your HeartStart FRx and OnSite (HS1) defibrillators

Data Interoperability with 3rd Party Software

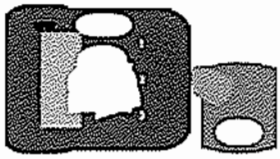


There are many Patient Care Record (PCR) systems to choose from, and our HeartStart Data SDK, software developer's kit, enables you to use whichever system best fits your organization, separate from your choice of defibrillator. HeartStart Data SDK is a set of tools to help software developers create applications that map data from your HeartStart MRx monitor/defibrillators and FR2+ AEDs to the corresponding fields in their products.

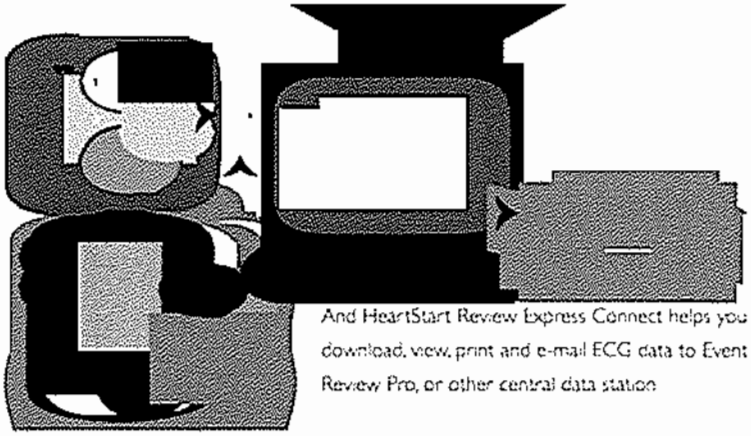
- Open – allows any third-party PCR software, including systems developed by your own IT department,to integrate Philips event data
- Written using the latest development tools (C#, .Net, XML)
- Data presented in NEMSIS compliant data schema

HeartStart Data SDK, using industry-standard technologies such as C#, .Net and XML, runs on MS Windows 2000 and XP and produces custom programs compatible with other Windows-based applications. The development environment contains everything a software developer needs to build and test code for their application: dynamically linked libraries (DLLs), a developer's guide, sample application code and sample data for testing. The software's runtime component allows for HeartStart event summary data (patient parameters and events) to be parsed and copied into the patient care record.

There is a growing number of software companies using HeartStart Data SDK to make their PCRs compatible with HeartStart defibrillators, which means more choices for you.



With HeartStart Case Capture, installed on a palmOne™ handheld PDA, you can download event data from your HeartStart FRx and OnSite (HS1) defibrillators without removing them from service.



And HeartStart Review Express Connect helps you download, view, print and e-mail ECG data to Event Review Pro, or other central data station

Philips Medical Systems is part of
Royal Philips Electronics

Interested?
Would you like to know more about our imaginative products? Please do not hesitate to contact us. We would be glad to hear from you.

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Built to perform and backed by Philips
HeartStart Event Review Pro, 12-Lead Transfer Station and Data SDK belong to the HeartStart Data Management Suite. All HeartStart data management products are built on industry-standard technologies and designed for maximum simplicity to help expedite effective patient care.

To learn more about HeartStart data management solutions and Philips Medical Systems, contact your local sales representative or visit www.philips.com/heartstart.

Philips—the trusted choice
- One of the world's largest medical products companies with annual revenue of over $6 billion
- History of innovation. Philips introduced the medical X-ray tube in 1918, the audiocassette in 1963, and the first VCR; the company also created CD-ROM technology
- With over 275,000 automated external defibrillators installed, Philips has more AEDs on the job, in the air, in the classroom and in your neighborhood than anyone else
- Over 5 billion HeartStart Defibrillator service hours logged, with an additional 4.8 million hours added every day
- Over 17 % of Fortune 1000 companies, 8 out of 10 major airlines and 43 professional sports teams rely on Philips HeartStart Defibrillators
- The first defibrillator cleared for over-the-counter use — HeartStart Home Defibrillator

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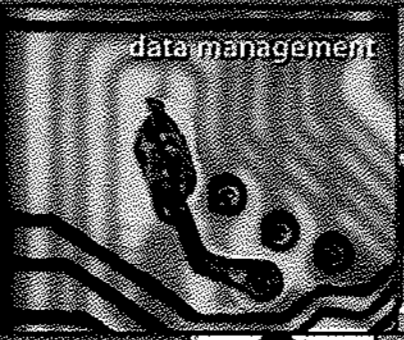
When every second counts...

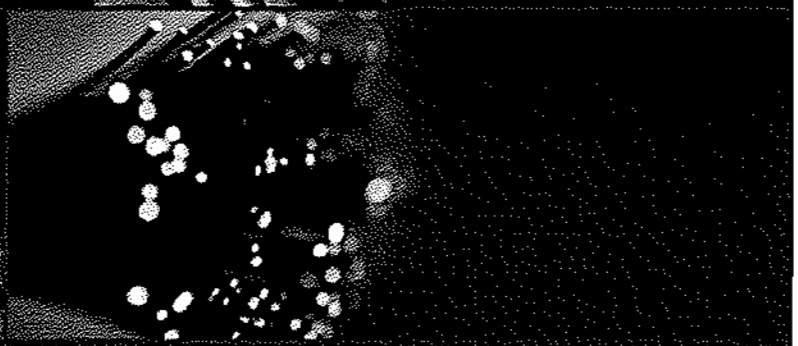
medical direction

medical oversight

data management



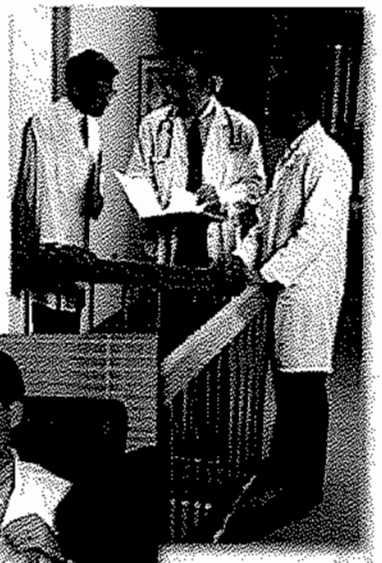
cpr/aed training



Life Saving Solutions, Inc.

Medical Direction

AEDs are Class II A medical devices requiring a prescription in the United States. This means that a physician needs to write a prescription for the device to be purchased and then write an order for how it will be used. Most states require that the Medical Director then be responsible for the creation, development, and quality of the AED Program. In addition, Medical Directors are responsible for reviewing the information after an event. Life Saving Solutions, Inc. provides Medical Direction nation wide.



Medical Oversight

The policies and procedures that govern the use, maintenance, and training of AEDs is our Medical Oversight service. We write a "site specific" Policy & Procedure Manual for each AED, a distinguishing service in our industry. We continually monitor the laws and guidelines which affect AED programs, updating each of our customers as appropriate. We enhance this offering by incorporating detailed information and tools that make managing the AED program easier.

Site Assessment

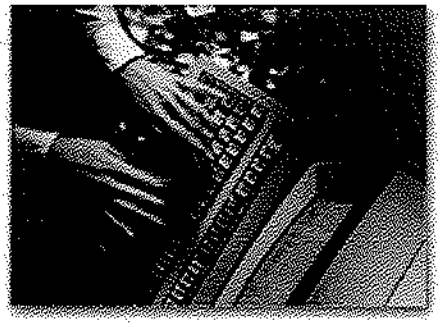
The proper placement of AEDs is critical to the success of an AED program. Ineffective placement can delay or restrict the access to the AED and may increase the potential for liability. Further, large programs often rely on site analysis to reduce cost and to ensure maximum coverage during a multi-phase and/or multi-year implementation.

AED Response Team

It is important to have a team of volunteers who are designated responders for the AED. We will help you determine the number of responders needed for your situation and recommend the training that best suits your needs.

Please visit us on our website, www.savingalife.com or call us for more information.

AED programs save lives!



Data Management

Life Saving Solutions, Inc. offers database management services so that notification of expiring accessories or training will be sent to your program manager. We track all brands of AEDs, the expiration dates of the accessories, re-certification dates of the responders and inspections of the AEDs. This data and e-notification system is critical to a successful AED program.

EMS Notification

Guidelines state that you notify local EMS that you have purchased an AED. Life Saving Solutions, Inc. will notify your local EMS in writing with the required information.

Event Review

When an AED is used, the Medical Director must review the information as recorded by the AED. The Medical Director will then write a report regarding the event and provide the feedback as required by law and by the manufacturers.

AED Selection & Ongoing Support

AEDs are tools. Without the proper AED program, they are often not used successfully. We help organizations select the proper equipment for their environment by representing multiple AED manufacturers. After implementation, we continue to follow your AED program, answer questions, up-date policy & procedure, and notify you of changes that affect your program.

We look forward to helping your organization build a strong and effective AED program

Life Saving Solutions, Inc is in the business of saving lives.
We are a full-service organization specializing in supporting corporate, school and community defibrillation programs.

As the experts in Public Access Defibrillation (PAD) programs, we provide site assessment, policy & procedures, training, medical direction and oversight, data management, and on-going management services. Our highly trained staff helps you maintain compliance with state and local regulations, and have the best-in-class program year after year.

From a single defibrillator deployment to a complete PAD program; we provide the expertise to make your program a success.

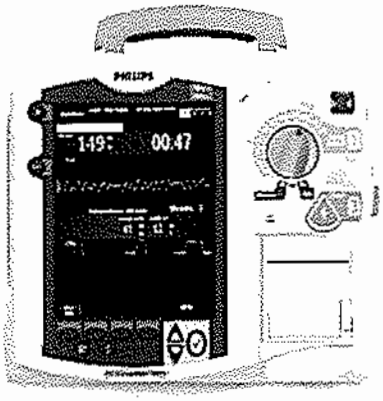
Join our mission to save a life!

Life Saving Solutions, Inc.

Marketplace Tower 1 • 3033 Parker Rd, Suite 320 • Aurora, CO 80014
1.888.344 AEDS (2337) • Office - 303.369.2149 • Fax - 303.369.2158
www.savingalife.com

PHILIPS

Power to see the big picture



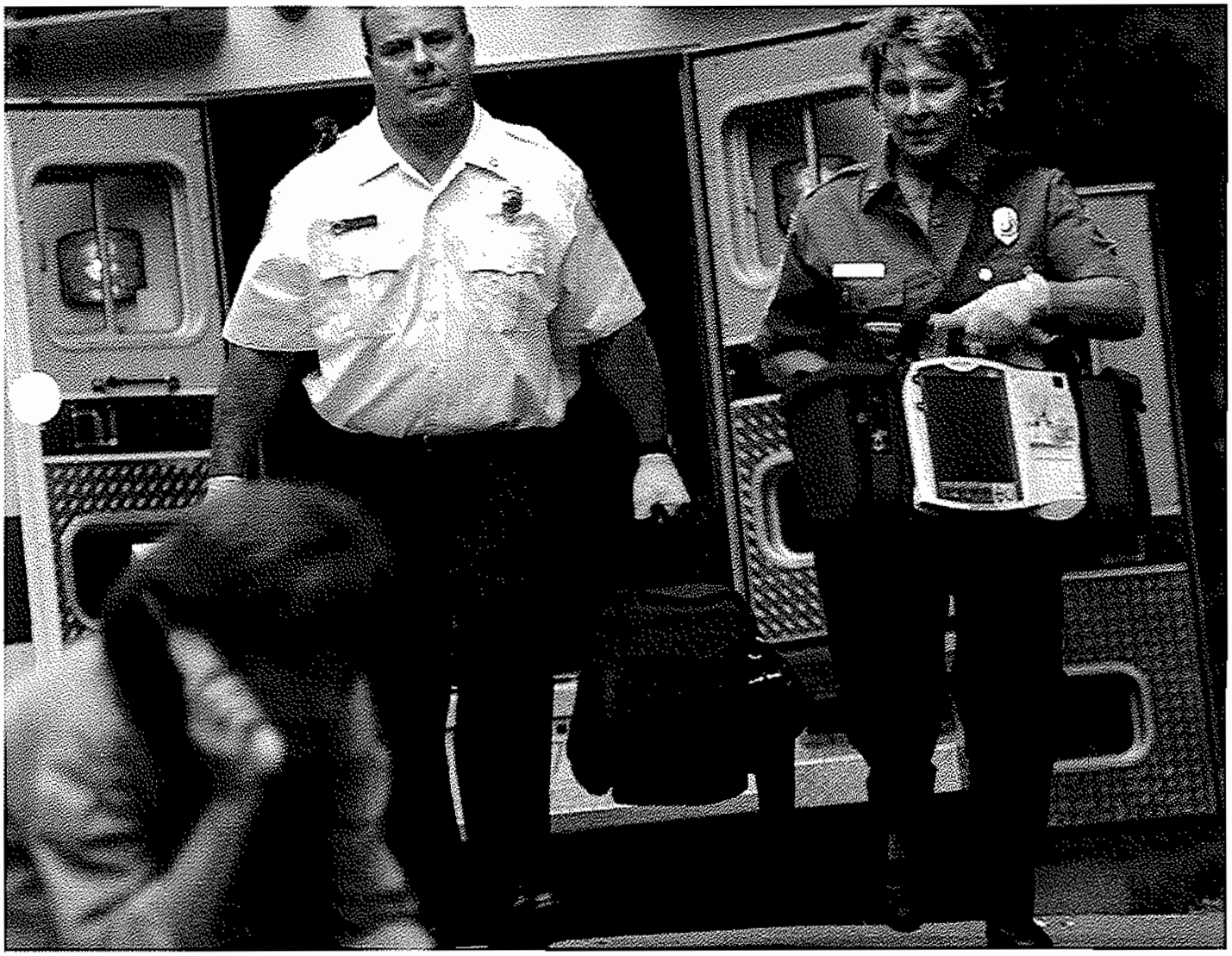
Philips HeartStart MRx ALS Monitor

Product information

HEARTSTART

DEFIBRILLATORS

The capabilities you need and the performance

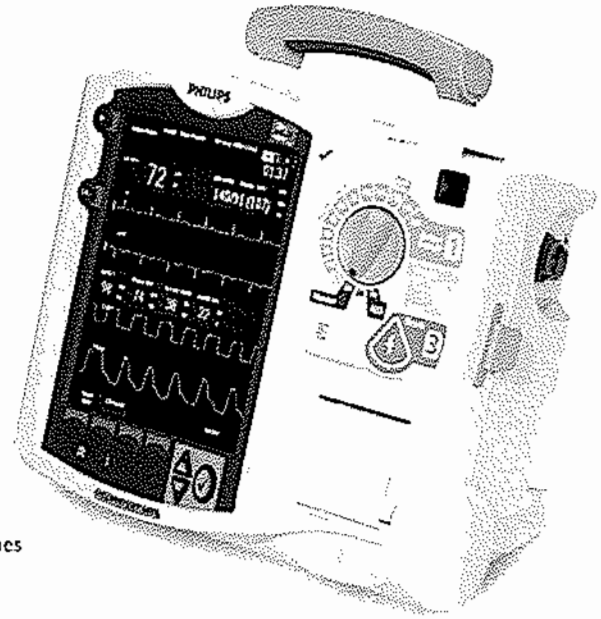


HeartStart MRx has the capabilities you need and the performance you demand for rapid intervention, thorough care and positive patient outcomes.

you demand

All of these measurements, therapies and features, plus its compact size, low weight (13.2 pounds), and balanced shape make HeartStart MRx easy to carry, easy to stow, and above all, easy to operate.

- Thoughtfully organized controls and parts-bin separate functions, monitoring from therapy
- Monitoring data from a pair of cables connected to the device
- Monitoring and therapy data displayed [illegible]
- Large numeric measurements, waveforms and alarm indicators [illegible] the user to quickly locate information
- Unclutter[illegible] measurements and waveforms [illegible], customized, and the same organization [illegible] product [illegible]
- On-screen menus simply navigation [illegible] diagnostic data, setting and responding to alarms, and accessing additional functionality



Measures
12.4 x 7.7 x11.7 inches

Monitoring Capabilities

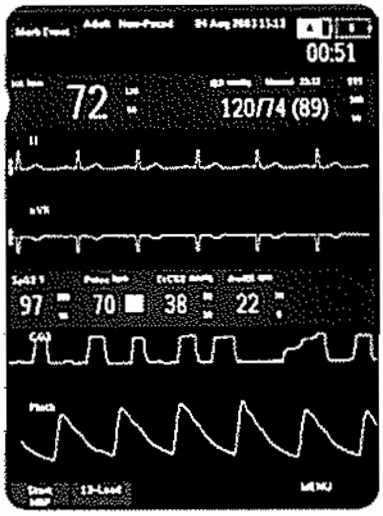
- Monitoring through defibrillation pads
- 3- and 5-lead ECG monitoring through electrodes
- ST/AR Basic™ arrhythmia detection
- FAST-SpO_2 (Fourier Artifact Suppression Technology), optional
- Noninvasive Blood Pressure (NBP), optional
- Microstream® Capnography ($etCO_2$), optional
- 12-Lead ECG, optional
- Q-CPR™ Measurement and Feedback, optional

Therapies

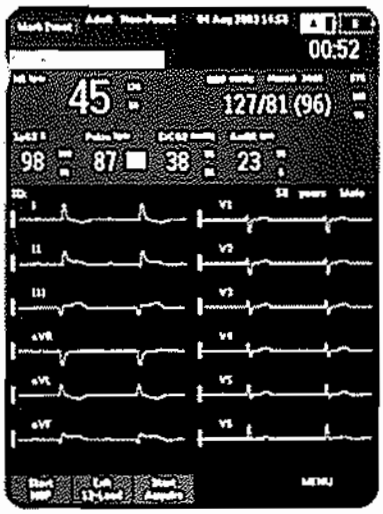
- SMART Biphasic waveform
- Manual mode with shock delivery through defibrillation pads or paddles
- AED mode
- Synchronized cardioversion
- Noninvasive pacing, optional

Features

- Adjustable ECG size and autogain
- 8.4 inch (diag.), 4-wave color display, largest in its class
- 12-lead data transmission
- Data collection and event summary
- Strip chart printer
- Automated self-tests
- Operational checks
- Individual, adjustable volume of QRS beeper, voice prompts, and alerts
- Lithium ion battery (2 bays) with capacity gauge
- "Ready-for-Use" indicator
- Configuration mode
- Diagnostic mode
- Carrying Case
- Bed rail hook
- AC and DC power modules, optional
- Ambulance mounting bracket, optional



A typical *monitoring* view shows some basic patient information, the date, time and battery status. Next are the numerics and waveforms. The bottom half of the screen shows additional monitoring numerics followed by their waveforms, and *soft keys* for customizing the display, setting and responding to alarms, and selecting parameters to view additional monitoring data.



In *12-lead preview* mode, 12 waves are viewable on-screen, in addition to numeric vital sign values.

Superior Measurements

Arrhythmia Monitoring

- Philips' ST/AR Basic arrhythmia algorithm
- Analyzes ECGs for heart rate, while continuously monitoring for ventricular arrhythmias.
- Detects 10 rhythm disturbances and irregularities, including 5 life-threatening arrhythmias: asystole, ventricular fibrillation, ventricular tachycardia, extreme bradycardia, and extreme tachycardia.
- Generates visible and audible alarms as needed.

SpO_2 with Fourier Artifact Suppression Technology (FAST-SpO_2)

- Low-noise hardware and patented digital processing to prevent false readings, drop-outs and false alarms in the presence of motion and other interferences
- Applies rule-based analysis to technical and physiological criteria and quality indicators to generate the Fourier spectrum.
- Measures reliably even in the presence of low peripheral perfusion.

Noninvasive Blood Pressure (NBP)

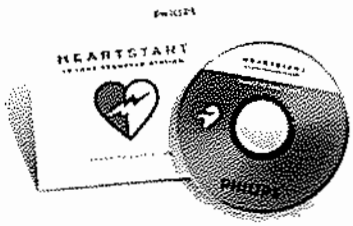
- ADVANTAGE™ oscillometric, motion-tolerant, noninvasive blood pressure system from SunTech Medical Instruments
- Measures systolic and diastolic pressure and calculates mean arterial pressure

Microstream® Capnography ($etCO_2$)

- Microstream® CO_2 technology from Oridion Medical.
- No zeroing, no heating and no sensor to interfere with the patient's airway.
- Microstream's FilterLine™ airway adapter and sample line inhibit the build-up of condensed water and secretions.
- Works on both intubated and nonintubated patients, adult and pediatric.

Philips 12-Lead ECG

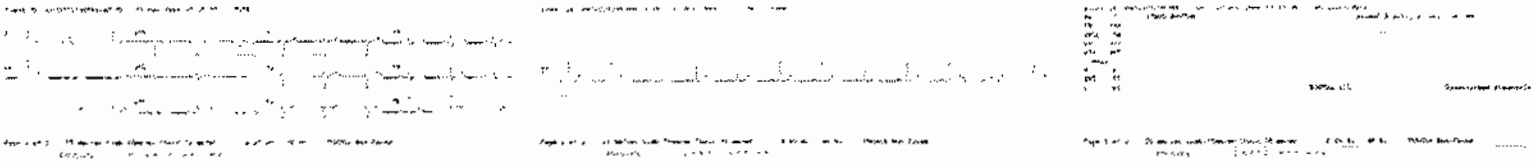
- Philips' 12-Lead ECG algorithm.
- Removes noise and artifact before generating interpretive statements.
- Detects and stratifies early acute coronary syndromes, for patients with symptoms of ST-segment elevation acute myocardial infarction (STEMI).
- 12-Lead ECG algorithm employs its Pediatric Criteria Program, which recognizes 12 distinct age groups for patients under the age of 16.



Complete 12-lead reports can be transmitted from HeartStart MRx to the receiving hospital, giving the ED and/or catheterization lab a head start in preparing for patient care. Utilizing the latest cell phone technologies, the speed and encryption capability of the Internet, and Philips HeartStart 12-Lead Transfer Station software, reports can be viewed on-line, faxed, printed, e-mailed and forwarded to TraceMaster ECG Management System or a central database for storage.

Q-CPR™ Measurement and Feedback

- Q-CPR technology by Laerdal
- Monitors and analyzes compression rate and depth, as well as ventilation volume and frequency in real-time.
- Provides on-screen measurements and indicators and audio feedback when needed.
- Reinforces CPR training with each use.

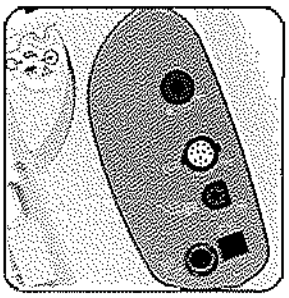


All waves print on the strip chart printer in 3x4 format.

Proven Therapies

SMART Biphasic Technology

- [illegible]
- [illegible]



All monitoring connections are located on the left side panel. A carrying case pouch covers and protects ports and cable connectors from damage.

AED Mode

- [illegible]
- [illegible]

Manual Defibrillation

- [illegible]
- [illegible]

Synchronized Cardioversion

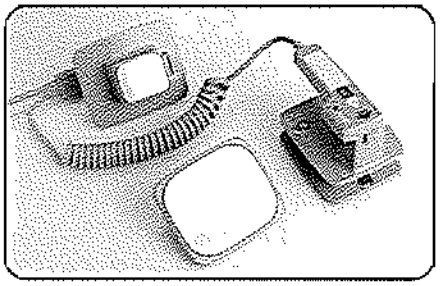
- [illegible]
- [illegible]

Noninvasive Pacing

- [illegible]
- [illegible]
- [illegible]

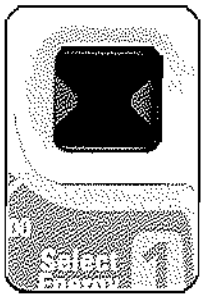
HeartStart MRx can be equipped with a set of anterior/anterior, water resistant, external paddles for adult and pediatric use. They convert from adult to pediatric by removing the outer contacts.

Sensors in the external paddles' electrodes assess paddle-to-patient contact and display their readings in the Patient Contact Indicator (PCI) located on the sternum paddle's handle.



If pads are preferred, HeartStart MRx can be used with Philips HeartStart Multifunction Defibrillator Pads, which come in adult and pediatric sizes.

When connected to MRx, they can provide ECG monitoring, synchronized cardioversion, and noninvasive pacing, in addition to external defibrillation.



A flashing hourglass in the "Ready-for-Use" indicator window signals that HeartStart MRx has ample battery power to monitor and deliver a shock. When battery power is low, ECG capability is compromised, or MRx detects that it cannot pace or shock, a red "X" replaces the hourglass and the monitor will audibly chirp until the situation is corrected.

In code view, a single large ECG wave is shown in the top half of the display, the incident timer is prominent and all alarms are paused. CPR numerics and the compression wave appear in the middle. The bottom of the display accomodates the CO_2 wave and active soft keys.

Therapies – defibrillation, synchronized cardioversion, and pacing – are activated using the therapy knob and surrounding keys. For manual defibrillation, energy is selected (1) using the therapy knob. With the press of a button (2), MRx charges. Pressing the shock button (3), MRx delivers defibrillation therapy.

Feature-packed and still lightweight

Self-tests and operational checks

- [illegible]
- [illegible]
- [illegible]
- [illegible]

Strip chart printer

- [illegible]
- [illegible]
- [illegible]
- [illegible]

Data collection, management and reporting

- [illegible]
- [illegible]
- [illegible]
- [illegible]

12-Lead Data Transmission

- [illegible]

Carrying Case

- [illegible]
- [illegible]
- [illegible]

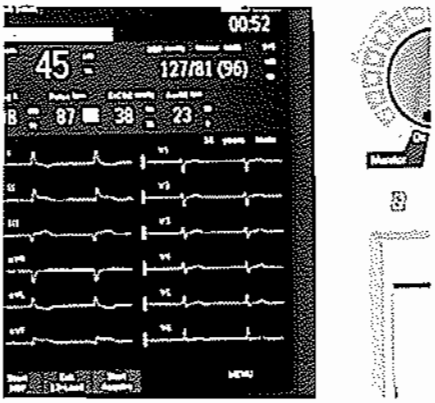
Quick Reference Cards

- [illegible]
- [illegible]

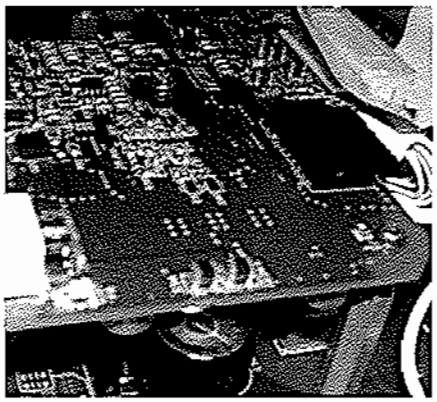
Training materials

- [illegible]
- [illegible]
- [illegible]
- [illegible]

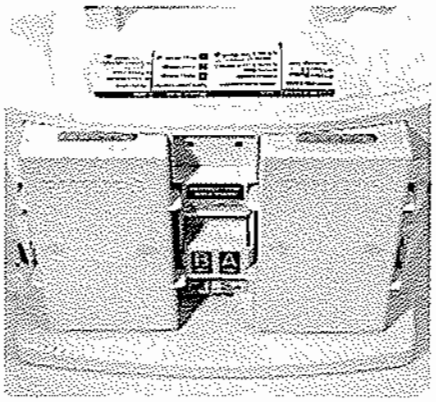
Rugged, reliable, and ready for use



The 8.4-inch color display is well protected against damage. Recessed behind a 3 mm non-reflective polycarbonate shield, framed and backed in an energy-absorbing foam blanket, and supported by a rigid magnesium casting, it endures routine impact from bumps, knocks, and even drops.



Internal assemblies are rugged. Latched connectors hold cables in place to ensure uninterrupted communications between circuit boards. And every circuit board is aggressively reinforced, braced and fastened at multiple points, keeping the device's internal structure rigid, even in high vibration environments.



Two rechargeable, lithium ion batteries, when new and fully charged, provide up to 10 hours of monitoring, more than any other monitor/defibrillator. Depleted batteries can be charged to full capacity in just 3 hours. No conditioning is required. Capacity gauges on the monitor's screen and on each battery show the remaining charge.

Product Specifications

Physical

Defibrillator Model	[illegible]
Dimensions	[illegible]
Weight	[illegible]

Environmental and Physical Requirements

Solids/Water Resistance	[illegible]
Temperature	[illegible]
Humidity	[illegible]
Altitude	[illegible]
Mechanical Shock	[illegible]
Vibration	[illegible]
Safety	[illegible]

Display

Dimensions	[illegible]
Type	[illegible]
Resolution	[illegible]
Wave Viewing Time	[illegible]

Defibrillation

Waveform	[illegible]
Output Energy	[illegible]
Charge Time	[illegible]
Shock Delivery	[illegible]
Shock-to-Shock Cycle Time	[illegible]
Patient Impedance Range	[illegible]
AED Mode	[illegible]

Battery

Type	[illegible]
Dimensions	[illegible]
Weight	[illegible]
Charge Time	[illegible]
Capacity	[illegible]
Battery Indicators	[illegible]

Strip Chart Recorder

Recorder	[illegible]
Continuous ECG Strip	[illegible]
Auto Printing	[illegible]
Reports	[illegible]
Paper Size	[illegible]

Data Storage

Internal	[illegible]
Data Card	[illegible]

ECG and Arrhythmia Monitoring

Input	[illegible]
Lead Fault	[illegible]
Pads Fault	[illegible]
Heart Rate Display	[illegible]
Heart Rate/ Arrhythmia Alarms	[illegible]
ECG Size	[illegible]

SpO_2 Pulse Oximetry

Range

Resolution

Alarm Range

Alarm Delay

Noninvasive Blood Pressure

Pressure Range

Initial Pressure

Maximum Pressure

Alarm Range

End-Tidal CO_2

Range

Resolution

Sample Size

Alarm Range

12-Lead ECG

Input

Display View

Strip Record

Transmission

CPR Measurement and Feedback

Compression Depth

Compression Rate

Ventilation Volume

Ventilation Rate

Noninvasive Pacing

Waveform

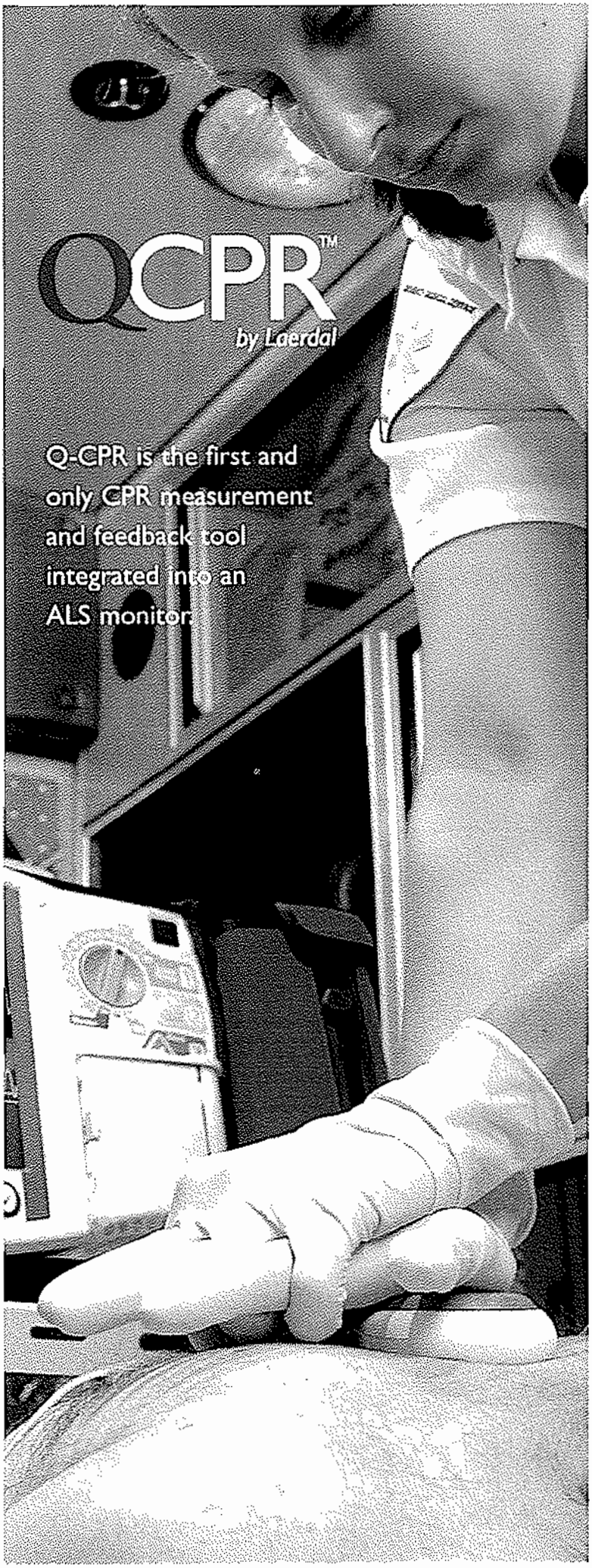
Current Pulse Amplitude

Pulse Width

Rate

Modes

Refractory Period


QCPR™
by Laerdal
Q-CPR is the first and
only CPR measurement
and feedback tool
integrated into an
ALS monitor.

Built to Perform and Backed by Philips

Our mission is to [illegible] product [illegible] and customer support. We are a trusted supplier of patient monitors and defibrillators serving the healthcare community for more than [illegible] years. HeartStart MRx is part of our medical resuscitation family of products, which includes [illegible] manual and automated external defibrillators used in private and public environments. Each is tailored to the needs and skills of a particular type of user, extending the reach of care from the home to the hospital.

Warranties, services, and support

Some of our HeartStart MRx customers can continue delivering relief to and effective patient care, as provide a variety of warranty offerings and preventative maintenance programs. Philips backs HeartStart MRx with one year of on-site service. On-site service, repair and through our Medical Response Centers is provided by an authorized Philips service representative. At the time of purchase, [illegible] and return a [illegible] for the [illegible] warranty. [illegible] warranty, service contracts [illegible] and [illegible].

Philips Medical Supplies

Philips is committed to providing [illegible] supplies. Our supplies are thoughtfully designed, tested and [illegible] to deliver reliable and accurate results from our HeartStart MRx. For a complete list of supplies, please visit http://shopmedical.philips.com.

Philips Medical Systems is part of Royal Philips Electronics

On the web
www.philips.com/heartstart

Via email
medical@philips.com

By fax
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By postal service
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Printed in The Netherlands
4512 102 [illegible]

[illegible] are registered trademarks of [illegible]. ALARA Plus is a registered trademark of Siemens Medical Solutions. [illegible] is a registered trademark of Medical Graphics Corporation. CompactFlash is a registered trademark of SanDisk Corporation.

134 Piece First Aid Kit (in plastic box) $25

Kit Includes:

1 - First Aid Instruction Guide
4 - Examination Gloves
2 - 2/pack 2" x 2" Sterile Dressings
2 - 2/pack 3" x 3" Sterile Dressings
2 - 2/pack 4" x 4" Sterile Dressings
1 - Waterproof 1" x 5 yds. tape roll
2 - Sting Relief Pads
1 - Tweezer
1 - Scissors
1 - Eye Pad 2" Round
1 - Gauze Roll 2"
1 - Gauze Roll 4"
1 - Triangle Bandage
2 - CPR Masks
2 - Finger Splints
1 - Eyewash 1/ oz. Bottle
1 - Instant Cold Pack
2 - Antibiotic Ointments
3 - Knuckle Bandages
5 - Providine Iodine Prep Pads
8 - Burn Cream
10 - Non-Aspirin Tablets
10 - Cotton Tip Applicators
15 - Alcohol prep pads
15 - Antiseptic Towelettes
30 - Adhesive Bandages 3/4" x 1 1/2"
50 - Adhesive Bandages 3/4" x 3

FINANCIAL

Letter from Chairman and CEO.....1
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Performace Bond Request.....4

EMSC

William A. Sanger
Chairman and CEO
bill.sanger@emsc.net

6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Direct 303.495.1221 **Fax** 303.495.1466

May 6, 2008

Curt DeCapite
Senior Contracting Specialist
City of Colorado Springs Contracting
30 S. Nevada Avenue, Suite 201
Colorado Springs, CO 80903-2599

RE: American Medical Response of Colorado, Inc.

A significant component of the procurement process is the ability of the proposing entities to demonstrate that they possess sufficient financial resources and operating history to successfully perform as an integral part of the Emergency Medical Services system safety net. Through our proposal accompanying this letter, we have provided numerous financial reports that demonstrate the strength of American Medical Response, Inc., its subsidiaries, and its parent company Emergency Medical Services Corporation (EMSC).

Although we believe American Medical Response of Colorado, Inc. qualifies to bid as a stand-alone company, it is a subsidiary of American Medical Response, Inc., which is a multi-site provider of ambulance services and is a wholly owned subsidiary of EMSC. Therefore, please accept this letter as our commitment that the full faith and credit of EMSC guarantees the performance of American Medical Response of Colorado, Inc. We further certify that the financial information provided in the accompanying proposal is accurate and free of material misstatement.

We appreciate the opportunity to participate in this procurement.

William A. Sanger
Chairman and Chief Executive Officer
Emergency Medical Services Corporation

Wachovia Bank, N.A.
225 Water Street
Enterprise Center
Jacksonville, FL 32202

WACHOVIA

March 4, 2008

To whom it may concern:

Please let this letter confirm that American Medical Response has been a client of Wachovia's since September 26, 1980, and since that time has complied with Wachovia's Deposit Agreement.

If you need any additional information, please contact Terella Brown at (904) 489-3159.

Sincerely,

Terella L. Brown, Bank Officer
Healthcare Treasury Sales Analyst
Office: (904) 489-3159

Bank of America

100 North Tryon Street
Charlotte, NC 28255

May 18, 2007

Mr. Stuart van Nus
Manager of Treasury Operations
EmCare, Inc

Re: Bank Letter

AMR Holdco Inc. (the "Company") has maintained a banking relationship with us for at least ten years, through their parent company Laidlaw. In February 2005, the company established a large credit facility in the low nine-figure range. Bank of America, N.A. is the administrative agent for this secured credit facility, provided to the Company by a group of lenders (the "Credit Facility"). As of May 18, 2007 the amount available for withdrawal under the credit agreement is in the high eight figure range.

The availability of funds under the Credit Facility is subject to conditions that (a) the Company not be in default under the terms of the Credit Facility and (b) the Company's representations and warranties contained in the agreement governing the Credit Facility be true and correct in all material respects as of the date of the borrowing.

Please note that the information set forth in this letter is subject to change without notice, and is provided in strict confidence, without any responsibility or liability on the part of Bank of America, N.A., its affilitates, or any of its or its affiliates' directors, officers, or employees. Bank of America, N.A. undertakes no responsibility to update the information set forth in this letter.

Very truly yours,

Robert Klawinski

Robert Klawinski
Senior Vice President
BANK OF AMERICA, N.A.

2005 Annual Report

EMSC

Emergency Medical Services Corporation

EmCare®

Emergency Medicine. Customer Driven.

AMR

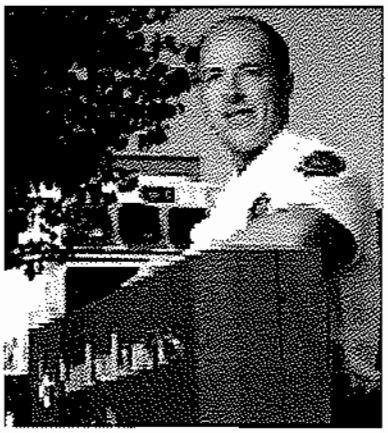
AMERICAN MEDICAL RESPONSE

COMPANY PROFILE

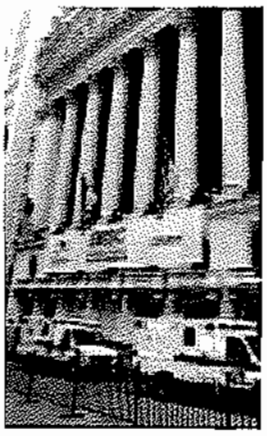
Under the recognized brands of EmCare® and American Medical Response® (AMR), Emergency Medical Services Corporation, headquartered in Greenwood Village, Colorado, is a leading provider of emergency medical services in the United States, serving more than nine million patients each year. EmCare provides outsourced emergency department staffing and management services to more than 335 hospitals nationwide. American Medical Response is America's leading provider of ambulance services with local operations in 35 states. For more information, visit www.emsc.net.

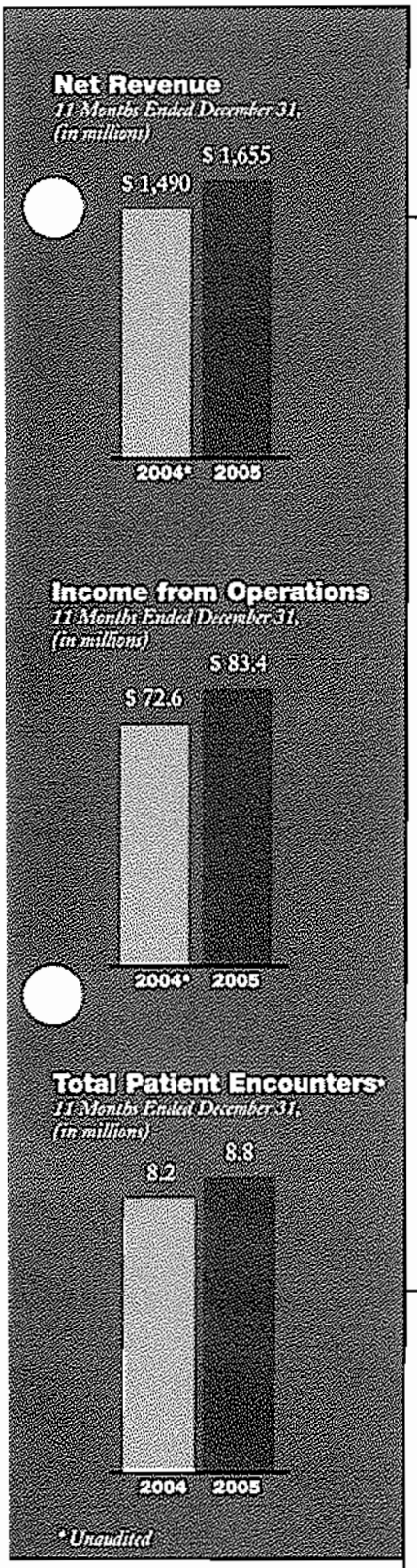
NOTICE OF ANNUAL MEETING

The Annual Meeting of Stockholders will be held on May 25, 2006, at 10 a.m. local time, at The Inverness Hotel, 200 Inverness Drive West, Englewood, CO 80112.



Through we manage the initial response and hospital stages of medical emergency under different names — American Medical Response and EmCare, respectively — bring to each facet of our business a depth of expertise in delivering and managing patient care. We are the largest company in America delivering emergency medical services from the roadside to the bedside.





Financial Highlights

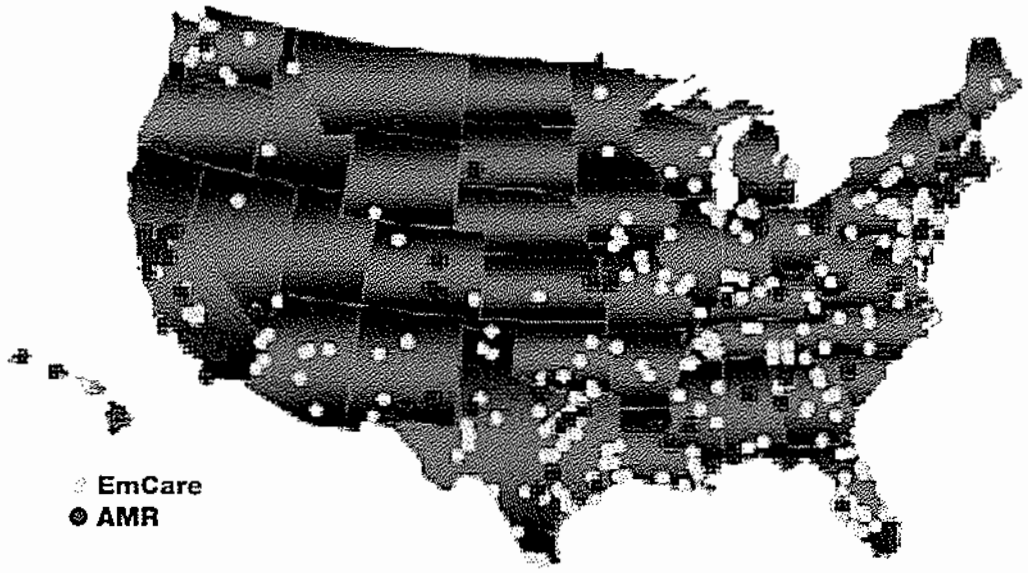
(in thousands, except per share data and supplemental information)	Consolidated 11 Months Ended Dec. 31, 2005	Predecessor Combined 11 Months Ended Dec. 31, 2004*
Net revenue	$ 1,655,485	$ 1,490,201
Compensation and benefits	1,146,055	1,034,287
Operating expenses	233,087	204,184
Insurance expense	82,800	74,411
Selling, general and administrative expenses	54,262	57,770
Restructuring charges	1,781	1,381
Depreciation and amortization	54,143	45,593
Income from operations	83,357	72,575
Interest expense	(47,813)[2]	(11,963)
Realized gain (loss) on investments	(164)	(955)
Interest and other income	1,040	728
Loss on early debt extinguishment	(2,040)	-
Income tax expense	(14,372)	(23,550)
Equity in earnings of unconsolidated subsidiary	59	-
Net income	$ 20,067	$ 36,835
Net income per common share:		
Basic	$ 0.56 [1]	
Diluted	$ 0.55 [1]	
Average common shares outstanding:		
Basic	33,621,542	
Dilutive	34,282,176	

[1] *Net income available to stockholders used in calculating net income per share for the 11 months ended December 31, 2005, has been reduced by $1.2 million related to accretion of put rights, or $0.04 per share, that existed for certain stockholders during a portion of the 11-month period. The put right expired upon completion of the initial public offering.*

[2] *Increase in 2005 interest expense resulting primarily from the acquisition of AMR and EmCare from Laidlaw effective on January 31, 2005.*

* *Unaudited*

Locations as of December 31, 2005



To Our Stockholders:

There is no other single company that does what we do. We are a strong, established, growing presence in emergency medical services. We have unique skills and unique people. Successfully managing emergencies — wherever they occur and whatever they involve — requires clinical competency, careful planning and meticulous preparation. It requires being ready with the right resources. It calls for the steady hand and calm response that come through experience.

These skills are the common thread that connects our business to our mission — making a difference by caring for people in need. As our name conveys, we are in the business of managing medical emergencies. In more than 2,000 communities in 40 states, we provide emergency medical response services and comprehensive management of emergency department services. Our clinicians treat more than nine million patients each year.

Though we manage the initial response and hospital stages of medical emergencies under different names — American Medical Response and EmCare, respectively — we bring to each facet of our business a depth of expertise in delivering and managing patient care. We are the largest company in America delivering emergency medical services from the roadside to the bedside.

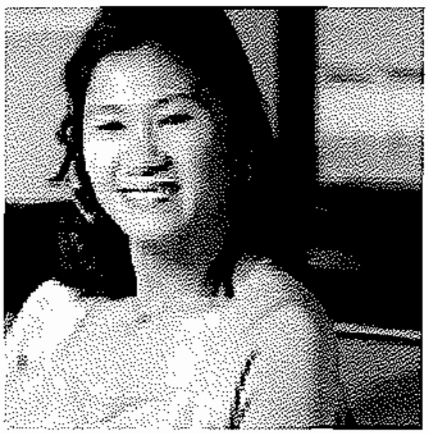
The same preparation and skill that we bring to emergencies are the foundation for all our services. That expertise enables us to add value for our clients and for their patients. That added value, in turn, creates a competitive advantage for our businesses that serves our stockholders.

ADDING VALUE THROUGH TECHNOLOGY

In healthcare today, technology is a powerful force for positive change. In our case, it also has been a powerful differentiator for our company. We use technology in ways that enhance efficiency and facilitate the delivery of high-quality care. With the simultaneous demands today for effective cost management, better integration of data and quality assurance, we recognize a direct correlation between technological innovation, sustained leadership in our field and improved clinical outcomes. Accordingly, we continue to invest in technology that not only better serves our patients and clients, but also moves us farther ahead of our competitors in the marketplace.

ADDING VALUE THROUGH RISK MANAGEMENT

Risk management is a key focus for our clients and our company and a key contributor to our record of success. We ensure that all our caregivers are carefully selected, rigorously trained and are focused on clinical competency. We



employ state-of-the-art clinical protocols, leverage technology to improve patient and clinician safety, and utilize databases to assess risk and improve patient care. Our world-class safety and risk mitigation programs serve as benchmarks for other companies.

ADDING VALUE THROUGH INNOVATION

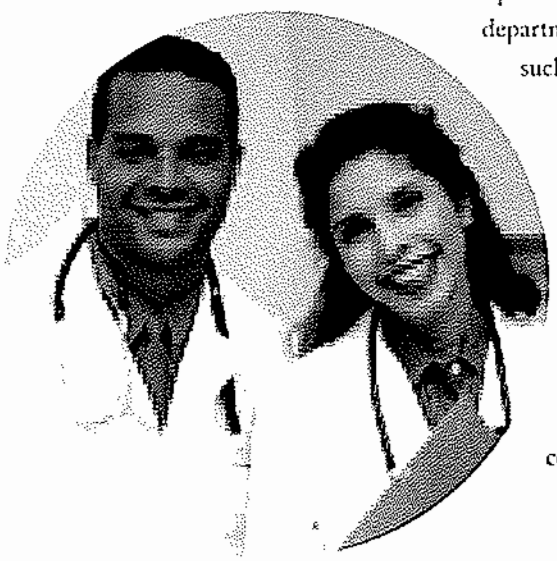
We have developed an array of programs that enable our clients to better manage costs and improve productivity. We have established transition units at hospitals to hold and monitor discharged patients who are awaiting transport. These units not only improve our productivity, they also make beds available sooner for patients who need them. In emergency departments, we have implemented fast track programs, chest pain centers, and advanced triage protocols that decrease wait times, enhance patient satisfaction, and improve throughput. Similarly, we now offer clients programs that provide the services of a dedicated onsite coordinator for non-emergency medical transport during times of peak demand. Through these services, we increase efficiency and ensure appropriate utilization of service levels.

COORDINATED GROWTH

We are building on our strong position along a number of fronts. Because medical transport and emergency room management represent two often-adjoining spaces along a continuum of a patient's care experience, our business offers excellent opportunities for synergy and organic growth.

The evident value of our companies was best demonstrated by our responses to the numerous natural disasters experienced by the U.S. in recent years. Whether the response was to the wild fires in California or the numerous hurricanes that savaged the coastal regions, we demonstrated the coordinated effort of pre-hospital and hospital-based care that is critical in times of disaster. During Hurricane Katrina alone the Company managed, coordinated and treated thousands of survivors. We deployed over 1,000 paramedics, EMTs, physicians and nurses during and after the storm.

We are extending the continuum of our innovative product offerings, creating new revenue opportunities. For example, we furnish dispatch services for police and fire departments, medical stand-by support for athletic and other special events, and paramedic training. In addition to emergency department management services, we offer hospitals physician-based services such as hospitalist and radiology programs.



We have expanded our hospitalist program, and our existing emergency department customers are the sources for approximately half of our hospitalist contracts, demonstrating both the promise of new cross-selling opportunities and the power of customer loyalty. We also are exploring new service offerings that we believe represent natural extensions of our core business. Among these, we are examining opportunities to provide other hospital-based services to healthcare facilities, and leveraging our expertise in communications and logistics management.

In more than 2,000 communities in 40 states, we provide emergency medical response services and comprehensive management of emergency department services.

BUILDING ON A POSITION OF LEADERSHIP

We are pleased with the Company's strong performance during 2005. We increased revenues by 11%, while at the same time increasing income from operations by 15%. It was a year of significant change that included the acquisition of AMR and EmCare, a debt offering in connection with the acquisition, the consolidation of the support functions of the Company, and our equity offering in December. In the midst of these changes, the Company continued to improve its financial performance, grow its core business, enter new domestic and international markets and respond to one of the most devastating natural disasters in our nation's history.

Though we are a newly public company, we entered the market as the leader in our lines of business. We have a long history of success. Our past and our preparation — and coordination — point the way toward what we believe will be an even more successful future together. On behalf of our Board of Directors, the entire management team, and our 23,000 employees and caregivers, I thank you for the confidence in that future reflected by your investment.

Sincerely,

William A. Sanger
Chairman and Chief Executive Officer

DIRECTORS

William A. Sanger
Chairman
Emergency Medical Services Corporation

Robert M. Le Blanc
Lead Director
Emergency Medical Services Corporation
Managing Director
Onex Investment Corp.

Steven B. Epstein
Senior Healthcare Partner
Epstein Becker & Green, P.C.

James T. Kelly
Former Chairman, President and Chief Executive Officer
Lincare Holdings, Inc.

Michael L. Smith
Former Executive Vice President and Chief Financial and Accounting Officer
Anthem, Inc.

Don S. Harvey
President and Chief Operating Officer
Emergency Medical Services Corporation

OFFICERS

William A. Sanger
Chairman and Chief Executive Officer

Don S. Harvey
President and Chief Operating Officer

Dighton C. Packard, M.D.
Chief Medical Officer

Randel G. Owen
Chief Financial Officer and Executive Vice President

Todd G. Zimmerman
General Counsel and Executive Vice President

Steve Murphy
Senior Vice President, Government and National Services

Kimberly Norman
Senior Vice President, Human Resources

Steve Ratton, Jr.
Senior Vice President, Mergers and Acquisitions/Treasurer

Joseph Taylor
Executive Vice President of National Sales and Marketing

The Compensation Committee comprises Mr. Kelly (chair), Mr. Le Blanc and Mr. Smith.

The Audit Committee comprises Mr. Smith (chair), Mr. Epstein and Mr. Kelly.

The Compliance Committee comprises Mr. Le Blanc (chair), Mr. Epstein and Mr. Smith.

The Corporate Governance and Nominating Committee comprises Mr. Epstein (chair), Mr. Harvey, Mr. Kelly, Mr. Le Blanc, Mr. Sanger, and Mr. Smith.

CORPORATE HEADQUARTERS

6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
(303) 495-1200
www.emsc.net

INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

Ernst & Young LLP
370 17th Street, Suite 3300
Denver, CO 80202

TRANSFER AGENT

American Stock Transfer & Trust Company
59 Maiden Lane, Plaza Level
New York, NY 10038
(800) 937-5449

FORM 10-K

Stockholders may obtain a copy of any exhibit to the Form 10-K contained herein without charge by writing to Investor Relations at the corporate headquarters address.

EMPLOYEES

As of December 31, 2005, we have approximately 23,000 employees and affiliated physicians.

COMMON STOCK

The Company's Common Stock has been traded on The New York Stock Exchange under the symbol "EMS" since December 16, 2005.

HOLDERS

As of March 10, 2006, there were approximately 700 holders of record of our Class A common stock, 3 holders of record of our Class B common stock, and 5 holders of record of our LP exchangeable units.

FORWARD-LOOKING STATEMENTS

To the extent this annual report discusses our objectives, plans and strategies, or otherwise makes statements about the future, such statements are forward-looking and are subject to a number of risks and uncertainties that could cause actual results to differ materially from the statements made. These factors include the impact of changes in our payor mix and third party reimbursement, risks relating to insurance coverage and reserves, the complex government regulations applicable to our business, the ability to recruit and retain qualified healthcare professionals and other factors discussed in the "Risk Factors" section of our Annual Report on Form 10-K.

Emergency Medical Services Corporation

6200 South Syracuse Way, Suite 200
Greenwood Village, Colorado 80111
(303) 495-1200

www.emsc.net

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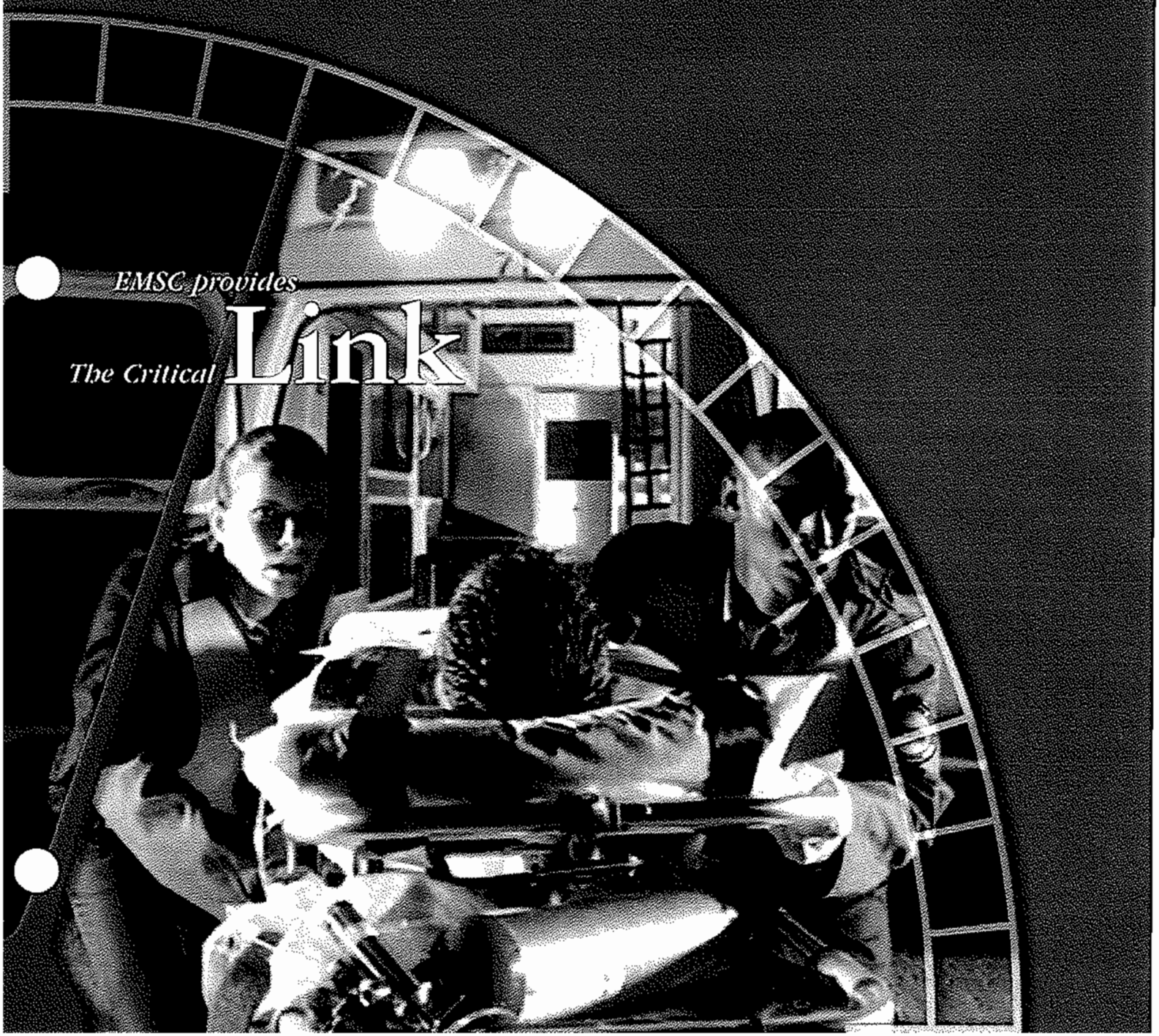
EMSC

Emergency Medical Services Corporation

2006 Annual Report

About Emergency Medical Services Corporation

Emergency Medical Services Corporation, operating under the recognized brands of American Medical Response® (AMR) and EmCare®, is the leading provider of emergency medical services in the United States. In 2006, EMSC caregivers provided services to 10 million patients in 2,000 communities in 44 states. **AMR** is a comprehensive healthcare transportation company providing emergency response and dispatch services, non-emergency transport services, air ambulance services, event medical services, managed transportation services and paramedic training. **EmCare** provides outsourced physician services for hospital emergency department, hospitalist and radiology programs. These services include contract management, staffing, recruiting, scheduling, payroll and benefits, customer satisfaction programs, operational assessment and practice improvement. Approximately 23,000 clinical, management and support professionals are affiliated with EMSC, headquartered in Greenwood Village, Colorado. To learn more, visit www.emsc.net.



To Our Stockholders

EMSC is honored to play a vital role in America's healthcare system. On average, our EMSC caregivers touch the life of a patient every three seconds. As the nation's largest private provider of both ambulance and emergency department services, we provide critical links between pre-hospital and hospital patient care. With our scope of services and geographic footprint, we are positioned to lead the evolution of emergency care.

We began the year with a business strategy focused on organic growth, improving margins, winning new contracts, and expanding into new markets and lines of business. We were supported by the enthusiasm of investors who responded to our 2005 initial stock offering. During 2006, we were able to honor that confidence with strong operational and financial performance. In all aspects of our work together, it was a rewarding year.

A year of growth

Operating in 44 states, EMSC continues to be the leader in outsourced emergency services. In 2006, our caregivers provided care to 10 million patients. We enhanced the scope and strength of our operations through organic growth, winning new contracts and establishing new services.

In 2006, one of our ongoing strategies was to broaden the outsourced hospital-based physician services we provide—with a focus on radiology and hospitalist services. Hospitalists—physicians who coordinate the care of patients admitted to the hospital—make up one of the fastest-growing specialties in the healthcare industry. In November, EMSC enhanced its role in hospitalist care with the acquisition of Clinical Staffing Solutions. As the demand for inpatient services grows, we look forward to expanding our hospitalist division to meet these needs.

We added another critical service with the acquisition of Air Ambulance Specialists (AASI) in 2006. AASI is an experienced provider of domestic and international fixed-wing air ambulance transportation services. Air ambulance services are a natural complement to our ambulance ground network.

CRITICAL LINK:
Between physician and patient

As America's population ages, hospital stays often include treatment for multiple conditions provided by an array of physicians and caregivers. Hospitalists—representing one of the fastest growing fields in medicine—are physicians devoted to managing the complex components of inpatient care. They are patient advocates who provide continuity for patients and their families through the challenges of each hospital stay. EMSC is a leading provider of hospitalist services.

CRITICAL LINK:
Between information and quality

In healthcare, a wealth of data is gathered during the process of providing patient services. Because our physicians and their teams provide care during more than 6 million emergency department visits a year, we gather enough information to reach valid conclusions about where quality can be improved. Our medical directors and physicians can utilize this data to improve patient care. For example, our Chest Pain Fail-Safe System helps caregivers in the emergency department identify chest-pain patients who may be at greater risk for acute myocardial infarction and acute coronary syndrome.

We believe the potential for expansion is significant as we leverage our network, market position and skills in logistics and call-center management.

2006 also saw EMSC move into managed transportation services with AMR being awarded a contract with the Texas Department of Transportation. We believe we are well positioned to expand this new service line.

In addition to these added services, we increased our market presence with new contracts and expanded services. We became the preferred provider of non-emergency transportation services for two national leaders in nursing home care, for which we provide transport services to skilled nursing facilities throughout the country.

2006 brought a number of new contract wins for EMSC, including service agreements with multi-hospital systems and entry into new markets in Alabama, Arkansas, Florida, Indiana, Pennsylvania, South Carolina and Tennessee. We also became an international provider with our first full year of emergency medical transportation services in the Republic of Trinidad and Tobago.

Working together for clinical excellence

EMSC is committed to clinical excellence from the roadside to the bedside. During 2006, we continued our focus on delivering safe, efficient, high-quality care. Our clinical programs draw on senior medical leaders and onsite medical directors to understand, monitor and improve patient care. We use in-field clinical and national training modules to bring both site-specific and national clinical initiatives to our caregivers. Our integrated efforts also include accredited physician education, site-specific quality-improvement initiatives and clinical fail-safe programs.

Our focus on safety is equally strong. We train and educate employees and caregivers about our safety programs, medical protocols and patient-focused care and advocacy. At AMR, we utilize an in-vehicle system that improves safety by monitoring driver performance against our safe-driving standards. Our commitment to safety extends to dispatch services. Sixteen of our dispatch centers are accredited by the Commission on Accreditation of Ambulance Services, a joint program of the American Ambulance Association and the American College of Emergency Physicians.

Delivering stockholder value

The trust of our customers, the dedication of our employees and the focused execution of our strategy all came together to help us deliver strong performance for 2006. We experienced healthy revenue growth and enhanced profitability, and we expanded services in both new and existing markets.

Net revenue for the year was $1.93 billion—a 7.5 percent increase over 2005. Our EBITDA (earnings before interest, taxes, depreciation and amortization) was $173.7 million—an increase of 18.3 percent* for the year.

Our net income rose to $39.1 million—or $0.92 per diluted share on 42.5 million average diluted weighted shares outstanding. This figure represents an increase of more than 179 percent over 2005's net income of $14.0 million. Operating cash flows for the year were $165.7 million compared to $105.3 million for 2005.

Excluding Laidlaw International, Inc. acquisition-related compensation charges in January, 2005.

CRITICAL LINK:
Between technology and safety

For people who are sick or injured, getting into an ambulance is often the first step on the road to recovery. One critical component is ensuring the safety of patients and emergency medical personnel during transport. EMSC has made ambulance safety a priority. Working in partnership with manufacturers, we have created the AMR Safety Concept Vehicle 2—a technology-packed prototype ambulance that is used as part of our research on reducing safety risks and improving patient care. SCV2 features numerous innovations, including special secured seating, HEPA ventilation, a collision-avoidance warning system, customizable caution lights and a "black box" in-vehicle computer system.

CRITICAL LINK:
Between caregivers and their communities

When you provide emergency healthcare nationwide, people come to count on you. In many of the communities we serve, EMSC caregivers provide much more than ambulance transport and hospital-based care. After hurricanes Katrina and Rita, we sent physicians and more than 100 ambulances from 20 states to Mississippi, Louisiana and Texas to provide emergency medical services and patient evacuation. AMR Reach and Treat Teams specialize in search and rescue efforts in remote wilderness areas. Multi-ambulance strike teams can provide support and medical services to communities in crisis across the nation. Our national Command Center coordinates the deployment of a full range of resources, including physicians, paramedics, ambulances, fixed-wing aircraft, and communications services when disaster strikes.

Looking ahead with confidence

Our first full year as a public company has been rewarding for EMSC and for its stockholders. As we move into 2007, we are enthusiastic about the continuing opportunities to serve and excel. The need for our services is growing, and the trends are encouraging: an increased interest in medical-services outsourcing, the aging of the population, and a heightened emphasis on disaster preparedness and emergency services.

We believe we are well positioned to respond to the opportunities in today's and tomorrow's environments. We have the scale and geographic presence to create efficiencies, build lasting relationships, and recruit and retain talented individuals. Our financial performance is strong, our ability to manage in challenging environments is proven, and the commitment of our team is unwavering.

As we look to 2007 and beyond, we will strive to broaden our services to existing customers and reach out to new ones. We will work to enhance our position in existing markets and leverage our core competencies in new arenas. We will continue to harness new technology to drive operational excellence and innovation in the areas of risk management, cost reduction and clinical excellence.

As the accomplishments of 2006 demonstrate, we are a company that believes in setting challenging goals and charting a path to achieve them. Our plan for the future is clear—and thanks to our employees, customers, partners and investors, we have the ability to make it a reality. We look forward to working with you in the year ahead.

Sincerely,

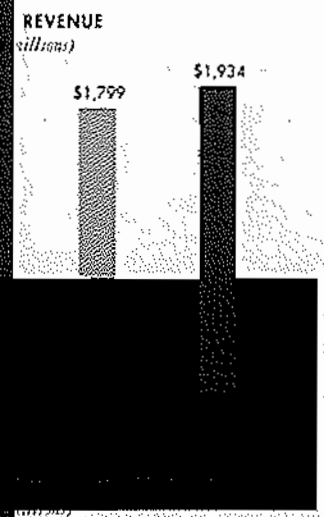
William A. Sanger
Chairman and Chief Executive Officer

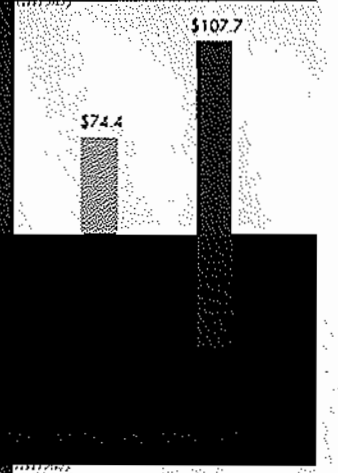
FINANCIAL HIGHLIGHTS

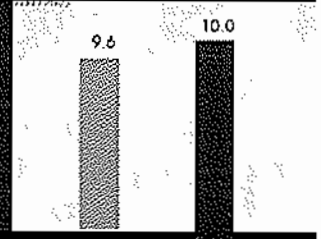
($ in thousands, except per share data)

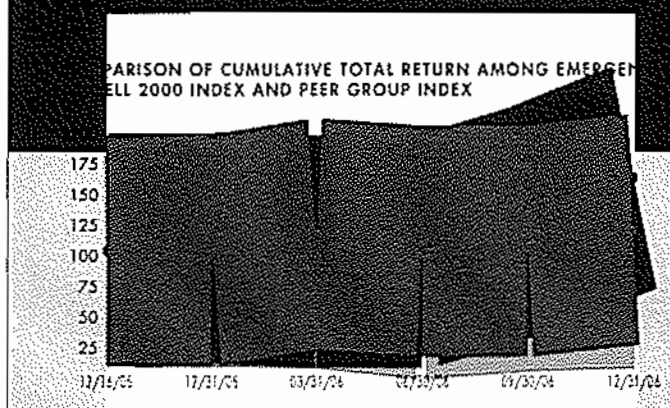
Years Ended December 31,	Consolidated 2006	Pro Forma 2005*
Net revenue	$ 1,934,205	$ 1,798,554
Compensation and benefits	1,333,648	1,249,246
Operating expenses	294,806	251,556
Insurance expense	68,271	90,568
Selling, general and administrative expenses	57,403	58,545
Restructuring charges	6,369	1,781
Laidlaw fees & compensation charges	-	14,440
EBITDA	173,708	132,418
Reconciliation of EBITDA to net income:		
EBITDA	173,708	132,418
Depreciation and amortization expense	(66,005)	(58,037)
Income from operations	107,703	74,381
Interest expense	(45,605)	(48,982)
Realized loss on investments	(467)	(151)
Interest and other income	2,346	1,036
Loss on early debt extinguishment	(377)	(2,040)
Income tax expense	(24,961)	(10,312)
Equity in earnings of unconsolidated subsidiary	432	59
Net income	$ 39,071	$ 13,991
Net income per common share:		
Basic	$ 0.94	n/a
Diluted	$ 0.92	n/a
Average common shares outstanding:		
Basic	41,502,632	n/a
Diluted	42,528,885	n/a

As of December 31,	Consolidated 2006	Consolidated 2005
Total assets	$ 1,318,217	$ 1,267,028
Long-term debt	$ 475,616	$ 495,520

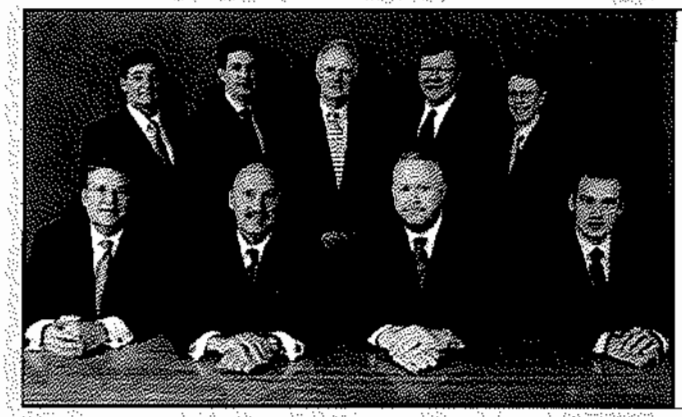








common stock with the cumulative total return on Dow Jones U.S. Healthcare Providers Index and Russell 2000 Index, for the period commencing r 16, 2005 (the date upon which EMSC's class A common stock began trading on the New ock Exchange) and ending December 31, 2006 day of EMSC's most recently completed fiscal The comparison assumes $100 was invested on r 16, 2005 in EMSC's class A common stock the foregoing indexes, and further assumes the ment of dividends.



Front, left to right: Randel G. Owen, William A. Sanger, Don S. Harvey, Todd G. Zimmerman

Back, left to right: Paul B. Iannini, M.D., Robert M. LeBlanc, James T. Kelly, Michael L. Smith, Steven B. Epstein

BOARD OF DIRECTORS

William A. Sanger
Chairman
Emergency Medical Services Corporation

Robert M. Le Blanc
Lead Director
Emergency Medical Services Corporation
Managing Director
Onex Investment Corp.

Steven B. Epstein
Senior Healthcare Partner
Epstein Becker & Green, P.C.

Paul B. Iannini, M.D.
Chairman, Department of Medicine
Danbury Hospital

James T. Kelly
Former Chairman, President and Chief Executive Officer
Lincare Holdings, Inc.

Michael L. Smith
Former Executive Vice President and Chief Financial and Accounting Officer
Anthem, Inc.

Don S. Harvey
President and Chief Operating Officer
Emergency Medical Services Corporation

COMPENSATION COMMITTEE
Mr. Kelly (chair), Mr. Le Blanc and Mr. Smith

AUDIT COMMITTEE
Mr. Smith (chair), Dr. Iannini and Mr. Kelly

COMPLIANCE COMMITTEE
Mr. Le Blanc (chair), Mr. Epstein and Mr. Smith

CORPORATE GOVERNANCE AND NOMINATING COMMITTEE
Mr. Epstein (chair), Mr. Harvey, Mr. Kelly, Mr. Le Blanc, Mr. Sanger and Mr. Smith

OFFICERS

William A. Sanger
Chairman and Chief Executive Officer

Don S. Harvey
President and Chief Operating Officer

Dighton C. Packard, M.D.
Chief Medical Officer

Randel G. Owen
Chief Financial Officer and Executive Vice President

Todd G. Zimmerman
General Counsel and Executive Vice President

Steve Murphy
Senior Vice President, Government and National Services

Kimberly Norman
Senior Vice President, Human Resources

Steve Ratton, Jr.
Senior Vice President, Mergers and Acquisitions/Treasurer

CORPORATE INFORMATION

CORPORATE HEADQUARTERS
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
(303) 495-1200
www.emsc.net

INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM
Ernst & Young LLP
370 17th Street, Suite 3300
Denver, CO 80202

TRANSFER AGENT
American Stock Transfer & Trust Company
59 Maiden Lane, Plaza Level
New York, NY 10038
(800) 937-5449

FORM 10-K
Stockholders may obtain a copy of the Form 10-K or any exhibit to the Form 10-K contained herein without charge by writing to Investor Relations at the corporate headquarters address.

EMPLOYEES
As of December 31, 2006, we have approximately 23,000 employees and affiliated physicians.

COMMON STOCK
The Company's common stock has been traded on the New York Stock Exchange under the symbol "EMS" since December 16, 2005.

HOLDERS
As of March 5, 2007, there were approximately 200 holders of record of our class A common stock, 3 holders of record of our class B common stock, and 5 holders of record of our LP exchangeable units.

NOTICE OF ANNUAL MEETING
The Annual Meeting of Stockholders will be held on Tuesday, May 15, 2007, at 10:00 a.m. local time, at The Inverness Hotel, 200 Inverness Drive West, Englewood, CO 80112.

FORWARD-LOOKING STATEMENTS
To the extent this annual report discusses our objectives, plans and strategies, or otherwise makes statements about the future, such statements are forward-looking and are subject to a number of risks and uncertainties that could cause actual results to differ materially from the statements made. These factors include the impact of changes in our payor mix and third party reimbursement, risks relating to insurance coverage and reserves, the complex government regulations applicable to our business, the ability to recruit and retain qualified healthcare professionals and other factors discussed in the "Risk Factors" section of our Annual Report on Form 10-K.

NON-GAAP FINANCIAL MEASURES
This annual report includes presentations of EBITDA, which is defined as operating income plus depreciation and amortization expense. EBITDA is commonly used by management and investors as a measure of leverage capacity, debt service ability and liquidity. EBITDA is not considered a measure of financial performance under U.S. generally accepted accounting principles (GAAP), and should therefore not be considered in isolation from GAAP measures. Since EBITDA is not a measure determined in accordance with GAAP and is susceptible to varying calculations, EBITDA, as presented, may not be comparable to other similarly titled measures of other companies.

CERTIFICATIONS
The Company's Chief Executive Officer and Chief Financial Officer have filed their certifications as required by the Securities and Exchange Commission (the "SEC") regarding the quality of the Company's public disclosures and the effectiveness of internal control over financial reporting as of December 31, 2006. Further, the Company's Chief Executive Officer has certified to the New York Stock Exchange ("NYSE") that he is not aware of any violation by the Company of NYSE listing standards, as required by Section 303A.12(a) of the NYSE listing standards.

Every 3 Seconds

On average, EMSC caregivers touch the life of a patient every three seconds.

EMSC

Emergency Medical Services Corporation

6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
(303) 495-1200
www.emsc.net

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MIMS INTERNATIONAL

AMERICAN MEDICAL RESPONSE

2008 Performance Bond
Request Form

Date of Request: Tuesday, May 06, 2008

Name and Address of Entity to be shown on Bond:

Name	American Medical Response of Colorado, Inc.	City	Greenwood Village
Address1	6200 S. Syracuse Way	State	Colorado
Address2	Suite 200	Zip Code	80111

Person Requesting Bond:

Name	Brenda Sanford, Director of Finance	Phone Number	719-393-2652
Division	Central	GM Area	GM - Colorado Springs, CO

Name and Address of Obligee

Name	City of Colorado Springs Contracting	City	Colorado Springs
Address1	30 S. Nevada Avenue	State	Colorado
Address2	Suite 201	Zip Code	80903-2599

Description of Job as it Appears in Contract, Including Contact Name & Phone Number (if any):

Colorado Springs RFP No. R08-027CD. Procurement Code contact is Curt DeCapite, Senior Contracting Specialist, for the City of Colorado Springs Contracting. Phone number 719-385-5274.

Bid Date:	05/09/08	Start Date:	07/01/08	Bond Amount:	$3,000,000
Annual Contract Amount:		End Date :	06/30/18		

* Plus extensions/options years, if any

Does Obligee have its own form?	No	If Yes, please enclose	
Was a bid bond issued?	Yes	If yes, please indicate bid dat	05/09/08
Is this a renewal bond?	No	If Yes, enter prior Bond Number:	

Remarks:

In order to process this request, you must include a complete copy of the current contract including Signature Page, and the Year-End Pro & Loss Statement plus the most current Profit & Loss Statement.

Delivery Instructions:

Forward original bond to:

Name	Ted Sayer, General Manager	City	Colorado Springs
Address1	2370 N. Powers Blvd.	State	Colorado
Address2		Zip Code	80915-1505

* If you have any questions please contact either Mary Buscemi or Mary Claire Goff at (410) 296-150(
or Cindy Stalvey in the NRC (303) 495-1808
or email us: Mary Buscemi or Mary Claire Goff and CC: Cindy Stalvey (EMSC)

HEALTH AND SAFETY

Health and Safety Manual TOC (see attached CD for entire document).....1
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EMSC HEALTH, SAFETY AND RISK MANAGEMENT PROGRAM MANUAL

VERSION 1.0
REVISED / EFFECTIVE

SEPTEMBER 21, 2006

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Reserved XXXX

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Reserved XXXX

CLICK TO READ

Newly released White Paper

An Optimal Solution for Enhancing Ambulance Safety

Benefits

The *SafeForce™* Driving System...

- **Improves Patient Care**
- **Prevents Crashes**
- **Reduces Fleet Maintenance Costs**
- **Serves As On-Going Driver Training Program**

. . . The Road Safety SafeForce™ Driving System encourages drivers to become part of the solution, rather than feeling they are a victim of the process.

The RS-3000 *SafeForce™* System monitors and records unsafe vehicle operating parameters such as speeding and high vehicle g-forces caused by rapid accelerations, hard decelerations and high speed turns. The system provides an audible warning as the driver approaches an unsafe condition, allowing sufficient time to take corrective action before a crash occurs. If a driver ignores system warnings, an exception report is created so management may take corrective action. The system also creates database reports ranking driver performance. These reports encourage competition between groups of drivers to drive safely, without excessive vehicle forces. This interactive *SafeForce™* training approach is a sure fire way to prevent crashes and drastically reduce fleet maintenance costs.

Our *SafeForce™* Driving System was developed over the last several years in numerous ambulance fleets across North America. Thanks to this experience, including valuable input from field management and paramedics in these fleets, we have reached what we call "product maturity". Our system is effective, easy to manage and addresses the numerous scenarios that can only be learned through time and attention to detail. This includes event reporting of incidents such as unsafe backing, driving without the seat belt fastened, unauthorized entry of the drug box, driving with the emergency brake on, low idle speed

with emergency lights on, system tampering, improper vehicle shut-down leading to premature turbo failure and many other real life occurrences. We believe our advanced RS-3000 On-Board Computer Systems will pay for themselves in less than two years. This is not just talk. We have proven this statement in fleets just like yours.

SafeForce™ Driving Improves Patient Care

. . . SafeForce™ driving ensures a suitable environment for administering aid to patients being transported.

Road Safety adds value to your non-emergency and emergency patient transportation services. The *SafeForce™* driving technique ensures a smooth and stable environment allowing proper patient treatment during transport. Using our system demonstrates that care and safety of the public being served is your top priority.

Road Safety can be the deciding factor when marketing your services, for both emergency service contracts and HMO scheduled non-emergency transports. Road Safety reports also document your outstanding patient care and response times provided to current customers.

SafeForce™ Driving Prevents Crashes

. . . The prevention of just one catastrophic crash can more than pay for the cost of our system in your entire fleet.

Our system doesn't just document why a crash occurred, it helps prevent the crash from happening in the first place! Immediate audible feedback warns drivers of excessive forces (due to hard cornering , for example) and over speeds. Drivers have the opportunity and incentive to correct their mistake before it results in a crash. Our exception reports are an early predictor of driver deficiencies. This enables you to correct poor driving habits, practices and attitudes before they lead to a serious crash. We are convinced our *SafeForce™* Driving System will immediately improve the safety of your employees and the public they serve. Naturally, this has the added benefit of drastically reducing your insurance costs.

Some drivers report stress and fatigue are greatly reduced with the *SafeForce™* Driving System. For the first time they have clear and understandable vehicle operating parameters from management, and immediate feedback as to how they are performing.

Management also gets to see the driver's performance. Road Safety's Driver Grading Summary Report is the perfect tool for supporting an employee incentive or disciplinary program. This report includes total performance for each driver. For ambulance, police and fire vehicles, we also give you the ability to see how the driver's performance may vary during emergency and non-emergency situations.

SafeForce™ Driving Reduces Fleet Maintenance Costs

. . . SafeForce™ driving drastically reduces fleet maintenance and operating costs.

Just as significantly, when your mechanics aren't spending the majority of their time on unnecessary repairs, they have more time to keep up with their scheduled maintenance duties. This further reduces your costs and guarantees safer fleet operations. The Road Safety System software also has a maintenance tracking feature. It tracks maintenance services based on mileage, date, engine hour or any combination of the three. We also alert you when a service becomes overdue.

Customers report that the *SafeForce™* driving system pays for itself on average within 8 to 24 months, in savings from reduced maintenance costs alone.

A maintenance work sheet developed for one of our clients from information given to us from their ambulance fleet manager, identifies the types of savings available (example available). He estimated that annual maintenance savings for his fleet averaged $1,364.71 per vehicle, and the fuel savings per vehicle were anywhere between $300.00 and $1,380.00 after installation of our system. Although vehicle downtime during maintenance and repairs is costly for any fleet, it was not included

in this work sheet.

Also, the life expectancy of the ambulance units in this report is 5 years. However, it is important to note the durability and modularity of the Road Safety components allow you to transfer the system to replacement ambulance units, so your investment in equipment continues to pay for itself well into the future.

SafeForce™ Driving Serves As On-Going Driver Training Program

. . . Road Safety reports and driver feedback systems were designed to support your driver training program.

Road Safety also offers EVOC (Emergency Vehicle Operator Course) "train the trainer" programs in Camarillo, California, Bloomington, Indiana and Battle Creek, Michigan. On site training is also available at your facilities in your vehicles. The immediate audible feedback the system provides continues the training process even in the absence of the instructor.

Optional Systems

. . . The Road Safety System can be configured to satisfy your changing needs.

Road Safety will interface to Global Positioning Systems (GPS), Automatic Vehicle Location Systems (AVL), Computer Aided Dispatch Systems (CAD), Video Systems, VHF and UHF Radio Systems and almost any other system that utilizes RS-232 serial communications. Road Safety provides the necessary "front end" hardware and software, or we will interface to your existing hardware. We will be happy to discuss your special system needs and requirements. Since our On-Board Computer System is designed to be modular in both software and hardware, your system can be easily upgraded at any time in the future as your needs change.

To purchase a system today or simply get more information – call us at 1-800-252-2594 or send us an email to info@roadsafety.com

It will be worth your time. It might even save your driver's life.

© 1999-2008 Road Safety International, Inc. All Rights Reserved. | Privacy Policy

Chairman of the Board

President

Chairman-Elect

President-Elect

Immediate Past
Chairman of the Board

Immediate Past President

Secretary-Treasurer

Directors

Chief Executive Officer

Chief Operating Officer
National Center

Chief Operating Officer
Field Operations

Chief Science Officer

Executive Vice President
Healthcare Markets

Executive Vice President
Corporate Operations & CFO

Executive Vice President
Communications &
Health Outreach

Executive Vice President
Corporate Secretary &
General Counsel

Executive Vice President
Advocacy

Executive Vice President
Development

Executive Vice President
Technology & Customer Strategies

"Building healthier lives, free of cardiovascular diseases and stroke."

American Heart Association | American Stroke Association

Learn and Live.

P M A
1280 S. Parker Road • Denver, CO 80231
888.426.6825 • americanheart.org

April 22, 2008

To Whom It May Concern:

Heart Disease remains the number one killer of all Americans, killing over 869,724 people per year. In an effort to reduce death and disability due to cardiovascular disease, the American Heart Association now has a new mission, which is 'Build healthy lives free of cardiovascular disease and stroke.'

As part of this mission, we strive to find partners in the community to provide programs and services to help educate and train individuals so that we may increase the chain of survival in every community.

The American Heart Association strongly supports Life Saving Solutions in their effort to increase awareness of the importance of AED's and CPR in the community. With their partnership, we hope to increase the synergy of current programs and invite others to join our vision, which is to double out of hospital cardiac arrest survival rates.

Should you have questions/comments regarding the American Heart Association or our programs, please feel free to contact me at your convenience: 719.271.4829 or michelle.hubbard-pitts@heart.org.

Sincerely,

Michelle A. Hubbard - Pitts

Michelle A. Hubbard – Pitts
Community Strategies Manager
American Heart Association

Please remember the American Heart Association in your will.

BBB Wise Giving Alliance Standards give.org

INSURANCE

Certificates of Insurance.....1
COI Request Form.....2
Letters of Insurability.....3

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/6/2008

PRODUCER Phone: 972-980-5860 Fax: 972-980-5861
Alliant Insurance Services Houston, LLC
Three Lincoln Centre, 5430 LBJ Freeway
Suite 1580
Dallas TX 75240

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A Arch Specialty Insurance Compa	21199
INSURER B	
INSURER C:	
INSURER D	
INSURER E	

INSURED
American Medical Response of Colorado, Inc.
6200 S. Syracuse Way, Suite 200
Greenwood Village CO 80111

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS / OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
A		OTHER Health Care Professional Liability Claims-Made	UFL000537902	4/15/2007	4/15/2008	Each Occurrence General Aggregate SIR	$10,000,000 $10,000,000 $5,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The El Paso County, ESA, El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director are additional insureds for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement.

CERTIFICATE HOLDER

El Paso County Emergency Services Agency
Attn: Lisa Martinez
30 S. Nevada Av., Suite # LO-5
Colorado Springs CO 80915

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE 3/17/2008

PRODUCER

Alliant Insurance Services Houston LLC
Three Lincoln Centre
5430 LBJ Freeway, Suite 1580
Dallas, TX 75240
972.980.5860

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

American Medical Response, Inc.
6200 S. Syracuse Way, Suite 200
Greenwood Village, CO 80111

INSURER A:	Arch Specialty Insurance Company
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	$
	CLAIMS MADE / OCCUR				PERSONAL & ADV. INJURY	$
					EACH OCCURRENCE	$
	GENERAL AGGREGATE LIMIT APPLIES PER				FIRE DAMAGE (Any one fire)	$
	POLICY / PROJECT / LOC				MED EXPENSE (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Each accident)	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	OTHER					
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE EACH EMPLOYEE	$
					*INCIDENT	$
					*PER INSURED AGGREGATE	$
A	OTHER Health Care Professional Liability (Claims Made Coverage)	UFL000537903	4/15/2008	4/15/2009	Each Occurrence	$ 10,000,000
					General Aggregate	$ 10,000,000
					SIR	$ 5,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS.
RE: HOLYOKE HOSPITAL, INC; DBA HOLYOKE MEDICAL CENTER

CERTIFICATE HOLDER

AMERICAN MEDICAL RESPONSE
6200 S. SYRACUSE WAY, #200
GREENWOOD VILLAGE, CO 80111-0000

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/31/2008

PRODUCER
Aon Risk Insurance Services West, Inc.
fka Aon Risk Services, Inc. of Colorado
4100 East Mississippi Avenue
Suite 1500
Denver CO 80246 USA

PHONE (303) 758-7688 FAX (303) 758-9458

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	National Union Fire Ins Co of Pittsburgh	19445
INSURER C:		
INSURER D:		
INSURER E:		

INSURED
American Medical Response
6200 South Syracuse Suite 200
Greenwood Village CO 80111 USA

COVERAGES

SIR May Apply

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GENL AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [X] LOC	XSLG23741155	03/31/08	03/31/09	EACH OCCURRENCE	$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	$2,000,000
						GENERAL AGGREGATE	$6,000,000
						PRODUCTS - COMP/OP AGG	$2,000,000
A		AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON OWNED AUTOS	ISA H08241181	03/31/08	03/31/09	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
B		EXCESS/UMBRELLA LIABILITY [X] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [X] RETENTION $25,000	5380808	03/31/08	03/31/09	EACH OCCURRENCE	$25,000,000
						AGGREGATE	$25,000,000
A A A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC4434449A SCFC44344579 WCUC44344531	03/31/08 03/31/08 03/31/08	03/31/09 03/31/09 03/31/09	X WC STATUTORY LIMITS [ ] OTHER	
						E.L. EACH ACCIDENT	$1,000,000
						E.L. DISEASE-EA EMPLOYEE	$1,000,000
						E.L. DISEASE-POLICY LIMIT	$1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Re: Evidence of Insurance. Cancellation Provision shown herein is subject to shorter or longer time periods depending on the jurisdiction of, and reason for, the cancellation.

CERTIFICATE HOLDER

American Medical Response
6200 South Syracuse Way, Suite 200
Greenwood CO 80111 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Holder Identifier :

Certificate No : 57002764729 2

Emergency Medical Services Corporation
Certificate of Insurance Request Form

AON (All Other Lines) | Alliant (AMR Professional Liability Only)

REQUESTER INFORMATION

Click here to create email to Alliant (AMR PL) only (Manually attach form) | Click here to create email to Aon only (Manually attach form) | Click here to create email to AMR, AON & Alliant (Manually attached form)

Named Insured for Certificate:
(Included in description of Certificate of Insurance)

Division: (Required) AMR - Central
Location Name: (Required) 17175 Colorado Springs
Address: (Required) 2370 N. Powers Blvd. Colorado Springs CO

EMSC Requester:

Requester Name: Mike Barbieri
Purpose of COI: Renewal
Date Requested: Tuesday, May 06, 2008
Timeline: Standard (24 Hours)
Requester Fax: (no spaces or characters) (719) 572-6741
Requester Phone: (no spaces or characters) (719) 597-1277

CERTIFICATE HOLDER INFORMATION
(Please attach a copy of request from customer, vendor, supplier etc)

Aon Fax: (800) (AL, GL, WC) 363-0105 | *Alliant Fax: (214) (PL Only) 273-3176*

Certificate Holder Name: *Named Party on Certificate of Insurance*
The El Paso County, ESA, El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director are named as additional insured for all liability arising out of the operations by or on behalf

Attention: El Paso County Emergency Services Agency, Attn: Mr. Robert West
City: Colorado Springs
Address / PO Box: 27 E. Vermijo Ave., Suite # 560
State: CO
Zip Code: 80903

Original to: Certificate Holder
Delivery Method: Email
Email Addresses: (if needed) hobwest@elpasoco.com
Fax Number (if needed): (719) 520-7497

COVERAGE, LIMITS, AND SPECIAL LANGUAGE
(Please attach a copy of request from customer, vendor, supplier etc)

Select all that apply:	Limits:	Special:	Number of Days Notice for Cancellation:
Automobile Liability (EMSC, AMR, AASI, RTI, EmCare)	$5,000,000		Standard (30)
General Liability (EMSC, AMR, AASI, RTI, EmCare)	$2,000,000		Standard (30)
Workers' Compensation (EMSC & AMR Only)	$1,000,000		Standard (30)
AMR Professional Liability	$1,000,000		Standard (30)
Excess Liability/Umbrella (EMSC, AMR, AASI, RTI, EmCare)	$25,000,000		Standard (30)

Other Special Instructions: ##

AON RISK SERVICES

April 2, 2008

Selection Committee
El Paso County Emergency Services Agency
27 E. Vermijo Ave. # 560
Colorado Springs, CO 80903

Reference Policy # XSLG23741155 (General Liability), ISA H08241181 (Auto Liability), WLRC4434449A, SCFC44344579, WCU44344531 (Workers Compensation)
American Medical Response of Colo. Inc.

Dear Members of the El Paso County Selection Committee:

This letter confirms in writing, that Aon Risk Insurances Services West, Inc. fka Aon Risk Services, Inc. of Colorado provides American Medical Response of Colo. Inc. with the insurance coverage as outlined in Appendix F – Minimum Insurance Requirements, of the City of Colorado Springs & El Paso County Emergency Services Agency (ESA).

1. Employers Liability of $100, 000
2. Automobile Liability of $5,000,000 Combined single limit
3. Commercial General Liability $2,000,000 Combined single limit and $6,000,000 general aggregate.

This policy endorses the following specific language:

> "The El Paso County ESA, El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director are named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement."
>
> "The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the entity's liability."
>
> "The insurance provided herein is primary coverage to the El Paso County ESA, El Paso County and the City of Colorado Springs, with respect to any insurance or self-insurance programs maintained by the ESA."

Aon Risk Insurance Services West, Inc.
4100 E. Mississippi Avenue | Suite 1500 | Denver, CO 80246
t: 303.758.7688 | f: 303.758.9458
w: aon.com

AON RISK SERVICES

4. Excess Liability of $25,000,000 Combined single limit
5. Worker's Compensation Insurance of $1,000,000

Please contact us at (303) 758-7688, with any questions.

Signed:

Doug Jones
Vice President
Aon Risk Insurance Services West, Inc.

Arch
Insurance Group

Arch Healthcare
Wells Fargo Place
30 East 7th Street, Suite 2270
St. Paul, MN 55101
651-855-7100 Office Telephone
651-855-7171 Fax

March 31st, 2008

Selection Committee
El Paso County Emergency Services Agency
27 E. Vermijo Ave. # 560
Colorado Springs, CO 80903

Reference Policy # UFL005379-03
American Medical Response of Colo. Inc.

Dear Members of the El Paso County Selection Committee:

This letter confirms in writing, that Arch Specialty Insurance Company, provides American Medical Response of Colo. Inc. with Professional Liability insurance coverage as outlined in item # 5, Appendix F - Minimum Insurance Requirements, of the City of Colorado Springs & El Paso County Emergency Services Agency (ESA).

Medical Malpractice Minimum Professional Liability Limit $1,000,000

Please contact us at (651) 855-7121, with any questions.

Signed: _____

Arch Specialty Insurance Company

LEGAL

Pending Litigation.....1
EMSC Press Release.....2

Claim Number	Claim Status	Date of Loss	Date Claim Closed	Date Claim Opened	Line Type	Coverage Description
20040415549-0001	Closed	4/21/2004	11/28/2007	4/26/2004	GL	Bodily Injury
20030614980-0001	Closed	5/2/2003	12/28/2005	6/27/2003	PL	Professional Liability
AMR-06-52834	Closed	6/29/2006	7/30/2007	7/11/2006	PL	Professional Liability
AMR-06-55870	Open	1/31/2005	N/A	10/12/2006	PL	Professional Liability
AMR-06-68037	Closed	8/3/2005	4/10/2007	4/2/2007	PL	Professional Liability
AMR-07-69872	Open	6/12/2007	N/A	7/5/2007	PL	Professional Liability
AMR-07-76192	Open	12/7/2007	N/A	1/21/2008	PL	Professional Liability
AMR-07-76396	Open	1/1/2007	N/A	1/29/2008	PL	Professional Liability
AMR-07-76835	Open	2/6/2008	N/A	2/21/2008	PL	Professional Liability

News Release

American Medical Response Announces Settlement of Investigation

GREENWOOD VILLAGE, Colo.--(BUSINESS WIRE)--Oct. 5, 2006--Emergency Medical Services Corporation (NYSE: EMS) today announced that its subsidiary, American Medical Response, Inc. (AMR or the "Company"), has entered into a settlement with the U.S. Department of Justice (DOJ) in connection with an investigation into alleged Company conduct occurring in periods prior to 2002.

The DOJ alleged that AMR provided discounted transports to various healthcare facilities in the state of Texas in exchange for referrals of transports from the facilities from 1994 through 2001, a period during which AMR was under different ownership and management. Under the terms of the settlement, AMR paid $9,000,000 to the federal Government, and entered into a corporate integrity agreement with the Office of Inspector General. The Company fully reserved for its portion of the settlement in prior reporting periods. In addition, a significant portion of the settlement has been indemnified by AMR's prior owner pursuant to the sale of the Company in 2005. The Company entered into the settlement in order to avoid the uncertainties of litigation, and has not admitted any wrongdoing.

Commenting on the settlement, William A. Sanger, Chairman and CEO of AMR's parent company, EMSC, said, "We are pleased that we were able to resolve this matter with the Government. AMR cooperated fully with the Government during the course of its inquiry into prior conduct of the Company, and we believe it is in AMR's best interest to put this matter behind us." Sanger added, "We maintain an active compliance program nationwide, and we believe the requirements of the CIA are consistent with our existing compliance program. We remain committed to conducting our business in a manner consistent with applicable laws and ethical practices."

About Emergency Medical Services Corporation

Under the recognized brands of EmCare(R) and American Medical Response(R) (AMR), Emergency Medical Services Corporation, headquartered in Greenwood Village, Colorado, is a leading provider of emergency medical services in the United States, serving more than nine million patients each year. EmCare provides outsourced emergency department staffing and management services to more than 335 hospitals in 39 states. American Medical Response is America's leading provider of ambulance services, with local operations in over 250 communities in 36 states. For more information, visit www.emsc.net.

About American Medical Response

American Medical Response Inc. (www.amr.net), America's leading provider of medical transportation, is locally operated in 36 states and the District of Columbia. More than 18,000 AMR paramedics, EMTs and other professionals transport nearly four million patients nationwide each year in emergency, critical and non-emergency situations. Operating a fleet of approximately 4,000 vehicles, AMR is headquartered in Greenwood Village, CO.

Forward-Looking Statements

Certain statements and information herein may be deemed to be "forward-looking statements" within the meaning of the Federal Private Securities Litigation Reform Act of 1995. Forward-looking statements may include, but are not limited to, statements relating to our objectives, plans and strategies, and all statements (other than statements of historical facts) that address activities, events or developments that we intend, expect, project, believe or anticipate will or may occur in the future. Any forward-looking statements herein are made as of the date of this press release, and EMSC undertakes no duty to update or revise any such statements. Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties. Important factors that could cause actual results, developments and business decisions to differ materially from forward-looking statements are described

in EMSC's filings with the SEC from time to time, including in the section entitled "Risk Factors" in the Company's most recent Annual Report on Form 10-K. Among the factors that could cause future results to differ materially from those provided in this press release are: the impact on our revenue of changes in transport volume, mix of insured and uninsured patients, and third party reimbursement rates; potential penalties or changes to our operations if we fail to comply with extensive and complex government regulation of our industry; and the loss of existing contracts and the accuracy of our assessment of costs under new contracts.

CONTACT: Emergency Medical Services Corporation
Deborah Hileman, 303-495-1210
deborah.hileman@emsc.net

SOURCE: Emergency Medical Services Corporation

LETTERS FROM THE COMMUNITY

Letters from Businesses and Organizations.....1
Letters from Residents.....2

Pikes Peak Chiefs' Forum

21575 Myers Rd
Colorado Springs, CO 80928
www.ppfirechiefs.com

October 24, 2006

American Medical Response of Colorado Springs
2370 N. Powers Blvd.
Colorado springs, CO. 80915

Dear American Medical Response,

As you know the Pikes Peak Fire Chief's Forum is made up of the leadership from 36 Fire Departments, Fire Protection Districts, and EMS agencies in El Paso County and its surrounding counties in Colorado. These agencies represented provide fire and medical response and work alongside AMR to provide a service to the citizens and communities of El Paso and surrounding counties.

On October 23, 2006 The Pikes Peak Fire Chief's Forum made a motion and passed unanimously a vote of confidence and support for you in the up coming contract bid. First we would like to thank you for the support you have provided us over the past 10 years. Beyond your normal business you have provided support in the areas of vehicle maintenance, low supply costs, and donation of vehicles and EMS equipment to agencies that would otherwise not be able to afford this type of equipment. You have worked countless hours in community functions and events. Next we recognize the relationship you have built with the agencies that you have worked alongside during the current contract. You have worked hard to bring the best in equipment, excellent working relationship, and on scene coordination with local agencies to help provide the best possible patient care possible beyond the contract. AMR has become a large part of the El Paso County emergency service "Brotherhood".

The PPFCF does not support you because you are providing a good ambulance service to the citizens of El Paso County. We are supporting you because you have gone beyond your contract and have become involved and are a large part of our communities. You have become our friends and co-workers.

We encourage those making the decisions during the contract bid to strongly consider AMR as the choice for El Paso County.

Sincerely,

Kevin Junglen, Chairman
Pikes Peak Fire Chief's Forum

THE CHAMBER

colorado springs

April 28, 2008

To Members of the Selection Committee:

We ask that you give careful consideration to American Medical Response (AMR) continuing to provide emergency medical EMT-Paramedic ambulance service for the Pikes Peak Region. AMR is a valued member of our community with a strong business presence in the region providing critical services for our citizens along with creating key jobs.

AMR has been an important community partner for more than a decade. They have served our diverse region from the plains to the mountains, combined with rural and urban settings, with an effective, common sense approach. AMR's expertise regarding this area is invaluable and their commitment to the community is incomparable.

We are a city and county that has grown immensely in the last decade. AMR has handled that growth with aplomb and wisdom, bending and flexing to the ever-increasing varied needs of the region. They clearly strive to improve the working environment of our community. They have an impeccable reputation of excellence in public service and patient care and they have demonstrated that they continually seek to implement the industry's best practices.

The Chamber recently entered into an informal agreement with the City of Colorado Springs to provide private sector support in emergency management. Our staff has participated in many discussions about the needs of the community in the event of a natural or other type of disaster. It is clear how critical it is that we have a highly skilled company familiar with our community equipped to handle dangerous and intense circumstances in times of crisis. The AMR leadership's experience responding to some of our most tragic historical emergencies such as 911, the Oklahoma City bombing and Katrina prove that they are a skilled and committed business who is up to handling these types of extreme challenges. Living in a community with unique military and security concerns as we do, this is important to note.

Preserving and enhancing the Pikes Peak's quality of life is important for the Greater Colorado Springs Chamber of Commerce. It falls within our mission to continue to work towards a strong, vibrant business climate. AMR has not only joined the Chamber in that mission through their involvement in the community, but also with their work product contributing to it daily.

TEL: 719-635-1551 · FAX: 719-635-1571 · www.coloradospringschamber.org
The Colorado Springs Chamber of Commerce, 6 S. Tejon St., Suite 700, Colorado Springs, CO 80903

AMR is a model company serving as an example to businesses across the area. They are a valuable asset to this region and we are proud to call them a partner.

We would be pleased to answer any questions you might have concerning American Medical Response. We can be reached at the Chamber at 635-1551.

Sincerely,

Victor C. Andrews
Chair of the Board of Directors

David P. Csintyan
Chief Executive Officer

STATE OF COLORADO

Bill Ritter, Jr., Governor
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department
of Public Health
and Environment

April 25, 2008

American Medical Response of El Paso County
Attn; Ted Sayer
2370 N. Powers Blvd.
Colorado Springs, CO 80915

Dear Mr. Sayer,

Per your request, please accept this memorandum as documentation that according to our records, American Medical Response (AMR) of El Paso County is in compliance with all rules and regulations administered and enforced by our office. This includes regular submission of all patient care data as required by CRS 25-3.5-501, agency profile information as required by the same statute, and to our knowledge, maintaining personnel that are appropriately credentialed to provide patient care in the state of Colorado. We would also note that on all occasions where our office has been required to review issues submitted to our office concerning your organization, our staff has found AMR personnel to be fully cooperative.

If there are any questions, or need for additional information, please feel free to contact me at any time.

Sincerely,

D. Randy Kuykendall

D. Randy Kuykendall, MLS, NREMT-P
Chief, Emergency Medical and Trauma Services Section
Colorado Department of Public Health and Environment

Cc; file

April 16, 2008

CENTER FOR NONPROFIT EXCELLENCE

RFP Selection Committee, City of Colorado Springs

When you are considering a new contract for ambulance service, please consider the important community contributions from American Medical Response. I know many of the employees of AMR from their involvement in philanthropy and volunteerism. They are present at many important community events. Two events where I am personally involved are described below.

The Center for Nonprofit Excellence does the administration for the Partners in Philanthropy event. In 2006 American Medical Response won the prestigious "Outstanding Corporate Philanthropic Program" award. Leadership Pikes Peak nominated AMR for this award because of their broad philanthropic reach. They supported a variety of programs including the Colorado Springs Fire Department (GPS for city fire trucks) and Penrose Hospital's Flight for Life (a hanger for their helicopter). AMR employees participate in community volunteerism and leadership groups.

The Volunteer Center is part of the Center for Nonprofit Excellence and holds an annual event to recognize outstanding volunteers. In 2007 AMR won the Corporate Volunteer award for their collaboration with Pikes Peak Hospice and Palliative Care for the Sentimental Journeys Program. This program offers approximately 13 sentimental journeys per year for terminally ill patients who are in need of medical supervision and transportation. These trips have provided fond last memories for the patient and often for their families and loved ones.

The strong community involvement from AMR and its employees makes them a good corporate citizen. I believe that should count highly when you consider which company will provide ambulance services to our city.

Sincerely,

Lynne Telford
Executive Director

518 North Nevada Avenue, Colorado Springs, CO 80903 • • • Tel: 719-575-4341 • • • Fax: 719-955-0765 • • • Web: www.cnecoloradosprings.org

Better Business Bureau of Southern Colorado, Inc.

25 North Wahsatch Avenue
Colorado Springs, CO 80903
(719) 636-5076 | (866) 206-1094
Fax: (719) 636-5078

503 North Main Street, LL106
Pueblo, CO 81003
(719) 542-1605
Fax: (719) 542-1627

April 8, 2008

ESA RFP Selection Committee:

We have seen first hand the contribution AMR (American Medical Response) is to our community here in Colorado Springs. When I first heard about "Sentimental Journey," which provides transportation to people normally immobile, I was impressed. These people are not in emergency situations, they simply would not be able to enjoy the things that AMR provides were it not for the community-mindedness of the staff at American Medical Response. This Better Business Bureau was honored to be a part of their Community Service award through the Community of Heroes program in 2005. Another contribution to our community is "Home for the Holidays," where AMR provides wheelchair bound individuals transportation so they may spend holidays with their families.

AMR was also a recipient of the BBB's Excellence in Customer Service award for 2007. This prestigious recognition is based on the national Malcolm Baldrige awards, which takes a company's customer service practices and measures them against a set of criteria. This is done by a team of independent professional evaluators who then compile a feedback report for every applicant. The feedback report is the actual prize; however the honor of the award recognizes a mature and well managed customer service system.

Since 1998 AMR has been a member Accredited Business of the local Better Business Bureau here in Colorado Springs. Not only does this speak to their commitment to ethical business practices, but it says volumes about their support of our services to the community as well. Their annual dues make it possible for the BBB to continue to provide people with information about companies they want to do business with. We also use these dues to support our educational programs and seminars for businesses to improve their customer service practices. We also have outreach programs for consumers which help raise the level of awareness regarding scams and fraud. All of these programs help keep southern Colorado a wonderful place to work, live, and raise a family, and after all, isn't that what community is all about?

Not everyone has a direct need for ambulance services, thank goodness, but if and when they do, they can trust they would be served with care and compassion by American Medical Response.

Sincerely,

Cat El

Director of Events

Start With TrustSM

Better Business Bureau of Southern Colorado, Inc.

25 North Wahsatch Avenue
Colorado Springs, CO 80903
(719) 636-5076 | (866) 206-1094
Fax: (719) 636-5078

503 North Main Street, LL106
Pueblo, CO 81003
(719) 542-1605
Fax: (719) 542-1627

April 14, 2008

To Whom It May Concern:

American Medical Response has been an accredited business of the Better Business Bureau since 1998. During that time they have demonstrated outstanding customer service. Anytime this office has interacted with AMR, they are friendly and more than willing to help in any way.

Last year, AMR applied for and received the BBB Excellence in Customer Service (EICS) Award. To be an EICS recipient means the company has researched, assessed and documented they have a strong customer service process in place. Furthermore, it means the business plans to keep improving and providing the very best service to its customers.

Customer service and quality experts spent hours evaluating AMR's application and did an on-site visit to the company. During the visit, evaluators also talked with employees. As a result, AMR was awarded this distinction which strongly demonstrates how much AMR cares about its customers.

Sincerely,

Carol J. Odell
CEO

Start With TrustSM

April 14, 2008

COLORADO SPRINGS SPORTS CORPORATION

Dear ESA RFP Selection Committee:

On behalf of the Colorado Springs Sports Corporation (Sports Corp), I respectfully support the bid of American Medical Response (AMR) to continue its operation in the City of Colorado Springs as the City's ambulance service provider.

AMR has been a strong supporter of the Sports Corp for several years now and their partnership has allowed our largest annual event, the Rocky Mountain State Games (RMSG), to prosper without comprising the safety of our participants.

The Rocky Mountain State Games is a multi-sport amateur sports festival featuring competition in 31 sports over one weekend. Several thousand athletes of all ages and skill levels compete annually in the RMSG. Each year as the number of participants and venues grows, so too does the occurrence of injuries and the need for reliable and professional medical support.

AMR has answered the call to provide in-kind medical support for the RMSG and each year this support becomes more critical to its success. In 2007, there were more than 10,803 athletes competing in 29 sports at 30 different venues in the Colorado Springs area. AMR stationed ambulances on-site at many of our high-risk events and was ready to transport injured athletes to local hospitals in the event of an accident.

Two years ago, AMR transported several injured athletes to local hospitals-two of them with life-threatening injuries. In each instance, it was evident that AMR's EMTs and paramedics were expertly trained, extremely responsive and well prepared for their role in supporting this event.

As a non-profit organization, we rely heavily on community partners and corporate citizens such as AMR to provide the knowledge, skill and first-class service associated with premier events, not only during the event but also in the months, weeks and days leading up to it. In addition to their support during the RMSG, AMR has also helped us train and certify athletic trainers from across Colorado prior to the RMSG to encourage their professional development and allow them to join our Medical Staff during the State Games.

We are extremely fortunate to have an exceptional philanthropic organization like AMR here in Colorado Springs. AMR has earned a great deal of respect and admiration from our company and our community and we hope that you will give their bid every possible consideration.

Sincerely,

Tom Osborne
President & CEO

TEL: 719-634-7333 www.thesportscorp.org FAX: 719-634-5198
1631 Mesa Avenue, Suite E Colorado Springs, CO 80906

DRIVE SMART®

April 1, 2008

Ms. Tawnya Silloway
American Medical Response
2370 N. Powers Blvd.
Colorado Springs, CO 80915-1505

Dear Ms. Silloway,

On behalf of DRIVE SMART Colorado Springs, I would like to thank you for your continued support of our community traffic safety program and efforts to increase traffic safety awareness and reduce crashes in our area.

I have been director of DRIVE SMART since 1994, and American Medical Response has been a partner in traffic safety for all of my years, and prior to my involvement. It has been so valuable to know that AMR is there when we need them. Your folks have helped with countless presentations to dozens (and I mean DOZENS) of area high schools and displays at countless more events. I know that by working together to educate our community, we have made our beautiful Pikes Peak Region a better and much safer place to live.

Thank you again, and I hope to be able to partner with you and AMR for years to come.

Sincerely,

Maile Gray
DRIVE SMART Colorado Springs
www.drivesmartcoloradosprings.com

15998-0201

Ute Pass Regional Ambulance District

P.O. Box 149 785 Red Feather Lane Woodland Park, Colorado 80866 Phone: (719) 687-2291 Fax: (719) 687-6410
tdienst@uprad.org

April 23, 2008

RFP Evaluation Committee

El Paso County Emergency Services Agency
30 South Nevada Avenue, Suite L05
Colorado Springs, CO 80903-2599

RE: RFP No. R08-027CD to Provide EMT-Paramedic Ground Emergency Ambulance Services

Dear Committee Members:

It is without reservation that I recommend American Medical Response (AMR), El Paso County, to continue being the ESA Provider for ambulance services in El Paso County, Colorado. AMR has been and continues to be an **excellent** Emergency Medical Service (EMS) partner.

AMR is an excellent EMS partner. Besides providing **outstanding** services to the City of Colorado Springs and El Paso County, AMR works to develop and promote collaborative partnerships with other area EMS agencies. They work with us to improve the services we provide through education, supply, systems advise, communication, and mutual aid. During the Hayman Fire, AMR assisted us in keeping our ambulances on the road and provided additional vehicles for us to use when we needed them. AMR also provides mutual aid which is an invaluable resource sharing effort that improves patient care and promotes future cooperation. In addition, during our greatest time of need, AMR was there for us being supportive, not predatory, in assisting us form and fund the District which now serves the citizens of northern Teller County. Finally, AMR posses the current infrastructure necessary to continue providing quality, efficient, competent, reliable, and economic EMS for your citizens which would cost millions of dollars for another company to duplicate.

Thank you for your time and consideration. AMR is a great resource and partner that I would hate to lose. Please support and approve AMR's request.

Sincerely,

Timothy J. Dienst
Chief Executive Officer

OTC Judo Club

March 18, 2008

To whom it may concern:

On behalf of the OTC Judo Club, I would like to sincerely thank AMR for their continued support with our annual Judo tournament. AMR is very generous with their time in donating to the event by offering medical support to our community program. We have reached out to them for the past two years and they have never hesitated to offer their assistance. With their support we have had positive and successful events for the children in our community.

The OTC Junior Judo Club was founded in 1998 to introduce children in the Colorado Springs area to the Olympic sport of Judo. We offer our program in conjunction with the Parks & Recreation, Police Athletic League as well as the Boy Scouts and Girl Scouts of America. Our program teaches the children in our community about discipline, self esteem, physical fitness as well as having a safe place to socialize and stay focused on academics.

Please feel free to call me if you should have questions or would like additional information

Sincerely,

Edward Liddie
OTC Judo Club
Head Coach, Olympic Bronze Medalist
3-Time Olympic Head Coach
High Performance Director, USA Judo
719-232-2742

April 11, 2008

Dear RFP Selection Committee

On behalf of the Colorado Springs Safe Kids Coalition and as coordinator for the Coalitions Safe Kids Buckle up program, I would like to thank American Medical Response for their ongoing support of child passenger safety efforts in Colorado Springs and El Paso County.

AMR has a long history of support of child passenger safety efforts locally. Past efforts have included hosting CPS technician classes and community check points. Being able to use enclosed ambulance bays for such events has been especially appreciated, considering our often erratic and windy area weather.

Currently, I especially want to commend AMR in general and AMR employee Laura Kent specifically. AMR has operated an ongoing CDOT recognized CPS fit station, providing an easily accessed site for parents and caregivers to get an appointment to have their car seat use checked. Besides being an ongoing member of the local Safe Kids Coalition, helping address injury for birth to age 14, AMR is also an active ongoing member in the DRIVE SMART coalition, helping address multiple motor vehicle issues. Since becoming CPS technician, Laura has been energetic in outreach to parents and schools, providing multiple CPS presentations. As a CPS instructor, I find her dedication, knowledge and energy in addressing CPS needs in the community absolutely impressive. Thank you to AMR for the ongoing efforts to prevent injury in children!

Sincerely,

Christine Simosky, RN, CPSTI
Coordinator, Safe Kids Buckle Up
Program of the
Colorado Springs Safe Kids Coalition
8335 Wildridge Rd.
Colorado Springs, CO 80908
Ph: 719-495-0325, email
hstapestry@msn.com

Safe Kids®
Colorado Springs

OTC Judo Club

March 18, 2008

To whom it may concern:

On behalf of the OTC Judo Club, I would like to sincerely thank AMR for their continued support with our annual Judo tournament. AMR is very generous with their time in donating to the event by offering medical support to our community program. We have reached out to them for the past two years and they have never hesitated to offer their assistance. With their support we have had positive and successful events for the children in our community.

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Please feel free to call me if you should have questions or would like additional information

Sincerely,

Edward Liddie
OTC Judo Club
Head Coach, Olympic Bronze Medalist
3-Time Olympic Head Coach
High Performance Director, USA Judo
719-232-2742

Pikes Peak Community College

Health, Environmental, Natural & Physical Sciences
5675 S. Academy Blvd., CC13
Colorado Springs, CO 80906

719.540.7393 tel
719.579.3030 fax
800.456.0847

www.ppcc.edu

August 10, 2006

To Whom It May Concern:

I accepted a position with Penrose-St. Francis Health Services in 1997 as their EMS Program Coordinator. In this position I worked extensively with numerous prehospital EMS agencies assisting them with education and quality assurance matters. In 2004 I transferred my employment to Pikes Peak Community College where I function as their EMS Program Coordinator and contract back to Penrose-St. Francis Health Services to continue to manage their EMS Program. Over the past nine years American Medical Response has been the contracted ambulance provider for the El Paso County/Colorado Springs Emergency Services Agency providing both emergency ambulance services the El Paso county area. In addition to being the sole 911 ambulance provider they have provided non-emergency and special event support to the region.

During this time I have had the opportunity to interface with AMR on many levels. As an educator I feel that it is important to remain active as a street medic so I have worked for them part-time on the streets, I have taught for them, I have been taught by them, and mostly have been supported by them.

While working as a street medic I have found that AMR maintains excellent equipment for use by their crews to support their life saving efforts. In addition, AMR's Clinical and Education Services Department instills a culture of excellence. After working in Maryland and Tennessee I can easily say that the expectations placed on the knowledge base of the average Colorado Springs AMR EMT-Basic or Paramedic is substantially higher than in any other area I have worked in.

Both Penrose-St. Francis Health Services and Pikes Peak Community College have always been supportive of EMS Education but there still remains gaps where equipment and tools can be improved upon. Over the years American Medical Response has donated thousands of dollars to my educational programs. This supports has ranged from small items like bandaging and splinting supplies to several expensive LifePak 12 monitors and two ambulances. I am a firm believer that one of the best forms of education is obtained through simulation. Through AMR's support and generous donation of equipment Penrose EMS Education and Pikes Peak Community College have been able to better prepare today the lifesavers of tomorrow.

Respectfully,

Jeffery S. Force, B.A., NREMT-P

Plains to Peaks
Emergency Medical & Trauma Service Region

Kim E. Schallenberger, Regional Coordinator, Box 303, Kit Carson, CO 80825
Phone: 719-962-3200 Fax: 719-962-3388 Cell: 719-342-5562

August 14, 2006

To Whom It May Concern:

Since the formation of the Plains to Peaks RETAC in November 2000, American Medical Response-El Paso County has been a valuable partner in our effort to enhance the delivery of Emergency Medical and Trauma Services in the Region.

American Medical Response-El Paso County has provided equipment, personnel, and money to numerous projects undertaken by the Region. These include:

1) Recruitment & Retention: The Region undertook a project to encourage high school students to enter the field of EMS. AMR has done this type of work for years and provided valuable incite to the Region as we carried the project Region-wide.
2) Equipment: AMR consistently provides equipment to agencies in the Region through donation. This is a valuable resource for volunteer agencies that might not be able to afford such equipment without the assistance.
3) Plains to Peaks EMS/Trauma Conference: AMR has provided equipment, instructors, and money every year of this educational conference. The value of this support is immeasurable because the instructors bring their years of experience to the classroom.
4) MCI Trailer: El Paso County is using funds provided by the Region to enhance their Mass Casualty Response capabilities. AMR has generously supported this effort both financially and with personnel.
5) Misc: AMR is always willing to support whatever project the Region undertakes. Because of AMR, we have been able to accomplish goals quicker and more efficiently.

As representatives of the Plains to Peaks RETAC, we would like to thank AMR-El Paso County for their past and continued support.

Sincerely;

Ted Foth, Council Chair

Kim E Schallenberger, Regional Coordinator

Frances Reble
19210 South Peyton Highway
Colorado Springs, Colorado 80928

9-01-2006

To Whom It May Be Of Interest:

This communication is to convey my experience with the people of American Medical Response, (AMR).

I have been with the Hanover Fire Department for 30 years, and have lived through the coming and going of several ambulance transport providers, with AMR being the most progressive, community involved service provider we have had.

We have received consistent excellent service, mutual aid for fire re-hab, mentoring, teaching, and many most needed, and helpful donations to our Department.

The individual employees actually give of their own means to put groceries on the table of patients and/or families who have genuine need, with whom they have come into contact.

In my interaction with the Colorado Springs employees of AMR I find the majority of them are exceptional people.

Thank you,

Frances Reble

ELLICOTT FIRE PROTECTION DISTRICT

23650 Hwy 94
Calhan, Co. 80808

Station 1 719-683-3588 Station 2 719-683-7211 Fax 719-683-8611 Fax Chief 719-683-3458 Chief mobile 719-338-0884
Chief e-mail ecorn@worldnet.att.net

To: Whom it may concern:

Greetings:

I have concentrated my time in trying to determine the full extent of the hidden issues surrounding this contract negotiations period. I have many questions from my tax payers that don't seem to have answers.

I have been reminded that the original formation of the ESA Board and the first ambulance contract were a direct result of the work of a consultant, with a proven track record. The 2 statements from that consultant that standout are 1. The ESA Board must have a dynamic control and oversight process in place and 2. There must be multi year extensions if the County expected to have the best and lowest priced service.

Keeping those 2 statements in mind I am at a total loss as to why the ESA Board did not make the review and adjustments necessary to allow the contractor to have a reasonable return on their investment and extend the existing contract.

Let it be known that the Ellicott Fire District strongly supports keeping AMR as the transport provider for El Paso County with adjustments, UP or DOWN as necessary. We have enjoyed the best system in the County that has ever existed in my 35 Years Service to the Tax payers of the District. Don't Reinvent the wheel and start over building a new system , adjust the existing system to provide continuing improvement.

Best Regards:

Chief E F Corn
Ellicott Fire Dist

DRIVE SMART®

May 22, 2006

National Association of Emergency Medical Technicians
Awards Committee
PO Box 1400
Clinton, MS 39060

Dear Members of the Awards Committee,

DRIVE SMART Colorado Springs (DSCS) is a nationally recognized community traffic safety program, and the traffic safety education arm of the Colorado Springs Police Department. DSCS works with a steering committee made up of over thirty individuals that represent agencies and organizations that include law enforcement, municipal government, military, non-profit, education, business, health and private citizens.

Since the inception of DRIVE SMART in 1989, American Medical Response (AMR) has been a strong steering committee member partnering with our organization on many annual events – not to mention always having active steering committee representation.

AMR helps with our traffic safety speaker's bureau, sets up displays at various community events and supports our annual child passenger safety efforts in the area.

AMR is a huge asset to DRIVE SMART Colorado Springs and the greater Pikes Peak region. I would strongly recommend American Medical Response of Colorado Springs to be considered to receive the prestigious National Emergency Medical Service of the Year award.

Please contact me if you need anything further.

Sincerely,

Maile Gray

Maile Gray
(719) 444-7534

EL PASO COUNTY FAIR

AND EVENTS COMPLEX

Jim Abendschan
General Manager
Debbie Galle
Assistant Manager
Community Relations

August 10, 2005

Ted Sayor
2370 North Powers Boulevard
Colorado Springs, CO 80915

Dear Ted,

We find it hard to find the words to thank those who offered their generous support of time, talent and treasure to aid in the production of the centennial celebration of the 2005 El Paso County Fair. Please accept this letter of appreciation to, at least in a small way, convey our message of thanks for what you have done to support this fine event.

I would like to take this time to thank you for your generous help with the 2005 El Paso County Fair.

We had nearly 36,000 people visit us this year which was a 19 ½% increase over last year. We appreciate the attendance of each and every one of them. The El Paso County Fair has come a long way in over 100 years and I believe its success over the last decade is due largely because of the support each of our great sponsors, volunteers and enthusiasts.

Fair visitors learn about the fair from the excellent dedication and enthusiasm of the local media. We feel that it has always been supportive, but this year it went well over and beyond the call of duty in order to help the Fair mark its 100th birthday. Print and broadcast media participated well above contracted support and showed their caring about the community through their coverage and productions.

Business and private citizens come together to help achieve the best we can offer in a county fair. They provide cash, donations and services many times without asking for anything in return. They purchase animals from 4-H youth as benevolent supporters. Without this, the El Paso County Fair could not be ranked in the top four fairs in the state.

Thank you again, and please feel free to contact me directly at (719) 520-7881 if you have any questions or comments.

Ted: thanks for the help & assistance

Sincerely,

Jim

Jim Abendschan, Certified Fair Executive
General Manager
El Paso County Fair and Events Complex

366 Tenth Street, Calhan, CO 80808
(719) 520-7880 FAX: (719) 520-7883
www.elpasoco.com/cntyfair

Colorado Springs
SCHOOL
DISTRICT
11
Building Tomorrows Today
THE BIJOU SCHOOL
730 North Walnut Street
Colorado Springs, CO 80905

Dr. Norman F. Ridder, Superintendent
Wayne Hutchison, Principal
(719) 328-7900 Fax (719) 477-9539

November 17, 2005

American Medical Response
2370 North Powers Blvd.
Colorado Springs, CO 80915

Attn: Ms. Tawnya Silloway, Community Relations Specialist
Mr. Ted Sayer, Director

Dear Tawnya,

Thank you so much for coming to Bijou and doing such a wonderful presentation for our students. All of the responses from the evaluations have been extremely positive. You were a great success with the kids. I have had teachers stop me and comment on how excited the kids were and how much they enjoyed the Brown Bag. Several students mentioned that they would like to pursue a possible career as an Emergency Medical Technician.

Thank you again for sharing your expertise. I agree with the students when they said, "this was the best Brown Bag ever"!

Thank you again,

Sincerely,

Barb Gallagher

Barb Gallagher
Voc Ace Coordinator/Teacher

HANOVER FIRE PROTECTION DISTRICT
17550 SOUTH PEYTON HIGHWAY
COLORADO SPRINGS, COLORADO 80928
PHONE: 719-683-3473

CHIEF: CARL TATUM
PHONE: 719-492-2729

MAY 05, 2006

MR. TED SAYER
AMERICAN MEDICAL RESPONSE
2370 NORTH POWERS BOULEVARD
COLORADO SPRINGS, COLORADO 80915
PHONE: 719-597-1277

Dear Mr. Sayer,

Thank you and your company very much for providing Hanover Fire Department with the gurney for our Rescue Rig ! We appreciate your generous assistanace toward the growth and development of Hanover Fire.

Thank you also, for the other numerous small items that enhance our service to our citizens.

We want to thank you as well, for the mentoring, and advice, along with the time it takes for these activities which facilitate our learning, and help us to make fewer mistakes.

We appreciate your efforts and your friendships.

Thank you.

With regards,

Carl Tatum: Chief

CITY OF COLORADO SPRINGS

July 1, 2006

Mr. Ted Sayer
AMR
2370 North Powers Blvd.
Colorado Springs CO 80915

Dear Mr. Sayer:

On behalf of the City of Colorado Springs Office of Emergency Management, I would like to thank you for your generous support and significant contributions to the Drake Power Plant Tabletop and Full-scale Exercises. The participants genuinely appreciated your thoughtful donations of breakfast, water, and Gatorade. Your donation of the cost of all AMR's services on June 9th was exemplary.

This exercise was designed to test our emergency response capabilities and evaluate regional preparedness for a mass casualty incident. The objective of this exercise was to identify areas of concern and those needing improvements so that we can provide the best possible service and protection to our citizens.

Your contribution was extremely valuable to our efforts and allowed us to work toward our objectives for the benefit of the entire community. Thank you again for your service to the City of Colorado Springs and its citizens.

Sincerely,

Bret Waters
Director
Office of Emergency Management

cc: Doug McIntyre

Office of Emergency Management • 375 Printers Parkway • Colorado Springs, CO 80910-3191
Mail Code 1442 • TEL 719-385-5957 • FAX 719-385-7387

NORTH AMERICAN AEROSPACE DEFENSE COMMAND
AND
UNITED STATES NORTHERN COMMAND

SEP 0 8 2006

Captain James W. Terbush
Command Surgeon
250 Vandenberg Street, Suite B-018
Peterson Air Force Base, Colorado 80914

Mr Andrew Pittman
Disaster Coordinator, Rocky Mountain – Plains Division
American Medical Response
2370 N. Powers Blvd.
Colorado Springs, Colorado 80915

Dear Mr Pittman

Please accept my gratitude for the personal contribution and time you committed to educate the NORAD-USNORTHCOM Surgeon General's staff on the plans, capabilities and past experiences of AMR. Your company serves a vital role in our Nation's medical response during times of crisis. I truly appreciated your candid discussion providing us insight and a greater understanding of your overall operations.

We share the same objective in a crisis situation to act with a coordinated, well-planned response from civilian, local, state, federal and military activities. This is the foundation from which we can execute our respective operations to handle an immediate response, and then provide consequence management for an event. To this end, your discussion regarding deployment of 400 ambulances to support Hurricane Katrina relief operations was particularly beneficial. Additionally, AMR's overall collective experience provides us with valuable lessons we must apply to our planning and operations.

Certainly another benefit to our team was your review of what to expect from AMR in the event of a CBRNE incident. Knowing your response plan and standard equipment use in such an event allows us to effectively plan coordinated military assistance for patient movement in a hot zone where AMR will be unable to operate.

Again, thank you so much for your time. The hour you spent with us was incredibly beneficial. The critical information you provided will allow us to improve planning and will serve to enhance military response in any future incident.

Sincerely

JAMES W. TERBUSH
CAPT, MC, USN, FS

El Paso County Sheriff's Office

Terry Maketa, Sheriff
Paul Zani, Undersheriff

May 1, 2007

American Medical Response
2370 N Powers Blvd
Colorado Springs, CO 80903

RE: Letter of Appreciation

Dear Board of Directors:

I would like to express my sincere gratitude for your generosity in support of the Ute District Boy Scout Camporee on April 28, 2007. The Camporee was an overwhelming success thanks to the employee support of the American Medical Response. This disaster preparedness training provided over 250 Scouts with an opportunity to learn how to respond to a disaster and gain confidence in the areas of fighting small fires, search and rescue in a lightly damaged building, triage, first aid, and disaster preparedness. We later allowed them to test their skills in a mass casualty accident/exercise.

My sincere appreciation is extended to Mark Covey who donated his time and effort to make this event a success. His support was greatly appreciated and allowed us to better prepare these young Scouts to respond to a disaster.

We all know a trained and educated resident is an asset during times of emergency and Mark's support to this event has greatly increased the level of knowledge for these young Scouts.

Thank you again for your support to your local community.

Sincerely,

Terry Maketa

Terry Maketa
Sheriff

TMM/*pb*

Commitment to Excellence

Support Services Bureau
210 S. Tejon St. • Colorado Springs, CO 80903
719-520-7100

Office of the Sheriff
Law Enforcement Bureau
101 W. Costilla • Colorado Springs, CO 80903
719-520-7155
sbr.elpasoco.com

Criminal Justice Center
2739 E. Las Vegas St. • Colorado Springs, CO 80
719-390-2106

PIKES PEAK FIREFIGHTERS ASSOCIATION

P.O. BOX 281
COLORADO SPRINGS, COLORADO
80901

June 25, 2001

AMERICAN MEDICAL RESPONSE
COLORADO SPRINGS, COLO.

Mark Bruning

Dear Mark,

The executive board of Pikes Peak Firefighters would like to commend you and your staff for your response to the disaster at Ellicott. Not often does someone say Thank You for a job well done. We would like to say Job Well Done and thank you for your continued support to the citizens of El Paso County. I understand that your organization not only assisted the people of Ellicott, but did so without going to level zero during this time period. This is amazing. I also understand that you wrote off most of the expense to the people that suffered injuries during this disaster.

We can't thank you enough for thinking of these people during low times in their lives. The citizens of El Paso County don't know what a friend they have in AMR, but we do and appreciate the support you have given to PPFFA and the county for several years.

We look forward to keeping this working relationship for many years to come.

Yours, in emergency services

Sincerely,

Michael Collins – ARCP-C/Lpn
President
Pikes Peak Firefighters Association

Colorado Springs
SCHOOL DISTRICT 11
Building Tomorrows Today

Dr. Norman F. Ridder, Superintendent

Gwendolyn T. Kinchens
Student Assistance Programs Coordinator
Safe & Drug Free Schools/Communities
(719) 520-2119
Fax (719) 520-2386
E-mail kinchgt@d11.org

October 23, 2002

Doug Moore, Public Relations
American Medical Response
2370 North Powers Blvd
Colorado Springs, CO 80915

Dear Doug,

School District 11 Safe and Drug Free Schools Program successfully sponsored its 2nd Annual Community Wide Red Ribbon Drug Awareness Campaign on Monday, October 21, 2002. I would like to extend a special thanks to you and your organization for supporting such a worthy community event. The entire student body and staff of District 11 schools will benefit from the time and effort you all donated.

Thanks again for joining School District 11 in making a commitment to our community to help students say "No!" to alcohol, tobacco, and other illegal drugs, -- and to say "Yes!" to making positive healthy choices in life. Lets continue to strive together as a team to support the well being of all young people.

Sincerely,

Gwendolyn T. Kinchens, Coordinator
Safe and Drug Free Schools and Communities
Colorado Springs School District Eleven

Calhan Fire Protection District

725 4th St.
Calhan, CO 80808
719-347-3057

Board of Directors

Chairman
Albert Kobilan

Finance Director
Randy Pieper

Board Member
Adam Balsick

Board Member
Kenneth Harris

Board Member
Rodney Riggs

July 25, 2007

Dear Ted,

On behalf of the Calhan Fire Department and the residents of our district, Chief Gattis and I would like to thank you for the generous gift of a loaner ambulance. The ambulance business can sometimes be a pretty rough business. It is, after all, a business that is trying to stay in business and make some money. Every once in a while you run across a business that is also a conscientious member of the community. American Medical Response in El Paso County is a business that cares about the people it works with and serves.

After our ambulance vs. cow accident on Saturday, July 7, we were not sure what we were going to do until the ambulance was repaired. Thankfully, the driver and passenger were not hurt, but there was some front end damage to the ambulance and the cow did not survive. The ambulance was drivable, but out of service. There was damage to the grill, driver's headlight, strobe light, and both air bags had been deployed. Unfortunately, our back-up ambulance was also out of service and so the Calhan Fire Department was without a transporting ambulance. As you know, Calhan is on the eastern edge of El Paso County, with a fairly long response time. It is essential that we have the capacity to meet AMR enroute to our location on critical patients. Needless to say, we were in a bit of a jam.

The next morning, Chief Gattis contacted your dispatch to send you a page while on vacation to contact him. Everyone he talked to was most concerned that no one had been injured in the accident. Before Chief Gattis could ask about a loaner ambulance, you graciously offered one to the Department for as long as needed. On Monday morning we went and picked up the ambulance. We were expecting to borrow an ambulance without supplies, but what we got was a fully operational ambulance, licensed for El Paso County use, and fully stocked with medical supplies. As we looked over the ambulance Mike Barbieri told over and over that it was the least they could do and they were glad that no one had been hurt.

AMR often goes above and beyond what is expected of them. In this situation, AMR truly gave the Calhan Fire Department and residents of the district a life-saving gift. The gift was given with no questions asked for as long as it was needed. There are not many businesses that would loan such a large piece of equipment on such short notice. AMR is an exceptional community partner and we are very thankful for your generosity. Ted, thank you very much for all your help.

Sincerely

Chief Shane Gattis
Calhan Fire Department

Ginger Flynn, EMS Captain
Calhan Fire Department

STATE OF COLORADO

EXECUTIVE CHAMBERS

136 State Capitol
Denver, Colorado 80203-1792
Phone (303) 866-2471

Bill Owens
Governor

October 17, 2006

Greetings:

On behalf of the State of Colorado, it is my pleasure to congratulate the American Medical Response of El Paso County on becoming the first-ever Colorado ambulance provider to receive the national EMT-Paramedic Emergency Medical Service of the Year award from the National Association of Emergency Medical Technicians.

This outstanding recognition is a tribute to the hard work and dedication of the many professional paramedics and EMTs employed by the American Medical Response in El Paso County. Such an honor is emblematic of a successful team effort, helping to keep Coloradans safe. Achieving the top selection of more than 17,000 ambulance services nationwide is an accomplishment El Paso County and Colorado can be proud of – affirming our commitment to providing highly responsive emergency agencies for our citizens.

Congratulations on earning such a prestigious award. I wish all the best for your continued success, and thank you for your dedication to Colorado.

Sincerely,

Bill Owens.

Bill Owens
Governor

STATE OF COLORADO

Bill Owens, Governor
Dennis E. Ellis, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

http://www.cdphe.state.co.us

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

Colorado Department
of Public Health
and Environment

October 16, 2006

Messrs. Ted Sayer and Mark Bruning
American Medical Response of El Paso County
2370 North Powers Blvd.
Colorado Springs, CO 80915

Dear Messrs: Sayer and Bruning:

On behalf of the Colorado Department of Public Health and Environment, let me congratulate you and the American Medical Response of El Paso County team for receiving the 2006 Emergency Medical Service of the Year award. To gain this prestigious national recognition takes incredible professionalism and outstanding service and dedication, traits obviously displayed by your service to be selected for this honor from among 17,000 emergency medical response agencies nationwide.

We are pleased and proud to have such exemplary emergency medical services in our state, and recognize that American Medical Response of El Paso County has become the first-ever Colorado ambulance provider to receive this national award presented by the National Association of Emergency Medical Technicians.

Thank you for your dedication in providing excellent care to the citizens of Colorado.

Sincerely,

Dennis E. Ellis
Executive Director

STATE OF COLORADO

Bill Owens, Governor
Dennis E. Ellis, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
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Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department
of Public Health
and Environment

October 16, 2006

Messrs. Ted Sayer and Mark Bruning
American Medical Response of El Paso County
2370 North Powers Blvd.
Colorado Springs, CO 80915

Dear Ted and Mark:

Congratulations to American Medical Response of El Paso County for receiving the 2006 Emergency Medical Service of the Year award. In recognition of your achievement for becoming the first Colorado ambulance provider to receive this national award, I'd like to take this opportunity to thank you for your continued commitment to superior patient care and safety to our state's citizens and visitors.

As emergency medical services throughout Colorado continue to enhance and improve their service to our citizens, we are proud that AMR of El Paso County remains in the forefront of these important developments. The professionalism and high standards demonstrated by each member of the AMR organization serve as an example of the dedication of Colorado's emergency medical and trauma system.

Thank you for your outstanding and commendable level of service, and on behalf of the Emergency Medical and Trauma Services Section, congratulations on your achievement.

Sincerely,

D. Randy Kuykendall

D. Randy Kuykendall, MLS, NREMT-P
Chief, Emergency Medical and Trauma Services Section

LIONEL RIVERA
MAYOR

CITY OF COLORADO SPRINGS

October 20, 2006

Mark Bruning, Vice President of Operations
American Medical Response
Rocky Mountain Plains Division
2370 North Powers Blvd.
Colorado Springs, CO 80915

Dear Mr. Bruning:

Congratulations on the accomplishments of American Medical Response (AMR)! I recently received a notice that AMR was selected as the National Association of Emergency Medical Technicians' 2006 EMT-Paramedic Emergency Medical Service of the Year. That's quite an accomplishment and one in which all employees of AMR should be proud.

Keep up the great work.

Respectfully,

Lionel Rivera
Mayor
City of Colorado Springs

c Colorado Springs City Councilmembers

107 North Nevada Avenue, Suite 300 • TEL 719-385-5986 FAX 719-385-5495
Mailing Address: Post Office Box 1575, Mail Code 1549 • Colorado Springs, Colorado 80901-1575

EMSC

William A. Sanger
Chairman and CEO
billsanger@emsc.net

6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Direct 303-495-1221 Fax 303-495-1466

February 1, 2007

It is with great pleasure that I extend my congratulations to the American Medical Response care providers and staff in Colorado Springs on being awarded the National Ambulance Service of the Year by the National Association of Emergency Medical Technicians. I am very proud that an AMR operation received this National recognition; I am especially proud since it is the first time in the history of AMR that one of our operations has received this award.

It is because of the outstanding patient care, clinical innovations, and commitment to your community of Colorado Springs that you are the recipients of this very prestigious award. The Ambulance Service of Year award exemplifies who we are as an organization and how we continue to be the leader in our industry, demonstrating our continued commitment to the communities we serve.

Thank you to General Manager Ted Sayer for leading this group of outstanding professionals in the ongoing pursuit of excellence in all aspects of AMR's values. Thank you for being the ultimate example of Patient Focused, Customer Centered, and Caregiver Inspired.

Best personal regards,

William A. Sanger
Chairman and Chief Executive Officer
Emergency Medical Services Corporation

Col David K. Shiller, USAF (Ret)

2565 Wimbleton Ct
Colorado Springs, CO 80920
(719) 266-1649

Memo

TO American Medical Response

FROM Dave Shiller

SUBJECT Memo of Appreciation

DATE March 25, 2006

To whom it may concern,

Many thanks to AMR for supporting our recent Cub Scout Den Meeting on first aid. Through your outstanding efforts, the scouts were able to meet many of their basic first aid requirements in a neat, hands-on class. The ambulance tour following the meeting was equally cool for the scouts, and it should ease their anxiety a bit if they ever are around real world situations requiring ambulance service.

Please pass along special thanks to Mr. Jeremy VanDermeerwede for generously offering his time in teaching the first aid class. Jeremy was well prepared and was tremendous with the scouts. At the meeting, he was able to quickly review the Scout Handbook First Aid requirements, and he did a superb job tailoring his lesson to help the scouts meet their requirements. Besides being knowledgeable and patient with the boys, he made the class fun for them. Accordingly, it was a tremendous learning experience for them.

We very much appreciate your support of our Cub Scouts and for the great work you do day-to-day in serving the Colorado Springs community.

Sincerely,

David K. Shiller
Pack 98, Den 7 Parent Leader

5 July 2002

American Medical Response
2370 North Powers
Colorado Springs, CO 80915

Good morning...

I'm writing to express our collective gratitude and appreciation for your excellent, prompt, efficient and compassionate care of our friend George Adams of Scotts, Michigan last June 21.

George caught a little gravel going into a hairpin turn in the Garden of The Gods and took himself and his bicycle into the guard rail at the cost of five broken ribs, a collapsed lung and a valuable lesson learned.

We all take it for granted that when an accident happens, someone will come to help and that they will know what they are doing and do it well. It was George's good fortune (and ours as his friends) on that day that help came in the form of AMR and your first-rate people.

Writing a note like this seems pretty thin by comparison to the relief we experienced thanks to your care and support of George. And I wanted to take this moment to say thanks again for turning a really bad moment into a survivable one. Glad you were there for us.

Sincerely,

Jon Hill

Jon Hill
P.O. Box 100
Richland, MI 49083

CREW - 721

JENNIFER CATANACK
JENNIFER CALLAN

May 24, 2002

AMR-Administration
2370 N. Powers Blvd.
Colorado Springs, CO. 80915

To Whom It May Concern:

My name is Brian Myers and I am a Paramedic Intern with the Colorado Springs Fire Department. I was assigned to ride with AMR during my first phase of internship under the supervision of Mr. Terry Zaugg and his partner Mr. Nathan Snyder. During the twelve shifts that I rode with Mr. Zaugg and Mr. Snyder, I really noticed how each of them took pride in their job and did many things that I believe go beyond the normal scope of their duties. For example, the shift would begin at 1900 hours and by the time I arrived at 1815 hours, Mr. Snyder would have the ambulance serviced and stocked in preparation for the night. Mr. Zaugg would let dispatch know that the ambulance was available at base 15-30 minutes before the start of the shift. On more than one occasion during my rides, the ambulance would be summoned for a call prior to 1900 hours. In my mind, this is showing a true commitment to the organization, taking tremendous pride in their work, and giving the citizens of the community an extra resource during a busy time of day.

I was very pleased with my learning experience that I received during this phase of internship with AMR. I believe that credit should be given to Mr. Zaugg and Mr. Snyder for their professional attitudes, their willingness to teach and evaluate my performance, and their positive attitude displayed towards all aspects of their job. They are both true assets to your organization.

Sincerely,

Brian R. Myers

Brian R. Myers

Sayer, Ted

From: Bruning, Mark
Sent: Tuesday, May 14, 2002 3:01 PM
To: Sayer, Ted
Subject: FW: A thank you.

thought you might want this to give to the crew and pass on to the ESA. great job!
-----Original Message-----
From: Houde [mailto:houdefam@adelphia.net]
Sent: Monday, May 13, 2002 1:54 PM
To: Mark_Bruning@amr-ems.com
Subject: A thank you.

Just a note. Today around 8:30 AM, a crew from AMR responded to my house when my 2 year old son had a seizure. I was at work and my wife called 911. My address is 5415 Alta Loma Road in Colorado Springs. My wife stated that the driver of the Ambulance was named Michael and she did not get the other gentleman's name that was with him. Anyway, we would like to pass on our sincere thank you to them and to AMR. My wife stated that their kindness, professionalism and caring was unmatched. I had the car seat with me in my vehicle so they had to wait for a seat to be delivered. Michael, while waiting, cared for my son and held him the whole time while comforting my 6 year old daughter and my wife as they were scared. The other gentleman also comforted my daughter and made her smile through the scariest of times. It feels good to know that when needed, we have the best to tend to our loved ones. Again, my thank you and please, could pass this on to them.
Thank you.
Richard Houde.

American Medical Response, Inc.
Attn: Mr. Ted Sayer, Operations Manager
2370 North Powers Road
Colorado Springs, CO 80915

January 15, 2002

Re: Making a Difference

Dear Sir:

On Saturday, January 12th I happened upon a horrific head-on collision on Highway 24 near Peterson Air Force Base. Traffic was backed-up in both directions. In the distance, I could see a couple of police cars but no sign of any EMS vehicles, so I pulled off the road to help out. As the only medical professional on the scene initially, I began to triage patients and give direction to others.

There were three vehicles involved in the accident and multiple victims. Two persons were seriously injured and required extensive extrication. Essentially, a mini-van was hit head-on by a large ¾ ton pick-up truck that subsequently rolled-over. The young man in the mini-van suffered a traumatic amputation of his left arm, lost a significant amount of blood and become very stridorous. It was clear he was dying. There was debris, shrapnel, broken glass and blood everywhere. As a former Army medevac pilot, I must admit I have not witnessed such devastation since seeing the road to Basra during the Gulf War.

Though it seemed like an eternity, the paramedics from AMR arrived about five minutes after myself. I breathed a sigh of relief as they immediately secured the scene and moved into action. Having worked in "the ER" (Cook County General Hospital in Chicago), I have seen some of the country's very best trauma teams at work. Yet these paramedics rivaled them, as they did far more with far less. They were decisive, skillful and composed, despite the chaos and carnage. They moved as a team, each knowing his/her job, requiring no supervision whatsoever. They were all a credit to their profession on that afternoon.

Make no mistake, there were many good men and women on the scene that day. They varied in their experience from citizens rendering first aid to the chief of the local fire department. All were heroes in their own right. Sadly, most of them will go unrecognized. But, they do not do it for recognition, or presitge or even money. They know better than anyone that their work is anything but glamorous or lucrative. You simply cannot pay someone to risk their life to save another, or to endure the daily uncertainty that their profession entails. Theirs is often a thankless, dirty job but never unrewarding.

Yet, for most of them, it is not a job at all. It is a calling. No amount of money is enough to entice one to face the carnage that we witnessed on that day. These men and women

do not bloody their own hands in hopes of earning accolades or a pay raise. I suppose that each does it for their own reasons, but all do it because they want to be part of something bigger than themselves… and to make a difference in the lives of others.

And on that seemingly peaceful but fateful Saturday afternoon, two such individuals did just that. They made a difference. They saved a life. And they performed flawlessly. For without their skill and composure, fate would have claimed yet another victim… another child would be orphaned, another wife widowed and another mother broken-hearted. But thanks to their professionalism, it did not happen on that day. A man is alive today because of their efforts. Their names are JOSH TYLER and JON WEBB and their dedication to duty was unsurpassed that day.

Some would say that they get a paycheck to do their job. However, when they do it as well as these two paramedics, they deserve to be recognized for it. Hence, this letter. Frankly, the highest compliment I can pay is this: God forbid I should ever need such assistance, but if I do, I sincerely hope that the likes of them are on the scene. I know that the family of at least one man is very grateful that they were.

Sincerely,

Dale A. Spencer, D.O.
Major, US Army Medical Corps
Family Physician
(719) 540-8132

Mike Langley

Hi Mike-

I know it's been a while since I got your address. I hope you still remember who I am. My name is Alicia and I am the granddaughter of a cancer patient you transported in July of 2000. You shuttled my grandmother, Betty McGee, between Memorial Hospital and the Cancer Center. My grandpa, Jim McGee and I would accompany her everyday and help out wherever we could.

Well anyways we just wanted to tell you what a wonderful person you are and what a great contribution you are to EMT's. I know you probably think you were just doing your job, but we felt it was more than that. You were a very kind and caring person. You did more than just your job, you stood out, and you touched our hearts and made us feel like people, instead of a paycheck or just another number. I think you truly care about the people you care for and treat, and that's hard to find in the healthcare industry anymore. I believe that there are people in this life that we're meant to come across and that you instantly bond with, and you are one of those people. We're truly blessed to have met you and to have had the short time to know you.

In case you didn't remember me and our conversation that day I got your address, my grandma Betty passed away on August 16, 2000. She really liked you and so did my grandpa Jim and myself So once again, thank you so much for being who you are. Here's some flied my grandpa tied you, hope you or your son gets some use from them. Catch a huge fish!

Thank you again, you'll hold a special place in our hearts always.

Alicia Ward
And
Jim McGee

Cheryl, I rec'd this along c̄ a bunch of hand tied flies for fly fishing.

February 3, 2000

616 E. Espanola St.
Colorado Springs, CO 80907

American Medical Response
2370 N. Powers Blvd
Colorado Springs, CO 80915

Dear AMR,

My name is Roger Spaulding and I have been a resident of our fair city for twenty-three years.

Last Saturday night I underwent what was for me a very scary experience. I am writing to commend two of your employees who responded to my 911 call.

I suffer from numerous allergies and on this night I managed to cook something that severly traumatized my throat which then began swelling, and closing, to the point where I became more than a little concerned. Living alone with no one to monitor my condition , I turned to 911.

I only have one first name, that of the Paramedic, Karen. I never caught the driver's name. These two were great! They did a remarkable job of reassuring me, and keeping me calm. I was VERY impressed with their air of quiet competence and professionalism.

The incident occurred sometime around 6:00 or 7:00 PM on Saturday, January 29 th.

I am sincerely thankful to these two and wanted you to know how pleased I am with the job they did. For what its worth I think they deserve some type of recognition.

Would you please pass along the enclosed thank-you envelope to them? Thanks!

Sincerely,

Roger Spaulding

Roger Spaulding

Thank You

To: The Folks @ American Medical Response:

On Thursday March 25, 2004 (while @ the Sheraton, Colo. Springs) I had problems with my heart, you Folks came and carried me to Memorial Hospital in your fair city of Colo. Springs.

I wish to thank you for your care and Expertise in your Jobs.

Thank You Very Much

Thomas D. Ewell (patient)
Joyce C. Ewell (wife)
From the City By the Sea,
VA Beach, VA. 23454

P.S. I miss Colo. Springs!

Thank You

To: The Folks @ American Medical Response:

On Thursday March 25, 2004 (while @ the Sheraton, Colo. Springs) I had problems with my heart, you Folks came and carried me to Memorial Hospital in your fair city of Colo. Springs.

I wish to thank you for your care and Expertise in your Jobs.

Thank You Very Much

Thomas D. Ewell (patient)
Joyce C. Ewell (wife)
From the City By the Sea,
VA Beach, VA. 23454

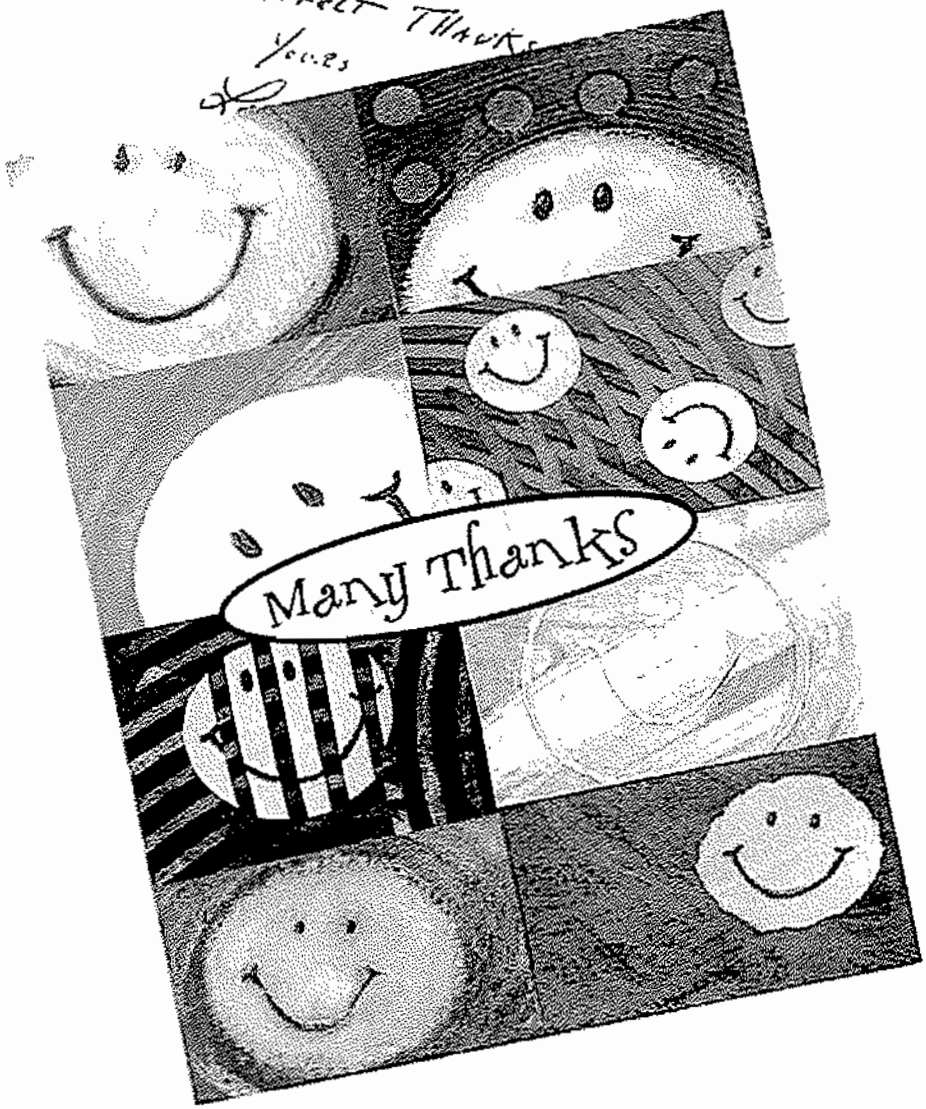
P.S. I miss Colo Springs!

DEAR SIR,

MARCH 10TH WHEN MY WIFE NAN HAD TO GO TO THE HOSPITAL I DIALED 911 AND A FEW MINUTES LATER TWO PARAMEDICS, WHOSE NAMES I FAILED TO GET, CAME AND "TOOK CHARGE". A YOUNG LADY AND GENTLEMAN WHO COMFORTED MY WIFE AND CALMED ME DOWN TOO. THEY WERE KIND, KNOWLEDGABLE AND COMPASSIONATE. THEY WERE WONDERFUL!

PLEASE GIVE THEM OUR HEARTFELT THANKS

YOURS



JUST A QUICK NOTE TO EXPRESS MY FAMILY'S APPRECIATION FOR YOUR "HOME FOR THE HOLIDAYS" PROGRAM.

MY MOM IS IN HER 17TH YEAR WITH ALZHEIMER'S DISEASE. SHE IS WHEELCHAIR BOUND — WE DIDN'T KNOW HOW WE COULD GET HER HOME FOR CHRISTMAS UNTIL WE HEARD ABOUT YOUR PROGRAM. THE DRIVERS WERE SO WARM & FRIENDLY — & MOM HAD A WONDERFUL DAY!

Special one! Thanks for making our Christmas a very

Susan Foth

April 4, 2005
Re: Home For The Holidays

To Whom It May Concern:

My name is Margaret Anderson, I am an 88 year old woman who resides in a long-term care facility in Colorado Springs. I am very pleased to have A.M.R. in Colorado Springs. They are very pleasant, courtious and happy to help. They seem very happy to take me home for the holidays.

I would not be abale to go home and be with my family on the holidays if it were not for A.M.R.. Due to the fact that my family does not have a way to transport me because I am in a wheel chair we have to rely on A.M.R. to take me home. If we no longer have this service available to us I may not be able to go home for the holidays again.

I for one sure appreciate having A.M.R. in our town.

Sincerely:

Margaret Anderson.

Margaret Anderson
924 W. Kiowa St.
Colorado Springs, CO 80905
(719)636-5221

Dear Christine.

Ambulance

I really enjoyed your presentation. It gave me a good idea of what your career is like and it also gave me an idea of this would be a good career for me to pursue. Thank you For taking time to come and teach us about being a paramedic.

Thank You,
Jessica Langlee

[redacted]

March 9, 2001

Dear Mr. Clint and Mr. Willie,

Thank you for the fantastic tour of A.M.R. We really enjoyed sitting in the ambulance and learning about what you do to help other people. We promise that we will practice the safety tips that you told us about. Thank you for the milk and cookies and the bag of goodies. This was one of the best field trips we have ever been on. Thanks again!

Your Friends in Girl Scout Troop 223,

Katie

CAITLIN

Kami

Alexa

Best wishes

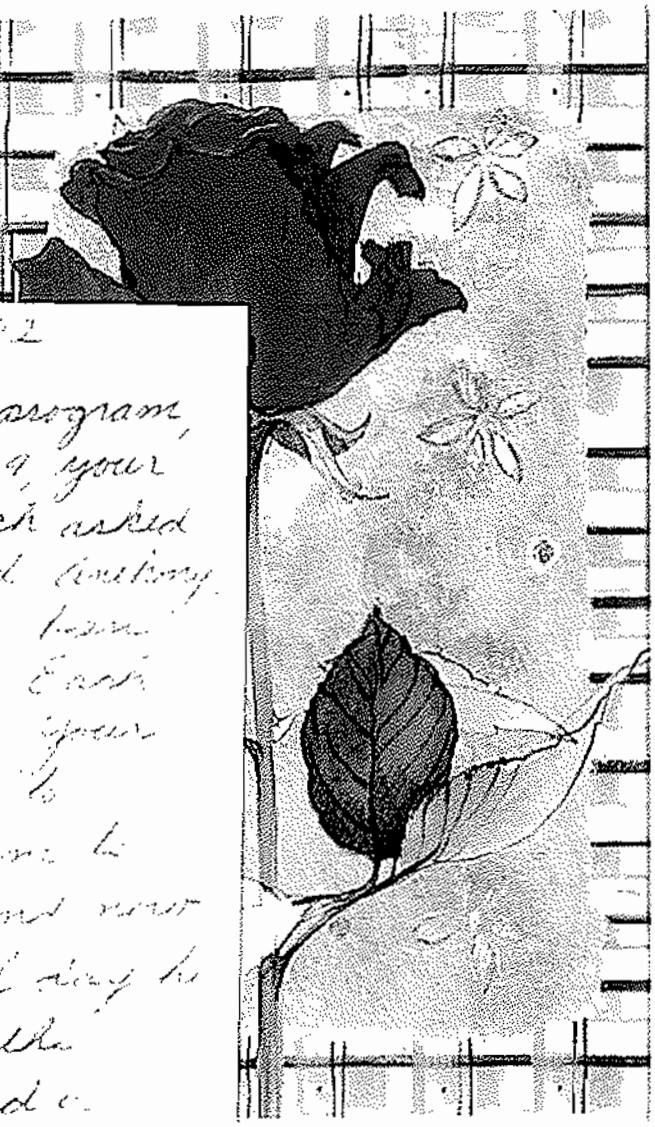
Jessica

Girl Scouts Rule!

Devin

Mrs. Hellewell

Mrs. McClout-Kinney



20 March 2002

Thank you for your wonderful program, Sentimental Journey. On March 19, your organization provided a much asked for trip home for my husband Anthony who has brain cancer and has been at Hospice almost 3 months. Each day there is talk to go home. Your volunteer service helped him to realize how hard it is for him to be away from the Hospice and now that he has been home for a half day he is much happier staying at the Hospice. Megan and Diana did a fabulous job getting him all the way up Crystal Peak Road. I was amazed at how easily Megan handled driving up and down that road for the first time. They made the trip very safe for Anthony, something I never could have done by myself.

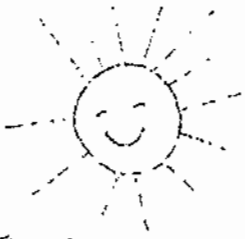
Thank you again for providing this opportunity for us.

Fondly,

Barbara Schmitt

Thank you for all you and your team do in our community Thank you for joining us at Volunteer Day and for your sponsorship.

Shannon Roth



Thanks to each of you...

Thanks to all of you...

To American Medical Response Inc

Thank you so much for taking my husband Jim and I up to Pikes Peak on your make a wish program it was a wonderful day for him to go one more time as he climbed with the Adaman club for New years eve forty times and Chris + Cheri look such good care of him people from the bottom to the top of Pikes Peak came out to us and to say thank you to all of you people at the hospic still talk about it

I shall never forget your kindness to us. once again thank you and bless you all

...soon you'd own
a galaxy.

Thank You

Sincerely
Jim, Monica B

SYSTEM PARTNERS

Disclosure Contacts.....1
First Responder Agreement.....2
Agreements with System Partners.....3

Contact Name	Company	Description of Contact	By:
John Counselor	McKesson Medical	Information needed to complete section 2.8.8 of the RFP	Mike Barbieri
JR Rotiramel	Graphic Effects	Information on vehicle decal work for RFP	Mike Barbieri
Michael Nichols	Mac Van Productions	Information on response zone maps	Mike Barbieri
Kim Schallenberger	Plains to Peaks EMS/RETAC	Clarification on RFP Section	Mike Barbieri
Deb Isner	Parkmoor Village also CHCA	letter of support	Tawnya Silloway
Connie Eastlee	Memorial Star, Med Trans corp.	letter of support	Tawnya Silloway
Martha Barton	Pikes Peak Hospice	letter of support	Tawnya Silloway
Kimberly Miller	American Heart Assoc	letter of support	Tawnya Silloway
Lisa Martinez	ESA Board	EMS week resolution and Stars of life agenda items	Tawnya Silloway
Monica Ramey	Blakely and Company	designs for ambulance, binder and tabs	Tawnya Silloway
Eric Schmidt	Penrose EMS	general discussion on RFP	Tawnya Silloway
Dave Yuri	Pikes Peak Chiefs Forum	letter of support	Tawnya Silloway
Mike Coletta	newsblab.com	pictures from scenes	Tawnya Silloway
Jim Reid	ESA Board	notification of people getting badges at April 2 meeting	Tawnya Silloway
Chris Valentine	Memorial Hospital	general discussion on RFP	Tawnya Silloway
Louise Palermo	Penrose EMS	general discussion on RFP	Tawnya Silloway
Steve Tobias	Colorado Springs Police Department	general discussion on RFP	Tawnya Silloway
Maile Gray	Drive Smart	general discussion on RFP	Tawnya Silloway
Al Brodie	Pikes Peak Area Bike Safety Coalition	general discussion on RFP	Tawnya Silloway
Karen Teel	Mothers Against Drunk Drivers	e-mail about safe ride home program	Tawnya Silloway
Doug Martin	Sports Corp	letter of support	Tawnya Silloway
Cat Eli	BBB	letter of support	Tawnya Silloway
Lynne Telford	Center for Non-profit excellence	letter of support	Tawnya Silloway
Randy Kuykendall	Colorado Department of Health	reference letter	Tawnya Silloway
Curt DeCapite	City of COS	discussion on National EMS Memorial	Tawnya Silloway
Dave Csyntan	Chamber of Commerece	letter of support	Tawnya Silloway
Stephanie Finley	Chamber of Commerece	letter of support	Tawnya Silloway
Katie Lawerence	Race for the Cure	general discussion on RFP	Tawnya Silloway
Carol O'Dell	BBB	letter of support	Tawnya Silloway
Manuel Navarro	Colorado Springs Fire Department	brief discussion on RFP questions	Ted Sayer
Branden Payne	Black Forest Fire Dept	email asking about subcontracting	Ted Sayer
Darin Anstien	Fountain Fire Department	contact asking about subcontracting	Ted Sayer
Branden Payne	Black Forest Fire Dept	received email directing us to Chief Ury for subcontracting	Ted Sayer
Dave Ury	Black Forest Fire Dept	Met with Chief Ury to discuss subcontracting	Ted Sayer
Trent Harwig	Falcon Fire Protection District	Brief email exchange about the logistics of our bid	Ted Sayer
Keith Buckmiller	Manitou Springs Fire Department	emialed to meet about subcontracting	Ted Sayer
Greg Lavoto	Trilakes Monument Fire Protection District	Met to discuss subcontracting	Ted Sayer
Vinny Burns	Wescott Fire Protection District	Met to discuss subcontracting	Ted Sayer
Commissioner Bensburg	El Paso County	Received a vmail asking about a company named Trans-care, returned his voicemail and didn't hear back	Ted Sayer
Darin Anstien	Fountain Fire Department	Met to discuss subcontracting	Ted Sayer
Dave Ury/Branden Payne	Black Forest Fire Dept	Met to discuss subcontracting	Ted Sayer
Councilwoman Radford	City of COS	Received a call about a billing complaint, no discussion about RFP	Ted Sayer
Branden Payne	Black Forest Fire Dept	Let a message for Branden following up on our subcontract letter of intent	Ted Sayer
Sarah MacAntee	CAAS	letter of support	Adam Migliaccio
Kevin Kelley	CAAS	letter of support	Adam Migliaccio

FIRST RESPONDER AGREEMENT

THIS FIRST RESPONDER AGREEMENT is made between American Medical Response of Colorado, Inc. ("AMR") and [INSERT FIRST RESPONDER'S ENTITY NAME] (the "First Responder") set out on the signature page of this Agreement. This Agreement is effective as of [INSERT DATE] ("Commencement Date").

WHEREAS, AMR has entered that certain agreement with the City of Colorado Springs and El Paso County Emergency Services Agency ("ESA") to provide all Paramedic emergency ambulance services (the "ESA Contract");

WHEREAS, as required by the ESA Contract, AMR desires to contract with First Responder to provide various first response and on-scene patient care services;

WHEREAS, First Responder is a duly licensed provider of paramedic first response services located within El Paso County, Colorado; and

WHEREAS, First Responder wishes to perform, and is capable of performing such first response and on-scene patient care services as required by the ESA Contract.

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **Provision of Services.** First Responder will provide the first response and on-scene patient care services as more specifically described in the ESA Contract and as defined by the applicable federal, state, and local laws or regulations.

2. **Compliance with Laws.** The parties will comply in all material respects with all applicable federal and state laws and regulations, including the federal Anti-kickback statute. First Responder's vehicles will conform to applicable state regulations and be duly licensed for the transportation of Patients. All First Responder personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.

3. **Term.** The term of this Agreement shall commence as of the Commencement Date more specifically described herein, and shall terminate on the termination date of the ESA Contract.

4. **ESA Approval.** As required by the ESA Contract, this Agreement shall not be effective until such time as the ESA approves AMR's use of Subcontractor to provide the services more completely described herein.

5. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon sixty (60) days written notice to the other party; or (b) upon the material breach of this Agreement by the other party if such breach is not cured within thirty (30) days of written notice thereof to the other party. Notwithstanding the foregoing, AMR may terminate this Agreement immediately upon: (i) the failure of First Responder to respond to requests by AMR for the provision of Services to Patients within the Service Area or (ii) following First Responder's loss or suspension of licensure necessary for the provision of the Services or reduction or loss of First Responder's insurance coverage.

6. **No Utilization Obligation.** AMR does not guarantee any level of utilization of First Responder and AMR is under no obligation to utilize First Responder for any Services.

7. **Standards for Services.** First Responder represents and warrants that (a) any and all Services shall be provided in accordance with prevailing industry standards of quality and care applicable to the Services provided; and (b) any and all Services rendered shall be performed in a good and workmanlike manner.

8. **Compensation and Billing.** For each occurrence where First Responder provides those first response and/or on-scene patient care services and where AMR transports a patient, AMR shall pay to First Responder an amount equal to [INSERT DOLLAR AMOUNT]. AMR shall remit payment to Subcontractor within thirty (30) days from the date of receipt of the invoice from Subcontractor.

9. **Record Retention.** First Responder will retain books and records respecting Services rendered to Patients for the greater of ten (10) years or the time periods required under all applicable laws (including the requirements of the Secretary of Health and Human Services ("HHS")) and allow access to such books and records by duly authorized agents of the Secretary of HHS, the Comptroller General and others to the extent required by law.

10. **Indemnity.** Each party will indemnify and hold the other party harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the

indemnifying party related to the performance of this Agreement.

11. **Insurance.** First Responder currently maintains and will maintain during the Term of this Agreement liability insurance policies for claims that may be made against First Responder arising out of the Services under this Agreement. First Responder shall maintain comprehensive general and automobile liability coverage with limits no less than TBD per occurrence and TBD annual aggregate. First Responder shall maintain medical professional liability coverage with limits no less than TBD per occurrence and TBD annual aggregate and workers' compensation insurance in the statutory required amounts. First Responder shall cause AMR and, upon request, any AMR customer to be added as an additional insured to all such policies. First Responder shall provide to AMR upon execution of this Agreement certificates of insurance evidencing coverage. Coverage shall not be changed or modified without at least thirty (30) days prior written notice to AMR. Further, First Responder's insurance shall be primary in the event of any claim resulting from Services provided by First Responder and shall be exhausted in full prior to any contribution from any other source. First Responder shall also be solely responsible for any and all damages or repairs to its owned, leased or contracted vehicles used in providing Services under this Agreement.

12. **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

IF TO FIRST RESPONDER:

Insert First Responder Contact
Insert First Responder Legal Name
Insert Street Address
Insert City, State, Zip

IF TO AMR:

General Manager
American Medical Response
2370 N. Powers Blvd
Colorado Springs, CO 80915

With Mandatory Copy to:

Legal Department
American Medical Response, Inc.
6200 South Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

13. **Confidentiality.** All information with respect to the operations and business of a party (including but not limited to the rates charged hereunder) and any other information considered to be and treated as confidential by that party gained during the negotiation or Term of this Agreement will be held in confidence by the other party and will not be divulged to any unauthorized person without prior written consent of the other party, except for access required by law, regulation and third party reimbursement agreements. The obligations under this section shall not apply to information which (a) at the time of disclosure is in the public domain or, after disclosure, enters the public domain other than by breach of this Agreement; or (b) is already in the possession of the recipient at the time of disclosure and is not acquired from the other Party; or (c) is later received on a non-confidential basis from a third Party having the right to impart such information; or (d) is independently developed by the recipient's employees who did not have access to such information in connection with this Agreement.

14. **HIPAA Compliance.** Each party shall comply with the privacy provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. All patient medical records shall be treated as confidential so as to comply with all state and federal laws.

15. **Relationship.** In the performance of this Agreement, each party shall be, as to the other, an independent contractor, and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained within this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. As to either party's employees, nothing contained herein shall be construed in such a manner as to give effect to the notion that either party shall in anyway assume responsibility for the oversight or provision of the other party's employee benefits, including but not limited to the payment of wages, provision of health insurance, or any and all other commonly accepted benefits of employment.

16. **Compliance Program and Code of Conduct.** AMR has made available to the First Responder a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR's web site, located at: www.amr.net, and the First Responder acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR's compliance policies, including training related to the Anti-kickback Statute.

17. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C.§ 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.

18. **Referrals.** It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided. First Responder represents and warrants that the rates and pricing that it has accepted do not place it in violation of any federal or state anti-kickback statute.

19. **Equal Employment Opportunity.** If the provisions of Executive Order 11,246 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 41 C.F.R. part 60-1. If the provisions of Executive Order 13,201 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 29 C.F.R. part 470.

20. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

IN WITNESS WHEREOF, the parties have hereto executed this Agreement.

American Medical Response of Colorado, Inc.

By: _____
Ted Sayer
General Manager

Insert Legal Name of First Responder

By: _____

Print Name: _____

Print Title:_____

AMERICAN MEDICAL RESPONSE

4/22/2008

Subcontractor = BFF

Chief David Ury
Black Forest Fire Rescue
11445 Teachout Road
Colorado Springs, CO 80908

RE: Potential Subcontract between Black Forest Fire Rescue and American Medical Response of Colorado, Inc. ("AMR")

Dear Chief Ury:

This letter sets forth the intent of the parties as to the terms and conditions of a potential agreement pursuant to which Subcontractor will provide certain first responder services to AMR if AMR is awarded the ESA contract to Provide EMT-Paramedic Ground Emergency Ambulance Services to the City of Colorado Springs and the El Paso County Emergency Services Agency (collectively, the "ESA"), Request for Proposals No. R08-027CD ("RFP"). This is a letter of intent only, and memorializes the intent of the parties to enter into a subcontract ("Subcontract") if certain conditions occur.

1. Award of Prime Contract. The parties shall have no requirement to commence negotiations as set forth in paragraph 2 below until such time as the Prime Contract is executed by both the AMR and the ESA. Negotiations set forth in paragraph 2 below are also subject to the ESA's approval of Subcontractor.

2. Good Faith Negotiations. Upon the award of the Prime Contract to AMR, the parties will negotiate in good faith to enter into a Subcontract for Subcontractor to provide first responder services to AMR as those services may eventually be defined by the ESA or mutually agreed upon by the parties. Notwithstanding the foregoing, neither party shall be obligated or bound to enter into a Subcontract. The District's decision whether to enter into a Subcontract shall be at the sole discretion of the District's Board of Directors, based upon such facts, circumstances and legal considerations as the Board deems appropriate in its sole and absolute discretion.

3. Expenses. Each party will pay all of its expenses, including legal fees, incurred in connection with the RFP, Prime Contract, Subcontract and/or any related negotiations.

4. Confidentiality.

a. "Confidential Information" means (i) any technical and non-technical information related to a party's business and current, future and proposed products and services of each of the parties, including for example and without limitation, each party's respective information concerning research, development, design details and specifications, financial information, procurement requirements, engineering and manufacturing information, customer lists, business forecasts, sales information and marketing plans and (ii) any information a party has received from others that may be made known to the other party and which such party is obligated to treat as confidential or proprietary; provided, however, that any such information

disclosed by a party (the "Discloser") to this letter of intent will be considered Confidential Information of Discloser by the other party (the "Recipient"), only if such information is identified at the time of disclosure as "Confidential" (or with some other similar legend). No document shall be designated Confidential unless a party has a substantial good faith basis for believing such information is in fact proprietary and confidential.

b. Recipient will not use, disseminate, or in any way disclose any of Discloser's Confidential Information to any person, firm or business, except to the extent necessary for purposes related to the RFP, Prime Contract or Subcontract. Recipient shall treat all of Discloser's Confidential Information with the same degree of care as Recipient accords to Recipient's own Confidential Information, but not less than reasonable care. Recipient shall disclose Discloser's Confidential Information only to those of Recipient's employees, consultants, affiliates and contractors who need to know such information. Recipient shall immediately give notice to Discloser of any unauthorized use or disclosure of Discloser's Confidential Information. Recipient shall assist Discloser in remedying any such unauthorized use or disclosure of Discloser's Confidential Information. In the event that the Subcontract is not entered by the parties, all Confidential Information, including copies, will be promptly returned to Discloser at Discloser's cost or otherwise destroyed by Recipient.

c. Recipient's obligations under paragraph 4(b) above shall not apply to any of Discloser's Confidential Information that Recipient can document: (i) was in the public domain at or subsequent to the time such Confidential Information was communicated to Recipient by Discloser through no fault of Recipient; (ii) was rightfully in Recipient's possession free of any obligation of confidence at or subsequent to the time such Confidential Information was communicated to Recipient by such Discloser; (iii) was developed by employees or agents of Recipient independently of and without reference to any of Discloser's Confidential Information; or (iv) was communicated by Discloser to an unaffiliated third party free of any obligation of confidence. A disclosure by Recipient of any of Discloser's Confidential Information (i) in response to a valid order by a court or other governmental body or (ii) as otherwise required by law shall not be considered to be a breach of this letter of intent by such Recipient; provided, however, such Recipient shall provide prompt prior written notice thereof to such Discloser to enable Discloser to seek a protective order or otherwise prevent such disclosure.

5. Termination. Either party may terminate this letter of intent at any time by providing written notice thereof to the other party. This letter of intent shall automatically terminate in the event the Prime Contract is not awarded to AMR. The provisions of paragraph 4 shall survive any termination of this letter of intent.

If you are in agreement with the terms of this letter of intent, please sign in the spaces provided below and return a signed copy to me.

Very truly yours,

AMERICAN MEDICAL RESPONSE OF COLORADO, INC.

By: _____
Ted Sayer
General Manager

Date: 5/5/2008

ACCEPTED AND AGREED TO:

Black Forest Fire Rescue

By: David Ury

Name: David Ury

Title: Fire Chief

Date: 5/5/2008

AMERICAN MEDICAL RESPONSE

04/09/2008

Chief Darin Anstine
City of Fountain Fire Department
212 North Santa Fe
Fountain, CO, 80817

RE: Potential Subcontract between City of Fountain Fire Department and American Medical Response of Colorado, Inc. ("AMR")

Dear Chief Anstine

This letter sets forth the intent of the parties as to the terms and conditions of a potential agreement pursuant to which Subcontractor will provide certain first responder services to AMR if AMR is awarded the contract ("Prime Contract") to Provide EMT-Paramedic Ground Emergency Ambulance Services to the City of Colorado Springs and the El Paso County Emergency Services Agency (collectively, the "ESA"), Request for Proposals No. R08-027CD ("RFP"). This is a letter of intent only, and memorializes the intent of the parties to enter into a subcontract ("Subcontract") if certain conditions occur.

1. Award of Prime Contract. The parties shall have no requirement to commence negotiations as set forth in paragraph 2 below until such time as the Prime Contract is executed by both the AMR and the ESA. Negotiations set forth in paragraph 2 below are also subject to the ESA's approval of Subcontractor.

2. Good Faith Negotiations. Upon the award of the Prime Contract to AMR, the parties will negotiate in good faith to enter into a Subcontract for Subcontractor to provide first responder services to AMR as those services may eventually be defined by the ESA or mutually agreed upon by the parties. The execution of any Subcontract will occur as agreed upon by the parties.

3. Expenses. Each party will pay all of its expenses, including legal fees, incurred in connection with the RFP, Prime Contract, Subcontract and/or any related negotiations.

4. Confidentiality.

a. "Confidential Information" means (i) any technical and non-technical information related to a party's business and current, future and proposed products and services of each of the parties, including for example and without limitation, each party's respective information concerning research, development, design details and specifications, financial information, procurement requirements, engineering and manufacturing information, customer lists, business forecasts, sales information and marketing plans and (ii) any information a party has received from others that may be made known to the other party and which such party is obligated to treat as confidential or proprietary; provided, however, that any such information disclosed by a party (the

"Discloser") to this letter of intent will be considered Confidential Information of Discloser by the other party (the "Recipient"), only if such information is identified at the time of disclosure as "Confidential" (or with some other similar legend).

b. Recipient will not use, disseminate, or in any way disclose any of Discloser's Confidential Information to any person, firm or business, except to the extent necessary for purposes related to the RFP, Prime Contract or Subcontract. Furthermore, the parties may not disclose the existence of any negotiations, discussions or consultations in progress between them to any form of public media or third-party without the prior written approval of the other party. Recipient shall treat all of Discloser's Confidential Information with the same degree of care as Recipient accords to Recipient's own Confidential Information, but not less than reasonable care. Recipient shall disclose Discloser's Confidential Information only to those of Recipient's employees, consultants, affiliates and contractors who need to know such information. Recipient certifies that each such employee, consultant, affiliate and contractor will have agreed, either as a condition to employment or in order to obtain Discloser's Confidential Information, to be bound by terms and conditions substantially similar to those terms and conditions applicable to Recipient under this letter of intent. Recipient shall immediately give notice to Discloser of any unauthorized use or disclosure of Discloser's Confidential Information. Recipient shall assist Discloser in remedying any such unauthorized use or disclosure of Discloser's Confidential Information. In the event that the Subcontract is not entered by the parties, all Confidential Information, including copies, will be promptly returned to Discloser at Discloser's cost or otherwise destroyed by Recipient.

c. Recipient's obligations under paragraph 4(b) above shall not apply to any of Discloser's Confidential Information that Recipient can document: (i) was in the public domain at or subsequent to the time such Confidential Information was communicated to Recipient by Discloser through no fault of Recipient; (ii) was rightfully in Recipient's possession free of any obligation of confidence at or subsequent to the time such Confidential Information was communicated to Recipient by such Discloser; (iii) was developed by employees or agents of Recipient independently of and without reference to any of Discloser's Confidential Information; or (iv) was communicated by Discloser to an unaffiliated third party free of any obligation of confidence. A disclosure by Recipient of any of Discloser's Confidential Information (i) in response to a valid order by a court or other governmental body or (ii) as otherwise required by law shall not be considered to be a breach of this letter of intent by such Recipient; provided, however, such Recipient shall provide prompt prior written notice thereof to such Discloser to enable Discloser to seek a protective order or otherwise prevent such disclosure.

5. Termination. Either party may terminate this letter of intent at any time by providing written notice thereof to the other party. This letter of intent shall automatically terminate in the event the Prime Contract is not awarded to AMR. The provisions of paragraph 4 shall survive any termination of this letter of intent.

If you are in agreement with the terms of this letter of intent, please sign in the spaces provided below and return a signed copy to me.

Very truly yours,

AMERICAN MEDICAL RESPONSE OF COLORADO, INC.

By: _____
Ted Sayer
General Manager

Date: 4/9/08

ACCEPTED AND AGREED TO:

City of Fountain Fire Department

By: DARIN AUSTINE

Name: Darin Austine

Title: FIRE CHIEF

Date: 4/9/08

AMERICAN MEDICAL RESPONSE

April 25, 2008

Jeff Zeiler
Life Saving Solutions, Inc.
3033 South Parker Road, Suite 320
Aurora, CO 80014

RE: Potential Subcontract between [COMPANY NAME] ("Subcontractor") and American Medical Response of Colorado, Inc. ("AMR")

Dear Jeff Zeiler:

This letter sets forth the intent of the parties as to the terms and conditions of a potential agreement pursuant to which Subcontractor will provide certain AED program management and related services to AMR if AMR is awarded the contract ("Prime Contract") to Provide EMT-Paramedic Ground Emergency Ambulance Services to the City of Colorado Springs and the El Paso County Emergency Services Agency (collectively, the "ESA"), Request for Proposals No. R08-027CD ("RFP"). This is a letter of intent only, and memorializes the intent of the parties to enter into a subcontract ("Subcontract") if certain conditions occur.

1. Award of Prime Contract. The parties shall have no requirement to commence negotiations as set forth in paragraph 2 below until such time as the Prime Contract is executed by both the AMR and the ESA. Negotiations set forth in paragraph 2 below are also subject to the ESA's approval of Subcontractor.

2. Good Faith Negotiations. Upon the award of the Prime Contract to AMR, the parties will negotiate in good faith to enter into a Subcontract for Subcontractor to provide AED program management and related services to AMR as those services may eventually be defined by the ESA or mutually agreed upon by the parties. The execution of any Subcontract will occur as agreed upon by the parties.

3. Expenses. Each party will pay all of its expenses, including legal fees, incurred in connection with the RFP, Prime Contract, Subcontract and/or any related negotiations.

4. Confidentiality.

a. "Confidential Information" means (i) any technical and non-technical information related to a party's business and current, future and proposed products and services of each of the parties, including for example and without limitation, each party's respective information concerning research, development, design details and specifications, financial information, procurement requirements, engineering and manufacturing information, customer lists, business forecasts, sales information and marketing plans and (ii) any information a party has received from others that may be made known to the other party and which such party is obligated to treat as confidential or proprietary; provided, however, that any such information disclosed by a party (the

"Discloser") to this letter of intent will be considered Confidential Information of Discloser by the other party (the "Recipient"), only if such information is identified at the time of disclosure as "Confidential" (or with some other similar legend).

b. Recipient will not use, disseminate, or in any way disclose any of Discloser's Confidential Information to any person, firm or business, except to the extent necessary for purposes related to the RFP, Prime Contract or Subcontract. Furthermore, the parties may not disclose the existence of any negotiations, discussions or consultations in progress between them to any form of public media or third-party without the prior written approval of the other party. Recipient shall treat all of Discloser's Confidential Information with the same degree of care as Recipient accords to Recipient's own Confidential Information, but not less than reasonable care. Recipient shall disclose Discloser's Confidential Information only to those of Recipient's employees, consultants, affiliates and contractors who need to know such information. Recipient certifies that each such employee, consultant, affiliate and contractor will have agreed, either as a condition to employment or in order to obtain Discloser's Confidential Information, to be bound by terms and conditions substantially similar to those terms and conditions applicable to Recipient under this letter of intent. Recipient shall immediately give notice to Discloser of any unauthorized use or disclosure of Discloser's Confidential Information. Recipient shall assist Discloser in remedying any such unauthorized use or disclosure of Discloser's Confidential Information. In the event that the Subcontract is not entered by the parties, all Confidential Information, including copies, will be promptly returned to Discloser at Discloser's cost or otherwise destroyed by Recipient.

c. Recipient's obligations under paragraph 4(b) above shall not apply to any of Discloser's Confidential Information that Recipient can document: (i) was in the public domain at or subsequent to the time such Confidential Information was communicated to Recipient by Discloser through no fault of Recipient; (ii) was rightfully in Recipient's possession free of any obligation of confidence at or subsequent to the time such Confidential Information was communicated to Recipient by such Discloser; (iii) was developed by employees or agents of Recipient independently of and without reference to any of Discloser's Confidential Information; or (iv) was communicated by Discloser to an unaffiliated third party free of any obligation of confidence. A disclosure by Recipient of any of Discloser's Confidential Information (i) in response to a valid order by a court or other governmental body or (ii) as otherwise required by law shall not be considered to be a breach of this letter of intent by such Recipient; provided, however, such Recipient shall provide prompt prior written notice thereof to such Discloser to enable Discloser to seek a protective order or otherwise prevent such disclosure.

5. Termination. Either party may terminate this letter of intent at any time by providing written notice thereof to the other party. This letter of intent shall automatically terminate in the event the Prime Contract is not awarded to AMR. The provisions of paragraph 4 shall survive any termination of this letter of intent.

If you are in agreement with the terms of this letter of intent, please sign in the spaces provided below and return a signed copy to me.

Very truly yours,

AMERICAN MEDICAL RESPONSE OF COLORADO, INC.

By: _____
Mark Bruning
Executive Vice President

Date: 5/5/08

ACCEPTED AND AGREED TO:

Life Saving Solutions, Inc.

By: _____

Name: Jeffrey P. Zeiler

Title: CEO

Date: 25 April 08

FALCON FIRE PROTECTION DISTRICT
Administration Office
7030 North Meridian Road
Falcon, Colorado 80831
Business Number: 719-495-4050 Business Fax: 719-495-3112

AMERICAN MEDICAL RESPONSE OF COLORADO, INC. –FALCON FIRE PROTECTION DISTRICT SERVICE AGREEMENT

This SERVICE AGREEMENT ("Agreement"), effective the 14th day of December, 2005, is entered into by and between the Falcon Fire Protection District ("District"), a quasi-municipal corporation and political subdivision of the State of Colorado, 7030 North Meridian Road, Falcon Colorado 80831, and American Medical Response of Colorado, Inc. ("Contractor"), a Colorado Corporation located at 6200 South Syracuse Way Suite, 200, Greenwood Village, Colorado 80111. The District and the Contractor shall be collectively referred to as the "Parties."

I. Recitals

WHEREAS, in addition to other fire-related services, the District is authorized by the Special District Act, C.R.S. § 32-1-101, *et seq.*, to provide emergency medical transport and emergency medical services (collectively, "Emergency Medical Services") to citizens within or passing through its jurisdiction, and outside its jurisdiction pursuant to mutual or automatic aid agreements with other governmental agencies; and

WHEREAS, on behalf of the District, the Board of Directors is authorized by law to enter into contracts and agreements affecting the affairs of the District; and

WHEREAS, Contractor is in the business of providing ambulance and advanced life support services and is ready, willing and able to supply Emergency Medical Services to the District upon a twenty-four (24) hour day, seven (7) day a week basis within the District's jurisdiction.

THEREFORE, in consideration of the mutual promises contained in this Agreement, the Parties covenant and agree as follows.

II. Agreement

1. **Contractor's Payment To the District**: Contractor shall pay the District an annual fee of $48,000.00 in twelve monthly installments of $4,000.00, commencing on February 1, 2006. The annual fee of $48,000.00 shall increase by 4% on January 1st of each calendar year this Agreement is in force.

2. **Service:** The Contractor shall provide adequate and skilled Emergency Medical Services, and shall have one (1) Colorado State Certified Paramedic ("Paramedic"), and one (1) fully equipped transport ambulance based within the District's jurisdiction, on a twenty-four (24) hours a day, seven (7) days a week. The ambulance and Paramedic shall be based at the District's fire station located at 7030 North Meridian Road, or at such other adequate facility as the District may designate. The Contractor's ambulance shall be an Advanced Life Support (ALS) ambulance, with the configuration of the ambulance mutually agreed upon by the Parties. The ambulance in the District is to be utilized for District responses only, and will not respond to out-of-District calls, unless approved by the Falcon Fire Chief, or his/her designee, or by previous arrangement. In the event that the ambulance is out of District or otherwise unavailable, the Contractor will provide back-up coverage when requested by the District and supported by the system.

3. **Crews:** Each crew will consist of no less than one (1) Colorado State Certified Paramedic employed by Contractor and one (1) Colorado State Certified Emergency Medical Technician ("EMT")/IFSAC Certified Firefighter One ("FFI"), employed by the District, each of whose qualifications, at a minimum, meet the guidelines of the statutes, rules and regulations of the Emergency Medical Services Division of the Colorado Department of Health, as amended, and are acceptable to the Contractor's Medical Director. Prior to the assignment to the ambulance crew, the District will have the opportunity to review, approve or disapprove the proposed Contractor's Paramedic assignments. The Contractor will, at its sole discretion, provide temporary Paramedic replacements due to primary crew illness or vacation. Prior to the assignment to the ambulance crew, the Contractor will have the opportunity to review, approve or disapprove the District's EMT/FFI proposed assignments. The District will, at its sole discretion, provide temporary EMT/FFI replacements due to primary crew illness or vacation. Any crew replacement exceeding 30 days will require District review.

4. Contractor Requirements for District EMT/FFI. All District EMT/FFI shall satisfy any and all training, safety, background screening and/or clinical requirements that Contractor may require before assignment to its ambulance. The District shall provide Contractor with any documentation that Contractor requests to verify the requirements of this paragraph. The District shall further certify in writing that it has completed the background screening set forth in Exhibit A.

   The District further agrees that its EMT/FFI will only operate the ambulance when directed by Contractor's Paramedic. Contractor intends to have its Paramedic operate the ambulance at all times, except where patient care requires paramedic level of care.

5. **Calls:** In consideration for the Contractor providing the Emergency Medical Services, ambulance and personnel set forth in this Agreement, the District agrees that in cases where a request is made to the District for ambulance services within the District's jurisdiction, or where, in the course of the investigative or rescue operations within the District's jurisdiction, ambulance service is found to be needed, such calls will be initially directed to the Contractor, except where in the sole opinion of the District or in the opinion of the person(s) needing service or their family members or representatives, such referral might be detrimental to the interests of the person(s) needing assistance, or where such person(s) refuse service from Contractor, or where helicopter services are needed. The Contractor shall return the ambulance and its crew to the District as soon as possible following response and transport calls to an area hospital.

6. **Billing and Rates:** The Contractor shall bill and keep all fees for Emergency Medical Services provided pursuant to this Agreement. The Contractor shall have control over the rates and charges it imposes for Emergency Medical Services provided pursuant to this Agreement, which Emergency Medical Services shall be charged to and payable by the person(s) to whom the services are rendered or the appropriate third-party payor. Upon request, the Contractor will provide the District with information as to the rates and charges it imposes for Emergency Medical Services provided pursuant this Agreement. The District shall have the right at any time to terminate this Agreement immediately if the Contractor's rates and charges exceed its usual and customary rates and charges. The Parties will not seek fees or payment from each other for any Emergency Medical Services provided, except as expressly set forth in this Agreement.

7. **Living and Bay Facilities:** During the period this Agreement is in force, one (1) Contractor crew member shall be entitled to use a bunk-room, kitchen, day room, bathroom with shower, and the Contractor shall be entitled to use one (1) inside bay for one (1) Contractor ambulance at the District's Fire Station One (collectively, the "facilities"). The Contractor shall be responsible for maintaining the facilities used by its employees and ambulance in a clean and proper manner and condition at all times. The Contractor shall provide bedding for its crew member(s). The Parties shall mutually agree on matters of joint use and housekeeping. The Contractor's use of the facilities at the District's Fire Station One shall not impede or interfere with the District's operations. The Contractor's members and ambulance shall vacate Fire Station One within ten (10) calendar days following termination of this Agreement for any reason.

8. **Legal Compliance and Legislative Limitations:** In performing the terms of this Agreement, the Parties shall fully comply with all applicable Federal, State and local laws, ordinances, resolutions, operating procedures, and protocols. In addition to the foregoing, the Contractor shall provide evidence

on a periodic basis, but in no event less than annually, that the Contractor is licensed to provide all of the services required by this Agreement in El Paso County.

9. **Independent Contractor:** It is understood and agreed by and between the Parties that the status of Contractor shall be that of an independent contractor and of a corporation retained on a contractual basis to perform professional or technical services for limited periods of time and it is not intended, nor shall it be construed, that Contractor, or any of its employees, agents or representatives, are an employee or officer of the District, or for any other purpose whatsoever. Without limiting the foregoing, the Parties hereby specifically acknowledge that CONTRACTOR AND ITS EMPLOYEES AND AGENTS ARE NOT ENTITLED TO UNEMPLOYMENT INSURANCE BENEFITS UNLESS UNEMPLOYMENT COMPENSATION COVERAGE IS PROVIDED BY CONTRACTOR OR SOME OTHER ENTITY BESIDES THE DISTRICT, THAT CONTRACTOR AND ITS EMPLOYEES AND AGENTS ARE NOT ENTITLED TO WORKERS' COMPENSATION BENEFITS FROM THE DISTRICT, AND THAT CONTRACTOR IS OBLIGATED TO PAY FEDERAL AND STATE INCOME TAX ON ANY MONEYS EARNED PURSUANT TO THIS AGREEMENT.

   Contractor's Paramedic on the ambulance will never, under any circumstances, be assigned fire-fighting duties while on scene of a fire, hazmat, or any other scene that would require a State of Colorado firefighter certification. Either the Contractor or the District may remove any ambulance crew member whose behavior, performance, or clinical skills do not meet standards of expectations, policies or procedures of either organization.

10. **Falcon Fire Protection District is not an Employee:** The Parties expressly intend and agree that neither the District nor any District employee is an employee or agent of the Contractor for any purpose whatsoever. The District may release its EMT/FFI on the ambulance crew to assist with firefighting duties while on scene of a fire, hazmat, or any other scene that would require a State of Colorado Certified firefighter upon request to the Contactor's Operation Manager, or his/her designee, or by previous arrangement. It is understood and agreed that any release of the EMT/FFI is subject to the sole discretion of the Contractor based on availability of resources, other calls for Emergency Medical Services, or business needs.

11. **Colorado Governmental Immunity Act Not Waived:** This Agreement is not intended, and shall not be construed, as a waiver of the limitations on damages or any of the privileges, immunities, or defenses provided to, or enjoyed by, the District and its directors, officers and employees under common law or pursuant to statute, including but not limited to the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, et seq.

12. **Contractor's Additional Obligations:** The Contractor shall provide continuing education, certification programs and classes to District employees at no charge that it provides to the community at large.

The Contractor shall sell to the District a new Medtronics LifePak 12 cardiac monitor (the "Monitor") at the Contractor's purchase price. The Monitor shall meet current standards and be equipped with the most recent technology and software offered by Physio-Control, and shall be configured in the same manner as the existing monitors currently utilized by the Contractor. Contractor shall pay for and maintain a service agreement on the District's Monitor during the entire period this Agreement is in force.

13. **Medical Supplies:** The Parties shall maintain a joint medical supply closet at Fire Station One, which shall be locked and only accessible by the employees specifically designated by the District and the Contractor. The medical supplies within the closet shall be maintained jointly by the Contractor and the District; however, due to current material and supply re-stocking procedures established by the local Emergency Service Administration Contract awarded to the Contractor, the Contractor shall be primarily responsible for maintaining the medical supply closet.

14. **Term and Termination:** Subject to the following termination provisions, the term of this Agreement shall from December 14, 2005 through January 1, 2009.

    a. Either party may terminate this Agreement without cause upon one hundred twenty (120) days written notice to the other party; or,

    b. The Contractor's performance of this Agreement must be satisfactory to the District in its sole judgment. If the District determines the Contractor is not performing this Agreement in a reasonable, timely and proper manner, the District shall provide written notice of the deficient performance to the Contractor. The Contractor shall have ten (10) days from the date of receipt of the Notice to correct, to the satisfaction of the District, the problems identified in the Notice. If the Contractor fails to correct the problems to the District's satisfaction within the 10-day correction period, this Agreement shall automatically terminate.

    c. The District's performance of this Agreement must be satisfactory to the Contractor in its sole judgment. If the Contractor determines the District is not performing this Agreement in a reasonable, timely and proper manner, the Contractor shall provide written notice of the deficient performance to the District. The District shall have ten (10) days from the date of receipt of the Notice to correct, to the satisfaction of the Contractor, the problems identified in the Notice. If the District fails to correct the problems to the

Contractor's satisfaction within the 10-day correction period, this Agreement shall automatically terminate.

15. **No Influence on Referrals:** It is not the intent of either party to this Agreement that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either Party of patients to the other Party or its affiliated providers, if any, or the purchasing, leasing, or ordering of any services other than the specific services described in this Agreement. Any payments specified in this Agreement are consistent with what the Parties reasonably believe to be a fair market value for the services provided.

16. **Assignment:** The Contractor shall not assign, sub-contract or delegate any of its rights and obligations hereunder without the prior written approval of the District.

17. **Notice:** Any notice required or permitted by this Agreement shall be in writing and may be either hand delivered or sent by certified or registered mail, return receipt requested, addressed to the Party to whom it is to be given as follows:

FALCON FIRE PROTECTION DISTRICT
Attn: Fire Chief
7030 N. Meridian Road
Falcon, CO 80831

AMERICAN MEDICAL RESPONSE OF COLORADO, INC.
Attn: Director of Operations
2370 N. Powers Blvd.
Colorado Springs, CO 80915

Either Party may change its address to which notices are sent by a notice similarly sent.

18. **Records Retention, Privacy, and Inspections:** The Contractor shall maintain all medical records and other documents and information relating to services provided by the Contractor pursuant to this Agreement in compliance with all Federal, State and local laws, rules and ordinances. The District shall have the right upon reasonable advance notice to inspect the records at any time during normal business hours. The Contractor shall cooperate with, and provide all information requested by, the District in the event a complaint regarding the services provided by the Contractor in the performance of this Agreement. The Contractor shall comply with all applicable Federal, State and local laws and ordinances with respect to the generation, maintenance and destruction of medical records, documents and other information relating to services provided pursuant to this Agreement, including but not limited to the

Health Insurance Portability and Accountability Act of 1996, and the Regulations interpreting and implementing the Act promulgated by the Department of Health and Human Services. The Parties shall execute the Business Associate Agreement attached as Exhibit B.

19. **Additional Terms:** Colorado law governs this Agreement. This Agreement is the entire agreement between the Parties and there are no oral or collateral agreements or understandings. This Agreement may only be amended by a document signed by the Parties. If any provision is held invalid or unenforceable, all other provisions shall continue in full force and effect. Waiver of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent breach of this Agreement. This Agreement shall inure to the benefit of and be binding upon the Parties and their legal representatives, successors, and permitted assigns. This Agreement is not intended to, and shall not, confer rights on any person or entity not named as a party to this Agreement. This Agreement may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.

20. **Non-Appropriation.** All financial obligations of the District under this Agreement, including the Contractor's use of the District's Fire Station to house its ambulance and personnel, are subject to appropriation, budgeting, and availability of funds to discharge such obligations. Nothing in this Agreement shall be deemed to pledge the District's credit or faith, directly or indirectly, to Contractor. In the event the District's governing body fails to appropriate funds for the District's obligations under this Agreement for a calendar year, this Agreement shall terminate immediately upon the expiration of 30 days from the date of non-appropriation as if notice had been provided by the District to the Contractor in accordance with paragraph 16, and the District shall have no further obligation to the Contractor under this Agreement.

21. **Attorneys' Fees, Costs and Expenses:** In any dispute arising from or relating to this Agreement and/or the related Business Associate Agreement, the prevailing party shall be awarded its reasonable attorneys' fees, costs and expenses, including any attorneys' fees, costs and expenses incurred in collecting upon any judgment, order or award.

IN WITNESS WHEREOF, the Parties have executed this Agreement .

American Medical Response of Colorado, Inc. **Falcon Fire Protection District**

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

EXHIBIT A

BACKGROUND SCREENING

A. The District shall assure and certify in writing to AMR before February 1, 2006, and on or before January 1 thereafter, in a format acceptable to AMR, that none of the District's personnel providing services under the Service Agreement, are "Ineligible Persons". Ineligible Persons shall include any individual who: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs; or (ii) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

B. The District shall ensure that all of its personnel providing services under the Services Agreement are not Ineligible Persons, by implementing the following screening requirements:

i. The District shall screen all of its personnel providing services under the Services Agreement against the Exclusion Lists identified in subsection C, below, on or before February 1, 2006, and on or before January 1 of each year thereafter.

ii. as part of the hiring process for any individual who will provide services under the Service Agreement and who are hired after February 1, 2006, the District shall require the individual to disclose whether he/she is an Ineligible Person and shall screen him/her against the Exclusion Lists.

ii. The District shall implement a policy requiring any individual providing services under the Service Agreement to disclose immediately any debarment, exclusion, suspension, or other event that makes that person an Ineligible Person.

C. "Exclusion Lists" include: (i.) the HHS/OIG List of Excluded Individuals/Entities (available through the Internet at http://oig.hhs.gov); and (ii) the General Services Administration's List of Parties Excluded from Federal Programs (available through the Internet at http://epls.arnet.gov).

EXHIBIT B

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement"),effective December 14, 2005, is entered into by and between American Medical Response of Colorado, Inc. ("Contractor") and Falcon Fire Protection District, a Colorado quasi-municipal corporation and political subdivision of the State of Colorado ("District")The District and the Contractor may be collectively referred to hereafter as "Parties," or individually as a "Party".

I. Recitals WHEREAS, the Parties have entered into a Service Agreement, effective December 14, 2005 (the "Service Agreement");

WHEREAS, during the course of providing Emergency Medical Services (as defined below) pursuant to the Service Agreement, the District constitutes a Business Associate of the Contractor within the meaning of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Privacy and Security Rules promulgated by the U.S. Department of Health and Human Services to interpret and implement HIPAA. Similarly, during the course of providing Emergency Medical Services pursuant to the Service Agreement, the Contractor constitutes a Business Associate of the District within the meaning of HIPAA and the Privacy and Security Rules; and,

WHEREAS, this Agreement supplements the Services Agreement for the purpose of meeting the requirements of HIPAA and the Privacy and Security Rules to protect the privacy and security of Protected Health information and e-PHI (as defined below).

II. Agreement

1. **Definitions**

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as given those terms in 45 CFR 160.103 and 164.501.

a. "Protected Health Information ("PHI")" means information that is: (i) created or received by a Health Care Provider, Health Plan, employer, or Health Care Clearinghouse; (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of Health Care to an individual; or the past, present, or future Payment for the provision of Health Care to an individual; (iii) that

identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

b. "e-PHI" means protected health information that is generated, stored, received, maintained, or transmitted by or through any electronic media by the Business Associate in the performance of the Service Agreement.

c. "Emergency Medical Services" means emergency medical transport (ambulance) and emergency medical services provided by the Contractor and/or the District in the performance of the Service Agreement.

2. Obligations and Activities of Business Associate

(a) Business Associate agrees not to use or disclose Protected Health Information or e-PHI other than as permitted or required by this Agreement or as required by law.

(b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information and e-PHI other than as provided for by this Agreement.

(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information or e-PHI by Business Associate in violation of the requirements of this Agreement.

(d) Business Associate agrees to report to the other Party any use or disclosure of the Protected Health Information pr e-PHI not provided for by this Agreement of which it becomes aware.

(e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information or e-PHI received from, or created or received by Business Associate pursuant to the Service Agreement, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

(f) Business Associate agrees to provide access, at the request of the other Party, and in the time and manner designated by the other Party, to Protected Health Information and/or e-PHI in a Designated Record Set, to the other Party or, as directed by the other Party, to an Individual in order to meet the requirements under 45 CFR 164.524.

(g) Business Associate agrees to make any amendment(s) to Protected Health Information or e-PHI in a Designated Record Set that the other Party directs or agrees to pursuant to 45 CFR 164.526 at the request of the other Party or an Individual, and in the time and manner designated by the other Party.

(h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information and e-PHI, relating to the use and disclosure of Protected Health Information and e-PHI received from, or created or received by Business Associate on behalf of, the other Party pursuant to this Agreement available to the other Party, or to the Secretary, in a time and manner designated by the other Party or the Secretary, for purposes of the Secretary determining the other Party's compliance with the Privacy and Security Rules.

(i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the other Party Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(j) Business Associate agrees to provide to the other Party or an Individual, in time and manner designated by the other Party, information collected in accordance with Section 2 (i) of this Agreement, to permit the other Party to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(k) Business Associate agrees to establish and maintain appropriate administrative, physical and technical safeguards that reasonably and appropriately protected the confidentiality, integrity and availability of e-PHI . Business Associate will follow generally accepted system security principles and the requirements of the final HIPAA rule pertaining to the security of e-PHI ("the Security Rule", published at 45 CFR Parts 160 – 164).

(l) Business Associate agrees to ensure than any agent, including a subcontractor, to whom it provides e-PHI agrees to implement reasonable and appropriate safeguards to protect that information.

(m) Business Associate agrees to report any security incident of which it becomes aware to the other Party. For purposes of this Agreement, a "security incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of e-PHI information or interference with system operations. This does not include trivial incidents that occur on a daily basis, such as scans, "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by Business Associate.

3. Prohibited Use and Disclosure

(a) The Business Associate agrees not to use or disclose any Protected Health information or e-PHI for any purpose other than a purpose expressly approved by the other Party Covered Entity. The Business Associate understands that it is not authorized

to disclose any Protected health Information or e-PHI to anyone outside the other Party, unless otherwise expressly approved by the other Party.

4. Specific Use and Disclosure Provisions

(a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information or e-PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

(b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information or e-PHI for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information and e-PHI to provide Data Aggregation services to the other Party as permitted by 42 CFR 164.504(e)(2)(i)(B).

(d) Business Associate may use Protected Health Information and e-PHI to report violations of law to appropriate Federal and State authorities consistent with § 164.502(j) (1).

5. Obligations of Covered Entity

(a) The other Party shall notify the Business Associate of any limitations in its notice of privacy practices of the other Party Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information or e-PHI.

(b) The other Party shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information or e-PHI, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information or e-PHI.

(c) The other Party shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information or e-PHI that the other Party has agreed

to in accordance with 45 CFR 164.522 to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information or e-PHI.

6. **Permissible Requests by the Other Party.**

The other Party shall not request Business Associate to use or disclose Protected Health Information or e-PHI in any manner that would not be permissible under the Privacy or Security Rules if done by the other Party, except in connection with Data Aggregation or management and administrative activities of Business Associate otherwise permitted under this Agreement.

7. **Term and Termination**

(a) *Term.* This Agreement shall be effective as of December 14, and shall terminate only upon termination of the Service Agreement.

(b) *Termination for Cause.* Upon the other Party's knowledge of a material breach by the Business Associate, the other Party shall provide an opportunity for Business Associate to cure the breach or end the violation. The other Party may terminate this Agreement and the Service Agreement if Business Associate does not cure the breach or end the violation within the time specified by the other Party. If Business Associate has breached a material term of this Agreement and cure is not possible, the other Party may immediately terminate this Agreement and the Service Agreement.

8. **Effect of Termination**

(a) Except as provided in paragraph (b) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information and e-PHI received from the other Party, or created or received by Business Associate on behalf of the other Party. This provision shall apply to Protected Health Information and e-PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information and e-PHI.

(b) In the event that Business Associate determines that returning or destroying the Protected Health Information and e-PHI is not feasible, Business Associate shall provide to the other Party notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information and/or e-PHI is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and/or e-PHI and limit further uses and disclosures of such Protected Health Information and/or e-PHI to those purposes that make the return or destruction, for so long as Business Associate maintains such Protected Health Information and/or e-PHI.

9. **Miscellaneous**

(a) *Regulatory References.* A reference in this Agreement to a section in the Privacy or Security Rules means the section as in effect or as amended.

(b) *Amendment.* The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the other Party and the Business Associate to comply with the requirements of the Privacy and Security Rules and HIPAA (c) *Survival.* The respective rights and obligations of Business Associate under Section 8 of this Agreement shall survive the termination of this Agreement.

(d) *Interpretation.* Any ambiguity in this Agreement shall be resolved in favor of a meaning that the Parties to comply with the Privacy and Security Rules and HIPAA.

IN WITNESS WHEREOF, the Parties have executed this Agreement.

AMERICAN MEDICAL RESPONSE OF COLORADO, INC.

By: _____

Name: LOUIS K. MEYER

Title: CEO

FALCON FIRE PROTECTION DISTRICT

By: _____

Name: H. Bonnell

Title: President

M. Della Russo

AMERICAN MEDICAL RESPONSE AGREEMENT

OCT 29 2003

This AGREEMENT made this 1 day of October, 2003, by and between the Donald Wescott Fire Protection District (hereinafter "the DISTRICT"), a Fire District in El Paso County, Colorado, headquartered at 1500 Sunhills Drive, Colorado Springs, CO 80921 and AMERICAN MEDICAL RESPONSE OF COLORADO, a Colorado Corporation located at 6200 South Syracuse Way Suite 200, Greenwood Village, Colorado 80111, (hereinafter "the CONTRACTOR").

WHEREAS, the DISTRICT desires to promote the availability of adequate medical services within its territory.

AND WHEREAS, the CONTRACTOR is able and desires to provide such services;

NOW THEREFORE, in consideration of the mutual promises exchanged herein, the parties covenant and agree as follows:

1. Service. The CONTRACTOR agrees to provide adequate and skilled emergency medical service as herein provided and shall have one (1) ambulance crew member based within the boundaries of the DISTRICT. Said ambulance and crew shall be based at the DISTRICT's Fire Station, or at such other adequate facility as the DISTRICT may designate. The unit shall be an Advanced Life Support (ALS) ambulance with the configuration of said ambulance mutually agreed upon by both parties. The ambulance in the DISTRICT is to be utilized for DISTRICT responses only and said ambulance will not respond to out of DISTRICT calls unless directed by the Wescott Fire Chief, designee, or by previous arrangement. In the event that the ambulance is out of district or otherwise unavailable, the CONTRACTOR may, at its sole discretion, provide back-up coverage if requested by the DISTRICT and supported by the system.

2. Crews. Each Crew will consist of no less than one (1) Colorado State certified paramedic and one (1) Colorado State certified emergency medical technician, each of whose qualifications, at a minimum, meet the guidelines of the statutes, rules and regulations of the Emergency Medical Services Division of the Colorado Department of Health, as amended, and are acceptable to the Contractor's Physician Advisor. Prior to the assignment to the Contractor's ambulance crew, the DISTRICT will have the opportunity to review, approve or disapprove proposed crew assignments. CONTRACTOR will, at its sole discretion, provide temporary crew replacements due to primary crew illness or vacation. Any temporary crew replacement exceeding 30 days will require DISTRICT review.

3. Calls. In consideration for the CONTRACTOR keeping said ambulance service available, the DISTRICT agrees that in cases where a request is made to the DISTRICT for ambulance services or where, in the course of the investigative or rescue operations of the DISTRICT, ambulance service is found to be needed, such calls will be referred to

the CONTRACTOR except where in the sole opinion of the DISTRICT or in the opinion of the person(s) needing services or their family members or representatives, such referral might be detrimental to the interests of the person(s) needing assistance, or where such person(s) refuse services from CONTRACTOR, or where helicopter services are needed.

4. **Rates**. It is understood and agreed that the CONTRACTOR shall have full control over the rates and charges it imposes for services rendered, and that such services shall be charged to and payable by the person(s) to whom the service is rendered, However, the CONTRACTOR shall at all times keep the DISTRICT fully informed as to the rates and charges it imposes for services rendered pursuant to the terms of this agreement, and the DISTRICT shall have the right at any time , to cancel this agreement forthwith, if the CONTRACTOR fails to keep it so informed or if, in the sole option of the DISTRICT, the CONTRACTOR'S rates and charges are not reasonable.

5. **Living and Bay Facilities**. The DISTRICT agrees to provide living and bay facilities for one (1) crew and ambulance of the CONTRACTOR at its Fire Station No.-3. Facilities shall consist of a bunk-room, kitchen, day room, shower, bathroom and bay facilities. The CONTRACTOR shall be responsible for maintaining those facilities as are used by its employees in a clean and proper manner and condition at all times. All bedding shall be provided by the CONTRACTOR. It is understood and agreed that DISTRICT personnel shall also use such facilities from time-to-time, and the parties shall mutually agree on matters of joint use and housekeeping.

6. **AMR Inc. Not an Employee.** It is understood and agreed by and between the parties that the status of American Medical Response (AMR), shall be that of an independent contractor and of a person retained on a contractual basis to perform professional or technical services for a limited periods of time and it is not intended, nor shall it be construed that AMR nor any employee of AMR is an employee or agent of Donald Wescott Fire Protection District (DWFPD) or for any purpose whatsoever.

   It is understood and agreed that the staff on the ambulance will never, under any circumstances, be assigned fire-fighting duties while on scene of a fire, Hazmat, or any other scene that would require a State of Colorado certified firefighter.

   Either AMR or DWFPD may remove any employee whose behavior, performance, or clinical skills do not meet the standards of expectations, policies or procedures of either organization.

7. **Liability.** Notwithstanding any language to the contrary contained in this agreement, the CONTRACTOR is an independent contractor and not an employee or agent of the DISTRICT. The services to be performed and provided by the CONTRACTOR will be performed and provided entirely at the CONTRACTORS risk. The CONTRACTOR shall indemnify and hold harmless the DISTRICT and its directors, and the DISTRICT'S fire department from and against any and all liability, loss, claims, damages or judgments arising out of or connected with the performance of this agreement by the CONTRACTOR and the CONTRACTOR shall defend suits or actions that may be

brought or made against the DISTRICT, its directors, and/or the DISTRICT'S fire department, and shall reimburse the DISTRICT, its directors and/or the DISTRICT'S fire department for any expense, including attorneys fees, which is reasonably incurred by same as a result of any such claims, actions, demands or suits.

8. **Term: Cancellation.** The term of this agreement shall be three (3) years from October 1, 2003. Renewal of this agreement shall be affected by written renewal agreement.\

   Either party may cancel this agreement with cause upon 120 days written notice to the other party.

   The CONTRACTOR'S performance of this agreement must be satisfactory to the DISTRICT in its sole judgment. In the event that the DISTRICT determines that the CONTRACTOR is not performing the provisions hereof in a reasonable, timely and proper manner, the DISTRICT shall provide written notice of such determination to the CONTRACTOR. The CONTRACTOR shall then have ten days from the date of receipt of such notice to rectify, to the satisfaction of the DISTRICT, the problems identified in such notice. In the event of the failure of the CONTRACTOR to do so, the DISTRICT may cancel this agreement forthwith upon notice to the CONTRACTOR. In the event of issuance of a second notice of dissatisfaction based on a problem for which a previous notice has been sent, the DISTRICT may, at its option, cancel this agreement forthwith, without affording the CONTRACTOR an opportunity to correct the problem.

   Notwithstanding any other provision of this agreement, the DISTRICT shall have the right to cancel this agreement forthwith in the event the DISTRICT determines, in the exercise of its sole judgment that; (1) The provisions hereof, or any of them, are contrary to pertinent law or public policy, or inconsistent therewith; or (2) The continuation of this agreement constitutes or threatens imminent danger to any member of the public.

9. **Ability of CONTRACTOR to Perform.** Not less often than every twelve (12) months, the CONTRACTOR shall provide assurance that the CONTRACTOR is able to fulfill its obligations hereunder. The CONTRACTOR shall submit an annual report to the Board of Directors no later that the following April. The report shall provide the DISTRICT evidence of its financial condition sufficient, in the sole opinion on the DISTRICT, include performance, as well as financial information. Monthly report due by the 10th day of each month.

10. **No Influence on Referrals.** It is not the intent of either party to this agreement that any remuneration, benefit or privilege provided for under this agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing, or ordering of any services other than the specific services described in this agreement. Any payments specified in this agreement are consistent with what the parties reasonably believe to be a fair market value for the services provided.

11. **Assignment.** The CONTRACTOR shall not assign, sub-contract or delegate any of its rights and obligations hereunder without the prior written approval of the DISTRICT.

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives as of the date indicated below.

American Medical Response	Donald Wescott Fire Protection District
By;	By; William A. Sheldon
Title; VP	Title; Chief
Date; 10/20/03	Date; 26 Sept 03

LICENSING

Ambulance Service License.....1

EL PASO COUNTY

Board of County Commissioners

AMBULANCE SERVICE LICENSE

Pursuant to El Paso County, Colorado Resolution 98-403, Ambulance-5, dated September 28, 1998

American Medical Response, Inc. (AMR)

LOCATED AT

2370 North Powers Boulevard, Colorado Springs, CO 80915

Having met all the requirements of said resolution, is hereby licensed to operate an ambulance service within El Paso County, Colorado from

April 1, 2008 to **March 31, 2009**

unless it be sooner revoked or suspended as provided by law.

ATTEST

COUNTY CLERK & RECORDER

2008 - 004

LICENSE NUMBER

BOARD OF COUNTY COMMISSIONERS

CHAIR

DISASTER RESPONSE

Local Disaster Response.....1
FEMA.....2
Pandemic Influenza.....3

AMERICAN MEDICAL RESPO
DISASTER RESPONSE UNIT
731

A Report

By
Floyd M. Davis, Chaplain
Concerning
Castle West Apartment Fire
3720 E. Uintah

January 16, 2007

I was awakened about 2 a.m. by my AMR pager. It read, as I remember, Mass casualties please contact Tyler." I called AMR dispatch and they directed me to the address and emergency scene at 3720 E. just north of the citadel Mall off Academy and Uintah.

I arrived on scene about 2:30 a.m. and entered the Spring of Life Church at 3704 East Uintah, just west of and across the alley from the fire scene, where most of the evacuation process was being dealt with. The church was swarming with people in panic, fearful, cold, and confused. I spotted a Red Cross worker and inquired where I could find the person in charge of the evacuation procedures or director of the emergency care process. I was directed and introduced to Teressa Vieria of the Red Cross, and offered my undivided attention and assistance. Teressa briefly described the situation and gave me a quick tour of the building and logistics. We mutually decided there needed to be a facility room division of victims and emergency people for efficiency in communication and directions. 1) The church sanctuary was picked as a collection center for emergency workers, i.e. EMT, Paramedics, and Fire Fighters, to rest and coordinate their services. 2) Red Cross was setting up in the gym area for aiding the victims, 3) the rooms in the basement south of the gym area and kitchen was designated for victims to gather because it was warmer and quieter than the other rooms. We began directing people to their designated areas.

It was quickly decided that there needed to be hot drinks, food, and warm dry clothing provided for wet fire fighters and emergency workers. Teressa Vieria began making a list of needed items and I began seeking authorization for a transportation vehicle that would allow us easy access to and from sight for transporting us and the materials that we were hopefully going to obtain. Marcos, form AMR, quickly made arrangements and obtained permission for me to use the Ford, supervisors vehicle. Teressa and I quickly left the scene and headed for the three spots we felt would provide us quickly with the needed items, Safeway, Wal-Mart, and McDonalds. After a brief discussion, we decided that Safeway recently decided to close its facility after midnight. Off to McDonald just north of the scene on Academy we proceeded. We found the drive up window open and we pleaded our case to the young lady in side. She invited us in to further discuss what could be done. She called her supervisor, Michaela Woodson (492-6399 cell and 596-1977 store) who heard our case. She directed the worker to give us what we needed (asked for) and she would be in shortly to finish and detail the process. We requested a gallon coffee hot container full of freshly made coffee and 100 sausage and baskets, 100 hash brown cakes. We left for Wal-Mart with the intention of returning to pick up our item, they needed to be made and prepared and it would take a few minutes.

We left for the Wal-Mart store south of the hwy 24 and west of Academy. There we met with the manager, Dave. Again, we pleaded our case as we stood outside the store in the parking lot with other Wal-Mart employees who were watching the fire from their facility parking lot. We requested: Warm clothing for the children, water, other drinks, and cookies.

Oh, and dry socks for the wet firefighters. We left with cases of bottled water, orange drinks, and cookies, the clothing for the children and adults, and a case of socks for the fire fighters. All were donated by Wal-Mart.

We returned back to McDonalds and picked up our sandwiches and coffee. The manager added a large container of Orange Drink, creamers, sugar, salt and pepper, ketchup, hot cups and lids for the coffee. Our car was full. We were told to keep in contact and call if we needed more. We returned to the facility three times throughout the night for coffee and sandwiches. Teressa was able to obtain two five gallon hot drink containers that were filled with fresh coffee and orange drinks each returned trip. The return trips were facilitated by the Police Chaplain and Chaplains car as ours was being utilized in other areas.

When we returned to the church, the rooms were set up as planned and the divisions of labors and the care for the victims and emergency personnel were working smoothly.

After touring the fire scene, I decided that the fire fighters around the building needed hot drinks and nourishment. I spent most of the night taking these supplies to the fire fighters who were all around the burning building doing what they do best, fight fire. I also spent a great deal of time just talking to and encouraging the fire victims. One lady (fire victim) in particular, who was left in the sanctuary looking out the window and shivering, drew my attention. All of the rest of the victims had been transferred to a warmer spot in the basement of the church. I noticed that she was standing on bare feet and was covered with a very thin blanket. She was tall and thin, had long graying black hair. I went over to the box of socks that we obtained for the fire fighters and took out a pair for her. As I approached her, I also picked up a heaver blanket that was on the EMS gurney and offered them to her. Through her tears she shook her head to indicate NO. I quickly realized that she was not rejecting the warm clothing; she was telling me she could not speak nor hear. She looked at the socks and pointed to the fire fighter who was putting on a dray pair of socks across the room and then pointed to one entering the room with ice hanging from his coat, and handed the socks back to me. I pointed to the box that I took them from and tried to assure her that there were plenty to go around. It was then that Justin (Stiff) from AMR noticed that I was trying to communicate with this lady. He came closer and into our conversation and began using sign language to speak to her. He was a God sent. He convinced her to wear the socks and use the blanket. She sat down in a chair and Justin helped her with her warm socks. She stood up again and pointed to here apartment and began to cry again. All I could do was to just hold her in my arms and feel her trembling.

Justin asked her if she was hurting any where. She pointed to her chest and heart. He convinced her to go over to the AMR set up area and have her blood pressure checked. Praise God, she was fine. She was just experiencing a broken heart. She asked if she could stay there at the window and not go down stairs. I told her she could. We took her back to her window. Other volunteers brought her a hot drink and some food. She stood their most of the night. When I noticed, after several hours, that she was no longer at the window, I inquired as to her whereabouts, I was told that some friends came and took her home with them.

I think we made a difference that night.

In God's Service,
Chaplain Davis

Castlewest Apartment MCI Timeline

00:51 Structure Fire Call dropped, Medic 25 dispatched, Medic 9 second unit in.
00:55 Ops 6 goes enroute to call.
00:57 Medic 25 & Medic 9 advised to switch to COS TAC to communicate.
00:58 Medic 15, Medic 9 and Ops 6 on scene.
1:01 Medic 4 requested code 3 as third unit in.
Marcos went enroute to scene with blankets in the explorer.
1:02 Medic 9 requested another unit code 3.
1:07 Ops 6 request an MCI page.
Medic 4 notified Memorial Hospital of MCI.
1:08 Paged out for dispatch and street coverage.
Paged an MCI Page.
1:13 Marcos arrived on scene.
1:14 Medic 4 on scene.
1:15 Mark Brown called in for coverage.
1:16 O2, non-rebreathers & canellas requested.
1:19 Brought Medic 3 & Medic 18 in to the city for coverage.
1:21 Medic 2 fourth ambulance dispatched.
1:24 Medic 2 on scene.
1:26 Paged out for dispatch and street coverage.
Paged an MCI page.
1:28 Ops 6 requested Ted & Adam to be notified of situation.
1:30 Additional Unit requested, Medic 20 went enroute.
Laura Johnson called in for dispatch coverage.
1:32 Doug McIntyre called in and said he would not be coming in due to babysitting issues.
1:37 Medic 20 arrived on scene.
1:40 Ted & Adam were emailed about the MCI.
1:42 Marcos advised Chris to keep tally of patients each ambulance transported.
1:44 Melissa Pennie called in for street coverage.
1:45 Mark Brown went enroute to scene in the disaster van.
1:50 Daniel Tomlinson called in for street coverage.
1:51 Jason Armes called in for street coverage.
1:53 Shawn Howe called in for street coverage.
1:54 Transport 750 arrived on scene with supplies.
1:56 Medic 20 transported 4 patients to Memorial.
2:04 Chaplain Davis paged to come in.
2:06 Red Cross was notified of fire.
2:10 Armes & Tomlinson additional crew came in and cleared in Medic 5.
2:20 Medic 20 cleared fire.
2:21 Howe & Pennie additional crew came in and cleared in medic 22.
2:28 Additional unit requested code 2, Medic 22 responded.
2:29 Medic 22 on scene.
2:35 Medic 20 sent back to fire.

2:37 Coordinated ambulance response on wheelchairs between Marcos & Jody.
750 advised to return to base to retrieve radio batteries.
2:46 Medic 20 on scene.
2:55 750 switched into 758 and brought supplies out to the scene (O2, canellas & radio batteries).
3:02 758 arrived on scene.
3:07 Chaplain Davis took the Explorer with Red Cross to get supplies.
3:10 Medic 20 cleared the scene, then were requested back non emergent.
3:17 Arson Suspect description aired.
3:54 Medic 20 transported 4 patients to Memorial.
4:00 Medic 19 requested to respond to fire code 2.
4:22 Medic 19 transported to Memorial.
4:24 Request Black Forrest for coverage in the city, they wound up taking a call out east for us.
5:32 Medic 5 had to clear and go home.
5:50 Medic 5 stayed to take another call.

DISASTER RECOVERY PLAN

LOCATION: 2370 N. Powers Blvd, Colorado Springs, CO 80915

SCOPE: This plan encompasses the process to re-route incoming calls to the Regional Communications Center (RCC) from Colorado Springs, Pueblo and Cañon City *in case of various disaster scenarios.*

DISASTER SCENARIOS:

Circuit/Switch Failure:

Verify Failure: To verify circuit/switch failure, perform the following test procedure on each of the extensions listed in the groups below and make note of your results:

TEST PROCEDURE:

- Is there dial tone?
- Can you make an outgoing call on the phone?
- Using a cell phone, can you dial the DID number associated with this phone and reach the called party?
- Do the CSFD, Memorial, etc., drop-lines work both ways?

1) If you answered no to the above questions for each extension, you have verified circuit/switch failure, proceed to Step 2.

Implement Forwarding of Dispatch/Main Numbers: To forward the numbers covered in the scope of this plan, you must invoke Qwest "Call Planner" Service. Please see the "Turning On Qwest Call Planner Service" section of this document for instructions. All calls will be forwarded to the corresponding cell number printed on the phone. Each cell phone must be activated individually!

2) ***Report Results of Test Procedure to NRC IT Helpdesk:*** Call NRC IT Helpdesk 866-237-9111 to report issue and test results.

3) ***To Resume to Normal Operations:*** Once notification of issue resolution has been received from the NRC IT Helpdesk, turn off Qwest Call Planner Service by following the procedure listed in "Turning Off Qwest Call Planner Service" section of this document.

4) ***Verify Call Planner Service is Turned Off:*** Place call to 719-636-2333. If call was received by appropriate phone and not cell phone, Call Planner Service is Turned Off. If call was received by cell phone, repeat Step 5 and 6 until verification is achieved.

Building Evacuation:

1) ***Implement Forwarding of Dispatch/Main Numbers:*** To forward the numbers covered in the scope of this plan, you must invoke Qwest "Call Planner" Service. Please see the "Turning On Qwest Call Planner Service" section of this document for instructions. All cell phones must repeat this step!

2) ***Evacuate Building.*** This requires taking all portable disaster materials and leaving the building with an ambulance to be provided through Operations.

3) ***Notify NRC IT Helpdesk of Evacuation Situation:*** Call NRC IT Helpdesk 866-237-9111.

4) ***To Resume to Normal Operations:*** Turn off Qwest "Call Planner" Service. See "Turning Off Qwest Call Planner Service" section of this document for instructions.

5) ***Verify Call Planner Service is Turned off:*** Place call to 719-636-2333. If call was received by appropriate phone and not cell phone, Call Planner Service is Turned Off. If call was received by cell phone, repeat Step 4 and 5 until verification has been achieved.

6) ***Notification NRC IT Helpdesk of Reoccupation of Building.*** Call NRC IT Helpdesk 866-237-9111.

Building Uninhabitable:

1) ***Implement Forwarding of Dispatch/Main Numbers:*** To forward the numbers covered in the scope of this plan, you must invoke Qwest "Call Planner" Service. Please see the "Turning On Qwest Call Planner Service" section of this document for instructions. All cell phones must repeat this step!

2) ***Notify NRC IT Helpdesk of Building Status.***

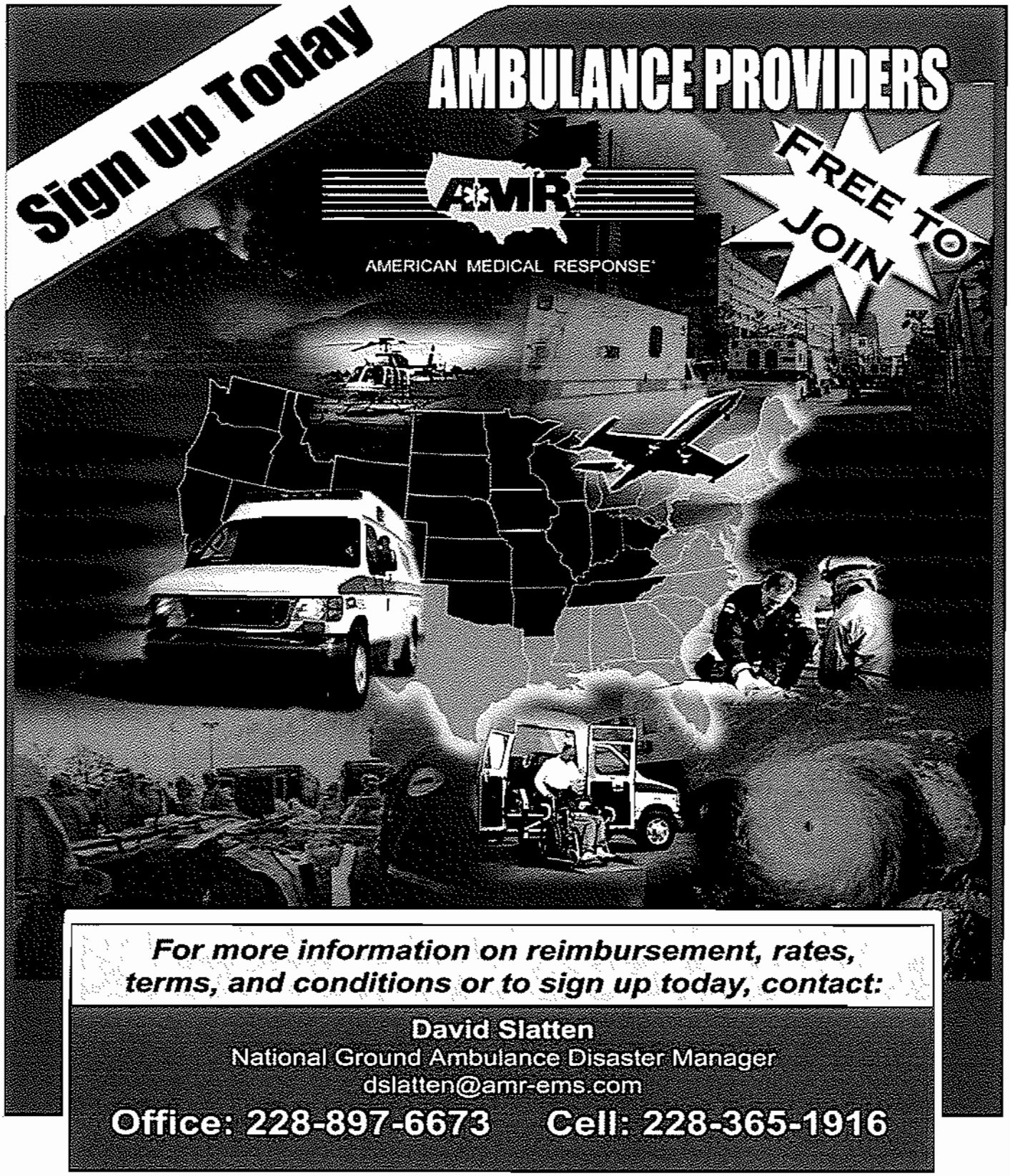
3) ***NRC IT will invoke long term call re-routing plan.*** NRC IT has been notified of my request to obtain a copy of this document for insertion here.

TURNING ON
QWEST CALL PLANNER SERVICE:

- Call **1-888-879-8989** from any touch-tone phone.
- When prompted, enter the DRP area code and telephone number: **719-636-2333,** followed by the # Sign.
- Enter your Security Code: **2901**
- At the Call Planner Menu, **Press 1**.
- Turn Basic Non-Scheduled Forwarding on **Press 1**.
- Enter in the Telephone number you will be forwarding to: **(the actual cell phone #)**.

TURNING OFF
QWEST CALL PLANNER SERVICE:

- Call **1-888-879-8989** from any touch-tone phone.
- When prompted, enter the DRP area code and telephone number: **719-636-2333,** followed by the # Sign.
- Enter your Security Code: **2901**
- At the Call Planner Menu, **Press 1**.
- Turn Basic Non-Scheduled Forwarding on **Press 2**.
- Enter in the Telephone number you will be forwarding to: **(again, the actual cell phone #)**.



For more information on reimbursement, rates, terms, and conditions or to sign up today, contact:

David Slatten
National Ground Ambulance Disaster Manager
dslatten@amr-ems.com

Office: 228-897-6673 Cell: 228-365-1916

JOIN AMR's DISASTER RESPONSE NETWORK

Our mission is to make a difference by caring for people in need
Patient Focused • Customer Centered • Caregiver Inspired

AMERICAN MEDICAL RESPONSE

OFFICE OF EMERGENCY PREPAREDNESS
FEMA Federal Contractor
12020 Intraplex Parkway
Gulfport, MS 39503-4602

OVERVIEW OF AMR / FEMA FEDERAL NATIONAL AMBULANCE SERVICE SUPPORT

Following the catastrophic 2005 hurricane season, FEMA sought to implement a plan to establish a comprehensive EMS response to federally declared disasters. The government solicited proposals and on August 1, 2007, FEMA named American Medical Response (AMR) as the exclusive recipient of this contract which provides a full array of ground ambulance, air ambulance and para-transit services to supplement the federal and military response to a disaster, act of terrorism or other public health emergency. This national contract is the first of its kind and covers the 21 states along the Gulf coast (zone 1) and Atlantic coast (zone 2).

Services Provided. The contract provides for patient triage, treatment, and transport as well as hazard recognition, symptom surveillance and reporting, on-scene medical stand-by, and transport and redistribution of patients to free-up receiving hospital bed space. AMR assets may also be used to provide immunizations, staffing for shelters and hospital emergency departments, and to set up mobile medical clinics. Maximum deployment for each zone includes 300 ground ambulances, 25 air ambulances and enough para-transit vehicles to transport 3,500 people. Simultaneous response to multiple zones for catastrophic disasters may be required under this national contract. AMR has established a robust network of subcontractors to assist in meeting these needs. Private, public, third-service and volunteer EMS agencies have joined forces with AMR to form an impressive EMS disaster response team (DRT). AMR continues to recruit agencies and individuals to be part of its national disaster response network.

Jurisdiction. While most emergency situations are handled locally, major incidents may require assistance from other jurisdictions, including state and federal governments. The National Response Framework identifies FEMA as the federal lead during an Incident of National Significance. Emergency Support Function (ESF) #8 – Public Health and Medical Services Annex – is the mechanism for coordinated federal assistance to supplement state and local resources in response to the public health and medical care needs of potential or actual federally declared disasters and/or during a developing potential health and medical situation. The U.S. Dept. of Health and Human Services (HHS) is the coordinator and lead agency for the Federal Government on public health and medical services. As the primary provider for this FEMA national contract, AMR may be called upon to provide supplemental EMS support when local and state resources are overwhelmed. FEMA and HHS will coordinate the federal EMS response and AMR will provide tactical command and oversight of resources deployed pursuant to this national contract.

AMR recognizes that many EMS providers are regulated by local or state agencies and may have restrictions when it comes to responding to out-of-area disasters. The EMS needs of local communities are primary and participation in the AMR DRT is not intended to undermine those obligations. States may have Emergency Management Assistance Compact (EMAC) agreements with ambulance services; therefore AMR will not utilize assets that are committed under EMAC.

Standards and Guidelines. The FEMA Typed Resources Definitions, Emergency Medical Services Resources, Ambulance Strike Teams, is used as a guideline for EMS responders. The applicable EMS job titles listed in FEMA's National Emergency Responder Credentialing document are used to determine the required and recommended training and certification. Both ALS and BLS services are utilized. EMS personnel are required to maintain current credentials in their home state to practice at the required skill level. The National Incident Management System (NIMS) establishes standard incident management processes, protocols and procedures to ensure that all responders work together more effectively.

About AMR. AMR is the nation's leading provider of ambulance services and currently employs more than 18,500 people with operations in 38 states and a fleet of approximately 4,500 vehicles. EmCare, Inc., another operating subsidiary of our parent company, Emergency Medical Services Corporation (EMSC), is a leading provider of outsourced emergency department staffing and related management services, contracting with more than 350 hospitals nationwide. Together we serve approximately ten million patients each year. Air Ambulance Specialists, Inc. (AASI) is a subsidiary of AMR that arranges domestic and international fixed-wing air medical transportation services.

FEMA PROJECT DIRECTOR	**Steve Delahousey RN, REMT-P, ADLS, Vice President of Emergency Preparedness** w-228.897.6671 c-228.365.1911 f-866-836-3006 Email: steve.delahousey@amr.net
AMBULANCE DIVISION	**David Slatten REMT-P, National Ground Ambulance Disaster Manager** w-228.897.6673 c-228.365.1916 f-866.836.3018 Email: david.slatten@amr.net
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U.S. Department of Health & Human Services

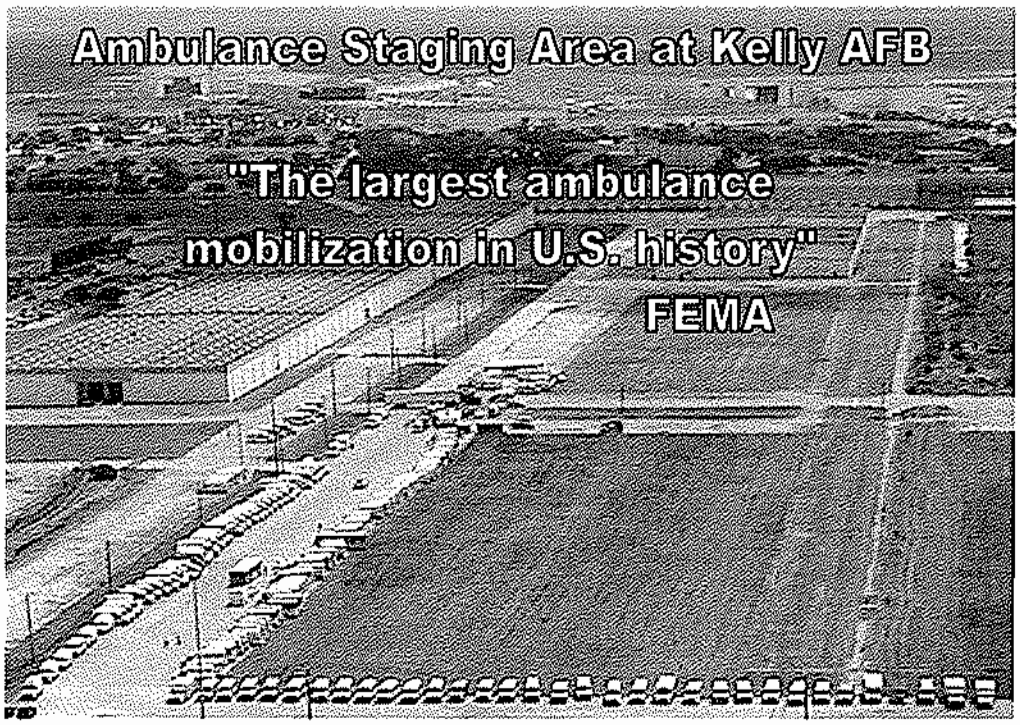
HHS.gov

Disasters and Emergencies

FEMA Activates National Ambulance Contract to Prepare for Hurricane Dean

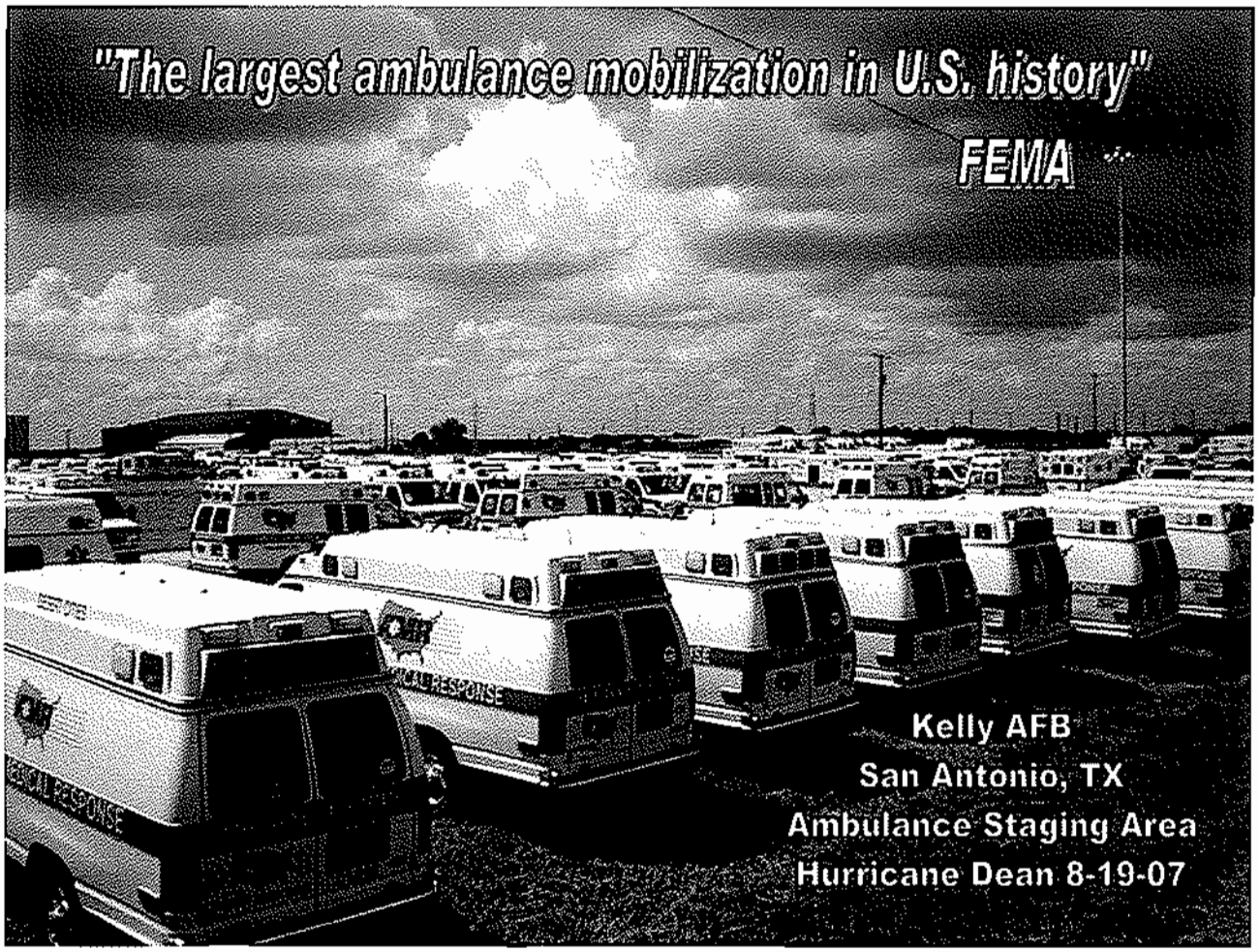
On Saturday, August 18, 2007 as Hurricane Dean approached Jamaica, federal disaster planning and preparations were underway to assist Texas. FEMA activated a new national ambulance contract with American Medical Response (AMR) to help make sure there would be transportation for patients in the projected storm track who would need to be evacuated from hospitals and nursing homes. HHS staff members who worked closely with FEMA setting up the AMR contract were assigned to help oversee the movement and staging of ambulances and aircraft in Texas.

By Monday, August 20 nearly 300 ambulances and 25 aircraft were assembled at Kelly USA, a former US Air Force Base in San Antonio, Texas. Although the hurricane did not hit Texas, this effort was an excellent test of AMR's new contract and its ability to quickly establish medical transportation services in order to help state and local officials faced with the evacuation of a large number of hospital patients and nursing home residents.



For Information on how your ambulance service may participate in AMR's disaster response network contact:
David Slatten w-228-897-6673 c-228-365-1916
or email: David.Slatten@amr.net

American Medical Response (AMR) and Its Disaster Response Network Ambulances Respond to Hurricane Dean



FEMA Press Release

FEMA Activates National Ambulance Contract to Prepare for Hurricane Dean

San Antonio, TX, August 22, 2007 – Nearly 700 ambulances responded to San Antonio's Kelly AFB as part of the critical asset deployment for Hurricane Dean. This mass showing was the largest mobilization of ambulances in the history of the Unites States.

FEMA/Don Jacks

For Information on how your ambulance service may participate in AMR's disaster response network
contact: David Slatten w-228-897-6673 c-228-365-1916
or email: David.Slatten@amr.net

Figure 1: Sample Call Flow for Standard EMS Calls vs. Pandemic Flu Calls

This chart is for illustrative purposes only, to be modified locally as needed.

Standard Call Flow for EMS Case

Telephone Answered at 9-1-1 PSAP

▼

EMD call taker obtains address, call back phone number and chief complaint

▼

EMD queries caller with standard questions using existing EMD process

▼

EMD call taker assigns a final incident type code to case

▼

EMS units are selected for response based on pre-determined response scheme for standard EMS operations

▼

EMS units are alerted and respond to the scene

▼

EMD call taker provides standard pre-arrival or post-dispatch instructions while EMS units respond

▼

EMS units arrive at scene

▼

Patient is transported to hospital ED or other appropriate destination via ambulance

Pandemic Flu Call Flow (using local Pan Flu Protocols)

Telephone answered at 9-1-1 PSAP

▼

EMD call taker obtains address, call back phone number and chief complaint*

▼

EMD queries caller with standard questions using existing EMD process

▼

For those callers meeting predetermined criteria (established with local EMS authorities) EMD queries caller using **PAN FLU SPECIFIC PROTOCOL QUESTIONS** (developed by state and/or local EMS and public health authorities in advance)

▼

EMD call taker assigns a final incident type code to case. EMS or alternative units are selected for response based on pre-determined response scheme for **PAN FLU** (modified response developed by state and/or local EMS and public health authorities in advance)

▼

EMD call taker provides standard pre-arrival or post-dispatch instructions, **OR MODIFIED PAN FLU POST-DISPATCH INSTRUCTIONS** (developed by state and/or local EMS and public health authorities in advance)

▼

EMD call taker transfers caller to Secondary Triage when called for by local **PAN FLU PROTOCOLS***

▼

EMS Units arrive at scene ONLY on designated incident types from **PAN FLU MODIFIED EMS RESPONSE PLAN**

▼

Patient is transported ONLY on designated incident types from **PAN FLU MODIFIED EMS OPERATIONS PLAN**

*** At different points in the Pandemic FLu Call FLow process, triage may include transfer of calls to alternative call centers. PSAPs should also plan to accept incoming calls from alternative call centers.**

EMERGENCY MEDICAL SERVICE AND NON-EMERGENT (MEDICAL) TRANSPORT ORGANIZATIONS PANDEMIC INFLUENZA PLANNING CHECKLIST

Planning for pandemic influenza is critical for ensuring a sustainable health care response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to help emergency medical services (EMS) and non-emergent (medical) transport organizations assess and improve their preparedness for responding to pandemic influenza. EMS organizations will be involved in the transport of acutely ill patients with known or suspected pandemic influenza to emergency departments; some of these patients might require mechanical ventilation for life support and/or other lifesaving interventions. Non-emergent (medical) transport organizations will be called upon to transport recovering pandemic influenza patients to their home, residential care facility, or possibly to alternate care sites set up by state or local health departments. This checklist is modeled after one included in the HHS Pandemic Influenza Plan (www.hhs.gov/pandemicflu/plan/sup3.html#app2). The list is comprehensive but not complete; each organization will have unique and unanticipated concerns that also will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist might not be applicable to all organizations. Collaborations among hospital, public health and public safety personnel are encouraged for the overall safety and care of the public. Further information can be found at www.pandemicflu.gov.

This checklist identifies key areas for pandemic influenza planning. EMS and non-emergent (medical) transport organizations can use this tool to self-assess and identify the strengths and weakness of current planning. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and monitoring of selected websites for new and updated information will be necessary

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
❑	❑	❑	**Pandemic influenza has been incorporated into emergency management planning and exercises for the organization.**
❑	❑	❑	**A planning committee[1] has been created to specifically address pandemic influenza preparedness.**
❑	❑	❑	**A person has been assigned responsibility for coordinating pandemic influenza preparedness planning (hereafter referred to as the pandemic response coordinator) for the organization. (Insert name, title, and contact information.)** _____
❑	❑	❑	**Members of the planning committee include the following: (Insert below or attach a list with name title and contact information for each.)** ❑ Administration: _____ ❑ Medical staff: _____ ❑ EMS providers: _____ ❑ Phone triage personnel/dispatch center: _____ ❑ Emergency management officer: _____ ❑ State/local health official: _____ ❑ Law enforcement official (for quarantine/security): _____ ❑ Other member[2]: _____
❑	❑	❑	**A point of contact (e.g., internal staff member assigned infection control responsibility for the organization or an outside consultant) for questions/consultation on infection control has been identified. (Insert name, title, and contact information.)** _____ _____

1. Size of committee can vary, depending on the size and needs of the organization.
2. Some organizations may need or want to include a school official or volunteer coordinator for local civic and preparedness groups (e.g., Medical Reserve Corps, Citizen Corps, Community Emergency Response Teams, Rotary Club, Lions, Red Cross).

2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
❑	❑	❑	**Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained.** www.hhs.gov/pandemicflu/plan.
❑	❑	❑	**Copies of available community and state pandemic plans have been obtained.**
❑	❑	❑	**A written plan has been completed or is in progress that includes the elements listed in #3 below.**
❑	❑	❑	**The plan describes the organizational structure (i.e., lines of authority) that will be used to operationalize the plan.**
❑	❑	❑	**The plan complements or is part of the community response plan.**

3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
❑	❑	❑	**A plan is in place for surveillance and detection of pandemic influenza in the population served and the appropriate organizational response.** ❑ Responsibility has been assigned for monitoring national and state public health advisories (e.g., www.cdc.gov/flu/weekly/fluactivity.htm) and informing the pandemic response coordinator and members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in the United States and when they are nearing the geographic area (e.g., state or city). (Insert name, title, and contact information of person responsible.) _____ ❑ A system has been created to track influenza-like illness in patients transported to hospitals and among EMS staff and to report this information to the pandemic response coordinator (i.e., weekly or daily number of patients with influenza-like illness). For more information see www.cdc.gov/flu/professionals/diagnosis/. (Having a system for tracking illness trends in patients and staff during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, such as staffing and supply needs, and hospital and emergency department capacity during a pandemic.)
❑	❑	❑	**A communication plan has been developed.** ❑ Key public health points of contact for pandemic influenza have been identified. (Insert below or attach a list with the name, title, and contact information for each.) ❑ Local health department contact: _____ ❑ State health department contact: _____ ❑ Local emergency management contact: _____ ❑ State emergency management contact: _____ ❑ Federal health emergency contact(s): _____ ❑ The organization's point person for external communication has been assigned. (Insert name, title, and contact information.) _____ (Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization.) ❑ A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities has been created. (Insert location of or attach copy of contact list.) _____ ❑ The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including how EMS will be represented in the planning process. (For more information on state and local planning, see www.hhs.gov/pandemicflu/plan/part2.html#overview.) ❑ The pandemic response coordinator has contacted other EMS and non-emergent (medical) transport organizations regarding pandemic influenza planning and coordination of services.

3. Elements of an influenza pandemic plan. *(continued)*

Completed	In Progress	Not Started	
❑	❑	❑	**A plan is in place to ensure that education and training on pandemic influenza is provided to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current organization and community response plans.**
			❑ A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that staff attend, and maintain a record of attendance at education and training programs). (Insert name, title, and contact information.) _____ _____
			❑ Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education of EMS and medical transport personnel have been identified. (For more information see www.cdc.gov/flu/professionals/training/.)
			❑ Language and reading-level-appropriate materials for professional and non-professional personnel on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) have been identified and a plan is in place for obtaining these materials.
			❑ Education and training include information on infection control measures to prevent the spread of pandemic influenza.
			❑ Differences between responding to pandemic influenza and a mass casualty event have been incorporated into education and training programs.
❑	❑	❑	**A plan has been developed for triage and management of patients during a pandemic that includes the following:**
			❑ A system for phone triage of patients calling 911 or other emergency numbers that might be used (provide/post list of appropriate numbers) that includes pre-established criteria and coordination protocols to determine who needs emergency transport. The system includes points of referral for patients who do not need emergency transport.
			❑ A plan for coordination with receiving facilities (e.g., hospital emergency departments), other EMS and non-emergent (medical) transport organizations, and local planning groups to manage the transportation of large numbers of patients at the height of the pandemic.
			❑ A policy and procedure for transporting multiple patients with pandemic influenza during a single ambulance run.
			❑ The plan considers the possible necessity of sharing transportation resources or using vehicles other than those designed for emergency or medical transport (e.g., buses).
❑	❑	❑	**An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic influenza, see www.hhs.gov/pandemicflu/plan/sup4.html).**
			❑ A plan for implementing Respiratory Hygiene/Cough Etiquette for patients with a possible respiratory illness.
			❑ The plan includes distributing masks[3] to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues and receptacles for their disposal, and hand hygiene materials in EMS and medical transport vehicles.
			❑ Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when seasonal influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities.
			❑ A policy that requires healthcare personnel to use Standard Precautions (www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html) and Droplet Precautions (i.e., mask for close contact) (www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html) with symptomatic patients.

3. Masks include both surgical and procedure types. Procedure masks that are affixed to the head with ear loops might be used more easily by patients and are available in pediatric and adult sizes. Either surgical or procedure masks may be used as a barrier to prevent contact with respiratory droplets.

3. Elements of an influenza pandemic plan. *(continued)*

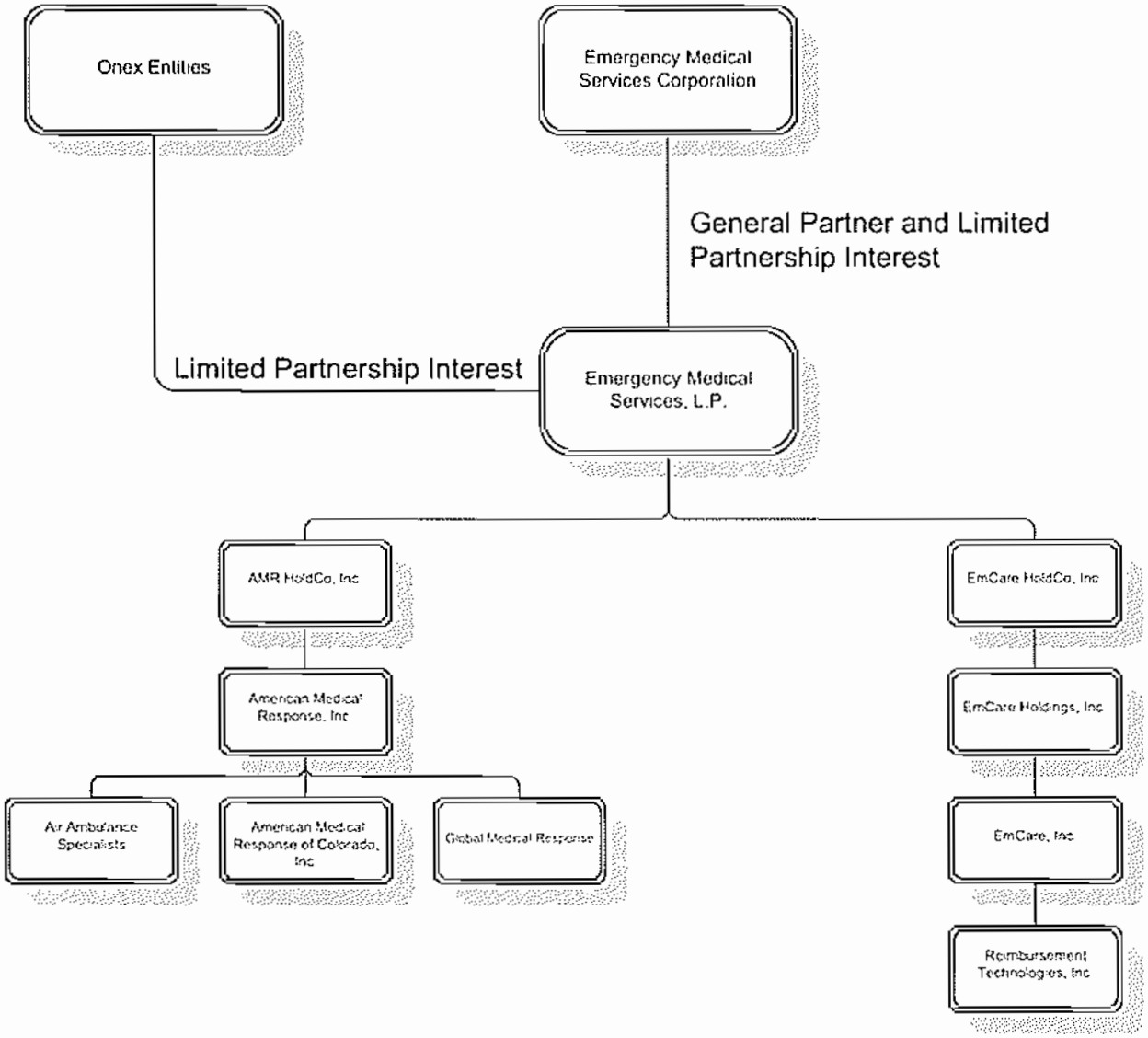
Completed	In Progress	Not Started	
❑	❑	❑	**An occupational health plan has been developed that includes the following:**
			❑ A liberal/non-punitive sick leave policy for managing EMS and non-emergent (medical) transport personnel who have symptoms of, or documented illness with, pandemic influenza.
			❑ The policy considers the following: • Handling of staff who become ill at work. • When personnel may return to work after recovering from pandemic influenza. • When personnel who are symptomatic but well enough to work will be permitted to continue working. • Personnel who need to care for their ill family members.
			❑ A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.
			❑ A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic.
			❑ Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations.
			❑ The ability to monitor seasonal influenza vaccination of personnel.
			❑ Offering annual influenza vaccine to personnel.
❑	❑	❑	**A vaccine and antiviral use plan has been developed.**
			❑ Websites containing current CDC and state health department recommendations for the use and availability of vaccines and antiviral medications have been identified. (For more information, see www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html.)
			❑ An estimate has been made of the number of personnel who will be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use. (For more information, see www.hhs.gov/pandemicflu/plan/appendixd.html.)
			❑ Discussions have been held with the local and/or state health department regarding the role of the organization in a large-scale program to distribute vaccine and antivirals to the general population.
❑	❑	❑	**Concerns related to surge capacity during a pandemic have been addressed.**
			❑ A plan is in place for managing a staffing shortage within the organization because of illness in personnel or their family members.
			❑ The minimum number and categories of personnel necessary to sustain EMS and non-emergent (medical) transport services on a day-to-day basis have been determined.
			❑ Contingency staffing plans have been developed in collaboration with other local EMS and non-emergent (medical) transport providers.
			❑ Hospitals and regional planning groups have been consulted regarding contingency staffing resources.
			❑ Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated.
			❑ A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted.
			❑ Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States.
			❑ An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.

ORGANIZATIONAL STRUCTURE

EMSC Corporate Organization Chart.....1
AMR Corporate Organizational Chart.....2
AMR El Paso County Organizational Chart.....3

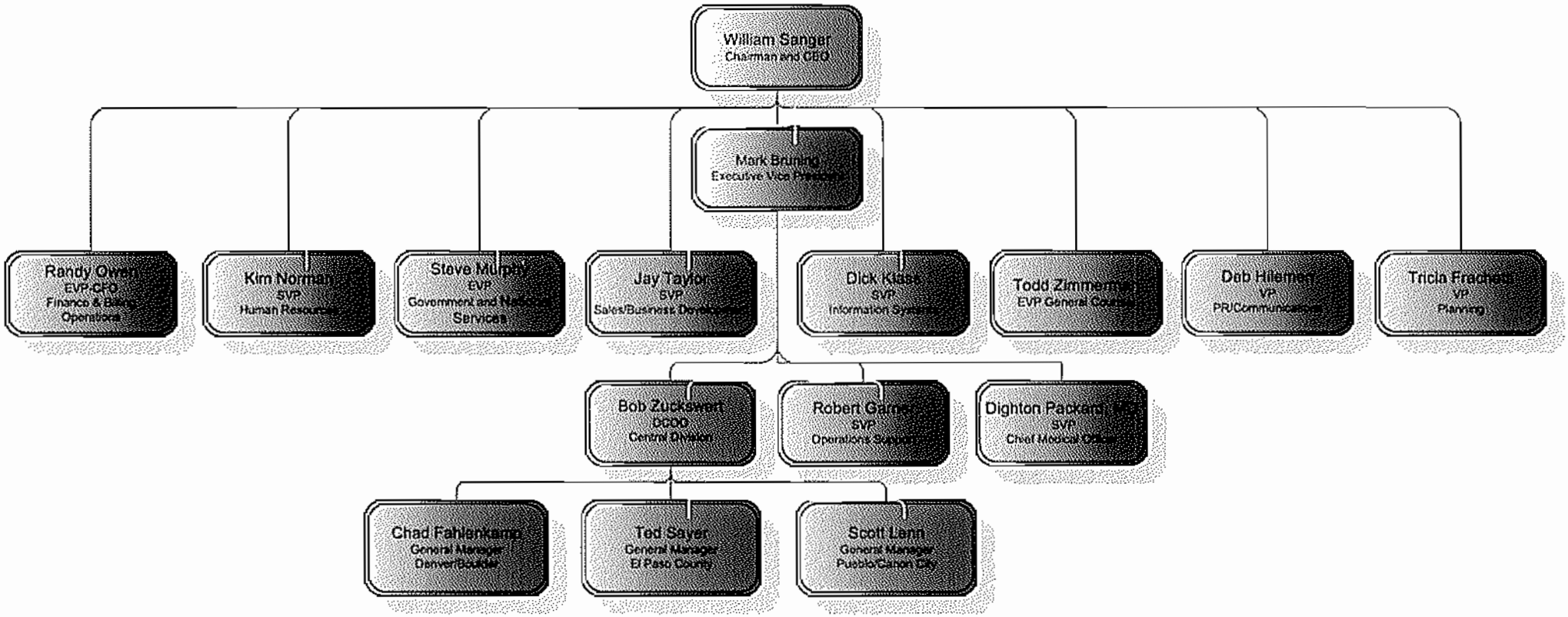
EMSC Corporate Organizational Chart

Monday, April 07, 2008



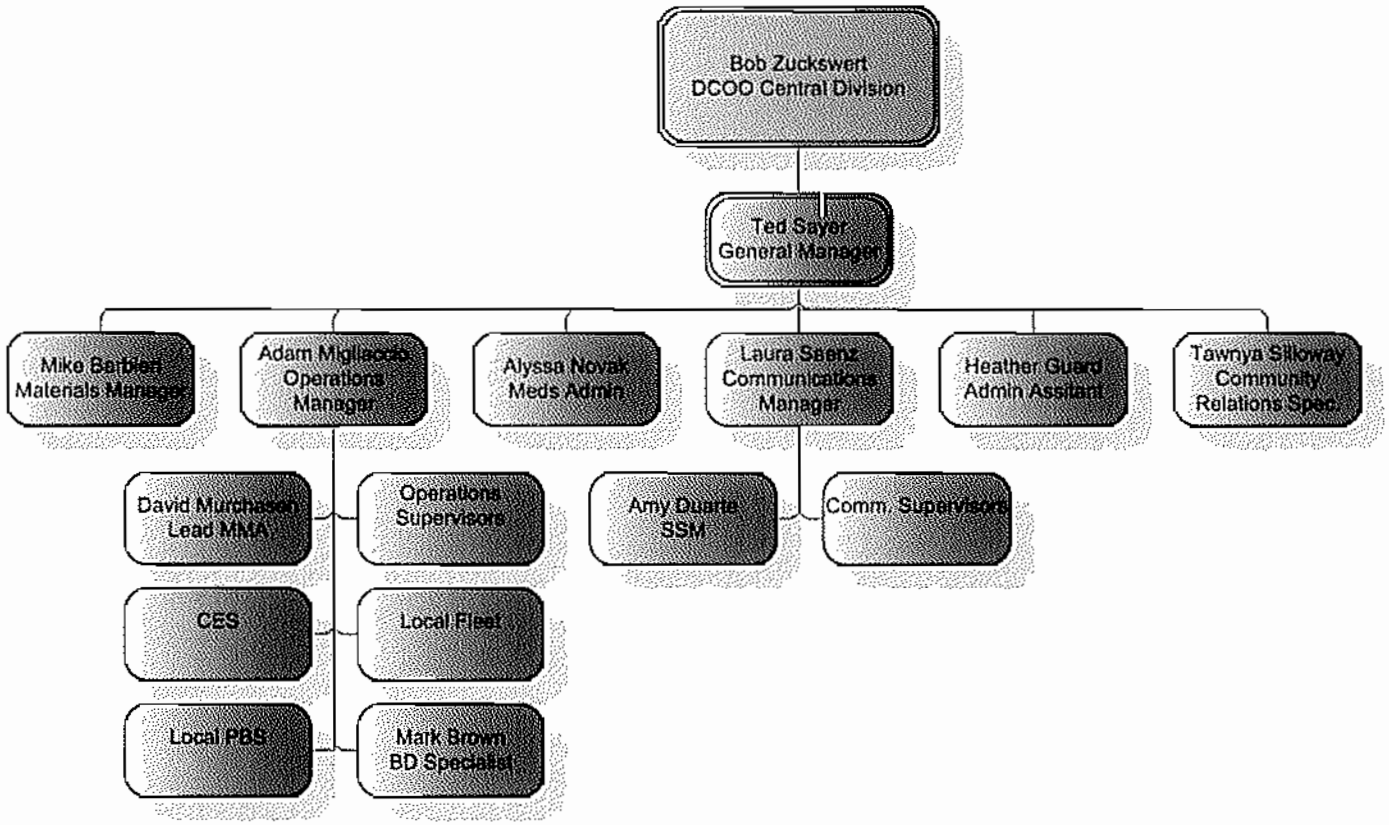
AMR Corporate Organizational Chart

Monday, March 31, 2008



Local Organizational Chart/AMR El Paso County

Monday, March 31, 2008



PERSONNEL

AMR El Paso County Paramedics..... 1
AMR El Paso County EMTs.....2
Job Descriptions.....3
EMSC Charitable Foundation.....4
AMR Chaplain.....5

EMT Paramedics	Expiration Date	Certification Number
Anderson, Sam	2/6/2009	41543
Anderson, William	12/6/2009	1730
Aragon, Mario	5/2/2009	41022
Armes, Jason	12/19/2010	1850
Baker, Edward	1/28/2010	2068
Baker, Jesse	6/6/2008	25054
Bauer, Chad	9/20/2009	22082
Bean, Merry	10/14/2008	2383
Bergland, Matthew	3/28/2009	2599
Buckner, Stephen	2/19/2010	3447
Callaway, Catherine	2/17/2011	28090
Campbell, Bradley	2/24/2009	23637
Carrico, Barton	8/16/2009	42862
Catanach, Jenny	7/14/2010	24480
Clowe, Jason	1/31/2011	4357
Cooper, William	8/10/2011	25638
Cooperrider, Christopher	7/17/2010	4634
Dienst, Elizabeth	6/17/2008	5491
Dillahunty, Brooks	7/16/2010	27236
Duthie, Meagan	1/23/2009	28021
Erickson, Chris	5/7/2009	613
Flynn, Ginger Anne	12/6/2010	23293
Force, Jeffery	3/13/2009	784
Garrett, Rob	8/15/2010	24635
Githara, John	11/25/2009	238
Good, Robert	6/10/2009	1014
Gross, Kevin	1/26/2010	43652
Gunter, Andrew	2/28/2010	44045
Hamilton, Dutch	3/14/2010	43855
Holdeman, Leelan	1/4/2009	41238
Holguin, Steven	10/12/2010	8984
Homan, Mark	5/10/2008	9052
Howe, Shawn	12/10/2008	21737
Humphreys, Seth	12/27/2009	29596
Iverson, John	2/22/2009	31832
Kent, Alan	6/22/2010	10151
Kent, Laura	2/5/2009	1022
Krull, Travis	12/15/2010	22965
Kucera, Mark	9/30/2008	10644
Kuykendall, Dale	10/3/2008	10697
Langley, Mike	7/30/2010	10828
Latimer, Thomas	2/25/2011	42326
Lynch, Daniel	2/1/2011	31858

Maddux, Walter	9/20/2008	27253
Manly III, Charles	10/15/2009	22503
Manly, Jennifer	5/11/2009	24081
McCune, Scott	5/23/2008	12208
McIntyre, Douglas	10/8/2010	12473
McLaughlin, James	10/27/2009	29756
Middleton, Amy	7/5/2008	26826
Miller, Scott	7/27/2008	27071
Mira, John	7/3/2008	12964
Moose, Kari	3/10/2011	13155
Olson, Dean	4/28/2010	30982
Olson, Jared	12/12/2009	28384
Oost, Michael	4/20/2008	14000
Orta, James	6/13/2009	14020
Orta, Kimberly	1/16/2010	30300
Osburn, Loy	10/4/2008	14047
Overholt, Ashley	8/20/2009	25092
Pearson, Sean	1/23/2009	14399
Peterson, Chad	3/24/2009	31506
Pitcher, Melissa	8/22/2010	23966
Pittman, Andrew	11/13/2008	14719
Pohlenz, Seth	1/6/2009	21000
Rickey, Troy	11/28/2009	31263
Roberds, Curtis	12/15/2008	15642
Rockhold, James	2/11/2011	45691
Romero, Heidi	5/16/2010	29942
Saenz, Theodore	5/2/2009	16140
Salsbury, Lynsey	3/8/2010	44130
Sayer, Ted	12/4/2010	16317
Schaefer, Kristina	2/28/2009	28242
Schallenberger, John	2/22/2010	28992
Schmitter, Joy	2/1/2010	1145
Shaffer, James	1/23/2011	16773
Shifflet, Casey	9/5/2008	16928
Shifflet, Tracey	1/21/2010	23221
Sines, Christine	2/23/2011	21724
Skinner, Kit	8/26/2008	40495
Spencer, Eric	5/26/2009	41991
Stalker, Douglas	12/9/2010	31956
Svoboda, Anthony	9/5/2008	27203
Tessier, Richard	12/4/2010	18233
Thompson, Larissa	5/12/2010	31143
Tyler, Joshua	2/25/2009	18615
Vigil, Lucas	11/25/2008	18903

Weatherford, Terry	12/22/2009	19286
Webb, Jonathan	3/23/2010	23325
Wermel, Elyze	10/31/2008	31632
Wesselink, Dennis	6/12/2011	19476
White, Jason	3/31/2011	19561
Wildhorse, Robert	1/6/2009	41017
Winefeldt, Jesse	7/20/2010	44368
Wright, Rachel	12/8/2009	21777
Young, Jeff	6/15/2010	20201
Zaugg, Terry	11/23/2009	20261
Zeigler, Danne	8/14/2008	27051

EMT Basics	Expiration Date	Certification Number
Alley, James	11/14/2008	31488
Anchondo, Denise	4/27/2010	44255
Anderson, Andrew	8/25/2010	31672
Arnold, Stephen	9/10/2010	44907
Barbieri, Michael	12/20/2010	2185
Berube, Jacquelynn	2/13/2009	41618
Brown, Corey	5/31/2009	42303
Brown, Mark	5/2/2008	3327
Campbell, Dan	12/9/2008	41235
Cass, Jared	10/5/2009	43268
Chambers, Steven	6/8/2010	31470
Covey, Mark	10/28/2008	26899
Creighton, Tawnya	7/27/2008	31819
Daniels, Rick	7/10/2008	5072
Depolo, Autumn	11/3/2010	31920
Douglas, Verena	10/3/2010	44962
Duthie, Chad	2/20/2010	23281
Ethridge, Laura	5/4/2008	6214
Frederick, Ryan	4/1/2011	40048
Frye, Jermaine	9/21/2010	31775
Gabrielli, Mikel	2/25/2010	30631
Gendron, David	5/2/2009	42167
Gibbs, Matthew	1/12/2009	41015
Goodrich, Chad	3/11/2011	41188
Griffith, Deborah	5/28/2010	7752
Hartkemeyer, Nick	6/8/2009	42541
Hinkle, Stephanie	12/28/2010	8871
Holmes, Micah	5/9/2009	41571
Humes, Margo	1/22/2009	20994
Johnson, Aaron	8/9/2008	9640
Kaiser, Adrian	5/16/2009	25949
Kofoed, Tanja	12/19/2010	25118
Koory, George	11/14/2009	43313
Krepfl, Martin	6/11/2008	10604
Krzemien, Wayne	4/5/2011	40044
Kunnary, Tyler	5/22/2010	30999
Lynch, Neal	1/24/2010	23049
Maddux, Douglas	9/27/2009	29312
Maestas, Erika	2/13/2009	27814
Magda, Leah	8/28/2010	24517
Marshall, Brian	7/16/2010	21690
Messenger, Tyler	6/9/2009	42067
Metz, Todd	3/30/2010	30800

Migliaccio, Adam	1/26/2010	43537
Miketa, Lindsey	3/9/2009	41438
Murchison, David	6/10/2008	26040
Nedorolik, Steve	11/1/2009	27120
Novak, Alyssa	9/12/2010	24642
Novak, Jeremy	3/21/2010	23389
Pemberton, Allan	8/27/2009	29359
Pennie, Melissa	6/30/2008	40188
Pieper, Nicholas	1/4/2009	41182
Post, Susan	3/23/2010	14826
Pyle, Michael	1/7/2010	30045
Radtke, Mark	6/21/2010	44339
Rhinehart, Gregory	5/12/2009	42370
Rhinehart, Terry	2/3/2009	41637
Roberts, Ben	4/6/2009	42088
Roderick, Krista	7/16/2010	24213
Rudolph, Adam	4/30/2010	23968
Sanfilippo, Brian	9/27/2008	40650
Silloway, Tawnya	1/10/2009	17027
Snyder, Nathan	2/16/2009	374
Steidinger, Justin	9/26/2008	27230
Sunday , William	9/12/2009	21157
Sutherland, Dawn	4/18/2009	42118
Talbot, Jessica	2/23/2010	30603
Taylor, Margaret	3/7/2009	41613
Thomson, Danielle	7/12/2010	44449
Thorpe, Garrett	7/13/2008	40120
Tomlinson, Daniel	11/10/2009	29831
Van der Merwede, Jeremy	12/19/2008	27554
Van Pelt, Robert	1/22/2009	27550
Villalva, Michael	8/5/2008	26852
Vrooman, Sabrina	4/17/2009	21091
Walters, Briann	2/24/2009	41802
Wells, Dana	9/20/2009	22390
Witherington, Donny	9/10/2010	19925
Wright, Craig	7/16/2010	24148
Zeigler, Tonya	8/16/2009	22191

AMERICAN MEDICAL RESPONSE
POSITION DESCRIPTION

POSITION TITLE:	General Manager	**FLSA STATUS:**	Exempt
DEPARTMENT:	Operations	**LOCATION:**	Atlantic Coast
REPORTS TO:	Divisional Chief Operating Officer	**DATE:**	1/01/07

SUMMARY: The purpose of this position is to provide strategic direction and management for a specific operating area. The Director of Operations must work to meet the financial objectives and support the business goals of the organization. Success can be realized by ensuring internal and external customer satisfaction, developing/retaining profitable market share, increasing non-acquisition growth, and promoting AMR's Vision and Guiding Principles.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Direct the development of the company financial, business development, fleet, communications center, clinical, customer relations, and operational goals, objectives, policies and procedures.
- Participate in the formulation of proposed performance expectations within the assigned operating areas. Monitors performance and takes immediate, proactive measures to align expenditures, business development strategies, etc. to achieve or exceed expectations.
- Develop operating and capital budgets and re-allocates resources on an on-going basis to optimize use of available resources.
- Formulate and balances short and long-term goals for the operating division which are consistent with the overall AMR strategic plan.
- Effectively communicate strategy, AMR Vision and Guiding Principles, and objectives to employees.
- Demonstrate internal and external customer service values and a respect for all team members
- Hire and promote a diverse workforce by monitoring employment decisions for consistency and fairness.
- Establish a motivating environment for an inexperienced workforce as well as for those who have considerable expertise.
- Develop the talent and skills of operational leadership team and other employees by offering training opportunities to increase the strength of the division and AMR as a whole.
- Monitor quality of personnel to ensure proper patient care.
- Ensure required standards of clinical care and provide support for appropriate technical upgrades.
- Adhere to all company policies and procedures.
- Anticipate changes in level of care and the current business environment and allocate resources to ensure timely and effective service delivery.
- Recognize employee efforts and celebrates successes.
- Act as a role model for teamwork and collaboration and set the expectation that employees will work collaboratively.

[illegible]

- Stay abreast of relevant and current business, market place and financial and profitability information.
- Keep current on various changing regulatory issues.
- Network to build, maintain, and nurture relationships with the appropriate political and community leaders and participants.
- Develop, implement, and monitor methods for ensuring customer satisfaction; including contract compliance.
- Prepare bids, negotiate and resolves issues associated with contracts, in a timely manner.
- Respond to critical issues personally to ensure appropriate media relations.
- Establish innovative approaches to bring new services to market.
- Report results and information to Divisional and Regional management and staff on a timely basis.
- Take initiative to generate mid-course corrections by adjusting plans, goals and objectives, utilizing all internal and external resources available, to meet profitability goals.
- Procure and provide appropriate resources (i.e., equipment, training, and people) to meet operational needs and support profitable growth and retention objectives.
- Make decisions which reflect an understanding of the various stakeholder perspectives.
- Establish and implement plans to grow revenues through increased market share and profitable contracting.
- Facilitate problem solving, within the legal boundaries, to reduce risk of litigation.
- Develop and maintain processes which monitor operations and provides timely warnings of business changes.
- Encourage employee involvement at all levels of the organization.
- Establish an environment which facilitates the prevention and effective resolution of unproductive conflict between employees.
- Negotiate, in accordance to NLRB standards, with union representatives on collective bargaining issues.
- Develop self through continuing education and training, thereby setting an example of continuous improvement.
- In a participative environment, develop action plans to meet goals, including setting priorities and conveying clear expectations.
- Monitor progress and provide useful feedback and coaching on performance. Monitor direct reports to ensure their feedback and coaching to their employees is appropriate.
- Champion initiatives for change.
- Promote excellence and quality improvement.

[illegible]

- Develop and promote processes for two-way communication between employees at all levels.
- Share information with others in the Division, other AMR operating companies, and Corporate, to increase the use of best practices.
- Performs other related duties as assigned.

MINIMUM QUALIFICATIONS:

Bachelor's degree in business, healthcare or appropriate field of study. Minimum of five years of general management experience, including financial management (profit and loss, budgeting) and employee supervision. Demonstrated, effective track record cultivating relationships with internal and external customer-base. Demonstrated progressive movement in career path. Driving record in compliance with AMR policy regarding insurability. The following qualifications are desired: marketing experience, experience with turnaround or start-up situations, experience in a service industry, and advanced educational degree (i.e., MBA). Effective oral, written, and interpersonal communication skills required

PHYSICAL REQUIREMENTS:

Frequently: Reading, walking inside, seeing.
Constantly: Hearing/listening, clear speech, sitting.

STRESS FACTORS:

Frequently: Intense tasks, busy environment.
Constantly: High pressure.

WORKING ENVIRONMENT:

Occasionally: Extended day.
Constantly: Works alone, with and around others, face-to-face and verbal contact, inside.

MENTAL REQUIREMENTS:

Frequently: Analyzing, decision making.
Constantly: Simple reading and writing, higher math and writing skills, clerical, memorization, perception/computation, problem solving, simple math skills, judgment, reasoning.

EQUIPMENT USED:

Occasionally: Terminal, facsimile, computer/typewriter, keyboard, stapler, 3 hole punch, calculator.
Frequently: Telephone, pager, cell phone.

[illegible]

DEPARTMENT HEAD APPROVAL SIGNATURE **DATE**

Print Name

I, _____ understand that it is my responsibility to read and understand this job description. I certify that I am qualified to perform the essential functions of the position, with or without reasonable accommodations. I further understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with American Medical Response is of an "at will" nature, which means that I may resign at any time and American Medical Response may discharge me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of American Medical Response.

EMPLOYEE SIGNATURE **DATE**

[illegible]

AMERICAN MEDICAL RESPONSE

POSITION DESCRIPTION

POSITION TITLE:	Operations Manager	**FLSA STATUS:**	Exempt
DEPARTMENT:	Operations	**LOCATION:**	Atlantic Coast
REPORTS TO:	General Manager	**DATE:**	12/30/03

SUMMARY: The purpose of this position is to manage the day-to-day operations of the facilities in order to meet the operating and strategic goals of the Division and the Company. The position has the authority to make necessary decisions, within the department, in lieu of the General Manager. The Operations Manager must work to meet the business objectives of the organization by insuring internal and external customer satisfaction, positive community relations, retaining profitable market share, driving non-acquisition growth and promoting AMR's values and guiding principles.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Analyze markets and develop plans which equal the supply of out-of-hospital healthcare services appropriately to meet customer demands.
- Ensure optimal service levels to agencies, hospitals, and the medical community. Analyze information regarding customer satisfaction, modify processes, and counsel employees to ensure high levels of customer service.
- Negotiate contract provisions and modifications. Participate in the resolution of issues with members of community and political groups and other agencies.
- Coordinate and participate in the selection and pre-placement process including, but not limited to testing, interviews, and offers of employment. Assist with field personnel recruitment through involvement in area EMS classes and career days.
- Demonstrate internal and external customer service values and a respect for all team members.
- Keep current on industry trends which have potential impact on the operation.
- Plan, control and monitor operating budgets for assigned areas of responsibilities.
- Participate in marketing activities and business development to increase revenues and decrease costs.
- Prepare and analyze financial and other data reports; make modifications to operations to contain costs.
- Direct and integrate clinical management.
- Design, implement and maintain processes to maximize quality of operations.
- Ensure compliance with AMR policies and procedures.
- Ensure continuous quality improvement through clinical management, communications center, and protocol interaction.
- Establish a program for disaster planning and take control of situations, as needed.

The statements in this document are intended to describe the general nature and level of work performed by individuals assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. This document is not a contract of employment. American Medical Response reserves the right to modify position descriptions, policies, or any other procedural documents at any time for any reason, without prior notice.

- Interact with other emergency relief providers, public and private.
- Establish goals and objectives for field operations based upon communicated goals and strategies for the Division, and clearly communicate these goals and objectives to the appropriate employees.
- Manage the recruitment, retention, development, and formal recognition of employees.
- Provide direction, clarity of expectations and coaching to supervision.
- Manage employee performance by setting and communicating standards, measuring results and providing feedback.
- Act as a resource to employees in resolving problems and increasing effectiveness.
- Ensure consistent and fair treatment of employees.
- Negotiate, in accordance to NLRB standards, with union representatives on collective bargaining issues.
- Role model appropriate behavior with regard to AMR Vision and Guiding Principles.
- Monitor and ensure compliance with OSHA, EEO, and other applicable local, state, and federal laws governing business and employee relations.
- Modify jobs or roles of supervisor and field employees to optimize resources, increase job satisfaction and employee development.
- Actively develop, train and promote quality and process improvement.
- Ensure effective, timely and cost-efficient contract administration.
- Volunteer in community activities to increase the image of the division and AMR.
- Adhere to all company policies and procedures.
- Share information with others in the division, other AMR operating companies, and Corporate, to increase the use of best practices.
- Monitor and make appropriate modifications in processes to manage success measures.
- Implement changes to integrate operational initiatives associated with organizational strategy.
- Ensure effective risk management (e.g., Workers' Compensation and safety) through proactive education and training programs and compliance with federal and state regulatory agencies.
- Manage inventory (including the fleet of vehicles) in a cost-effective manner.
- Perform other duties as assigned.

The statements in this document are intended to describe the general nature and level of work performed by employees assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. This document is not, nor shall it be construed to be, a contract of employment. American Medical [illegible] reserves the right to modify position descriptions, policies, or any other procedural documents at any time, for any reason, without prior notice.

MINIMUM QUALIFICATIONS

High School Diploma or GED. Bachelor's degree in business, healthcare or appropriate field of study, or equivalent experience preferred. Minimum of three years in general management experience, including financial management and employee supervision. Demonstrated effective track record cultivating relationships with internal and external customer-base. Minimum of two years emergency medical operations experience. Driving record in compliance with AMR policy regarding insurability. Effective oral, written, and interpersonal communication skills required.

PHYSICAL REQUIREMENTS:

Frequently: Reading, walking inside, seeing.
Constantly: Hearing/listening, clear speech, sitting.

STRESS FACTORS:

Frequently: Intense tasks, busy environment.
Constantly: High pressure.

WORKING ENVIRONMENT:

Occasionally: Extended day.
Constantly: Works alone, with and around others, face-to-face and verbal contact, inside.

MENTAL REQUIREMENTS:

Frequently: Analyzing, decision making.
Constantly: Simple reading and writing, higher math and writing skills, clerical, memorization, perception/computation, problem solving, simple math skills, judgment, reasoning.

EQUIPMENT USED:

Occasionally: Terminal, facsimile, computer/typewriter, keyboard, stapler, 3 hole punch, calculator.
Frequently: Telephone, pager, cell phone.

_____

DEPARTMENT HEAD APPROVAL SIGNATURE **DATE**

The statements in this document are intended to describe the general nature and level of work performed by employees assigned to this job. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. This document in no way constitutes a contract of employment. American Medical [illegible] reserves the right to modify position descriptions, policies, or any other documents at any time, for any reason, without prior notice.

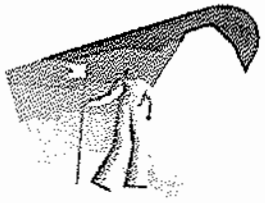
Print Name

I, _____ understand that it is my responsibility to read and understand this job description. I certify that I am qualified to perform the essential functions of the position, with or without reasonable accommodations. I further understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with American Medical Response is of an "at will" nature, which means that I may resign at any time and American Medical Response may discharge me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of American Medical Response.

_____ _____

EMPLOYEE SIGNATURE **DATE**

This document is not intended to be a contract and [illegible] document is for clarification. It is not intended to be construed as an offer of employment [illegible] of employment to [illegible]. This document is not a contract of employment. American Medical [illegible] reserves the right to modify position descriptions, standard or any other procedural documents at any time, for any reason, without prior notice.



AMERICAN MEDICAL RESPONSE
POSITION DESCRIPTION

JOB TITLE: Emergency (BLS) Driver
DEPARTMENT: Operations
REPORTS TO: Operations Manager

DATE: 1/1/2008
LOCATION: Hillsborough
FLSA STATUS: Non-Exempt

SUMMARY: The mission and purpose of this position are to compassionately deliver high quality service and basic patient care in a professional, caring and cost effective manner.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Inspects vehicle at beginning and end of shift according to established procedures.
- Complete appropriate parts of manifest.
- Reports and relays needed repairs, etc., to supervisor and maintenance personnel.
- Responsible for safe transport of patients and riders as defined by Mobil Medic's All-safe Driving Program.
- Assist medical personnel when necessary.
- Responsible for complete knowledge of the vehicle equipment and its proper use at all times.
- Upon arrival at destination, the driver must clean, restock BLS equipment and supplies before next transport.
- Does not use professional knowledge and skills in any enterprise detrimental to the Company or the public well being.
- Maintains strict patient confidentiality unless required by law to divulge such information.
- Responsible for upholding standards of practice and education.
- Adheres to standards of personal ethics, on and off duty, which reflect credit upon the profession.
- Refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.
- Must be able to work all shifts (i.e. nights, weekends, holidays)

NON- ESSENTIAL DUTIES AND RESPONSIBILITIES

- Perform other related duties as assigned.

MINIMUM QUALIFICATIONS

- High school diploma or equivalent (GED)
- Has no back problem, muscle problem, or other physical disability that would not allow the lifting and carrying of heavy weight.
- Has quick reflexes and superior safe driving ability.
- Has no established medical history or clinical diagnosis of epilepsy, rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease, or any other medical condition that may interfere with his/her ability to control and operate a motor vehicle or provide patient care.
- Has no established medical history or clinical diagnosis of uncontrolled diabetes mellitus.
- No emotional, mental nervous organic, or functional disorder likely to interfere with safe emergency driving or emergency care.
- No loss of fingers, impairment of use of foot, leg, fingers, hands, arms or other structural defects or limitations likely to interfere with sage emergency driving or emergency care.
- Has visual acuity of at least 20/40 (Snellen) in each eye, with corrective lenses and a field of vision in the horizontal meridian not less that a total of 140 degrees. Ability to distinguish traffic colors (red, green, amber). Hearing should be adequate in the better ear for conversational tones without the use of hearing aids.
- Most possess a current Florida class D drivers license with E endorsement
- Currently licensed as EMS driver
- CPR certified
- Full time employees must be available for recall in times of crisis.
- Must be at least 18 years old.
- Must be First Responder Certified.

STRESS FACTORS

Occasionally: Hazards, fatigue, patient care
Frequently: Repetitive tasks, high pressure, boredom, intense tasks

PHYSICAL REQUIREMENTS

- Lifting minimum of 200 lbs (175 lb patient / approximately 50 lb stretcher) with assistance from another qualified individual
- Lifting and moving a 50-75 lb stretcher with help of one qualified individual.
- Must be able to lift a 175 lb patient (in various positions, i.e., while lying on the floor, the bed, in an automobile, etc.)
- Due to the unpredictability of this type of organization, it is not always possible to guarantee meal and/or break periods. Therefore, this position must have no physical condition that would prohibit him/her from working 12 hours without a meal or break.
- Meet minimum requirements of DOT Physical and Physical Assessment.

WORKING ENVIROMENT

- Must be adaptive to work in all types of weather conditions, including, but not limited to, rain, snow, heat, etc.

MENTAL REQUIREMENT

- Able to drive in normal and adverse conditions.
- Skillful in thinking and acting quickly in stressful situations.
- Able to function around seriously ill or injured people in a responsible manner.
- Able to maintain harmonious relationships with employees, public safety personnel, and the general public under stressful situations.
- Skilled in use of locator aids to find specific locations (maps, compasses, directories, etc.)
- Has full knowledge of rules of the road for emergency and non-emergency situations.
- Able to drive in accordance with All-safe standards. Passes all driver examinations (written and road test).

MENTAL REQUIREMENT (cont.)

- Avoids driving infractions, on and off duty, in accordance with company and insurance guidelines.
- Conducts himself/herself in a professional manner while on duty and avoids inappropriate conduct, on and off duty, that may adversely affect the reputation of MMAS.
- Able to express self effectively to both medical and lay personnel orally and written in the English language.
- Skilled in the use of EMS call signs.
- Able to deal sympathetically with patients and others.
- Reflects the standards of professionalism in appearance with neatness and cleanliness.
- Has a good working knowledge of all company policies pertaining to this position.

_____

EMPLOYEE NAME (Please Print)

_____

EMPLOYEE SIGNATURE **DATE**

REVIEWED BY: _____

DEPARTMENT HEAD **DATE**

PREPARED BY: EAST REGION HUMAN RESOURCES DEPARTMENT

Operations: *PARAMEDIC*

Position Summary

Individuals in this position compassionately deliver high-quality service and both basic and advanced patient care in a professional, caring and cost-effective manner.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Be at least 18 years of age.
- Have a valid driver's license; driving record must be in compliance with AMR policy regarding insurability.
- Have a minimum of two years experience as an EMT.
- Have current state/national registry Paramedic certification.
- Have current BCLS, ACLS, PALS, BTLS OR PHTLS Provider certification.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The geography of the local area where you'll be operating.
- The basic tenets of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Assess each call situation to determine best course of action and appropriate protocol.
- Utilize medical equipment and procedures, including defibrillator, EKG monitor, oxygen and suction devices, intravenous fluids, CPR and other procedures and medications as required to carry out advanced life support functions.
- Develop and utilize triage skills to provide optimal efficiency during calls.
- Provide patient care according to clinical protocols and safety requirements.
- Lift and move patients as required to provide optimum care.
- Communicate and coordinate with receiving facilities, patients and their family members and Dispatch.
- Act as team leader and take responsibility for scene management as needed.
- Monitor and maintain the general condition of the unit, keeping it clean and stocked for optimal call response and in order to maintain AMR's public image.

- Document activities accurately and completely to ensure necessary information is available regarding each call.
- Drive the ambulance or provide navigation support to minimize response time.

General Skills

- Effective communication skills
- Organization skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Emergency Vehicle Operator Course (EVOC)
- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy (PFCA)

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ❑ AMR VHS: Transitional Duty

Documented Experiential Learning

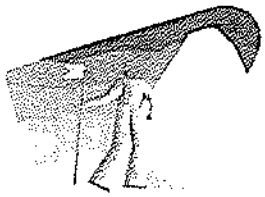
Under the supervision of a current Paramedic:

- ❑ Ride along and observe a Paramedic's duties for minimum of 20 runs.
- ❑ On the way to a minimum of 10 calls, verbally determine the best course of action and explain the appropriate protocol to follow.
- ❑ Act as the primary ALS provider on a minimum of 10 runs (ONLY if you are presently certified).
- ❑ Drive the ambulance on a minimum of 10 runs.
- ❑ Provide navigation support on a minimum of 10 runs.
- ❑ Take the patient's history on a minimum of 10 runs.
- ❑ Communicate the necessary details of a minimum of five runs to a registered nurse or a physician.
- ❑ Communicate the necessary details of a minimum of five runs to dispatch.
- ❑ Communicate the necessary details of a minimum of five runs to a patient.
- ❑ Communicate the necessary details of a minimum of five runs to a patient's family member(s).
- ❑ Clean the unit before and after a shift on a minimum of 10 runs.
- ❑ Complete a minimum of 10 PCRs.

With your Mentor

- ❑ Discuss the details of all current company contracts at your location.
- ❑ Discuss how the role of the Paramedic differs from the role of the EMT.
- ❑ Discuss the most commonly performed ALS activities at your location.

- ☐ Discuss strategies for learning how to navigate the geography of your area. Are there any geographical shortcuts that will help to reduce response time?
- ☐ Discuss the type of information you will need to convey to each party and how it differs.
- ☐ Discuss the procedures for performing a pre-trip and post-trip inspection of the emergency vehicle.
- ☐ Discuss the information that is documented on the PCR. Why is it important?
- ☐ Discuss your personal career goals.
- ☐ Ask questions as they arise.
- ☐ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.



American Medical Response
Position Description
Your Passport to Success!

Job Title: SCT Paramedic (specialty care transport) **Date:** 1 December 2007
Department: Operations **Status:** Non-Exempt
Reports To: Operations Manager

SUMMARY: The mission and purpose of this position are to compassionately deliver high-quality service and basic, as well as advanced patient care in a professional, caring and cost-effective manner.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Assess each call situation to determine best course of action and appropriate protocol.
- Utilize medical equipment and procedures including defibrillator, EKG monitor, oxygen and suction devices, intravenous fluids, CPR and other procedures and medications as required to provide advanced medical care.
- Develop and utilize triage skills to provide optimal efficiency during calls.
- Provide patient care according to clinical protocols and safety requirements.
- Lift and move patients as required to provide optimum care.
- Communicate with receiving facility to receive medical direction and to provide critical information.
- Communicate with patient and loved ones to provide information and assurance that care is being given, and to show compassion.
- Act as team leader and take responsibility for scene management as needed.
- Drive the ambulance or provide map reading support to minimize call response time.
- Keep current on certifications.
- Communicate with dispatcher to receive and understand call data and customer feedback.
- Monitor and maintain the general condition of the unit, keep it clean and stocked for optimal call response to maintain the image of AMR.
- Document activities completely to ensure appropriate information is available regarding each call.

NON-ESSENTIAL DUTIES AND RESPONSIBILITIES

- Perform other related duties as assigned

[illegible]

Minimum Qualifications

High school diploma or equivalent (GED). Must be at least 18 years of age. Possess a valid Driver's License. Current state/national registry Paramedic Certification. Current BLS, ACLS, PALS, BTLS OR PHTLS Provider Certification. Driving record in compliance with AMR policy regarding insurability. Some advanced education preferred. Some past work experience, preferably in healthcare desired. Effective oral, written and interpersonal communication skills.

Additional Qualifications Specialty Care Transport Paramedic (SCT-P)

In addition to the above minimum qualifications a SCT-Specialty Care Transport AMR certification class no less than 80 hours didactic inclusive of Neonatal Resuscitation Program (NRP) or equivalent, cardiac emergencies and advanced cardiac critical care homodynamic monitoring of central lines, arterial lines, interpretation of lab values to develop and continue clinical assessment, advanced respiratory assessment, ventilator set up and monitoring, chest tube management, tracheotomy management, alternative airway management any other course curriculum as deemed by the medical director.

STRESS FACTORS:

Occasionally: Hazards, fatigue, patient care

Frequently: Repetitive tasks, high pressure, boredom, intense tasks

PHYSICAL REQUIREMENTS:

Occasionally: Smelling.

Frequently: Lifting 200 lbs., kneeling, stooping, bending, leaning, flexibility, multiple physical activities performed at the same time (carrying multiple equipment while pushing on pram).

Constantly: Hearing/listening, clear speech, simple touching, walking (inside and outside), pushing, pulling, reaching, sitting, driving ambulance, seeing.

WORKING ENVIRONMENT:

Occasionally: Works alone, inside, confined areas noise other hazardous conditions (human excrement, blood, urine, mucous, tissue, asbestos)

Frequently: Electrical equipment.

Constantly: Works with others, face-to-face contact, verbal contact with others day, works outside shift work, extended hours.

MENTAL REQUIREMENTS:

Occasionally: Reading (simple and complex), writing (complex), memorization, analyzing, math skills (simple).

Frequently: Writing (simple), judgement, reasoning.

Constantly: Decision making,

[illegible]

EQUIPMENT USED:

Occasionally: Wheelchair, medications, monitor/defibrillator, suction equipment, airway equipment, Telephone, vacuum cleaner, cleaning equipment, protective devices, protective clothing.

Frequently: IV Supplies, bandaging, disposable supplies, durable equipment.

Constantly: Gurney, maps, pager, trauma bag/box.

EMPLOYEE NAME (PLEASE PRINT): _____

EMPLOYEE SIGNATURE: _____ _____
DATE

REVIEWED BY: _____ _____
DEPARTMENT HEAD DATE

PREPARED BY: AMERICAN MEDICAL RESPONSE HUMAN RESOURCE DEPARTMENT

Operations: *MANAGER*

Position Summary

Individuals in this role are responsible for overseeing day-to-day operations and ensuring that the core values, operating and strategic goals of AMR are all met at their location. The Manager of Operations must work to meet the business objectives of the organization by ensuring internal and external customer satisfaction and positive community relations, retaining profitable market share and driving non-acquisition growth.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED); bachelor's degree in business, healthcare or a related field of study strongly preferred.
- Have at least three years experience in general management, including financial management and employee supervision.
- Have at least two years experience in emergency medical operations.
- Have a demonstrated effective track record for cultivating relationships with internal and external customers.
- Have a valid drivers license; driving record must be in compliance with AMR policy regarding insurability.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- All local, state and federal employment laws and company policies.
- Current industry trends that have the potential to impact your operation(s).
- KPI Data Analysis.
- Financial statements.
- The details of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Demonstrate that internal customers are as valuable as external customers and project appreciation and respect for all team members.
- Analyze markets and develop plans that match the supply of out-of-hospital healthcare services with customer demands.
- Ensure optimal customer service levels to ancillary agencies, hospitals and the medical community; must be able to analyze information regarding customer

satisfaction, modify processes and counsel employees to ensure high levels of customer service.

- Negotiate contract provisions and modifications and participate in the resolution of issues with members of community and political groups and other third-party agencies.
- Plan, control and monitor operating budgets for assigned areas of responsibility.
- Participate in marketing and business development activities to increase revenues and decrease costs.
- Prepare and analyze financial and other data reports; make modifications to operations functioning to contain costs.
- Direct and integrate clinical management.
- Design, implement and maintain processes to maximize the quality of operations.
- Ensure compliance with AMR policies and procedures.
- Ensure continuous quality improvement through clinical management, communication and protocol interaction.
- Establish a program for disaster planning and take control of situations as needed during times of disaster.
- Interact with both public and private emergency relief providers as required.
- Establish goals and objectives for field operations based upon communicated goals and strategies for the region and clearly communicate these goals and objectives to the appropriate employees.
- Oversee the recruitment, retention, development, and formal recognition of employees.
- Provide direction, clarity of expectations and coaching to supervisory staff.
- Manage employee performance by setting and communicating standards, measuring results and providing feedback.
- Act as a resource to employees in resolving problems and increasing their effectiveness.
- Participate in the resolution of labor disputes and ensure effective relationships with union representatives.
- Ensure consistent and fair treatment of employees.
- Act as a role model of behavior that is demonstrative of AMR's vision and core values.
- Monitor and ensure compliance with OSHA, EEO and other applicable local, state, and federal laws governing business and employee relations.
- Modify jobs or roles of supervisor and field employees to increase job satisfaction and employee development.
- Actively develop, train and promote the use of work teams for process improvement.
- Ensure effective, timely and cost-efficient contract administration.
- Volunteer in community activities to increase the image of the division and AMR.

- Share information with others in the region, other AMR operating companies and members of the corporate office to increase the use of best practices.
- Implement changes to integrate operational initiatives associated with organizational strategies.
- Establish plans and implement specific actions to assist in the quick, effective integration of new companies into the AMR family during acquisitions.
- Ensure effective risk management (e.g., workers' compensation, safety) through proactive education and training programs.
- Manage inventory (including the fleet of vehicles) in a cost-effective manner.
- Administer the capital budget to ensure effective use of available resources.
- Travel as needed to assigned geographic areas of responsibility.

General Skills

- Supervisory/management skills
- Effective communication skills
- Organization skills
- Leadership skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Safety Leadership: Supervisory Education and Training
- ❑ AMR: Emergency Vehicle Operator Course (EVOC)
- ❑ AMR: Sexual Harassment Training for Leaders
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy (PFCA)
- ❑ DDI: Manager 201 Series

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University Supervisor Development Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University FTO Development Process
- ❑ AMR self-directed on-line: Management Information Platform (MIP)
- ❑ AMR VHS: Transitional Duty
- ❑ AMR process kit: Only the Best Recruiting Process
- ❑ AMR process kit: Employee Selection and Hiring Process

Documented Experiential Learning

Under the supervision of a current Operations Manager:

- ❑ Coordinate an informal recognition activity for field employees.
- ❑ Sit in on and observe a minimum of 10 meetings and resolve issues of customer service failure(s) (e.g., to patients, third-party facilities, hospitals, etc.)

- ❑ Sit in on and participate in at least three customer contract negotiations or re-negotiations.
- ❑ Sit in on and participate in at least 10 clinical management meetings held by the Operations Manager with the Supervisors.
- ❑ Analyze 10 financial or other data reports.
- ❑ Sit in on a minimum of three performance evaluation meetings with each Operation Supervisor and evaluate his/her ability to provide effective coaching and feedback. Then, provide your feedback to each Supervisor in a one-on-one feedback session.
- ❑ Establish a set of goals and objectives for the Operations team to achieve every three months for the next six months.
- ❑ Sit in on a minimum of three meetings with Union representatives.
- ❑ Coordinate and lead an AMR group volunteer activity in the community.
- ❑ Oversee the implementation of a safety and risk awareness campaign or activity for one quarter.
- ❑ Participate in budget planning and administration for a minimum of six months.
- ❑ Research a minimum of three current industry trends that have the potential to impact your operation(s) and present them to your Mentor.
- ❑ Travel with a current Operations Manager, when cost and geographically feasible, on a minimum of one visit to the NRC and one local meeting or conference.

With your Mentor

- ❑ Meet with primary customers through an introduction made by your Mentor.
- ❑ Discuss the details of all of the different types of company contracts offered at your location.
- ❑ Discuss the relationships and the types of interactions you'll most commonly have with patients, public safety agencies, training institutions, hospital personnel and other system users.
- ❑ Discuss the function of KPI reports.
- ❑ Discuss the function of monthly financial statements.
- ❑ Discuss current EMS industry trends and how they have the potential to impact your operation(s).
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Dispatch: *COMMUNICATION MANAGER*

Position Summary

Individuals in this role supervise, coordinate and prioritize all communication center activities. The Communication Manager is responsible for ensuring that AMR's high standards of performance and client needs are met, as well as ensuring that all contractual requirements are successfully integrated into the daily operations of the communication center. The Communication Manager has the authority to make necessary decisions in lieu of the Operations Manager.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED); bachelor's degree in business or a related field is preferred.
- Have a minimum of three to five years experience in the communication center; experience in a dispatch leadership role preferred.
- Have a minimum of three years experience in a high profile EMS system.
- Have experience in system status management, data entry, dispatching, call taking and CAD.
- Have the ability to effectively perform in a consistently high stress environment.
- Have strong personnel development and staff management skills.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The Medical Priority Dispatch System.
- Quality Assurance and Improvement techniques and metrics (e.g., AQUA and Pro/QA process improvement tools).
- Advanced system status management principles and all the details of the system status management plan at your location.
- Emergent and non-emergent triage protocols.
- All communication equipment in use in the Communication Center.
- The details of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Maintain AMR's system status plan and ensure departmental compliance by all communication center employees.
- Maintain employee performance levels consistent with departmental standards.

- Maintain a calm, non-emotional and professional attitude in the communications center at all times.
- Oversee all activities in the communications center to ensure that all contractual obligations of AMR are being met.
- Serve as the primary communication center contact and effectively manage all operational difficulties within the department.
- Identify, investigate and resolve service-related issues and systems problems.
- Participate in quality improvement activities; assists in maintaining compliance with all established customer service standards.
- Coordinate with the marketing department to implement and manage all fee for service contracts.
- Maintain departmental records and prepare written reports and summaries as requested.
- Facilitate the resolution of any problems arising between field and communication center employees.
- Oversee the development and implementation a Quality Assurance and Improvement processes in the communication center.
- Act as the primary representative of the communications department on assigned committees. Attend scheduled department meeting and training sessions.
- Effectively communicate with and motivate employees and promote a high level of morale.
- Effectively manage departmental conflicts and provides adequate follow-up.
- Disburse necessary information and implement all departmental and company policies and procedures.
- Develop and participate in programs designed to enhance AMR's community image.
- Oversee the development of all departmental goals and objectives.
- Monitor call accounting software to ensure proper use of staff and equipment.
- Maintain detailed knowledge of all service contracts.
- Review trade literature for pertinent information and relevant new technology to keep the call center current with the industry.

General Skills

- Superior communication skills
- Supervisory/management skills
- Leadership skills
- Organization skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Safety Leadership: Supervisory Education and Training
- ❑ AMR: Sexual Harassment Training for Leaders
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy
- ❑ DDI: Manager 201 Series

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ❑ AMR self-directed CD-ROM: L.E.A.D. University Supervisor Development Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ❑ AMR self-directed on-line: Management Information Platform (MIP)
- ❑ AMR VHS: Transitional Duty

Documented Experiential Learning

Under the supervision of a current Communication Manager:

- ❑ Prepare and complete all required paperwork (e.g., reports, etc.) for a minimum of three months.
- ❑ Provide oversight and coordinate the efforts of all communication center employees for a minimum of three months.
- ❑ Create a minimum of two programs or activities targeted at improving employee motivation, morale or customer service skills.
- ❑ Create a minimum of two programs or activities targeted at improving some aspect of employees' technical task proficiency (e.g., improved call time response, more efficient triage processing, etc.)
- ❑ Create a minimum of one program designed to enhance and promote AMR's community image.
- ❑ Consistently maintain calm, non-emotional, professional attitude at all times.
- ❑ Review trade literature for pertinent information and relevant new technology to keep the call center current with the industry; make a set of recommendations every three months for a minimum of six months.
- ❑ Develop and implement a set of Quality Assurance and Improvement goals for all employees in the communication center to strive to achieve.
- ❑ Perform weekly audits of all calls coming into the communication center for a minimum of three months. Take note of incidents of customer service or response time failure, inaccurate call routing and general insufficiencies in technical skills and make recommendations for improvement. Follow-up recommendations with actual strategies and activities targeted at improvement.
- ❑ Serve as the primary communication center contact and effectively manage all operational difficulties within the department for a minimum of three months.
- ❑ Participate in a minimum of three QA/QI professional development events (e.g., seminar, workshop, meeting, etc.)

With your Mentor

- ❑ Discuss the details of all service contracts at your location.
- ❑ Discuss the paperwork that must be completed for each shift, day, etc.
- ❑ Discuss strategies for maintaining a calm, non-emotional and professional attitude in the Communication Center at all times.
- ❑ Discuss the information you learned or found particularly interesting, challenging, etc. after each professional development activity. How were the activities different from one another? How were they similar?
- ❑ Attend all departmental meetings and training sessions.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Dispatch: *COMMUNICATION SUPERVISOR*

Position Summary

Individuals in this role maintain unit deployment and contract management, shift accountability, coordinate daily operations and develop and execute prescribed dispatch polices and procedures. The Communication Supervisor is responsible for coordinating, planning, organizing and directing the operation of the Medical Priority Dispatch system (MPDS), emergent and non-emergent triage protocols and all quality improvement processes. Individuals in this role conduct quality assurance and improvement case reviews, maintain transport data and coordinate all continuing education, remedial training and new EMD certification provided for the AMPDS program in the Communications Center.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Have a minimum of two years experience in the communication center.
- Have EMD-Q certification within six months of appointment to this position.
- Renew MPDS/EMD certification every two years.
- Have experience in system status management, data entry, dispatching, call taking and CAD.
- Have demonstrated technical knowledge of all communication equipment.
- Have the ability to effectively perform in a consistently high stress environment.
- Have the ability to focus on fine detail with constant interruption.
- Have the ability to wear and use a telephone headset.
- Have strong personnel development and staff management skills.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The Medical Priority Dispatch System.
- Quality Assurance and Improvement techniques and metrics (e.g., AQUA and Pro/QA process improvement tools).
- Advanced system status management principles and all the details of the system status management plan at your location.
- Emergent and non-emergent triage protocols.
- All communication equipment in use in the communication center.
- The details of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Manage the system status activities of all Communication Center employees on assigned shifts.
- Maintain detailed knowledge of all service contracts.
- Track calls to ensure scheduled times are met.
- Effectively communicate with and motivate employees.
- Monitor telephone etiquette, promptness of call receiving and call routing.
- Deal effectively with operational difficulties within the Communications Center and interact with the necessary parties to effectively resolve departmental issues and provide adequate follow-up.
- Maintains departmental records and reports as assigned.
- Manages and maintains AMR's system status plan and assures departmental compliance.
- Develop the skills and talents of all employees and ensure equal employment opportunities.
- Participate in and lead quality improvement activities and assist in maintaining compliance with all established customer service standards.
- Facilitate the resolution of any problems arising between field and Communication Center employees.
- Troubleshoot malfunctioning communication center equipment, perform minor repairs and report service calls to the appropriate repair vendors.
- Schedule employees in the communication center and assign shifts to address vacancies, sickness, vacation, etc.
- Prepare all written reports and summaries as requested.
- Maintain a calm, non-emotional and professional attitude in the communications center at all times.
- Maintain personal QA/QI competency and participate in professional development through continuing education, conferences and seminars.
- Maintain positive behaviors, approaches, attitude and commitment to interpersonal service toward customers, visitors and coworkers.
- Develop, monitor and implement efficient emergent and non-emergent triage processes.
- Ensure customer service standards are met through call review, customer relation meetings and serving as the customer's quality assurance liaison.
- Function as a Dispatcher (System Status Controller), when necessary.
- Formulate quality improvement plans in response to customer variances within the triage processes.
- Review clinical campaigns for appropriate disposition assignments.
- Coordinate Emergency Medical Dispatch training, continuing dispatch education development and remedial training by providing orientation and training to personnel, and organizing and maintaining all EMD personnel related QI and CDE records.

- Partner with the Communications Training Committee to ensure the compliance of MPDS standards and clearly outline the responsibilities of new employees.
- Coordinate with the NAEMD to monitor the status of all re-certification processes, including overdue or anticipated EMD certifications.
- Coordinate and organize EMD and triage projects, research and distribution of all QI data by organizing, filing and retrieving data.
- Serve on subcommittees, as necessary (e.g., Medical Dispatch Review committee, NAEMD committees, AMPDS steering committee, local, regional and State dispatch related committees or groups, etc.)
- Conduct case evaluations of a random selection of all calls, for review and measurement of protocol compliance. Provides feedback directly to the Communications Director and the physician advisor(s).
- Review trade literature for pertinent information and relevant new technology to keep the call center current with the industry.
- Develop, administer and implement Quality Assurance/Improvement projects, goals and objectives for the communications center.

General Skills

- Superior communication skills
- Supervisory/management skills
- Leadership skills
- Organization skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ☐ AMR: Safety Leadership: Supervisory Education and Training
- ☐ AMR: Sexual Harassment Training for Leaders
- ☐ AMR: Code of Conduct Training
- ☐ AMR: Blanchard Raving Fans Training
- ☐ AMR: Patient Focused Care and Advocacy (PFCA)
- ☐ DDI: Supervisor 101 Series

Self-directed Instruction

- ☐ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ☐ AMR self-directed CD-ROM: L.E.A.D. University Supervisor Development Series
- ☐ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ☐ AMR self-directed on-line: Management Information Platform (MIP)
- ☐ AMR VHS: Transitional Duty

Documented Experiential Learning

Under the supervision of a current Communication Supervisor:

- ❑ Provide oversight and coordinate the efforts of all Communication Center employees for a minimum of 30 shifts.
- ❑ Prepare and complete all required paperwork for a minimum of 30 shifts.
- ❑ Review a minimum of 25 late calls to determine the cause of response time failure and how to prevent it in the future.
- ❑ Create a minimum of one program or activity targeted at improving employees' customer service skills or phone etiquette.
- ❑ Create a minimum of one program or activity targeted at improving some aspect of employees' technical task proficiency (e.g., improved call time response, more efficient triage processing, Computer Dispatch education, etc.)
- ❑ Effectively manage, resolve and follow-up on a minimum of 10 incidents of customer service failure or internal service dispute.
- ❑ Develop and manage the shift schedule for all employees in the communication center for a minimum of three months.
- ❑ Consistently maintain calm, non-emotional, professional attitude at all times.
- ❑ Review all non-emergent triage processes and make a minimum of three suggestions for improvement.
- ❑ Fulfill all the responsibilities of a Dispatcher for a minimum of four shifts.
- ❑ Coordinate all Emergency Medical Dispatch training, continuing dispatch education development and remedial training for all Communication Center employees for a minimum of six months.
- ❑ Conduct Communication Center orientation and training for all new hires for a minimum of six months.
- ❑ Organize and maintain all EMD personnel related QI and CDE records for a minimum of six months.
- ❑ Review trade literature for pertinent information and relevant new technology to keep the call center current with the industry; make a set of recommendations every three months for a minimum of six months (e.g., "JEMS," "911," Homeland Security literature, tradeshows, etc.)
- ❑ Develop and implement a set of Quality Assurance and Improvement goals for all employees in the communication center to strive to achieve.
- ❑ Participate in a minimum of two QA/QI professional development events (e.g., seminar, workshop, meeting, etc. – "JEMS," "National Academy of Emergency Dispatch," EMS expo, etc.)

With your Mentor

- ❑ Discuss the details of all service contracts at your location.
- ❑ Discuss the paperwork that must be completed for each shift, day, etc.
- ❑ Discuss the system status plan at your location and how the plan ensures compliance with all contracts and regulations.
- ❑ Discuss issues of conflict that could arise between field operations and communication center employees and strategies for effectively resolving such issues.

- ❑ Discuss strategies for maintaining a calm, non-emotional and professional attitude in the communication center at all times.
- ❑ Discuss the information you learned or found particularly interesting, challenging, etc. after each professional development activity. How were the activities different from one another? How were they similar?
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Dispatch: *CALL TAKER/RECEIVER*

Position Summary

Individuals in this role answer calls from incoming field medical personnel and coordinate with other personnel to ensure each call receives the appropriate resources.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Have current EMT certification or the ability to become a certified EMT within one year from date of hire.
- Have current EMD certification of the ability to acquire EMD certification within six months from date of hire.
- Be computer literate or have equivalent Computer Aided Dispatch experience.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The Medical Priority Dispatch System.
- All communication equipment in use in the communication center.

Individuals in this role must possess the ability to:

Technical Skills

- Monitor, update and control the location of transfer units, using the color coded CAD unit.
- Receive and coordinate incoming situation-specific calls (e.g, aero-medical response, team response – NICU, PICU, etc.).
- Receive incoming emergency and non-emergency calls and promptly ascertain proper levels of response using the Medical Priority Dispatch System.

General Skills

- Superior communication skills
- Organization skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education

Documented Experiential Learning

Under the supervision of a current Call Taker:

- ❑ Take a tour of the communication center, focusing strictly on the equipment in use there and how to operate it.
- ❑ Receive and coordinate a minimum of ten incoming situation-specific calls (e.g, aero-medical response, team response – NICU, PICU, etc.)
- ❑ Receive a minimum of 50 incoming non-emergency calls and verbally ascertain the appropriate level of response.
- ❑ Receive a minimum of 100 incoming emergency calls and verbally ascertain the appropriate level of response.
- ❑ Monitor, update and control the location of transfer units, using the color-coded CAD unit for a minimum of 20 calls.
- ❑ Attend a seminar, workshop or participate in a self-directed program aimed at teaching the User to improve his/her computer typing ability (approximately 30 WPM)

With your Mentor

- ❑ Go over the system status management plan at your location and how it works with the Medical Priority Dispatch system.
- ❑ Discuss strategies for monitoring and controlling the location and movement of field units.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Clinical Education Services (CES):
FIELD TRAINING OFFICER (FTO)

Position Summary

Individuals in this role work closely with new field personnel who are still completing their introductory training and orientation at AMR. FTOs perform clinical performance evaluations, maintain exemplary field performance by acting as a role model for all field employees and act in the best interest of the profession, the patient and the company. Under the guidance of the CES Coordinator, the FTO also drives the Quality Improvement and Quality Assurance processes to ensure that the highest clinical standards are maintained at all times.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Have a minimum of three years experience as a field employee EMT-Paramedic.
- Demonstrate the ability to instruct others and possess excellent public speaking skills.
- Have current state/national registry Paramedic certification.
- Have a valid drivers license; driving record must be in compliance with AMR policy regarding insurability.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The geography of the local area where you'll be operating.
- The basic tenets of current company contracts at your location.
- Learning principles and how to coach the adult learner.

Individuals in this role must possess the ability to:

Technical Skills

- Evaluate and monitor new and current employees who desire to become a part of the field operations team, through a competency based criteria evaluation process.
- Maintain accurate and complete evaluation records for each employee joining the Operations team.
- Perform reviews of patient care reports under the direction of the CES Coordinator to ensure that the highest clinical standards are maintained and

make recommendations to the CES Coordinator for educational needs observed during the QA/QI review process.

- Perform ongoing field evaluations to ensure all protocols are being followed as outlined by the Medical Director.
- Perform any re-evaluation of field personnel who have demonstrated performance deficiencies.
- On a quarterly basis, develop, coordinate and present suggestions for monthly continuing education programs to members of the CES team for possible field training opportunities.
- Conduct retrospective peer chart reviews of patient records as required by the CES Coordinator.
- Attend department and staff meetings as required.
- Develop, encourage and maintain effective lines of communication with the communications center, first responders, law enforcement officers, patients and the patient's relatives.
- Refer difficult and conflicting interactive situations to the Operations Manager.

General Skills

- Effective communication skills
- Organization skills
- Leadership skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Emergency Vehicle Operator Course (EVOC)
- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy (PFCA)

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ❑ AMR self-directed CD-ROM: L.E.A.D. University FTO Development Process

Documented Experiential Learning

Under the supervision of a current Field Training Officer:

- ❑ Observe the evaluation of all phases of development of a minimum of three new field employees by an existing FTO.
- ❑ Independently monitor and evaluate all phases of development for a minimum of 10 new or current employees who are transitioning into field operations.
- ❑ Maintain complete and accurate evaluation records for each employee until each has been released to work autonomously.
- ❑ Review a minimum of 20 patient care reports to ensure the highest clinical standards are maintained; discuss incidents of service failure with your Mentor.

- ❑ For a minimum of six months, develop, coordinate and present suggestions for monthly continuing education programs to members of the CES team for possible field training opportunities.
- ❑ Attend a minimum of three department and staff meetings.

With your Mentor

- ❑ Discuss strategies for building rapport and developing an effective working relationship with a new employee.
- ❑ Discuss the criteria for evaluating the performance of the new employee.
- ❑ Discuss strategies for effectively maintaining employees' evaluation records.
- ❑ Discuss the most common incidents of clinical service failure at your location. How can they be resolved?
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Dispatch: *DISPATCHER (SYSTEM STATUS CONTROLLER)*

Position Summary

Individuals in this role answer calls and gather all the information necessary to fulfill service requests and are responsible for dispatching the appropriate emergency medical personnel based on response protocols and the needs of the run. Dispatchers are also responsible for processing requests by field crews for additional assistance and facilitating the flow of information between members of the administrative staff and field personnel.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED); bachelor's degree in communications or a related field preferred.
- Have a demonstrated knowledge of the local geography of the area; two years EMS field experience or one year EMS communication experience preferred.
- Have no significant loss of hearing.
- Have the ability to stay seated for long periods of time without relief.
- Have the ability to effectively perform in a consistently high stress environment.
- Have the ability to focus on fine detail with constant interruption.
- Have the ability to wear and use a telephone headset.
- Have the ability to type a minimum of 30 words per minute (WPM).
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The geography of the local area where you'll be operating, including area landmarks, all metropolitan areas, counties, fire districts, hospitals and extended care facilities.
- All communication equipment in use in the communication center.
- The basic tenets of current company contracts at your location.
- The basic principles of system status management and the plan at your location (the Medical Priority Dispatch System).
- Radio communication policies and standard terminology.

Individuals in this role must possess the ability to:

Technical Skills

- Utilize the system status plan to monitor and control the location and movement of field units.
- Monitor and immediately answer radios to ensure crew safety.
- Follow established polices for radio communications and terminology.
- Answer incoming phone lines and process the information in an accurate, timely and courteous manner.
- Enter data accurately and completely into the Medical Priority Dispatch System for all service requests.
- Follow established policies for caller interrogation, information gathering, Emergency Medical Dispatching, call triage and customer service.
- Effectively use and maintain the equipment located in the communications center to ensure efficiency.
- Perform minor repairs on communication center equipment.
- Participate in quality improvement activities in order to maintain compliance with all established customer service standards.
- Monitor and document response time exceptions and lost unit minutes.
- Investigate and report incidents of non-compliance with response time standards.
- Maintain positive behaviors, approaches, attitude and commitment to outstanding interpersonal service to customers, visitors and coworkers.
- Follow the system status plan at their location to ensure adequate level of response and unit deployment.
- Make recommendations for system enhancement, when necessary.
- Maintain a calm, non-emotional and professional attitude in the communications center at all times.
- Assist responding units with geographically accurate routing instructions, as necessary.

General Skills

- Exemplary communication skills
- Organization skills
- Basic computer proficiency
- Advanced typing skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training

- ❑ AMR: Patient Focused Care and Advocacy

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education

Documented Experiential Learning

Under the supervision of a current Dispatcher:

- ❑ Ride along on a minimum of 10 different calls with different members of the Field Operations team.
- ❑ Take a tour of the Communication Center, focusing strictly on the equipment in use there and how to operate it.
- ❑ Answer a minimum of 200 calls in the Communication Center from all incoming phone lines (i.e., emergency, non-emergency, staff/outside agency).
- ❑ Learn all the functions of the Medical Priority Dispatch System (MPDS) and enter data into the system for a minimum of 100 calls. Listen to and audit a minimum of 15 of your calls.
- ❑ Independently address and fix a minimum of five minor Communication Center equipment malfunctions.
- ❑ Come up with a minimum of three quality improvement activities targeted at maintaining compliance with and improving on established customer service standards.
- ❑ Monitor and document response time exceptions and lost unit minutes for a minimum of two months. Complete an Exception Report for every incident and discuss it with your Mentor.
- ❑ Consistently maintain a calm, non-emotional and professional attitude in the Communication Center.
- ❑ Consistently provide geographically accurate routing instructions to responding units, as necessary.
- ❑ Attend a seminar, workshop or participate in a self-directed program aimed at teaching the User to improve his/her computer typing ability (30 WPM).

With your Mentor

- ❑ Go over the details of all current company contracts at your location.
- ❑ Go over the system status management plan at your location and how it works with the Medical Priority Dispatch system.
- ❑ Discuss strategies for monitoring and controlling the location and movement of field units.
- ❑ Discuss standard operating procedures for radio communication and commonly accepted and used terminology.
- ❑ Discuss established practices for caller interrogation, information gathering, Emergency Medical Dispatching, call triage and customer service.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Fleet Services: *FLEET MAINTENANCE MANAGER*

Position Summary

Individuals in this position complete all repairs, preventative maintenance and prescribed maintenance services on AMR company vehicles. The Fleet Maintenance Manager directs the daily workflow within the shop and is responsible for ensuring that accurate records are maintained for all services and repairs completed on each vehicle. They are also responsible for alerting the Fleet Maintenance Director for any suspected or confirmed abuse of company vehicles or equipment and supporting the safety and risk department in areas of vehicle operations.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Have a minimum of two years experience in a supervisory role.
- Have a basic understanding of inventory management, vendor relations and vehicle maintenance scheduling practices.
- Have a working knowledge of Microsoft Word and Excel software programs.
- Have effective oral, written and interpersonal communication skills.
- Have strong organizational skills and experience managing multiple projects, prioritizing and meeting deadlines.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- Principles of inventory management.
- Vehicle maintenance scheduling practices.
- All local, state and federal laws, rules and regulations pertaining to EMS operations.

Individuals in this role must possess the ability to:

Technical Skills

- Supervise the daily activities going on in the Maintenance department, including scheduling, supply/inventory and the fleet maintenance services being performed by other maintenance technicians.
- Develop and implement systems designed to increase efficiency in areas such as maintenance, scheduling, supply/inventory, etc.
- Achieve the yearly financial objectives of the Fleet Services department through planning, directing, controlling, implementing, evaluating, monitoring, and forecasting as needed to meet budgetary goals.

- Review all incidence of equipment or vehicle failure and notify the appropriate points of contact as necessary to resolve the situation(s).
- Develop an annual plan to establish maintenance schedules and operating standards for all fleet equipment/vehicles.
- Ensure compliance with outside regulatory agencies regarding equipment and supply standards.
- Assist the safety and risk department with issues involving collisions with company vehicles.
- Respond to ambulance calls as requested by the Operations Supervisor or Manager in disaster situations or extraordinary circumstances.
- Attend and participate in all required continuing education programs.
- Act as a liaison between the Director of Operations or Operations Manager and allied agencies as necessary.
- Review and recommend the vehicles selected for replacement and assists in developing vehicle replacement schedules; coordinate the receipt, delivery and preparation of new vehicles for deployment.
- Assist the Director of Operations with vehicle procurement, design, specifications and vendor communications.
- Analyze mechanical and operations problems vehicles in AMR's fleet. Consider input from other employees in the Fleet Services department and recommendations and take corrective action as appropriate.
- Inspect and review the overall condition company vehicles on a routine basis to ensure compliance with AMR standards for fleet appearance, safety and performance and compliance with regulatory agency specifications.
- Routinely inspect vehicle service work areas and procedures to maintain workplace safety; report any safety concerns to the Director of Safety with suggestions for resolving each issue.
- Prepare and compile various periodic reports and documents for review and analysis by executive staff members.

General Skills

- Supervisory/management skills
- Effective communication skills
- Organization skills
- Leadership skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Safety Leadership: Supervisory Education and Training
- ❑ AMR: Emergency Vehicle Operator Training Course (EVOC)
- ❑ AMR: Sexual Harassment Training for Leaders
- ❑ AMR: Code of Conduct Training

- ❑ AMR: Blanchard Raving Fans Training
- ❑ DDI: Manager 201 Series

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ❑ AMR self-directed CD-ROM: L.E.A.D. University Supervisor Development Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ❑ AMR VHS: Transitional Duty

Documented Experiential Learning

Under the supervision of a current Fleet Maintenance Manager:

- ❑ Observe the daily activities going on in the Maintenance department for a minimum of six months.
- ❑ Create the daily maintenance schedule, using the Status Log, for the vehicles at your location for a minimum of six months.
- ❑ Maintain the inventory and re-ordering of all necessary supplies for a minimum of six months.
- ❑ Review the monthly departmental budget and financial objectives for compliance for a minimum of six months; report incidence of overage and opportunities to increase efficiency to the Director of Operations.
- ❑ Review all incidents of equipment or vehicle failure as they occur and appropriately resolve each situation for a minimum of six months.
- ❑ Work with the safety and risk department on resolving all vehicular collisions (a minimum of three) involving AMR company vehicles or property.
- ❑ Attend and participate in a minimum of two continuing education or professional development activities (e.g., Microsoft Office, business course, ASE or EVT, etc.)
- ❑ Review the vehicles in the fleet at your location and make recommendations for the selection of vehicles to be replaced.
- ❑ Research new vehicle procurement, design specifications and potential vendors of new EMS vehicles and submit your recommendations to the Director of Operations.
- ❑ Monitor and maintain compliance with all state, local and environmental regulations for a minimum of six months.
- ❑ Prepare all periodic reports and documents for a minimum of six months.

With your Mentor

- ❑ Discuss any scheduling strategies for ensuring that shifts are rotated fairly or that facilitate the process of creating employee schedules.
- ❑ Review and discuss the budget and financial objectives in place in the Maintenance department and how to achieve them.
- ❑ Review and discuss any compliance rules and/or regulations required at your operation by third party companies, or local, state and federal governmental agencies.
- ❑ Review and discuss the current preventative maintenance schedule and all operating standards in place at your location.

- ❑ Discuss the criteria for selecting vehicles for replacement.
- ❑ Discuss any formal or informal tracking and ordering system(s) in place at your location for maintaining an adequate supply of maintenance supplies.
- ❑ Discuss the paperwork process and all necessary reports and documentation that must be completed on a regular basis.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Human Resources (HR): *HR GENERALIST*

Position Summary

Individuals in this position facilitate human resources activities at the National Resource Center (NRC), including affirmative action administration, staffing and selection, compensation, training and performance management. The HR Generalist works in partnership with other functional leaders and the National HR team to ensure that human resource activities support AMR's Vision and Core Values.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED); bachelor's degree in human resources or equivalent HR Generalist work and SPHR certification preferred.
- Have a minimum of three years experience in recruitment/selection, affirmative action plan administration, development of staffing models and employment law application.
- Have specialized knowledge of commonly used concepts, practices and policies within the HR field.
- Have demonstrated leadership skills.
- Have advanced computer skills, including working knowledge of Microsoft Office software package.
- Have well developed management skills.
- Have the ability to type a minimum of 40 words per minute (WPM).
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- Commonly used concepts, practices and policies within the HR field, including:
    - Recruitment
    - Selection
    - Affirmative Action
    - Staffing models
    - Employment laws
- Microsoft Office software package.

Individuals in this role must possess the ability to:

Technical Skills

- Study legislation, arbitration decisions and collective bargaining contracts to assess industry trends.
- Complete region-wide applicant, promotion, transfer and new hire affirmative action logs in a timely and accurate fashion.
- Develop cost-effective recruitment strategies based on needs analysis and business and departmental goals.
- Conduct recruiting for various positions and partner with appropriate agencies, newspapers, etc. as necessary to facilitate the recruitment process.
- Ensure the compliance of department leaders with the recruitment process.
- Review resumes and applications to determine a pool of viable candidates for a particular position, as necessary.
- Set-up and coordinate interviews with employment candidates and departmental leaders.
- Conduct wage surveys within labor market to determine competitive wage rates for all open positions and administer salary programs to ensure compliance and equity within the organization. Must be able to make and justify recommendations to local management team(s).
- Conduct job analysis to determine the appropriate salary level for particular positions according to compensation guidelines and policies formulated by the NRC Compensation Team. Must develop and maintain any related position descriptions.
- Promptly acknowledge receipts of applicants' resumes and applications via response cards.
- Ensure all aspects of the recruitment process comply with the affirmative action reporting plan, such as documented interview notes, etc.
- Extend verbal and written offers of employment based on the Hiring Manager's approval.
- In conjunction with local management, develop effective relationships with representatives of local paramedic schools, in order to foster community relations and generate applicant flow.
- Identify legal requirements and government reporting regulations affecting human resource functions and ensure policies, procedures and reporting are in compliance.
- Advise members of the management team on issues regarding employee relations in order to consistently improve employee morale and productivity, while being supportive of company policies.
- Work with the Manager of HR to maintain an effective employee recognition program that inspires employee commitment to individual and organizational success.
- Assist in HR investigations, as needed.

- Develop and maintain contacts with educational institutions, minority and women-owned agencies, employment agencies, placement firms and other applicant sources.
- Consult legal counsel as necessary to ensure that HR practices comply with federal and state laws.
- Maintain personnel records that document transactions such as hires, promotions, transfers, performance reviews, terminations and employee statistics for government reporting.
- Work with the Manager of HR to assess the capabilities of members of the management team and conduct leadership training in performance coaching, conflict resolution, recruitment and selection, sexual harassment prevention, etc. In addition, may function as a Center for Excellence/DDI Facilitator.
- Mentor employees, conduct performance evaluations when necessary, counsel and provide disciplinary actions to assigned personnel as required.
- Follow Information Systems security policies and procedures and report security problems as they arise.

General Skills

- Management skills
- Effective communication skills
- Leadership skills
- Organization skills
- Advanced computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ☐ AMR: Sexual Harassment Training
- ☐ AMR: Code of Conduct Training
- ☐ AMR: Blanchard Raving Fans Training

Self-directed Instruction

- ☐ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ☐ AMR process kit: Only the Best Recruiting Process
- ☐ AMR process kit: Employee Selection and Hiring Process

Documented Experiential Learning

Under the supervision of a current HR Generalist:

- ☐ Study a minimum of five HR-related legislation or arbitration decisions and collective bargaining contracts to assess current industry trends. Make a presentation to your Mentor about your findings.
- ☐ Develop and implement a minimum of three new cost-effective recruitment strategies.

- ❑ Review resumes and applications to determine a pool of viable candidates for a minimum of three open positions. Promptly acknowledge the receipt of all applicants' resumes and applications with a response card.
- ❑ Extend verbal and written offers of employment (based on the Hiring Manager's approval) for a minimum of five positions.
- ❑ Work with the Manager of HR on HR budget planning for the next fiscal year.
- ❑ Set-up, coordinate and observe interviews with employment candidates and departmental leaders for a minimum of three months.
- ❑ Conduct job analyses on a minimum of three positions at AMR, followed by wage surveys within the labor market to determine competitive wage rates for a minimum of three open positions.
- ❑ Make a minimum of three recommendations to members of the management team on issues regarding employee relations, in order to consistently improve employee morale and productivity.
- ❑ Work with the Manager of HR for a minimum of three months to monitor the effectiveness of the employee recognition program in your assigned territory.
- ❑ Assist the Manager of HR on a minimum of five HR-related investigations.
- ❑ Assist in the preparation of a minimum of five unemployment hearings.
- ❑ Maintain personnel records that document transactions such as hires, promotions, transfers, performance reviews, terminations and employee statistics for government reporting for a minimum of three months.
- ❑ Work with the Manager of HR to assess the current capabilities of members of the management team and make recommendations on the need to conduct leadership training in performance coaching, conflict resolution, recruitment and selection, sexual harassment prevention, etc.
- ❑ Assist in the orientation process of a minimum of three new employees to the HR department.
- ❑ Sit in on and observe a minimum of three employee performance evaluation sessions.

With your Mentor

- ❑ Discuss applicant, promotion, transfer and new hire affirmative action logs.
- ❑ Discuss the agencies, newspapers and other resources you will commonly work with to complete recruitment functions. For what positions is each resource most appropriate? What are the differences between each?
- ❑ Discuss and thoroughly review the company's affirmative action plan.
- ❑ Through an introduction from your Mentor, meet with representatives of local paramedic schools, in order to foster community relations and generate applicant flow.
- ❑ Through an introduction from your Mentor, meet with contacts from educational institutions, minority and women-owned agencies, employment agencies, placement firms and other applicant sources.
- ❑ Discuss the HRIS in use at your operation and make a minimum of three suggestions to your Mentor on how the system could better meet the HR, leadership and regulatory needs of the company.

- ❑ Discuss the legal requirements and government reporting regulations affecting human resource functions and strategies for ensuring compliance.
- ❑ Discuss how the responsibilities of the HR Generalist are related to Information Systems security.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Human Resources (HR): *HR MANAGER*

Position Summary

Individuals in this position plan, coordinate and implement HR strategies that support the individual assigned operation locations, their region, national HR initiatives and AMR's Vision and Core Values. The HR Manager performs activities related to performance management, compensation administration, leadership development and affirmative action compliance, among others. Individuals in this position work closely with the local management teams to foster teamwork and support of HR related processes.

Minimum Qualifications

You must:

- Have a bachelor's degree in human resources or business; Management Certification or Professional in Human Resources Certification (PHR) preferred.
- Have a minimum of four years experience as an HR Generalist, including experience in performance management, staffing, compensation administration, safety and risk management, learning and development, EEO/harassment prevention, affirmative action administration and employment law; A minimum of two years of labor relations experience, including grievance handling, preferred.
- A minimum of two years experience developing and implementing successful HR strategies; a minimum of two years in a HR leadership role for multiple sites preferred.
- Have a working knowledge of Microsoft Office software package.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- Commonly used concepts, practices and policies within the HR field, including:
    - Recruitment
    - Selection
    - Affirmative Action
    - Staffing models
    - Employment laws
- Microsoft Office software package.

Individuals in this role must possess the ability to:

Technical Skills

- Working with the Vice-president of HR, prepare the HR budget for assigned locations.
- Manage all aspects of labor relations including facilitating communication, grievances, investigations, negotiations, etc.
- Facilitate new hire orientation to support AMR's Vision and Core Values, outline employee responsibilities, etc.
- Identify legal requirements and government reporting regulations affecting human resources functions and ensure policies, procedures and reporting are in compliance.
- Advise members of the management team on issues regarding employee relations in order to consistently improve employee morale and productivity, while being supportive of company policies.
- Work with HR Managers and Supervisors to maintain an effective employee recognition program that inspires employee commitment to individual and organizational success.
- Conduct HR investigations and represent the organization in legal matters relating to personnel issues.
- Conduct annual salary surveys for positions in the PBS, Operations and Dispatch functional areas to ensure competitive pay. Advise management on compensation actions for employees. Review and approve salary increases permitted within budgetary limits and according to established compensation policies.
- Develop and maintain contacts with educational institutions, minority and women-owned agencies, employment agencies, placement firms and other applicant sources.
- Study legislation, arbitration decisions and collective bargaining contracts to assess industry trends.
- Consult legal counsel as necessary to ensure that HR practices comply with federal and state laws.
- Maintain an HRIS that meets HR, leadership and regulatory needs.
- Maintain personnel records that document transactions such as hires, promotions, transfers, performance reviews, terminations and employee statistics for government reporting.
- Manage employee leaves of absence to ensure compliance with federal, state, and company guidelines.
- Direct the work of the HR subordinates on duties such as HRIS data entry, record maintenance, payroll inquiries, etc.
- Conduct performance coaching, etc to ensure effective performance of HR staff.
- Provide oversight of employee separation notices and related documentation, and exit interviews to determine reasons behind voluntary separations. Using

this feedback, develop comprehensive solutions that reduce attrition and increase employee morale.

- Maintain all required statistical data, logs, and other reports to ensure compliance with affirmative action regulatory requirements.
- Update and implement annual affirmative action plans and conduct related annual training with members of the leadership team on how to meet annual affirmative action goals.
- Work with the Vice-president of HR to assess the capabilities of members of the management team and conduct leadership training in performance coaching, conflict resolution, recruitment and selection, sexual harassment prevention, etc. In addition, may function as a Center for Excellence/DDI Facilitator.
- Advise fellow Managers and local Supervisors as they assess performance standards and outcomes of line employees, which includes developing and conducting comprehensive action plans to facilitate improvement. Plans may include, but are not limited to, training, mentoring, formal counseling, etc.

General Skills

- Management skills
- Effective communication skills
- Leadership skills
- Supervisory skills
- Organization skills
- Advanced computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Safety Leadership: Supervisory Education and Training
- ❑ AMR: Sexual Harassment Training for Leaders
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ DDI: Manager 201 Series

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University Supervisor Development Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ❑ AMR process kit: Only the Best Recruiting Process
- ❑ AMR process kit: Employee Selection and Hiring Process

Documented Experiential Learning

Under the supervision of a HR Manager:

- ❑ Work with the Vice-president of HR on HR budget planning for the next fiscal year.
- ❑ Manage all aspects of labor relations including facilitating communication, grievances, investigations, negotiations, etc. for a minimum of six months (if your location is represented by a union).
- ❑ Facilitate new hire orientation for all employees for a minimum of three months.
- ❑ Make a minimum of three recommendations to members of the management team on issues regarding employee relations, in order to consistently improve employee morale and productivity.
- ❑ Work with other internal customers for a minimum of three months to maintain the employee recognition program.
- ❑ Act as a subject matter expert (SME) for a minimum of five complex, higher stakes HR-related investigations and represent the organization in legal matters relating to personnel issues (e.g., higher liability cases such as sexual harassment, substance abuse, injury to a patient, violence, etc.)
- ❑ Conduct the annual salary surveys for positions in the PBS, Operations and Dispatch functional areas to ensure competitive pay. Make recommendations to management on compensation actions for employees.
- ❑ Study a minimum of five HR-related legislation or arbitration decisions that took place in the last six months to assess current industry trends. Make a presentation to your Mentor about your findings.
- ❑ Study a minimum of five HR-related legislation or arbitration decisions and collective bargaining contracts to assess current industry trends. Make a presentation to your Mentor about your findings.
- ❑ Supervise and direct the work of the HR subordinates for a minimum of three months on duties such as HRIS data entry, record maintenance, payroll inquiries, etc.
- ❑ Sit in on and provide feedback on a minimum of six employee performance evaluation sessions.
- ❑ Sit in on all voluntary employee exit interviews for a minimum of six months. Based on the feedback, make three suggestions to your Mentor for comprehensive solutions for reducing attrition and increasing employee morale.
- ❑ Work with the Vice-president of HR to assess the current capabilities of members of the management team and make recommendations on the need to conduct leadership training in performance coaching, conflict resolution, recruitment and selection, sexual harassment prevention, etc.

With your Mentor

- ❑ Discuss the legal requirements and government reporting regulations affecting human resource functions and strategies for ensuring compliance.
- ❑ Through an introduction from your Mentor, meet with contacts from educational institutions, minority and women-owned agencies, employment agencies, placement firms and other applicant sources.

- ❑ Discuss the HRIS in use at your operation and make a minimum of three suggestions to your Mentor on how the system could better meet the HR, leadership and regulatory needs of the company.
- ❑ Discuss and thoroughly review the company's affirmative action plan. What steps must be taken in order to ensure compliance?
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Fleet Services: *MECHANIC*

Position Summary

Individuals in this position work under the supervision of the Lead Mechanic and the Fleet Manager. The Mechanic works according to his or her level of certification, performing mechanical repairs and routine maintenance on all company vehicles, as well as all emergency repairs and necessary roadside work. Individuals in this position must work to create and promote safe working conditions and a skilled shop environment, while at the same time being available to answer the questions of both field personnel and supervisors.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Have a valid driver's license; driving record must be in compliance with AMR policy regarding insurability.
- Have certification in Freon recovery and charging or be able to acquire it within 90 days of hire.
- Be available for rotating shift work as necessary.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- Advanced mechanical principles and procedures.
- Basic principles of inventory management.
- The differences between diesel and gasoline operated vehicles and the knowledge necessary to maintain each.

Individuals in this role must possess the ability to:

Technical Skills

- Perform mechanical service on all company vehicles, including preventative maintenance, roadside service and emergency repairs.
- Thoroughly complete all necessary paperwork to ensure the adequate documentation of all vehicle maintenance and repairs.
- Create and promote an environment conductive to safety for all shop personnel.
- Assess risk(s) to self and others to determine if work environment and equipment is in compliance with set precautions and approved safety standards.
- Track and maintain the stock of mechanical equipment and supplies at your location and re-order as necessary.

- Assist other shop personnel and coordinate with the Lead Mechanic and Fleet Manager as necessary.

General Skills

- Effective communication skills
- Organization skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service employee education

Documented Experiential Learning

Under the supervision of a current Mechanic:

- ❑ Perform all required mechanical services on the company vehicles at your location for a minimum of six months.
- ❑ Complete all necessary paperwork and documentation for all vehicle services that you complete.
- ❑ For a minimum of six months, identify all potential safety hazards you encounter and report them on a weekly basis to the Lead Mechanic or Fleet Manager, with suggestions for correcting each one.
- ❑ After working in the shop for a minimum of one month, create and implement a minimum of one awareness activity or initiative that is targeted at improving workplace safety.

With your Mentor

- ❑ Discuss the most common types of repairs and maintenance that are typically performed at your service location. What percentage of all monthly work is considered scheduled or preventative and what percentage is considered un-scheduled routine repairs?
- ❑ Discuss the different types of company vehicles that are serviced at your shop. Do they require different types or levels of service? If so, what?
- ❑ Discuss the paperwork and documentation processes that must be completed for each vehicle service performed at your shop. What is the purpose of each?
- ❑ Discuss the safety standards and rules/regulations in place at your shop.
- ❑ Discuss any formal or informal tracking and ordering system(s) in place at your shop for maintaining an adequate stock of maintenance supplies.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.

- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Operations: *SUPERVISOR*

Position Summary

Individuals in this role are responsible for day-to-day operations, including facilitation of internal communication between field staff and management, outside agency interface, system status monitoring, facilitating short-term scheduling needs, equipment and supply maintenance, as well as other operational support functions as assigned by the Manager or Director of Operations.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Have one year of experience as a paramedic and be able to perform direct ALS patient activities; three years experience preferred.
- Have current CPR, PHTLS and ACLS certification.
- Be able to drive an ambulance; driving record must be in compliance with AMR policy regarding insurability.
- Have thorough knowledge of system status management.
- Have working knowledge of Microsoft Office software package.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- All local, state and federal employment laws and company policies.
- KPI Data Analysis.
- The geography of the local area where you'll be operating.
- The details of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Supervise and direct staff effectively and ensure the maintenance of quality field operations; this includes performing support activities such as personnel selection, performance evaluation and problem-solving.
- Act as a liaison with patients, public safety agencies, training institutions, hospital personnel and other system users.
- Prepare employee evaluations and field crew contact reports.
- Reconcile PCR's and other field paperwork daily and completely, in conjunction with the PCR processing.
- Attain closure for 100% of operational response exceptions with appropriate action.

- Ensure maintenance of adequate levels of staffing, equipment and medical supplies for field units.
- Develop and maintain department budgets.
- Direct AMR resources during mass casualty/disaster operations.
- Ensure consistent and fair treatment of employees.
- Act as a role model of behavior that is demonstrative of AMR's Vision and Guiding Principles.

General Skills

- Supervisory/management skills
- Effective communication skills
- Organization skills
- Leadership skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Safety Leadership: Supervisory Education and Training
- ❑ AMR: Emergency Vehicle Operator Course (EVOC)
- ❑ AMR: Sexual Harassment Training for Leaders
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy (PFCA)
- ❑ DDI: Supervisor 101 Series

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University Supervisor Development Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University 101 Series
- ❑ AMR self-directed CD-ROM: L.E.A.D. University FTO Development Process
- ❑ AMR self-directed on-line: Management Information Platform (MIP)
- ❑ AMR VHS: Transitional Duty
- ❑ AMR process kit: Only the Best Recruiting Process
- ❑ AMR process kit: Employee Selection and Hiring Process

Documented Experiential Learning

Under the supervision of a current Operations Supervisor:

- ❑ Sit in on a minimum of five new applicant interviews.
- ❑ Ride along on a minimum of one shift with each field employee. Work with employees side by side to evaluate and document their job performance. Share this information with the incumbent Operations Supervisor so that objective performance evaluations can be made.
- ❑ Accompany an incumbent Operations Supervisor for a minimum of 60 hours (non-consecutively), performing various supervisory tasks under his or her direct guidance.

- ❑ Manage all employee call-offs for a minimum of six months.
- ❑ Review all weekly key performance indicator (KPI) reports for a minimum of six months.
- ❑ Review a minimum of six months of an operation's financial statements.
- ❑ Attend one full series of CBA negotiations, if working at a union-represented system.
- ❑ Investigate and resolve a minimum of 20 out-of-compliance PCRs.
- ❑ Investigate and resolve a minimum of 20 customer-service related incidents (e.g., response time failures, missing personal items, patient taken to the wrong facility, etc.)
- ❑ Observe and understudy a Dispatcher for a minimum of three full shifts.

With your Mentor

- ❑ Meet with primary customers through an introduction made by the Mentor.
- ❑ Discuss the relationships and the types of interactions you'll most commonly have with patients, public safety agencies, training institutions, hospital personnel and other system users.
- ❑ Discuss strategies for managing employee call-offs and equitably rotating shifts, while balancing Operations needs.
- ❑ Discuss the function of KPI reports.
- ❑ Discuss the function of the monthly financial statements.
- ❑ Discuss the common causes of response time failures.
- ❑ Discuss how the role of the Operations Supervisor is related to the roles of members of the Dispatch team.
- ❑ Discuss the details of the different types of company contracts at your location.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set backs or difficulty scheduling developmental activities.

Patient Business Services (PBS):
CUSTOMER SERVICE REPRESENTATIVE

Position Summary

Individuals in this position answer all incoming calls to the patient business services department from outside sources and respond to and appropriately route these calls in a professional, courteous demeanor.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED); two years previous customer service experience in a healthcare related field preferred.
- Be familiar with common medical terminology.
- Have a basic understanding of Medicare, Medicaid and commercial claims processing procedures.
- Have basic computer proficiency.
- Be able to type a minimum of 40 words per minute (WPM).
- Have basic mathematical and administrative skills.
- Have outstanding oral, written and interpersonal communication skills in English; fluency in a second language preferred.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- Commonly used medical terminology.
- Fair Debt Collection Practices.
- Medicare, Medicaid and commercial claims processing procedures.

Individuals in this role must possess the ability to:

Technical Skills

- Answer all incoming telephone calls and ensure that all correspondence received is handled appropriately.
- Maintain a professional, courteous demeanor with patients, their agents, insurance companies and any other individual who may contact the business office.
- Interact with other staff members to resolve problems and work to ensure that all communication is positive and productive.
- Maintain confidentiality at all times, in reference to both financial information, as well as patients' medical information, in accordance with HIPAA regulations

- Use multiple software applications and the internet to successfully resolve patient issues.

General Skills

- Outstanding communication skills
- Organization skills
- Basic computer proficiency

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training

Self-directed Instruction

None required.

Documented Experiential Learning

Under the supervision of a current Customer Service Representative:

- ❑ Spend a minimum of 12 hours (non-consecutively) observing and learning how to use the telephone system.
- ❑ Answer a minimum of 200 incoming telephone calls in the PBS department and effectively respond to inquiries and requests for information.
- ❑ Work collaboratively with other staff members in the PBS department to effectively resolve a minimum of 10 complex billing issues.
- ❑ Participate in Regulatory Compliance and HIPAA Training when offered.

With your Mentor

- ❑ Discuss the people who commonly call the PBS department (e.g., insurance agencies, internal departments, patients, etc.) and the information you'll provide callers with on a regular basis.
- ❑ Discuss the common types of inquires you'll receive and how to effectively manage and resolve each one.
- ❑ Discuss the concept of confidentiality and why it is essential to maintain confidentiality in this position.
- ❑ Discuss the types of financial and patient information that can and cannot be released, in accordance with HIPAA regulations, to the various parties with whom you will regularly interact.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Dispatch: *TRANSPORT COORDINATOR*

Position Summary

Under the direction of the Operations Manager/Director, individuals in this role will receive, process and coordinate medical and non-medical transports as required.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Be familiar with the local geography of the area.
- Be familiar with current clinical procedures, practices and protocol.
- Have the ability to type a minimum of 30 words per minute (WPM).
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The Medical Priority Dispatch System.
- All communication equipment in use in the communication center.

Individuals in this role must possess the ability to:

Technical Skills

- Utilize the information received from healthcare providers, patients or family members to coordinate medical and non-medical transportation.
- Recommend the appropriate unit(s) to respond, based upon the type of call, priority and availability of unit(s).
- Ask pertinent, key questions to determine the type of transport needed, billing information and destination of transport.
- Communicate, both in writing and verbally, with Dispatchers to ensure proper unit utilization, on time performance and quality customer service.
- Suggest geographical routes for medical and non-medical units to follow.
- Report unusual incidents to duty supervisors, as appropriate.
- Prepare timely and accurate paperwork, as required.
- Act as a transport liaison between third-party facilities and AMR.
- Assist PBS with any billing inquiries, as necessary.

General Skills

- Exemplary communication skills
- Organization skills
- Basic computer proficiency
- Advanced typing skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education

Documented Experiential Learning

Under the supervision of a current Transport Coordinator:

- ❑ Ride along on a minimum of 10 different calls with different members of the Field Operations team.
- ❑ Take a tour of the Communication Center, focusing strictly on the equipment in use there and how to operate it.
- ❑ Listen to a minimum of 100 calls into the Communication Center and verbally ascertain the appropriate unit(s) to respond, based upon the type of call, priority and availability of unit(s).
- ❑ Complete all required paperwork for a minimum of two months (e.g., PCS forms, Transport Authorization Requests, insurance company approvals, etc.)
- ❑ Act as the primary transport liaison between third-party facilities and AMR for a minimum of two months, fully resolving all issues from start to finish.
- ❑ Act as the primary transport contact for all internal inquiries from other departments, such as PBS and assist in the resolution of all issues.
- ❑ Attend a seminar, workshop or participate in a self-directed program aimed at team building, selling strategies or conflict resolution.

With your Mentor

- ❑ Go over the details of all current company contracts at your location.
- ❑ Discuss the types of information you will commonly be given from healthcare providers, patients and family members and how you should use it.
- ❑ Go over the system status management plan at your location and how it works with the Medical Priority Dispatch system.
- ❑ Discuss the types of pertinent, key questions to ask to determine the type of transport needed, billing information and destination of transport.
- ❑ Discuss the paperwork that must be completed for each shift, day, etc.
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Operations: *PARAMEDIC*

Position Summary

Individuals in this position compassionately deliver high-quality service and both basic and advanced patient care in a professional, caring and cost-effective manner.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Be at least 18 years of age.
- Have a valid driver's license; driving record must be in compliance with AMR policy regarding insurability.
- Have a minimum of two years experience as an EMT.
- Have current state/national registry Paramedic certification.
- Have current BCLS, ACLS, PALS, BTLS OR PHTLS Provider certification.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The geography of the local area where you'll be operating.
- The basic tenets of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Assess each call situation to determine best course of action and appropriate protocol.
- Utilize medical equipment and procedures, including defibrillator, EKG monitor, oxygen and suction devices, intravenous fluids, CPR and other procedures and medications as required to carry out advanced life support functions.
- Develop and utilize triage skills to provide optimal efficiency during calls.
- Provide patient care according to clinical protocols and safety requirements.
- Lift and move patients as required to provide optimum care.
- Communicate and coordinate with receiving facilities, patients and their family members and Dispatch.
- Act as team leader and take responsibility for scene management as needed.
- Monitor and maintain the general condition of the unit, keeping it clean and stocked for optimal call response and in order to maintain AMR's public image.

- Document activities accurately and completely to ensure necessary information is available regarding each call.
- Drive the ambulance or provide navigation support to minimize response time.

General Skills

- Effective communication skills
- Organization skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Emergency Vehicle Operator Course (EVOC)
- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy (PFCA)

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ❑ AMR VHS: Transitional Duty

Documented Experiential Learning

Under the supervision of a current Paramedic:

- ❑ Ride along and observe a Paramedic's duties for minimum of 20 runs.
- ❑ On the way to a minimum of 10 calls, verbally determine the best course of action and explain the appropriate protocol to follow.
- ❑ Act as the primary ALS provider on a minimum of 10 runs (ONLY if you are presently certified).
- ❑ Drive the ambulance on a minimum of 10 runs.
- ❑ Provide navigation support on a minimum of 10 runs.
- ❑ Take the patient's history on a minimum of 10 runs.
- ❑ Communicate the necessary details of a minimum of five runs to a registered nurse or a physician.
- ❑ Communicate the necessary details of a minimum of five runs to dispatch.
- ❑ Communicate the necessary details of a minimum of five runs to a patient.
- ❑ Communicate the necessary details of a minimum of five runs to a patient's family member(s).
- ❑ Clean the unit before and after a shift on a minimum of 10 runs.
- ❑ Complete a minimum of 10 PCRs.

With your Mentor

- ❑ Discuss the details of all current company contracts at your location.
- ❑ Discuss how the role of the Paramedic differs from the role of the EMT.
- ❑ Discuss the most commonly performed ALS activities at your location.

- ❑ Discuss strategies for learning how to navigate the geography of your area. Are there any geographical shortcuts that will help to reduce response time?
- ❑ Discuss the type of information you will need to convey to each party and how it differs.
- ❑ Discuss the procedures for performing a pre-trip and post-trip inspection of the emergency vehicle.
- ❑ Discuss the information that is documented on the PCR. Why is it important?
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

Operations: *Emergency Medical Technician*

Position Summary

Individuals in this role are responsible for compassionately delivering high-quality service and basic patient care in a professional, caring and cost-effective manner.

Minimum Qualifications

You must:

- Have a high school diploma or equivalent (GED).
- Be at least 18 years of age.
- Have a valid driver's license; driving record must be in compliance with AMR policy regarding insurability.
- Have current state/national registry EMT certification and CPR card; basic EKG and IV/Mast certification preferred.
- Have effective oral, written and interpersonal communication skills.

Individuals in this role must possess knowledge of:

- AMR's Vision and Core Values.
- AMR's policies, procedures and standards.
- The geography of the local area where you'll be operating.
- The basic tenets of current company contracts at your location.

Individuals in this role must possess the ability to:

Technical Skills

- Assist in determining the best course of action and appropriate protocol for each call situation.
- Utilize medical equipment and procedures, including gurney, IV supplies, bandages and other disposable supplies as required to carry out basic life support functions.
- Develop and utilize triage skills to provide optimal efficiency during calls.
- Provide patient care according to clinical protocols and safety requirements.
- Assist the paramedic or nurse with the preparation of advanced life support equipment.
- Lift and move patients as required to provide optimum care.
- Communicate and coordinate with receiving facilities, patients and their family members and dispatch.
- Monitor and maintain the general condition of the unit, keeping it clean and stocked for optimal call response and in order to maintain AMR's public image.
- Document activities accurately and completely to ensure necessary information is available regarding each call.

- Drive the ambulance or provide navigation support to minimize response time.

General Skills

- Effective communication skills
- Organization skills

Recommended developmental events for this career path:

Classroom-based Instruction

- ❑ AMR: Emergency Vehicle Operator Course (EVOC)
- ❑ AMR: Sexual Harassment Training
- ❑ AMR: Code of Conduct Training
- ❑ AMR: Blanchard Raving Fans Training
- ❑ AMR: Patient Focused Care and Advocacy (PFCA)

Self-directed Instruction

- ❑ AMR self-directed CD-ROM: L.E.A.D. University In-service Employee Education
- ❑ AMR VHS: Transitional Duty

Documented Experiential Learning

Under the supervision of a current EMT:

- ❑ Ride along and observe an EMT's duties for a minimum of 20 runs.
- ❑ On the way to a minimum of 10 calls, verbally determine the best course of action and explain the appropriate protocol to follow.
- ❑ Act as the primary BLS provider on a minimum of 10 runs (ONLY if you are presently certified).
- ❑ Drive the ambulance on a minimum of 10 runs.
- ❑ Provide navigation support on a minimum of 10 runs.
- ❑ Take the patient's history on a minimum of 10 runs.
- ❑ Communicate the necessary details of a minimum of five runs to a physician or medical director.
- ❑ Communicate the necessary details of a minimum of five runs to dispatch.
- ❑ Communicate the necessary details of a minimum of five runs to a patient.
- ❑ Communicate the necessary details of a minimum of five runs to a patient's family member(s).
- ❑ Clean the unit before and after a shift on a minimum of 10 runs.
- ❑ Complete a minimum of 10 PCRs.

With your Mentor

- ❑ Discuss the details of all current company contracts at your location.
- ❑ Discuss strategies for learning how to navigate the geography of your area. Are there any geographical shortcuts that will help to reduce response time?
- ❑ Discuss the type of information you will need to convey to each party and how it differs.

- ❑ Discuss the procedures for performing a pre-trip and post-trip inspection of the emergency vehicle.
- ❑ Discuss the information that is documented on the PCR. Why is it important?
- ❑ Discuss your personal career goals.
- ❑ Ask questions as they arise.
- ❑ Seek guidance when confronted with set-backs or difficulty scheduling developmental activities.

EMSC Charitable Foundation

Emergency Medical Services Corporation established the **EMSC Charitable Foundation** in 2005 in the wake of the devastating impact to employees of Hurricanes Katrina and Rita. The Foundation operates with the primary mission to provide financial assistance to employees of EMSC and its affiliated companies in times of severe need. The Foundation makes a monetary grant to the employee based on his/her particular need. While devastating disasters such as the 2005 hurricanes may cause a great need for assistance to many employees, most of the grants made by the Foundation respond to individual employee situations.

How Does the Foundation Help Employees in Need?

Once an employee has exhausted qualifying PTO/vacation time, he/she can make a request for assistance. Alternatively, the employee's supervisor may make the request on the employee's behalf. Request forms are available from Human Resources. All employees and clinicians affiliated with EMSC or its subsidiaries, affiliates, or managed companies are eligible to make requests to the Foundation for assistance.

How is "Severe Need" Defined?

Employees may be eligible for a grant up to $10,000 for the following types of potential qualifying events:

- Death of employee or relative,
- Uncontrollable loss of income resulting in potential loss of home,
- Non-insured traumatic medical expenses,
- Hospitalization or incapacitation of employee or relative, resulting in employee's inability to work for more than seven days,
- Complete home loss due to fire or other natural cause, or
- A combination of these.

Where Does the Foundation Get its Funding?

The **EMSC Charitable Foundation** relies almost entirely on the generosity of its employees and physicians for funding. The Foundation incurs virtually no administrative expenses, as these are largely donated by the Corporation. Nearly 100% of the dollars donated by employees are used to help fellow employees in times of severe need.

How Many Employee Requests Does the Foundation Receive?

During 2006, the Foundation has received an average of three employee requests each week. The Foundation's ability to provide grants to employees in severe need depends entirely upon the dollars available from donations, in large part from our employees and affiliated clinicians.

How Can I Help My Colleagues and Coworkers?

There are several ways to donate to the Foundation. You may make an ongoing commitment to helping your colleagues through a regular or one-time payroll deduction. You may donate PTO/vacation time, which the Foundation will convert to cash at your regular hourly rate. Or, you may make a direct contribution by check to the Foundation. Your contributions may be tax deductible.

Help the Foundation to "take care of our own."
Please donate today to assist your colleagues and coworkers
in their times of severe need.

EMSC Charitable Foundation • c/o Jason Standifird • 6200 S Syracuse Way, Suite 200 • Greenwood Village, CO 80111

EMSC Charitable Foundation Helps Your Coworkers in times of severe need

How Does the Foundation Help Employees?

The EMSC Charitable Foundation provides financial assistance to employees of EMSC and its affiliated companies in times of severe need.

The Foundation's ability to help employees depends almost entirely on the generosity of our employees. **Requests for assistance and grants to employees have increased steadily this year, and as a result, Foundation funds are severely limited. Without additional support, this important assistance may be reduced or unavailable.**

EMSC will match your donation.

EMSC will match employee contributions dollar-for-dollar during this fundraising campaign.

Donate today and be entered to win two roundtrip airline tickets.

During this fundraising campaign everyone who contributes by check, payroll deduction or PTO/vacation donation is automatically entered to win two roundtrip airline tickets good in the continental U.S. A random drawing will be held from all employee donations made through October 15.

Help the Foundation take care of our own.

Donate today to help the Foundation fulfill its mission, every time.

Send your payroll deduction form, PTO/vacation donation form or check to:

EMSC Charitable Foundation
c/o Jason Standifird
6200 S. Syracuse Way, Suite 200
Greenwood Village, CO 80111

EMSC Foundation Article (for Insight and EmPulse)

One dollar a paycheck can make a big difference in someone's life. Just ask the people who have been helped by the EMSC Foundation. Thanks to the generosity of EMSC employees who have chosen to contribute either money or paid time off, many people have received financial help at some of the darkest hours of their lives.

The foundation's ability to provide financial assistance is in jeopardy, however, because of dwindling contributions. Already this year the foundation has provided awards to 62 people, three more than last year's total of 59 and there are still three months left in the year. Yet contributions this year lag last year by more than $58,000. As a result, the average amount of monetary awards has dropped to about $1,500, nearly $1,000 less than last year's average of $2,576. Awards can total up to $10,000.

While Roylene Rhodes, EMSC Vice President of Business Development, serves as the president of the Foundation, an independent committee reviews requests and issues awards. Money awards given by the foundation occur in a few major categories including, employees who have lost their homes to fires or natural disasters, have a close relative die and request financial assistance, can't work and lose income because of hospitalization or some type of handicap, face eviction or loss of their home because of a loss of income, or suffer an emergency or traumatic event and don't have sufficient insurance to cover the loss.

Rhodes reports that funds were so low recently that the foundation's funding committee nearly had to stop making awards. Much-needed funds came just in time from AMR's Rancho Cucamonga, Calif., operation, which recently hosted a golf tournament that raised $6,000 for the foundation. The donation makes AMR Rancho Cucamongo the foundation's first ever bronze-level sponsor.

EMSC created the foundation soon after Hurricane Katrina damaged or destroyed the homes of many AMR employees in the Gulf Coast region. Initially, contribution levels met the foundation's needs. But over the past year as the emotional impact of the hurricane has lessened, so have contributions. Employee participation is now less than 1 percent.

Recent contribution campaigns have had some impact, but the campaigns also raise the awareness of the foundation and increase applications for assistance.

Which brings us back to the point of $1 per paycheck. According to Rhodes, if every EMSC employee contributed $1 every payday, or $26 per year, the foundation would raise a little more than one million dollars, more than enough to take care of everyone who applies and qualifies for financial assistance.

Don't think you'll ever need the foundation's assistance? Neither did any of the other people who the foundation has helped the past few years. Please consider signing up for payroll deduction or make a one-time monetary or PTO contribution.

To make a donation, see your local HR representative or contact the EMSC Charitable Foundation, c/o Jason Standifird, 6200 S. Syracuse Way, Suite 200, Greenwood Village, CO 80111.

"AMR / EMS Chaplaincy is a category of ecclesiastically endorsed Specialized Ministers who have received specialized training in ministry to unique populations of people in crisis. Certification requires demonstration of specialized ministry skills and competencies relevant to the unique context in which this ministry occurs. As chaplain of AMR in El Paso County, CO I am doing specialized ministry and developing a specialized Chaplain's Department for the training and certification of chaplains in this field of specialized ministry service.

It is my aim to demonstrate competencies and skills of clinical, sacramental and relational pastoral care interventions to distressed persons in crisis, whether it is requested AMR staff, patients, or patient families. It is also my aim to develop a specialized academy of learning for this specialized EMS chaplaincy for students of ministry. There needs to be a chaplain available 24 / 7 to answer the calls of spiritual crises intervention with in the AMR system. The following are examples of ministry that has taken place in this community through the AMR Chaplain:

An AMR crew was on their way back to base after unsuccessfully reviving a child back to life. It was their third child death, at no fault of theirs, in a month. The crew was emotionally distraught and struggling with personal defeat. One crew member had a newborn at home. They were finding it hard to respond to that next call when it would come, and requested to be taken out of service for a while in order to regain their composures. I was called to meet with them at their request. I listened to their stories, felt their hearts, we cried together, we prayed together, and asked some hard questions directed toward their God. It took time, but they answered their next call.

There was a fire in a large apartment complex (Castle West Apartments), early morning hours, cold, and people were jumping out of third story windows and tossing their children and pets to safety below. There was mass confusion in the near by church opened up for shelter of victims and freezing EMS personnel. This chaplain comforted families, elderly, and children who escaped with only the night cloths they were wearing. I sought donated hot food and drinks through near by businesses for victims and EMS workers. I answered the cries from the wet and cold victims by obtaining donated clothing and dry stockings from the near by business establishments in cooperation with other emergency workers. I assisted frightened community people find their loved ones caught in this crisis. We, the chaplains, represented the presence of God in a cold world.

The church, for several days, was overrun by a couple hundred EMS responders, plus victims of the fire, and was facing getting their building ready for worship services on Sunday. The building was overrun for several days by wet and cold fire fighters, rescue teams from all over the city aiding victims. The building was smeared with water stains, smoke, and tar, and it looked like a warehouse, not a house of God. They would need help in recovery. After visiting with the pastor and hearing his concerns, new commercial sweepers were obtained (donated), other cleaning supplies and equipment was arranged for from various donor resources. Teams of volunteers were brought in to restore the church, both inside and out. Once again, chaplains answered the call of God to restore His people and His place of worship. Carpets were replaced, floors and

furniture was cleaned and polished. The building and grounds were restored in a very short time.

There was another call from an AMR crew from a nearby motel. A wife, in the early morning hours, watched her husband collapse to the floor from an apparent heart attack. They had been together for 35 years. They were strangers in the city and she was frightened and all alone. Her fear and confusion covered her common sense. Her faith helped her call for a chaplain. I assisted her in contacting her family in another state, helped her gather her husbands records, and aided her in making arrangements to get her husband's body back home in another state. Listening compassionately to her story and developing a trust between us was God's way of caring for her in crisis. Her daughter flew out that night and escorted her mother home the next day, back to safety.

The call that no one ever wants to receive came in my sleeping hour, "a police officer has been shot in the line of duty, and can you meet us at the hospital? The crew that is really going to need you is bringing in the shooter, who also was shot." I arrived at the hospital before any of the other chaplains. Fear and panic filled the hospital emergency hall ways. The officer was being feverishly worked on by the medical staff. Other officers were starting to gather around and gain some kind of control of the grave situation. The shooter was arriving by ambulance, and I greatly feared the status of the crew. I quickly met with the hospital staff to ascertain the condition of the officer and be a support to the officer's fellow officers. The hospital Spiritual Care Manager, a chaplain, arrived and I filled him in on what I knew about the situation. He immediately concentrated on organizing a place for the officers and officer family to meet.

The police chaplains arrived and began working with the police officers that were present. I zeroed in on the AMR crews that brought in the gravely wounded police officer and the shooter. It appeared that the shooter was going to live. I heard the doctors pronounce the officer. If there ever was a spiritual presence needed, it was then. I pleaded with my God for a voice filled with comforting words beyond my own imagination or education, for a compassionate heart that could absorb the pain of my fellow crew members and police officers. It was a dreadful hour where gentle embraces were as meaningful as anything and silence was deafening. Eventually, the crews and the officers were compelled to tell their stories to the person, their chaplain, who had the heart to listen. They were not looking for answers, there were none; they just wanted to be heard, they just needed to tell their story and share their pain. It was a spiritual hour, I am glad I was there, honored to serve.

Not all crises are of this critical nature. Some come from love lost, or children of crews out of control or financial collapse. Humanity is made up of body and soul, physical and spiritual. Medically we address the physical needs in time of crisis. Spiritually, we address 'the will to live' or 'the heart to find hope' in times of crisis. Both physical and spiritual response, in times of crisis, is not optional but mandatory if wholeness is to be achieved. When a patient or an EMS responder looses hope or loses sight of a spiritual inner strength to fight for life, medical treatment is crippled. When compassion, a spiritual manifestation, for the patient is lost by an EMS responder due to job stress,

medical treatment is hindered. Addressing the spiritual needs in life in times of crisis is mandatory, and a well trained crisis spiritual care worker, a chaplain, is required. Divine presence, Divine intervention is an aspect of spiritual reality that a chaplain brings to the crisis scene. I am an AMR Chaplain, I respond when I am called. I provide a listening ear, an observant eye, and a faithful heart."

REFERENCES

Local References.....1
National References.....2

LOCAL REFERENCES

City of Golden
Fire Chief John Bales
(303) 384-8090
jbales@cityofgolden.net

City of Longmont Fire Department
Fire Chief Stephen Trunck
(303) 651-8424
stephen.trunck@ci.longmont.co.us

City of Pueblo
Fire Chief Christopher Riley
(719) 553-2830
fire@pueblo.us

Kaiser Foundation Health Plan of Colorado
Sara A. Gray
Ambulance Coordinator
(303) 636-3339
sara.a.gray@kp.org

Plains to Peak EMS/Trauma
Kim Schallenberger
Regional Coordinator RETAC
(719) 962-3200
kschally@rebeltec.net

References Form

City Name	County of Tuscaloosa	County of Alameda	City of Chula Vista
Population	171,159	1,457,426	210,497
Contract Term		6/1/01 – 10/31/07	5/1/89 – 10/31/06
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level		ALS	ALS & BLS
Name of contact	W. Hardy McCollum, Commission Chair	Scott Haggerty, Commission President	Douglas Perry, Fire Chief
Address	714 Greensboro Rd, Tuscaloosa, AL 35401	1221 Oak Street, Ste 536 Oakland, CA 94612	276 Fourth Avenue, Chula Vista, CA 91910
Phone number	205-349-3870	510-272-6691	619-691-5055
E-mail	n/a	n/a	n/a
#1 Interaction agency contact person	Don Wallace, Commissioner	Alice Lai-Bitker, Commission Vice President	Cheryl Cox, Mayor
Address	714 Greensboro Rd, Tuscaloosa, AL 35401	1221 Oak Street, Ste 536 Oakland, CA 94612	276 Fourth Avenue Chula Vista, CA 91910
Phone number	205-349-3870	510-272-6693	619-691-5044
E-mail	n/a	n/a	cherylcox@chulavistaca.gov
#2 Interaction agency contact person	Gary Youngblood, Commissioner	Gail Steele, Commissioner	Jim Thomson, Interim City Manager
Address	714 Greensboro Rd, Tuscaloosa, AL 35401	1221 Oak Street, Ste 536 Oakland, CA 94612	276 Fourth Avenue Chula Vista, CA 91910
Phone number	205-349-3870	510-272-6692	619-691-5031
E-mail	n/a	n/a	n/a
#3 Interaction agency contact person	Bobby Miller, Commisioner	Nate Miley, Commissioner	Rudy Ramirez, Councilmember
Address	714 Greensboro Rd, Tuscaloosa, AL 35401	1221 Oak Street, Ste 536 Oakland, CA 94612	276 Fourth Avenue Chula Vista, CA 91910
Phone number	205-349-3870	510-272-6694	619-691-5044
E-mail	n/a	n/a	rramirez@ci.chula-vista.ca.us

References Form

City Name	County of Contra Costa	City of Long Beach	County of Los Angeles
Population	1,024,319	474,014	9,948,081
Contract Term	11/3/97 – 6/30/2010	1/27/98 – 7/14/07	12/31/94 – 12/31/05
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	BLS	BLS
Name of contact	Mary Piepho, Chair	David Ellis, Fire Chief	Cathy Chidester, EMS Assistant Director
Address	309 Diablo Road Danville, CA 94526	925 Harbor Plaza, Ste. 100 Long Beach, CA 90802	5555 Ferguson Dr, Rm 222 Commerce, CA 90022
Phone number	925-820-8683	562-570-2500	323-890-7543
E-mail	dist3@bos.cccounty.us	n/a	cchidester@ladhs.org
#1 Interaction agency contact person	John Gioia, Chairman	Bob Foster, Mayor	Zev Yaroslavsky, Chair
Address	11780 San Pablo Ave, Ste D El Cerrito, CA 94530	333 West Ocean Blvd, 14th Fl Long Beach, CA 90802	500 W. Temple Street Ste 525 Los Angeles, CA 90012
Phone number	510-374-3231	562-570-6801	213-974-1311
E-mail	dist1@bos co.contra-costa.ca.us	mayor@longbeach.gov	zev@bos.lacounty.gov
#2 Interaction agency contact person	Gayle Uilkema, Supervisor	Jerry Miller, City Manager	Sachi Hamai, Executive Officer
Address	651 Pine St, Room 108A Martinez, CA 94553	333 West Ocean Blvd, 13th Fl Long Beach, CA 90802	500 W. Temple Street Ste 525 Los Angeles, CA 90012
Phone number	925-335-1046	562-570-6861	213-974-1311
E-mail	gayle@bos.cccounty.us	citymanager@longbeach.gov	executiveoffice@bos.co.la.ca us
#3 Interaction agency contact person	Susan Bonilla, Board of Supervisor	Bonnie Lowenthal, Vice Mayor	Gloria Molina Board of Supervisors
Address	2151 Salvio St, Ste R Concord, CA94520	333 West Ocean Blvd, 14th Fl Long Beach, CA 90802	500 W. Temple Street Ste 525 Los Angeles, CA 90012
Phone number	925-521-7100	562-570-6919	213-974-4111
E-mail	Dis4@bos.cccounty.us	District1@longbeach.gov	molina@bos.lacounty.gov

References Form

City Name	County of Merced	County of Monterey	County of Ventura
Population	245,658	410,206	799,720
Contract Term	9/1/91 – 8/31/97	1/1/89 – 12/31/04	6/18/96 – 1/1/2011
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	ALS	ALS
Name of contact	John Pedrozo, Supervisor District 1	Dave Potter, Supervisor District 5	Linda Parks, Chair
Address	2222 M Street Merced, CA 95340	1200 Aguajito Rd., Ste. 1 Monterey, CA 93940	2100 East Thousand Oaks Blvd., Suite C Thousands Oaks, CA 91362
Phone number	209-385-7366	831-755-5055	805-373-2564
E-mail	Dist1@co.merced.ca.us	District5@co.monterey.ca.us	Linda.parks@ventura.org
#1 Interaction agency contact person	Kathleen Crookham Supervisor District 2	Fernando Armenta, Supervisor District 1	Steve Bennett, Supervisor District 1
Address	2222 M Street Merced, CA 95340	168 West Alisal, 2nd Floor Salinas, CA 93901	800 S. Victoria Ave Ventura, CA, 93009
Phone number	209-385-7366	831-755-5011	805-654-2703
E-mail	Dist2@co.merced.ca.us	District1@co.monterey.ca.us	steve.bennett@ventura.org
#2 Interaction agency contact person	Mike Nelson, Supervisor District 3	Louis Calcagno, Supervisor District 2	Kathy Long, Supervisor District 3
Address	2222 M Street Merced, CA 95340	Castroville Courthouse 11140 Speegle St Castroville, CA 95012	800 S. Victoria Ave. Ventura, CA, 93009
Phone number	209-385-7366	831-755-5022	805-654-2276
E-mail	Dist3@co.merced.ca.us	District2@co.monterey.ca.us	kathy.long@ventura.org
#3 Interaction agency contact person	Deidre Kelsey, Supervisor District 4	Simon Salinas, Supervisor District 3	John Flynn, Supervisor District 5
Address	2222 M Street Merced, CA 95340	168 W. Alisal, 1st Floor Salinas, Ca 93901	800 S. Victoria Ave. Ventura, CA, 93009
Phone number	209-385-7366	831-755-5033	805-487-6331
E-mail	Dist4@co.merced.ca.us	District3@co.monterey.ca.us	john.flynn@ventura.org

References Form

City Name	County of Placer	County of Riverside	Sacramento Metropolitan Fire District
Population	326,242	2,026,803	374,724 (Sacramento County)
Contract Term	2/15/02 – 2/15/07	9/28/98 – 6/30/09	12/1/02 – 1/31/07
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level		ALS	
Name of contact	Bruce Cranz, Chair	John Tavaglione, Chair	Don Mette, Fire Chief
Address	175 Fulweiler Ave. Auburn, CA 95603	4080 Lemon St, 12th Fl Riverside, CA 92503	2101 Hurley Way Sacramento, CA 95825
Phone number	530-889-4010	951-955-1020	916-566-4000
E-mail	bos@placer.ca.gov	District2@rcbos.org	n/a
#1 Interaction agency contact person	Jim Holmes, Supervisor District 3	Roy Wilson, Vice Chair	Ray Trujillo, Board of Directors
Address	175 Fulweiler Ave. Auburn, CA 95603	4080 Lemon St, 5th Fl Riverside, CA 92503	2101 Hurley Way Sacramento, CA 95825
Phone number	530-889-4010	951-955-1040	916-566-4000
E-mail	bos@placer.ca.gov	District4@rcbos.org	n/a
#2 Interaction agency contact person	Robert Weygandt, Supervisor District 2	Bob Buster, Supervisor District 1	Pete Engellenner, Board of Directors
Address	175 Fulweiler Ave Auburn, CA 95603	4080 Lemon St, 5th Fl Riverside, CA 92503	2101 Hurley Way Sacramento, CA 95825
Phone number	530-889-4010	951-955-1010	916-566-4000
E-mail	bos@placer.ca.gov	District1@rcbos.org	n/a
#3 Interaction agency contact person	Rocky Rockholm, Supervisor District 1	Larry Parrish, County Executive Officer	Grant Goold, Board of Directors
Address	175 Fulweiler Ave. Auburn, CA 95603	4080 Lemon St, 4th Fl Riverside, CA 92503	2101 Hurley Way Sacramento, CA 95825
Phone number	530-889-4010	951-955-1100	916-566-4000
E-mail	bos@placer.ca.gov	lparrish@rceo.org	n/a

References Form

City Name	County of San Bernardino	City and County of San Francisco	County of San Joaquin
Population	1,999,332	739,426 (City); 744,041 (County)	673,170
Contract Term	1990	9/1/03 – 8/3/06	4/9/86 – 5/1/2011
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	BLS	ALS
Name of contact	Paul Biane, Chair	Aaron Peskin, President.	Dan Burch, EMS Director
Address	385 N. Arrowhead Ave San Bernardino, CA 92415	1 Dr. Carlton B, Goodlet Place Room 244 San Francisco, CA 94102	500 W. Hospital Road Benton Hall Room 47 French Camp, CA 95231
Phone number	909-387-4833	415-554-7450	209-468-4818
E-mail	SupervisorBiane@sbcounty.gov	Aaron.Peskin@sfgov.org	dburch@sjgov.org
#1 Interaction agency contact person	Gary Ovitt, Vice Chair	Gavin Newsome, Mayor	Victor Mow, Board Chair
Address	385 N. Arrowhead Ave San Bernardino, CA 92415	1 Dr. Carlton B, Goodlet Place Room 200 San Francisco, CA 94102	Courthouse, Room 701 222 East Weber Avenue Stockton, CA 95202
Phone number	909-387-4866	415-554-6141	209-468-3113
E-mail	n/a	Gavin.newsome@sfgov.org	vicmow@sjgov.org
#2 Interaction agency contact person	Brad Mitzelfelt, Supervisor District 1	Jake McGoldrick, Supervisor District 1	Steven Gutierrez Supervisor District 1
Address	385 N. Arrowhead Ave San Bernardino, CA 92415	1 Dr. Carlton B, Goodlet Place Room 244 San Francisco, CA 94102	Courthouse, Room 701 222 East Weber Avenue Stockton, CA 95202
Phone number	909-387-4830	415-554-7410	209-468-3113
E-mail	n/a	Jake McGoldrick@sfgov.org	sgutierrez@sjgov.org
#3 Interaction agency contact person	Dennis Hansberger, Supervisor District 3	Michela Alioto-Pier, Supervisor District 2	Ken Vogel, Vice Chair
Address	385 N. Arrowhead Ave San Bernardino, CA 92415	1 Dr. Carlton B, Goodlet Place Room 244 San Francisco, CA 94102	Courthouse, Room 701 222 East Weber Avenue Stockton, CA 95202
Phone number	909-387-4855	415-554-7752	209-468-3113
E-mail	n/a	Michela.Alioto-Pier@sfgov.org	kvogel@sjgov.org

References Form

City Name	County of San Mateo	County of Santa Barbara	County of Santa Clara
Population	705,499	400,335	1,731,281
Contract Term	1/1/99 – 6/30/2009	7/1/95 – 12/31/2010	10/1/01 – 6/30/09
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	ALS	ALS
Name of contact	Rose Jacobs Gibson, President	Nancy Lapolla, EMS Director	Elizabeth Kniss, Chair
Address	400 County Center Redwood City, CA 94063	300 N. San Antonio Rd, Bldg 1 Santa Barbara, CA 93110	70 W. Hedding, 10th Fl San Jose, CA 95110
Phone number	650-363-4653	805-681-5274	408-299-5050
E-mail	RoseJG@co.sanmateo.ca.us	Nancy.lapolla@sbcphd.org	liz.kniss@bos.co.santa-clara.ca.us
#1 Interaction agency contact person	Adrienne Tissier, Vice President	Brooks Firestone, Board Chair	Blanca Alvarado, Supervisor District 2
Address	400 County Center Redwood City, CA 94063	105 East Anapamu Street Santa Barbara 93101	70 W. Hedding, 10th Fl San Jose, CA 95110
Phone number	650-363-4572	805-568-2192	408-299-5020
E-mail	atissier@co.sanmateo.ca.us	bfirestone@co.santa-barbara.ca.us	blanca.alvarado@bos.co.santa-clara.ca.us
#2 Interaction agency contact person	Mark Church, Supervisor District 1	Salud Carbajal, Board Vice Chair	Donald Gage, Supervisor District 1
Address	400 County Center Redwood City, CA 94063	105 East Anapamu Street Santa Barbara 93101	70 W. Hedding, 10th Fl San Jose, CA 95110
Phone number	650-363-4571	805-568-2186	408-299-5010
E-mail	mchurch@co.sanmateo.ca.us	SupervisorCarbajal@sbcbos1.org	don.gage@bos.co.santa-clara.ca.us
#3 Interaction agency contact person	Jerry Hill, Supervisor District 2	Janet Wolf, Supervisor District 2	Pete McHugh, Supervisor District 3
Address	400 County Center Redwood City, CA 94063	105 East Anapamu Street Santa Barbara 93101	70 W. Hedding, 10th Fl San Jose, CA 95110
Phone number	650-363-4568	805-568-2191	408-299-5030
E-mail	jhill@co.sanmateo.ca.us	jwolf@sbcbos2.org	primo.mchugh@bos.co.scl.ca.us

References Form

City Name	County of Santa Cruz	County of Shasta	County of Sonoma
Population	249,705	179,951	466,891
Contract Term	9/3/03 – 12/31/08		6/15/99 – 6/30/07
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS		ALS
Name of contact	Mark Stone, Chair	David Kehoe, Chair	Valerie Brown, Chair
Address	701 Ocean Street, Rm 500 Santa Cruz, CA 95060	1450 Court St. Ste 308B Redding, CA 96001	575 Administration Dr Room 100A Santa Rosa, CA 95403
Phone number	831-454-2200	530-225-5557	707-565-2241
E-mail	Mark.stone@co.santa-cruz.ca.us	dkehoe@co.shasta.ca.us	vbrown@sonoma-county.org
#1 Interaction agency contact person	Janet Beautz, Supervisor District 1	Mark Cibula, Supervisor District 2	Mike Kerns, Vice Chair
Address	701 Ocean Street, Rm 500 Santa Cruz, CA 95060	1450 Court St. Ste 308B Redding, CA 96001	575 Administration Dr Room 100A Santa Rosa, CA 95403
Phone number	831-454-2200	530-225-5557	707-565-2241
E-mail	bds010@co.santa-cruz.ca.us	mcibula@co.shasta.ca.us	mkerns@sonoma-county.org
#2 Interaction agency contact person	Ellen Pirie, Supervisor District 2	Glenn Hawes, Supervisor District 3	Tim Smith, Supervisor District 3
Address	701 Ocean Street, Rm 500 Santa Cruz, CA 95060	1450 Court St Ste 308B Redding, CA 96001	575 Administration Dr Room 100A Santa Rosa, CA 95403
Phone number	831-454-2200	530-225-5557	707-565-2241
E-mail	ellen.pirie@co.santa-cruz.ca.us	ghawes@co.shasta.ca.us	tsmith@sonoma-county.org
#3 Interaction agency contact person	Neal Coonerty, Supervisor District 3	Linda Hartman, Supervisor District 4	Paul Kelley, Supervisor District 4
Address	701 Ocean Street, Rm 500 Santa Cruz, CA 95060	1450 Court St. Ste 308B Redding, CA 96001	575 Administration Dr Room 100A Santa Rosa, CA 95403
Phone number	831-454-2200	530-225-5557	707-565-2241
E-mail	bds031@co.santa-cruz.ca.us	lhartman@co.shasta.ca.us	pkelley@sonoma-county.org

References Form

City Name	County of Stanislaus	County of Tulare	County of Yolo
Population	512,138	419,909	188,085
Contract Term	9.1.99 – 10/31/07	5/10/94 -	2/15/02 – 2/15/07
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	ALS	ALS
Name of contact	William O'Brian, Chair	Allen Ishida, Chair	Mariko Yamada, Chair
Address	1010 Tenth Street, Suite 6500 Modesto, CA 95354	2800 W. Burrel Ave Visalia, CA 93291	625 Court Street, Room 204 Woodland, CA 95695
Phone number	209-525-4440	559-733-6271	530-666-8624
E-mail	ObrienW@mail.co.stanislaus.ca.us	aishida@co.tulare.ca.us	mariko.yamada@yolocounty.org
#1 Interaction agency contact person	Thomas Mayfield, Vice Chair	Connie Conway, Vice Chair	Duane Chamberlin, Vice Chair
Address	1010 Tenth Street, Suite 6500 Modesto, CA 95354	2800 W. Burrel Ave Visalia, CA 93291	625 Court Street, Room 204 Woodland, CA 95695
Phone number	209-525-6440	559-733-6271	530-666-8627
E-mail	mayfiet@mail.co.stanislaus.ca.us	cconway@co.tulare.ca.us	duane.chamberlain@yolocounty.org
#2 Interaction agency contact person	Jeff Grover, Supervisor District 3	Phillip Cox, Supervisor District 3	Mike McGowan, Supervisor District 1
Address	1010 Tenth Street, Suite 6500 Modesto, CA 95354	2800 W. Burrel Ave Visalia, CA 93291	625 Court Street, Room 204 Woodland, CA 95695
Phone number	209-525-6560	559-733-6271	916-375-6441
E-mail	GroverJ@mail.co.stanislaus.ca.us	pcox@co.tulare.ca.us	mike.mcgowan@yolocounty.org
#3 Interaction agency contact person	Dick Monteith, Supervisor District 4	Steve Worthley, Supervisor District 4	Helen Thomson, Supervisor District 2
Address	1010 Tenth Street, Suite 6500 Modesto, CA 95354	2800 W. Burrel Ave Visalia, CA 93291	625 Court Street, Room 204 Woodland, CA 95695
Phone number	209-525-4445	559-733-6271	530-757-5557
E-mail	MonteithD@co.stanislaus.ca.us	sworthley@co.tulare.ca.us	helen.thomson@yolocounty.org

References Form

City Name	El Paso County Emergency Services Agency	City of Bridgeport	City of Hartford
Population	576,884	139,008	124,397
Contract Term	12/4/2002 -	10/31/03 – 10/30/08	11/1/02 – 10/31/08
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level		ALS	ALS & BLS
Name of contact	Sallie Clark, Chair	Brian Rooney, Fire Chief	Charles Teale, Sr. Fire Chief
Address	375 Printers Parkway Colorado Springs, CO 80910	30 Congress Street Bridgeport, CT 06604	275 Pearl Street Hartford, CT 06103
Phone number	719-641-5796	203-576-7683	860-722-8200
E-mail	n/a	n/a	n/a
#1 Interaction agency contact person	Margaret Radford, Vice Chair	John Fabrizi, Mayor	Eddie Perez, Mayor
Address	375 Printers Parkway Colorado Springs, CO 80910	999 Broad Street Bridgeport, CT 06604	550 Main St Hartford, CT 06103
Phone number	719-641-5796	203-576-7201	860-522-4888
E-mail	n/a	n/a	n/a
#2 Interaction agency contact person	Chief Bryan Jack, Tri Lakes Fire Department Secretary	Andres Ayala, Council President	Lee Erdmann, Chief Operating Officer
Address	375 Printers Parkway Colorado Springs, CO 80910	999 Broad Street Bridgeport, CT 06604	550 Main St Hartford, CT 06103
Phone number	719-641-5796	203-576-7201	860-522-4888
E-mail	n/a	n/a	n/a
#3 Interaction agency contact person	Jeff Wanderscheid Colorado Springs Fire Department Treasurer	Mark Anastasi, Chief City Attorney	John Bazzano, Council President
Address	375 Printers Parkway Colorado Springs, CO 80910	999 Broad Street Bridgeport, CT 06604	550 Main St, Room 208 Hartford, CT 06103
Phone number	719-641-5796	203-576-7647	860-543-8513
E-mail	n/a	anastm0@ci.bridgeport.ct.us	jbazzano@hartford.gov

References Form

City Name	City of New Haven	County of Pinellas	County of Maui
Population	124,791	924,413	141,320
Contract Term	7/1/03 – 6/30/05	1988 - 2004	7/1/02 -
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS		ALS
Name of contact	Michael Grant, Fire Chief	Ronnie Duncan, Chairman	State Dept of Health Dr. Linda Rosen
Address	952 Grant Avenue New Haven, CT 06510	315 Court Street Clearwater, FL 33756	3627 Kilauea Ave., Rm 102 Honolulu, HI 96816
Phone number	203-946-6300	727-464-3377	(808)733-9210
E-mail	mgrant@newhavenct.net	rduncan@pinellascounty.org	Linda.rosen@doh.hawaii.gov
#1 Interaction agency contact person	John DeStefano, Jr., Mayor	Robert Stewart, Vice Chairman	Charmaine Tavares, Mayor
Address	165 Church Street New Haven, CT 06510	315 Court Street Clearwater, FL 33756	200 South High Street, 9th Fl Wailuku, Maui, HI 96793
Phone number	203-946-2000	727-464-3377	808-270-7855
E-mail	jdestef@newhavenct.net	rstewart@pinellascounty.org	Mayors.office@mauicounty.gov
#2 Interaction agency contact person	Karen DuBois-Walton, Chief Administrative Officer	Calvin Harris, Commissioner District 2	Riki Hokama, Council Chair
Address	165 Church Street New Haven, CT 06510	315 Court Street Clearwater, FL 33756	200 South High Street Wailuku, HI 96793
Phone number	203-946-7901	727-464-3360	808-270-7768
E-mail	kdwalton@newhavenct.net	charris@pinellascounty.org	riki.hokama@mauicounty.us
#3 Interaction agency contact person	Andrea Jackson-Brooks, Alderwoman	Susan Latvala, Commissioner District 4	Danny Mateo, Council Vice Chair
Address	165 Church Street New Haven, CT 06510	315 Court Street Clearwater, FL 33756	200 South High Street Wailuku, HI 96793
Phone number	203-776-0502	727-464-3377	808-270-7678
E-mail	Ward4@newhavenct.net	slatvala@pinellascounty.org	danny.mateo@mauicounty.us

References Form

City Name	City of Evansville	Fort Wayne	County of Shawnee
Population	115,918	223,341	172,693
Contract Term	10/2002 – 9/30/07	6/30/03 – 6/30/08	1/1/01 -12/31/06
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	ALS	ALS
Name of contact	Kenneth Zuber, Fire Chief	Tim Davie, Fire Chief	JD Clancy Contract Compliance Officer
Address	550 SE Eighth Street, Evansville, IN 47713	307 East Murray Street Fort Wayne, IN 46803	Shawnee County Health Agency 1615 SW 8th Ave. Topeka, KS 66606
Phone number	812-435-6235	260-427-1170	(785) 368-2000
E-mail	kzuber@evansvillefiredepartment com	tim.davie@ci.ft-wayne.in.us	J.Clancy@snco.us
#1 Interaction agency contact person	Lisa Acobert, Controller, City of Evansville	Graham Richard, Mayor	Commissioner Ted Ensley Shawnee County Commission Chair
Address	1 NW Martin Luther King Jr Blvd, Room 300, Evansville, IN 47708	1 Main Street Fort Wayne, IN 46802	200 SE 7th Street, B11 Topeka, Kansas 66603-3971
Phone number	812-436-4914	260-427-1111	(785) 233-8200 ext. 4040
E-mail	Lacobert@evansvillegove.org	mayor@ci.ft-wayne.in.us	commission@snco.us
#2 Interaction agency contact person	Jonathan Weinzapfel, Mayor	Mark Becker, Deputy Mayor	Marti Leisinger Financial Administrator County Auditor
Address	1 NW Martin Luther King Jr Blvd, Room 302 Evansville, IN 47708	1 Main Street Fort Wayne, IN 46802	Shawnee County Audit-Finance 200 SE 7th Street, Room 201 Topeka, Kansas 66603-3971
Phone number	812-436-4962	260-427-2146	(785)233-8200 ext. 4212
E-mail	Mayor@evansvillegov.org	mark.becker@ci ft-wayne.in.us	marti.leisinger@snco.us
#3 Interaction agency contact person	Keith Jarboe, Council President	John Crawford, Councilmember	Alice Weingartner Deputy Director
Address	815 S.E. Third Street Evansville, IN 47713	1 Main Street Room 290 Fort Wayne, IN 46802	Shawnee County Health Agency 1615 SW 8th Ave. Topeka, KS 66606
Phone number	812-402-0827	260-427-1445	(785) 368-2039
E-mail	n/a	n/a	alice.weingartner@co.shawnee.ks.us

References Form

City Name	Ouachita Parish	City of Springfield	City of Independence
Population	149,259	151,732	110,208
Contract Term		10/1/96 – 9/30/09	5/5/97 -
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level			ALS
Name of contact	Kimberly Golden, President	Gary Cassanelli, Fire Chief	Larry Jones Health Department Director
Address	P.O. Box 3007 Monroe, LA 71210	605 Worthington Street Springfield, MA 01105	515 S. Liberty Independence, MO 64050
Phone number	318-323-9305	413-787-6411	816-325-7986
E-mail	n/a	n/a	ljones@indepmo.org
#1 Interaction agency contact person	Paul Hargrove, Police Juror District A	Charles Ryan, Mayor	Robert Heacock City Manager
Address	P.O. Box 3007 Monroe, LA 71210	36 Court Street Springfield, MA 01103	Third Floor City Hall 111 East Maple Street Independence, MO 64050
Phone number	318-267-2631	(413) 787-6100	(816)325-7019
E-mail	hargrove.paul@gmail.com	n/a	rheacock@indepmo.org
#2 Interaction agency contact person	Mack Clahoun, Police Juror District B	James Controvich, Director of Emergency Preparedness	Mayor Don Reimal City of Independence, MO
Address	P.O. Box 3007 Monroe, LA 71210	36 Court Street Springfield, MA 01103	City Hall 111 East Maple Street Independence, MO 64050
Phone number	318-327-2659	413-787-6720	(816)325-7027
E-mail	n/a	n/a	dreimal@indepmo.org
#3 Interaction agency contact person	Walt Caldwell, Police Juror District C	Malthew Donnellan, City Treasurer	Carolyn Wells, RN Trauma Coordinator HCA Midwest Hospitals including Independence Regional Health Center, Medical Center of Independence, and Centerpoint Medical Center
Address	P.O. Box 3007 Monroe, LA 71210	36 Court Street Springfield, MA 01103	17203 E. 23rd St. Independence, MO 64057
Phone number	318-327-1340	413-787-6130	(816) 836-8100 ext 4606
E-mail	n/a	n/a	Carolyn.wells@hcamidwest.org

References Form

City Name	County of Harrison	County of Hinds	County of Dona Ana
Population	171,875	249,012	193,888
Contract Term	12/5/94 – 12/4/09	12/21/90 – 12/20/08	7/1/00 – 6/30/03; 2007
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	ALS	
Name of contact	Bobby Eleuterius, Commissioner District 1	Ray Bryant, EMS Coordinator	Karen Perez, Chair
Address	1801 23rd Avenue Gulfport, MS 39501	PO Box 686 Jackson, MS 39205	845 N Motel Blvd Las Cruses, NM 88007
Phone number	228-865-4200	601-968-0900	505-525-5807
E-mail	cforbes@co.harrison.ms.us	n/a	kperez@donaanacounty.org
#1 Interaction agency contact person	Larry Benefield, Commissioner District 2	Doug Anderson, President District 2	D. Kent Evans, Vice Chair
Address	1801 23rd Avenue Gulfport, MS 39501	PO Box 686 Jackson, MS 39205	845 N Motel Blvd Las Cruses, NM 88007
Phone number	228-865-4122	601-973-5552	505-644-5061
E-mail	lbenefield@co.harrison.ms.us	n/a	dkevans@donaanacounty.org
#2 Interaction agency contact person	Martin Ladner, Commissioner District 3	Ronnie Chappell, Vice President District 4	Oscar Vasquez Butler, Commissioner District 1
Address	1801 23rd Avenue Gulfport, MS 39501	PO Box 1212 Raymond, MS 39154	845 N Motel Blvd Las Cruses, NM 88007
Phone number	228-867-6528	601-948-1501	505-644-0718
E-mail	jbailey@co.harrison.ms.us	n/a	obutler@donaanacounty.org
#3 Interaction agency contact person	William Martin, Commissioner District 4	Charles Barber, Supervisor District 1	Delores Saldana-Caviness, Commissioner District 2
Address	1801 23rd Avenue Gulfport, MS 39501	PO Box 686 Jackson, MS 39205	845 N Motel Blvd Las Cruses, NM 88007
Phone number	228-865-4204	601-968-6689	505-635-5212
E-mail	vhill@co.harrison.ms.us	n/a	dcaviness@donaanacounty.org

References Form

City Name	County of Clark	City of Las Vegas	County of Clackamas
Population	1,777,539	545,147	374,230
Contract Term	10/1/00 – 12/1/2015	10/7/00 – 12/7/05	7/19/94 – 5/1/2013
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	ALS	ALS
Name of contact	Mike Harwell, Franchise Mgr	David Washington, Fire Chief	Larry McDaniels, Asst. Director
Address	500 Grand Central Parkway Las Vegas, NV 89106	500 N Casino Center Blvd Las Vegas, NV 89101	2051 Kaen Road Oregon City, OR 97045
Phone number	702-455-6588	702-229-0323	503-655-8256
E-mail	mikeh@co.clark.nv.us	N/A	larrymac@co.clackamas.or.us
#1 Interaction agency contact person	Rory Ried, Commission Chair	Oscar Goodman, Mayor	Martha Schrader, Commission Chair
Address	500 Grand Central Parkway Las Vegas, NV 89106	City Hall, Tenth Floor 400 Stewart Avenue Las Vegas, NV 89101	2051 Kaen Road Oregon City, OR 97045
Phone number	702-455-3500	(702) 229-6241	503-655-8581
E-mail	ccdistg@co.clark.nv.us	n/a	bcc@co.clackamas.or.us
#2 Interaction agency contact person	Chip Maxfield, Commission Vice Chair	Douglas Selby, City Manager	Lynn Peterson, Commission Vice Chair
Address	500 Grand Central Parkway Las Vegas, NV 89106	City Hall, Eighth Floor 400 Stewart Avenue Las Vegas, NV 89101	2051 Kaen Road Oregon City, OR 97045
Phone number	702-455-3500	(702) 229-6501	503-655-8581
E-mail	ccdistc@co.clark.nv.us	n/a	bcc@co.clackamas.or.us
#3 Interaction agency contact person	Virginia Valetine, County Manager	Gary Reese, Mayor Pro Tem	Bill Kennemer, Commissioner
Address	500 Grand Central Parkway Las Vegas, NV 89106	City Hall, Tenth Floor 400 Stewart Avenue Las Vegas, NV 89101	2051 Kaen Road Oregon City, OR 97045
Phone number	702-455-3500	(702) 229-6405	503-655-8581
E-mail	ccmgr@co.clark.nv.us	n/a	bcc@co.clackamas.or.us

References Form

City Name	County of Multnomah	City of Arlington	County of Collin
Population	681,454	362,805	698,851
Contract Term	9/1/95 – 8/31/2010	10/1/01 – 9/30/08	11/1/03 – 10/31/-08
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS		ALS
Name of contact	Ted Wheeler, Chairman	Robin Paulsgrove, Fire Chief	Steve Deffibaugh, Fire Marshall
Address	501 SE Hawthorne, Suite 600 Portland, OR 97214	620 West Division St, Second Floor Arlington, TX 76010	825 N. McDonald St., Ste. 140 McKinney, TX 75069
Phone number	503-988-3308	817-459-5500	972-548-5576
E-mail	mult.chair@co.multnomah.or.us	paulsgrover@ci.arlington.tx.us	fmadmin@collincountytx.gov
#1 Interaction agency contact person	Maria Rojo de Steffey, Commissioner District 1	Robert Cluck, Mayor	Phyllis Cole, Commissioner
Address	501 SE Hawthorne, Suite 600 Portland, OR 97214	101 West Abram St Arlington, TX 76004	210 S McDonald Street, Suite 626 McKinney, TX 75069
Phone number	503-988-4435	817-459-6122	972-424-1460 ext 4628
E-mail	n/a	cluckr@ci.arlington.tx.us	pcole@collincountytx.gov
#2 Interaction agency contact person	Jeff Cogan, Commissioner District 2	Jim Holgersson, City Manager	Bill Bilyeu, Administrative Director
Address	501 SE Hawthorne, Suite 600 Portland, OR 97214	101 West Abram St 3rd FL Arlington, TX 76004	Annex A and B 210 S. McDonald St. McKinney, TX 75069
Phone number	503-988-5219	817-459-6100	972-548-4675
E-mail	district2@co.multnomah.or.us	n/a	adminser@collincountytx.gov
#3 Interaction agency contact person	Lisa Naito, Commissioner District 3	Dan Kocurek, Medical Director	Kelley Stone, Director of Homeland Security
Address	501 SE Hawthorne, Suite 600 Portland, OR 97214	101 West Abram St Arlington, TX 76004	4300 Community Avenue McKinney, TX 75071
Phone number	503-988-5217	817-459-5518	972-548-5537
E-mail	n/a	kocurekd@ci.arlington.tx.us	homelandsecurity@collincountytx.gov

References Form

City Name	County of Josephine	City of Seattle	County of Clark
Population		573,911	412,938
Contract Term	7/1/99 – 6/30/05	3/1/03 – 2/28/2010	7/1/95 – 9/30/2010
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	Public/Private Partnership
Fire first response & level	ALS	BLS	ALS
Name of contact	Jim Raffenburg, Commission Chair	Gregory Dean, Fire Chief	Steve Stuart, Chair
Address	500 NW 6th Street Grants Pass, OR 97526	301 2nd Avenue South Seattle, WA 98124	1300 Franklin, 6th Floor Vancouver, WA 98666
Phone number	541-474-5221	206-386-1401	360-397-2232
E-mail	jraffenburg@co.josephine.or.us	Gregory.dean@seattle.gov	boardcom@clark.wa.gov
#1 Interaction agency contact person	Dave Toler, Commission Vice Chair	Greg Nickels, Mayor	Betty Sue Morris, Commissioner District 1
Address	500 NW 6th Street Grants Pass, OR 97526	Seattle City Hall 600 Fourth Ave 7th FL Seattle, WA 98124	1300 Franklin, 6th Floor Vancouver, WA 98666
Phone number	541-474-5221	206-684-4000	360-397-2232
E-mail	dtoler@co.josephine.or.us	n/a	boardcom@clark.wa.gov
#2 Interaction agency contact person	Dwight Ellis, Commissioner	Nick Licata, Council President	Marc Boldt, Commissioner District 2
Address	500 NW 6th Street Grants Pass, OR 97526	Seattle City Hall 600 4th Avenue, 2nd Floor Seattle WA 98124	1300 Franklin, 6th Floor Vancouver, WA 98666
Phone number	541-474-5221	(206) 684-8803	360-397-2232
E-mail	delis@co.josephine.or.us	nick.licata@seattle.gov	boardcom@clark.wa.gov
#3 Interaction agency contact person	John Harelson, Treasurer	Peter Steinbrueck, Councilmember	Bill Barron, County Administrator
Address	500 NW 6th Street Grants Pass, OR 97526	Seattle City Hall 600 4th Avenue, 2nd Floor Seattle WA 98124	1300 Franklin, 6th Floor Vancouver, WA 98666
Phone number	541-474-5175	(206) 684-8804	360-397-2232
E-mail	treasurer@co.josephine.or.us	peter.steinbrueck@seattle.gov	boardcom@clark.wa.gov

References Form

City Name	County of Wichita	City of Spokane	
Population	125,158	196,818	
Contract Term	2/1/00 – 2/28/08	11/1/98 – 10/31/08	
Private or private/public partnership	Public/Private Partnership	Public/Private Partnership	
Fire first response & level	ALS & BLS	ALS	
Name of contact	Woodrow Gossom, Jr., County Judge	Bobby Williams, Fire Chief	
Address	900 7th St, Room 202 Wichita Falls, TX 76301	44 W Riverside Spokane, WA 99201	
Phone number	940-766-8101	509-625-7001	
E-mail	County.judge@co.wichita.tx.us	N/A	
#1 Interaction agency contact person	Matt Benoit, Asst City Manager	Dennis Hession, Mayor	
Address	1300 7th Street P.O. Box 1431 Wichita Falls, TX 76301	City of Spokane 808 W. Spokane Falls Blvd. Spokane, Wa 99201	
Phone number	940-761-7404	(509) 625-6250	
E-mail	mbenoit@cwftx.net	dhession@spokanecity.org	
#2 Interaction agency contact person	Jim Dockery, CFO	John Pilcher, Chief Operating Officer	
Address	1300 7th St., Room 202 Wichita Falls, TX 76301	Spokane City Hall 808 W. Spokane Falls Blvd. Spokane, WA 99201	
Phone number	940-761-7404	(509) 625-6262	
E-mail	jdockery@cwftx.net	jpilcher@spokanecity.org	
#3 Interaction agency contact person	Joe Miller, County Commissioner	Joe Shogan, Council President	
Address	900 7th St, Room 207 Wichita Falls, TX 7630	Spokane City Hall 808 W. Spokane Falls Blvd. Spokane, WA 99201	
Phone number	940-766-8106	(509) 625-6255	
E-mail	Joe.Miller@co.wichita.tx.us	jshogan@spokanecity.org	

RESUMES OF KEY PERSONNEL

Bob Zuckswert, Division Chief Operating Officer.....1
Brenda Sanford, Division Director of Financial Operations.....2
Ted Sayer, General Manager.....3
Adam Migliaccio, Operations Manager.....4
Laura Saenz, Communications Manager.....5
David Ross, DO, FACEP, Medical Director.....6

Robert D. Zuckswert

7139 Danko Drive / Aptos CA 95003 / (831) 661-0612 / surfer201@comcast.net

Executive Summary

Senior Executive – Operations & Administration

Restructuring / Logistics / Distribution / Strategic Planning & Execution / Process Improvements / P&L responsibility / Government Contracts & Compliance / Safety / Budgets / QA / Negotiations / Strategic Alliances / HR / Emergency and Non-Emergency Healthcare System Design and Implementation / Operational oversight

Senior Executive leader with over 31 years of experience in all facets of pre-hospital emergency medical care and transportation services. Responsible for leading complex, multi-state operations within a national healthcare organization. Improved service quality and customer satisfaction. Managed over **$575 million operating budget** with P&L responsibility for a variety of business units throughout 17 western states, including Hawaii. Ensured safe operations for more than 5,500 union and non-union employees and a fleet of approximately 700 emergency vehicles. Assumed ultimate responsibility and accountability for the treatment and transport of approximately 940,000 patients annually.

Transferable Skills: Lead, coached, mentored - Teambuilding - P and L responsibility - Labor and employee relations - Removed inter-departmental barriers - Built and motivated highly cohesive and diverse teams - Governmental contract bidding and negotiations - Strategic planning and execution - Improved key relationships among governmental agencies, communities, and customers - Operational design and restructuring - Facilitation and consensus building - Managed logistics - Political networking - Innovative solutions to complex and unique problems.

Career Progression & Major Achievements

Dynamic Management professional with rich background of increasing responsibilities building and managing multi-site operations with American Medical Response (AMR) and its predecessor companies. AMR is a $1.2 billion pre-hospital care, ambulance service provider that operates across 36 states. Collectively, the company's 19,000 employees treat and transport approximately 4.5 million patients each year. The industry is heavily regulated, the workforce is highly unionized, and the nature of the work is fast-paced, competitive and risk-intensive.

Senior Vice President of Operations, Western Region **(2005 - 2006)**

- Promoted to Senior Vice President, Western Region, in November, 2005.
- Provide Senior Executive leadership, coaching and mentoring to 4 Division Vice Presidents.
- Managed over $575 million annual budget with complete P and L responsibility.
- Oversight of development of annual budgets, including presentations to National leadership.
- Provided oversight guidance to the execution of four divisional strategic plans.
- Primary contact for national agreement with Kaiser Permanente in Northern California.
- Negotiated a number of public and private contracts.
- Used team building, goal setting, and performance recognition to ensure motivated and highly productive staff.

Significant Achievements **(2005 - 2006)**

-Directed multiple teams to successfully bid 3 multi-year government contracts valued at **$80 million per year**. These major contracts were competitively bid concurrent to one another. Provided process leadership, pre-bid planning, monitored resource utilization, oversight of proposal development/writing, financial modeling, oral presentation, designed the bid protest strategy, media and political strategies, supervised the contract negotiation and final implementation processes (Maui - January 2006, Kauai - January 2006, and San Joaquin - May 2006).

-Directed multiple operational and support teams to successfully extend 61 multi-year emergent / non-emergent governmental and private contracts valued at approximately **$150 million per year**.

-At the request of the organization's CEO, developed an organizational structure to improve AMR's competitive

position while providing improved support and customer focus at the local level with the ultimate goal of improving external and internal customer satisfaction. The organizational plan that was developed was implemented in late 2006 throughout all of AMR's operations across 36 states.

-Directed Northern California operations and support team in improving the company's performance and compliance to the National Kaiser agreement. The agreement with Kaiser Permanente is a one of a kind contract to provide medical transportation services across the United States to all Kaiser members.

Division Vice President of Operations, Coastal Operations **(1998 - 2005)**

- Established strategic direction and vision for 11 operating units and related support departments in Northern California.
- Managed over **$175 million budget** and 11 direct reports.
- Oversaw 15-20 responses to RFP's for healthcare delivery systems and service models with a **99% success rate.**
- Administered collective bargaining unit agreements throughout areas of responsibility.
- Supported design and implementation of systems to support performance based contracts.
- Reduced Workers Compensation losses by **over 50%.**
- Reduced employee turnover rate by **over 50%.**
- Successfully negotiated a Master Labor Agreement that covered 2500 Northern California employees.
- Used team building, goal setting, and performance recognition to ensure motivated and highly productive staff.

Significant Achievements **(1998 - 2005)**

-Secured 13-year exclusive operating agreement for Santa Barbara County and a 10 year agreement in Santa Cruz County, valued at over **$190 million**. Through political advocacy and a history of excellent customer service, maintained both contracts despite a significant challenge from the second largest ambulance company in the U.S.

-Selected by national CEO to attend the company sponsored Accelerated Development Program (ADP) as a national CEO candidate. This program provided educational opportunities to selected individuals in preparation for internal career advancement. A copy of my 8 hour evaluation is available for review, if requested.

Note: The lead evaluator for DDI notified our Regional CEO that my 8 hour evaluation session was one of the most impressive he had ever seen in his 20+ years in administering this program.

-Restructured and consolidated two Northern California Divisions into one. Transitioned two divisional leadership teams, improved efficiency, customer service, and successfully prepared the business units for multiple RFP's. The consolidated division renewed 100% of all EMS contracts through sole source negotiations and/or competitive bid.

Director of Operations, Santa Cruz and Monterey Counties **(1997 - 1998)**

- Reporting to Divisional Vice President of Operations, responsibility for all aspects of operations in Monterey and Santa Cruz counties.
- Responsible for consolidating two diverse workforces after the acquisition of AMR by Laidlaw in 1997.
- Oversaw labor agreement that covered approximately 200 employees.
- Managed governmental and private contracts in both Counties.
- Renewed existing 911 franchise agreements in both Counties.
- Used team building, goal setting, and performance recognition to ensure motivated and highly productive staff.

Significant Achievements **(1997 - 1998)**

-Selected as the Director of Operations, harmoniously melded two highly competitive and culturally diverse workforces into one team, improved key customer relationships, and established operational efficiencies through the sharing of resources between two geographically adjacent business units.

-Successfully renewed the Monterey County franchise agreement for 3 additional years valued at **$33 million**. Improved operational effectiveness and efficiency while ensuring 100% compliance with one of the most complicated 911 contracts in the industry at the time.

Vice President of Operations, Coastal Operations **(1996-1997)**

- Provided Executive level leadership and fiscal oversight for 7 County operations in a newly formed division.
- Established strategic direction and vision for 7 operating units in a newly formed division.
- Managed over **$33 million budget** and 8 direct reports.
- Implemented processes and procedures that increased County leadership accountability, responsibility and job satisfaction.
- Administered collective bargaining unit agreements throughout areas of responsibility, covering over 500 employees.
- Supported design and implementation of systems that supported performance based contracts.
- Used team building, goal setting, and performance recognition to ensure motivated and highly productive staff.

Note: This Executive level position was eliminated during the restructuring of AMR after the Laidlaw purchase.

Director of Operations, Santa Cruz and Maui Counties **(1995-1996)**

- Provided direct oversight of all aspects of operations
- Established strategic direction and vision for 2 operating units and related support departments.
- Managed **$14 million budget** and 3 direct reports.
- Oversaw contracts for healthcare delivery systems and service models.
- Administered collective bargaining unit agreement for 80+ employees.
- Implemented systems to support performance based contracts.
- Used team building, goal setting, and performance recognition to ensure motivated and highly productive staff.

Significant Achievements **(1995)**

-Successfully renegotiated the 911 agreement in Santa Cruz County valued at approximately **$10 million** annually.

Director of Operations, Santa Cruz Ambulance, Santa Cruz County **(1980-1995)**

- Provided direct oversight of all aspects of operation.
- Established strategic direction and vision for business unit.
- Managed **$3 million budget** and 4 direct reports.
- Oversaw contract for healthcare delivery system.
- Administered collective bargaining unit agreement for 50+ employees.
- Used team building, goal setting, and performance recognition to ensure motivated and highly productive staff.

Significant Achievements **(1989)**

-Restructured and consolidated two County providers following the acquisition of A-1 Ambulance of Watsonville. Successfully integrated two highly competitive workforces into one team, with improved efficiency, customer service and employee satisfaction.

Education / Training

1977 / 2006 - Attended industry and business related training and education including the EMS Academy (Fitch and Associates) and Kellogg School of Management, Northwestern University".

1975 / 1976 - Cabrillo Junior College. Attended two years of business education. Elected to discontinue due to promotion to General Manager for Santa Cruz County in 1980.

1984 / 1985 - Stanford Paramedic Training Program. Selected as Valedictorian of graduating class.

Community and Industry Involvement

- Board of Directors, Central Santa Cruz County Fire Protection
- Volunteer firefighter, Live Oak Fire Department
- Emergency Medical Services Council, Monterey County
- Emergency Medical Care Commission, Santa Cruz County
- Board of Directors, Dominican Santa Cruz Hospital Foundation
- Emergency Medical Care Commission, San Benito County
- Board of Directors, California Ambulance Association

Honors and Awards

- 1982 California Ambulance Association Employee of the Year.
- 1993 Santa Cruz County EMS Leader of the Year.
- 2004 AMR Team Leader of the Year.

BRENDA KAY SANFORD

10059 Pine Glade Dr.
Colorado Springs, CO 80920
719-306-5236 (C), 719.282.1920 (H)
E-mail: rbsanford@comcast.net

SUMMARY

Innovative financial executive with 20 years of successful, progressive management experience in leadership roles. Strong strategic thinker and team builder with a commitment to excellence. Has a reputation for achieving exceptional financial outcomes.

AREAS OF EXPERTISE

- Accounting Policies & Procedures
- Contract Negotiations
- Revenue Cycle Improvement
- Financial Analysis
- Internal Cash Controls
- Organizational Analysis and Improvement
- Organizational Restructuring
- Expense Containment Strategies
- Strategic / Business Planning

PROFESSIONAL EXPERIENCE

Divisional Director of Financial Operations
American Medical Response
Colorado Springs, CO
2007 to Present

Responsible for directing financial affairs, supervising the functions and activities of financial reporting and analysis, field accounts payable activity, payroll, business planning, acquisitions, bids and proposals.

- Coordinate and direct the activities of the Finance staff, applying fundamentals of leadership and supervision while promoting teamwork
- Maintain liaison with the corporate office to insure all information needed for the general ledger is available in a timely and accurate fashion
- Analyze income, expenditures, and asset values to recommend ways to increase income, reduce operating costs and improve business value
- Prepare the division's business plans and forecasts. Oversees the organization and coordination of the annual business plan process
- Provide leadership on contract review, negotiations and pricing
- Oversee the preparation of necessary materials for the various audits and working with outside auditors and regulatory representatives
- Review, monitor and evaluate monthly business plan, comparing them to actual results, and analyzing variances
- Provide short and long range financial analysis for operating departments
- Assist in due diligence on acquisitions and be responsible for integrating the financial function of acquisitions
- Responsible for assuring payroll is completed timely for the division
- Develop and analyze key performance indicators on a monthly basis and report on trends and action plans to address any unfavorable variances

Chief Financial Officer/Controller
Healthsouth Rehabilitation Hospital
Colorado Springs, CO
2005 to 2007

Responsible for the overall strategic, operational, and clinical success of an inpatient rehabilitation hospital with gross revenue of over $24 million and net revenue exceeding $12 million annually. Report to the Chief Executive Officer.

- Provided leadership to implement SOX compliancy hospital-wide
- Directed substantial change process for refinement of revenue cycle including business office restructure along with admissions department restructure
- Improved overall patient satisfaction through focused customer service improvements
- Realized strategic capital equipment expenditures and streamlined scheduling process
- Established cultural changes leading to improved management of departments
- Monitored operational success with key indicators called the CEO Dashboard
- Hired several key management replacements, obtained training opportunities to enhance performance of others
- Provided administrative oversight for the successful completion of the JCAHO mid-cycle review process
- Contributed to the financial and clinical success of the department through process improvements
- Departments directly reporting to me include Business Office, Central Supply, AP, Payroll, Health Information Management, Admissions, and Switchboard which accounts for 10 personnel

Chief Financial Officer
The PHYSICIANS CENTRE HOSPITAL
Bryan, Texas
2004 to 2005

Responsible for the overall strategic, operational, and clinical success of an acute care hospital with gross revenue of over $47 million and net revenue exceeding $17 million annually. Report to the Chief Executive Officer.

- Provided leadership to move facility from a negative to positive net income in six months
- Increased EBITDA by 96% through aggressive cost containment
- Increased facility chargemaster resulting in outpatient net revenue growth of 59% and inpatient net revenue increase of 29%
- Directed substantial change process, with CEO, for refinement of revenue cycle including business office restructure
- Lead the successful effort to refinance the organization debt to significantly improve cash flow for the year 2005
- Earned 98% overall patient satisfaction through focused customer service improvements
- Facility awarded Texas Medical Foundation Surgical Infection Prevention Collaborative recognition for exceeding expectations for defined key indicators; hospital nationally recognized in this endeavor to prevent surgical site infections
- Achieved annualized expense and containment savings of over $2.8 million (26%); assisted in intensive contract negotiations for all aspects of the operation
- Realized strategic capital equipment expenditures and streamlined scheduling process
- Established cultural changes leading to improved management of departments
- Monitored operational success with key indicators called the CEO Dashboard

- Hired several key management replacements, obtained training opportunities to enhance performance of others
- Administrative oversight for the successful completion of the JCAHO mid-cycle review process
- Contributed to the financial and clinical success of the department through process improvements
- Facility Compliance Officer

ACCOUNTING MANAGER/CONTROLLER
The PHYSICIANS CENTRE HOSPITAL
Bryan, Texas
2001 to 2004

Responsible for the accounting operations, materials management and payroll functions. Reported to the Chief Financial Officer.

- Prepared financial statements in compliance with accounting and budgetary policies
- Overall management of accounts payable, accounts receivable, payroll
- Assisted with financial planning, financial analysis, and annual budgets
- Reduced AP days by 40% by implementing tracking mechanisms and cash flow processes
- Upgraded and trained staff on new payroll system to reduce payroll processing by 60%
- Streamlined the AP process to reduce inefficiencies by 50%
- Reduced the accounting month-end close process to close in 10 days instead of 20 days
- Streamlined the account reconciliations to be completed within 20 days instead of 30 days
- Implemented an interdepartmental team between Materials Management, Business Office and Account Payable

Staff Accountant/Assistant Controller
O.I. CORPORATION
Bryan, TX
2000 to 2000

Coordinated the accounting functions such as month end close, reconciliations, financial statements, financial analysis, fixed assets, and state income tax and franchise tax returns.

Senior Manager, Planning/Budgeting/Payroll
TEXAS WORKER'S COMPENSATION INSURANCE FUND
Austin, TX
1999 to 2000

Responsible for facilitating corporate plan, corporate budget, financial reports, internal policies & procedures, financial analysis & ratios, and payroll process for 900 employees. Developed strategic plans, business plans, divisional budgets, financials projections & forecasts.

Executive Director
Director of Finance/Operations/Personnel
BRAZOS VALLEY REHABILITATION CENTER
Bryan, Texas
1998 to 1999

Managed a staff of 22 employees and reported to Board of Directors. Developed and implemented organizational structure for facility, formulated policies & procedures, analyzed financial results, developed strategic plans and budgets, evaluated and executed fund raising efforts, monitored all operational activities, and staff liaison to Board Finance Committee.

Accounting Manager/Staff Accountant
ANCO INSURANCE COMPANY
Bryan, Texas
1995 to 1998

Supervised 4 staff accountants, analyzed profit and loss statements for CFO; prepared financial ratios, financial reports, business plans; assisted with 401k audits.

Senior Financial Analyst
Staff Accountant
Administrative Assistant
REPUBLIC FINANCIAL SERVICES/WINTERTHUR RE INSURANCE
Dallas, Texas
1988 to 1995

EDUCATION

2006	**ELLIS COLLEGE (at NYIT)** MBA – General Studies
1988	**TEXAS A&M UNIVERSITY** B.B.A., Finance/Accounting

TED SAYER

EXPERIENCE

2003-present American Medical Response Colorado Springs, CO

General Manager

- Managed financial, political, and operational aspects of the largest (over 200 employees) 911 advanced life support transport provider in El Paso County

2001-2003 American Medical Response Colorado Springs, CO

Operations Manager

- Managed the operations of the largest 911 advanced life support transport provider in El Paso County

1999-2001 American Medical Response Colorado Springs, CO

Operations Supervisor

- Managed the daily shift operations of the largest 911 advanced life support transport provider in El Paso County

1997-1999 American Medical Response Colorado Springs, CO

Field Supervisor

- Covered Operations Supervisor duties when the Operations Supervisor was unavailable including 11 month period as temporary Operations Supervisor

May/1993-1997 A-1/American Medical Response Colorado Springs, CO

Paramedic

- Responded for emergency and inter-facility calls for service throughout El Paso County

1986-1993 Lee County EMS Ft Myers, FL

Paramedic/Flight Paramedic/Paramedic Preceptor

- Responded to emergency 911 calls for service throughout Lee County Florida

1983-1986 Lee County EMS Ft Myers, FL

Emergency Medical Technician

- Responded to emergency 911 calls for service throughout Lee County Florida

1982-1983 Lee Memorial Hospital Ft Myers, Fl

Emergency Medical Technician

- Provided direct RN and Physician support in Ft Myers' busiest ED

EDUCATION

2005-2006 Ottawa University Kansas City, KS

- B.A., Healthcare Management

2000-2005 Colorado Technical University Colorado Springs, CO

- Majored in Information Technology, C++ Certification

2002 University of St. Thomas Minneapolis, MN

- Mini MBA in Emergency Medical Services

2001 Leadership Pikes Peak Colorado Springs, CO

- Leadership Pikes Peak 2001

1985-1986 Edison Community College Ft Myers, FL

- Paramedic Certification
- Minor, Politics

INTERESTS

Pikes Peak International Hill Climb Board of Directors, Volunteer Firefighter/Paramedic Calhan Fire Protection District, Motor Sports, Travel

AWARDS AND ACHIEVEMENTS

1987 National Association of Emergency Medical Technicians

- National ALS Service of the Year

2001 State of Colorado's Emergency Medical Services Association of Colorado

- Ambulance Service of the Year

2006 State of Colorado's Emergency Medical Services Association of Colorado

- EMS Administrator of the Year

2006 National Association of Emergency Medical Technicians

- National ALS Service of the Year

Adam Migliaccio

Objective

I have been in EMS since 1979. It is my goal to provide the best possible leadership within AMR to further the expertise of our Caregivers; to provide the best possible experience for those whom we serve; and always deal fairly and honestly in every aspect of our business from dealing with our employees to interacting in the Community.

Experience

July, 2005—Present | American Medical Response | Colorado Springs, CO

- Operations Manager

Responsibilities include oversight of Operations and Communications Supervisors, oversight of support staff and general day-to-day operational duties. Also active with conflict resolution (internal/external). Development and implementation of general budgets and capital expenditures.

November 1994-July 2005 | American Medical Response | Colorado Springs, CO

- Dispatcher and Communications Supervisor—

Responsible for ambulance resource deployment and utilization. Assisted with scheduling and problem solving. Lead Communications Trainer responsible for developing and teaching hiring system and implementation of same.

December 1992-November 1994 | McGinnis Better Homes and Gardens | Colorado Springs, CO

- Realtor

Assisted home buyers/sellers with Real Estate transactions.

April 1980-June 1992 | St Francis Paramedics/Professional Paramedics | Colorado Springs, CO

- Paramedic

Performed full-range of pre-hospital duties under EMT-P Colorado standards. Also functioned as an EMT and Paramedic training officer, development of Policies and Procedures, and was the Chief Flight Nurse training Paramedic for St Francis Flight for Life (fixed-wing) program.

Education

June 2000-September 2003 | Colorado Technical University | Colorado Springs, CO

- Bachelor of Science Information Technology

Emphasis on Software Engineering

References

References are available on request.

LAURA SAENZ
7474 Silver Bow Dr
Colorado Springs, CO
80925
Phone: 719-964-5471 Mobile: 719-964-5471
Email: lsaenz@amr-ems.com

WORK HISTORY

Mar 2008 to present **Communications Manager**
American Medical Response
Colorado Springs, Co

- Oversee the Communications Supervisors
- Oversee all operations of the Communications Center
- Interact with all outside agencies
- Spokesperson for the Communications Center for the Community

Nov 2005 to Mar 2008 **Training Coordinator**
American Medical Response
Colorado Springs, Co

During this time I was given the position of Training Coordinator and Back-Up Supervisor.

- In charge of all new hire testing and interviewing
- Initial training for new hires and continued training for all dispatchers
- Maintain all employees training files and certifications
- Coordinate Communication Center Supervisor Meetings
- Attend all off-site meetings with our helicopter companies
- Compose and maintain procedure manuals
- Various other duties as assigned by the Manager

Dec 2001 to Nov 2005 **Communications Specialist**
American Medical Response
Colorado Springs, CO

During this time I worked as a part time dispatcher in the Communications Center.

- Fully trained in all areas of the Communications Center
- Able to dispatch emergent and non-emergent systems
- Trained in EMD, CPR and Basic Telecommunicator

Jan 2000 to Dec 2001 **EMT-Basic**
American Medical Response
Colorado Springs, CO

Performed skills as an EMT Basic on an Advanced Life Support ambulance.

MEMBERSHIPS

- National Association of Air Medical Communication Specialists
- National Academy of Emergency Medical Dispatchers

EDUCATION

Dec 2001 to present **On the Job Certifications**
Colorado Springs, CO

- Emergency Medical Dispatch (EMD)
- CPR
- Basic Telecommunicator through APCO International
- Basic Telecommunicator Instructor through APCO International
- Communications Training Officer through APCO International
- National Association of Air Medical Communication Specialist (NAACS)

Jan 1994 to May 1994 **University of Colorado at Colorado Springs**
Colorado Springs, CO
Elemntary Education

I took basic college courses.

Sep 1993 to Dec 1993 **University of Northern Colorado**
Greeley, CO
I took basic college courses.

SOFTWARE/SYSTEM SKILLS

I have learned man different skills that are used within any Communications Center.

- Computer Aided Dispatching (CAD)
- Delmorme Street Address
- Sky Trac-Helicopter system
- Radio Communication
- Managing a high profile EMS system

REFERENCES

Will give references upon request.

CURRICULUM VITAE

NAME:	**David William Malcolm Ross, DO, FACEP**
BIRTHDATE:	**November 20, 1954**
ADDRESS:	**15340 Raton Road** **Colorado Springs, CO 80921**
PHONE:	**(Office) 719-776-5075 (Pager) 719-279-0974 (Office – American Medical Response) 719-597-1277 ext. 141. (Cell) 719-494-7810**
EMAIL:	**DRDR0682@aol.com**

MARITAL STATUS: **Married to Linda K. Ross**
4 children: Hayley, Graeme, Brendan and Adrienne

EDUCATION

Fellowship: Hyperbaric Medicine, Louisiana State University
School of Medicine, Charity Hospital, Jo Ellen Smith Medical
Center, New Orleans, LA.
1991-1992.

Residency: Emergency Medicine, Louisiana State University
School of Medicine, Charity Hospital, New Orleans, LA.
1988-1991.

Internship: Rotating. Chicago College of Osteopathic Medicine, Chicago, IL.
1982-1983.

Medical School: College of Osteopathic Medicine of the Pacific,
Western University of the Health Sciences
Pomona, CA.
1978-1982. Doctorate of Osteopathy

Undergraduate: University of Washington, Seattle, WA.
1973-1978. Bachelor of Science, Nutritional Science

ADDITIONAL EDUCATION

Diving Medicine Course for Physicians
National Oceanographic & Atmospheric Administration (NOAA)
Seattle, WA 1991.

School of Aerospace Medicine, United States Air Force
Flight Surgeon Training Program
Brooks Air Force Base, TX. 1983.

BOARD STATUS

American Board of Emergency Medicine
1992 Certified
2002 Re-certified
2012 Expires
2004: Elected Fellow of the American College of Emergency Physicians (FACEP).

EXAMINATIONS

1982 National Board of Osteopathic Examiners
1988 FLEX

LICENSURE

Colorado 1992-present;
Alabama 1990;
Louisiana 1988-1992;
Oklahoma 1984-1988.

PRACTICE EXPERIENCE

Private practice of Emergency Medicine, Penrose/St. Francis Healthcare System & Partner:
Front Range Emergency Specialists (FRES), P.C.
2222 N. Nevada Ave. Colorado Springs, CO 80907
1994 – present.

St. Francis Hospital
Penrose/St. Francis Healthcare System
Colorado Springs, CO
Full-time staff emergency physician
1992-1994.

Presbyterian/St. Luke's Medical Center
Denver, CO
Part-time staff physician, Department of Hyperbaric Medicine
1993-1996.

Montrose Memorial Hospital
Montrose, CO
Part-time staff physician, Emergency Department
1993-1996.

North Shore Regional Medical Center
Slidell, LA.
Part-time staff physician, Emergency Department
1990-1992.

926th Tactical Fighter Group, United States Air Force Reserve
New Orleans, LA.
Flight Surgeon: Caring for aircrew and supervision of aeromedical transports
1989-1992.

20th Medical Services Squadron, 301st Tactical Fighter Wing,
United States Air Force Reserve
Carswell Air Force Base, TX.
1986-1989. Flight Surgeon

Jackson County Memorial Hospital
Altus, OK.
Medical Director, Emergency Department
1986-1988.

443rd Military Airlift Wing, United States Air Force Hospital
Altus Air Force Base, OK.
United States Air Force Active Duty, Flight Surgeon
1983-1986.

ACADEMIC POSITIONS

Assistant Clinical Professor of Surgery (Emergency Medicine),
University of Colorado School of Medicine,
Denver, CO
1993-1998.

Clinical Instructor; Department of Medicine, Section of Emergency Medicine
Charity Hospital, LSU School of Medicine
New Orleans, LA
1991-1992.

EMS MEDICAL DIRECTION

Medical Director, Cheyenne Mountain State Park
Colorado Springs, CO
2007 – present.

Medical Director, Pikes Peak Fire Fighters Association
Fire Rehabilitation Services
Colorado Springs, CO
2007 - present

Medical Director, Falcon Fire Protection District
Falcon, CO
2007-present.

Co-medical Director, Larkspur Fire Protection District
Larkspur, CO.
2007.

Medical Director, Kit Carson County EMS
Recipient of the State of Colorado Ambulance Service of the Year Award – 2006.
Presented by the Emergency Services Association of Colorado (EMSAC) May 2006
Kit Carson County, CO.
2007-present.

Medical Director. Teller County EMS System
Teller County, CO.
2006-present.

Medical Director, Cheyenne County EMS
Cheyenne County, CO.
2006-present.

Medical Director, Flight for Life, Colorado
Colorado Springs Base
Centura Health,
Denver, CO.
2004 - 2006.

Medical Director, Regional Wildland Fire Fighting Team
American Medical Response, Inc.
Colorado Springs, CO.
2004-present.

Medical Director, Donald Wescott Fire Protection District
Colorado Springs, CO.
2004-present.

Medical Director, Palmer Lake Volunteer Fire Department
Palmer Lake, CO.
2004-present.

Medical Director, El Paso County Automatic External Defibrillation (AED) Program
El Paso County Government Offices
Colorado Springs, CO.
2004-present.

Medical Director, Woodmoor-Monument Fire Dept.
Monument, CO.
2004.

Medical Director, Event Medical Inc.
Colorado Springs, CO.
Company provides standby emergency medical personnel for various major regional events.
2004-2006.

Medical Director, Emergency Medical Services
Pike's Peak International Raceway
Fountain, CO.
2003-2006.

Medical Director, Security Fire Department
Security, CO.
2003-present

Medical Director, American Medical Response (AMR), Colorado Springs CO.
Recipient of the National Ambulance Service of the Year Award – 2006. Presented at the EMS Expo Conference, Las Vegas, NV. by the National Association of Emergency Medical Technicians (NAEMT), September 2006.
Recipient of the State of Colorado Ambulance Service of the Year Award – 2000. Presented by the Emergency Services Association of Colorado (EMSAC) at the EMSAC Colorado EMS Conference, November 2000.
1998-present. (Contracted to provide medical direction for 80 hours per month).

Medical Director, Flight for Life Helicopter Program
Penrose/St. Francis Healthcare System and Centura Health
Colorado Springs, CO.
1996-2004.

Medical Director, Ski Patrol, Monarch Ski and Snowboard Area, Monarch, CO.
1996-1999

Volunteer Medical Staff, Ski Patrol
Monarch Ski and Snowboard Area, Monarch, CO.
1992-1996.

Medical Director and Member Governing Board of Trustees,
Jackson County EMS. Altus, OK.
1986-1988.

AMERICAN COLLEGE of EMERGENCY PHYSICIANS (ACEP) POSITIONS

Member: Public Relations Committee
National ACEP
July 2004 – present.

ACEP Councillor
Representing the Colorado Chapter
2005 – present.

Contributing author: ACEP EMS Section Newsletter
2006 - present.

President-Elect
Colorado Chapter ACEP
2008.

Secretary/Treasurer, Board of Directors
Colorado Chapter ACEP
2007.

Member: Board of Directors
Colorado Chapter ACEP
2006- 2007.

Public Relations Coordinator and author of *Members in the Spotlight* Feature
EPIC Newsletter
Colorado Chapter ACEP
January 2005 – present.

ADDITIONAL POSITIONS

Member: Technical Review Panel
EMS Safety Foundation
International organization focused on ambulance safety -
established by Nadine Levick, MD MPH in 2007

Site Reviewer: Commission on Accreditation of Ambulance Services (CAAS).
Glenview, IL.
2007- present.

Member: National Registry Emergency Medical Technician (EMT)-Basic Examination Item Writing Committee
National Registry of Emergency Medical Technicians, Columbus, OH.
2007-present.

Principal Investigator: Colorado Prehospital Pediatric Trauma Patient Destination Study Group.
Project Funded by a Grant from Emergency Medical Services for Children (EMSC).
Grant Administered via the Plains to Peak Regional Emergency Trauma Advisory Council (RETAC) and the State of Colorado.
2005-present.

State Trauma Site Reviewer, Colorado State Department of Public Health and Environment
Denver, CO.
2005-present.

Member: State Emergency Medical and Trauma Advisory Council
(SEMTAC) - and related committees and task forces -
of the Colorado State Department of Public Health and Environment
Denver, CO.
2004 – present.

Member: Editorial Board
Air Medical Journal
Elsevier, Inc. pub. St. Louis, MO. 2003 – present.

Member: Medical Advisory Group (MAG) of Emergency Medical Services of the State of Colorado.
This committee advises the Colorado Board of Medical Examiners regarding pertinent issues involving EMS in the state of Colorado
Denver, CO.
2003 – 2007.

Member: Board of Directors
El Paso County Medical Society
2007 – present.

Senior Delegate to the Colorado Medical Society
Representing the El Paso County Medical Society
2007 – present.

Alternate Delegate to the Colorado Medical Society
Representing the El Paso County Medical Society
2003– 2007.

Member: Medical Response Committee (MRC) of the El Paso County Medical Society. This committee is comprised of physicians charged with planning regional medical response to possible chemical and bioterrorism attacks.
2002 - 2007.

Chairman: Emergency Care Committee of the El Paso County Medical Society.
1998 - present.

Member: Risk Management Committee
Emergency Associates of Colorado, Denver, CO.
1996-1998.

Officer, United States Air Force
Inactive Reserve
1992-2006.

HOSPITAL and PHYSICIAN GROUP COMMITTEES

Member: Trauma Division Peer Review Committee
Penrose/St.Francis Healthcare System
Colorado Springs, CO
1998-present.

Chairman: Peer Review Committee in Emergency Medicine
Penrose/St. Francis Healthcare System
1996-1999

Member: Board of Directors
Front Range Emergency Specialists, P.C.
1996-1998

Member: Peer Review Committee in Emergency Medicine
Penrose/St. Francis Healthcare System
1994-1996

HONORS

Medical Director of the Year. Awarded by the Plains to Peaks Emergency Medical and Trauma Service Region.
April 2007.

Commendation in the Congressional Record of the 109th United States Congress, Second Session. September 29, 2006.
Presented by Senator Wayne Allard, R- CO.
October 2006.

Dr. Valentin E. Wohlauer Award for Physician Excellence in EMS. Presented by the Emergency Medical Services Association of Colorado (EMSAC).
October 2003.

William J. Bradley, MD Memorial LSU Emergency Medicine Resident Award.
LSU School of Medicine, Charity Hospital, Department of Medicine, Section of Emergency Medicine. Presented annually to the outstanding senior resident.
June 1991.

Chief Resident Emergency Medicine, LSU Charity Hospital
1990-1991.

RESIDENT RESEARCH

Outcome of Pre-Hospital Cardiopulmonary Arrests in a Community Hospital Setting (unpublished).

Clinical Comparison of Antibiotics Ceftriaxone and Cefpirome (unpublished).

Ross D, Salna J, Hauth J, et al: Emergency department thoracotomies by emergency medicine residents {abstract}. South Med J 1991; 84:2S-23.

FELLOWSHIP RESEARCH

Van Meter KW, Swanson HT, Sheps S, Ross DW, Harch PG, et al: A pilot study to determine the safety and practicality of using a single human resuscitator with a Mechanical Ventricular Assist Device (MVAD) assisted open chest resuscitation, after a 15 minute episode of ventricular fibrillation in swine in a hyperbaric chamber. Abstract Presented at the 1996 Undersea and Hyperbaric Medical Society Annual Meeting.

Van Meter KW, Ross DW, McSwain N, Anstadt G, et al:
Use of varying hyperbaric pressure to influence pulmonary artery SVO2 values.
Abstract presented at the Louisiana State University Neuroscience Center Retreat Day, 1996.

Van Meter KW, Ross DW, Swanson HT, McSwain N, Anstadt G, et al: Internal electrical defibrillation in a hyperbaric oxygen environment to treat ventricular fibrillation in open chest cardiac resuscitation in a controlled, non-randomized pilot in swine.
Abstract presented at the 1996 Gulf Coast Chapter of the Undersea and Hyperbaric Medical Society Annual Meeting.

Ross DW, Van Meter KW, Anstadt G, et al: Practical adaptation of the Anstadt Heart Cup (direct mechanical ventricular actuation/DMVA) for use in open chest resuscitation of swine in cardiopulmonary arrest in the hyperbaric environment.
Abstract presented at the 1995 Gulf Coast Chapter of the Undersea and Hyperbaric Medical Society Annual Meeting.

Ross DW, Swanson HT, Sheps S, Van Meter KW: Comparison of outcomes of swine subjected to open chest cardiac massage with or without hyperbaric oxygen at 3 ATM after 20 minutes of cardiac arrest.
Unpublished.

OTHER PUBLICATIONS:

Ross D. *Out of the Box*. EMS1.com web site. A regular quarterly column appearing on at www.ems1.com examining new products, skills or medications for use in EMS.
2007- present.

Ross D. *Case in Point*. Journal of Emergency Medical Services (JEMS). Elsevier, pub. New York, NY. A regular bimonthly column appearing on www.jems.com presenting a prehospital case with discussion and concluding with my opinions.
2006 - present.

Ross DW, Wichman C. *Case Review*. Air Medical Journal. Elsevier pub. New York, NY. An ongoing case review series that appears in each issue (six times a year) originating November 2005.

Ross D. *Obesity Part IV Conclusion*. M.D. News, Southern Rocky Mountain Region Edition, November 2006. 4(11): 10-12. Sunshine Media, pub. Phoenix, AZ

Ross D. *Obesity Part III.* M.D. News, Southern Rocky Mountain Region Edition, October 2006. 4(10): 32-35. Sunshine Media, pub. Phoenix, AZ

Ross D. *Obesity Part II.* M.D. News, Southern Rocky Mountain Region Edition, July 2006. 4(7): 20-22. Sunshine Media, pub. Phoenix, AZ

Ross D. *Cover Boy.* Emergency Physicians Monthly, June 2006. 13(6): 5 M.L. Plaster Publishing LLC, Wilmington, DE.

Ross D. *Springs Physician Shares His Bout with Obesity.* M.D. News, Southern Rocky Mountain Region Edition, May 2006. 4(5): 25-26. Sunshine Media, pub. Phoenix, AZ

Ross D. *Dave Dreitlein, MD: Everest Base Camp*
Emergency Physician Monthly-Online, (Emergency Physician Profiles Section) December 2005
Emergency Physicians Monthly, M.L. Plaster Publishing LLC, Wilmington, DE.

Ross D. *A Calling Takes Young EP to Indonesia in Tsunami's Wake.* Emergency Medical News, September 2005, 27 (9): 58-60. Lippincott Williams &Wilkins Pub. New York, NY.

Ross DW, Crawford, B. *After the Disaster: Elena's Story.* Journal of Emergency Medical Services (JEMS) eNews. June 21, 2005. Elsevier pub.

Ross DW. *Colorado Springs Physician Joins Mission of "Mercy" in Indonesia.* M.D.News, Southern Rocky Mountain Region Edition, June 2005. 3(6): 17-18. Sunshine Media, pub. Phoenix, AZ

Ross DW, Kuykendall D, Osburn LA, Homan MB. *True to Form: The Airway Report Form.* Journal of Emergency Services (JEMS) 2005 May;30(5):68-78.

PRESENTATIONS

Topics to be determined
State of Georgia EMS Conference
Atlanta GA.
November 2008 - scheduled

Pulmonary Embolism
James McMullen, MD Radiology Educational Seminar
Colorado Springs, CO
October 2008 – scheduled

Naloxone in Pre-hospital Care
Surgical vs. Kit Cricothyrotomy
New Concepts inAmbulance Safety – Reducing Lights and Siren Use
Pulmonary Embolism
Colorado Symposium on Emergency Care.
Telluride CO.
June 2008 – scheduled.

Associate Course Director,
Penrose Trauma Conference
Colorado Springs, CO
March 2008

Pharmacologically Assisted Intubation and Rapid Sequence Induction
8- hour Pre-Conference Workshop
23rd Annual Nebraska Emergency Medical Services Association (NEMSA)
Winter Conference on Emergency Care
Kearney, NE.
January 2008.

Interesting Presentation of Pulmonary Embolism – A Case Study
Surgical vs. Kit Cricothyrotomy
Management of the Airway in Trauma
Ambulance Safety
Alternate Airway Use
RSI and Narcan – A Case Study
12th Annual North Lake Tahoe Paramedic Refresher Conference
Lake Tahoe, NV.
November 2007.

Great Cases in Electrolyte History; Ionic Shifts can be Sexy and Glamorous.
The Air Medical Transport Conference (AMTC). Tampa, FL.
September 2007.

The Critical Care Paramedic in Colorado
Management of the Traumatized Airway
Management of Pelvic Fractures
Intraosseous Access in Adults and Children.
Colorado Symposium on Emergency Care.
Telluride CO.
June 2007

EMS Safety; Avoiding the Use of Lights and Sirens in Ambulances.
Penrose Trauma Conference, Colorado Springs, CO.
April 2007

High Risk Obstetrics. A video educational program produced by Trinity Broadcasting for the Fire and Emergency Television Network (FETN).
January 2007

Patient Care Refusals in the Field. An audio educational program (podcast) taped on behalf of the Journal of Emergency Services (JEMS) and aired on www.jems.com.
November 2006.

Spinal Immobilization. The Impact on Emergency Department Practice.
Rising Star Speaker Competition. American College of Emergency Physicians, Scientific Assembly.
New Orleans, LA.
October 2006

Invasive Procedures.
The Air Medical Transport Conference (AMTC).
Phoenix, AZ.
September 2006

Spinal Immobilization in the Field
Prehospital Pediatric Trauma Patient Triage.
Colorado Symposium on Emergency Care, Telluride, CO.
June 2006

Spinal Immobilization in the Field.
Penrose Trauma Conference.
Colorado Springs, CO.
April 2006

Difficult Airway Laboratory.
Emergency Medical Services Association of Colorado (EMSAC) Conference. Keystone, CO.
November 2004.

Difficult Airway Laboratory.
Rocky Mountain Critical Care Transport Conference
Denver, CO.
May 2004

Difficult Airway Management for FRES Physicians
This was a course I developed specifically for physicians in my emergency medicine group. This was a three hour educational experience that was required attendance for every member. It was offered on 4 different days to provide maximum scheduling flexibility for our emergency physicians.
Penrose Hospital, Colorado Springs, CO.
April 2004.

Difficult Airway Laboratory.
Rocky Mountain Critical Care Transport Conference
Denver, CO.
May 2003

Overview of Air Medical Transport.
Rocky Mountain Critical Care Transport Conference
Denver, CO.
April 2002

Diving Accidents.
Rocky Mountain Conference on Emergency Medicine.
Breckenridge, CO.
February 1996

Hyperbaric Medicine.
Grand Rounds
Montrose Memorial Hospital, Montrose CO.
November 1991.

ADDITIONAL TRAINING and TEACHING EXPERIENCE

Basic Life Support (BLS) instructor. 1986-1992.
Advanced Cardiac Life Support (ACLS) instructor and Course Director. 1986-1992.
ACLS provider. 2001-2003.
Advanced Hazmat Life Support Course (AHLS) certified. 2004.
Advanced Trauma Life Support (ATLS) Instructor. 1990-present.
Pediatric Life Support (PALS) instructor and Course Director. 1986-1992.
PALS provider. 2001 –2003.
Taught (and continue to teach) over 60 Rapid Sequence Intubation (RSI) Courses to area paramedics 2000- present.

MEMBERSHIPS

American College of Emergency Physicians (ACEP) - as well as the ACEP EMS and Air Medical Sections, El Paso County Medical Society, Colorado Medical Society, National

Association of EMS Physicians (NAEMSP), Air Medical Physician's Association (AMPA), Undersea and Hyperbaric Medical Association (1991-1996), Aerospace Medical Association (1983-1995), Society of USAF Flight Surgeons (1983-1995).

VOLUNTEER ACTIVITIES

All State of Colorado activities are volunteer, with the exception of the Trauma Center Site Surveyor position.

Several EMS medical director positions also represent volunteer time.

Member: Planning Committee and Coordinator of Medical Staff Campaign for the Flight for Life Mardi Gras Ball and Fundraiser Event, February 2006.
Penrose/St. Francis Foundation.
Colorado Springs, CO. 2005 - 2006.

Chair: Brandon L. Johnson Family Fund of the Pikes Peak Community Foundation.
Colorado Springs, CO. 2003- 2007.
Brandon suffered a cervical spine injury at a high school event during his junior year in 2003. He remained quadriplegic. The family had no medical insurance. Over $150,000 was raised for the Family Fund by members of the community. Five individuals, including myself, retained trustee status to administer funds when needed by Brandon.

HOBBIES/ INTERESTS

Most sports. Aviation; private pilot with instrument rating. Music; especially playing guitar and bass guitar in our church band. Old British sports cars.

TRAINING

Field Training Officers....1
SimMan....2
Life Saving Solutions....3
Patient Refusal of Care....4
Airway Report Form Article....5
CPR....6
Medical Instructions....7

AMR
AMERICAN MEDICAL RESPONSE

Daily Performance Checklist

Trainee will self-evaluate using the upper left box.

FTO will evaluate using the lower right box.

Part One: The Employee *	1 Does Not Meet Standard	2 Meets Stnd. w/Prompting	3 Meets Stnd. w/out Prompting	4 Exceeds Rating #3
1. Appearance				
2. Acceptance of Feedback				
3. General Attitude and Demeanor				
4. Attitude Toward EMS Work				
5. Self-initiated Activity				
6. Performance - Non-stressful Conditions				
7. Performance - Stressful Conditions				
8. Safety Awareness				
9A. Infection Control				
9B. Infection Control - Airborne Pathogens				
9C. Infection Control - Bloodborne Pathogens				
10. Lifting and Workplace Security				
11. Unit Preparation				
12. Gurney Safety				
13. End of Call and Shift				
14. Driver Qualifications				

Part Two: Ambulance Operations	1	2	3	4
15. Acceleration				
16. Backing and Maneuvering				
17. Braking				
18. Code Three Driving				
19. Following Distance				
20A. Right Turns				
20B. Left Turns				
20C. U-turns				
21. Merging and Lane Changing				
22. On-scene Arrival and Parking				
23A. Unregulated Intersections				
23B. Regulated Intersections				
23C. Blind Intersections				
24. Signals				
25. Speed				
26. Seatbelts				

Part Three: Interactions/Communication	1 Does Not Meet Standard	2 Meets Stnd. w/Prompting	3 Meets Stnd. w/out Prompting	4 Exceeds Rating #3
27. Personal Approach				
28. Communication with Coworkers				
29. On-scene Communication				
30. Radio Communication				
31. Communication at Hospital				
32. Communication w/Patient & Family				
33. Communication w/Outside Agencies				
34. Conflict Resolution/Assault				

Part Four: Service	1	2	3	4
35. Scene Management				
36. Total Patient Care				
37. Call Response				
38. Crisis Intervention				
39. Treatment/Clinical Impression				
40. Physical Exam				
41. Restraint Devices				

Part Five: Documentation	1	2	3	4
42. Patient Care Reports				
43. Signature Policy				
44. Refusals				
45. Advanced Beneficiary Notice (ABN)				
46. Physician Certification Statements (PCS)				
47. Do Not Resuscitate (DNR)				
48. HIPAA and Privacy Issues				

Date:_____

Trainee Name:_____

Trainee Signature:_____

FTO Name:_____

FTO Signature:_____

AMERICAN MEDICAL RESPONSE DAILY OBSERVATION REPORT

Trainee		Evaluator		Purpose
Date	Shift #	Unit	Page of	

DIRECTIONS: Type of call, Pt info/CC, Tx rendered & ALS/BLS contacts sections are to be completed by the Trainee. Comments are to be made by the Evaluator in the " Comments" areas provided.

	Patient Information & Chief Complaint	Treatment Rendered	Contacts ALS	Contacts BLS	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

OVERALL DAILY EVALUATION (CIRCLE ONE)

1-Unable to meet standard **2-Meets Standard with prompting** **3-Meets Standard**
4-Exceeds Standard **NRT-No response to training**

Evaluator Signature	Date
Trainee Signature	Date

Suggested areas for improvement

White – CES Yellow – Evaluator Copy

☐ First Month-Mid
☐ Second Month-Mid
☐ Third Month-Mid

☐ First Month-End
☐ Second Month-End
☐ Third Month-End

FIELD TRAINING ORIENTATION PROGRAM
MID/END OF ROTATION REPORT

Trainee Name: _____ Signature: _____ Date: _____

FTO Name: _____ Signature: _____ Date: _____

1 – Does not meet standard 2 – Meets standard with prompting 3 – Meets standard without prompting 4 – Exceeds #3

Standard	Score				Comments
General Attitude & Demeanor	1	2	3	4	
Appearance	1	2	3	4	
Work Ethic					
Self Initiated Behavior	1	2	3	4	
On Time Performance	1	2	3	4	
Safety Awareness					
Infection Control	1	2	3	4	
Cot Operations / Lifting	1	2	3	4	
Scene Safety	1	2	3	4	
End of Call/End of Shift					
Paperwork	1	2	3	4	
Clearing Hospitals	1	2	3	4	
Ambulance Operations					
Driving	1	2	3	4	
Equipment familiarity	1	2	3	4	
Start of shift/unit prep/clearing base	1	2	3	4	
Communications					
Patients/Families	1	2	3	4	
Coworkers	1	2	3	4	
Outside Agencies	1	2	3	4	
Hospital Staff	1	2	3	4	
Radio Operations	1	2	3	4	
Status Head Operations	1	2	3	4	
Radio Communications	1	2	3	4	
Conflict/Crisis Resolution	1	2	3	4	
Patient Care					
Scene Management	1	2	3	4	
Medical Knowledge	1	2	3	4	
Appropriate Patient Evaluation	1	2	3	4	
Appropriate Treatment	1	2	3	4	
Geography	1	2	3	4	
Documentation					
Patient Care Reports	1	2	3	4	
Signatures	1	2	3	4	
Refusals	1	2	3	4	
Trailing Documents	1	2	3	4	
Maintains HIPAA Privacy Standards	1	2	3	4	
Has taken appropriate exit tests	Yes		No		

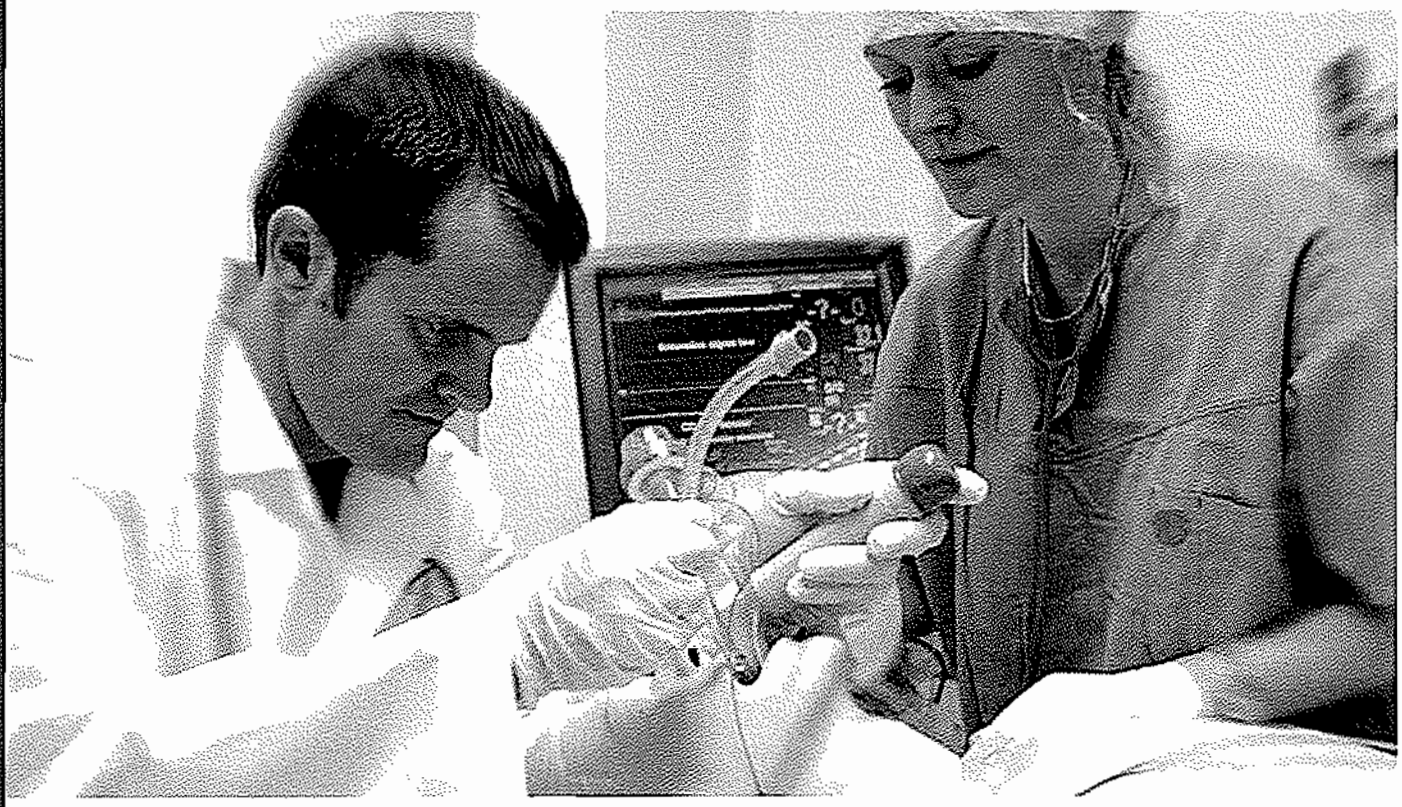
MID-ROTATION

☐ Trainee is on track for successful completion
☐ Trainee is not on track for successful completion; refer to CES for remediation

END OF ROTATION

☐ Trainee has successfully completed current month
☐ Trainee has not successfully completed current month
☐ Conditional release due to lack of exposure

Advanced simulation in emergencies



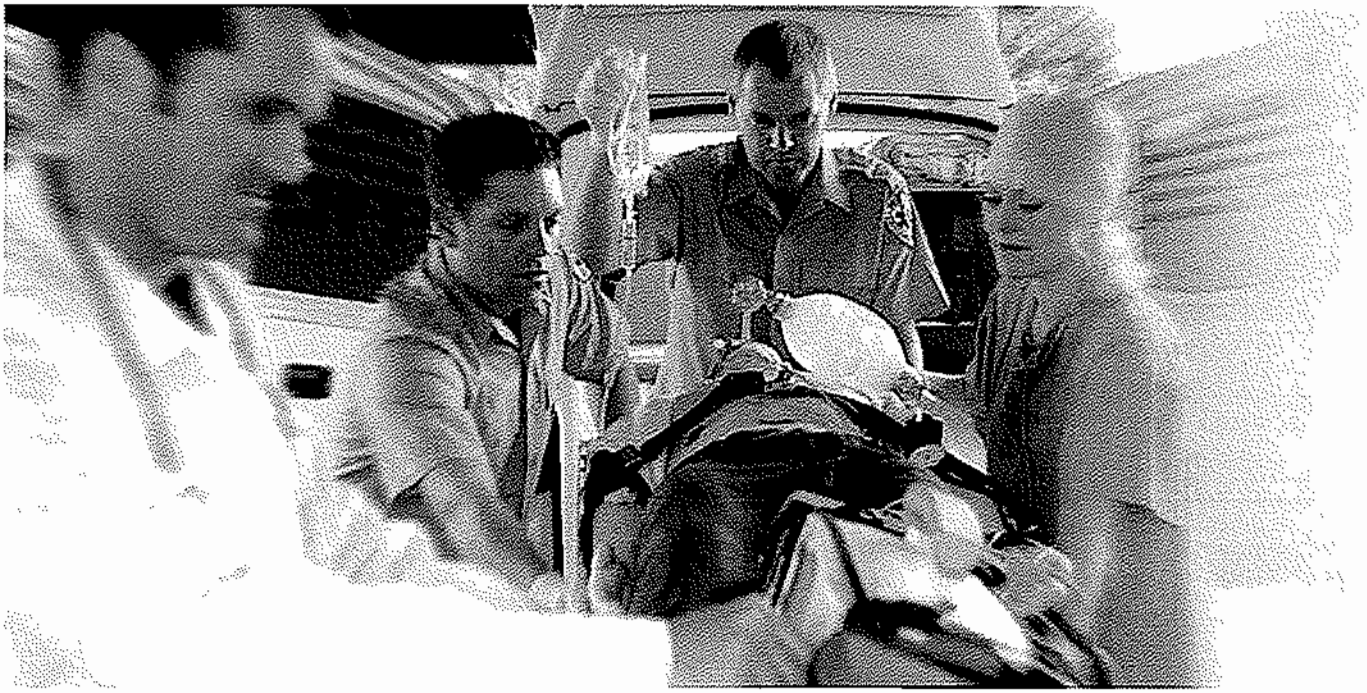
SimMan

The advanced simulator for training in emergencies

Laerdal
helping save lives

www.laerdal.com

Realistic simulation in teams



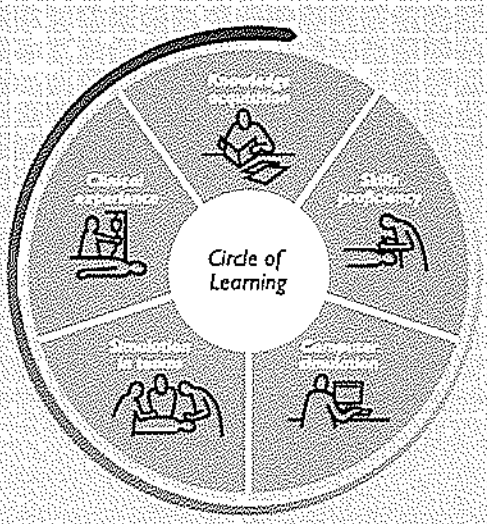
Simulation in teams

In a real emergency a good outcome for the patient depends on the realism of the rescuer's training and effective practice as teams

A critical part of the learning process for emergency care personnel is practicing treatment in the same way it occurs in a real emergency A patient's condition changes over time, depending on the quality and speed of treatment, so should the simulation in practice

Simulation training is of greatest value to help people practice working together as a team It helps improve essential communication and coordination skills and so improves effective team treatment. Simulation in teams is therefore an invaluable step in helping save lives

improves patient safety and outcome



helping build competence

Patient safety and outcome are critically dependent
on the competence of healthcare personnel

Building real competence is a step by step process
It includes acquiring new knowledge and skills,
getting used to making quick and safe decisions, training
realistically in teams, and gaining clinical experience
Maintaining and increasing competence
is an ongoing process

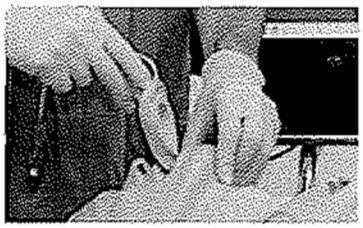
Laerdal has been offering learning products responding
to evolving needs in emergency medicine ever since
the introduction of Resusci Anne in 1960
Today our range of life saving cost-efficient learning
products includes graphic source materials, innovative
skills trainers, interactive computer simulators
and advanced patient simulators

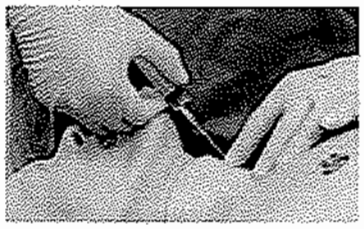
This reflects our belief that helping build competence
is a critical part of our mission of helping save lives

SimMan features include:

- Full scale patient simulator which allows you to perform relevant ALS skills and scenarios.
- Interactive manikin which gives you immediate feedback to interventions.
- SimMan's enhanced airway offers realistic anatomical landmarks allowing the learner to acquire the necessary skills for accurate placement of airway management devices such as Endotracheal Tubes, Laryngeal Mask Airways and CombiTubes.
- SimMan's patented* airway system allows accurate simulation of most relevant difficult airway management scenarios.
- Bronchial tree is anatomically accurate in size, colour and texture and features the accurate anatomical landmarks necessary to facilitate realistic fiberoptic bronchoscopy
- Needle and Surgical Cricothyrotomy
- Spontaneous breathing
- Adjustable lung resistance.
- Realistic practise of needle thoracentesis and chest tube insertion.
- Anatomical and physiologically correct carotid, femoral, brachial, radial, bilateral dorsalis pedis and posterior tibials pulses
- Pre-programmed library of heart-lung, bowel and vocal sounds with adjustable sound volume.
- Instructor real time voice input through microphone will simulate live communication between patient and care provider.
- Blood pressure may be taken automatically, palpated or auscultated. Krotkoff sounds are synchronised with pulse.
- IV training arm allows practice of peripheral intravenous therapy
- Interchangeable pupils offer normal, constricted and dilated pupil sizes.
- Realistic male/female genitalia facilitate urologic procedures.

For a complete list of features, please read back page or visit
www.laerdal.com





Realistic skill training feature designed for the practice of chest tube insertion

Portable and Flexible

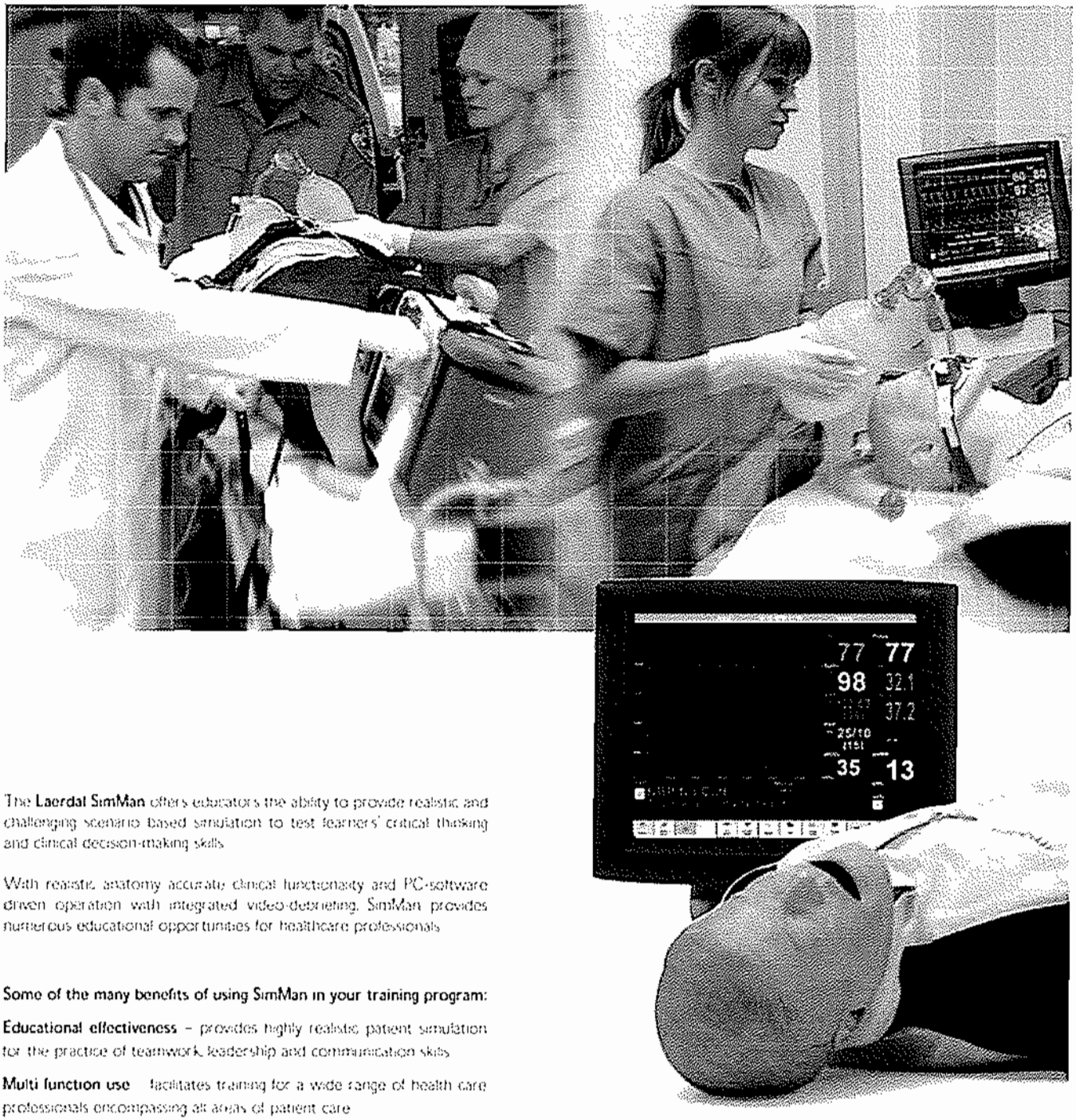
The Laerdal SimMan System is portable and flexible, which allows use in various simulation settings. SimMan can be used in the field for realistic EMS and military scenarios. SimMan can also be transported from the field to the ED or OR in order to simulate the transfer of care from prehospital to hospital clinical settings. Minimal connections, plus laptop and PDA controls allow for quick and easy set-ups and transfer.

Robust and Reliable

A robust design and durable parts allows SimMan to withstand the rigors of extensive field based simulations, while meeting the advanced clinical training demands of pre-hospital, military and hospital providers. By using the optional wounds, trauma and bleeding control systems, SimMan can effectively imitate the wounds trainees are likely to experience in these environments.

** US Pat. No. 5,823,787*

SimMan - Advanced simulation in emergencies



The **Laerdal SimMan** offers educators the ability to provide realistic and challenging scenario based simulation to test learners' critical thinking and clinical decision-making skills.

With realistic anatomy accurate clinical functionality and PC-software driven operation with integrated video-debriefing, SimMan provides numerous educational opportunities for healthcare professionals.

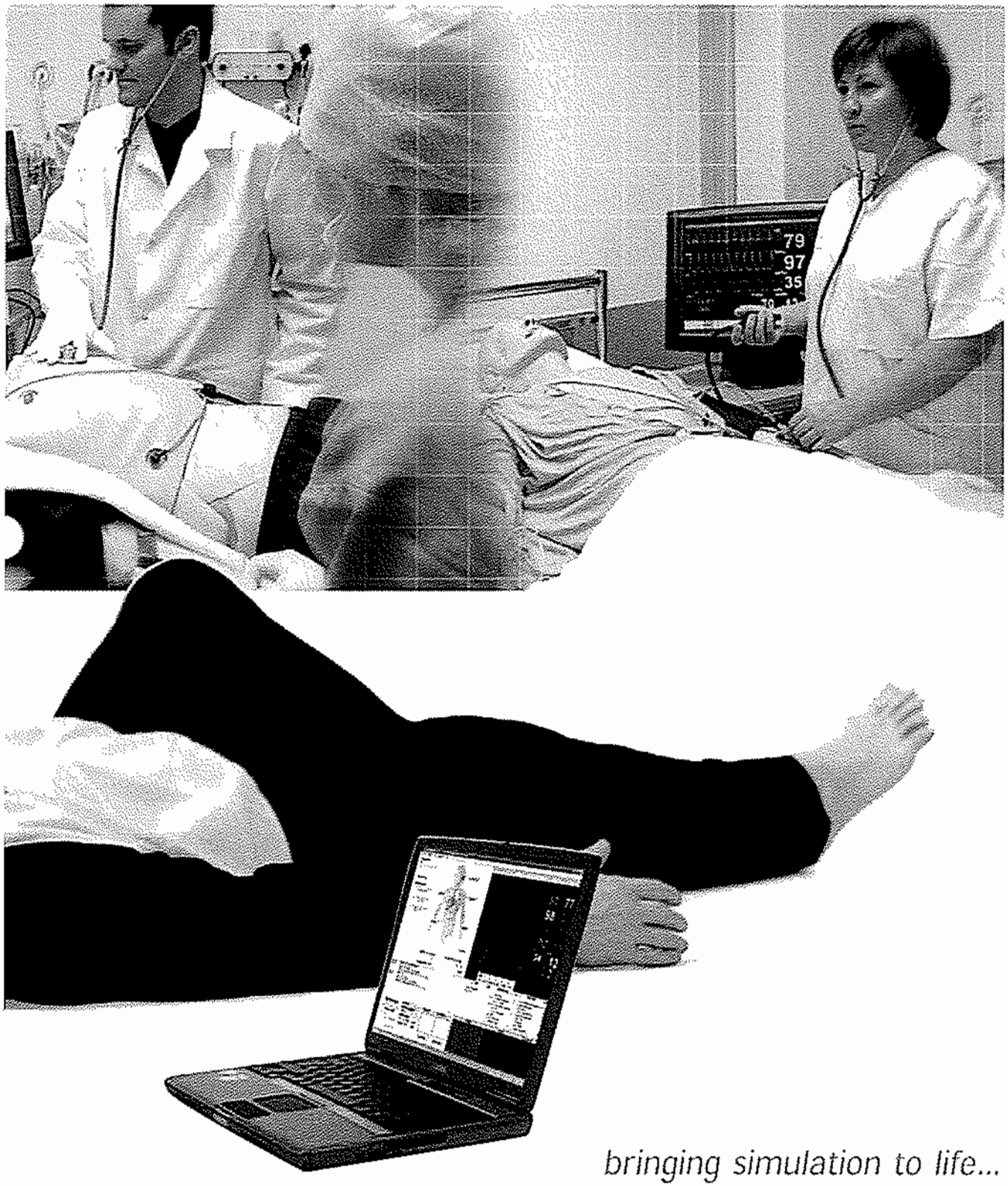
Some of the many benefits of using SimMan in your training program:

Educational effectiveness – provides highly realistic patient simulation for the practice of teamwork, leadership and communication skills.

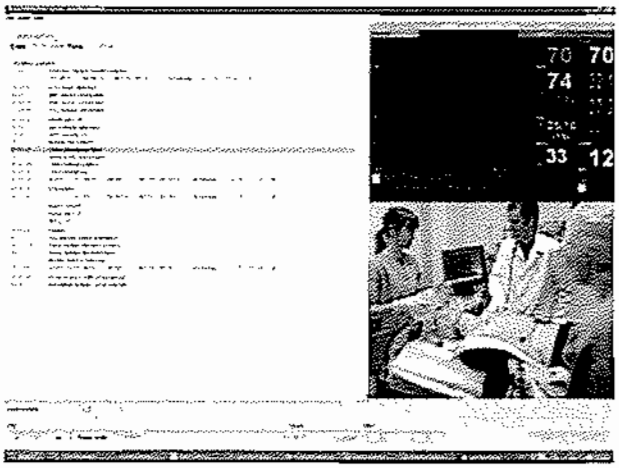
Multi function use – facilitates training for a wide range of health care professionals encompassing all areas of patient care.

Practice infrequently occurring scenarios – prepare the learners for the unusual or difficult cases they may face in real life.

Anatomically realistic – enables a wide range of emergency medical interventions to be practiced.



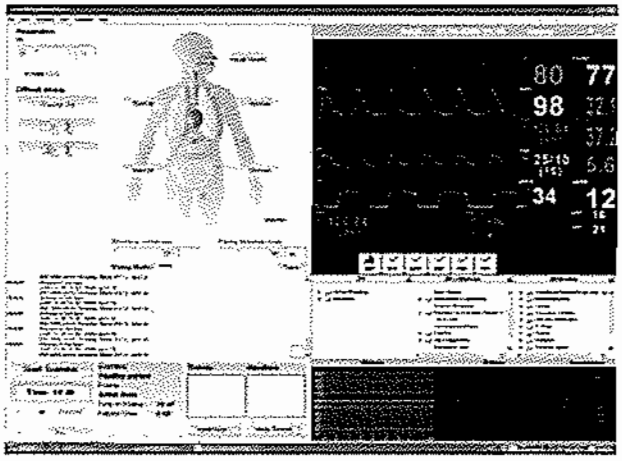
bringing simulation to life...



SimMan Integrated Video Debriefing System

The new SimMan software comes with the world's first Integrated Video Debriefing System. By simply using the included video web-camera with the control computer, the SimMan software will automatically record video and audio and synchronize these with SimMan's log of events. This provides a quick and easy solution to debriefing.

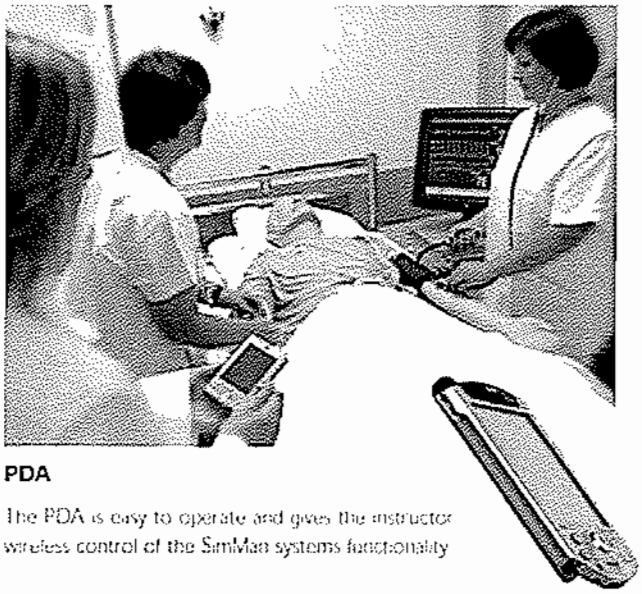
The simplicity of the system now means that ward based scenarios and in-field scenario's may also benefit from immediate debriefing, whilst the scenario is still fresh in the students mind. The recording may also be saved and reviewed at a later time.



SimMan software

The new SimMan software and user interface allow for easy adjustment and management of all patient parameters during both simple and comprehensive training scenarios

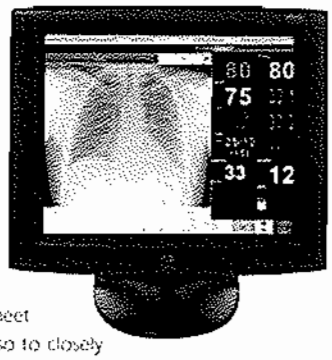
An improved scenario editor program allows the educator to build advanced scenarios, allowing multiple alternatives and predefined changes to the vital signs. By using Handlers and Trends the educator can introduce multiple physiological and pharmacological changes into the simulation



PDA

The PDA is easy to operate and gives the instructor wireless control of the SimMan systems functionality

Simulated Patient Monitor



SimMan has a new simulated patient monitor. This touch screen monitor provides concise clinical feedback of physiological parameters and emulates the Philips IntelliVue patient monitors. To provide a realistic learning environment the patient monitor may be customized to meet specific training objectives, and also to closely emulate other clinical patient monitor brands

The 17" color LCD touch screen provides multiple simulated parameters each presenting multi level alarms. Snap shots of 12 lead ECG's and patient X-rays are also available to enhance the learning experience. Up to five configurations of the monitor may be created and saved, and the appropriate clinical parameters and monitoring curves can be edited to most conveniently meet your needs and learning objectives

211-00050 SimMan Manikin
Includes: Maintain BP cuff, SpO_2 probe, $AirCO_2$ tube, Operating software, Directions for Use

210-090xx Peripherals Kit Complete
Includes: Simulated patient monitor, USB web camera, USB hub, PDA as remote control, Link Box, and laptop

210-091xx Peripherals Kit Standard
Includes: Simulated patient monitor, USB web camera, USB hub, PDA as remote control, and Link Box

*xx = language version

Optional accessory

210-01050	Compressor 230-240V
210-01150	Compressor 110V
381220	Regulator Unit
381850	Portability Kit
381655	Transportation Case SimMan
381602	Transportation Case Compressor
245-18050	Transportation Case Simulator Peripherals

Airway Features
- Multiple airway skills
  - Bag/valve mask ventilation
  - Oropharyngeal and nasopharyngeal airway placement
  - Combitube placement
  - LMA placement
  - Endotracheal tube intubation
  - Retrograde intubation
  - Fiberoptic intubation
  - Light Wand intubation
  - Transtracheal jet ventilation
  - Needle cricothyrotomy
  - Surgical cricothyrotomy
  - Fiberoptic bronchoscopy
- Exhaled CO_2 Flow
- Spontaneous respiration and variable respiratory rate
- Trismus, tongue edema, pharyngeal obstruction and laryngospasm
  Decreased cervical range of motion
  Decreased lung resistance
- Pneumothorax decompression at 3 sites and chest tube insertion
- Stomach decompression

Circulatory Skills and IV Drug Administration
- IV training arm with replaceable skin and veins
- Sites for subcutaneous and intramuscular injections

Pulses
- Carotid, femoral, brachial, radial, dorsalis pedis and posterior tibialis pulses
- Pulses synchronized with ECG or compressions
- Pulse strength dependent on BP selected and pulse rate

Cardiac Functions
- Extensive ECG library with rate from 20-200
- Compression artifacts on ECG during CPR
- Defibrillation/Cardiac monitoring – 3 lead (4 connectors), ECG monitoring or via the defib paddles
- External Pacing – with variable pacing threshold

CPR
- ABC check
- Ventilation
- Chest compression
- ECG and heart rate can be displayed on the simulated monitor

Blood Pressure
- Can be taken automatically auscultated or palpated
  Blood pressure arm with Korotkoff sounds synchronized with pulse for auscultation and palpation
  Easily varied BP. Systolic and diastolic can be set independently

Genitalia for Urinary Catheterization
- Male or female genitalia can be added to the simulator for urinary catheterization procedures

Sounds
Simulator "speaking" through instructor microphone
Heart sounds synchronized with ECG
Independent left and right lung sounds
Bowel sounds
Vocal sounds, pre- or user-programmed
Independent volume adjustment

Software operation
Easy to operate
Manual control over all parameters
Scenario operation including trend and
Handles preprogrammed trigger

Video debriefing
- Web-camera recording
- Review event log together with synchronized recording of patient monitor and in-room video
  Stand alone debrief viewer for off site review

Simulated patient monitor
- Highly configurable
- Simulate several parameters including ECG (2 traces), SpO_2, CO_2, ABP, CVP, PAP, PCWP, NIBP, TOF, Cardiac output and other
  Viewable X-rays and snap shoot of 12 lead ECG
  Touch screen operation
- Multi level alarm

Remote control
PDA as remote communicates through software via Bluetooth
Easy to use software similar to PC user interface

Recommended Laptop Specification

Type	Dell Latitude
Processor	Pentium M, 1.8GHz
HDD	60 GB
RAM	512 MB min
System	Win XP Pro
Screen	Dual screen with 1280 x 1024
Mouse	2 button scroll wheel mouse
Other	CD-RW RS-232 (serial port) Microphone input Headphone output 2-4 USB ports Internal Bluetooth Built in Ethernet LAN

Optional Module Set Available
SimMan Trauma Module Set
SimMan Nursing Wound Module Set
SimMan Bleeding Control Module Set

For more product information, please visit www.laerdal.com

Laerdal
helping save lives

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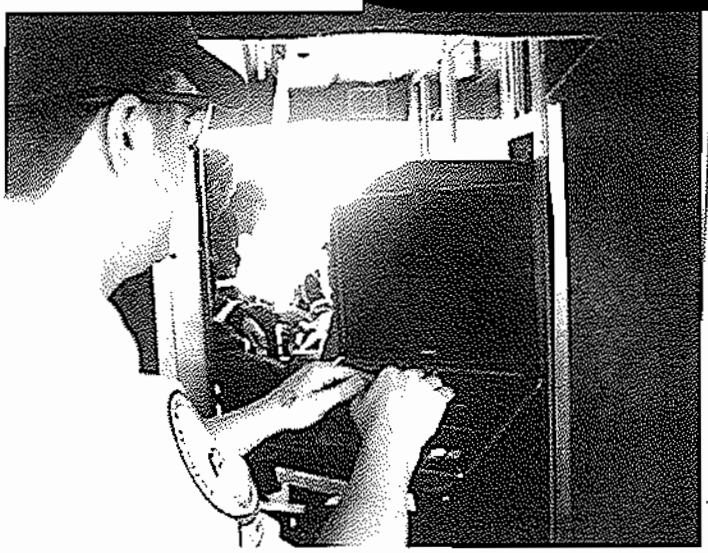
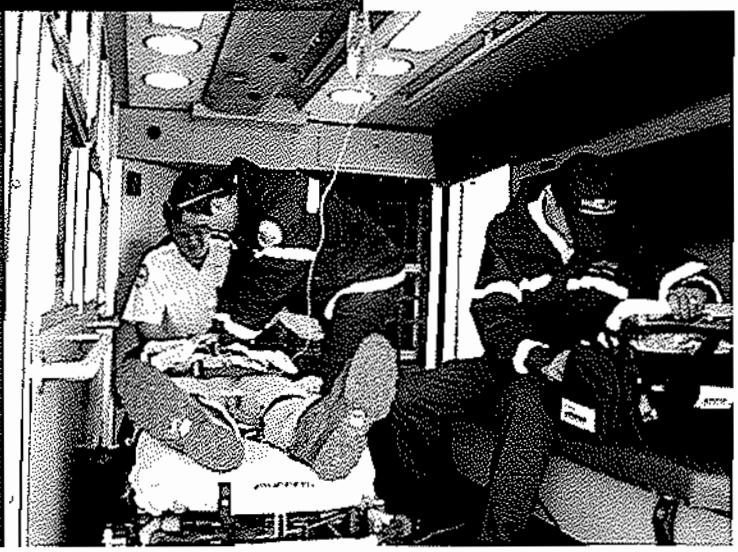
AMR Mobile Simulation Lab



The SimLab enables the evaluator to sit separate from the crews and run the simulator.



The size of the SimLab enables multiple people in the back to 'run' the call.

Overview Document

HISTORY

Life Saving Solutions, Inc. (LSS) was founded in 2003 by Jeff Zeiler. Originally named "A Better Life Healthcare Products," the company began as a Durable Medical Equipment company providing Medicare Part B products to senior citizens. After approximately one year, Jeff Zeiler decided to take the company in a different direction and negotiated an Automatic External Defibrillator (AED) Distributorship with Philips Medical Systems. After a few months, the company re-branded itself by changing the name to Life Saving Solutions. The first two customers for LSS were Summit County Ambulance Service and Vail Resorts. Summit County was one of five Federal prototype programs to study how to implement Public Access Defibrillation (PAD) Programs. Life Saving Solutions won the RFP and gained its first customer, the largest PAD program in Colorado. Immediately following Summit County, LSS won Vail Resorts. It Vail Resorts needed assistance with their AED deployment and thus LSS engaged its first consulting contract to help with their implementation. It was that experience that gained LSS the insight that there was a great need for service in the AED industry. LSS has since pioneered the "service" industry where its competition markets and sells products. To do so, LSS sought out the experts in AED Program implementations. Federal Occupation and Health (FOH) was recognized at the time as the authority in AED deployments, having placed more than 2,000 AEDs world wide for the federal government. LSS hired a Registered Nurse that was pivotal to that organization to bring the "lessons learned" and help craft the Life Saving Solutions AED program. This experience gained instant validation from the AED Manufacturers and is the backbone for the LSS AED Program. The Policy & Procedures Manual that LSS uses today was written and copyrighted in 2006.Over the past several years, LSS has set a high mark for AED Programs in the United States. LSS has challenged the industry of AED sales by promoting "true" Public Access Defibrillation Programs, writing site specific policy & procedures, creating a complete AED management database and even inventing products.

Life Saving Solutions AED Project Summary

- Summit County Public Access Defibrillation (PAD) Program – This project was one of five FEMA funded pilot programs to study the cost and effect of PAD programs.
- Telluride Public Access Defibrillation (TPAD) Program – This project focused on true "public access" to AEDs and the training of the community. AEDs are placed throughout the towns of Telluride and Mountain Village in Colorado. Placements included the police departments, schools, library, hotels, parks, and even street corners. Further, the school district adopted the CPR & AED training as part of its curriculum and will require that training for graduation. The community is attempting to train everyone willing to take a CPR/AED course in the next three years.
- City of Mesa, AZ – This project is most similar to that of Colorado Springs. Life Saving Solutions is providing a management program to a community with existing AEDs.
- Qwest Communications – Qwest communications is a Fortune 500 company with offices world-wide. Life Saving Solutions is the contracted AED and Program Management vendor of choice for their AED program.

Life Saving Solutions, Inc.

Colorado Springs CPR and AED
Web Presentation

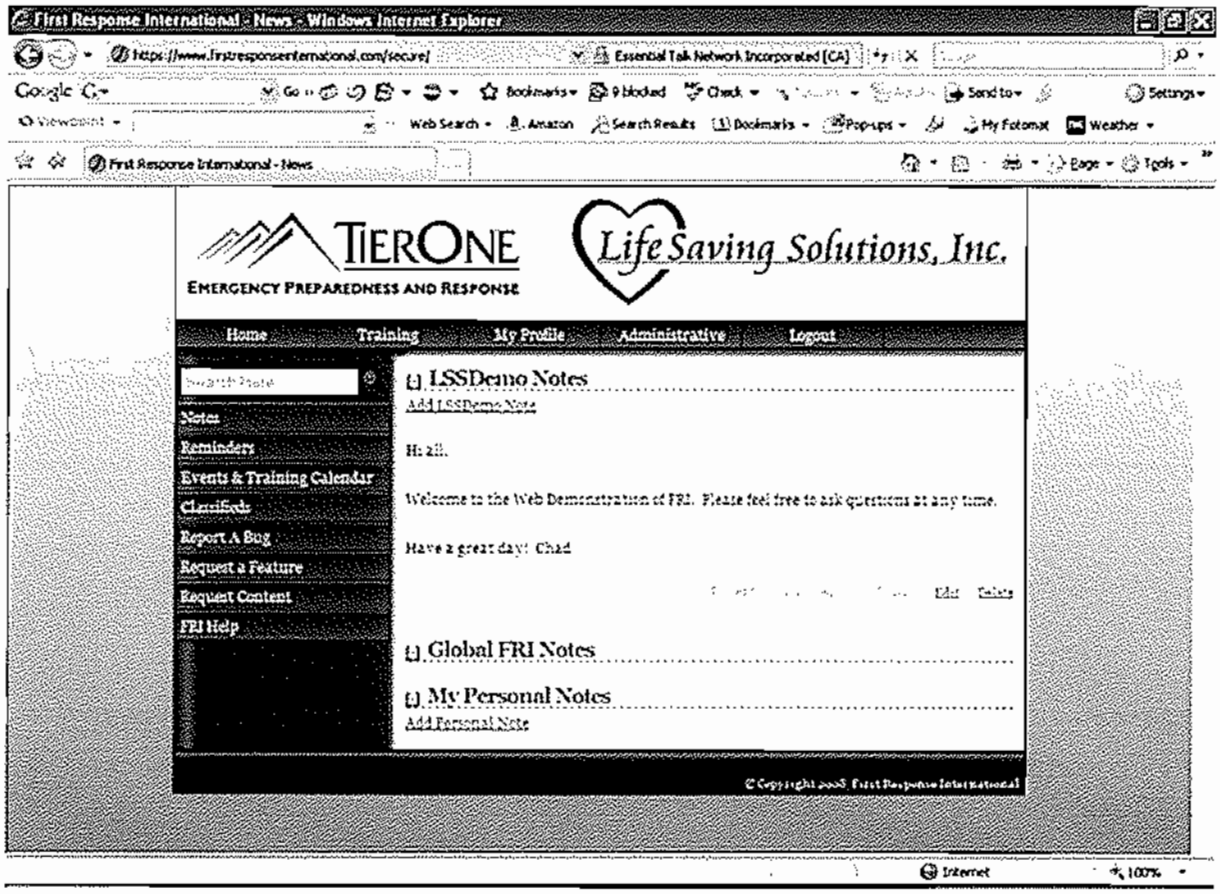
Pre-recorded and produced audio-visual presentation:

- Pre-registration
- 0 to 10 minutes in length
- Visuals contained in the presentation are static
- Visuals synchronized appropriately to the audio
- Table of Contents allows users to jump to specific areas of focus
- Pause/Stop/Play audio functionality
- Branded Presentation Player
- Help Section, outlines solutions to common issues

Tracking of User Information Includes:

- Access Date / Time
- Name
- Email
- Phone Number
- Address

Life Saving Solutions, Inc.



Twelve Steps of a Patient Refusal

Prior to the termination of the healthcare professional/patient relationship, all of the following items will be evaluated and specifically documented on the Patient Care Report (PCR).

1. Physical examination performed including full set of vital signs (i.e. complete blood pressure, pulse, respiratory rate) or the patient's refusal of consent to an examination and vital signs is fully documented on the PCR.

2. History of event and prior medical history, including medications, obtained.

3. Patient or decision-maker determined to be capable of refusing medical treatment or transportation. <u>If the patient is a minor or incompetent adult, assure that a legal guardian or person able to make healthcare decisions for the individual is refusing care.</u>

4. Risks of refusal of medical treatment and transportation explained to patient or responsible party.

5. Benefits of medical treatment and transportation explained.

6. Patient clearly offered medical treatment and transportation.

7. Refusal of Care form prepared, explained, signed and witnessed.

8. Patient confirmed to have a meaningful understanding of the risks and benefits involved n this healthcare decision.

9. Patient advised to seek medical attention for complaint(s).

10. Patient advised to call 911 for medical assistance if condition continues or worsens.

11. On-line medical control was obtained if the patient had an ALS suspected medical illness or chief complaint (protocol dependent)

12. Supervisor was notified if an unusual termination of the healthcare professional/patient relationship occurred.

REFUSAL of MEDICAL CARE and/or TRANSPORTATION

PCR# _____ Date: _____ Age: _____
Patient Name: _____ Phone # _____
Address: _____
Parent or Guardian Name: _____ Phone # _____
Parent or Guardian Address: _____
Reason for Call: _____ Chief Complaint: _____

Mental Status Examination:

- Appearance and Behavior - _____
- LOC and Orientation - _____
- IR/ST/LT Memory - _____
- Cognition and Concentration - _____
- Insight and Judgment - _____
- Thoughts - _____
- Speech - _____
- Drugs/Medications/ETOH - _____

1. Based on your examination and knowledge of the patient, does the patient have the mental capacity to refuse medical care at this time? ☐ Yes ☐ No
2. Does the patient understand their current medical condition? ☐ Yes ☐ No **Patient Initials** _____
   Field Assessment: _____
3. Has the patient been advised of the anticipated benefits of receiving care and/or transportation? ☐ Yes ☐ No **Patient Initials** _____
   Describe the anticipated benefits: _____
4. Has the patient been advised of the reasonable and foreseeable potential consequences of refusing medical care and/or transportation? ☐ Yes ☐ No **Patient Initials** _____
   Describe the potential consequences: _____
5. Was the patient provided with instructions for follow-up care and/or seeking medical care? ☐ Yes ☐ No **Patient Initials** _____
   Describe the instructions given to the patient: _____
6. Was Medical Control contacted? ☐ Yes ☐ No; via ☐ Phone, ☐ Radio, or ☐ Other _____
   Physician Name and Comments: _____

My signature indicates that I have been provided with the above listed information and that I hereby release American Medical Response and its employees, administrative officers and directors, as well as, the hospital and its employees, administrative staff and directors from any liability and/or medical claims resulting from my refusal of medical treatment and/or medically directed transportation to a healthcare facility. In addition, I acknowledge that I was provided with, or a reasonable attempt was made to provide me with a copy of American Medical Response's Notice of Privacy Practices and my rights in accordance with the Health Insurance Portability and Accountability Act of 1996, also known as (HIPAA).

Signature of Patient or Guardian _____ Date _____

Signature of Witness _____ Date _____

Signature of Crewmember _____ Date _____

TRUE to FORM

How the Airway Report Form improved prehospital airway care & hospital communications

By David W. Ross, DO, FACEP, Dale Kuykendall, NREMT-P, Loy A. Osburn, NREMT-P, & Mark B. Homan, BS, NREMT-P

An ambulance is dispatched emergent to a local bank for a 68-year-old male. The patient collapsed in front of bank staff and customers while waiting in line. On EMS arrival, they find the patient apneic and pulseless with bystander CPR in progress. Monitor assessment indicates ventricular fibrillation. The patient is promptly defibrillated at 120, 150 and 200 joules (biphasic) without response.

At appropriate intervals between standard medications and defibrillation efforts, the patient undergoes three unsuccessful attempts at oral intubation. The paramedic notes that the laryngeal structures are very anterior, and the view is impeded by a large amount of emesis that requires frequent suctioning.

The EMT then places a CombiTube and ventilates the patient through the No. 1 port (the blue tube). A colorimetric $EtCO_2$ on this port demonstrates the presence of purple to light yellow change with bagging. Unfortunately, an $EtCO_2$ capnography probe is not placed on the CombiTube during the resuscitation attempt.

Within one minute of CombiTube insertion, the patient receives his fourth defibrillation attempt at 200 joules. This time the patient converts to a perfusing rhythm that appears to be sinus at a rate of 80 beats per minute with a left bundle branch block. Shortly thereafter, his blood pressure is noted at 200/140 mmHg. A lidocaine bolus, followed by a drip, is administered, and the patient is transported to the hospital.

On arrival at the hospital, the emergency department (ED) physician questions whether the CombiTube is ventilating the patient adequately. Lung sounds are present, but the $EtCO_2$ colorimetric changes are not as dramatic as she thinks they should be. The physician elects to discontinue the CombiTube and attempts an oral endotracheal (ET) tube insertion. The intubation procedure is, again, difficult and requires multiple attempts. Finally, the use of specialized, difficult airway equipment is necessary to successfully place the tube.

Throughout this procedure, the patient remains in a sinus rhythm. He is admitted to the intensive care unit. The next day, the EMS crew visits him in the hospital while he's eating dinner. The patient is discharged from the hospital, neurologically intact, four days after admission.

Introduction

Confirmation of ET tube location is a critical facet of patient care in any setting.[1,2] The imperative of correct tracheal location after intubation impacts the practice of prehospital medicine daily.[3,4,5] EMS providers are among the few practitioners able to intubate other than physician specialists. Thus, physicians receiving EMS patients carefully scrutinize success or failure of ET tube placement.[6]

In recent years, new technology has

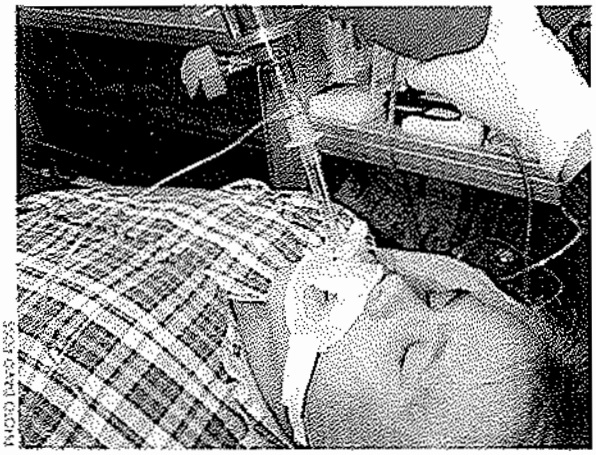


PHOTO DAVID ROSS

One of the first steps in ensuring the proper placement of an ET tube is the use of a quality tube holder.

assisted in confirming tracheal location after intubation. However, few EMS systems make a formal attempt to solicit receiving physician confirmation of tracheal placement in an ongoing format.

American Medical Response (AMR), Colorado Springs, Colo., felt that formal input from receiving physicians regarding patients intubated in the field was an important piece of the quality-assurance puzzle. Accordingly, one of the authors (Homan) devised the Airway Report Form, described in this article (see Figure 1, p. 78).

The actual case presented in the introduction demonstrates several points and raises issues regarding airway management in the field and the ED. The Airway Report Form (ARF), completed at the hospital by the paramedic, EMT-B and the emergency physician, highlighted circumstances of this case that could be used for later quality-assurance assessment and education.

Background

AMR Colorado Springs (AMR CS) is a private ambulance company that holds an exclusive transport contract with the city of Colorado Springs and the surrounding county. The greater Colorado Springs area has a population of more than 500,000. AMR CS transports more than 44,000 patients per year, primarily to three local hospital EDs.

FAST FACT

Total intubation attempts per patient authorized by AMR Colorado Springs is three of any combination.

Typical crew configuration on an AMR CS ambulance consists of a paramedic and an EMT-B. Occasionally, a crew will consist of two paramedics. A few EMT-Is are employed by AMR CS, but they function as EMT-Bs and are not utilized in an ALS capacity. Area fire departments respond in concert with AMR CS on most calls. Annually, more than 300 patients require some type of advanced airway procedure.

Currently, AMR CS uses handwritten patient care reports (PCRs). This fact, coupled with the high volume of transports, makes specific data capture more tedious and labor-intensive. (As of press time, an electronic charting system was slated for introduction in May.) During development of the Airway Report Form, it was hoped that a crew's use of the document could better identify an airway PCR and related data for quality-assurance review.

The initial purpose of the instrument was primarily to obtain written physician documentation regarding the location of a prehospital ET tube as a prime confirmation tool. A secondary purpose was to encourage physician comments regarding the airway technique used and the overall quality of care.

To our knowledge, no previous published formal attempt had been made in EMS to solicit receiving

Data ... Data ... Data ...

So what information do we track at AMR CS with the Airway Report Form? Lots. Here's a sampling of the data we routinely monitor from the form (All data are from January 2001–March 2005):

- Total number of patients receiving at least one intubation (nasal or oral) attempt: 1,182
- Total number of RSI patients: 201
- Success rate (maximum three attempts) for RSI oral ET tube placement: 95.3%
- Success rate for oral intubation in all patients (non-RSI): 83.9%
- Total number of nasotracheal tube attempts: 110
- Success rate (maximum three attempts) for nasotracheal tube placement since January 2001: 64%
- Number of digital intubation attempts: 1
- Percentage of successful digital intubations: 100%
- Number of patients that have received at least one attempt at CombiTube placement: 61
- Percentage of CombiTube patients that appear to have been adequately ventilated with the device: 86%
- Number of patients receiving CombiTube insertion after failed RSI: 3
- Number of patients requiring surgical cricothyrotomy after failed RSI: 0
- Total number of surgical cricothyrotomies: 6
- Percentage of surgical cricothyrotomies successfully placed and adequately ventilating: 100%
- Total number of needle cricothyrotomies: 0
- Number of patients receiving the LMA (used as an alternate airway in patients shorter than five feet in height; patients taller than five feet are considered CombiTube candidates): 0
- Number of unrecognized esophageal intubations noted either at hospital arrival or while en route to the hospital by the treating paramedic: 5
- Percentage of delayed recognition or unrecognized esophageal intubations: 5/1,182 = 0.42%
- Percentage of time that at least one of the four required oral ET tube confirmation steps are not documented on the PCR: 27%

Who wants to know this stuff anyway?

First and foremost—the AMR CS staff. This data helps identify trends that suggest a need for improvement—either in our

physician confirmation of tracheal placement in an ongoing format. Success or failure of ET tube placement is obviously of major concern to all staff involved in transporting or receiving EMS patients.[6] Thus, early on, the ARF was mainly intended to capture written receiving physician confirmation.

The ARF was initially placed into service when AMR CS introduced its rapid sequence intubation (RSI) program in January 2001. At the time, we were just beginning mandated post-intubation confirmation steps in the field, but still felt that receiving physician input was critical.

FAST FACT

Continuous capnography is required for en-route monitoring of ET tube location and adequacy of ventilation at AMR Colorado Springs.

As the document went further in design concept, it was realized that much more information than just physician confirmation could likely be gleaned from it. This realization greatly assisted our general assessment of the care rendered by the attending provider. As a result, a number of data points were added to be completed by crews after a call.

Many subsequent revisions have occurred during the past three years. The resulting editions of the ARF have all served to expand data collection.

ARF in practice

Although the form was introduced at the start of the RSI program, it quickly became required on all intubation attempts. Additionally, we required the use of the ARF on any patients receiving bag-valve-mask ventilation, CombiTube or Laryngeal Mask Airway (LMA) placement or surgical cricothyrotomy—with or without intubation attempts.

In situations dictated by protocol, an EMT-B may initiate bag-valve-mask ventilation or place a CombiTube (such as in the opening scenario). Therefore, we occasionally receive an ARF generated by an EMT-B.

In sum, the ARF is required for any attempt at assisted ventilation, regardless of the chosen method. Additionally, the document is required if another agency placed the airway prior to transport by AMR CS.

The forms are kept in the ambulance, and providers are required to turn in the completed document with a copy of the PCR and other supporting material to the Clinical and Educational Services (CES) Office upon completion of their shift.

Whenever possible, paramedics ask the receiving physician to complete the "Physician Confirmation of Proper ETT" section of the form and sign it. We estimate that 99% of intubated patients transported to hospitals have an ARF completed. Of those forms, 85–90% are signed by physicians.

Common situations that may result in a missed physician signature include when a provider forgets to ask the physician to complete the form, unavailability of the receiving physician, non-transport of cardiac arrest patients and recognized inability to place any type of "advanced" airway (e.g., ET tube, CombiTube, LMA or surgical cricothyrotomy) in the field. In such a circumstance, the patient is transported with a bag-valve-mask device, and there is little need for the receiving physician to comment on the airway technique—unless there is some concern with the overall prehospital management.

We believe that the use of the ARF has contributed to an improvement in the daily interaction with receiving emergency physicians and staff. Physicians seem to value the fact that their comments regarding prehospital care are being solicited in a formal manner.

system as a whole—or with one particular provider. For example, our data review has suggested a lower than expected nasal intubation success rate. There are likely a number of reasons, but it has become clear to us that additional training in this area is necessary. We also review our data prior to deciding whether a paramedic might qualify to take our RSI training. In this case, the medical director will review the medic's previous success rate with oral/nasal intubation, as well as their compliance with documentation of our required ET tube confirmation steps. If that provider's statistics don't meet acceptable standards compared with other AMR CS paramedics, permission to perform RSI may be withheld until additional retraining has been accomplished.

If we receive a complaint or concern on the Airway Report Form from a receiving physician, we can quickly summarize that provider's airway management history to assess trends. Presence or absence of concerning trends may partially dictate our response to that complaint.

PHOTO DAVID ROSS

Colorimetric ET tube devices assist in verifying that the tube is inserted in the trachea and not the esophagus.

Additionally, we do provide at least some of this data to the local government entity that administrates the contract that AMR CS operates under. None of the airway data we provide this agency is mandated under our contract. (Many other performance criteria data are required, but not specifically the airway information.) We provide it as an additional service to the government agency and an additional benefit to the community.

Occasionally, we receive a request for some of this information from the State of Colorado Department of Public Health EMS Office. In our state, some of the skills and procedures used at AMR CS require waivers from the state EMS Office. Waiver requests ask for an approximate estimate of frequency that the skill or procedure will be used. In the case of airway management, we can reliably provide those estimates based on what we know from the existing database. In the past, we have also been asked to present a large part of this data to local and regional panels of EMS physician medical directors.

Finally, we occasionally provide a portion of this information to area hospitals and ▶

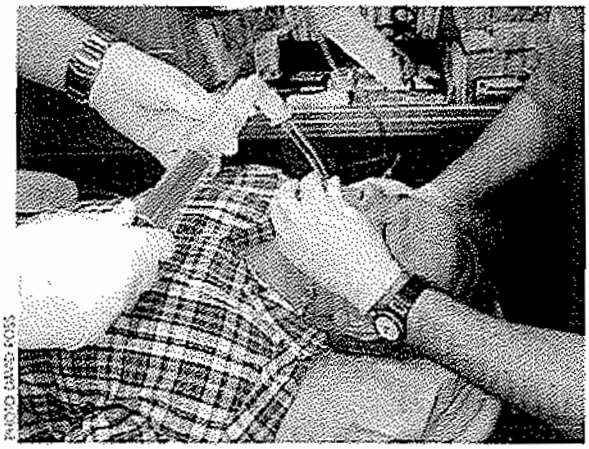


PHOTO DAVID KOSS

An Esophageal Detection Device (EDD) is another tool to help you confirm proper placement of an ETT.

What the ARF triggers

The presence of an Airway Report Form with a PCR alerts the CES staff that some type of assisted ventilation was at least attempted. All PCRs with an ARF are referred to the AMR CS medical director for review. The CES staff also search for other PCRs involving any attempt at assisted ventilation that may not have resulted in the completion of the required ARF by the provider. ARFs and/or PCRs demonstrating issues of concern result in prompt, direct practitioner contact by the medical director.

The medical director also reviews all comments made by the receiving physician on the ARF and, if indicated, makes direct contact with the physician. Interaction by phone or face to face between the medical director and the physician may be necessary (as occurred in the above case).

Clinical situations that may result in medical director contact with the receiving physician include a significant complication or difficulty in the prehospital course, an unexpected outcome, if the receiving physician requests it or if an unrecognized esophageal ET tube placement occurs.

After the medical director has reviewed the ARF and accompanying PCR, comments are written on the ARF regarding positive or negative aspects of care and the quality of documentation. In every case, the ARF (with the comments added) is then copied and placed in the appropriate crews' boxes in our agency's headquarters. In this way, within a short duration, the provider receives direct written feedback from the medical director regarding the care, as well as any follow-up patient information, if known.

Early in the ARF program, the CES staff would attempt phone follow-up regarding ET tube location when a physician signature was not obtained on a transported patient with an advanced airway in place. However, this is no longer being done due to time constraints and the large volume of transports that AMR CS performs. During the period in which phone follow-up was obtained in these cases, no physician identified any transports with unrecognized esophageal or non-tracheal location in ARFs not signed by the doctor at the time of hospital arrival.

Parameters tracked

As mentioned earlier, use of data collected on the ARF has permitted AMR CS to closely track many parameters of the airway management employed by our crews (see sidebar, p. 70). We can easily identify the indications for provider interventions, number of attempts, success rates, adequacy of ventilation, complications, compliance with required ET tube location confirmation criteria and en-route capnography results. Additionally, the ARF makes it easy to evaluate any medications used to facilitate intubation as well as the associated dosages.

Data are then entered into a spreadsheet program and can be searched by

emergency physicians, as well as to the local medical society.

We're currently making significant modifications in our database program. When these changes are completed, we believe that access to our many data points will be even easier. In the future, the database will be able to be queried from many different aspects—both from a system standpoint, as well as from an individual standpoint. The most recent edition of the Airway Report Form reflects many of the changes we have made in the data system, allowing easier data entry and retrieval.

For example, in the future when we ask what patient characteristics may have been present that led to failure to intubate, (e.g., anatomy, presence of emesis or blood), we will be able to easily obtain that information. Assuming the paramedic has entered these data at the time the ARF has been completed, we will be able to quickly tabulate associated complicating factors that may better explain the numbers we generate.

We also anticipate being able to better assess the presence or absence of appropriate patient indications that led to the procedure outlined by a crew in an ARF.

Additionally, with our new data system, we'll more easily be able to track scene, transport and procedure initiation times than we have in the past.

There are two areas where we feel we have weaknesses with the data we produce. The first is that we don't know how our numbers compare with agencies similar to ours. This is likely due to the fact that this type of information isn't commonly gathered by EMS agencies or, if it is, there is no common access to share data with other agencies. Occasionally, we will see some similar information published in peer-reviewed literature, but it's generally only a small portion of the information we're interested in. So we don't really know how our information may compare with other EMS agencies nationally. Work should be done to begin standardized EMS data collection (at least regarding airway management) and thought given to eventual structured dissemination of the information across the country.

The second weakness we perceive is that we don't have outcome information for this database of patients. In the end, that's all that really matters. However, obtaining outcome data is complicated and very labor-intensive. In addition, one now has to contend with the specter of HIPAA in this area. In any event, we have not solved this critical piece of the puzzle. Probably for AMR CS the short-term answer to the "outcome gap" is to construct smaller peer-reviewed studies that look at specific questions and related patient outcomes. Therefore, it is our hope to become ever more involved in prehospital research.

FAST FACT

Required ETT location confirmation criteria at AMR Colorado Springs (will accept 3 of 4):

- **Visualize ETT passing cords**
- **Esophageal detection device (EDD)**
- **$EtCO_2$ (colorimetric or capnography)**
- **Breath sounds with absence of epigastric sounds**

various categories, including the specific experience of an individual paramedic or EMT-B. As a result, AMR CS can easily produce customized reports. *Example:* The data can be queried for the success rates for all commonly used intubation techniques, CombiTube placements and surgical cricothyrotomy over any period of time after January 2001. Additionally, we can monitor compliance with ET tube confirmation criteria for each paramedic during the above period.

EMS crew perception of the ARF

Prior to January 2001, AMR CS had relied solely on the crew-provided PCR for documentation of any airway intervention. In January 2001, the use of the ARF was coupled with the introduction of the RSI program. Our staff recognized the great responsibility associated with the RSI program and readily accepted the ARF as a vital piece of that program.

Additionally, we were able to educate our crews in the importance of avoidance of unrecognized esophageal ET tube placement. From the beginning of the RSI program and the use of the ARF, we mandated the use of the four ETT placement confirmation criteria. We stressed that the use of the ARF would likely supply our providers and their patients with an additional margin of safety by prompting the use of the ETT confirmation steps coupled with the required ED physician confirmation. We successfully made the case that this combination would provide the greatest possible protection to the patient and the provider against the very real threat of unrecognized esophageal intubation reported in the literature.

As a result, our crews readily accepted this rationale and have diligently used the ARF. We are not aware of low morale or resentment associated with the mandated use of the ARF. Rather, our crews appreciate the high expectations of our airway management program, in general, and have appeared consistently willing to complete and submit the ARF in the appropriate cases.

Prompt feedback from the medical director to the providers as a consequence of ARF submission likely enhances the use of the form by crews, as well.

Although data on the ARF can serve as a platform for disciplinary action against a provider, it much more typically identifies care that deserves praise, commendation and congratulations. We make sure that our crews receive all kudos. Commonly, our crews look forward to receiving a follow-up ARF with comments in their box—rather than dread it. Accordingly, we think the ARF has resulted in an enhanced relationship among the medical director, the CES office and our providers.

In 2005, the ARF is now commonplace and an integral part of our lives at AMR. At this point, the expectation for its use is ingrained from the most senior veteran to our newest hire.

Challenges

You might wonder if there are any disadvantages or problems with using the ARF. In the big picture, we don't think so. However, training crews to use the form requires a time investment. It also places a reliance on crews to complete an ARF for each required airway case. Additionally, data entry and monitoring can be involved and add to staff responsibilities. Use of the ARF also requires close involvement of the medical director to provide chart review, feedback and direct interventions, when necessary. Obviously, the greater the volume of airway cases, the more time and organization are needed to keep up with the data.

Summary

Use of an instrument similar to the Airway Report Form may enable an EMS agency to gain receiving physician input regarding advanced airway location, efficacy and/or the appropriateness of overall airway management. Additionally, the ARF serves as an immediate flag for quality-assurance reviewers that some type of advanced airway or ventilatory assist technique was employed.

Coupled with an appropriate computerized data collection program, the ARF allows the maintenance of in-depth, accessible and comprehensive information regarding an agency's overall advanced airway care. Time and thought are needed to organize and maintain data collection, especially in higher volume agencies.

Finally, the Airway Report Form

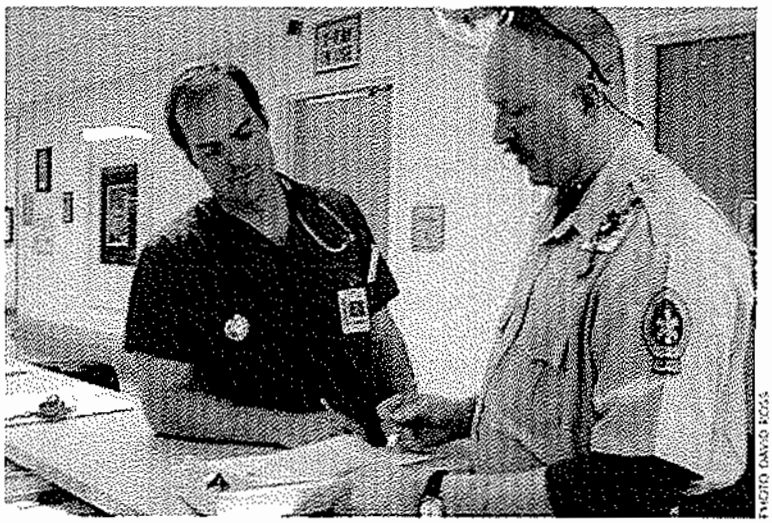
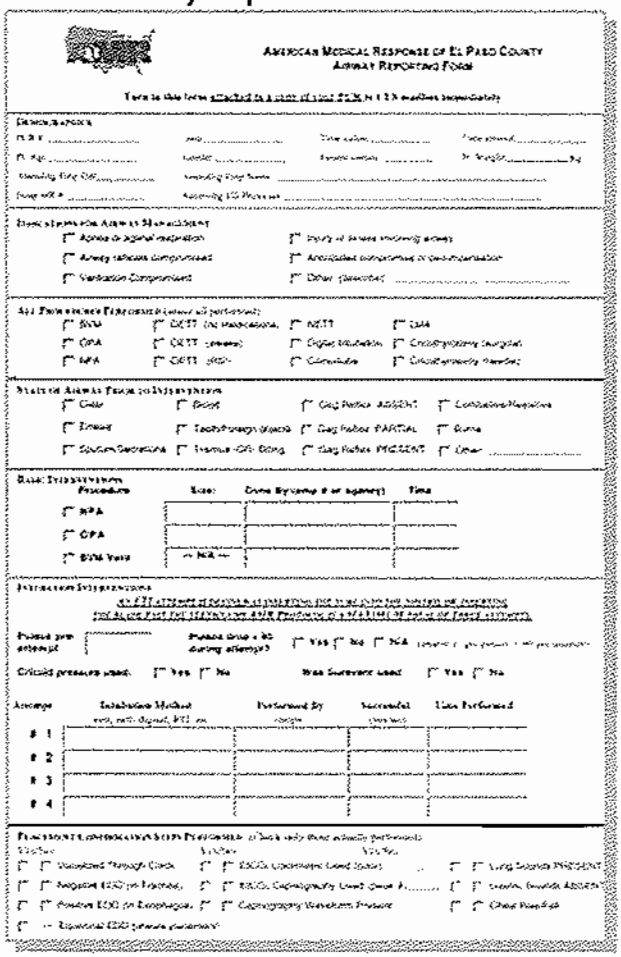


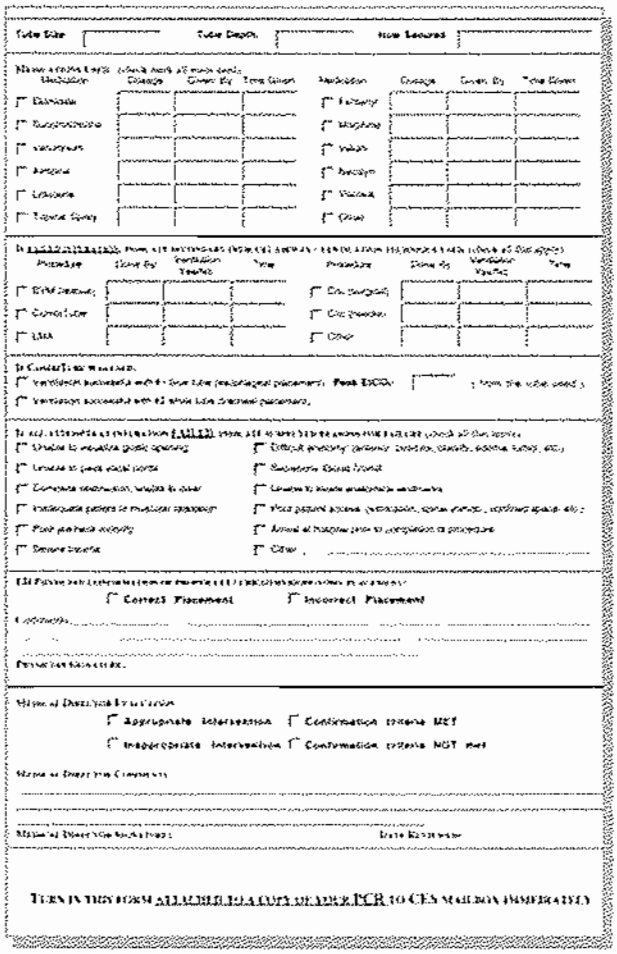
PHOTO: DAVID KOAS

The Airway Report Form implemented by AMR Colorado Springs has established an important link between prehospital care and hospital personnel.

Airway Report Form



AMERICAN MEDICAL RESPONSE OF EL PASO COUNTY
AIRWAY REPORTING FORM



concept enhances the relationship between the crews and the agency medical director as well as the EMS agency and the receiving physician at the hospital. It also serves as a good public relations and communications tool in this regard.

We suggest consideration and use of a similar type of instrument by agencies caring for patients close in profile to those seen by AMR CS. The authors of this paper would be happy to offer any necessary assistance in the development of such a form.

David Ross, DO, FACEP, is an emergency physician at Penrose Hospital in Colorado Springs, Colo. He serves as medical director of AMR and Flight for Life in Colorado Springs, as well as a number of fire departments and other EMS agencies in the area. He has been involved in EMS medical direction for 14 years.

Dale Knykendall, NREMT-P, is a clinical education specialist at AMR in Colorado Springs. He has been involved in EMS for 10 years. He has been teaching EMS classes in Colorado and New Mexico for seven years.

Loy Osburn, NREMT-P, entered EMS as a firefighter in 1983. He became an EMT in 1984 and a paramedic in 1987. He has worked in 9-1-1 systems in both Denver and Colorado Springs. He has worked for AMR in Colorado Springs since 1990 as a paramedic and, more recently, as a clinical education specialist.

Mark Homan, BS, NREMT-P, has been working as an EMT and a paramedic in the Colorado Springs area for more than 20 years. During this time he has served as a clinical preceptor, field training officer, and supervisor. For the past 15 years, he has been an EMS instructor and currently serves as manager of clinical and education services for AMR of Colorado Springs.

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DOWNLOAD THE ART

To download a PDF version of the Colorado Springs Airway Report Form, go to www.jems.com

American Heart Association®

Learn and Live™

CPR facts and statistics

- About 75 percent to 80 percent of all sudden cardiac arrests happen at home, so being trained to perform cardiopulmonary resuscitation (CPR) can mean the difference between life and death for a loved one.
- Effective bystander CPR, provided immediately after sudden cardiac arrest, can double or triple a victim's chance of survival.
- CPR helps maintain vital blood flow to the heart and brain and increases the amount of time that an electric shock from a defibrillator can be effective.
- Approximately 94 percent of sudden cardiac arrest victims die before reaching the hospital.
- On average, only 27.4 percent of out-of-hospital sudden cardiac arrest victims receive bystander CPR.
- Death from sudden cardiac arrest is not inevitable. If more people knew CPR, more lives could be saved.
- Brain death starts to occur four to six minutes after someone experiences sudden cardiac arrest if no CPR or defibrillation occurs during that time.
- If bystander CPR is *not* provided, a sudden cardiac arrest victim's chances of survival fall 7 percent to 10 percent for every minute of delay until defibrillation. Few attempts at resuscitation are successful if CPR and defibrillation are *not* provided within minutes of collapse.
- Approximately 310,000 of all annual adult coronary heart disease deaths in the U.S. are due to sudden cardiac arrest, suffered outside the hospital setting and in hospital emergency departments. About 900 Americans die every day due to sudden cardiac arrest.
- Sudden cardiac arrest is most often caused by an abnormal heart rhythm called ventricular fibrillation (VF). Cardiac arrest can also occur after the onset of a heart attack or as a result of electrocution or near-drowning.
- When sudden cardiac arrest occurs, the victim collapses, becomes unresponsive to gentle shaking, stops normal breathing and after two rescue breaths, still isn't breathing normally, coughing or moving.

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Revised 3-5-08

Animal Bite Instructions

You have been evaluated in the field by emergency service personnel and have been found to have an animal bite. As with all animal bites there is the possibility that this wound can easily become infected, and even carry the risk of rabies. Without proper care these infections can develop into serious conditions including, but not limited to," ***blood poisoning ", nerve injury, vascular problems, decreased strength or function of the body part, and possible loss of limb.*** Animal bites to any area of the body can be very serious, however bites to the hand or an area surrounding a joint are extremely serious and should be evaluated extensively in an emergency department. Many other problems may occur and this list is only representative of the potential seriousness of your injuries.

If you have been given this form, you are refusing medical treatment and/or transportation to a hospital emergency department for further evaluation at this time. **You need to know that the evaluation provided in the field is not as thorough as the evaluation that can be performed in a hospital.** By not being seen in an emergency department, you are at greater risk for undetected injuries and a bad outcome. By refusing ambulance transportation, you are eliminating the possibility of receiving emergency care should it be needed.

If you insist on refusing medical care and/or transportation to the emergency department, there are a few things you should know.

- Infections will not be apparent right away and may develop over several days. Look for signs and symptoms of infection such as fever (greater than 101°F), redness, swelling, pain and heat in the infected area, or any numbness or tingling in the area of the bite. Watch for any lumps that develop in the groin or under the arms. Also, if you have any trouble speaking, breathing, difficulty with swallowing, and/or your jaw or neck remain stiff. This list may not be all-inclusive and if you develop *any* unusual symptom **Seek Medical Attention Immediately.**
- If this is an animal bite, either tame or wild, call animal control immediately. The animal may need to be caught and impounded, so it can be checked for rabies immediately.
- Keep the area of the bite clean. Wash the area three (3) times a day with soap and water. Cover with a loose sterile dressing, and watch for signs of infection.
- Remember you may call 911 at any time.

I have been provided with a copy of these instructions. They have been explained to me and I understand them.

Patient (or guardian) Signature _____ Date _____

Witness Signature _____ Date _____

Crewmember Signature _____ Date _____

Head Injury Instructions

You have been evaluated in the field by emergency medical personnel and found to have signs and/or symptoms consistent with a closed head injury. This means there is a possibility of a bruise to your brain, bleeding inside your skull, or swelling of your brain that could cause permanent nerve damage. The brain serves many functions and the amount of damage and seriousness of injury are difficult to predict. These problems may include ***loss of memory, diminished capacity to think correctly, inability to move your body correctly, seizures, coma and death***. Many other problems may occur and this list is only representative of the potential seriousness of your injuries.

If you have been given this form, you are refusing medical treatment and/or transportation to a hospital emergency department for further evaluation at this time. **You need to know that the evaluation provided in the field is not as thorough as the evaluation that can be performed in a hospital.** By not being seen in an emergency department, you are at greater risk for undetected injuries and a bad outcome. By refusing ambulance transportation, you are eliminating the possibility of receiving emergency care should it be needed.

If you insist on refusing medical care and/or transportation to the emergency department, there are a few things you should know. **Head injuries may be a dangerous. You must follow these instructions carefully.**

- Brain injuries may not be obvious right away. The symptoms may not develop for a period of days and they may occur rapidly.
- If you experience any of the following symptoms, you should seek immediate medical attention: ***fever, nausea, vomiting, confusion, unusual drowsiness, loss of memory, inability to think, dizziness, trouble walking or performing tasks, seizures, persistent or worsening headache, problems with your vision, ringing in your ears, problems with concentration, fluid draining from your ears or nose, fainting, weakness or numbness/tingling, difficulty with speech, personality changes or unusual irritability***. This list may not be all-inclusive and if you have *any* unusual symptoms it is recommended that you seek immediate medical attention.
- Until you are sure that you have no problems resulting from this event, you need to avoid taking any medication or substance that may make you drowsy. This includes any prescription, over-the-counter, or holistic substance that can induce drowsiness.
- Do not drink alcohol.
- Do not take aspirin, ibuprofen, naproxen, or any similar medication, or any compounds that contain these substances. If you need something for pain, either see a physician (and let them know you have recently suffered a head injury) or use acetaminophen for the pain.
- When you sleep or nap, you should have your head elevated with at least two pillows.
- You should be with someone that understands these instructions, and is willing to remain with you, for at least the first 24 hours after the incident. They should awaken you every 2-4 hours and evaluate you to ensure that you awaken normally and are able to speak, think, and walk normally. If you are experiencing any of the above listed problems, you should seek immediate medical attention.
- You may call 911 at any time.

I have been provided with a copy of these instructions. They have been explained to me and I understand them.

Patient (or guardian) Signature _____ Date _____

Witness Signature _____ Date _____

Crewmember Signature _____ Date _____

Neck and Back Injury Instructions

You have been evaluated in the field by emergency medical personnel and found to have signs and/or symptoms consistent with a neck and/or back injury. This means there is a possibility of injury to the muscles, ligaments, and disks in your back, or injury to the spine and/or spinal cord that could cause permanent nerve damage. The spine serves many functions and the amount of damage and seriousness of injury are difficult to predict. These problems may include ***loss of sensation to your body, loss of strength or paralysis, chronic pain, inability to move your body correctly, inability to breathe, loss of sexual ability, and death.*** Many other problems may occur and this list is only representative of the potential seriousness of your injuries.

If you have been given this form, you are refusing medical treatment and/or transportation to a hospital emergency department for further evaluation at this time. **You need to know that the evaluation provided in the field is not as thorough as the evaluation that can be performed in a hospital**. By not being seen in an emergency department, you are at greater risk for undetected injuries and a bad outcome. By refusing ambulance transportation, you are eliminating the possibility of receiving emergency care should it be needed.

If you insist on refusing medical care and/or transportation to the emergency department, there are a few things you should know. **Neck and back injuries may be dangerous. You must follow these instructions carefully.**

- Back and neck injuries may not be obvious right away. The symptoms may not develop for a period of days and they may occur rapidly.
- If you experience any of the following symptoms, you should seek immediate medical attention: ***fever, trouble walking or performing tasks, weakness, numbness/tingling, pain, bowel or bladder problems, difficulty with swallowing, hoarse voice, difficulty in breathing or pain in your chest.*** This list may not be all-inclusive and if you have *any* unusual symptoms it is recommended that you seek immediate medical attention.
- Do not drink alcohol.
- If you experience sudden pain in your neck or back, shooting pains into your arms or legs, or any of the above symptoms, restrict your movements and contact 911.
- You should be with someone that understands these instructions, and is willing to remain with you for at least the first 24 hours after the incident. If you are experiencing any of the above listed problems, you should seek immediate medical attention.
- You may call 911 at any time.

I have been provided with a copy of these instructions. They have been explained to me and I understand them.

Patient (or guardian) Signature _____ Date _____

Witness Signature _____ Date _____

Crewmember Signature _____ Date _____

Post - Hypoglycemia Instructions

You have been evaluated in the field by emergency medical personnel and found to have a blood sugar level that was below normal. Adequate blood sugar levels are essential to normal function of every organ in your body. Without adequate levels of blood sugar, the body does not function appropriately, and the possibility of permanent injury to your organs (especially your brain) is high. ***Problems that may arise from an abnormally low blood sugar may include nerve and brain damage, abnormal heartbeats, inadequate breathing, lung injury from breathing stomach contents into your lungs, seizures, coma, cardiac arrest, and death. You may not always be aware of your blood sugar level being too low, which may lead to a delay in treatment and the possibility of being involved in or causing accidents.*** Many other problems may occur and this list is only representative of the potential seriousness of your injuries.

If you have been given this form, you are refusing medical treatment and/or transportation to a hospital emergency department for further evaluation at this time. **You need to know that the evaluation provided in the field is not as thorough as the evaluation that can be performed in a hospital.** By not being seen in an emergency department, you are at greater risk for undetected problems and a bad outcome. By refusing ambulance transportation, you are eliminating the possibility of receiving emergency care should it be needed.

If you insist on refusing medical care and/or transportation to the emergency department, there are a few things you should know. **Low blood sugar (hypoglycemia) is a dangerous situation. You must follow these instructions carefully.**

- The types of sugars used by EMS personnel to raise your blood sugar rapidly are quickly "burned off" in your body. There is a strong possibility of another episode of hypoglycemia if you do not eat something soon.
- It is usually recommended that you eat a well-balanced meal that includes bread, fruit and protein. Follow your doctor's recommendations, if they have been provided.
- You should check your blood sugar within two hours of the time you receive these instructions and then every four hours for the next twenty-four (24) to forty-eight (48) hours. If you are on a pill to help control your blood sugar, you should check your blood sugar for the next seventy-two (72) hours, on the same schedule as above.
- If you experience any of the following symptoms, you should seek immediate medical attention: ***dizziness, lightheadedness, headache, problems with speech or coordination, confusion, inattentiveness, sweating, nervousness, tremors, rapid heart beat, hunger, lethargy, coma or seizures.*** This list may not be all-inclusive and if you have *any* unusual symptoms it is recommended that you seek immediate medical attention.
- **Remember that another episode of low blood sugar could occur without any warning signs. It is very important that you have someone with you for the next 24 to 48 hours (72 hours if you are on a pill to help control your blood sugar) who is aware of your condition and able to call 911 if any of the above symptoms occur.**
- It is important for you to contact your personal physician as soon as possible and advise them of today's episode. An adjustment in your medications, diet, and/or activity level may be needed. Episodes of low blood sugar are sometimes related to an ongoing illness and need to be evaluated by your doctor.
- You may call 911 at any time.

I have been provided with a copy of these instructions. They have been explained to me and I understand them.

Patient (or guardian) Signature _____ Date _____

Witness Signature _____ Date _____

Crewmember Signature _____ Date _____

Post-Seizure Instructions

Emergency medical personnel have evaluated you in the field and they suspect that you experienced a seizure. During times of seizure, the body does not function appropriately, and the possibility of permanent injury to your organs (especially your brain) is high. ***Problems that may arise from seizures may include nerve and brain damage, abnormal heartbeats, inadequate breathing, lung injury from breathing stomach contents into your lungs, coma, cardiac arrest, and death. You may not always be aware of a seizure, which may lead to a delay in treatment and the possibility of being involved in or causing accidents.*** Many other problems may occur and this list is only representative of the potential seriousness of your injuries.

If you have been given this form, you are refusing medical treatment and/or transportation to a hospital emergency department for further evaluation at this time. **You need to know that the evaluation provided in the field is not as thorough as the evaluation that can be performed in a hospital.** By not being seen in an emergency department, you are at greater risk for undetected problems and a bad outcome. By refusing ambulance transportation, you are eliminating the possibility of receiving emergency care should it be needed.

If you insist on refusing medical care and/or transportation to the emergency department, there are a few things you should know. **Seizures can be dangerous. You must follow these instructions carefully.**

- Seizures can be caused by a number of different problems. Even if you have a history of epilepsy, there may have been another cause for today's seizure. You cannot be adequately evaluated for these problems in the field. You need to be seen by a physician.
- If you are taking medication to prevent seizures, the level of medication in your blood should be evaluated. The amount of medication you take may need to be adjusted.
- If you experience any of the following symptoms, you should seek immediate medical attention: ***dizziness, lightheadedness, headache, problems with speech or coordination, confusion, inattentiveness, sweating, nervousness, tremors, bizarre behavior, rapid heart beat, problems with your vision or hearing, pain in your chest, lethargy, coma or another seizure.*** This list may not be all-inclusive and if you have *any* unusual symptoms it is recommended that you seek immediate medical attention.
- **If you are pregnant, a lack of oxygenated blood flow to your fetus during your seizure may cause problems for your child both before and after birth. Contact your physician immediately for instructions.**
- It is important for you to contact your personal physician as soon as possible and advise them of today's episode. An adjustment in your medications, diet, and/or activity level may be needed. Seizures are sometimes related to an ongoing illness and need to be evaluated by your doctor.
- You may call 911 at any time.

I have been provided with a copy of these instructions. They have been explained to me and I understand them.

Patient (or guardian) Signature _____ Date _____

Witness Signature _____ Date _____

Crewmember Signature _____ Date _____

Post-Syncope Instructions

Emergency medical personnel have evaluated you in the field and suspect that you experienced a syncopal episode (fainting episode). Fainting can be caused by a number of different problems; many of which are potentially very serious in nature. ***Problems that may arise from syncope may include nerve and brain damage, abnormal heartbeats, inadequate breathing, lung injury from breathing stomach contents into your lungs, coma, cardiac arrest, and death. You may not always be aware of the onset of a syncopal episode, which may lead to a delay in treatment and the possibility of being involved in or causing accidents.*** Many other problems may occur and this list is only representative of the potential seriousness of your injuries.

If you have been given this form, you are refusing medical treatment and/or transportation to a hospital emergency department for further evaluation at this time. **You need to know that the evaluation provided in the field is not as thorough as the evaluation that can be performed in a hospital.** By not being seen in an emergency department, you are at greater risk for undetected problems and a bad outcome. By refusing ambulance transportation, you are eliminating the possibility of receiving emergency care should it be needed.

If you insist on refusing medical care and/or transportation to the emergency department, there are a few things you should know. **Syncope (fainting) can be dangerous. You must follow these instructions carefully.**

- Syncope can be caused by a number of different problems. Even if you have a history of fainting, there may have been another cause for today's episode. You cannot be adequately evaluated for these problems in the field. You need to be seen by a physician.
- If you are taking medication to prevent fainting, the amount of medication you are taking should be evaluated. The amount of medication you take may need to be adjusted.
- If you experience any of the following symptoms, you should seek immediate medical attention: ***dizziness, lightheadedness, headache, problems with speech or coordination, confusion, inattentiveness, sweating, nervousness, tremors, bizarre behavior, rapid or abnormal heart beat, problems with your vision or hearing, pain in your chest, lethargy, coma, or another episode of fainting.*** This list may not be all-inclusive and if you have *any* unusual symptoms it is recommended that you seek immediate medical attention.
- **If you are pregnant, a lack of oxygenated blood flow to your fetus during a fainting episode may cause problems for your child both before and after birth. Contact your physician immediately for instructions.**
- It is important for you to contact your personal physician as soon as possible and advise them of today's episode. An adjustment in your medications, diet, and/or activity level may be needed. Syncope is sometimes related to an ongoing illness and needs to be evaluated by your doctor.
- You may call 911 at any time.

I have been provided with a copy of these instructions. They have been explained to me and I understand them.

Patient (or guardian) Signature _____ Date _____

Witness Signature _____ Date _____

Crewmember Signature _____ Date _____

Wound Instructions

You have been evaluated in the field by emergency medical personnel and found to have a wound that may require stitches and/or further care in an emergency department. The skin plays an important role in preventing infection and protecting tissue. The possibility of infection and injury to underlying tissue is difficult to predict. ***Problems that may arise from an improperly cared for wound may include infection which leads to blood poisoning, amputation of a limb, surgical removal of dying/dead tissue, nerve damage, joint problems, chronic pain, and death.*** Many other problems may occur and this list is only representative of the potential seriousness of your injuries.

If you have been given this form, you are refusing medical treatment and/or transportation to a hospital emergency department for further evaluation at this time. **You need to know that the evaluation provided in the field is not as thorough as the evaluation that can be performed in a hospital.** By not being seen in an emergency department, you are at greater risk for undetected injuries and a bad outcome. By refusing ambulance transportation, you are eliminating the possibility of receiving emergency care should it be needed.

If you insist on refusing medical care and/or transportation to the emergency department, there are a few things you should know. **Wounds can be dangerous. You must follow these instructions carefully.**

- Wounds often need to be extensively cleaned to prevent infection. This is best done in the hospital.
- If your wound requires stitches, you may have poor healing and scarring if you do not have the wound cared for in a timely manner. Often this needs to occur within six hours of the time of injury.
- Your wound may require antibiotics to prevent infection.
- If you have not had a tetanus shot within the last five years, you may be at risk of being infected by the bacteria that causes tetanus ("lockjaw").
- If you experience any of the following symptoms, you should seek immediate medical attention: ***redness, warmth, swelling, pus, bleeding, red streaks, pain, numbness, tingling, or poor circulation beyond or near the wound, or if you develop a fever.*** This list may not be all-inclusive and if you have *any* unusual symptoms it is recommended that you seek immediate medical attention.
- Do not apply creams or ointments, unless instructed to do so by a doctor.
- Clean the wound with warm, soapy water and then keep it clean and dry. Do not soak the wound.
- Protect the wound area. Do not bump, hit, or put lots of stress on it.
- Try to keep the wound elevated as much as possible. This will help to prevent swelling.
- You may call 911 at any time.

I have been provided with a copy of these instructions. They have been explained to me and I understand them.

Patient (or guardian) Signature _____ Date _____

Witness Signature _____ Date _____

Crewmember Signature _____ Date _____

VEHICLES

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COLORADO SPRINGS VEHICLE LISTINGS

Colorado Springs ESA/ALS Vehicles

Vehicle Totals	Year	Make	Model	VIN	Type	Unit	Colorado Lic Plate	Lic Exp.	EV Exp.	Vehicle Ins. Exp.	Purchased New/Us/Tr	Vehicle Status	Comments/ Updates
1	2003	Ford	Leader	1FDSS34F83HB18527	II	701	165JUW	Nov-08	10-19-2009	Mar-09	New	In-service	
2	2003	Ford	Leader	1FDSS34F53HB28514	II	702	953LDZ	Dec-08	10-19-2009	Mar-09	New	In-service	
3	2006	Ford	AEV	1FDWE35P46HB23759	III	Medic 3	536NRY	Aug-08	09-07-2008	Mar-09	New	In-service	Assigned to SECFD
4	2003	Ford	Leader	1FDSS34FX3HB28511	II	704	411JVA	Dec-08	10-19-2009	Mar-09	New	In-service	
5	2003	Ford	Leader	1FDSS34F43HB33221	II	705	925MSO	Nov-08	01-05-2009	Mar-09	New	In-service	
6	2003	Ford	Leader	1FDSS34F63HB18526	II	706	162JUW	Nov-08	10-19-2009	Mar-09	New	In-service	
7	2003	Ford	Leader	1FDSS34F53HB23510	II	707	164JUW	Nov-08	10-19-2009	Mar-09	New	In-service	
8	2003	Ford	Leader	1FDSS34F63HB33222	II	708	163JUW	Nov-08	10-19-2009	Mar-09	New	In-service	
9	2003	Ford	Leader	1FDSS34F33HB33226	II	709	604JVA	Dec-08	10-19-2009	Mar-09	New	In-service	
10	2003	Ford	Leader	1FDSS34F13HB33225	II	710	605JVA	Dec-08	10-19-2009	Mar-09	New	In-service	
11	2003	Ford	Leader	1FDSS34F83HB33223	II	711	535JUY	Nov-08	10-19-2009	Mar-09	New	In-service	
12	2003	Ford	Leader	1FDSS34F83HB28510	II	712	603JVA	Dec-08	05-25-2009	Mar-09	New	In-service	
13	2003	Ford	Leader	1FDSS34F93HB28516	II	713	412JVA	Dec-08	10-19-2009	Mar-09	New	In-service	
14	2007	Ford	Leader	1FDSS34P17DA47628	II	Medic 14	577OZJ	May-08	08-24-2009	Mar-09	New	In-service	
15	2007	Ford	Leader	1FDSS34P37DA32077	II	Medic 16	928OZN	Jun-08	10-08-2009	Mar-09	New	In-service	
16	2003	Ford	Leader	1FDSS34FX3HB33224	II	717	533JUY	Nov-08	10-19-2009	Mar-09	New	In-service	
17	2004	Ford	AEV	1FDWE35P44HB04271	III	Medic 18	954LDZ	Feb-09	03-23-2009	Mar-09	New	In-service	Assigned to DWFD
18	2006	Ford	Leader	1FDSS34P66HA53660	II	719	896MGE	Oct-08	11-7-2009	Mar-09	New	In-service	
19	2007	Ford	Leader	1FDSS34P27DA20566	II	Medic 20	927OZN	Jun-08	09-06-2009	Mar-09	New	In-service	
20	2006	Ford	Leader	1FDSS34P96HA59078	II	725	942MGN	Dec-08	10-19-2009	Mar-09	New	In-service	
21	2006	Ford	Leader	1FDSS34P06HB24254	II	Medic 26	602ODI	Sep-08	10-08-2009	Mar-09	New	In-service	
22	2006	Ford	AEV	1FDWE35P26HB23761	III	Medic 27	733ODA	Oct-08	10-06-2008	Mar-09	New	In-service	Assigned to Falcon FD
23	2006	Ford	Leader	1FDSS34PX6DB05718	II	Medic 29	355OMJ	Apr-08	05-25-2009	Mar-09	New	In-service	
24	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
25	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
25	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
27	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
28	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
29	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
30	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
31	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
32	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	
33	2008-09	Ford	AEV	Available upon purchase	III	Available upon purchase ---------->					New	Pending	

Colorado Springs Support Vehicles

Vehicle Totals	Year	Make	Model	VIN	Type	Unit	Colorado Lic Plate	Lic Exp.	EV Exp.	Vehicle Ins. Exp.	Purchased New/Us/Tr	Vehicle Status	Comments
1	2008	Chev	Tahoe	FGNFK13048R205342	Supveh	700	791RKU	Mar-09	04-01-2010	Mar-08	New	Pending	Supervisor Vehicle
2	1991	Chev	Astro	1GCDM19Z4MB151396	Operations	202	58608AA	Feb-09	na	Mar-08	Trans	In-service	Bike Team Support
3	1994	Ford	Explorer	1FMDU34X6RUC12837	Operations	203	KAN3061	May-08	03/23/2009	Mar-08	New	In-service	Support Vehicle
4	1995	Ford	McCoy	1FDKE30F7SHB00788	Comm	790	ABN7534	Apr-08	07-10-2008	Mar-08	Trans	In-service	Comm Van
5	2006	HMD	Trailer	ID04046810CO	Trailer	791	394NDH	Apr-08	na	Mar-08	Trans	In-service	Communications Trailer
6	2002	Ford	McCoy	1FDXE45F72HB65368	Sim-Lab	792	259RAY	Nov-08	na	Mar-08	Trans	In-service	Sim-Lab
7	1995	Ford	Osage	1FDKE30F9SHB22274	Disaster	731	PCB1301	Jun-08	10-02-2008	Mar-08	Trans	In-service	Disaster Van

AMERICAN EMERGENCY VEHICLES

April 21, 2008

Mr. Ted Sayer
American Medical Response
1370 N. Powers Blvd.
Colorado Springs, CO 80915

Dear Mr. Sayer,

This letter shall serve to provide additional information regarding the credentials for AEV as the vehicle provider for AMR. The information is provided to accompany your proposal for the El Paso County/Colorado Springs contract.

AMR's annual contract for vehicle production is issued to Interfleet, a joint venture between AEV and our sister company, Leader Industries. AEV and Leader produce all the vehicles for AMR nationwide.

Vehicles for the El Paso County contract would be produced by AEV in our North Carolina facility. AEV is the #1 volume manufacturer of ambulances in the country. Both AEV and Leader are divisions of the Halcore Group. Halcore is the largest Ambulance Corporation in the country.

All AEV vehicles are built to comply with KKK-A-1822F standard, AMD standards and Federal Motor Vehicle Safety Standards (FMVSS). Our vehicles are load tested to a standard higher than any other vehicle in the market.

All AEV vehicles are produced with safety as the #1 priority. AEV is the only ambulance manufacturer to be certified by OSHA as a STAR company, verifying our safety practices in our facility. Our vehicles are an extension of that philosophy of safety.

Please contact me if you need any additional information.

Sincerely,

Mark S. Van Arnam
President/CEO

165 American Way, Jefferson, N.C. 28640
336-982-9824 Fax 336-982-9826

Fleet Maintenance

Procedure Manual

Revised 05/23/2003

MISSION AND OBJECTIVE STATEMENTS

Mission Statement

The mission of Fleet Services is to provide field operations with safe, reliable vehicles and equipment, and to ensure a work environment conducive to quality workmanship and personal growth.

Purpose of the Procedure Manual

This manual is a tool for use by AMR's Fleet Services staff in executing the policies contained in AMR's Fleet Services Policy. This tool provides detailed information on the procedures necessary to accomplish the objectives specified in those policies. Additionally, these procedures establish expectations for the responsibilities of fleet staff at AMR. References to specific policies are included with each procedure.

Objective Statement

- Provide an adequate number of safe, clean, well-maintained vehicles for field operations.
- Administer a comprehensive preventive maintenance. program to prevent vehicle failures and ensure employee/patient safety.
- Keep current and accurate documentation of all preventive maintenance and unscheduled repairs.
- To involve our employees in all aspects of Fleet department operations and encourage creative ideas and innovations.
- Provide ongoing training to advance employee skills and to remain current with industry changes.
- Encourage and promote cost-efficient maintenance practices without compromising work quality.
- To assist in the education of field personnel on proper vehicle operating procedures.
- To maintain vehicle appearance to reflect a positive public image.
- Maintain a safe, clean work area.

Maintenance

AMR employs an aggressive Preventive Maintenance (PM) program that meets or exceeds the highest industry standards and ensures optimal vehicle performance. Based on years of research, the program allows us to replace equipment before a failure occurs and fosters the goal of zero vehicle failures.

Each day, crews check, inspect, clean and test all equipment before beginning their shift, reporting any problems to the Field Supervisor immediately. They also inspect the appearance of each vehicle at the start and end of each shift. Any damage is reported immediately, and the vehicle is removed from service as soon as possible. Field personnel are required to inventory their units daily using the inventory checklist. If any repairs are needed, an Equipment Failure Problem Report Form is completed. Once repairs are completed, a copy of the order documenting completion is filed at the fleet maintenance office and another copy is kept with the vehicle. Copies of the forms are available on request.

Every 5,000 miles, our fleet maintenance personnel perform a systematic bumper-to-bumper inspection of our vehicles, examining more than 170 components. Following the comprehensive inspection, mechanics perform maintenance and service averaging 3 hours per vehicle. The Fleet Supervisor reviews each hard copy of the PM inspection form to ensure satisfactory completion of the required maintenance. A sample copy of this form is available on request. All major components, such as engines, transmissions, cooling, electrical, and other systems are inspected in detail at every service and replaced as needed.

Every 15,000 and 30,000 miles, our mechanics perform a repeat of the 5,000 mile inspection and maintenance procedures. They also conduct maintenance work averaging 7.5 hours per vehicle, replacing the fuel filters, transmission fluid, air filters, serpentine belt and idler pulleys. .

If at any point in the process equipment does not meet standards, it is placed out of service for repair, upgrade, or replacement.

Fleet Service Center

All units serving Colorado Springs will be serviced at our fleet maintenance center in Colorado Springs. Open from 7:00 a.m. to 5:00 p.m., Monday through Friday, with an on-call mechanic for weekends and after-hour work, this central facility offers sophisticated vehicle diagnostic-scanning technology and other state-of-the-art equipment. We offer two experienced maintenance mechanics who are on-call 24 hours a day, seven days a week through pager and cell phone communication, ensuring that they are immediately available to provide on-demand maintenance for any given situation at any hour, day or night.

Our Fleet Center in Colorado Springs is also an authorized Ford warranty repair facility for all AMR owned vehicles.

Maintenance Program Enhancements

AMR's PM program offers a number of enhancements not typically seen in a maintenance program. For example, we exceed manufacturers' maintenance standards in the following areas:

- Change transmission fluid at 15,000 mile intervals, before the recommended 24,000 miles
- Replace front tires when tread depth measures 6/32"; USDOT recommendation is 4/32"
- Replace brake lining at between 6/32" and 7/32" disk thickness; USDOT recommendation is 3/32"
- Automatically replacement of Belts and pulleys every 30,000 miles, vacuum pumps every 90,000 miles.
- Vehicle Batteries are replaced in matching sets regardless of condition.
- Vehicle Alternators are replaced in matching sets regardless of condition.
- AMR has National replacement part purchasing programs with Ford Motor Company and utilize Ford OEM replacement parts when servicing our vehicles.

We are also committed to environmental stewardship. AMR's fleet maintenance procedures exceed all applicable laws and regulations from the Federal and State Environmental Protection Agencies. We also dispose of all used parts, accessories, lubricants, refrigerants, and tires in an environmentally responsible manner to allow for recycling and reduced impact on the environment. Furthermore, we maintain a national account with Safety Kleen to replenish, recycle, and dispose of all cleaning solvents.

Record Keeping

AMR uses a commercial fleet maintenance software package known as RTA to document service and repairs, track mileage, and generate a full range of reports, including vehicle service schedules. As the preventive maintenance work is performed and the data posted, RTA updates the vehicle maintenance history, and tracks maintenance costs. As a result, our mechanics have at their fingertips the entire maintenance history of the vehicle, from the last oil change to any repair performed, enabling them to be thorough and precise, while efficiently using their time. Based on compiled data, they can predict part failures or end of useful life and provide the appropriate preventive maintenance specific to each vehicle.

Our Fleet Supervisor monitors and logs the mileage of our vehicles weekly to schedule PM inspections every 5,000 miles. Our research shows that this length of time maximizes the use of our vehicles without any impact on reliability. When vehicles come into our shop for maintenance, mechanics document every action they take on the preventive maintenance inspection form.

This fleet data becomes part of our weekly Key Performance Indicators (KPI) report, giving us continuing hard data about all elements of our operation, such as vehicle mileage and how vehicle parts perform. Every week, all managers throughout our company participate in a group conference call to review these KPI reports, allowing them to monitor all aspects of our operation.

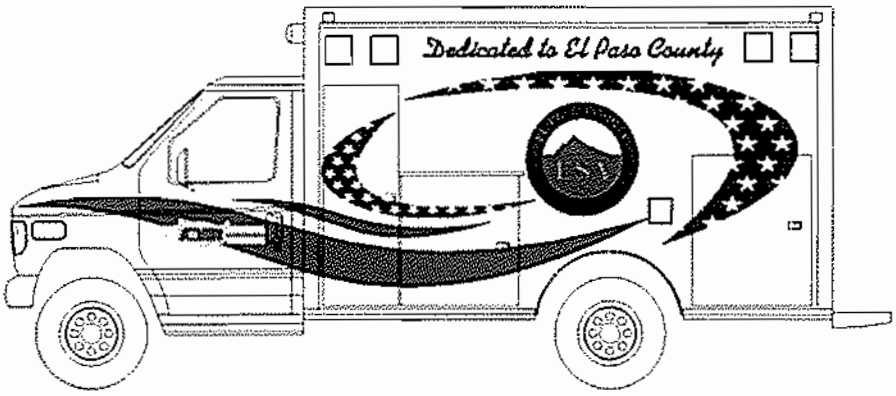
AMR will at all times maintain a current list of ambulances (including reserve units), to include license number and vehicle identification number, which shall be made available to the City immediately on request.

Safety Ambulances

AMR prides ourselves on providing our customers with the best possible equipment to ensure the health and safety of our employees and our patients. Over the years, employee committees, members of our fleet staff and representatives from our ambulance manufacturer have worked together to identify modifications that could be made to enhance the safety of our vehicle fleets across the country. The resulting enhancements will be incorporated in all the ambulances proposed for the City of Colorado Springs and include the following:

- Wind tunnel-tested aerodynamic, fully insulated body, resulting in quieter interior and improved handling characteristics
- 4-speed automatic transmission with overdrive and auxiliary cooler
- 4-wheel anti-lock braking system
- Front and rear air conditioning systems using environmentally safe R-134A refrigerant
- Dual front-airbag restraint system
- 115-volt AC power inverter
- Medical equipment electrical isolation system
- Safety restraint systems for all front and rear occupants
- A gurney-retention system that will not fail or release when subjected to more than 2,400 pounds of force
- Oxygen tank and fire extinguisher securing systems that perform with forces equal to 25 times the cylinder weight
- High-visibility emergency lighting system.
- Focused siren / audible warning system
- Specialized cabinetry
- Complete instrumentation and monitoring system
- Redesigned console that provides more leg room
- Rounded interior construction for safety of crew and Fire personnel who may ride along.
- All ambulances are built to comply with and meet all KKK-F standards and requirements. All ambulances are certified the our ambulance builder, Inner Fleet who are certified Ford QVM outfitters.

Dedicated to El Paso County
EL PASO COUNTY
ESA
EMERGENCY SERVICES AGENCY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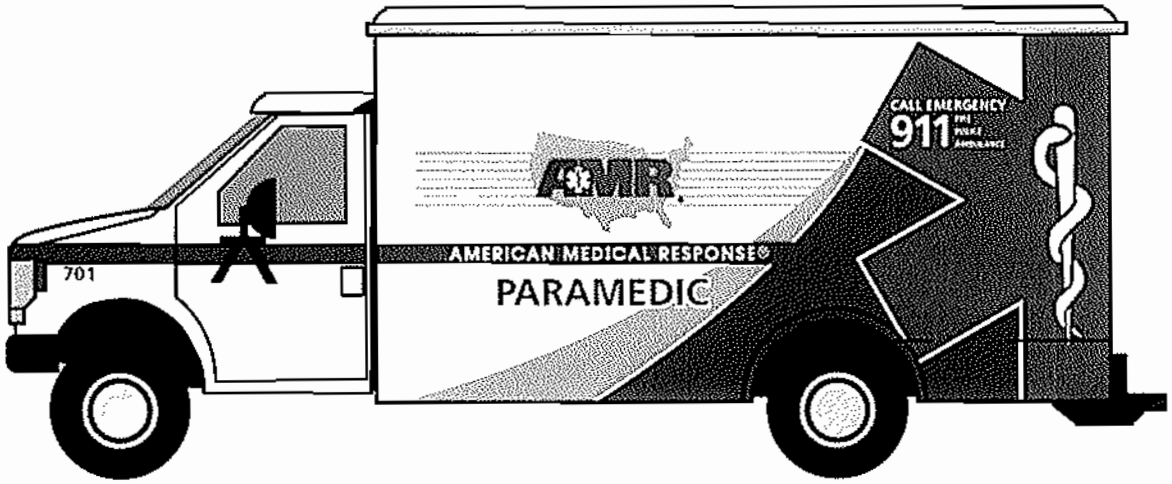
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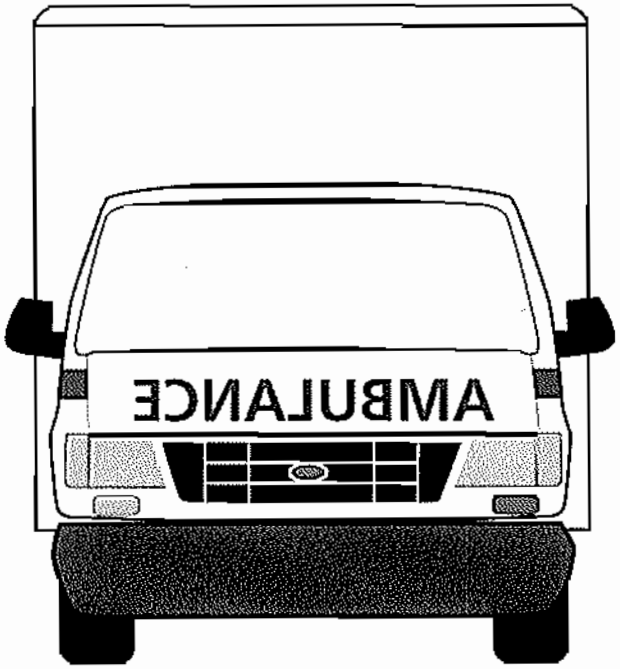
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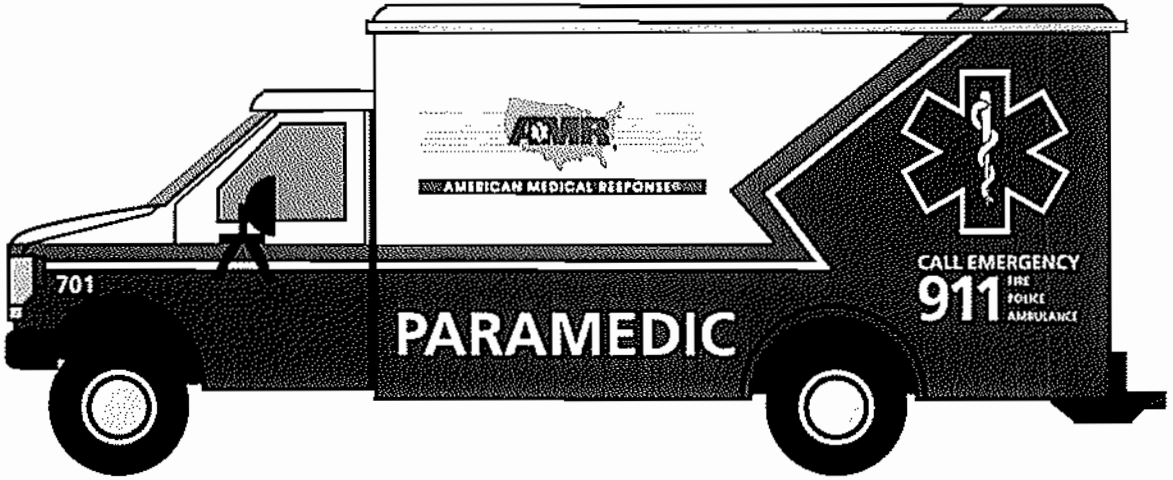
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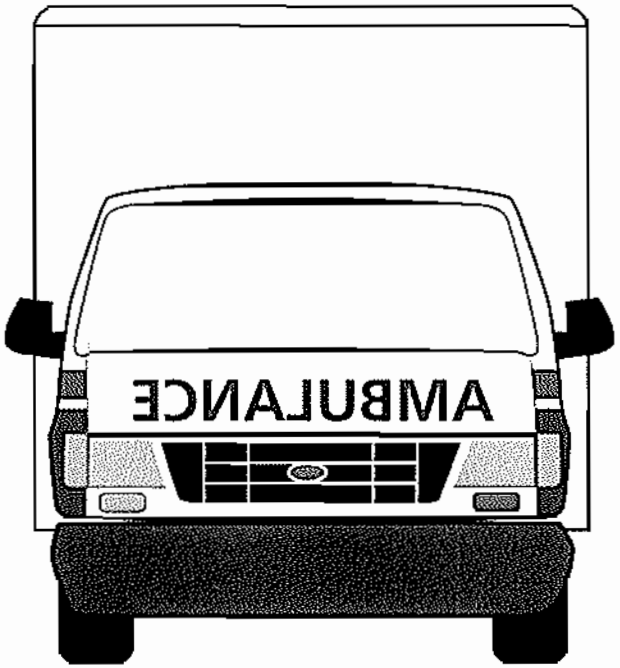
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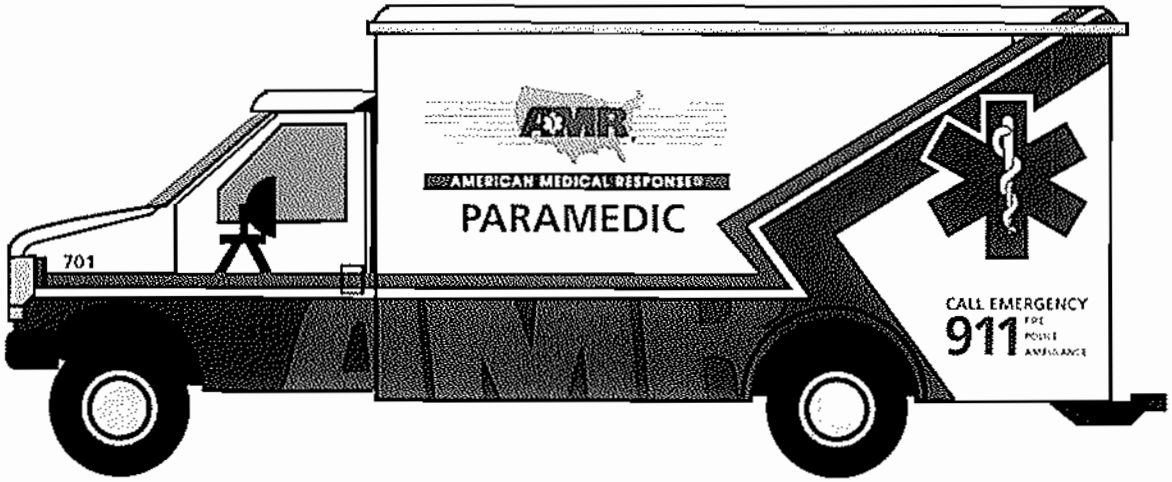
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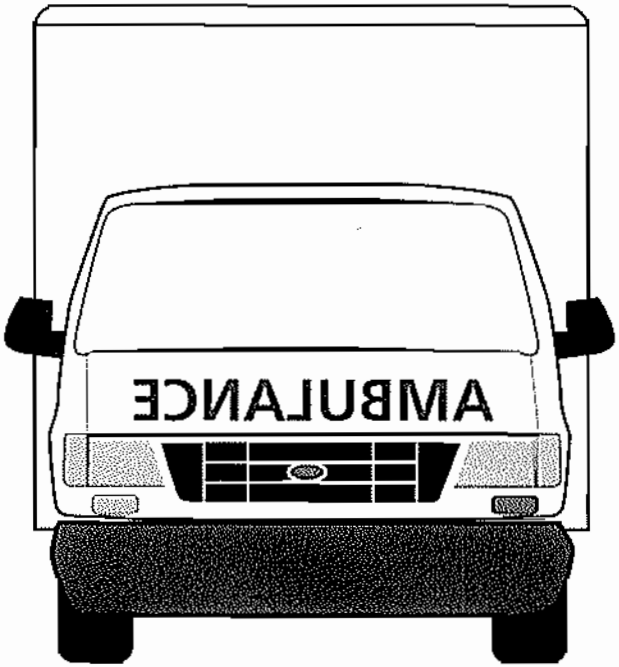
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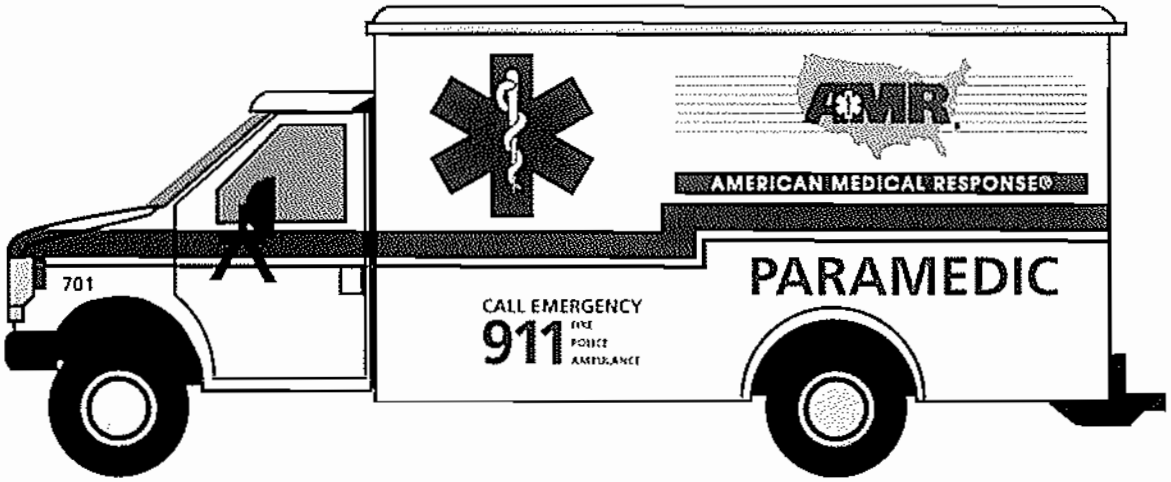
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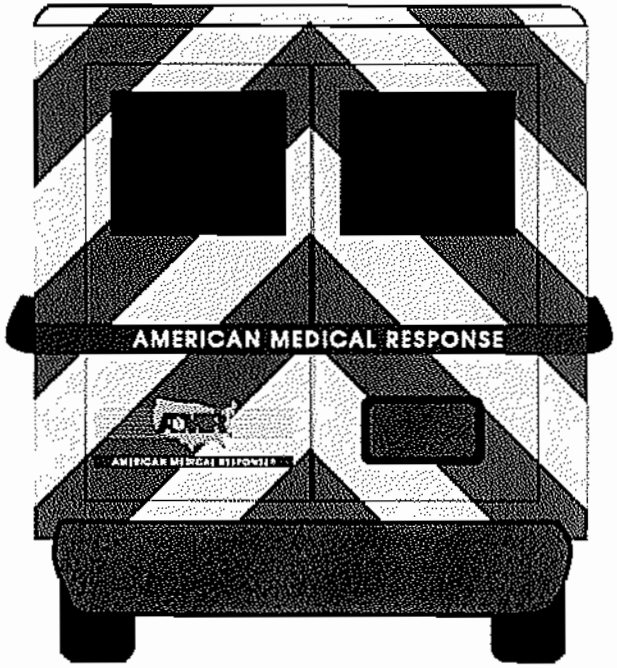
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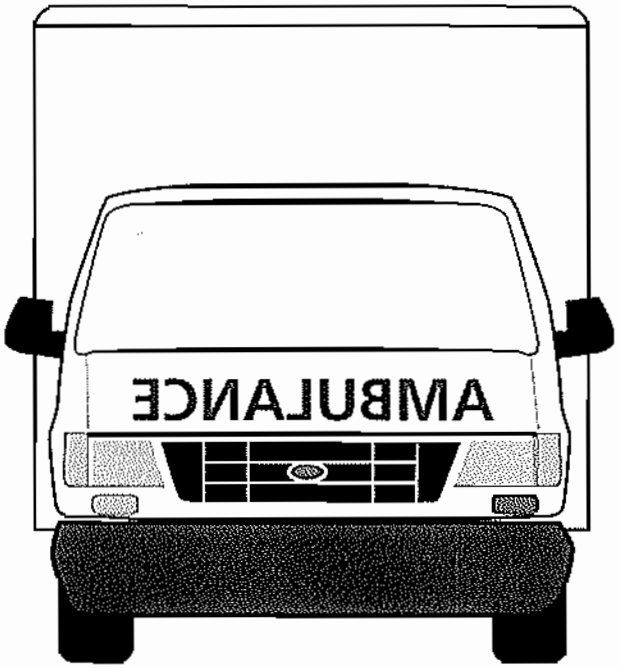

AMBULANCE

AUTOMATIC TIRE CHAIN SYSTEM
BID SPECIFICATION SHEET

Our Vehicles will be equipped with an Automatic Tire Chain System with the following specifications:

Chain Unit - There will be one driver's side and one passenger's side chain unit. The chain unit will be delivered fully assembled with the following components:
a. An air cylinder containing one diaphragm, one return spring, one pushrod and a collapsible dust boot held in place with an Oetiker® style retainer to prevent foreign material from entering the air cylinder. The cylinder will be assembled with a two-piece cylinder clamp. The air cylinder will be cast aluminum and the lid will be threaded to receive a 90-degree DOT approved air fitting. The cylinder and lid must be anodized for corrosion resistance. Each cylinder will have 6 strengthening ribs. The cylinder wall thickness will be a minimum of 6MM.
b. An extension rod and ball joint assembly that is fastened to the cylinder pushrod by means of a left handed thread. The ball joint must have a provision for greasing.
c. A swing arm that is connected to the ball joint assembly with a nylock lock nut on one side and is fastened to the cylinder bracket at the pivot point. The arm will be supported by 2 greasable arm bushings. The arm will be one-piece hardened alloy material that is formed in such a fashion that it allows the chainwheel to contact the vehicle tire at 3-1/2 to 4 inches off the ground.
d. A chainwheel that is fastened to the arm with one 20 MM bolt that is hardened to Metric Grade 8.8 along with a hardened lock nut. The bolt will also come with two chainwheel spacers for wheel height adjustment. The chainwheel will be 7-3/4 inches in diameter and will be constructed of a one-piece cast aluminum center hub that contains two maintenance-free sealed bearings. The circumference of the chainwheel will be rubber coated so that it may ride on the inside of the vehicle tire without causing any damage to the tire. There will be 6 lengths of chains approximately 13 inches long that will be welded to a single steel ring at 60-degree intervals. The steel ring will be bolted to the center hub with 6 Grade 8 cap screws and locknuts. Each length of chain will contain up to10 twisted, links that are square-cut to provide for maximum traction in forward and reverse. Each chainwheel will be delivered with a chainwheel helmet to protect the chainwheel bearing and casting.

MOUNTING BRACKET ASSEMBLY - There will be one driver's side and one passenger's side mounting bracket. The mounting bracket will be constructed of ASTMA-36 steel that is 5/8 inches in thickness and will be one piece. The mounting bracket will include 5 holes for mounting. Three of these holes will be for attachment to the rear suspension and two of the holes will provide for attachment of the chain unit. Two grade 8 hardened cap screws; lock nuts and flat washers will be provided for the attachment of each chain unit. The bracket will attach to three of the four U-bolt legs via certified Grade 8 coupling nuts, manufactured in accordance with SAE specifications, designed in such a way that they may be threaded onto the U-bolt legs on one side of the nut and allow the mounting bracket to be bolted to the opposite side of the nut. All

hardware including the coupling nuts must be certified Grade 8 and have zinc yellow chromate coating for corrosion resistance.

Solenoid - A continuous duty solenoid must be provided that, when activated by the dashboard switch, opens and allows compressed air to flow to the chain units. Compressed air will be delivered to the solenoid from the vehicle's air tank. The solenoid will be mounted on the frame rail or cross member in close proximity of the chain units. This air/electric solenoid must be 12-volts and draw no more than 1 ampere of current. Electrical wire shall be in accordance with NFPA 1901 standards. The solenoid must have a muffler/filter to keep debris out of the solenoid and be sealed to the body of the solenoid via a rubber gasket.

Dashboard Switch - A 12-volt dashboard switch will be provided so that the operator may engage the chains from the driver's seat. The switch must be lighted to indicate when the chains are engaged. The switch must come complete with a switch guard to avoid accidental engagement of the automatic chains. The switch guard must be properly labeled. A dashboard sticker with operating instructions must be provided.

System Connection Components - The system will be delivered with all wire, fittings, and tubing necessary to complete the installation. Documentation must include mounting instructions, warranty card, and operating instructions via a dashboard sticker as well as a card or booklet that outlines operating and maintenance instructions for the Fleet Manager. A video tape with installation, maintenance and operating instructions must be included with the system. The system will carry a one-year warranty covering any defects in material or workmanship.

Compressed Air System - Some of our vehicles do not have an on-board air source. On those vehicles, the supplier will include a 12-volt compressor kit to include a 12-volt electric continuous duty air compressor with .35 CFM minimum output and have an internal thermal protection switch. A pressure switch will be supplied so that the system can maintain a minimum of 90 PSI. A storage tank with mounting brackets shall be included that will hold 600 cubic inches of air. Build up time from 0 PSI to 90 PSI MUST be less than 5 minutes. This kit will include its own wire, hose and fittings.

Liability - The supplier must furnish proof of Product Liability Insurance upon request.

Product History - Product must have been in production for a minimum of 25 years. The product must be of U.S. manufacture.

Revision: 08/2004

Introducing the Safest Ambulance on the Streets

AMR's most advanced "next generation C-3 ambulance" makes medical transportation safer for medics, in turn allowing for better patient care both before & during transport.

•High output Heat/AC system accommodates variable filtration capabilities, includes HVAC ducted through patient compartment headliner. HEPA filtration continuously cleans the air.

•Full Heat and A/C controls from either patient area switch panel and cab console.

•P6 6-point seat belt systems on both curbside seating locations with built in seat sensors for driving identification of seat belted locations.

•Special lighting package includes amber LED caution lights that flash at motorist eye level, as well as low amperage LED emergency warning lights

•Easy to identify overhead grab rail and restraint netting in patient area.

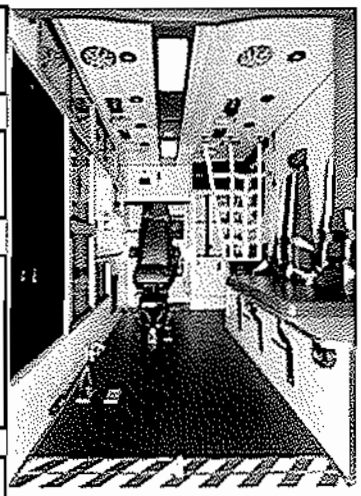
•3rd battery for emergency start backup system for added security.

•3 point integral seat belt attendant's seat with captain's chair including an internal fold down child safety seat for transport convenience of small children

•Dual full fuction onboard suction systems for use from multiple seating locations

•New low amperage LED patient area dome lights with added intensity control and longer life expectancy.

•Brake and Turn indicator lights in patient area over rear doors to warn attendant of pending turn or stop.



•On board camera system with up to four cameras for view of patient area, backup, right fender lane change and forward for recording capability.

•Low amperage LED side scene and rear loading lights to help maintain chassis electrical system integrity.

•Micro 4 backup sensing device for assistance with backing the vehicle with audible que to the driver with number of feet to obstruction.

•Fluorescent lights in patient area center pad with timer activated by the opening of the curbside entry door to allow preset activation with auto shutoff programmed up to 1 hour for vehicle checkout with rear master switch turned off.

•High conspicuity graphics package for both day and night visibility on the road and at intersections.

•Front body LED turn arrows to warn oncoming traffic of pending turn in emergency situation.

•Programmable signs on streetside and curbside of body for notification during both transport and emergency transports.

•Fly by wire, multiplexed electrical system with State of the Art technology includes the capability for remote programming updates from the factory to update programming, trouble shoot for change switch activations and features.

•Seating includes vacuum formed upholstery for a seamless joint to allow for easy and constant cleaning like in a hospital environment.

•Cabinet at the foot of the squad bench for crew required equipment with easy access without reaching over the patient during transport.

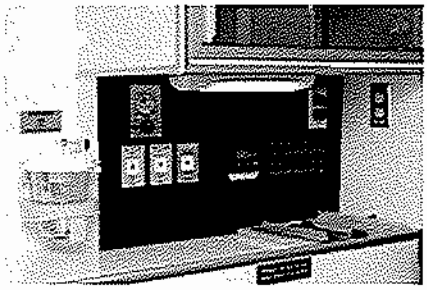
•Crash stable LifePak bracket located in the action area with spring loaded release for easy access for use on scene and during transport.

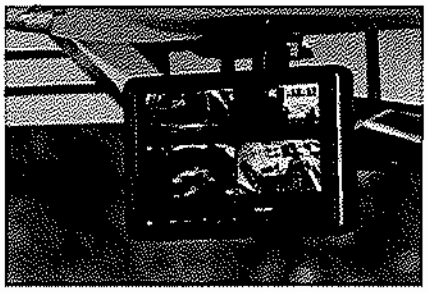
AMERICAN MEDICAL RESPONSE

TRAUMAHAWK

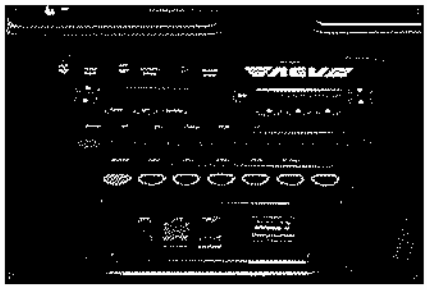
AEV

New features added to Concept Ambulance "C-3" based on feedback from EMS professionals across the nation:

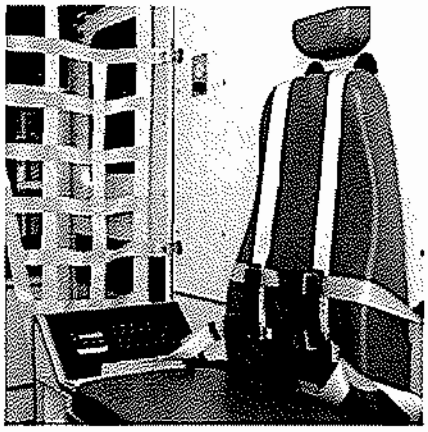




- Digital 02 Contents Monitor
- Seat sensing system for squad bench
- Up to four camera system with recording
- HEPA Air Filtration
- High Conspicuity Graphics
- Multiplex Programmable Electrical System
- Multiple Patient Area Switch Panels
- P6 Seating for squad bench
- Load Manager/Sequential Lighting
- Crash Stable LifePak bracket



- Safety Net at Head of squad bench
- Easy clean interior
- Ducted Heat and A/C System
- Low amperage electrical components
- Integrated Child Safety Seat
- Variable Speed Heat and A/C fan control
- Ergonomic Switch Panel in Cab
- Bio Waste system in Action Area



From Ford's Web site:

Improving Hybrid Batteries

As we continue to work on producing cleaner and more fuel-efficient vehicles, the study of battery technology has gained momentum. Advances in battery technology will allow us to further improve hybrid systems and pave the way for other electric propulsion systems.

A Cleaner Way to Drive

The primary advantage of a hybrid is better fuel economy, but there are significant emissions benefits as well: hybrids have lower tailpipe emissions and emit fewer greenhouse gases than conventional vehicles because of their ability to drive in electric-only mode. And by increasing fuel efficiency, these vehicles also reduce reliance on foreign energy sources.

Hybrid Batteries

Although batteries have been used to power vehicle accessories and even propel entire vehicles for many years, the high-voltage batteries used in hybrid vehicles are still considered a relatively new technology, and as a result, they're costly. Low volumes, lack of commonality in battery configurations among automakers and limited battery suppliers are all contributing factors to the higher price tag.

In addition to cost, there's also customer concern regarding the robustness and durability of hybrid battery systems. Questions about battery life are the most frequently asked by potential hybrid customers.

2004 Escape Hybrid

When we designed the 2004 Escape Hybrid, we produced a highly sophisticated and reliable battery system capable of working for 10 years and 150,000 miles. The work we did on the 2004 Escape Hybrid became the benchmark for evaluating battery life capability in our next-generation hybrid vehicles, as well as providing a methodology for evaluating and comparing alternative battery technologies both for hybrid and fuel cell vehicle applications.

Battery Innovation

Nickel metal hydride (NiMH) batteries are preferable for use in today's hybrid vehicles. However, because of chemistry constraints, there is not much room for improving NiMH energy and/or power density. In addition, as volumes rise beyond several hundred thousand units, NiMH batteries become uncompetitive in terms of cost with other batteries due in most part to their large nickel content.

For near and mid-term automotive applications, Lithium-ion (Li-ion) batteries are the most promising alternative. Li-ion batteries use much less nickel and have significantly more energy and power than NiMH batteries. The use of nanomaterials, smart materials design and good cell engineering should further enable the development of these higher power cells.

The primary concern with Li-ion batteries is that they can become overcharged or internally shorted. To prevent this, we've found that using an external control system is effective in maintaining the proper state-of-charge of the cells in the battery pack.

Although Li-ion batteries seem to have a promising future, cost once again plays a part. Presently, Li-ion batteries are too expensive for mass-market automotive applications. The United States Automotive Battery Consortium (USABC), a collaboration involving domestic automakers (including DaimlerChrysler, Ford and GM) and the U.S. Government, is working toward established cost targets.

The Future

We believe that not only are advancements in batteries important for current hybrid applications, but they're also key enablers for future technologies like plug-in hybrids, battery electric vehicles and fuel cell vehicles.

Customer acceptance will also play a role in the future of battery technology. As customers weigh the costs and benefits associated with owning hybrid vehicles, their concerns about durability, battery replacement and safety must be addressed.

Recycling Batteries

Due to the high cost of these batteries and the environmental concerns associated with throwing them away, simple one-time use and disposal is unacceptable.

We believe these batteries need to be designed to be easily and economically collected, reused, reprocessed and recycled. Currently, the infrastructure for recycling Li-ion batteries from consumer electronic devices is only in its early stages of development, but the USABC has been developing a strategy to make recycling easier through efficient identification, disassembly, reuse, remanufacture and recovery of spent batteries.

Bariatric Patient - Medical Protocol

Unit Description & Purpose

The Bariatric Transport unit is designed to provide safe, dignified transport of the morbidly obese patient. Transport is safer through the use of a specially adapted stretcher, ramps, and winch to facilitate patient loading into the ambulance. The personnel have specialized training for handling the overweight patient.

The unit also makes transfer of the overweight patient safer for the crew by decreasing the potential for lifting and back injuries through a unique education program and specialized equipment (back injuries related to lifting comprise > 50% of Workman's Comp claims in EMS organizations (Boatright 2002). Patient embarrassment associated with the great effort ordinarily required for lifting an obese patient is reduced by the specialized equipment and power winch system. Patient dignity is further enhanced by the fact that the unit is unmarked and looks just like the remainder of the AMR fleet.

Operational Considerations

The Bariatric Transport unit is equipped and functions as an ALS unit; for this reason it can be utilized in the flex system as required. Requests coming into the call center for the Bariatric Unit should be coordinated based on unit availability. In most cases, the unit should not be promised on an emergent or urgent basis. Adequate time must be allowed for the unit to be placed in service or cleared from the previous call. When the call requires the Bariatric Unit, two units (or the Bariatric Unit and fire department assist) should be sent to provide adequate lift-assist onto the stretcher or for safety in extrication from the home.

Guidelines for Lift Equipment Use

The Bariatric Transport unit utilizes a variety of specialized equipment to improve the safety and comfort of the patient and EMT. Here is a brief list of the equipment. Refer to AMR Bariatric Unit Operating Guidebook for guidance on safe operation:

- Loading ramps
- STRYKER bariatric stretcher
- Winch

Patient Care Guidelines

Severe obesity creates several specific health-related problems. To begin with, patients who are obese have less access to medical care and are less likely to receive preventative care, routine examinations etc. In many cases they cancel office visits because of concerns about their weight. When they do visit a medical professional, they often are the subject of undue criticism, insults, or disrespect (2002). This increases the risk of developing problems that may be avoided or minimized through prevention or early detection. In addition, obesity is associated with a myriad of specific diseases including diabetes, asthma, sleep apnea, congestive heart failure, hypertension, gastroesophageal reflux, gallbladder disease, depression, and urinary incontinence (Kral 2001). Finally, the immobility associated with obesity often results in respiratory insufficiency, edema, skin breakdown, and incontinence (Gallagher 1999).

In summary, the patients who utilize the bariatric unit typically have multiple chronic medical conditions, significant discomfort related to shortness of breath, skin breakdowns, pressure, and edema, and a history of infrequent and inadequate visits with healthcare professionals.

The objective of the bariatric unit is to provide competent medical care, transport with a minimum of pain and discomfort, and an atmosphere of respect and dignity.

Assessment

Initial assessment (LOC, airway, breathing, circulation) of the obese patient will not vary from other patients. However, a number of differences should be noted in the remainder of the exam (Brentin and Sieh 1991):

- Blood pressure cuff must be correctly sized for an *accurate* reading that doesn't cause injury to the patient. Here are some considerations:
    - The cuff should have a width of 40%-50% of the circumference of the arm.
        - Measure the circumference of the arm with the tape measure in the kit

        - Standard adult cuff should be used on arm with a circumference between 25.4-40.6 cm
        - Thigh cuff should be used on an arm with a circumference between 34.3-50.8 cm
    - In addition, the cuff itself shouldn't be too short. If you are thinking about taping the cuff because the Velcro doesn't catch *it is too small* and may injure the patient's subcutaneous tissue.
    - If you are having difficulty hearing the BP, consider palpating the radial pulse. Another option is to use a pulse oximeter. Place the probe on the fingertip distal to the BP cuff. If you have a good reading, leave it in place while inflating the cuff; the oximeter reading will blank out due to the absence of circulation. Slowly let air out of the BP cuff; when the oximeter reading returns, read the systolic pressure on the sphygmomanometer.
    - Electronic BP monitors (such as that on a LifePak 12) should be accurate assuming that the cuff size is correct.
    - Be sure to document on your PCR your technique for determining BP (cuff size, location etc.) so that the receiving facility can duplicate your method.
- Breath sounds may be difficult to assess because of excessive skin folds and generally increased thickness over the chest. Here are some suggestions:
    - Remember that most patients have less fat on their backs, so you may hear the breath sounds more clearly on the back.
    - Displace skin folds prior to placing stethoscope on the chest. When appropriate, lift the breasts up and place the stethoscope below them against the chest wall.
    - Have the patient lean slightly forward if possible; this moves the lungs closer to the chest wall.
    - Ask the patient to inhale deeply through an open mouth for maximum volume.
- Be sure to look for and ask about skin breakdowns. Immobility and dependence make obese patients at very high risk for decubiti. Here are some places to look (Gallagher 1999):
    - Hips, especially if they have been compressed against a bed siderail
    - Heels
    - Under large folds of skin, where the weight of the skin itself may cause breakdown.
    - Around and under chest tubes or other types of catheters.
- Remember to examine any surgical sites; obese patients are more likely to have stitches pull out due to tension on the wound edges. This may be made worse by careless efforts to "pull" the patient without regard for the location of surgical sites. In some cases it might be appropriate to have a binding type dressing applied prior to transport to protect the surgical site.

Airway Management

The obese patient will typically have diminished lung volume and respiratory strength, along with CO2 retention, even at baseline (Kral 2001). As a result, it can be expected that these patients will have less respiratory reserve and may need airway management and/or ventilatory assistance sooner than expected. Airway management is likely to be difficult because of the weight of the head, short thick neck structure, and potentially unrecognizable upper airway structures should intubation be attempted. Here are some guidelines for airway management (Della Puppa, Pittoni et al. 2002):

- **Positioning is critical**. An elevation of the bed of 45 degrees provides the best diaphragmatic movement and thus improved ventilation (Gallagher 1999). This position may be best even if providing assisted ventilation. If you can't utilize a 45 degree sitting position the lateral recumbent is the second choice (Brentin and Sieh 1991).
- When advanced airway management is required, you may attempt endotracheal intubation. If you are successful, GREAT. But don't spend too much time trying.
- **Consider the Combitube airway** as an excellent alternative for EMTs or paramedics. Although there are limited recommendations, at least one author has suggested that the Combitube airway might be the advanced airway of choice because it can be blindly inserted and can be used with high airway pressures (Della Puppa, Pittoni et al. 2002)
- **Remember that a cricothyrotomy may be difficult** or impossible because of an inability to identify the necessary landmarks and the possibility that available catheters will be too short to penetrate subcutaneous tissue (Della Puppa, Pittoni et al. 2002) (Gallagher 1999).
- **Ventilation with BVM will be difficult** because of the combination of high airway pressures and the weight of the chest wall. So, expect poor compliance and don't mistake it for a tension pneumothorax.
- If the patient has a **tracheostomy in place, check the ties**. Typical narrow trach ties may burrow into the subcutaneous space, causing pain, skin breakdown, edema, and potential compression of vascular and respiratory structures below. Attempt to get the tie replaced with a wider device or consider padding under the tie prior to transport (Gallagher 1999).

Adjustments to Drug Therapy

Medication therapy for obese patients is complicated by the fact that not all medications are absorbed into fatty tissue; thus, specific dosing may not follow the traditional "mg/kg" approach (Brentin and Sieh 1991; Varon and Marik

2001). Here are some guidelines to consider for common EMS medications (Varon and Marik 2001):

- Lidocaine: should follow conventional doses based on **total body weight** for bolus. If starting a maintenance drip, **ideal body weight** should be used. SEE THE CHART AT THE END OF THESE GUIDELINES.
- Epinephrine: usual guidelines are suggested but little data is available.
- Fentanyl: follow conventional doses based on **total body weight**.
- Morphine: follow conventional doses based on **ideal body weight**. SEE THE CHART AT THE END OF THESE GUIDELINES.
- Benzodiazepines: follow conventional doses based on **total body weight**.
- Solumedrol: follow conventional doses based on **ideal body weight**. SEE THE CHART AT THE END OF THESE GUIDELINES.

Vascular Access & Subcutaneous/Intramuscular Injections

Initiation of an IV is likely to be extremely difficult because of the presence of massive amounts of subcutaneous tissue over conventional sites. In addition, infection and phlebitis are more likely due to impaired local circulation. Here are some considerations for IV/subcutaneous/IM therapy in this patient population (Varon and Marik 2001):

- Whenever possible, let the sending unit establish the IV. In many cases, central indwelling lines (such as a Hickman catheter) or a peripheral inserted central line (PIC line) will be utilized.

- If you need to start an IV, use a 2" catheter and go for the sites you are most comfortable with; antecubital is probably best (Brentin and Sieh 1991). Remember that external jugulars may be more likely to cause substantial tissue damage and/or be misplaced because of the loss of typical landmarks.
- Be sure that you REALLY NEED the IV before spending time and effort on establishing the line. Remember that IVs are rarely lifesaving as compared to transportation to the appropriate facility.
- Regardless of who starts the IV, remember to be SCRUPULOUS ABOUT BEING CLEAN/STERILE. Infection is a big issue for these patients.
- Remember that a typical IM injection with a 1.5-inch needle will most likely become an injection into the subcutaneous fatty tissue. As a result, onset of therapeutic effects will be delayed. RESIST THE TEMPTATION TO GIVE A SECOND DOSE—IT WILL LEAD TO AN ACCUMULATION OF DRUG AND A TOXIC REACTION LATER (Brentin and Sieh 1991).

Patient Comfort

Improving patient comfort is one of the major goals of the Bariatric Unit. Here are some things to think about:

- Be sure that the patient isn't experiencing pressure from siderails, oxygen tanks, or cot straps. In addition to causing pain, it may cause a pressure sore that could progress into a major decubitus. By the way, the typical cost of treatment for full-thickness decubiti is approximately $70,000, so prevention is important (Gallagher 1999).
- Be sure that sheets and blankets are smooth beneath the patient, at least at the beginning of the transport. Rough spots may cause pain and pressure points.
- During prolonged transports, attempt to move the patient slightly every 10-15 minutes to prevent pressure points from developing. When possible, let the patient assist with the movement using an overhead bar (Gallagher 1999).
- When possible, encourage patients to be transported in clothing provided by the family. This provides better coverage and modesty than typical hospital gowns, and also assures that the clothing won't fit too tightly and cause pressure points.

- Plan ahead! On long transports incontinence may become an issue. In addition to being embarrassing for the patient, incontinence also causes cleanliness problems since it may be very difficult to clean the patient's skin, creating an ideal site for skin breakdown. Work with the sending facility staff to give the patient an opportunity to go to the bathroom prior to transport. If appropriate, a bedpan or urinal should be taken along for the trip. Whenever possible, get a "fracture pan" that doesn't require the patient's hips to be lifted for use (Gallagher 1999).
- Be sure that the receiving facility is aware of the patient's size so that appropriate equipment is ready upon your arrival. Waiting to find the right wheelchair, bed etc. is a major cause of distress for the patient, and also delays your return to service.
- Finally, *watch your body language and non-verbal communication.* In most cases these patients have been subjected to ridicule from medical staffs in the past. Contrary to most opinions, morbid obesity is NOT the result of "lack of willpower" or uncontrolled eating. Obesity is a multi-faceted disease that causes life-long complications (Kral 2001) (2002).

Our goal is to have patients' experience in our bariatric unit be the best healthcare experience of their lives. Our attitudes will be a major part of their experience.

Ideal Body Weight Chart (Varon and Marik 2001)

MEN	WOMEN
• 5′: 50 kg (110 lbs) • 5′ 1″: 52 kg (114 lbs) • 5′ 2″: 55 kg (121 lbs) • 5′ 3″: 57 kg (125 lbs) • 5′ 4″: 59 kg (130 lbs) • 5′ 5″: 62 kg (136 lbs) • 5′ 6″: 64 kg (141 lbs) • 5′ 7″: 66 kg (145 lbs) • 5′ 8″: 68 kg (150 lbs) • 5′ 9″: 71 kg (156 lbs) • 5′ 10″: 73 kg (161 lbs) • 5′ 11″: 76 kg (167 lbs) • 6′: 78 kg (172 lbs) • 6′ 1″: 80 kg (176 lbs) • 6′2″: 82 kg (180 lbs) • 6′ 3″: 84 kg (185 lbs) • 6′ 4″: 87 kg (191 lbs) • 6′ 5″: 89 kg (196 lbs)	• 5 ft: 46 kg (101 lbs) • 5′ 1″: 48 kg (106 lbs) • 5′ 2″: 51 kg (112 lbs) • 5′ 3″: 53 kg (117 lbs) • 5′ 4″: 55 kg (121 lbs) • 5′ 5″: 58 kg (128 lbs) • 5′ 6″: 60 kg (132 lbs) • 5′ 7″: 62 kg (136 lbs) • 5′ 8″: 64 kg (141 lbs) • 5′ 9″: 67 kg 147 lbs) • 5′ 10″: 68 kg (150 lbs) • 5′ 11″: 71 kg (151 lbs) • 6′: 73 kg (161 lbs)
FYI: these weights are determined using the following accepted formula for men: 50 kg + 2.3 kg per inch of height > 5 ft.	FYI: these weights are determined using the following accepted formula for women: 50 kg + 2.3 kg per inch of height > 5 ft.

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