

**NORTH COAST EMS
AGREEMENT TO PROVIDE
LIMITED ADVANCED LIFE SUPPORT AND/OR ADVANCED LIFE
SUPPORT**

This agreement is made and entered into this _____ day of _____, 2000 by and between **North Coast Emergency Medical Services**, 86 E Street, Eureka, California, hereinafter referred to as “**NCEMS**”, and _____, hereinafter referred to as “**PROVIDER**”.

WHEREAS, **NCEMS** is designated the local emergency medical services agency for limited advanced life support (LALS) and advanced life support (ALS) authorization by the Counties of Del Norte, Humboldt, and Lake pursuant, in part, to Division 2.5 of the California Health and Safety Code, incorporated herein by reference, and

WHEREAS, **NCEMS** is responsible for the planning, organization, coordination, and evaluation of local EMS systems pursuant to Section 1797.103 of the California Health and Safety Code, and shall approve a quality assurance program as specified in the California Administrative Code, Title 22, Division 9, Chapter 4, Section 100167, and

WHEREAS, **NCEMS** is responsible for approval of Emergency Medical Technician II (EMT-II) and Emergency Medical Technician Paramedic (EMT-P) service providers, LALS and ALS, respectively, and

WHEREAS, **PROVIDER** agrees to provide emergency medical service response according to the policies, procedures, and protocols of **NCEMS** as outlined in the California Administrative Code, Title 22, Division 9, Chapters 3 and 4, including a quality assurance program pursuant to Section 100167; therefore,

IT IS MUTUALLY AGREED AS FOLLOWS:

I. Term:

This agreement shall begin on _____, and terminate on _____, and shall be automatically renewed on an annual basis unless terminated by either party giving thirty (30) days written notice to the other party.

II. **PROVIDER** Agrees:

- A. To offer advanced life support (ALS or EMT-P) and/or limited advanced life support (LALS or EMT-II) emergency medical service response as staffing allows which may not be on a continuous twenty-four (24) hours per day basis. If unable to provide EMT-P or EMT-II services, **PROVIDER** may offer basic life support (BLS, EMT-I or First Responder) services, on a twenty-four (24) hour per day basis, then **PROVIDER** shall not advertise or disseminate information to the public that **PROVIDER** offers ALS or LALS services.

**AGREEMENT TO PROVIDE
LIMITED ADVANCED LIFE SUPPORT AND/OR ADVANCED LIFE
SUPPORT**

(continued)

- B. To have, and agrees to utilize and maintain, MedNet telecommunications with its assigned base hospital including, but not limited to, a hand-held or other portable radio which can be carried to the patient's side. **PROVIDER** further agrees that if purchasing or installing new MedNet telecommunications equipment, such equipment shall meet or exceed the minimum criteria defined in policy, unless written exception is granted by **NCEMS**.
- C. To have and maintain a drug and solution inventory of basic and ALS medical equipment and supplies, as specified in **NCEMS** policies. **PROVIDER** shall have a mechanism in place for re-supply of aforementioned inventory. It is further agreed that **PROVIDER** shall develop an internal mechanism to preclude personnel from utilizing drugs, equipment, and supplies that are outside their scope of practice.
- D. To comply with all applicable State regulations, and **NCEMS** policies and procedures, including Continuous Quality Improvement (CQI)/Quality Assurance (QA) programs approved by **NCEMS**, including development and maintenance of a method to assure ongoing skills competency of field personnel. **PROVIDER** agrees to designate an individual to coordinate **PROVIDER** CQI/QA efforts. **NCEMS** may deny, probate, suspend, or revoke this **PROVIDER** approval for failure to comply with applicable policies, procedures, protocols, statutes, and regulations.
- E. To participate in the Prehospital Care Reports (PCR's) and Database System (PCR-DS) and provide copies of PCR's and other data obtained by mutual agreement to **NCEMS**, as required by **NCEMS** policies and procedures.
- F. To help assure that field personnel have the opportunity for training, continuing education, and Field Care Audit (FCA) attendance.
- G. To allow Mobile Intensive Care Nurses (MICN's) from assigned base hospital to perform field observation, per policy.
- H. To provide or make provision for new EMT-II certification, EMT-P accreditation and remediation field evaluation by an approved Field Training Officer (FTO) for personnel affiliated with **PROVIDER**.
- I. That the base hospital for personnel in this service is _____, and acknowledges that this hospital is **PROVIDER's** LALS/ALS personnel's only source of advanced life support orders when responding in that zone.
- J. To allow inspection by **NCEMS**, with notice, for purpose of contract compliance.
- K. To designate an EMS Liaison, who shall be regularly assigned to, or employed by, the **PROVIDER**. The EMS Liaison will be responsible for maintaining a **NCEMS** Policies and Procedures manual and the dissemination of information regarding **NCEMS** policies, procedures and

**AGREEMENT TO PROVIDE
LIMITED ADVANCED LIFE SUPPORT AND/OR ADVANCED LIFE
SUPPORT**

(continued)

protocols to other LALS/ALS personnel in that service. **PROVIDER** further agrees to make a copy of all policies, procedures, and protocols readily available to LALS/ALS personnel for periodic review.

III. Designation by **NCEMS**:

Execution of this agreement by all the parties designates **PROVIDER** as an approved LALS/ALS (EMT-II/EMT-P) Service Provider by **NCEMS**.

EXECUTED BY THE PARTIES

By:		
	For PROVIDER	Date
	Printed Name	Title
By:		
	For NCEMS	Date
	Larry Karsteadt	Director
	Printed Name	Title