



Siskiyou County
Emergency Advanced Life Support (ALS)
Ambulance Services Exclusive Operating Area (EOA)
Agreement with Mt. Shasta Ambulance Services Inc.

Sierra – Sacramento Valley
Emergency Medical Services Agency
Agreement No. 2022-01

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**SISKIYOU COUNTY EMERGENCY ADVANCED LIFE SUPPORT (ALS)
AMBULANCE SERVICES EXCLUSIVE OPERATING AREA (EOA)
AGREEMENT WITH MT. SHASTA AMBULANCE SERVICES INC.**

This Emergency ALS Ambulance Services EOA Agreement (hereinafter referred to as 'AGREEMENT') for applicable areas of Siskiyou County (hereinafter referred to as 'COUNTY') is entered into this 1st day of September 2022, by and between the SIERRA – SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY (hereinafter referred to as 'AGENCY') and MT. SHASTA AMBULANCE SERVICES INC. (hereinafter referred to as 'PROVIDER').

SECTION 1: RECITALS OF AUTHORITY

WHEREAS, pursuant to California Health and Safety Code, Division 2.5, § 1797.200, AGENCY is the legally designated local EMS agency (LEMSA) for the COUNTY; and

WHEREAS, pursuant to California Health and Safety Code, Division 2.5, § 1797.204, the LEMSA shall plan, implement, and evaluate an emergency medical services system consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures; and

WHEREAS, pursuant to California Health and Safety Code, Division 2.5, § 1797.206, the LEMSA shall be responsible for implementation of advanced life support (ALS) systems and limited advanced life support (LALS) systems; and

WHEREAS, pursuant to California Health and Safety Code, Division 2.5, § 1797.218, the LEMSA may authorize an ALS or LALS program which provides services utilizing AEMT or paramedic personnel, or both, for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute care hospital, during interfacility transfer, while in the emergency department of a general acute care hospital until care responsibility is assumed by the regular staff of that hospital, and during training within the facilities of a participating general acute care hospital; and

WHEREAS, California Health and Safety Code, Division 2.5, § 1797.224 and § 1797.85, allows the LEMSA to create EOAs to restrict operations to one or more providers of emergency ambulance services in the development of a local plan, through a competitive bid process or without a competitive bid process if the area has been served in the same manner and scope without interruption since January 1, 1981; and

WHEREAS, PROVIDER, a private ambulance company, and its predecessors in business, have continually provided emergency ambulance services in the same manner and scope within the applicable areas of the COUNTY since before January 1, 1981; and

WHEREAS, PROVIDER was initially granted emergency ambulance service exclusivity, pursuant to the grandfathering provisions of California Health and Safety Code, Division 2.5, § 1797.224, by the State of California EMS Authority (EMSA), and the Nor-Cal EMS Agency in its 2006 EMS Plan (originally submitted to EMSA by the Nor-Cal EMS Agency in May 2007, and subsequently approved by EMSA in June 2009); and

WHEREAS, LEMSA responsibilities for COUNTY were subsequently assumed by AGENCY in 2010, and

WHEREAS PROVIDER'S emergency ambulance service exclusivity has been continually maintained/renewed by AGENCY at regular intervals, without interruption, since initially granted by EMSA and the Nor-Cal EMS Agency in its 2006 EMS Plan, as referenced above; and

WHEREAS, AGENCY and PROVIDER wish to recognize their rights and obligations with respect to the provision of exclusive emergency ground ambulance services within applicable areas of the COUNTY, as shown in Exhibit A, hereto incorporated by reference; and

WHEREAS, as the legally designated LEMSA for the COUNTY, AGENCY has been granted the authority to develop written agreements with qualified emergency ambulance service providers that request to participate in the COUNTY'S ALS program; subject to the rights of providers who are granted EOAs; and

WHEREAS, California Code of Regulations, Title 22, § 100168 (b)(4) requires qualified organizations to have a written agreement with the LEMSA to provide ALS services; and

WHEREAS, AGENCY, contingent upon PROVIDER complying with the conditions set forth in this AGREEMENT, approves PROVIDER as an ALS emergency ambulance service provider within the COUNTY;

Now THEREFORE, it is agreed by and between the parties hereto as follows:

SECTION 2: AGREEMENT TERM

- 2.1** This AGREEMENT shall, subject to the limitations contained herein, be for a period of five (5) years, beginning September 1, 2022.
- 2.2** AGENCY, or its authorized designee, may suspend this AGREEMENT immediately upon giving written notice to PROVIDER if PROVIDER'S license to operate is revoked or suspended. Any such action by AGENCY shall be subject to the review procedures for suspensions established herein. If such a suspension order has been issued and remains in effect for a period of at least sixty (60) days, AGENCY may terminate this AGREEMENT by giving at least thirty (30) days prior written notice to PROVIDER.
- 2.3** PROVIDER shall continue to perform during any riot, insurrection, civil unrest, natural disaster, labor action or similar event if such performance remains practical under the prevailing standards of the EMS industry. PROVIDER'S performance under this agreement may be waived or suspended by AGENCY in the event of riot, insurrection, civil unrest, natural disaster, labor action or other similar event beyond the control of PROVIDER which affects the delivery of 911 services (interruption). If any interruption continues for a period in excess of ninety (90) calendar days and PROVIDER cannot resume performance within one hundred eighty (180) calendar days from the initial date of the interruption, AGENCY may terminate this AGREEMENT upon giving at least thirty (30) days prior written notice to PROVIDER.
- 2.4** AGENCY may suspend this AGREEMENT immediately if PROVIDER or PROVIDER'S employees are engaging in a continuing course of conduct which poses an imminent

threat to the public health and safety. Notification of any such suspension shall be in writing and shall state reasons for the suspension and length of suspension.

- 2.5** Either party may terminate this AGREEMENT at any time, without cause, by providing at least one hundred twenty (120) calendar day's prior written notice to the other party.

SECTION 3: NON-EXCLUSIVE AMBULANCE SERVICE AUTHORIZATION

- 3.1** In consideration for providing emergency ambulance services in accordance with the terms described in this AGREEMENT, Contractor is also entitled to be a non-exclusive ambulance service provider for the following types of additional services throughout the COUNTY:

- A. ALS emergency ambulance services in other non-EOA areas of the COUNTY.
- B. Basic Life Support (BLS) and ALS non-emergency medical transport services.
- C. BLS and ALS ground ambulance interfacility transport services.
- D. BLS and ALS special event standby services.

- 3.2** PROVIDER shall adhere to AGENCY policies when providing BLS or ALS non-exclusive ambulance services pursuant to this AGREEMENT.

SECTION 4: EMS AIRCRAFT SERVICES

- 4.1** AGENCY reserves the right to allow EMS aircraft providers to operate in the COUNTY, including within the EOA, for the purpose of providing EMS aircraft transportation services.

- 4.2** PROVIDER and AGENCY authorized EMS aircraft providers shall comply with AGENCY policies and procedures regarding the utilization of EMS aircraft services.

SECTION 5: OUTSIDE WORK

- 5.1** PROVIDER shall not be precluded from performing other outside work, such as non-emergency medical transfers.

SECTION 6: AGENCY RESPONSIBILITIES

6.1 Administration

- E. AGENCY Director/designee is authorized to act on behalf of AGENCY in all matters related to this AGREEMENT.
- F. At any time during normal business hours (8:00 am to 5:00 pm Monday - Friday), and at other times as may reasonably be deemed necessary by AGENCY, AGENCY'S representative(s) may observe PROVIDER'S operations with reasonable notice.
- G. AGENCY may conduct audits of all financial statements, records, invoices, payrolls, inventory records, personnel records, daily logs, conditions of employment, and other data related to any and all matters in connection with this AGREEMENT. At AGENCY'S request, PROVIDER will provide copies of specific records as allowed by law within five (5) business days of request. Audit representatives will be duly designated and authorized by AGENCY. AGENCY shall give PROVIDER fifteen (15) days prior written notice of any audits under this paragraph.
- H. AGENCY'S authorized representatives(s) may ride as a third person on any of PROVIDER'S ambulance or supervisor units when exercising AGENCY'S right to inspect or observe. AGENCY will provide reasonable notice to PROVIDER to limit any potential conflict with interns, scheduled riders, or ongoing operations.
- I. AGENCY representatives shall conduct themselves in a professional and courteous manner, not interfere with PROVIDER'S personnel in the performance of their duties, and shall at all times be respectful of PROVIDER'S employer/employee relationship.
- J. COUNTY may adopt procedures for reviewing and regulating ambulance rates. If regulated, PROVIDER shall not charge more than the rates adopted by COUNTY. If regulated, the schedule of rates may be adjusted by COUNTY upon receipt of a request from AGENCY.
- K. PROVIDER shall not discount published charges to any patient, third party payor or other responsible party, except for patients who demonstrate financial hardship on an individual case by case basis, as determined by PROVIDER under PROVIDER'S financial hardship policies.

6.2 Emergency Medical Advisory Group (EMAG)

- A. AGENCY shall facilitate the formation of an Emergency Medical Advisory Group (EMAG) for the COUNTY.
- B. The EMAG shall serve in an advisory capacity to the AGENCY on issues affecting ambulance services in the COUNTY.
- C. The EMAG will meet on a regular basis, and consist of the following participants:
 - 1. Authorized AGENCY representative(s).
 - 2. Authorized COUNTY public health department representative(s).
 - 3. Authorized COUNTY OES representative(s).
 - 4. Authorized Siskiyou County Fire Chiefs Association representative(s).
 - 5. Authorized representative(s) from EMS dispatch centers within the COUNTY.
 - 6. Authorized representative(s) from acute care hospitals within the COUNTY.
 - 7. Authorized representative(s) from each ambulance provider within the COUNTY.
 - 8. Authorized city government representative(s) from each city within the COUNTY.

6.3 Medical Control

- A. AGENCY'S Medical Director shall provide medical control to assure medical accountability throughout the planning, implementation, and evaluation of the EMS system in the COUNTY.
- B. AGENCY, using state minimum standards, shall establish policies and procedures approved by AGENCY'S Director and Medical Director to assure medical control of the EMS system in the COUNTY.

SECTION 7: PROVIDER RESPONSIBILITIES

7.1 Personnel

- A. All personnel employed by PROVIDER in the performance of work under this AGREEMENT shall be competent and hold current/valid certificates/licenses/accreditations as required by applicable California EMS statutes/regulations and AGENCY policies for their applicable level of certification/licensure. PROVIDER shall be held accountable for its employees' credentials, performance and actions.
- B. PROVIDER shall maintain current records of its personnel, including addresses, phone numbers, qualifications, and certificates/licenses/accreditations with expiration dates. PROVIDER'S personnel records shall be provided to AGENCY upon request.
- C. PROVIDER shall be responsible for providing the pre-accreditation field evaluation phase of the AGENCY'S paramedic accreditation process for its personnel, as applicable/necessary.
- D. PROVIDER shall ensure that its personnel are properly oriented before being assigned to respond to emergency medical requests. The orientation shall include, at a minimum, an EMS system overview; EMS policies and procedures including patient destination, trauma triage and patient treatment protocols; radio communications with and between the ambulance, base hospital, receiving facilities, and dispatch center; map reading skills, including key landmarks, routes to hospitals and other major receiving facilities; emergency response areas; and ambulance equipment utilization and maintenance, in addition to PROVIDER'S policies and procedures.
- E. PROVIDER shall provide initial and on-going emergency vehicle operations training to its personnel.
- F. PROVIDER shall provide training in diversity awareness, conflict resolution, and assaultive behavior management to its personnel.
- G. PROVIDER shall provide patient care documentation education/training to its personnel as needed.
- H. Contractor shall have in place policies which require its personnel to follow all AGENCY policies, procedures and protocols.

- I. PROVIDER shall have a policy that prohibits its personnel from performing any services under this AGREEMENT while under the influence of any alcoholic beverage, illegal drug, or narcotic. Said policy shall also prohibit PROVIDER'S employees from performing such services under the influence of any other substances, including prescription or non-prescription medications, which impairs their physical or mental performance.
- J. PROVIDER shall ensure its personnel wear appropriate uniform attire and comply with PROVIDER'S grooming standards.
- K. PROVIDER shall ensure its personnel are properly identified by a name tag, company name/insignia, and their applicable level of EMS certification/licensure.
- L. PROVIDER shall ensure its personnel treat other EMS system participants, the general public, patients, and their families with professionalism and courtesy.

7.2 Management and Supervision

- A. PROVIDER shall provide management personnel necessary to administer/oversee all aspects of its ambulance services within the COUNTY.
- B. PROVIDER shall provide field supervisors on a twenty-four (24) hour per day, seven (7) days a week basis within the COUNTY.
- C. PROVIDER'S field supervisors shall serve as a resource for PROVIDER'S field personnel and primarily focus on the oversight of field operations, ambulance availability, multi-casualty incident management, and other operational concerns.
- D. In addition to responding to the needs of PROVIDER'S personnel, PROVIDER'S field supervisors shall reasonably respond to any request by the AGENCY or EMS system participants within the EOA, and shall be authorized to act on behalf of PROVIDER.

7.3 Crew's Quarters

- A. PROVIDER shall ensure that its crew's quarters for its personnel scheduled to work twenty-four (24) hour shifts have suitable kitchens, showers, and sleeping quarters.
- B. PROVIDER'S crew's quarters shall be clean and maintained in a sanitary condition.

7.4 Performance

- A. PROVIDER shall ensure that its performance conforms to EMS industry standards.
- B. PROVIDER shall utilize reasonable management practices to ensure field personnel working extended shifts, part-time jobs, voluntary or mandatory overtime are not exhausted to an extent which might impair their judgment or motor skills.
- C. PROVIDER'S emergency 911 ambulances shall be equipped and staffed to operate at the ALS (paramedic) level (unless PROVIDER submits a written staffing modification request to AGENCY, and such staffing modification request is subsequently approved in writing by AGENCY).
- D. PROVIDER shall have a written policy, and shall make all reasonable efforts to ensure its personnel immediately notify the jurisdictional public safety answering point (PSAP) of the location where the ambulance is responding from.
- E. PROVIDER'S emergency 911 ambulances may only be used for non-emergency medical transports or interfacility transfers when PROVIDER'S dispatch center has released the unit for such use, and there are other PROVIDER ambulances staffed and immediately available to meet performance standards as defined herein.
- F. If applicable, PROVIDER shall comply with ambulance response time standards set forth in S-SV EMS policies.
- G. PROVIDER shall submit ambulance response time data in a format and frequency agreed to by AGENCY.
- H. PROVIDER shall submit a written report to AGENCY detailing the circumstances of each outlier emergency response (defined as an individual incident response time that is excessive, such that it represents a potential threat to public health and safety), within 10 calendar days of identification by either PROVIDER or AGENCY that such an event occurred.
- I. PROVIDER shall notify AGENCY of any situation that hinders 911 emergency ambulance response.
- J. During any period of time that PROVIDER has insufficient ambulances available, PROVIDER shall make reasonable efforts to obtain mutual aid and/or standby service by an AGENCY authorized emergency ambulance provider from adjacent areas.

- K. As is reasonable, PROVIDER agrees to provide automatic aid and/or mutual aid emergency ambulance services to other adjacent areas of AGENCY'S jurisdictional region, when requested by AGENCY or an AGENCY authorized requestor.

7.5 Multi-Casualty Incident (MCI)/Disaster Response

- A. PROVIDER shall cooperate with AGENCY in rendering emergency assistance in response to an MCI, or during a declared or undeclared disaster as identified in applicable AGENCY plans/policies.
- B. At an MCI/disaster scene, PROVIDER'S personnel shall follow applicable AGENCY MCI/disaster plans/policies, and function within the Incident Command System.
- C. In the event of a declared disaster within the COUNTY, PROVIDER shall assign appropriate staff to deploy to the COUNTY Emergency Operations Center (EOC), if activated.
- D. In the event of a declared or undeclared disaster within the COUNTY, or if AGENCY directs PROVIDER to respond to a disaster in a neighboring jurisdiction, normal operations shall be suspended, and PROVIDER shall respond in accordance with applicable AGENCY plans/policies. PROVIDER shall use its best efforts to maintain primary emergency ambulance services, and may suspend non-emergency services as necessary. When PROVIDER is notified that disaster assistance is no longer required, PROVIDER shall return all of its resources to its primary areas of responsibility, and shall resume all operations as required under this AGREEMENT.
- E. As is reasonable, PROVIDER shall participate in MCI/disaster training/exercises that take place within or otherwise affect PROVIDER'S EOA.

7.6 Standbys

- A. When requested by a public safety agency, PROVIDER shall furnish standby coverage at emergency incidents at the request of the on-scene Incident Commander (IC), if in the opinion of the IC, the situation poses significant potential danger to the personnel of the requesting agency or to the general public.

7.7 Vehicles

- A. PROVIDER shall acquire and maintain all ambulances and field supervisor vehicles (if applicable) necessary to perform its services under this AGREEMENT.
- B. All ambulance vehicles shall meet the following minimum requirements:
 - 1. May be standard Type I, II, or III.
 - 2. Shall meet or exceed federal and state standards at the time of the vehicle's original manufacture, except where such standards conflict, in which case state standards shall prevail.
 - 3. Shall have similar markings/decals/color schemes.
 - 4. Shall display the "911" emergency telephone number and level of service.
 - 5. Shall be marked to identify the company name, but shall not display any telephone number other than "911" or any other advertisement.
- C. PROVIDER shall maintain, and provide to AGENCY, a complete listing of all ambulances (including reserve ambulances) used in the performance of services under this AGREEMENT.
- D. PROVIDER shall schedule regular and preventive maintenance for all its vehicles, consistent with EMS industry standards, and shall furnish all fuel, lubricant, and maintenance services necessary for the safe and reliable operation of said vehicles.
- E. PROVIDER shall maintain all ambulances in excellent working condition at all times. Any ambulance with any deficiency that compromises, or may compromise, its performance shall be immediately removed from service.
- F. Interior and exterior appearance of PROVIDER'S vehicles shall be clean and operational. PROVIDER shall remove damaged ambulances from service and repair all damage to ambulances in a timely manner

7.8 Equipment and Supplies

- A. PROVIDER shall acquire and maintain all required durable and disposable medical equipment and supplies necessary to perform its services under this AGREEMENT.

- B. Each PROVIDER ambulance shall, at all times, maintain an equipment and supply inventory sufficient to meet federal, state, and AGENCY requirements for its applicable level of service.
- C. All PROVIDER equipment and supplies shall be maintained in clean, sanitary, and safe mechanical conditions at all times.
- D. PROVIDER shall maintain, within the EOA, a surplus of all required supplies sufficient to sustain operations for a minimum of seven (7) days.
- E. PROVIDER shall have controlled substance policies and procedures, consistent with Drug Enforcement Administration (DEA) and California Code of Regulations, Title 22, Chapter 4 requirements governing the storage, inventory, accountability, restocking, and disposal of expired medications and procurement of controlled drugs and substances permitted by AGENCY to be carried and utilized in the provisions of ALS by paramedics. Any incident of non-compliance with controlled substance policies and procedures shall be reported to AGENCY as soon as possible.
- F. Contractor shall maintain a record of preventative maintenance, repairs and strategic replacement of medical equipment, as appropriate and required by AGENCY policies, and shall make such records available to AGENCY upon request.

7.9 Patient Care Records

- A. PROVIDER shall initiate electronic patient care reports (ePCRs) and submit required EMS data elements to AGENCY, as required by applicable AGENCY policies.
- B. PROVIDER shall make ePCR records available to base, modified base and/or receiving hospitals, as required by applicable AGENCY policies.
- C. PROVIDER shall retain copies of all ePCR records for a minimum of seven (7) years or, if for a minor, seven (7) years past the age of majority, whichever is greater.

7.10 Other Records and Reports

- A. PROVIDER shall maintain accurate books, documents, and records reflecting services provided, invoices submitted, or automated billing records generated, as well

as records on all other information specifically required by other provisions of this AGREEMENT and/or AGENCY policies. All such books, documents, records, and information shall be prepared and maintained in accordance with generally accepted accounting principles, and shall be retained by PROVIDER.

- B. PROVIDER shall, when operating an ambulance dispatch center, maintain electronically time-stamped communications records on the dispatch of all 911 emergency ambulance vehicles for a minimum of one (1) year. Such records shall be provided to AGENCY upon request.
- C. PROVIDER shall provide additional information and reports to AGENCY as may be required for monitoring PROVIDER'S performance under this AGREEMENT.

7.11 Quality Management (QM) Program

- A. PROVIDER shall retain/employ a California licensed MD or DO Medical Director to provided medical oversight of PROVIDER'S personnel, and liaison with AGENCY.
- B. PROVIDER shall designate a California licensed paramedic or RN Quality Management (QM) Coordinator to act as a liaison between PROVIDER and AGENCY on QM related matters. PROVIDER'S QM Coordinator shall be responsible for managing PROVIDER'S quality assurance/quality improvement activities, assisting in the investigation of unusual occurrences, and regularly participating in AGENCY'S local/regional EMS system meetings. PROVIDER'S QM Coordinator shall be allotted enough scheduled work hours to adequately perform PROVIDER'S QM functions, and to respond to QM related inquiries from AGENCY representatives and/or other EMS system participants in a timely manner.
- C. PROVIDER shall develop, implement, and maintain an AGENCY approved written Emergency Medical Services Quality Improvement Program (EMSQIP).
- D. PROVIDER'S EMSQIP shall be designed to objectively, systematically and continuously monitor, assess and improve the quality/appropriateness of patient care and safety. EMSQIP indicators should be tracked and trended to determine compliance with established thresholds, as well as reviewed for potential issues.

- E. PROVIDER'S EMSQIP shall have a process to review activities related to patient care, such as:
 - 1. Customer/staff satisfaction.
 - 2. Communications.
 - 3. Equipment maintenance.
 - 4. Response times.
 - 5. Medical procedure success rates.
 - 6. Complete and accurate documentation of EMS care delivered.
- F. PROVIDER'S EMSQIP shall have a written policy that outlines a process to identify, document and analyze sentinel events/adverse events with specific goals to improve patient safety and/or quality of patient care that includes follow-up on the results of actions/goals until loop closure is achieved. The process should encourage personnel to report adverse events, without fear of punitive actions for unintentional acts.
- G. When PROVIDER'S EMSQIP identifies a need for improvement, PROVIDER shall develop, in cooperation with other EMS system participants when applicable, a performance improvement action plan. If the area identified as needing improvement includes system clinical issues, collaboration is required with the PROVIDER'S Medical Director and AGENCY'S Medical Director.
- H. The EMSQIP shall be reviewed annually for appropriateness to PROVIDER'S operations. A summary of this review, including how the PROVIDER'S EMSQIP addressed the program indicators, shall be provided to AGENCY.
- I. PROVIDER'S clinical performance must be consistent with AGENCY approved medical standards, policies and protocols. Patient transportation and disposition shall be according to AGENCY policies/protocols. Service and care delivered must be evaluated by PROVIDER'S internal QM program, and as necessary through AGENCY'S QM program in order to improve and maintain effective clinical performance.
- J. PROVIDER shall be responsible for continually assessing the knowledge of its EMT, AEMT and paramedic personnel in AGENCY policies, procedures and protocols.

- K. PROVIDER shall be responsible for assessing the skills competency of its EMT, AEMT and paramedic personnel on a regular basis, as required by California EMS regulations and AGENCY policies.
- L. If the PROVIDER or AGENCY Medical Director determines that an EMT, AEMT or paramedic needs additional training, observation or testing, the PROVIDER and AGENCY Medical Director may create a specific and targeted program of remediation based upon the identified need(s). If there is disagreement between the PROVIDER and AGENCY Medical Director, the decision of the AGENCY Medical Director shall prevail.

7.12 Relationships and Accountability

- A. PROVIDER shall exercise its best, good faith efforts to maintain positive working relationships with other EMS system participants in the COUNTY.
- B. PROVIDER shall ensure that its personnel work professionally and collaboratively with first responders in the transition of patient care at the scene of an EMS incident.
- C. PROVIDER shall designate a single individual as its contact person for first response agencies and other EMS system participants in the COUNTY.
- D. PROVIDER shall designate a single individual as its contact person for AGENCY to address day-to-day issues and PROVIDER'S performance under this AGREEMENT.
- E. PROVIDER shall restock BLS supplies, if such supplies are normally carried on PROVIDER'S ambulances, on a one-for-one basis, based on actual patient utilization on calls by first response agencies in the COUNTY.
- F. As is reasonable, PROVIDER shall assist in providing continuing education services to first response agencies in the COUNTY.
- G. PROVIDER shall make a good faith effort to participate in regular training programs with EMS system participants within the COUNTY.
- H. PROVIDER shall provide field ride-along and internship training opportunities for EMT, AEMT and paramedic students from AGENCY approved training programs.

7.13 Community Education/Prevention

- A. PROVIDER is encouraged to offer a variety of public education programs, including, but not limited to, EMS system use, citizen CPR, disaster preparedness, injury prevention, seat belt and helmet use, infant/child car seats, and injury prevention for elders. Other appropriate activities might include blood pressure screening, speaking to community groups, and programs for school children and adolescents.
- B. PROVIDER shall work collaboratively with AGENCY, COUNTY and other EMS system participants to plan and provide public education programs as necessary.

7.14 Safety and Infection Control

- A. PROVIDER shall provide its personnel with training, personal protective equipment (PPE), and immunizations necessary to ensure protection from illness or injury when responding to an emergency medical request.
- B. PROVIDER shall have a Communicable Disease Policy that complies with all Occupational Safety and Health Administration (OSHA) requirements and other regulations related to prevention, reporting of exposure, and disposal of medical waste. PROVIDER'S personnel shall be trained in prevention and universal precautions.
- C. PROVIDER shall notify AGENCY within five (5) business days of any OSHA major enforcement actions, and of any litigation, or other legal or regulatory proceedings in progress or being brought against PROVIDER'S operations.

7.15 Inquiries, Complaints and Unusual Occurrences

- A. PROVIDER shall log all service inquiries and complaints, and shall provide prompt response and follow-up to such inquiries and complaints. Such responses shall be subject to limitations imposed by patient confidentiality restrictions. Details of service inquiries/complaints, including PROVIDER'S findings/resolutions, shall be provided to AGENCY upon request.

- B. PROVIDER shall report unusual occurrences and personnel investigation related matters in accordance with AGENCY policies.
- C. PROVIDER shall complete and submit required reports/notification forms to AGENCY in relation to any of the following occurrences:
 - 1. Major equipment failure.
 - 2. Critical vehicle failure.
 - 3. Vehicle accidents involving PROVIDER'S vehicles.

7.16 Statutes, Regulations, Policies, Procedures and Protocols

- A. PROVIDER shall adhere to all applicable local, state and/or federal statutes/regulations and AGENCY policies, procedures, and protocols that exist now or in the future, related to the EMS industry and services provided under this AGREEMENT including, but not limited to, the following:
 - 1. Sierra – Sacramento Valley EMS Agency Policy/Protocol Manual.
 - 2. California Health and Safety Code, Division 2.5, Chapter 2, Section 1797 et.seq.
 - 3. California Code of Regulations, Title 22.
 - 4. California Code of Regulations, Title 13.
 - 5. California Vehicle Code.
 - 6. California Highway Patrol Ambulance Drivers Handbook.
 - 7. California Business and Professions Code.
 - 8. California Government Code.
 - 9. Siskiyou County Ambulance Ordinance.
 - 10. State and Federal Occupational Safety and Health Administration (OSHA) Blood Borne Pathogen Training Requirements.
 - 11. State and Federal OSHA mandated Hazardous Materials Awareness Training Compliance.

7.17 Provider Policies and Procedures

- A. PROVIDER shall have written policies and procedures, as applicable to PROVIDER'S operations under this agreement, addressing the following:
1. Recruitment.
 2. Pre-employment screening/hiring standards.
 3. Orientation and training program for new employees.
 4. In-service training and education.
 5. Probation period.
 6. Refresher course training.
 7. Personnel evaluations.
 8. Wage, salary, benefits packages, and general work conditions.
 9. Work schedules/work coverage protocols.
 10. Dispatch policies/protocols.
 11. Evaluation and handling of patients in the provision of EMS services.
 12. Roles and responsibilities of field supervisors.
 13. Employee job descriptions, including, but not limited to, all field, supervisory and management personnel.
- B. All PROVIDER policies and procedures referenced in this AGREEMENT shall be provided to AGENCY upon request.

7.18 Contract Management/Monitoring Costs and Penalties

- A. PROVIDER shall reimburse AGENCY for a portion of its expenses related to managing/monitoring this AGREEMENT, and for the provision of medical direction. PROVIDER shall pay AGENCY five thousand dollars (\$5,000.00) annually, with the first payment due three (3) months after the commencement of this AGREEMENT.
- B. AGENCY may impose financial penalties on PROVIDER for minor breaches of this Agreement, as indicated below:
1. A penalty of \$500 per occurrence will be assessed when PROVIDER fails to comply with the requirements contained in AGENCY'S EMSQIP Policy.

2. Failure to provide PCR records/data in compliance with AGENCY policies:
 - a. A penalty of \$50 will be assessed for every instance an Interim Patient Care Report, at a minimum, is not left at the receiving facility prior to crew departure, &/or for every completed PCR not provided/available to the receiving facility within 24 hours of patient delivery.
 - b. A penalty of \$100.00 will be assessed for each calendar day PROVIDER is out of compliance with AGENCY data reporting requirements contained in applicable AGENCY policies.
 3. Failure to provide timely reports:
 - a. A penalty of \$100 per day will be assessed for any report received after the required due date required by this AGREEMENT and/or AGENCY policies.
 - b. A penalty of \$100 per day will be assessed for all other AGENCY documentation requests received later than five (5) business days from the date of request (unless a later date is agreed to by PROVIDER and AGENCY).
- C. Invoicing and payment of assessed penalties:
1. AGENCY shall invoice PROVIDER for any penalties pursuant to this AGREEMENT within thirty (30) calendar days following AGENCY'S determination that a penalty should be assessed. PROVIDER shall pay AGENCY within thirty (30) calendar days following receipt of such invoice.
 2. AGENCY and PROVIDER shall make a good faith effort to resolve any disputes regarding invoiced penalty amounts within this 30-day period. If the parties are unable to mutually resolve the dispute within that 30-day period, the invoice shall be paid in full and subsequent invoices shall be adjusted to reflect the subsequent resolution of the dispute.
 3. Failure by AGENCY to assess or impose any penalties at any point, for any reason, does not impact AGENCY'S right to do so in the future; however, AGENCY shall not impose penalties retroactively greater than 90 days. Payment of any penalty does not release PROVIDER from any other liability related to the breach that resulted in the penalty imposition.

SECTION 8: MATERIAL BREACH OF AGREEMENT

8.1 Notice of Default

- A. AGENCY shall have the right to terminate or cancel this AGREEMENT in the event PROVIDER materially breaches a term or condition of this AGREEMENT.

8.2 Definition of Material Breach

- A. Material breach is defined as: An infraction or violation of an obligation or requirement as set forth within this AGREEMENT. Conditions which shall constitute a material breach of this AGREEMENT by PROVIDER shall include, but are not limited to, the following:
1. Repetitive and unremedied non-compliance with ambulance response time standards set forth in AGENCY policies (if applicable).
 2. Intentional falsification or omission of data or information supplied to AGENCY by PROVIDER, which effects or has the effect of misrepresenting PROVIDER'S performance under this AGREEMENT.
 3. Failure of PROVIDER to maintain in force throughout the term of the AGREEMENT, including any extensions thereof, the insurance coverage required herein.
 4. Multiple or unremedied failures by PROVIDER to correct any minor breach of this AGREEMENT, within a reasonable period of time after written notice from AGENCY.
 5. Any act or omission of PROVIDER, which, in the reasonable opinion of AGENCY'S Medical Director, poses a serious risk to public health and safety.
 6. Filing of a bankruptcy petition by or against PROVIDER, alleging that PROVIDER is or will become insolvent; appointment of a trustee or receiver for PROVIDER or for any of PROVIDER'S property; a general assignment by PROVIDER for the benefit of its creditors; or entry of a judgment or order determining that PROVIDER is bankrupt or insolvent.

7. Material failure of PROVIDER to operate the ambulance service in a manner which enables PROVIDER to remain in compliance with the requirements of applicable federal, state, county, city, and/or AGENCY laws, rules, and regulations. Minor infractions of such requirements shall not constitute a material breach of this AGREEMENT.
8. Willful, chronic, or repeated material failure to comply with any obligation made in this AGREEMENT, if the AGENCY determines that such failure endangers the public health and safety as defined by governing law.

8.3 Dispute Resolution

- A. If PROVIDER commits a material breach of this AGREEMENT, then AGENCY, following the procedures set forth herein and with the approval of AGENCY'S JPA Governing Board, may terminate this AGREEMENT, remove PROVIDER from its position as ambulance provider and/or take remediation measures as set forth herein.
- B. If AGENCY has reason to believe that a material breach may have occurred, AGENCY may conduct such investigation as may be appropriate to enable AGENCY to make a preliminary determination as to whether a material breach has occurred and whether such breach presents a danger to the public health and safety. If AGENCY makes a preliminary determination that a material breach has occurred, AGENCY shall give PROVIDER written notice of such determination. The notice shall specify the grounds upon which the preliminary determination is based, including both AGREEMENT provisions that are alleged to have been breached and the alleged facts that support such a finding, and shall indicate whether the alleged material breach presents a danger to the public health and safety. The notice shall grant PROVIDER: (a) ten (10) business days to provide information to AGENCY that rebut the preliminary determination; or (b) forty-five (45) calendar days to cure if there is not imminent risk to the public health and safety ("Cure Period"). Upon a request by PROVIDER, AGENCY may extend the Cure Period.
- C. If PROVIDER fails to rebut the preliminary determination of AGENCY or remedy the material breach within the Cure Period, AGENCY shall schedule a public hearing on

the matter before AGENCY'S JPA Governing Board. The JPA Governing Board shall give to PROVIDER written notice of hearing within 72 hours, specifying the date, time, and place of the hearing and the general nature of the matter to be heard, at least fourteen (14) calendar days prior to the hearing. The hearing shall be held as scheduled, except that upon a request by PROVIDER, the hearing may be rescheduled, one (1) time only.

- D. The AGENCY'S JPA Governing Board shall make a decision as follows:
1. The JPA Governing Board shall set forth a recommended finding on the issue of whether a material breach has occurred.
 2. If the JPA Governing Board recommends a finding that a material breach has occurred, the JPA Governing Board shall specify AGREEMENT provisions that have been breached and the facts upon which the findings are based.
 3. If the JPA Governing Board recommends a finding that a material breach has occurred, the JPA Governing Board shall then make a finding of the issue whether the material breach presents a danger to the public health and safety, and shall specify the facts upon which such findings are based.
- E. If AGENCY'S JPA Governing Board recommends a finding that a material breach has occurred, the JPA Governing Board shall determine the course of action that should be taken by the JPA Governing Board.
- F. The decision by the AGENCY'S JPA Governing Board is final. No later than ten (10) business days after the hearing, the JPA Governing Board shall issue a written decision making a final determination on the relevant issues, and shall serve a copy of such decision on PROVIDER, by personal delivery to the person in charge of PROVIDER'S principal place of business during regular business hours.
- G. If AGENCY'S JPA Governing Board decides that there has been a material breach presenting a danger to the public health and safety, the JPA Governing Board may terminate the AGREEMENT, remove PROVIDER from its position as ambulance provider and/or take remediation measures as set forth herein.
- H. If the AGENCY'S JPA Governing Board decides that there has been a material breach without presenting a danger to the public health and safety. PROVIDER will cure the Breach within forty-five (45) calendar days or the AGREEMENT will be terminated.

- I. PROVIDER shall not be prohibited from disputing any such finding by AGENCY'S JPA Governing Board of material breach through litigation.
- J. AGENCY'S JPA Governing Board shall be the final authority, subject to judicial review.

SECTION 9: REMEDIATION MEASURES

9.1 Remediation Measures Cooperation

- A. PROVIDER shall cooperate completely and immediately with AGENCY'S JPA Governing Board JPA and its agents to affect any immediate remediation measures ("Remediation Measures"), which may include:
 - 1. Creation of a remediation plan that requires PROVIDER to meet certain objectives within specific time periods and established specific consequences for PROVIDERS failure to meet the objectives. Any cost associated with the "remediation plan" development or implementation will be at the PROVIDER'S sole expense.
 - 2. "Remediation Plans" developed by the PROVIDER will be submitted to the AGENCY in writing within ten (10) business days of request, provided PROVIDER'S deficiency does not pose an imminent risk to the health and safety of the COUNTY population.

SECTION 10: INSURANCE

PROVIDER shall file with the AGENCY concurrently herewith a Certificate of Insurance, in companies acceptable to the AGENCY, with a Best's Rating of no less than A-: VII showing.

WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE:

Worker's Compensation Insurance shall be provided as required by any applicable law or regulation. Employer's liability insurance shall be provided in amounts not less than one million dollars (\$1,000,000) each accident for bodily injury by accident, one million dollars (\$1,000,000) policy limit for bodily injury by disease, and one million dollars (\$1,000,000) each employee for bodily injury by disease.

If there is an exposure of injury to PROVIDER'S employees under the U.S. Longshoremen's and Harbor Worker's Compensation Act, the Jones Act, or under laws, regulations, or statutes applicable to maritime employees, coverage shall be included for such injuries or claims. Each Worker's Compensation policy shall be endorsed with the following specific language:

Cancellation Notice - "This policy shall not be changed without first giving thirty (30) days prior written notice and ten (10) days prior written notice of cancellation for non-payment of premium to the Sierra-Sacramento Valley EMS Agency".

Waiver of Subrogation - The workers' compensation policy shall be endorsed to state that the workers' compensation carrier waives its right of subrogation against the Sierra-Sacramento Valley EMS Agency and County of Siskiyou, its officers, directors, officials, employees, agents or volunteers, which might arise by reason of payment under such policy in connection with performance under this agreement by PROVIDER. PROVIDER shall require all SUBCONTRACTORS to maintain adequate Workers' Compensation insurance. Certificates of Workers' Compensation shall be filed forthwith with the AGENCY upon demand.

GENERAL LIABILITY INSURANCE:

- A. Comprehensive General Liability or Commercial General Liability insurance covering all operations by or on behalf of PROVIDER, providing insurance for bodily injury liability and property damage liability for the limits of liability indicated below and including coverage for:
 - 1) Contractual liability insuring the obligations assumed by PROVIDER in this Agreement.
- B. One of the following forms is required:
 - 1) Comprehensive General Liability;
 - 2) Commercial General Liability (Occurrence); or
 - 3) Commercial General Liability (Claims Made).
- C. If PROVIDER carries a Comprehensive General Liability policy, the limits of liability shall not be less than a Combined Single Limit for bodily injury, property damage, and Personal Injury Liability of:
 - 1) Two million dollars (\$1,000,000) each occurrence.
 - 2) Two million dollars (\$2,000,000) aggregate.
- D. If PROVIDER carries a Commercial General Liability (Occurrence) policy:
 - 1) The limits of liability shall not be less than:

- a) One million dollars (\$1,000,000) each occurrence (combined single limit for bodily injury and property damage).
 - b) Two million dollars (\$2,000,000) for Products-Completed Operations.
 - c) Two million dollars (\$2,000,000) General Aggregate.
- E. If the policy does not have an endorsement providing that the General Aggregate Limit applies separately, or if defense costs are included in the aggregate limits, then the required aggregate limits shall be two million dollars (\$2,000,000).
- F. Special Claims Made Policy Form Provisions:
- PROVIDER shall not provide a Commercial General Liability (Claims Made) policy without the express prior written consent of AGENCY, which consent, if given, shall be subject to the following conditions:
- 1) The limits of liability shall not be less than:
 - a) One million dollars (\$1,000,000) each occurrence (combined single limit for bodily injury and property damage).
 - b) Two million dollars (\$2,000,000) aggregate for Products Completed Operations.
 - c) Two million dollars (\$2,000,000) General Aggregate.
 - 2) The insurance coverage provided by PROVIDER shall contain language providing coverage up to one (1) year following the completion of the contract in order to provide insurance coverage for the hold harmless provisions herein if the policy is a claims-made policy.

Conformity of Coverages - If more than one policy is used to meet the required coverages, such as a separate umbrella policy, such policies shall be consistent with all other applicable policies used to meet these minimum requirements. For example, all policies shall be Occurrence Liability policies or all shall be Claims Made Liability policies, if approved by the AGENCY as noted above. In no cases shall the types of policies be different.

ENDORSEMENTS:

Each Comprehensive or Commercial General Liability policy shall be endorsed with the following specific language:

- A. "The Sierra-Sacramento Valley EMS Agency and County of Siskiyou, its officers, agents, employees, and volunteers are to be covered as an additional insured for all liability arising

out of the operations by or on behalf of the named insured in the performance of this Agreement."

- B. "The insurance provided by PROVIDER, including any excess liability or umbrella form coverage, is primary coverage to the Sierra-Sacramento Valley EMS Agency and County of Siskiyou with respect to any insurance or self-insurance programs maintained by the Sierra-Sacramento Valley EMS Agency and County of Siskiyou no insurance held or owned by the Sierra-Sacramento Valley EMS Agency and County of Siskiyou shall be called upon to contribute to a loss."
- C. "This policy shall not be changed without first giving thirty (30) days prior written notice and ten (10) days prior written notice of cancellation for non-payment of premium to the Sierra-Sacramento Valley EMS Agency."

AUTOMOBILE LIABILITY INSURANCE:

Automobile Liability insurance covering bodily injury and property damage in an amount no less than one million dollars (\$1,000,000) combined single limit for each occurrence. Covered vehicles shall include owned, non-owned, and hired automobiles/trucks.

MEDICAL MALPRACTICE LIABILITY INSURANCE:

Medical Malpractice Liability Insurance for all activities of PROVIDER and his/her employees arising out of or in connection with this AGREEMENT in an amount of no less than one million dollars (\$1,000,000) in the aggregate annually. In the event PROVIDER cannot provide an occurrence policy, PROVIDER shall provide insurance covering claims made as a result of performance of the AGREEMENT and shall maintain such insurance in effect for one (1) year following completion of performance of this AGREEMENT.

ADDITIONAL REQUIREMENTS:

Premium Payments – The insurance companies shall have no recourse against the Sierra – Sacramento Valley EMS Agency or County of Siskiyou and funding agencies, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by a mutual insurance company.

Policy Deductibles – PROVIDER shall be responsible for all deductibles in all of PROVIDER'S insurance policies. The maximum amount of allowable deductible for insurance coverage required herein shall be \$25,000.

PROVIDER'S Obligations – PROVIDER'S indemnity and other obligations shall not be limited by the foregoing insurance requirements and shall survive the expiration of this agreement.

Verification of Coverage – PROVIDER shall furnish AGENCY with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by AGENCY this clause. All certificates and endorsements are to be received and approved by AGENCY before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive PROVIDER'S obligation to provide them. AGENCY reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Material Breach - Failure of PROVIDER to maintain the insurance required by this agreement, or to comply with any of the requirements of this section, shall constitute a material breach of the entire agreement.

SECTION 11: PROVIDER REQUIREMENTS

11.1 Non-Discrimination

- A. During the performance of this AGREEMENT, PROVIDER shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, including the provisions of the Americans with Disabilities Act of 1990, and Fair Employment and Housing Act, and will not discriminate against employees, applicants or clients because of race, sex, color, ancestry, religious creed, national origin, disability (including HIV and AIDS), medical condition (cancer) age (over 40) marital status, denial of Family and Medical Care Leave and use of Pregnancy Disability Leave in regard to any position for which the employee or applicant is qualified. PROVIDER agrees to take affirmative action to employ, advance in employment and otherwise treat qualified disabled individuals without discrimination based upon the aforementioned discrimination bases in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation and selection for

training, including apprenticeship. PROVIDER and AGENCY shall comply with all applicable federal, state and local laws regarding non-discrimination.

11.2 Drug-Free Workplace

- A. PROVIDER shall maintain a workplace that is free of drugs and alcohol and to discourage drug and alcohol abuse by its employees. Employees who are under the influence of drugs or alcohol on the job compromise PROVIDER'S interest, endanger their own health and safety and the health and safety of others, and can cause a loss of efficiency, productivity, or a disruptive working environment. As a condition of this AGREEMENT, each PROVIDER employee must abide by this policy. PROVIDER is required to have a drug-free workplace policy pursuant to the Federal Drug-Free Workplace act of 1998, 41 U.S.C., section 701et seq., and the California Drug-Free Workplace Act of 1990, Government Code section 8535.

11.3 Transferability

- A. PROVIDER shall not assign its rights or delegate its duties hereunder without the prior express written authorization of AGENCY. This AGREEMENT is NOT transferable by PROVIDER to another PROVIDER, entity, corporation, company, business or municipality without the prior express written authorization of AGENCY.

11.4 Independent Contractor

- A. In the performance of this agreement, PROVIDER, its agents and employees are, at all times, acting and performing as independent contractors, and this agreement creates no relationship of employer and employee as between COUNTY or AGENCY and PROVIDER. PROVIDER agrees neither it nor its agents and employees have any rights, entitlement or claim against COUNTY or AGENCY for any type of employment benefits or workers' compensation or other programs afforded to COUNTY and AGENCY employees.

11.5 Confidentiality

- A. PROVIDER agrees, to the extent required by 42 U.S. C. 1171 et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA), to comply with applicable requirements of law and subsequent amendments relating to protected health information, as well as any task or activity PROVIDER performs under this AGREEMENT to the extent any PROVIDER would be required to comply with such requirements.
- B. PROVIDER will not use or disclose confidential information other than as permitted or required by this AGREEMENT and any state and federal laws related to confidentiality of patient health care information and will notify AGENCY of any discovered instances of breaches of confidentiality.
- C. Without limiting the rights and remedies of AGENCY elsewhere as set forth in this AGREEMENT, AGENCY may terminate this AGREEMENT without penalty or recourse if determined that PROVIDER violated a material term of the provisions of this section.
- D. PROVIDER ensures that any subcontractors' agents receiving health information related to this AGREEMENT agree to the same restrictions and conditions that apply to PROVIDER with respect to such information.
- E. PROVIDER understands and agrees that although HIPAA requires these paragraphs to be included in Business Associate Agreements, 42 D.F.R. 2.11 requires qualified service organizations to abide by the Federal Drug and Alcohol Regulations which prohibit such organizations from disclosing any patient identifying information even to an agent or subcontractor without patient authorization or court order.

11.6 Amendments

- A. This document reflects and constitutes the entire AGREEMENT between the parties. Any amendments or changes to this AGREEMENT shall be agreed upon in writing, specifying the changes(s) and the effective dates(s), and shall be executed by duly authorized representatives of both parties. Any changes that may result in federal,

state or county laws, regulations or ordinances, relating to employment, non-discrimination, drug screening and patient confidentiality that occur during the term of this AGREEMENT shall automatically be incorporated into this AGREEMENT and compliance with such changes will be required by the PROVIDER.

11.7 Notices

- A. 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 electronic mail (email), upon acknowledgment of email receipt; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

To PROVIDER: Angelo Banos
 Owner
 Mt. Shasta Ambulance Services Inc.
 1020 Oak St.
 Mt. Shasta CA 96067

To AGENCY: Sierra – Sacramento Valley EMS Agency
 Attention: Regional Executive Director
 535 Menlo Drive, Suite A.
 Rocklin CA 95765

For: **SIERRA – SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY**

By 
Victoria Pinette
Regional Executive Director

Date 7/11/2022

For: **SIERRA – SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY
JPA GOVERNING BOARD OF DIRECTORS**

By 
Jim Holmes, Chairperson

Date 7-08-2022

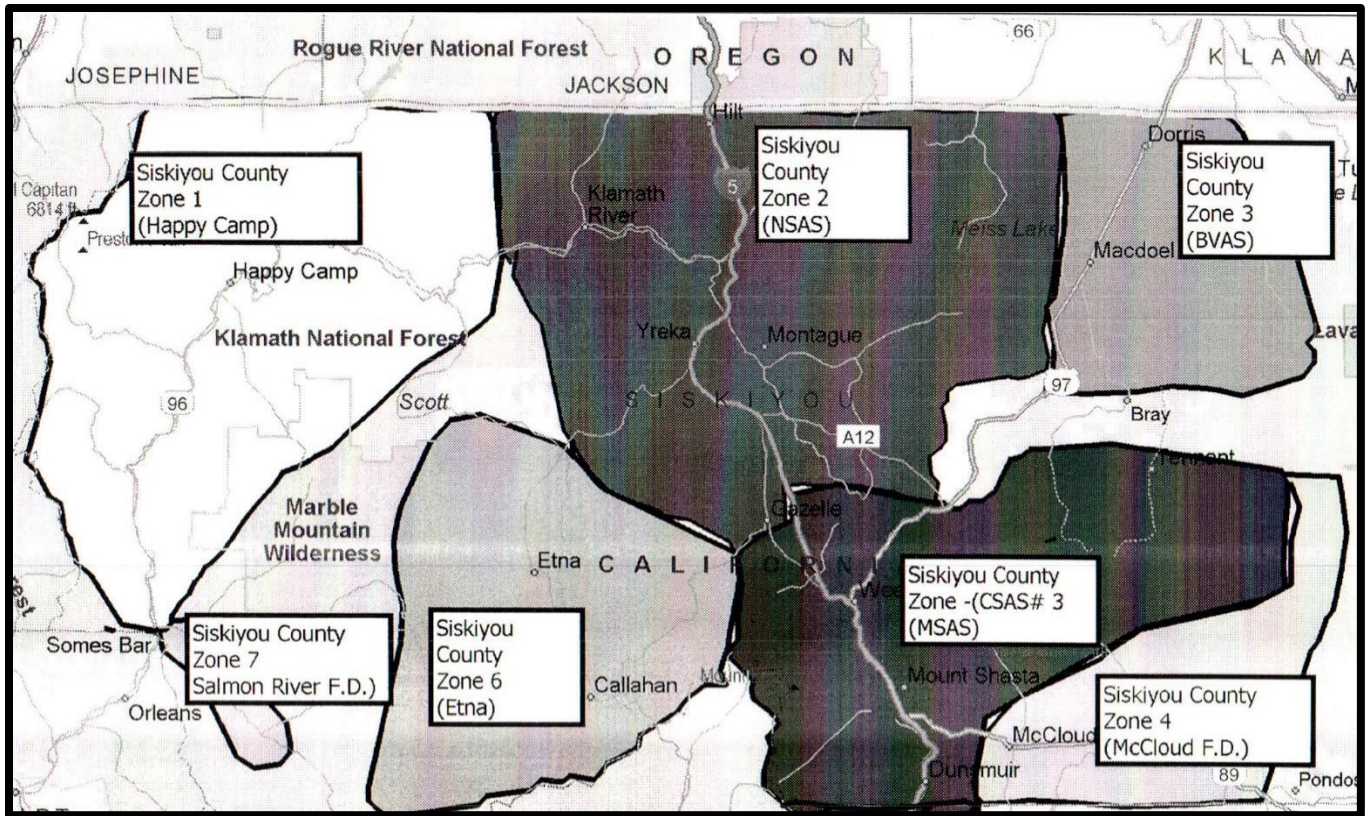
For: **MT. SHASTA AMBULANCE SERVICES INC.**

By 

Date 6-27-2022

Angelo Banos, Owner

EXHIBIT A – Mt. Shasta Ambulance Services Inc. EOA Map & Boundaries Description



Mt. Shasta Ambulance Service Inc. Emergency Ambulance Service EOA Boundaries (identified as “Siskiyou County Zone –(CSAS# 3 (MSAS))” on the above map)

- North: 1-5 to Parks Creek, US 97 to Grass Lake
- East: SR 89 to Siskiyou County Line
- South: I-5 at Siskiyou/Shasta County Line
- West: Mt. Eddy Range
- And those wilderness areas best accessed by ground from those corridors